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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**

**9.30 AM, THURSDAY, 25 FEBRUARY 2016**

**Continued from 24.2.16**

**DAY 14**

**RESUMED**

**[9.30 am]**

5 COMMISSIONER WILSON: Good morning, ladies and gentlemen. Yes, Ms Muir.

MS MUIR: Commissioner, before I call Dr Michael Cleary, can I just attend to a housekeeping matter?

10 COMMISSIONER WILSON: Certainly.

MS MUIR: And if I can hand up the documents that were to be tendered on the 25<sup>th</sup>. And I have a copy – a list to go to all the counsel.

15 COMMISSIONER WILSON: Thank you. There are nine documents here and these are ones, I take it, which I said yesterday would be marked as exhibits.

MS MUIR: That's correct, Commissioner.

20 COMMISSIONER WILSON: Well, I'll do what I did yesterday. I'll leave it until lunchtime and if there's been no word from any of the counsel, then at that point the documents will receive the exhibit numbers which have provisionally been assigned to them. Will that satisfy everyone? Very well.

25 MS MUIR: Thank you, Commissioner. Commissioner, I call Dr Michael Cleary.

COMMISSIONER WILSON: Thank you.

**MICHAEL CLEARY, SWORN**

**[9.31 am]**

30

35 MS MUIR: Commissioner, Dr Cleary has provided one statement which is at DMZ.900.001.0001. Before I ask Dr Cleary some questions, my learned friend Mr Diehm is going to raise a few corrections with Dr Cleary.

COMMISSIONER WILSON: Yes. Yes, Mr Diehm.

40 **EXAMINATION BY MR DIEHM**

**[9.32 am]**

MR DIEHM: Thank you, Commissioner.

45 COMMISSIONER WILSON: Could that statement be up on the screen, please? Thank you.

MR DIEHM: And if we could go to page 21 of it, please. And scroll down to paragraph (viii).

Now, Dr Cleary, if you could just read to yourself that paragraph?---Yes.

5

Now, this is a part of a response to questions about the process towards closure of the BAC. You'll see that it refers there to a meeting with Tony O'Connell, amongst others, on 17 June 2015. From context, should the Commission take that to be a typographical error that should refer to 2013?---Yes. You're absolutely correct. My apologies.

10

Thank you. And if we can then go to page 24, please. Dr Cleary, it's paragraph 93 that I draw your attention to. You'll see a reference there to – in the first line to the January 2014 closure of the BAC. And then in the third line it refers to the January 2015 closure. Self-evidently, that should be January 2014 for the second reference?---Yes. That's correct.

15

Thank you. And then, finally, Dr Cleary, to page 28, paragraph 116. You'll see some words bracketed there at the end of the sentence. That seems to be an artefact from the preparation of the statement and isn't part of your statement. Is that so?---That would be correct. Yes.

20

Thank you. Those are the matters, Commissioner.

25

COMMISSIONER WILSON: Thanks, Mr Diehm. Yes, Ms Muir.

**EXAMINATION BY MS MUIR**

**[9.34 am]**

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MS MUIR: Commissioner, there is one other matter to do with the contents of Dr Cleary's statement. Could I take – could we go to 0041, to paragraph 178.

COMMISSIONER WILSON: Yes.

35

MS MUIR: The last sentence of that paragraph, if I could ask for that sentence to be struck through, Commissioner, and the exhibit to be removed. This exhibit relates to an issue that will be ventilated before you, Commissioner, next week in relation to Parliamentary privilege.

40

COMMISSIONER WILSON: Well, do you want it struck out or merely redacted at this stage?

45

MS MUIR: Commissioner, practically I think it could be either. I was not intending to ask this witness any questions about the document. So for present purposes if we leave it redacted and then I'm concerned to ensure that the exhibit is removed until the issue has been ventilated before you.

COMMISSIONER WILSON: Well, that's not a problem.

MS MUIR: And so on that basis I thought it would be more appropriate to strike it through. But the alternative is to redact.

5

COMMISSIONER WILSON: Well, I'll ask anyone else who wants to say anything about it. Mr Diehm?

MR DIEHM: Commissioner, perhaps if it be struck out because at the end of the day, if the determination of the Commission is that the documents are admissible, they can just be tendered.

10

COMMISSIONER WILSON: Alright. I understand your position. Mr O'Sullivan, do you want to say anything about this?

15

MR O'SULLIVAN: No.

COMMISSIONER WILSON: Very well. Well, the last sentence in paragraph 178 and exhibit MIC24 will be struck out. So I'll ask those who are responsible for the ultimate publication of statements on the web to ensure that that sentence has been struck through and that the exhibit has been removed.

20

MR DIEHM: Thank you, Commissioner.

COMMISSIONER WILSON: Anything else?

25

MS MUIR: No. Thank you, Commissioner.

COMMISSIONER WILSON: Thank you.

30

MS MUIR: Dr Cleary, you have a Bachelor of Medicine and a Bachelor of Surgery and are currently the Executive Director of Medical Services at the Princess Alexandra Hospital. Is that correct?---Yes. That's correct.

And you were the Deputy Director-general of Health Services and Clinical Innovation Division of Queensland Health from July 2012 to July 2015. Is that correct?---That's also correct. Yes.

35

And you also held the position of Acting Director-general of Queensland Health for various periods from 4 February 2013 until 5 July 2015, as you have set out in paragraph 6 of your statement. Is that correct?---Yes. That's correct.

40

Could I take you now to paragraph 24 of your statement which is at 0007. Your evidence at paragraph 24 is in response to questions asked in the notice issued to you by the Commission about when the decision was made to cease the Redlands project and by whom. You say that this question is better answered by others. Is that correct?---That is correct. Yes.

45

Is this because at the time you were – and that’s between May 2012 to July 2012 – you were the Deputy Director of General Policy Strategy and Resourcing Division of Queensland Health?---That’s correct.

5 Who were the others that you’re referring to?---At this time, the Mental Health Branch would have sat underneath the Chief Health Officer, so that would be Dr Janette Young. And in terms of capital works projects, that sat within the health infrastructure division. And that was a gentleman called Mr John Glaister who was the Deputy Director-general for that particular part of the Department.

10

Thank you. Now, you also say in paragraph 24 of your statement that you have subsequently become aware of a briefing note for approval signed by the then Director-general Dr Tony O’Connell dated 16 May 2012 and also a briefing note to the Minister for Health signed by Dr Janette Young as Acting Director-general on 17 August 2012. Can I just ask, do you mean you became aware of the documents during the course of the preparation of your statement or was it some time earlier than that?---I became aware of this – these two documents in approximately January 2015. It was before I had started the formal preparation of my statement. But I was, at that time, collecting and collating documents that may be relevant.

20

COMMISSIONER WILSON: Do you mean January ’15 or ’16?---January ’15.

’15, so before this Commission of Inquiry was set up?---Yes. That’s correct.

25 Thank you.

MS MUIR: You also say in paragraph 24 you weren’t directly involved in the decision not to proceed with the Redlands unit. Does this mean that you had some indirect involvement with the decision?---In terms of my involvement, it would have been from being a member of the Minister’s budget review committee where matters such as this were discussed. And I believe there was an agenda item relating to the capital works projects that be discontinued that was presented to that meeting. So my involvement was as a party at that meeting but not as the line manager for those two particular areas, they being mental health policy or capital works.

35

I’m going to ask you a few questions about those meetings in a moment but before I do, if I could take you to paragraph 39 of your statement which is at 0010. You give evidence in this paragraph that there was never any alternative to Redlands, tier 3 or otherwise and that at that time you considered that the Barrett Centre would continue to operate. What was your understanding at the time – so was it your understanding at the time that the decision to close the Barrett Centre had, up until that point, been conditional upon a new extended adolescent inpatient facility being established at Redlands?---Sorry, could you just clarify the question for me again, please.

40

45 So up – at this point in time when you say that when the alternative to Redlands – when Redlands didn’t proceed you considered the Barrett would continue to operate?---So in response to that, that is my understanding. With the discontinuation

of the Redlands project my understanding was that the existing Barrett would continue to operate.

5 And my question was a little bit back to front but it was really so the decision to close Barrett and establish the Redlands facility – the closure of the Barrett at that point was conditional upon the Redlands facility proceeding. Was that your understanding?---Yes. Prior to that time when there was a project to construct the Barrett – sorry, the Redlands centre, that would have had the flow-on effect of the closure of the Barrett Adolescent Centre had that been constructed.

10

So from your perspective once the decision to cease the Redlands project was made there was no decision to close the Barrett Centre at that point in time?---That's correct. Yes.

15 If I could take you now to paragraph 28 of your statement and that's at 0008, and in particular to the last dot point and you see there you describe the viability of the Redlands project as being of grave concern. Can you see that paragraph?---Yes.

20 When you refer to the viability of the project are you referring there to the impact of the various reasons that you've set out in paragraphs 27 and 28 of your statement such as the koalas and the drainage issue?---I – I would put a patient focus on this. My main concern was about the advice that the mental health branch had been providing that an alternate service model would have been appropriate and I think that's the key driver in my concern. There were these other issues. Certainly, my understanding of the koala access issues and the drainage on the site were also important considerations as was the fact that the project hadn't been able to progress for some considerable period of time and had a – had expended a reasonable amount of money and yet we didn't have any plans in place and that was my understanding at the time. So I – I would think that all of those things needed to be considered but certainly from my personal perspective I thought the issue of the correct model of care being decided was a very important one.

35 And certainly, Dr Cleary, I'm very interested in hearing about your opinion about the contemporary model but perhaps if we could just take a moment to explore the reasons that you have outlined in your statement for the decision to cease the Redlands project. At paragraph 28 of your statement which is at 0008, the first dot point, you refer to a significant environmental issue. And then at paragraph 27 which is 0007 you refer to a koala population requirement and I'm assuming that your reference there is to the environmental issue involving the koala population?---Yes. That's correct.

40  
45 If I could show you a letter from the Department of Environment and Resources Management dated 28 April 2011 to the Redlands facility project team who were managing the Redlands project. This is at WMS.600.0002.54435. If we could go to the final paragraph on the last page of that document and you will see where it says:

*DERM supports the koala conservation strategy subject to three amendments –*

And those amendments are the development of a commitment plan, provision of further details of koala-friendly fencing and provision of further details on traffic mitigation measures. Can you – you’ve seen that in paragraph 6 of the letter?---Yes, I have. Thank you.

5

So is the case when you were talking about the viability of the project insofar as the koalas were concerned being of grave concern that you had not been made aware that the koala population corridor requirements were being progressed – or successfully progressed by the Redlands facility project team through the Department of Environment and Resource Management.

10

MR DIEHM: I object, Commissioner. With respect, Counsel Assisting has taken the witness to one isolated paragraph in the letter and drawn a conclusion from it which is not sustained from the body of the document. The question should not be put.

15

COMMISSIONER WILSON: Ms Muir.

MS MUIR: Commissioner, I don’t accept my friend’s submission that the question is not supported by the balance of the letter. The paragraph speaks for itself. Can I also say that the evidence that the Commissioner has in relation to the issue of koala management through the minutes of the project team meeting which I have available on Delium show that the issue was not raised again by the facility project team. So

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COMMISSIONER WILSON: There may be a way around this. Mr Diehm, if the letter is simply tendered and the question Ms Muir wanted to ask, not asked, the letter will speak for itself, won’t it?

30

MR DIEHM: It will, Commissioner.

MS MUIR: I’m content ---

COMMISSIONER WILSON: Ms Muir, I won’t allow the question but if you wish to tender the letter I’ll allow that.

35

MS MUIR: Thank you. I tender the letter.

COMMISSIONER WILSON: Very will. That’ll be marked as an exhibit.

40

MS MUIR: Dr Cleary, the second reason in your statement for the cessation of the Redlands project was the watercourse that was identified as a physical problem in completing the project. Did you understand the watercourse to be a drainage issue – the reference to watercourse?---My understanding at the time was that there was a problem with water flow on the property which to me was described as a watercourse. If that could be a – that in my mind could have been a drainage problem. It could have been a – stormwater overflow but it would be the course –

45

my interpretation of the course, that water would flow on the property should there be heavy rains.

5 So if we could go to – I'd like to take you to some minutes of the facility project team which are MSS.001.002.0297. If you could go to point 2, it's the next – sorry, at .298. If you go to point 2, if you see in the second column in paragraph 2 it talks there about members discussed issues that may arise with chopping of trees due to koalas and [indistinct] advised members that the water flow issues have been resolved. Am I correct in assuming that you were not aware of the minutes of these  
10 meetings?---That would be correct, yes.

If I could tender those minutes, Commissioner.

15 COMMISSIONER WILSON: Any objection? Very well. Those minutes will be marked as an exhibit.

MS MUIR: So, Dr Cleary, coming to the third reason, and if I understand your evidence the most prominent reason that you understand the Redlands Unit Project was ceased, is that the proposed unit continued a model of care that was not now  
20 considered contemporary. At paragraph 27 on 0007 of your statement, you referred to the recommendation of Dr Kingswell that consideration ought to be given to alternative models moving from institutional to community-based care; is that correct?---That's correct, yes.

25 And then at paragraph 28 of your statement, at 0008, the third dot point, you refer there to MHADOB, or the Mental Health, Alcohol and Other Drugs Branch, provided advice that there had been a change of the model caring for adolescents, which was a move away from institutional care to care in the community?---That's correct, yes.

30 Am I correct in assuming you meant that this advice was provided by Dr Kingswell?---It would be correct that Dr Kingswell would have been the principal person who I took advice from, and I believe he has an extensive experience in this particular field, and so his advice was prominent in my mind. There were other  
35 people who I also took advice from, and they would have included the then-chief psychiatrist, who I would have discussed these types of issues with. So there would have been a range of people. The other person that I would have had input from is Ms Lesley Dwyer, the chief executive for West Moreton, who although not a  
40 clinician, had had experience in managing mental health services in previous roles.

And with the chief psychiatrist, was that Dr Allen at the time?---This was prior to Dr Allen; this was Dr - - -

45 Gilhotra, yes?---Yes. Thank you.

Did you understand the reference to a move from institutional care to a move away from extended inpatient facilities to be a move away from extended inpatient



facilities such as the Barrett Centre?---Yes, and that was a program of works not just confined to the Barrett Adolescent Centre. It was an area that was being progressed by mental health in a range of areas, including the Barrett Centre.

5 I should ask: have you ever – did you ever visit the Barrett Centre?---Yes. I visited the Barrett Centre on two occasions. One – or the first was soon after I was appointed to the Deputy Director-general position for the health services and clinical innovation, and the reason for that was that Dr Kingswell wanted to acquaint me with some of the specialised units in the state that I wasn't familiar with. I had  
10 previously, as you'd be aware, worked in a fairly large number of health services, so I was familiar with Prince Charles, the Metro South services, some of the ones in the north of the state and some of the ones in – in – in western Queensland, up in Toowoomba. But I had not been to the Barrett Adolescent Centre, and so we made a visit to the centre with the CEO. The second time was in the company of the current  
15 Premier, the local member and the Minister.

COMMISSIONER WILSON: So that would've been – the first visit would've been post-1 July 2012, would it?---Yes, that's correct.

20 MS MUIR: And then your recent visit was when, Dr Cleary?---It's identified in my statement. I would have to just check the exact date.

I can find that for you. At this time, when you were talking to Dr Gilhotra, Dr Kingswell, Lesley Dwyer, was there any report to explain – or any literature or any  
25 information that you were given to explain the basis for this advice that there had been a move away from the institutional care to a community-based care?---The – the advice that I received was consistent with the National Mental Health planning frameworks that were in place and the National Mental Health plans that had been in place for quite some time. Those plans had really outlined the move that has  
30 occurred over the last decade and a half away from institutional care to community-based care and identify many of the benefits that flow from that change. I – I received those documents through many forums, including my representing Queensland on the Australian Health Ministers Advisory Council, where the mental health subgroup reported and provided their planning framework, and I think at that  
35 stage the second mental health – sorry, my apologies – the third mental health plan was being presented and being revised by the various state institutions or state governments, and was then progressed to ministers. It outlined, really, quite a strong case for a move from institutional to community-based care. In addition to that, there were documents that I think Dr Kingswell was aware of that had been  
40 developed locally in terms of Queensland-based documents that related more directly to the Barrett Adolescent Centre or adolescent services that were provided on the campus at Ipswich.

Perhaps if I can take you to both those documents then. So the – if we go to the  
45 National Mental Health Service Planning Framework, DBK.500.002.1062. So just so I'm clear whilst that document's coming up, so you agreed with Dr Kingswell that

under this plan the Barrett Centre model of service was – the Barrett model was inconsistent with this plan?---Yes, I did.

5 And is it the case that the National Mental Health Service Planning Framework was still in draft at this time?---I believe it was in draft at that time. I put more reliability or more significance on the actual plan that had been developed, rather than some of the subdocuments which the framework would have fitted in with.

10 Is it the case that the National Mental Health Service Planning Framework does expressly provide that it can't account for every circumstance or service possibly required by an individual or group?---I'm not able to answer that question. That's a matter of some detail to do with the framework. My understanding of the framework is it's a very complicated document or a complicated tool, and I – I'm not able to provide a response, I'm sorry.

15 I suppose I'm asking you the questions because you rely on this complicated tool to support your contention that the Barrett Centre model of service was inconsistent with the model. So I might just take you to - - -

20 MR DIEHM: Well, with respect, the witness had – didn't say that he had relied upon the tool.

25 COMMISSIONER WILSON: That's correct, Ms Muir. He said he relied more on the plan than the documents developed under the plan.

30 MS MUIR: Well, if we could go to the plan, is it fair to say that my understanding of your evidence was that the National Mental Health Service Planning Framework was one of the reasons used – or one of the explanations given for why the continuation of the Redlands Project was not appropriate; is that your evidence?

MR DIEHM: Well, with respect, he was speaking of the Barrett model not the Redlands Project.

35 COMMISSIONER WILSON: That's also correct, Ms Muir.

40 MS MUIR: If Dr Cleary could go to paragraph 27 of his statement, which is at 0007. And you say there that Dr Kingswell had told you that the proposed unit continued a model of care that was not now considered temporary, and that work was being undertaken nationally that indicated that institutional models of care were not considered contemporary under the draft National Mental Health Service Planning Framework. You've got to speak, Dr Cleary. It's being recorded?---Sorry. My apologies. Yes. That's correct. That's - - -

45 So you agree. And I – if I understood – and correct me if I'm wrong – you agreed with Dr Kingswell that this framework did not support the Redlands model?---As I've sort of – as I've outlined in my statement, Dr Kingswell indicated that work was being done or being undertaken and that this wasn't consistent with the framework.

That would be my evidence. I don't think I would agree with the statement that you've made. Perhaps that's a slight variation.

5 So had you read the National Mental Health Service Planning Framework at the time?---No, I had not.

10 If I could go to paragraph 27 of your statement, which is at 0007, and to the final issue you've outlined as being a reason for the cessation of the Redlands project, and that's budget overrun and a need for budget savings. I'd just like to explore with you the extent to which each of these factors played a contributory role. At the last dot point, you refer to \$1.7 million overrun. Could I take you to the briefing note of 3 May 2012, which is at DBK.001.001.0032. Now, a figure of 1.461 is referred to in this briefing note dated 3 May. I'm just wondering if this is the source of your knowledge for that figure – if this briefing note is the source of your knowledge. If 15 we can go down the briefing note. You'll see there in the first dot point?---Thank you. This wouldn't have been the source of my knowledge. This was a briefing note that I became aware of, I believe, at some later stage. And so I wasn't aware of it back at that time. I believe that there were reports that came through me that went through to Premier and Cabinet relating to the progress of various capital works 20 projects that the Department of Health was oversighting and that one of those was the Redlands project. And I believe it is from those documents that I drew my information that the budget overrun was approximately \$1.4 million. I would also point to conversations that were had at the Minister's Budget Review Committee where I think these types of matters would have been discussed, but I can't recall that 25 it ever was discussed in detail.

Are the Budget Review Committees and the Budget and Fiscal Examination Committees – are they two different committees?---I believe they were, yes.

30 Perhaps if we could go to – if I could take you to the Terms of Reference for the Budget and Fiscal Examination Committee. Well, these seem to be the draft Terms of Reference – DMZ.001.001.0054. And here you say:

35 *I wonder if there needs to be revised to have the Director-general on it. And I was also wondering if the Minister is to attend.*

40 If I could just take you down the document to the draft authority. And under point 2, the authority refers there to the chair does have Director-general delegated authority. And you were the chair; is that right, Dr Cleary?---My apologies. I haven't familiarised myself with these documents prior to the hearing today.

Take your time, Dr Cleary?---Could I just - - -

45 Perhaps if we could go up to the top of the document. I'm happy to give you a hard copy if that's easier?---That would be very much appreciated. Thank you.

I should say, Dr Cleary – and I will take you to the document shortly, but the draft Terms of Reference do seem to have been revised?---Thank you. If you could just remind me of the question again. I'm sorry.

5 So I just wanted to take you to the draft and just understand what happened. So you  
got the draft of these Terms of Reference and your concern is that you're concerned  
that the scope should include the Director-general to have the authority. Is that your  
understanding or recollection of what occurred?---To put this in context, this was the  
10 department's initial response to the request or the policy decision from the then  
government to make some very significant savings in a three-month period. As a  
consequence of that, the Director-general asked that a small group be convened to  
look at those savings strategies and to seek out somewhere between 100 and 120  
million dollars worth of savings in a three-month period. That's quite a significant  
15 task in that expenditure is obviously being incurred and therefore a governance  
model to work through the various opportunities to make those savings was  
important. This – this group came into being really to look at those savings  
strategies and to provide recommendations to the Executive Management Committee  
on what strategies could be put in place. The focus of the group was to make sure  
20 that any savings strategies were clinically appropriate, and that's why I believe the  
Director-general asked both myself and Dr Janette Young to be the principals on that  
group. I could talk more about the savings strategies that were identified should you  
wish.

I will ask you some questions. I just want to understand the – so this – the Budget  
25 Fiscal Examination Committee was – this was the special purpose executive  
committee, wasn't it? And did Minister Springborg or the Director-general attend  
those meetings of this committee – the Budget Fiscal Examination Committee?---To  
my memory, no, they didn't. This was more of a working group that provided  
advice. It wasn't a decision-making group, and it really collected and collated  
30 options for consideration by the then Director-general.

And then this committee would report to the Executive Management Team; is that  
right?---Yes.

35 And were you a member of the Executive Management Team?---Yes, I was.

And what – who else were the members of the EMT team at this time – or who else  
attended the meetings? The Minister, for example?---No. The Minister did not  
attend those meetings. It was a meeting chaired by the Director-general. And I  
40 apologise for not having the exact composition in my head. The structure in  
Queensland Health changes relatively frequently and therefore it's difficult. But at  
that time, I believe it would have been the Chief Health Officer, myself as the  
Deputy Director-general for policy, strategy and resourcing, the Chief Infrastructure  
Officer, Dr John – Mr John Glaister. It would have included the corporate services  
45 position. I'm not sure from memory who occupied that at that time. There will have  
been other people who were members, but it's essentially the executive for the  
Department of Health. There were other people on the committee who were not

necessarily part of the ministry function, including the Health Support Queensland executive officer, and Health Support Queensland runs our state-wide pathology, radiology and other services. And it included the person who led the ICT information communications infrastructure within the Department, and that – at that  
5 time I think that was Mr Ray Brown.

And at this time, it was – the chief health officer was Dr Janette Young; is that your recollection?---Yes, that's correct.

10 So these – the Executive Management Team meetings: were these meetings focused on things such as fiscal repair strategies, improving service efficiency and the outsourcing of services to the private sector? Are those the sort of issues that would be discussed at this – these meetings?---They would include those matters, yes.

15 If I could just go briefly to paragraph 74 of your statement, which is at 0017, and you say there that when the Honourable Lawrence Springborg became Minister for Health he gave a direction that any changes to service provision be referred to him through the Director-general so that they could be given active consideration. What  
20 did you – can you explain in a bit more detail your understanding of this direction?---Yes. I think this was a direction which made the Department and the hospital and health services ensure that there was a very strong patient focus in any decisions that were made. And to that end, the Minister had requested that he be consulted where there were savings strategies that were being introduced that may  
25 have had an impact on patient care so that he could – I assume he could give consideration to those and seek from the Director-general, perhaps, an alternative strategy or even to decline the strategy. This arose, as I recall, because one of the health services who was implementing some savings strategies implemented  
30 strategies that could potentially have impacted adversely on patients, and the Minister – my interpretation is that the Minister wanted to ensure that that didn't happen on future occasions.

So was it your understanding that, like, any decision concerning a centre such as the only subacute extended inpatient facility in Queensland would be – any decision affecting the operation of that centre would be a major change to service provision  
35 under the direction that you've been given?---Yes, that would be correct.

If I could go to paragraph 32 of your statement, which is at 0009, and you talk there about the whole of government budget strategy required Queensland Health to look at expenditure that could be deferred or was not effectively contributing to improved  
40 health outcomes. Can I just ask: what criteria was used to determine if a health service was not effectively contributing to health outcomes?---In responding to your question, I would point to a number of things. Firstly, a lot of the strategies were corporately focused. They relied on activities such as reducing expenditure for travel, reducing advertising expenditure, reducing the use of consultancies and there  
45 were one or to other big ticket items, if I can call them that, there. There were significant savings made. Having said that, there were also a number of smaller issues that were looked at. They may sound trivial, but they certainly overall

contributed to the savings strategies, and they included matters such as not continuing the contract we had for government buildings for plants being incorporated into the workspace, not continuing the delivery of newspapers but moving to electronic systems and so on. I say they sound small, but I recall that the savings that we were able to make from not having plants within the buildings was in the order of seven, eight hundred thousand dollars across the offices that Queensland Health occupied at the time. So they were quite significant savings. The other areas where there were savings being considered related to grants, and in terms of grants there were five criteria that were used for the examination of grants that were in place at the time to determine whether any grants could be reduced or stopped because they weren't providing patient care or patient support, weren't in accordance with government policy and didn't represent value for money. There was quite a detailed process put in place to evaluate the grants, and that process included an independent – sorry – within the Department of Health, an independent review of those grants and the recommendations of which grants should be considered for review was provided to both myself and Dr Young, and we went through that list item by item to make sure that we were comfortable with the views that had been expressed.

Okay. So that was – I was going to ask – so the evaluation – who ultimately was responsible for evaluating, and it was you and Dr Young; is that correct?---We undertook a final review, but the decisions obviously rested with the Director-general, and those – those advices would have been provided through our normal channels.

And you say in your statement – and you recall you gave evidence earlier – that in those first three months Queensland Health was required to put in place savings strategies of about \$120 million?---Yes, that's correct.

If we could go to paragraph 18 of your statement, which is 0005, I just wanted to take you to the first meeting of the budget review committee. Now, the budget review committee, I think, is a different committee to the executive committee that we spoke of; is that right?---That's correct, yes.

And what was the purpose of this committee?---This committee - - -

I can take you to the – sorry – I should take you to DMZ.900.001.0102. Sorry to interrupt you, Dr Cleary, but this is the Terms of Reference for the Budget Review Committee; that's DMZ.900.001.0102. Just – if we can go down. And there – the authority shows that the Budget Review Committee reports to the Minister of Health through the Director-general, Queensland Health. So you sat on this budget review committee; is that correct?---Yes, I did.

And who else sat on the committee?---Essentially, the Executive Management Team from the Department that I mentioned before sat on the committee. The committee was also attended by the Minister, and often his principal policy officer, I believe.

Now, was it the case that it was around this time in May 2012 that you told Dr Kingswell that the Department of Health was seeking to find \$100 million in savings?---At that time, Dr Kingswell reported through the chief health officer, Dr Janette Young, and it may well have been others had that conversation with Dr Kingswell. I don't specifically recall having a conversation with Dr Kingswell about that matter, no.

So you think it may have been someone else or was it you that also around this time asked Dr Kingswell which of the health infrastructure projects could be stopped, that is, he was asked to find a contribution to the \$100 million. Is that a conversation that you recall having with Dr Kingswell?---I don't recall having that specific conversation with Dr Kingswell, however, it could have been that I was in a meeting with Dr Young and she may have had that conversation with Dr Kingswell as her direct report. I would anticipate, though, that I would have spoken with Dr Kingswell about the HHF funding which is a separate pool of funding that was also being considered at that time and that I would have spoken with Dr Kingswell about because it included funding that was from other agencies and as the person who led intergovernmental relations I would have had a personal interest in how that particular area was being managed.

When you say HHF funding, that's an acronym for what?---My apologies. I would have to check. It's a Commonwealth funding pool. I – I think it's a hospital and health funding pool but it was a funding pool made available by the Commonwealth government to support capital infrastructure developments. The then Commonwealth government sought expressions of interest from various state health authorities and the private sector, I recall, for access to those funds and the Commonwealth had an independent process by which they determined whether those funds would be supported. Queensland put forward a number of proposals to the Commonwealth, some of which were supported, some of which weren't. The ones around mental health that were put forward prior to the change of government that year included community care units, acute services in Hervey Bay, Maryborough and some aged care services in Rockhampton, I believe.

If I could just go to paragraph 33 of your statement which is at 0009. This is where you refer to your recollection of discussions at the budget review committee and you say in the case of capital savings that would have been managed through the then HIB – health infrastructure branch. Who was the accountable officer in that branch that would have made, for example – or who was the accountable officer in that HIB at the time?---That was a Mr John Glaister who was at the time the Deputy Director-general responsible for that area which covered health infrastructure and planning.

Also while we're at paragraph 33 you say that the capital and operational savings from the cancellation of the Redlands unit were directed to fiscal repair, government election commitments and priority project. And then if we go to paragraph 85 of your statement which is 0022 and here you give some evidence in relation to the redirection of Barrett Centre funds following its closure to fund new services and you say that these services were also funded by a \$2 million allocation which was

intended to support the service at Redlands. So I just want to confirm, is your evidence that the money from the cancelled Redlands project was absorbed, so to speak, back into the government funds and was not, for example, put aside specifically for use in child and adolescent mental health services?---If I could  
5 clarify, there were – there were two pools of funding. One was a capital funding stream and the other was a recurrent or operational funding stream. In terms of paragraph 33 of my statement that related to the capital funding stream and was redirected. I subsequently became aware that it was redirected towards 12 priority capital projects in regional and rural Queensland for hospital repairs and that was in a  
10 brief I've only see recently.

COMMISSIONER WILSON: So that was the whole of the capital allocation for Redlands, are you saying, went to the rural hospitals?---That's my understanding.

15 Thank you?---There were other pools of funding that went towards that – the repairs and maintenance for the 12 rural hospitals. It included funding from – operational funding from indigenous health – indigenous health growth moneys and savings from, I think, within the health infrastructure branch budget. So there were three major pools of funding. I wasn't involved in that decision or that process but I've  
20 only recently become aware of a briefing that I've read that detailed how that – that was managed.

MS MUIR: If I could take you now to - - -?---Should I - - -

25 Sorry, before I go there - - -

COMMISSIONER WILSON: Wait a moment.

MS MUIR: - - - the briefing that you're - - -  
30

COMMISSIONER WILSON: Excuse me, Ms Muir. I think the witness was about to say something?---I was just going to ask whether you wanted me to close off the issue of the \$2 million in the recurrent funding stream.

35 MS MUIR: Yes, Dr Cleary?---So that – that was money held by the Mental Health, Alcohol and Other Drug Branch. It was held there for the operational funding of the adolescent mental health services and so it was – it was held by the branch when the transition arrangements were put in play. Then that money was released to be directed towards the expansion of adolescent mental health services in accordance  
40 with the model that had been put up by Children's Health Queensland.

So just so I'm clear, that \$2 million of operational funds you say was kept aside until the decision – or the announcement of the decision to close the Barrett Centre was made and then there was the transition and the development of the new services. Is  
45 that your evidence?---If I could just clarify. The – the \$2 million was held by Mental Health, Alcohol and Other Drug Branch for the purposes of supporting adolescent mental health. It wasn't held aside for that purpose at that time but once it became –



once it was apparent that a new model was going to be developed then those funds were able to be released to support the new model. I probably could add that there was no active decisions around – active decision around those funds in the May, June, July period of 2012.

5

You made mention a moment ago of a briefing note that you had just become aware of in recent times. I just want to follow through. Are you able to recall what date the briefing note that you were referring to is?---No. But I believe we could source the document for you.

10

I can find it here but I just thought if you have the date it might be easier.

COMMISSIONER WILSON: Is this the briefing note about the redirection of the Redlands capital funding to rural hospitals?---Yes, Commissioner. That's correct.

15

Could that have been in August 2012.

MR O'SULLIVAN: It's paragraph 24 of his statement.

20

MS MUIR: Thank you.

MR O'SULLIVAN: It's in his statement, Commissioner.

25

MS MUIR: Yes, that is 17 August 2012.

COMMISSIONER WILSON: So that's the briefing note you're referring to?---I don't – Commissioner, I don't believe it is.

30

Sorry?---I believe there's a separate briefing note that refers to capital projects relating to 12 regional and rural hospitals that needed to be upgraded and it is a briefing note that is headed – has a heading on it that relates to 12 rural hospitals.

I'll leave it to Ms Muir to pursue that in questions.

35

MS MUIR: I might be able to have a look for it in the break, Commissioner.

COMMISSIONER WILSON: Very well.

40

MS MUIR: My learned friend Mr O'Sullivan has kindly given me a copy, Commissioner. I will have a look at that in the break, and I'll ask some questions. I've got - - -

45

COMMISSIONER WILSON: Would you like the morning break now so that we don't lose sequence?

MS MUIR: Thank you, Commissioner.

COMMISSIONER WILSON: Very well. We'll adjourn until quarter to 11.

**WITNESS STOOD DOWN**

5

**ADJOURNED**

**[10.30 am]**

10 **RESUMED**

**[10.45 am]**

**MICHAEL CLEARY, CONTINUING**

15

**EXAMINATION BY MS MUIR**

20 MS MUIR: Thank you, Commissioner.

I have – if we could go back to paragraph 24 of your statement, Dr Cleary. And you have referred there to two briefing notes that you subsequently became aware of. Perhaps it might help if I took you to those briefing notes. The first – and they are in my list of documents to take this witness to, Commissioner. The first one is  
25 DBK.001.001.0032.

So that's the first briefing note you were referring to, Dr Cleary?---Yes. That's correct.

30 And on the second – sorry, on 0034, paragraph 10, the financial implications. So the costs – the capital costs savings of not proceeding with the 15 million that you spoke of, you gave some evidence about earlier. And then the 1.824 in the recurrent operating costs, are they the operating costs that were then put aside for use later with adolescent mental – for adolescent mental health?---Yes. That's correct.

35

And then if we go to WMS.0012.0001.24344. And that's the briefing note of 17 August 2012. Is that the briefing note that you were referring to?---Yes. That's correct. That's the briefing note that I was referring to.

40 And then if you go to the recommendation – and this is the briefing note signed by Janette Young, Dr Young?---Yes.

And - - -

45 COMMISSIONER WILSON: Well, the one on the screen is a briefing note to the Minister.

MS MUIR: If you keep going down - - -

COMMISSIONER WILSON: Now the briefing note to the Director-general.

5 MS MUIR: Yes. Thank you, Commissioner.

So that's the briefing note you're referring to, is it, Dr Cleary?---Could I just have someone scroll through the briefing note?

10 I can give you a – would it be easier to give you a hard copy?---That would be appreciated. Thank you. Yes. Thank you very much. That's correct.

And if you go to page 4 then, is that where you were referring to the rule infrastructure rectifications from the capital program? Is that the evidence that  
15 - - -?---I apologise. I'm not quite clear on the question.

So when you were referring to the capital savings from the cessation of the Redlands project, was I correct that you were then referring back to this briefing note to explain what had happened to those funds?---Yes. I apologise. You're quite correct.  
20 These funds, from my reading of this briefing note when I did become aware of it, would indicate that the funds were directed to the 12 rural hospitals that required rectification work.

Commissioner, I think both of these briefing notes are in evidence but - - -  
25

COMMISSIONER WILSON: They certainly are.

MS MUIR: Yes. I won't tender them.

30 Dr Cleary, I'd just like to move on to the decision to close the Barrett Centre and to paragraph 84 of your statement. If – and this is at 0019. And you give some evidence about a draft briefing note dated 1 November 2012 which sought the approval of the Director-general to close the Barrett Centre. And your evidence is that you returned the brief to the executive director of MHAODB, meaning Dr  
35 Kingswell?---That's correct.

And noted:

40 *Any consideration of changing the service model for this group was a significant issue and would need to be led by West Moreton Hospital and Health Service who were responsible for this service.*

Now, it's a fair point, isn't it, that any change to the service model needed to be a considered decision. You'd agree with that?---Yes.  
45

And one that would be made with regard to expert clinical evidence?---Yes.

Yes. And were you aware of the expert clinical reference group report?---Yes, I was.

Okay. And - - -

5 MR DIEHM: At what point in time, Commissioner?

MS MUIR: Sorry. I take – at the time that you returned the briefing note, did you know anything about an expert clinical reference group being asked to look at the issue about the closure of the Barrett or alternate services?

10

COMMISSIONER WILSON: Well, I'm going to interrupt there. Ms Muir, I think it's been established in evidence that the expert clinical reference group was put together in late November maybe early December 2012 and that it first met on the 7<sup>th</sup> of December 2012. Paragraph 84(1) is relating to 1 November 2012. So if you want  
15 to ask the witness what, if any, knowledge he had of the ECRG you'll have to give him a timeframe when it was in existence.

MS MUIR: So, yes, it does.

20 MR DIEHM: I note paragraph (iii) as well, Commissioner.

MS MUIR: Commissioner, if I could just have a moment, I'll - - -

COMMISSIONER WILSON: Certainly.

25

MS MUIR: I will take – I did intend to take the witness to the report because you do in your statement at paragraph 84(vi) refer to the report of the expert clinical reference group?---Yes. That's correct.

30 And you say there that – which recommended a tier 3 service be included as part of the model of service for child and adolescent mental health patients. And if I understand you say at this point that you hadn't anticipated a tier 3 would be included given the previous advice that there was support for a community based model?---That's correct.

35

What did you understand a tier 3 service to mean at the time?---A tier 3 service as described in this document is unique to this report or this expert reference group. They develop the concept of a tier 3 service. The tier 3 or the service model is really a hierarchical model with the first level, which in this case are called tiers, are the  
40 services that you would expect from ambulatory care. The second is care perhaps not in the home, residential rehabilitation. And the third is subacute care in a – I'll say a hospital environment but in a more sophisticated environment where there are more systems around the care of those particular clients.

45 This – this model was built on top of the already very extensive child and youth mental health services that operate across the state. So it was a new model, it was a proposed new model, and it was built to supplement the existing services. And I

personally have managed some of those services in previous roles, and they're – they operate to a very high level in our health system.

5 And – but at that point in time, you're talking about the wide range of existing services. But was it your understanding of the young people who were admitted to the Barrett Centre at least that on – many of those young people had exhausted all of those existing services?---In – in this situation, yes, you're – you're correct. The existing child and youth services across the state: they had potentially had access to or been involved with, and the proposed new model would then allow for those  
10 adolescents to be able to access services which were closer to home and more community-based than having to be – access those services in a single entity – single facility. So they were more distributed across the state, and more – and would allow people to remain in their local communities, maintain their social support systems, maintain their family relationships and attend educational facilities as appropriate.

15 And if we could go to DMZ.001.001.0226, and this is on 18 March 2013. You received an email from Sharon Kelly, requesting an urgent meeting to discuss the service model proposed by the ECRG before it was finalised. And you see there Ms Kelly refers to the model as having ramifications for Queensland Health and the  
20 Minister. What did you understand the ramifications to be – was – arising from the report?---I don't believe I had actually seen the email at the time that the meeting was being organised. That would have gone to my office and they would have organised the meeting. Meetings with chief executives, when they're requested, I attend to promptly, because they are often of a significant nature – or I attended to  
25 promptly at that time. In this case, I can't speak for why Ms Kelly used that phraseology. My understanding from the meeting was that they wished to talk about the three-tiered service. I hadn't been made aware of what that model was until that time, I don't believe, and, certainly, the – the identification that an inpatient subacute care arrangement would be one of the matters that they felt needed to be given  
30 further consideration. I think Dr Steer was also at the meeting, and he's the chief executive, as you would know, from Children's Health Queensland at that time. And he also participated in that discussion.

35 So the concern at the time, as you recall, was that the report had identified that for – as part of the services that they were looking at for young people with severe and complex mental health issues that it did include a subacute extended stay facility?---Yes, that's correct – sorry – an extended stay service, not necessarily a facility.

40 Service.

COMMISSIONER WILSON: Dr Cleary, this was on 18 March 2013. I take it from what you've said that the meeting was held fairly promptly after this meeting reached your officer?---Yes, Commissioner. I think it was that day or the day after, but it was  
45 certainly in very close proximity to the email.

What I want to ask you is this: did you understand when that meeting was held that the ECRG report had been finalised or that it was – that it had been presented or that it was merely still in preparation?---My understanding was that the report had been finalised and was due to then go through the governance model that had been  
5 established within West Moreton Hospital and Health Service so that the ECRG reported to the planning group, to the then-executive of West Moreton and then to the board. So my understanding was the report was, to the degree I could say, finalised, and its next step in the process was to go to the planning group for the planning group's consideration.

10

Thank you.

MS MUIR: If we could go to the ECRG report which is exhibited to your statement, at DMZ.900.001.0467, and I understand your evidence that you read the report at the  
15 time, Dr Cleary?---I – I would have read the report. I don't think I would have read the report at that meeting in detail because it is a complicated report. I do recall reading it in more detail after the meeting to make sure that I had absorbed all of the key issues that the people who were there talked through.

20 So after reading the report – so this meeting was called in March, but you're saying in that April/May period of 2013 you think you may have read the report carefully?---Yes.

25 And you would accept that the report describes tier 3 as being an essential service component, and that a failure to include a tier 3 service carries risk?---Yes. That was one of the recommendations, I think, in the report.

30 And you agree that it was clinicians who were practising in child and adolescent mental health that were on the committee that prepared the report?---Yes, that's correct.

So, obviously, you personally gave the report a lot of weight?---I did, yes.

35 Now, at paragraph 84(vii) of your statement, you refer to a meeting on 6 May 2013; this is 0021. So this is 84(vii), and this is a meeting that you attended with Dr Geppert, Dr Steer, Ms Dwyer, Ms Kelly and Dr Kingswell. So that's a separate meeting to the one that we were referring to earlier in – you think there was an earlier meeting in March?---Yes, that's correct.

40 And you say in your – in that paragraph – in the last line that MHAODB supported the move to a community-based model of care. And I assume you're referring to Dr Kingswell there?---Dr Kingswell was the executive director of that branch within the Department, and he was the person who provided that advice. But it would've been  
45 obtained from – I would assume from other sources within his – within his branch, including the chief psychiatrist who worked for Dr Kingswell.

And did you understand that that move to a community-based model of care was to include – and the essential service component a tier 3?---Yes, I understood that was the recommendation.

5 If I could take you to DMZ.001.0951, this isn't a document that was exhibited to  
your statement, but it was – should have been provided to your solicitors. This is an  
email that you sent Dr Kingswell at 3.41 on 11 November 2014, after it was  
announced that there would be an inquiry into the decision and circumstances of the  
closure of the Barrett Centre? DMZ.001.001.0951. If you can just – in this email,  
10 you ask Dr Kingswell in November 2014 if he was aware of who signed off on the  
final approval to move from an institutional to a community model, and to – by  
institutional I mean – I take it you mean the extended inpatient care model?---Not –  
no. I'm referring there to the existing model that was in place at the Barrett  
Adolescent Centre and the new model is the new model that is being proposed by the  
15 expert reference group through the planning group and I guess I was really seeking to  
find out how that final decision had been made. In terms of the – the governance,  
perhaps it's worth, if you would like me to talk about the governance of decision-  
making in – in the hospital and health service model but that may be something that  
you've already become aware of.

20 Dr Cleary, I'd be delighted if you could talk about the governance  
[indistinct]?---Thank you. So in – in July 2012 there was a substantial change to the  
way health services – or health service governance was operating in Queensland.  
I'm very familiar with it as I oversaw that program of works from the initial  
25 policy decision right through to the introduction of the legislation in Parliament and  
then the establishment of the hospital and health services, their boards and their  
CEOs. The – the – there were many driving reasons for those change apart from the  
national health reform agreement that the state had signed which was clearly a key  
driver but one of the themes in – in the reforms was the need to move decision-  
30 making away from a corporate office to – to the situation where decisions can be  
made as close as possible to patient care and staff. Prior to that there had been a  
significant degree of concern that many decisions that really should have been made  
at a – a local level were being made in a – in the central bureaucracy. There were a  
number of other reasons for those reforms including improved transparency in health  
35 service management and that led to the establishment of some national groups that  
provided oversight and reporting such – such as the national performance authority  
and that, again, improved the transparency around health service. The final reason  
was to improve the transparency around funding flows. Until that time funding came  
through the Department of Health and went to hospitals. It was very – perhaps not as  
40 clear as it should have been to the community how those funding flows operated and  
the establishment of a national office that co-ordinated the funding – both the  
Commonwealth and the state funding – through the national office to the hospitals  
directly made it very clear what funding was flowing to health services and what  
services that they were provided – what services they were provided. So there was a  
45 substantial change in governance, in performance reporting and in funding flows. In  
terms of the governance the decentralisation of health in Queensland is very similar  
to that that's occurred in other areas of the world but the – but it – and it – it resulted

in the establishment of boards of management and health services that were established as statutory bodies and in terms of the governance arrangement establishing statutory bodies really is one step removed from almost an independent organisation but gives the state a degree of control. Those statutory bodies are then  
5 accountable for and responsible for the delivery of health services to the local community and they're required to do a number of things including consulting with their community about the types of services that they should provide, consulting with their clinical staff about how the clinical services operate and – and – and obviously have the roles and functions of a board of management. In terms of the Barrett  
10 Adolescent Centre strategy – if I can call it that – that the health service move forward with. That was the sort of strategy that would rightly rest with the hospital and health board that was managing a clinical service which in this case was the West Moreton Hospital and Health Service. During the transition phase – and this is, in my mind, a very early period of the transition, there were often circumstances that  
15 arose where you would need to facilitate or assist some of the health services to obtain decisions. Previously, decisions may have come through a departmental officer through to the Minister and there was a – a fairly standard pathway for that. This meeting was convened by the West Moreton Hospital and Health Service to discuss how they would progress a significant decision through to the Minister's  
20 office and the advice that was provided at that time was that it would be appropriate to meet with the then Director-general to discuss the proposal and – and the various considerations that would need to be given to that proposal and then to seek to meet with the Minister to discuss the matter. And that was really a facilitatory process taking into account that the organisational arrangements were very new, that the  
25 hospital and health services were starting to, if I could say, find their feet and – and this was a very, you know, early period from my understanding of how – of how long it took the United Kingdom to firmly cement their systems in place. It takes maybe four years for the systems to be operating at a high level. So to come back to your question, this was really a conversation about how – what's the pathway for  
30 obtaining a policy consideration by the Minister for a – a matter such as this.

And so you were asking – and if I understand your detailed explanation then that you've just given of governance it's to explain why then in November 2014 given  
35 that there had been changes in the preceding years you needed to go back and follow through what in fact had happened. But before I ask you some questions about the email exchange you then had with Dr Kingswell you referred to this meeting when you were talking governance. What meeting were you talking about?---Sorry, that was the meeting that you referred to – I think it's on 1 May - - -

40 Yes?--- - - - that - - -

Okay. 1 May. And then we were - - -?---Thirteen.

We're now talking about the email exchange and your query to Dr Kingswell and  
45 then if we could go to DMZ.001.001.0954. This is an email you received at 8.15 am on 11 November attaching a briefing note for approval for the Director-general dated 1 November 2012. If we can go down – and at the top of that briefing note I



can see the request – the brief noting for approval is requested by you. You agree?---No. I disagree. If this is the briefing note from November 2012 this is the briefing note that I assume is the one that I didn't approve and I returned to the - - -

5 I'll take you to – I want to – I'm just following – I'm taking you through the emails then that occurred back and forth between you and Dr Kingswell. So he then – if we could get to .964 and this then does attach the brief with the comments from you – if we can go further down. And they're your comments in the box?---Yes. That's correct.

10

Okay. And then can you just explain those comments, Dr Cleary?---Yes. This briefing note came to me without my request, so it arrived unrequested. I – I read it and gave very careful consideration to it. In fact, I held it on my desk – I had an electronic desk, but on my desk for a couple of days while I thought about it. There were two things that concerned me. One is that under the new operating model within Queensland Health this was something that should be led by the Hospital and Health Service through their CEO, board and chair, not something that would be led by the senior mental health officer in a health service liaising directly with the department, because at that time the Hospital and Health Services were statutory bodies and really were responsible for managing their services. And the Department of Health should not, in my view, have been involved in this type of a discussion. So my notations are there. There are three of them. The lowest ones in blue are my indication to the Mental Health Branch, and that would go back to Dr Kingswell that this should be an Ipswich and West Moreton matter for their consideration. I suggested that the board of the health service need to be very actively involved in this, and – and that the board and CEO should have carriage of this type of process. Above that, there is clarification being sought by an administrative officer who manages the correspondence within the office of the Deputy Director-general asking me – and perhaps it's my lack of clarity in my initial note. If this briefing is cancelled. And I respond and say, yes, this – this briefing is cancelled. It is to go back to Mental Health Branch and really they should be now liaising with Ipswich and West Moreton Hospital and Health Services and their CEO in any conversation around this, because it's an issue that they should be – they should rightly take the lead with. I would have spoken with Dr Kingswell over the phone, probably, about this before having – before I returned it to explain my – my views. Dr Kingswell worked out of a different building to me, and that's why I would have spoken with him by phone.

40 So if I could then take you to – so just in layman's terms, then, going back to your query as to – in your email as to who signed off on the final approval to move from institutional to a community model. The to and froing – who do you say signed off on that?---I don't believe that there's a satisfactory answer to that in the materials that I have before me. I think it would be an appropriate – sorry. In terms of the change, I think that was something that the process that was subsequently set up with the expert reference group and the planning group through the executive in West Moreton and the board that made – that gave consideration to that – I don't believe Dr Kingswell clarified that in his responses.

Sorry. Just so I understand, what do you feel that wasn't clarified in the responses by Dr Kingswell?---Only that in terms of the – the email exchange that I've been able to view on screen, I don't think there was clarity on how that decision-making had been undertaken. But I believe it was subsequently through the expert reference group and the planning group.

So you're not saying that that group signed off on the final approval to move to the institutional – community model – that's not your evidence, is it? Or is it?---Sorry. My apologies. No.

MR DIEHM: Commissioner, I rise now. I was tempted when the original question on the topic – it really invites this witness to swear to an issue that's before the Commission. It's not really a matter upon which he can give direct eye-witness evidence upon. I appreciate this is an Inquiry, and so I didn't object in the first instance. But it's really now starting to become problematic for the witness to deal with having to respond to such a question.

COMMISSIONER WILSON: Yes. I think that the – subject to any other submissions I may receive, this witness can give evidence of how such a decision was, in fact, handled, by which I mean that, in fact, he declined to sign the briefing note, saying it should go back to West Moreton. But in terms of whether that was a correct analysis of the situation, it seems to me – sorry – a correct analysis of the legal situation, that is a matter before the Commission, and it will be a matter on which the Commission will have to receive submissions of law.

MR DIEHM: That's so. And these questions now, though, seem to go beyond potentially this [indistinct] and invite Dr Cleary generally to swear to a conclusion about who, in fact, made the decision.

COMMISSIONER WILSON: Yes. I agree with you.

MR DIEHM: Thank you.

MS MUIR: And, Commissioner, I should say I was – and perhaps it was the way I asked the questions – was intending to follow through and understand from Dr Cleary. He'd requested from Dr Kingswell some information about who signed off on the final approval to move from an institutional to a community model. And I was following through what information Dr Cleary had then – sorry – Dr Kingswell had then provided Dr Cleary to get to the bottom of whether or not he'd had his question answered. But I'm content to move on, because I think that I can – I have many more questions for this witness and - - -

COMMISSIONER WILSON: Well, move on.

MS MUIR: If we could go to 1508. This is a briefing note to the Director-general requested by Lesley Dwyer on 8 July. And you mention this in paragraph 75 of your statement.

COMMISSIONER WILSON: Is this the correct document on the screen?

MS MUIR: One-five-zero-eight. If you scroll down. I can come back to – I'll come back. It seems to be the wrong document.

5

Dr Cleary, you say in your statement that the Minister for Health made the decision to close the Barrett Centre on 6 August 2013 by means of a public announcement. But you're not suggesting, are you, that the actual decision was made on 6 August 2013, are you?---No, no. I would not be doing that.

10

And were you aware at the time that the announcement would be made?---No, I wasn't aware at the time the announcement was being made. I became aware of it through the media that morning.

15

If we could go to document 1532 – DMZ.001.1532 – sorry – 1508 at page 1532. So this is a briefing note for noting. One-five-three-two. Okay. This is the briefing note for noting requested by Lesley Dwyer on 8 July. If we could just go down to – scroll down to the bottom – further down. Under Consultation, it lists – you can see there that you are listed as someone who was being consulted at the time about the proposed next stages of the strategy and board decision for the closure. Do you recall being consulted about that?---I would view that paragraph as referring to the meeting on 1 May 2013, which is outlined in my statement. That would be where I believe the consultation has occurred.

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So I think you've just said that you didn't know that Minister Springborg was going to announce the closure of the Barrett Centre. Were you concerned that you hadn't been told about the announcement at the time?---No, because the consultation that occurred with me as outlined in my statement was really the pathway for a decision. In terms of the – the way the Department operated, it's certainly appropriate for the Minister and hospital and health services to make decisions within their spheres of responsibility. So I'm not surprised that I'm not aware – or was not aware.

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Just before the announcement by Minister Springborg that the Barrett Centre was to – sorry – just after that announcement, Dr O'Connell was no longer Director-general, and then you acted in that capacity until Ian Maynard was appointed on 23 September 2013; is that correct?---That's correct.

35

And is it fair to say that when Mr Maynard became Director-general that you had a lot of dealings with him in relation to the Barrett Centre, getting him up to speed about what was happening?---No, I don't think that would be a fair position to put. In terms of someone coming into the role of the Director-general in the Department of Health who has not had a health background but has had very senior positions in other portfolios such as the Public Service Commission, the breadth of information that someone moving into that role requires is, to say the least, extensive. Mr Maynard received briefings in the early stages around many aspects of the Department. We would generally do that in – in written form and often used a format similar to that used for incoming Ministers. So there's a formal briefing

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5 process for incoming Ministers, which we – in this case, I believe, I recall we used for Mr Maynard; Mr Maynard had a very strong focus on the hospital and health services, and soon after his appointment visited the – I think almost all of the health services that he could get to easily – there were some that were more remote, that took some time to get to – and spent a considerable period of time discussing and taking in the information that hospital and health services provided to him. I think the focus for Mr Maynard was a very broad one and there would have been a large amount of information provided to him at that initial period.

10 Are you aware around this time that Mr Maynard and perhaps the Minister – you may or may not be aware – were receiving a considerable amount of correspondence from families and members of the community in relation to the closure of the Barrett Centre?---No, I wasn't aware of the – that there was a significant amount of  
15 correspondence. I believe I was made aware of one piece of correspondence at the time by a member of the Minister's office, but I wasn't aware that it was a significant amount. No.

20 So you were – were you aware of concerns being expressed from members of the public and families about what they felt was a lack of engagement with the community consumers and their families? Were you aware that view was being presented to Mr Maynard, who had come in as Director-general – after the closure announcement, of course – and also to the Minister?---No. My understanding was that the West Moreton Hospital and Health Service was undertaking quite extensive communication and engagement with staff, patients and families, and I think in my  
25 statement I've referred to one email that I received, which included an attachment which was a communiqué. But I was aware that with any change there's going to be a need for a significant amount of engagement, both with the staff, with the patients and the families, and from my understanding the local health service was doing that in an appropriate manner. And so the – any concerns about the availability of  
30 services or structures being put in place to support them being unavailable that were being expressed by some members of the – some families from the Barrett community and community members, that was something that you weren't – you didn't know at the time?---No, I didn't have visibility of that.

35 I just want to ask you a few questions about the timeframe for the new service models. But before I do, when did you first become aware of the plan for The Park to become an adult secure and forensic campus or the opening of the EFTRU facility? If you go to paragraph 79 of your statement, I wanted to clarify this, Dr Cleary, and that's at page 0019. Now, you say there that in January 2015 you  
40 became aware of a briefing note and that at that time that you found out that the Barrett Centre cannot continue to provide services due to The Park becoming an adult secure and forensic campus by 2014, and because the capital fabric of the Barrett Centre is no longer fit for purpose.

45 COMMISSIONER WILSON: Well, with respect, Ms Muir, he doesn't say it was at that time he found out that. He says that that's what the briefing note included.

MS MUIR: I – Commissioner, I’ll – I was asking Dr Cleary when he first became aware of the plan for The Park, and the only part of his statement that I found that I – he addressed this was with reference to that briefing note. And so I thought of fairness I would take Dr Cleary to that paragraph and ask again whether that assists in working out a timeframe for when you became aware of the prospect that The Park was to become an adult secure and forensic campus by 2014. It wasn’t clear from his statement, and I just wanted to - - -

COMMISSIONER WILSON: Just ask him that. You understand the question? It is when did you become aware that The park was to become an adult forensic and secure mental health facility, and I think there’s another question about when you became aware of EFTRU, which was part of that concept?---In terms of the first question, I believe that I was aware that there was a move for The Park to become a more focused area which dealt principally with forensic patients probably soon after mid-2012, when Dr Kingswell and I visited the high secure unit there. I don’t know that at that time I had formed the view that it was going to become an adult secure forensic campus by 2014, but that that was the direction that it was travelling. I don’t believe that there was a timeframe that I had concluded at that time. Clearly, it was being – clearly, the services in mental health are moving to be community-based, and so for the client group that need intensive, high secure support that type of service had been developed at West Moreton.

Did you know – can you recall ever hearing any information about the move – the EFTRU – the move to have units such as the Kuranda unit at The Park?---In my visit to the high secure unit which, as I said, was in the second half of 2012, I believe Dr Kingswell talked about some of the rehabilitation services moving to that campus and some of the decanting of the – some inpatients there to community care units. But I was not specifically aware of those – those issues. They would have been captured, perhaps, in a global conversation.

So were you aware that a facility that was referred to by its acronym EFTRU was being developed?---Yes.

And when did you become aware of that?---Again in – I believe it would have been late 2012 when I visited The Park.

Late 2012. Thank you.

MS MUIR: In your statement, you were asked some questions at paragraph 25 on 0026 about the redevelopment of The Park as an adult forensic facility and/or the opening of the EFTRU facility. And you were asked about what you knew about those matters insofar as they concerned the decision to close the Barrett Centre. You were asked a number of questions. And insofar as the redevelopment of The Park or the opening of the EFTRU facility was concerned, at paragraph 104, which is at 0026, you say that:

*I'm unable to provide specific comment as I was not involved in these decisions.*

Can you see that, Dr Cleary?---Yes, yes. Thank you.

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So do I take it from that that the – the redevelopment of The Park as an adult facility and the opening of the EFTRU facility was not something that you had been discussing around the time of the announcement of the closure of the Barrett Centre as being of concern or one of the reasons why the Barrett Centre needed to close?---In terms of responding, the process that you talked about had been set in train under, I think the Mental Health Plan going back in 2007. And so the decision-making around that rested with people who were in executive roles at that time. In terms of the relationship between the Barrett Adolescent Centre and its location on a campus where there were a large number of forensic patients, that was certainly something that Dr Kingswell discussed with me, and I believe he would have discussed it around that time. But it would have been something that he had discussed with me going back to when I visited The Park on those – those occasions that I did, which were three. And he would have raised that with me as a concern. Yes.

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So that's a separate issue, and I just want to understand what your evidence is about this issue – is that – and, in fact, Mr Maynard in his statement says that you told him at the time the Barrett closed – that's the end of January 2014 – that the rationale for its closing was twofold. First, that there were concerns with the location of the Barrett Centre in that it was situated on the same grounds as The Park at Wacol, which was an adult psychiatric hospital. And treatment of young people in a co-located adult facility was considered to be inappropriate. Do you agree that you told Mr Maynard something about those concerns being one of the rationales behind the closing of the Barrett Centre?---I don't recall any specific conversation, but given that Dr Kingswell when he discussed this matter with me would have raised the co-location of adolescent services on a campus that had a number of forensic patients, it would not surprise me that I had a conversation like that with Mr Maynard, but I don't recall anything specific.

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Did you know at the time how long the Barrett Centre had been located at The Park?---I would have known that. Yes.

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So you knew then that it had been in that location and that there had been that adult psychiatric hospital on the same location for some time?---Yes.

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So I'm trying to understand your evidence whether there was some concern that you were aware of that there was going to be a change of circumstance at The Park that may lead to a greater risk, for example, for the young people at the Barrett Centre?---If I could respond in two ways. Firstly, Dr Kingswell, who had worked at The Park had serious concerns. And so in my mind, him having serious concerns meant that they should be taken into account. In terms of my experience, I haven't worked at The Park but certainly was aware of a number of forensic patients who had

absconded, been difficult to find, and there were some very serious issues that arose on a number of occasions that caused me concern around the security for those forensic patients on that campus. They were brought to my attention by Ms Lesley Dwyer, who also shared my concerns. As a consequence of a number of events  
5 where forensic patients absconded without permission, one of whom was able to make their way, I believe, to Victoria, Lesley Dwyer put in place a series of procedural changes to enhance the security and regulation of leave provisions on that campus. But, again, from my perspective, I was concerned that we had forensic patients who have had – or have been involved in serious crimes in the past who  
10 absconded from the campus and given that the border of the high secure unit is immediately adjacent to the Barrett Centre, I must admit I did form the view that there was a risk around having that campus with those two services so closely aligned with each other. You could almost – the fences were – I'm not sure what the correct word to use, but the fence line was – there was one fence line between them.

15 So did you know of any incidences between – you're not suggesting there were any reported incidences, are you, between the adults at the hospital and the young people at The Park that had caused you concern?---No. I'm not aware of any incidents. It was more that there was a risk – a potential risk for incidents occurring.

20 And that risk had existed at The Park for some time, if I understand your evidence correctly?---That – that would be true. Yes.

25 But so we're clear, the risks weren't – as you understood them, they had – as far as you can recall at the time, you – they weren't connected to any redevelopment of The Park as an adult forensic facility or the opening of the EFTRU facility?---I would believe that the expansion in the forensic services on the campus probably meant that there was a greater risk because there were more forensic patients on that campus than had been there before. And I think that just increases the risk level.

30 But I'm just – but at the time, is it the case that you were aware of the redevelopment or you weren't aware of the redevelopment for the extension of The Park to a forensic facility or the opening of the EFTRU facility?

35 MR DIEHM: Could Ms Muir be clearer as to which time she is speaking of.

MS MUIR: At the time that the Barrett Centre – in that period of the 2013 leading up to the decision – the announcement of the decision to close the Barrett  
40 Centre?---I'm aware that there were some capital works going on on the campus around that. I wasn't aware specifically of the time in which the – the unit you're referring to was to be opened and commissioned. And I wasn't aware of what the patient flow into that unit was going to be.

45 COMMISSIONER WILSON: What do you mean by the patient flow into the unit?---If there were patients that would be accommodated in that unit either from existing patients on The Park campus or from outside The Park campus that could have been drawn from other Hospital and Health Services but more appropriately

accommodated on The Park campus with the development of that unit. So I'm just not sure of where the patient flow would have occurred from.

5 Did you know what EFTRU stood for?---Not specifically, no, at that time. No.

MS MUIR: So the Extended Forensic Treatment Rehabilitation Unit; is that an expression that you had heard at the time?---Not to my recollection, but I was aware of the types of clients that would be accommodated there.

10 So who – given the location of the Barrett Centre and if there was to be, you know, the planning of The Park as an adult forensic facility – and obviously there would need to be some coordination of planning – who would be responsible for – of that – the planning of that – of such a facility?---So the hospital and health service would be responsible for the operational planning on the – The Park campus as it stood after  
15 mid-2012.

Would it have been something that you would have expected to be consulted about?---No. I would have thought that would be something that the hospital and health service would certainly discuss with the chief psychiatrist, the executive  
20 director of mental health, alcohol and drug services, and although there were some changes at the time around who was the appointed Statutory Director of Mental Health, a very important person to have contact with would be the Statutory Director of Mental Health because they oversight the – the legislation and provide an annual report to Parliament on a number of things, including the care and management of  
25 forensic patients.

COMMISSIONER WILSON: If a capital project on The Park campus had been planned and maybe even commenced before 1 July 2012, would that project have been within your bailiwick as your particular Deputy DG-ship, if I can put it that  
30 way, or would it have been in someone else's bailiwick?---So before 2012 the capital projects were coordinated by the health infrastructure branch, so that's Mr John Glaister. Those projects – because of the size of the budget for the capital projects in Queensland Health, which at some stage was seven or eight billion dollars, it was considered appropriate to manage them through a central structure, and that was  
35 through the health infrastructure branch. The health infrastructure branch would consult with hospital and health services, which were then district health services, and with the mental health policy area, but the centralised management and control and reporting for the capital projects sat with health infrastructure branch.

40 Thank you?---That was – sorry – to answer – prior to mid-2012.

Thank you.

45 MS MUIR: Dr Cleary, I understand from Mr Springborg's statement that you and he had many in-depth discussions about the Barrett Centre because you were responsible for clinical services; would you agree with that?---I – I would disagree in terms of the Minister and – the then-Minister and I often did have detailed



conversations. That could be quite an extensive range of topics, but wouldn't necessarily be restricted to the Barrett Adolescent Centre. And so I don't think it would be reasonable to say that it was a strong area of discussion, but it was one of many areas that he would have discussed.

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Did you talk to – do you recall a conversation or conversations with Mr Springborg that you and he agreed that there should be no gap in services if the Barrett Centre closed?---Yes, that's – that's true. I believe that the Minister was seeking assurance from a range of parties that there should be no gap in services, and I would have agreed with that position.

10

So what did you understand to be the gap in services?---To my mind, there were two processes running in parallel, and the most important one is the care and support for the existing patients and clients, be they day patients or community patients, for the Barrett Adolescent Centre. That really, in my mind, required wraparound care for those individuals, and I am aware that there was a substantial body of work undertaken within the hospital and health service to put that wraparound care in place.

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Can I just ask you about the wraparound care. Is that – by that expression, do you mean the new adolescent mental health extended treatment rehabilitation services that were being established?---No. So the clients of the – the existing clients of the services were of an age that they may be discharged or were at a position where they might have been discharged to the community. So the important thing, in my mind, was to make sure that any discharge planning was well-coordinated, well-managed, and that if there was any service required for the individuals in the Barrett Adolescent Centre those services should be provided. The parallel process was the development of new services for – for the state, and, again, I think they were going to take some time to put in place, especially – it would take over some years. And that was the responsibility of – responsibility of Children's Health Queensland to manage the introduction of those services over time. So my focus was on the existing clients, to make sure that wraparound care was in place so that there was no gap in the service for those – those clients.

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So the wraparound care, you understood then, was that the young – the Barrett patients were going to be transferred back into existing services, not new services?---The – the existing clients, I think, had a specific plan, wrapping – wrapping their care together. That might have meant that we contracted with a variety of service providers, but I think that, from my perspective, they – they would be moving into an environment where they had tailored care specifically put around their requirements, not looking at what the new model of care might be.

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But I think you accepted earlier – you'd accept that the young people at the Barrett Centre were – a number of them were there because they already exhausted the existing community treatment options. So I'm just trying to understand what this wraparound care extended to, whether it covered more than what had – what was previously existed or whether it was – you're talking about more – better plans or

5 coordination with the existing care. I just would like to understand a bit more about what you mean about the wraparounds?---I'm probably not the best person to talk about that. You'd need to talk with the people who were putting the – those care plans in place. My understanding is that they included other services that would not normally be available. So there would be the services through the child and youth service across the state or as these adolescents were older some of them may have been accessing adult services, but there would be whatever was required in terms of the additional care and support that needed to be put in place for those clients so that they could re-enter the community. And the details of that, I think, are tailored to individual patients. So there's extra support, one on one decision-making around what that would be, and that would be made by the transition team.

15 Dr Cleary, are you able to explain whether there was an urgency to close the Barrett Centre before the development and implementation of the new suite of services?---In terms of an urgency, I believe there was some degree of urgency. The – the urgency related to some of the matters that you've already raised, which is that there were concerns about forensic patients being on the campus, but also that the number of people who were accommodated in the Centre was decreasing. I did ask about whether the timeframe was adequate at a particular time. I asked Dr Kingswell about that and he responded that the timing for the closure would seem to be appropriate given that over the Christmas period there's a prolonged break. And many of the adolescents return home or go to other community – other areas in the community during that period. So I took his advice of that. And had I not been satisfied I would've raised that with the Chief Executive from West Moreton Hospital and Health Service. But given Dr Kingswell's experience in this space, I accepted his advice.

30 So I want to understand what you mean by the number of patients decreasing. So your understanding was that the need wasn't there for the Barrett Centre. Is that what you're saying?---I think at that time there were a smaller number of patients. And providing a comprehensive service to a smaller number of patients is much more difficult. So I guess it was the Christmas period during which the numbers in the Barrett Centre drop.

35 But did you understand how the treatment at the Barrett Centre worked with how the beds were occupied at the time? Did you have any idea of, for example, the patients – a young person, as part of their treatment they might go home on the weekend?---Yes, I did have a general understanding.

40 And did you know – and so, therefore, that was – their bed was still their bed. Someone else wasn't given that bed. So if you took account on a Saturday night it might indeed mean that all the beds weren't being used on that night.

45 MR DIEHM: Commissioner, I fear that Ms Muir's questions are somewhat at cross-purposes with the answers that the witness has given. I'm reluctant to say anything more in the presence of the witness but I fear that ultimately it's working an unfairness upon.

COMMISSIONER WILSON: Ms Muir, you can ask the witness to explain what he meant by a smaller number of patients.

MS MUIR: I'm happy to do that.

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COMMISSIONER WILSON: If you're going to put another matter I think you'll have to do that quite separately.

MS MUIR: I'm happy to do that.

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COMMISSIONER WILSON: Very well.

MS MUIR: Dr Cleary, what do you mean by a small number of patients?---Over the Christmas period the number of patients in the Barrett Adolescent Centre decreased as they'd go home or go to other areas in the community.

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And did you understand that there was a waiting list to – for admission to the Barrett Centre?---Yes.

I just want to ask you a few questions about the transition arrangements, Dr Cleary. You say in your statement that you had no role in relation to the transition arrangements and certainly no role in involvement in developing, managing or implementing the transition arrangements. Is that correct?---Yes. That's correct.

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And was it your understanding – but you have some knowledge about the transition arrangements. Is that correct?---I have some general background understanding. Yes.

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And is that because you were on the Department of Health Oversight Committee?---Yes. That's correct.

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And if I could just take you to the terms of reference for this committee which is at DMZ.900.001.0595. It's exhibited to your statement, MC22. Can I just ask, who else was on this committee?---I think if we scroll down, the members of the committee are outlined in the terms of reference.

35

They are. Thank you, Dr Cleary. I just wanted to understand, looking at the terms of reference, what was the – what did you understand the purpose of the committee to be?---My understanding of the committee was it was an advisory committee to Dr Peter Steer who was the accountable person for managing the development of the new services.

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So it was certainly not an oversight of the actual transitioning process that was happening at the time from the announcement in August 2013 until the Barrett Centre closed in 2014?---My understanding is that the West Moreton Hospital and Health Service was overseeing the transition of clients into new models of care and that the Children's Health Queensland was managing the development of the new

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service. Although, having said that, there would obviously be some overlap in terms of service provision. It may be that Children's Health Queensland was providing some services to support some of the adolescents.

5 So in your role at the time, did you consider you had any oversight – did you consider you had any oversight role in relation to the transitioning of the Barrett Centre young people back into the community?---That was something I believed that the West Moreton Hospital and health Service was managing. Should they have had any difficulties I would have expected that they would contact the Director-general,  
10 given that this was such a project that the then Director-general was involved with.

Okay. So did you understand – after the announcement on 6 August 2013, you knew that Dr Sadler was the clinical director at the time. Is that correct?---That's true.

15 And did you understand, or can you recall whether Dr Sadler had commenced transitioning after the announcement of the closure?---I can't provide you any advice on that. Sorry.

Dr Cleary, in paragraph 231 of your statement, 0051, you refer to the Department of  
20 Health having commenced early scoping work for a facility:

*Should the construction of such a facility be a recommendation of the Commission?*

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

Could I go to briefing note QHD.006.002.8929. Have you seen this briefing note before?---Would it be possible for you to scroll down to the bottom?

30 Yes, we can?---Please.

I can hand up a hard copy. If you go to paragraph 11, my question was – I was concerned to know whether this briefing note was the source of the information that you've set out in your paragraph 231?---No. This is a briefing note that was cleared  
35 by someone who was acting in my role, Jan Phillips. And so I haven't authorised this particular document. It's obviously a briefing note to the Director-general who has signed it and has made a general comment on the bottom of the brief. My understanding is that – sorry, so this isn't the source of the information for my comment in my statement.

40 Sorry, it is?---It isn't.

It's not. There are other Ministerial briefing notes we're noting but I don't think that they – perhaps they – we may be able to get them up on the system, –  
45 QHD.028.001.0946. Commissioner, the briefing note that I took Dr Cleary to was tendered yesterday. QHD.028.001.0943. So perhaps if I can just explain my questions. The Commission understands that the department has established a youth

mental health commitments committee. Are you aware of this committee?---Yes, I am.

5 And this committee is to progress work relating to the implementation of a policy known as the rebuilding intensive mental health care for young people. Is that correct?---I'll take that on your advice. I'm not aware of the details of the committee.

10 Have you had any involvement with the committee?---My involvement has been through conversations with Dr Kingswell around the development of a committee to oversee a range of child and youth services in accordance with the government election commitments.

15 If you go to .0945 on this ministerial note, there's just reference there to the content being verified by you. I realise you don't have a hard copy in front of you. This is a document dated – it was stamped 23 February 2015. Can you recall reading this document?---Not specifically.

20 If we can go back up the top to the top of the document. So you can't recall - - -?---I don't recall the specifics of the document, no. I'm sorry. But it's a briefing note to the Minister. It's recommended the Minister note progress around the – the election commitments.

25 I can give you a hard copy. It might be easier to have a look at?---Yes. Thank you.

And this – so this sets out a number of the services being developed and expanded as part of the continuum of care to young people that you're aware of and it includes the assertive youth mobile youth outreach services, adolescent day programs, youth resi, Step Up Step Down units and adolescent subacute beds?---Yes. That's correct.

30 And there is also reference in paragraph 9 to there being an evaluation of site options for a 22-bed subacute facility. Are you aware of whether or not that evaluation – you may not be given your change in position, Dr Cleary, I realise but – so no doubt you're not aware of whether there has been a evaluation report delivered?---No. This – the briefing – thank you for the hard copy. The briefing was really to update the Minister on matters. The options are being considered by the department so that if there is a recommendation from the Commission that the department has some information about potential land that may – may or may not be useful for this purpose, I'm not aware of the status of that particular process.

40 Thank you. I have no further questions and I tender that ministerial brief for noting. It's QHD.028.001.0943.

45 COMMISSIONER WILSON: It's not signed. Does anyone have any objection? Mr O'Sullivan?

MR O'SULLIVAN: I've just not seen it before. It wasn't on the list that we were notified of. I haven't seen it. It's one of the many here.

5 COMMISSIONER WILSON: Well, have a look at it now.

MR O'SULLIVAN: No. I've got no objection to it being tendered.

COMMISSIONER WILSON: Does anyone else?

10 MR DIEHM: No, Commissioner.

COMMISSIONER WILSON: Very well. That will be marked as an exhibit. Now, those are all of your questions at this stage, Ms Muir, are they?

15 MS MUIR: Yes. Thank you, Commissioner.

COMMISSIONER WILSON: I'm conscious that other witnesses have been set down and I think that the next one was told 12.15. We're clearly not going to reach her before lunch with the rate we're going. So if Ms Oxenham is in the room she won't be required before 2.15 at the earliest. Alright. Now, who wishes to cross-examine Dr Cleary? Can you tell me?

MS WILSON: I've got a couple of questions, Commissioner.

25 COMMISSIONER WILSON: How long will you be, Ms Wilson?

MS WILSON: Not long. But I'm just trying to find a document as well so perhaps – could I go down to the end of the list.

30 COMMISSIONER WILSON: Yes. Certainly. Anyone else wanting to – Mr O'Sullivan? How long will you be?

MR O'SULLIVAN: Thirty minutes, if it please the Commission.

35 COMMISSIONER WILSON: Thirty. Anyone else? Alright, Mr O'Sullivan, are you ready?

MR O'SULLIVAN: May it please the Commission. Is that convenient?

40 COMMISSIONER WILSON: Yes.

**EXAMINATION BY MR O'SULLIVAN**

**[12.11 pm]**

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MR O’SULLIVAN: Dr Cleary, I act for the Honourable Lawrence Springborg who was the Minister for Health at the time – you’ll remember him – when you were acting in the role as Deputy Director-general?---Yes.

5 Now, just starting at the beginning so the Commission is clear, you had a role change in June 2012?---That’s correct.

Now, before June 2012 the officer with oversight responsibility of mental health before June 2012 was the chief health officer who sat over the top of Bill Kingswell.  
10 Is that so?---That’s correct, yes.

And after June 2012, Commissioner, you, as it were, took that responsibility – that senior responsibility for mental health from the chief health officer?---The reporting relationship transitioned. Yes.

15 Yes. You sat, as it were, the chief health officer reported to you?---Yes. That’s correct.

Yes. And in terms of the Commissioner’s question earlier about your visibility, if we  
20 can use that word, over capital works projects for mental health before June 2012 it would be right to say that you wouldn’t have had – it wouldn’t have been part of your role to have visibility over those capital works projects because it fell outside your area of responsibility?---That’s correct.

25 It would have been rather within the responsibility of, clinically, the chief health officer?---Yes.

Putting aside the infrastructure management responsibility which was Mr John  
- - -?---Glaister.  
30

Thank you. You’re no longer with Queensland Health – I withdraw that. You’re the executive director of the Princess - - -?---Alexandra Hospital.

- - - Alexandra. And you’ve been in that role since January of this year?---That’s  
35 correct. Yes. Sorry, just to clarify, I’m the executive director of medical services at Princess Alexandra Hospital.

Thank you.

40 COMMISSIONER WILSON: Doctor, you’re moving away from the microphone, I’m afraid?---Sorry.

Thank you.

45 MR O’SULLIVAN: Now, during the period of time with which the honourable Commissioner is concerned your role was – your role was – it had the title, from

June 2012, Director-general, Health Services and Clinical Innovation Division?---That's correct.

5 That had a clinical focus?---It's focus was almost entirely clinical, yes.

And the other Directors-General who sat at your level – there were a number of other Directors-General?---There were.

10 They did not have a clinical focus in the way that you did?---No. They did not.

No. You gave some evidence earlier about you're a very experienced public administrator in the health – you know what happens as governments come and go, ministers come and go. Things change. One's role changes as policy, in respect of a new government is announced and then implemented by you and others. That's how it, in broad terms, works?---Yes. I'm aware of the changes that occur with the change of governments.

15 Now, you made an observation that Mr Springborg made known to you that in the context of a budget repair strategy he wanted to have a focus on patients, as I understand your evidence?---Yes. That's correct.

20 And that you understood that his personal focus on patients was such that if a proposal that was submitted for consideration to undertake a fiscal repair strategy had a direct impact on patients that was a cause for any concern, he wished to know about that?---Yes.

And you understood from June 2012 that it was part of your role to draw to his attention a matter of that kind?---Those - - -

30 I'll withdraw it. To the extent you became aware of a matter which in any material way impacted Queenslanders who were potential patients of the health system, it was part of your role to draw that to the attention of the Minister?---I would disagree slightly with that. It would be those matters that I became aware of. With the establishment of the Hospital and Health Services and their – their CEOs would generally report things to the Director-general. And the Director-general had a role in advising the Minister of circumstances.

Of course. You can only advise of things you know of?---Yes.

40 And I may have asked the question wrongly. But you understood your role from June 2012 was to the extent matters came to your attention that you considered had a material impact on patients, you understood it was part of your role – I'll withdraw it. To the extent that changes that were being implemented, whether to repair the budget or whatever, which had a direct impact on patients, it was your understanding it was part of your role if you were aware of it that you would advise the Minister?---Again, I disagree with that. I think that where there are patient care issues that arise within a



Hospital and Health Service, they would be raised by the chief executive through to the Director-general. I would not have visibility of those types of matters.

5 Of course not?---So it would be then for the Director-general to raise issues with the Minister.

Of course. Because under the [indistinct] model there was a change in – there was a devolution of responsibility?---Yes. That’s correct.

10 Yes. And to the extent you became aware of matters as Deputy Director-general, you – no one else but you – I’m right in thinking that you understood from June 2012 it was part of your responsibility to advise the Minister?---Yes, if - - -

15 MR DIEHM: With respect, the witness has answered the question on a number of occasions now.

MR O’SULLIVAN: Well, he said no a number of occasions – not quite. But I’ll move on, Commissioner.

20 COMMISSIONER WILSON: I think you’d better move on.

25 MR O’SULLIVAN: Now – and we may just be at cross-purposes, Dr Cleary. It’s probably my fault. Now, I think you gave evidence that you discussed with the Minister that in your mind there would be – there should be no gap in services for young adolescents in Queensland after the Barrett Centre closed?---My interpretation of the no gap in services relates to those patients or clients - - -

30 No. Sorry. What I’m trying to ask is your recollection of conversations with the Minister. And I understood your evidence earlier was that you had conversations with him – let’s take it in stages. You had conversations with him about the critical issue of what would happen to patients of the Barrett Adolescent Centre after it closed?---I don’t think I could be that specific. No.

35 Yes. Do you recall having discussions with him about the plans that were in place?---I don’t specifically recall having conversations around the plans that were in place. In my mind, that would have been something that the chief executives and chairs of the boards would have discussed – potentially discussed with him directly.

40 Yes. What’s the gist of your recollection of your discussions?---I believe that they would have been around the general concepts of moving to a community model from an institutional model, to enhance the care and support for adolescents in Queensland. And the development of that model, in my mind, was the most important thing.

45 Yes?---As a consequence of that and the care and treatment, there may have been some changes in the Barrett Centre, as you see.

Yes. And I think your evidence earlier was that in your mind there was to be no gap in services?---As – as I’ve indicated before, that related to the existing clients – patients of the Barrett Centre.

5 Absolutely. I understand that. And I think your recollection is that you discussed with the Minister that for those clientele there would be no gap in services?---That’s my understanding. Yes.

10 Yes. It would be right to say – tell me if I’m wrong – given your role with a clinical focus, the Minister had more in-depth discussions with you about these sorts of issues we’re talking about now than with other Directors – Deputy Directors-General?---In terms of the clinical issues, the Minister had in-depth discussions with both myself and the Chief Health Officer around clinical issues.

15 Yes?---More so than with some of the people who were in Director-general roles who didn’t have a clinical background. Obviously Dr O’Connell had a very significant clinical background and was different to Mr Maynard.

20 Yes, yes. Now, do you have any recollection of before May 2012, which is before you took up your new role – May 2012, we’re going to. Do you have any recollection of telling Dr Kingswell that he should look at projects to see if any capital projects could be deferred or cancelled with a view to making – finding some savings to try and achieve \$100 million in savings?---I think I’ve responded to that question earlier, and I don’t have a specific recollection of that. No.

25 Is it likely – tell me if I’m wrong – is it likely that a conversation of that kind is more likely to have occurred after July 2012 when you took up your new role?---After July 2012, I would have had regular contact – sorry – after July 2012, I would have had regular contact with Dr Kingswell in his role as he from that time reported to me.

30 Now, do you remember giving some evidence about the change in, as it were, responsibility between the [indistinct] from West Moreton to Children’s Health Queensland? Do you remember giving some evidence about that? Change in responsibility for state-wide adolescent extended care rehabilitation services?---Yes.

35 Could Dr Cleary be shown LJS.002.0001.0001. Commissioner, this is a document that was flashed on the screen before. It’s the service agreement with Children’s Health Queensland, which is another HHS.

40 You’ll see that I’ve shown you a deed of amended dated January 2014 with the Children’s Health Queensland Hospital and Health Service. Can you see that? Now, could you turn to page – or could the witness be shown page 10 of the document. It’s numbered at the bottom right-hand corner. Is that your signature, Dr Cleary?---Yes, that is.

45 And did you sign it on about the 21<sup>st</sup> – I withdraw that. You signed it in early 2014 – can you say that?---It would have been signed on the date that’s on the document.

If you go back to page 7, there's an item 6.1. And just so we're clear, this is an agreement pursuant to the legislation you referred to earlier which sets out the services that this particular Hospital and Health Service must provide during the term of the agreement. That's right?---Yes. I think that's a general - - -

5

Yes. And it's an agreement between the Director-general and the health service?---Yes, it is.

Yeah. And you've signed it as Director-general?---As the Acting Director-general.  
10 Yes.

Quite. Now, 6.1 on page 7 sets out the facilities that this health service is to provide. And you'll see that 6.2, Dr Cleary, there are clinical services provided – 6.2.1 there are some admitted patient mental health care services. And if I can ask you to look,  
15 you'll see 6.2.2 community ambulatory mental health services; 6.2.3 state-wide services. Just going down, you'll see 6.2.5 hosted services. You would have been familiar with this at the time you signed the agreement, generally aware of it?---Generally aware, yes.

20 Yes. If you look over on the bottom of page 8, hosted services:

*The HHS will continue to host and deliver the following programs:*

You turn to page 9, you'll see the second-last bullet point. It says there:  
25

*State-wide adolescent extended treatment and rehabilitation implementation strategy.*

Now, was that the strategy to which Central Health – to which Children's Health Queensland would take the lead role in implementing a state-wide strategy for adolescent extended treatment and rehabilitation?---Yes, I believe it was.  
30

And the – there's a lot of detail that we don't need to trouble the Commission with in page 11 and following, which sets out the funding which is funded pursuant to this agreement for services which are mandated to be provided; you see that at page 11  
35 and 12. And that's the general form of this type of agreement, isn't it?---Yes, it is.

I tender that document.

40 COMMISSIONER WILSON: That will be marked as an exhibit.

MR O'SULLIVAN: Now, you've given some evidence in your statement, Dr Cleary, about funding. You've given quite a bit of evidence about funding in relation to matters that this Commission may be concerned with, that is to say, in  
45 relation to matters that fall within the scope of its Terms of Reference. You were asked a number of questions in the notice that was sent to you and you gave some answers. Could you look, please, at paragraph 48 on page 12, Delium number 12.

You'll see this is in response to questions you were asked about the funding situation. Do you have a hard copy of the statement?---I have a hard copy of my statement, thank you.

5 Well, feel free to refer to it. You'll see that at 48 you explain that you believe the operational budget for the centre – the Barrett Centre was about \$4 million annually?---Yes, that's correct.

That's true to your knowledge?---To my knowledge, yes.

10

Yes. And then if you read paragraph 49 and 50 to yourself?---Yes.

Now, in paragraph 50, the second sentence, the context is at paragraph 50 you say that the funding currently being provided to central – to Children's Health Queensland, that was the body in respect of which a service agreement was entered that I showed you earlier?---Yes, that's correct.

15

The funding currently being provided is about twice the budget initially provided to support the BAC, being about \$8 million annually. And then you say:

20

*This included funding for a tier 3 service at the Lady Cilento Hospital*

and other things that you there set out. Was it your understanding when you swore this statement that the – among the services provided at the Lady Cilento Children's Hospital is a tier 3 service of the kind recommended by the ECRG?---It is, yes.

25

Where did you obtain that understanding from? Is it simply your understanding of what service is provided at Lady Cilento and your understanding of tier 3 means; is that what you mean?---It is my understanding of the types of services provided at Lady Cilento, being very specialised services, and advice from Peter Steer that the services would be developed at that site - - -

30

Yes?--- - - - in accordance with that the model with a - - -

And – I'm so sorry – amongst the information that you were given is that there are four – tell me if I'm wrong – there are four subacute beds for extended stay at Lady Cilento?---My understanding is there are four beds available for subacute care at Lady Cilento, yes.

35

And there's an onsite school?---There's an onsite school, yes.

40

Which is a combination of the old Mater School and Royal Children's School?---Yes. My understanding is the same.

Yes. And is that the reason why you understand this to be a tier 3 service with an on-site school?---Yes.

45

As recommended by the ECRG?---In part. I think it's also that there are other services available on that site which – which are more comprehensive. It's not just the school and the access to inpatient accommodation. It's the other supports that are available there in terms of mental health support, psychosocial support, social work,  
5 chronic care, types of disease models and support for patients and their families.

I understand. Now, in the last sentence of your statement you swear that you understand that the total expenditure in this area is now in the order of \$12 million per annum, almost three times the expenditure provided through the BAC. What's  
10 the source of your evidence – I withdraw that – is that something that you know yourself?---No. That would be drawn on information that I'm aware of. The \$8 million, obviously, is the support that's being provided through those teams so far. There are election commitments that are being developed and rolled out, including the Townsville service and the additional teams in Cairns and – and – and  
15 Rockhampton, which provide support to the community. But there has been a progressive roll-out of a range of services, and my recollection is that's a figure that I've drawn from conversations with Dr Kingswell.

I understand. Just in terms of the escalation in funding that you've been describing, could the witness be shown, Commissioner – this is an exhibit to Mr Springborg's  
20 statement – it's LJS.900.001.0001 at page 66. If you go to the second page, Dr Cleary, this is not a document that you have cleared. It was cleared by Jan Phillips, who was the acting Deputy Director-general, and it's been cleared by Dr Kingswell; you see that?---Yes.

25 That's not something you've cleared. And Mr Maynard, who was then the Director-general has signed it and stamped September 2014. So does that orient you in the timeframe?---So – I just didn't hear your last comment.

30 I just said does that orient you in the timeframe, September 2014, and you had not cleared it; do you follow?---Yes, thank you .

Yes. If you just turn to the first page, can you read the first – I'll withdraw that – can you read paragraph 3 please. Just read it to yourself, I'm so sorry?---Sorry. Yes.  
35 Thank you.

Does that accord with your understanding of the true position as it existed by September 2014?---Yes, it does.

40 Paragraph 4, please: does that accord with your understanding of the true position at September 2014?---I – I can't comment on that paragraph because I'm not aware of the background to the second sentence.

Thank you. Now, can I ask you to look, please – just read quickly five to 12 and  
45 then I'm going to ask you some questions?---Thank you.

I'd be right in thinking that the services that are outlined at five to 12 include the services that you described at paragraph 50 of your statement – the new services which are being – or have been developed?---Yes. It's probably a more detailed description. Yes.

5

Yes. So if we want to see more detail of paragraph 50 we would look at what we find at five to 12?---Yes.

Yes. Now, paragraph 13, please?---Yes.

10

I take it from your earlier evidence that you understand that to be a true – true as at September 2014?---Yes.

And the four beds at Lady Cilento that will be available for use as subacute beds are the four beds you refer to in your evidence earlier?---Yes, they are.

15

Now, 14 and 15 – just look at but you can pass over. Paragraph 15, you will see that it ends with a question?---Yes.

Do you know the answer to that question?---My understanding is since those beds have been in operation their utilisation has been very low and the author is probably therefore wondering whether that level of resourcing is required going forward.

20

I understand. Now, if the witness could be shown QHD.006.005.4245. I'm showing you a brief for noting requested by the Minister's office. You will see in the bottom right there's a stamp with 13 March 2015. Do you see that?---Yes.

25

If you turn the page – if you just orientate yourself that you will see – could the witness be shown the second half of the page so he can orientate himself. You will see that it's a document bearing 12 March 2015 and it's got Director-general's comments. I want to draw your attention to the fact that your name does not appear here, Dr Cleary, further down when one looks at the authors and clearance. It's rather Susan Johnson, the board chair Children's Health Queensland who has approved it. Do you see that?---Yes.

30

35

Yes. Now, if you just go up the page, it's got noted, Michael Cleary, acting Director-general and then a date?---Yes.

Is that your signature?---Yes. It will be my signature.

40

Yes. Now, is that your writing underneath it – acting Director-general comments?---Yes. It would be.

And it says, doesn't it:

45

*Please provide to Bill Kingswell –*

What's the next entry – DD - - -?---Please provide to Bill Kingswell DDG [indistinct] which is the Deputy Director-general position so that this can be considered as part of the election commitments project and I note Dr Kingswell's comments.

5

I understand. Now, I'll show you the briefing note in a moment. If you go to the last page, Delium number 4248, Dr Cleary, there's another manuscript note there:

*Please ask ED –*

10

Is that Executive Director –

*Mental Health, Alcohol and Other Drugs Branch to review –*

15

something?---Yes.

To review - - -?---So this is – this will have been an earlier note. So the briefing will come in.

20

Yes?---I will have written on it and please ask the Executive Director of Mental Health, Alcohol and Other Drugs Branch to review this material and advise if this is consistent with the election commitments and then that's my signature and I've dated it at the time.

25

Thank you very much. And that's dated on 5 March 2015?---Yes.

And so that was the earlier briefing note. And then what we see on Delium number 4246 –there we see at 4246 the earlier briefing note on the 2<sup>nd</sup> – you've signed it on 2 March?

30

COMMISSIONER WILSON: The 2<sup>nd</sup> or the 12<sup>th</sup>?---I – I think that's 12 March.

MR O'SULLIVAN: I'm so sorry. I have missed the one. So this is the later part of it and the earlier part of it, as you said earlier, is to be found at 4248?---Yes.

35

I understand. Thank you. So what we have – is it a draft briefing note that's been sent to Bill Kingswell to check that it's consistent with the election commitments and then we have the final document you sign on the 12<sup>th</sup> that has been reviewed by Dr Kingswell?---Yes. That's correct.

40

Can we look at the document that was – in respect of which you signed on the 12<sup>th</sup>. Its Delium number is 4245 and 4246. Just take a moment to read it and I'll ask you some questions about it. If you just read, please, one through to four to start with?---Yes. I've read one to four.

45

Those statements are true to the best of your knowledge?---Yes. They're true to the best of my knowledge.

Paragraph 5 – is that a true statement to the best of your knowledge?---Yes. To the best of my knowledge.

Six?---Yes. That’s correct.

5

And the entry at six where it says:

*Adolescent subacute beds (tier 3 service) with onsite schooling is recommended by the ECRG.*

10

At the time you signed this briefing note you understood that to be a reference to the Lady Cilento Hospital?---Yes.

Paragraph 7?---Yes.

15

That was true as at March 2015, to your knowledge?---To my knowledge, yes.

Yes. Paragraph 8 – in paragraph 49 of your witness statement you told the Commission that you recall the proposed community of care model if fully implemented was estimated to cost up to \$20 million. Is it likely that paragraph 8 of this briefing note is a – I withdraw that. Is the \$20 million that you refer to in paragraph 49 the same \$22 million referred to at paragraph 8? I’ve put that very badly. Can I not ask you that question. Is the 20 million that you refer to at paragraph 49, which is the total spend that would be incurred in the full model, is that what this briefing note is referring to at paragraph 8?---It’s likely to be consistent with but it may not be the exact same service model and the funding, obviously, is a different amount. I believe that over the time between when the original model was put up in late 2014 that there had been some refinements considered by Children’s Health Queensland and so the model might be slightly different.

20

25

30

I understand. Now, do you know if that funding has been approved?---This is the additional funding that’s referred to in the briefing?

At paragraph 8, yes?---I’m not aware that it’s been approved. No.

35

Paragraph 9 - - ?---Yes.

Paragraph 9 is a reference to the last two lines of paragraph 6, isn’t it?---Yes. It is, I believe.

40

Now, you referred to in your manuscript notes at Delium number 4246, to asking Dr Kingswell that the briefing was – I’ll withdraw that:

*Can this be considered as part of the election commitment project?*

45



And it's normal, isn't it, that when governments change, the role of senior executives like yourself is to implement election commitments that have been made prior to the election occurring?---Yes. That's correct.

5 And the election commitment project here is project to implement commitments made before the election in early 2015? Well, that's all it can be, can't it?---In general, that would be an accurate statement. However, if I could clarify, after an election, governments consider the commitments that have been made and they then develop and provide to senior officers across government their list of agreed election  
10 commitments. There is sometimes some variation between an election commitment and – which is some – which may have been made in the public - - -

Of course?--- - - - domain prior to an election. But after the election and after the government is – after the administration has taken office, then the office of premier  
15 and cabinet coordinate the election commitments.

That's right?---And they're provided to each of the government departments to implement.

20 And as part of that process, commitments are usually given numbers?---That's correct.

And the relevant election commitment with which this Commission is concerned is number 146. But you may not know that. Could the witness be shown  
25 QHD.006.002.9189?---I'm happy that that's the election commitment. I can remember it.

You can? You remember the number 146, do you? One-four-six is the establishment of the 22 bed subacute facility?---That's correct.  
30

And to your knowledge, a project plan for implementing that election commitment was approved?---No. I don't believe there has been a project plan for implementing that commitment.

35 Can you just have a look at Delium number 9189. This is not a document you have – you may not even be aware of. If you look at the last line you will see some:

*Executive Director brief for approval from the Department.*

40 If you look at the last entry on Delium number 9189, you'll see – if I'm going too quickly, please stop me. You'll see the bullet point:

*South East Queensland component.*

45 That's election commitment 146, yes?---I believe that the election commitments make - - -

Sorry, go on?---Sorry. It may include 146 but there may be other election commitments rolled into that.

Absolutely right. And 147 is a separate election commitment?---Yes.

5

You're absolutely right. If you go and look at the last four lines of 9189, you'll see it seeks approval of the attached project plan for implementing the South East Queensland and statewide components of that election commitment. And if you turn the page you'll see that it's got an approval. It appears to be the signature of Bill Kingswell?---Yes.

10

I take it from your evidence earlier this wasn't something that you were aware of, that is to say, the approval of this project plan?---I'm aware of the commitment of \$50,000 in non-recurrent funding to be provided to the Health Infrastructure Branch to explore options around a location for a facility should one be recommended as a consequence of the Commission.

15

And can you point to any documents which refer to that election commitment being dependant upon the outcome of this Commission?---The - I'm not sure whether they're available, but the election commitment reports that are provided from the Department of Health through to the Department of Premier and Cabinet would include a regular update on those election commitments, and that would be the source of my - my knowledge. And those - - -

20

Your review of those documents. I understand. We'll see if we can locate those documents. Now, I have no further questions, Commissioner.

25

COMMISSIONER WILSON: Ms Wilson, are you ready?

30

**EXAMINATION BY MS WILSON**

**[12.51 pm]**

MS WILSON: Thank you, Commissioner.

35

While we've got that document up, can we go to paragraph 4, please [indistinct] go down. Dr Cleary, can you take the opportunity to read paragraph 4?---Yes. Thank you.

40

You were asked some questions about whether there were any documents that refer to the work that has been done by the YMHCC in relationship to the work being done by this Commission of Inquiry. Does paragraph 4 assist you? It refers to the findings of the Commission of Inquiry?---So just to clarify for me, the question is does that assist me in responding to a previous question.

45

Yes?---Which is is there any knowledge that I have - - -

Yes?---In reading this, this would infer that – my reading of this, this would infer that the outcomes or the activities would be informed by the outcome of the Commission of Inquiry and the Queensland Mental Health Drug and Alcohol Services Plan, which is, as I understand it, currently in flight, i.e., that it is being prepared.

5

Thank you. Can I take you to another document. It is QHD.027.001.0140.

COMMISSIONER WILSON: Ms Wilson, can I just clarify something before you move to that document.

10

Paragraph 4 of the previous document refers to the Queensland Health Mental Health Drug and Alcohol Services Plan due for completion in November 2015. I think Dr Cleary said he understands it's in preparation. I wanted to be clear whether he meant it was in preparation when he left central office to go to PA or whether it's still in preparation?---Thank you, Commissioner. My – so, firstly, when I left corporate office, it was still being prepared, and that was in January this year. I have not been made aware that it has been finalised. And I would imagine but I can't conclude firmly that it is still being prepared.

15

20

Thank you.

MS WILSON: Thank you, Commissioner. Commissioner, I extend my apologies for I'm going to take the doctor to a document that is – that no notice has been given. That is through an administrative error. But I do have the Delium number, and I do have a hard copy.

25

COMMISSIONER WILSON: Good.

MS WILSON: So can I take you, Doctor, now, to QHD.027.001.0140. I can provide a hard copy to you, Doctor. And I'll provide a hard copy to Mr O'Sullivan. My apologies. And one for the Commissioner, too.

30

MR DIEHM: I wonder if I might have one, too, Commissioner, if there's one available.

35

MS WILSON: Can I take you – can you just take the opportunity, Doctor, to read this document?---Yes. Thank you.

40

Okay. So we can just work through the document. It's a Director-general brief for noting. We see that at the top?---Yes.

And we can see that there is a heading called Issues. And we can work our way through the document. The content set out under the heading Issues sets out the work of the Youth Mental Health Commitments Committee. Can you see that?---Yes.

45

And we're just working our way down there. We will see that at paragraph 6 it reads that it may be impacted by recommendation of the recently commenced Commission of Inquiry into the closure of the Barrett Adolescent Centre?---Yes.

5 And then in paragraph 8 it also – if we can go down to that – it states that in developing the plan it will consider the recommendations from the Commission of Inquiry?---Yes.

10 Now, can we just keep on going through to the document. And this – right to the very end. This was a document that the content was verified by you; is that the case?---That's true. Yes.

Commissioner, I tender that document.

15 COMMISSIONER WILSON: That will be marked as an exhibit.

MS WILSON: Thank you.

20 Now, if I can just take you to a report known as the Kotzé Skippen report. Do you know what I'm referring to when I refer to the Kotzé Skippen report?---Yes, I do.

25 Now, it's the case that you endorsed the Terms of Reference for the Kotzé Skippen investigation?---I would use the term settled the Terms of Reference. And they were settled with myself and corporate counsel from Queensland Health.

Okay. Continue. Sorry?---And then provided to the Director-general, who would have been the endorsing officer.

30 And this investigation was to review the effectiveness of the Barrett Adolescent Centre transition planning?---That's correct.

And Professor Kotzé and Ms Skippen were appointed as investigators pursuant to part 9 of the *Hospital and Health Boards Act 2011*?---That's correct, too.

35 Now, you were satisfied, were you not, with Professor Kotzé and Ms Skippen as appropriate experts in the field to conduct this investigation?---Yes, I was.

Did you review their CVs?---I did.

40 And Professor Kotzé was the lead investigator; is that the case?---She was, yes.

45 And the timeframe for investigation and preparation of the final report was initially due 16 September 2014 but extended to 31 October 2014?---That's – I'd need to check the dates. But, yes, generally they would be inline with my recollection.

Okay. And that was, in part, due to the volume of material required to be reviewed?---That's my understanding. Yes.

Now, did you – when the report was completed, did you read the report?---Yes. I have read the report.

5 And were you aware that the report made a recommendation?---Yes, I am.

And the – do you know whether that recommendation was actioned at all?---Yes. That recommendation has been actioned and closed.

10 Thank you, Commissioner. They are all my questions I have.

COMMISSIONER WILSON: Thank you. Mr Diehm, I think the Commission should break at this point for the sake of everyone in the courtroom.

15 MR DIEHM: Commissioner, I don't have any questions if that's of any assistance.

COMMISSIONER WILSON: Good. Ms Muir, will you have any in reply?

MS MUIR: I have about three questions, Commissioner.

20 COMMISSIONER WILSON: Well, if there are only three, let's hear them.

MS MUIR: Maybe four.

25 MR DIEHM: I'll count, Commissioner.

**EXAMINATION BY MS MUIR**

**[1.01 pm]**

30 MS MUIR: Dr Cleary, you were taken to paragraph 50 of your statement where you refer to funding for tier 3 services at the Lady Cilento Hospital. Have you visited these beds?---No. I haven't visited those specific beds at the hospital.

35 And you understand, don't you, that they're described as swing beds and they're located within the acute ward?---Yes, that's my understanding.

40 So could I ask – could you go to – could the witness be taken to 0476 and – sorry – and 0477. This is the ECRG report. And 0477. If we could go down – scroll down, and the passage that starts further down “The ECRG”, and halfway along you'll see there:

*While there was also validation of other CYMHS service types –*

45 If you could read from there down to the bottom. So you'll see there that the report refers to the view of the ECRG is that – that like the community care units within the adult mental health service stream, design-specific and clinically-staffed bed base service is essential for adolescents who require medium-term extended care and

rehabilitation. Now, if you turn over, if we could go to the next page of the report, which is at 07 – 0478, and if we can go to – under section 2, and if you see the fourth dot point, you’ll see there that the concern of the ECRG is that prolonged admission of such young people to acute units can have an adverse impact on other young  
5 people admitted for acute treatment. So were you aware of the concerns set out in this report in relation to acute units and the treatment of – I’ll use the broad expression – the Barrett cohort of patients at such acute units?---If I could just go back to talk about beds at the Lady Cilento Children’s Hospital, I was aware that they were specialised beds within the mental health services at the Children’s  
10 Hospital. I would interpret the wording swing beds as beds that you used when you require them and then when they’re not required – as in there are no patients requiring admission to those beds – to allow you to – not to close the beds, but to continue to have them available for other patients who may require care and treatment. My interpretation would be the beds are there, if there’s nobody in the  
15 bed, although it’s resourced, that you would have access to those beds for other clients of the service.

But you accept that those beds are contained within an acute ward?---That’s my understanding now, yes.

20 And I have more question: you were referred to the Cotsi and Skippin Report. You were aware, were you, Dr Cleary, that for reasons that we’ll find out, no doubt, during the course of this inquiry that none of the families were spoken to as part of that report?---Yes, I’m aware of that.

25 Thank you. I have no further questions.

COMMISSIONER WILSON: Does anyone else have any questions? Thank you, Doctor. You can stand down.

30

**WITNESS STOOD DOWN** **[1.05 pm]**

35 COMMISSIONER WILSON: When do you want to adjourn to, 2.15 or 2.30? Ms Muir?

MS MUIR: Given that there’s three witnesses this afternoon, 2.15.

40 COMMISSIONER WILSON: Does that suit everyone?

MR DIEHM: Yes, Commissioner.

COMMISSIONER WILSON: Very well. Adjourn, please, until 2.15.

45

**ADJOURNED** **[1.06 pm]**

**RESUMED**

**[2.17 pm]**

5 MS MUIR: Thank you, Commissioner. I call Ms Justine Oxenham.

COMMISSIONER WILSON: Thank you. You're appearing for Ms Oxenham, are you?

10 MR A. McLEAN-WILLIAMS: Yes. Good afternoon, Commissioner. My name is McLean Williams, initial A. of counsel. I appear for Ms Oxenham, instructed by Sparke Helmore Lawyers.

COMMISSIONER WILSON: Thanks, Mr McLean-Williams.

15

**JUSTINE OXENHAM, SWORN**

**[2.18 pm]**

**EXAMINATION BY MS MUIR**

20

MS MUIR: Commissioner, Mrs Oxenham has provided two statements to the Commission. The first one is JOX.900.001.0001, dated 24 November 2015. A second statement was provided yesterday, and the Delium number is  
25 JOX.900.002.0001. And I am hoping that all of the parties have had access to that second statement overnight.

COMMISSIONER WILSON: Is there anyone who hasn't? Very well.

30 MS MUIR: I had flagged it with a couple of the legal representatives. Ms Oxenham, I just had – in relation to your supplementary statement, looking at it, it doesn't seem to have – to bear a signature date. Can you just tell the Commissioner when you swore supplementary statement. Was it yesterday?---Yes, it was.

35 So that's 25 February?---Yes, it is.

Thank you. Ms Oxenham, you completed a degree in primary education in 1995 and you're a registered teacher in both the Australian Capital Territory and Queensland; is that correct?---It is.

40

And prior to obtaining your teaching qualifications, I understand from your statement that you were a teacher's aide during the early 1990s at the Barrett Centre?---That's correct.

45 How long did you work at the Barrett – sorry – I should say that you were at the Barrett School, the location at The Park in Wacol?---Yes.

How long did you work at the school in the early 1990s as a teacher's aide?---I can't recall exact dates, but it was likely to be off and on. I was studying at the time.

5 Off and on for a period of a year or two or are you talking a short stint at the  
- - -?---Short stints off and on.

10 Just to press you so I can understand for a little bit your experiences in the early  
1990s, were you doing some training there as part of study or you were simply  
working part-time as a teacher's aide?---Working part-time as a teacher's aide. I was  
studying Asian Studies in my first degree.

15 Now – then in 2010 you commenced working at the Barrett Adolescent School as a  
physical education teacher on a part-time basis, and then this thing grew from one to  
three and occasionally four to five days a week; is that correct?---Correct.

And then you were employed at the Barrett Adolescent School at Wacol until that  
school relocated to Yeronga at the beginning of 2014; is that right?---Correct.

20 Just going back to – you had a 15 year or so gap between when you were employed  
at the Barrett School in the early nineties and then when you commenced your  
employment in 2010. Was there much of a difference that you noticed in the way  
things operated between – in that time?---Not particularly.

25 Kevin Rogers was still the principal and Deborah Rankine was still there, no  
doubt?---I can't confirm that Debbie was there then. She may have been on part-  
time work there. But Kevin Rogers was certainly the principal at that time.

30 Can I just pause briefly. During the time that you were employed at the Wacol  
school, had you heard – and I'm talking now from 2010 – had you heard anything  
about The Park being developed as an adult forensic facility?---Not until much later  
in time, so certainly not around 2010. It would have been possibly 2012-ish,  
possibly.

35 And around that time, did you hear the expression EFTRU? It's an acronym for  
Extended Facility Treatment Rehabilitation Unit – Forensic, sorry?---I can't confirm  
that.

40 So, possibly, when you said that you heard – I think it was around 2010 – about The  
Park being redeveloped as an adult forensic facility - - -

COMMISSIONER WILSON: I think she said 2012.

45 MS MUIR: Sorry, 2012 – can you tell the Commission what you heard?---Rumours  
only; nothing I can substantiate.

So nothing was ever formally told to you. You just heard some rumours about – that  
a potential change happening; is that right?---Correct.



And when you heard those rumours, did it cause you to have any concern about the safety of the students if that event should happen?---None at all.

5 And you say none at all, Ms Oxenham. What gave you comfort or why did you not have any concerns?---The adolescent unit was well-managed and the forensic high secure unit was well-managed as well. I had not heard of any instance where there was cause to be concerned.

10 So do I take it that you didn't have any general concerns – leaving aside any redevelopment issues, that you didn't have any general concerns about where the Barrett School was located at Wacol?---Correct.

15 The Commission has received considerable amount of evidence about the Barrett Centre clinical health component and the educational component being intrinsically linked. Would you agree with that statement?---Absolutely.

Okay. And, indeed, you actually do say in your first statement at paragraph 6(c) that:

20 *The engagement between teaching staff and other professional staff was collegial, collaborative, supportive and adolescent-focused, with a collaborative reflection process.*

25 I have to ask you, Ms Oxenham: what do you mean by collaborative reflection process?---That concerns the school. It was a practice that we'd practice all the time, and, basically, it just refers to opportunities that the staff created to sit down and reflect in a collaborative manner. We shared our ideas, our – what we noticed, our observations, how kids were progressing and offered each other support in that way.

30 And you talk about staff. Are you talking just the teaching staff or the broader staff that were involved with – in the support and care of the young people at the Barrett Centre?---As concerns collaborative reflection, that included all school staff.

35 And when you talk though about the engagement between teaching and other professional staff, I should ask you: what types of professional staff are you talking about? What - - -?---Speech pathologists, occupational therapists, psychologists, family therapists, social worker, psychiatrists, nurses, as well as teacher aides and teachers at the school.

40 And so can you explain in a little bit of detail how the level of integration that occurred between, for example, the nurses and the education staff? How were the nurses involved, if at all, with – in your day?---First of all, we always had a morning meeting. It was a handover time, and that included nursing staff – all staff, really, all the allied health staff, psychiatric staff and the psychologists. It included teacher aides and teachers, so we came together for that morning meeting. Whenever we had  
45 an outing, nurses came along to support the students. We also had care reviews and case conferences and teachers and nurses and allied health staff, as well as the psychiatric and psychological staff would be present at those meetings. So there was

a lot of cooperation between us all and we knew each other pretty well as people. So there was a culture of collaboration.

5 Thank you, Ms Oxenham. Now, I want to take you now to what you describe in  
your statement as the Trevor Sadler era, and you say that the collegial and  
collaborative relationship between health and education broke down after Trevor's  
time finished. And you also give some evidence that Dr Sadler – after Dr Sadler was  
stood down the culture became one of secrecy and distrust. Now, we know from  
10 evidence received at the inquiry that Dr Sadler was stood down in early September  
2013. Now, I don't want you to go into any detail in open court about the  
circumstances and the facts surrounding Dr Sadler being stood down, but can you –  
to the extent that you are then able, can you explain why you say the relationship  
broke down after Dr Sadler was stood down?---Dr Sadler headed a time at Barrett  
15 where we all treated each other with equal regard. Information was shared with the  
idea that in sharing information we would get best outcomes for the kids in both their  
education and in their care treatment. Once Dr Sadler was stood down, the culture  
became somewhat chaotic and strained, and that was because the culture shifted from  
one where we did share information to one where there were, I guess, less  
20 opportunities to be less collaborative with staff.

Would you say one of the difficulties may have been too at that time that the closure  
announcement had occurred on 6 August - - -?---Correct.  
- - - 2013? So in that sense, that in itself was causing, if I understand your evidence,  
25 a lot of disruption at the Centre?---And uncertainty, yeah.

30 So are you able to say how you saw, I guess, the combination of the closure of the  
Barrett Centre being announced and Dr Sadler being stood down? What effect did  
that have on the patients and staff to your knowledge at the time?---Immediately  
there were changes because of the uncertainty, were we going to close or stay open,  
and if we were to stay open in what capacity. Kids didn't know what their future  
was going to be like. Trevor Sadler was very trusted, respected, and people felt  
secure with him. Once he was gone, I guess that lack of information made it very  
difficult for people to feel that security again. And some of the first things that  
35 started happening were the kids were demonstrating their discomfort and lack of a  
feeling of security by having rather overt behaviours, I guess, on the ward. There  
were meetings that teaching staff were excluded from where in the past we would  
have been included in those meetings, so we weren't able to offer that sense of  
security regarding the kids' future care to the kids. We could give them assurances  
as much as possible, but we could not give them something definitive about their  
40 futures. They were the first big changes in the way the kids behaved. Morale  
dropped. Staff, of course, were wondering about their own future security as far as  
jobs went. And I guess all that uncertainty undermined every process.

45 You mentioned in your evidence a moment ago that there was uncertainty – would  
the Barrett Centre close or not. Can I just ask are you talking about the period after  
the announcement had been made on 6 August 2013? Is it your evidence that from  
your perspective that there was still some uncertainty about whether, in fact, the

Barrett Centre would still close?---I guess when I talk about change it's from 8 November when Brett McDermott was on TV and said that the Barrett Centre had been earmarked for closure. It was from that point forward that things happened that made the whole situation very unsure.

5

And that – so that period you're talking about for the uncertainty about whether the Barrett would close or not is that early November 2012 then up until the announcement on 6 August 2013?---Correct. So the announcement had the impact of making everybody feel uncertain and unsure, and that was compounded by visits from West Moreton Health and – Ipswich West Moreton Health – sorry. And from little bits of rumour that would leak through that would make people question constantly what's happening.

10

If I understand your evidence, in that period, is it the case that the concern that you had – one of the concerns you had was uncertainty about the circumstances in which the Barrett Centre would close, that is, would there be replacement services in place before the Centre closed? Was that one of the things you were unsure about?---That was one of the things I was unsure about.

15

Now, we know, too, that after Dr Sadler was stood down, Dr Brennan was appointed as acting clinical director?---Correct.

20

And there's a considerable amount of evidence both in your statement and the exhibits that's already before the Commission that we've all read and which address a number of your concerns as a teacher during the transition process. Some of these concerns are about the extent or lack of liaising that you considered was occurring with the parents and the transition panel at the time. Is that a fair assessment of - - -?---Correct.

25

- - - your evidence?---Yes.

30

I want to ask you in a moment about your involvement in the transition panel, but, first, am I correct in my understanding that you had formed close relationships with a number of the families and your students?---Probably not so correct. My relationships with the families was probably to a lesser degree prior to 30 October. My relationship with families was enabled through regular communication that the school practised with families. So once a week, we'd send emails off letting families know how their child was going at school. So there was a relationship. I guess when you look at my practice of teaching it's relationship-based, and that element of my teaching is very important in helping kids who are trauma-affected to make connections and heal. And it's a part of the education process that enables the kids to better access their opportunities in education. That extended to families, as well. Having that relationship-based approach helped families to make a connection with what their kids were doing at school.

35

40

45

I wasn't suggesting anything untoward, Ms Oxenham?---Sure.

I was wanting to understand and from the – some of the evidence the Commission has received, there is – it does suggest that the bond between the staff and the young people was an important part of the treatment process at the Barrett Centre?---Yes.

5 And so the next question I wanted to ask you is because of this bond, which – if you think that’s how you would describe the relationship – you acted as a conduit or a voice for the family concerns about the Barrett closing?---Correct. Only within the context of having spoken to them regarding the education transition plans for their child.

10

Now, we received a further statement from you yesterday addressing a number of matters so far as Dr Brennan is concerned. I understand from paragraph 5 of your supplementary statement that you accept that Dr Brennan was in a difficult position as acting clinical director and that, in your view, she was forced to deal with many pressing matters in a very restrictive timeframe?---That’s correct.

15

Is that your evidence?---Yeah.

20 So I want to go to the role on the transition panel. But can I just ask you – I want to understand the – the Commission would like to understand the transition process in general at the Barrett Centre. And I’m interested to hear from your perspective as a teacher what – how and when transitioning was planned and implemented. And this is before the closure announcement – just in the usual sense?---Can I answer that question as a teacher?

25

I certainly want you to answer it as a teacher?---I just want to be very specific. So as a teacher, if we had students transitioning to another school, for example, or into some other opportunity, those experiences or opportunities would be discussed in care reviews, generally, and also in case conferences with all staff – allied, psychiatric and psychological. And we would share – information share and try and find best options for the kids. As far as the education angle of it goes, staff would research and try and find a school that would be most suitable for the kids or an opportunity that would be most suitable for those kids’ needs. So we had an approach that could be described, I guess, as horses for courses. We wouldn’t just throw a child into a random school. It would be carefully selected. And we’d also try to develop connections with those schools so that we could support the kids if that was needed and support the schools, too, if that was needed.

30

35

40 And I understand from some of the evidence that sometimes that would be a gradual process. So a young person might still be admitted at the Barrett in the inpatient facility but then may then start attending another school, not the Barrett School, as part of the transition process. Is that how the transitioning worked on occasions?---It did, yeah. And if it was not working so well or if the kids needed more support, they were welcome to come back to the school to get that support.

45

And when you talk about information sharing and – was that – that occurred – do I understand your evidence correctly – between the teachers and the clinical – the allied health, occupational therapists, psychologists - - -?---Correct.

5 All worked as a team?---Yes. Formally, in case conferences that were weekly and formally again in care reviews which were patient-centred – one patient at a time per care review approximately every six weeks.

10 When did – from your experience as a teacher, when did the – and I know – I should take a step back. There was not a one-size-fits-all plan that could be modelled for the variety of young people that were at the Barrett Centre School. Would you agree with that?---Absolutely, and we had individual or personal education plans in trying to meet individual needs.

15 So do I take it therefore it's quite difficult for you to be able to say at what point a transition might start?---Correct. And that transition was advised by the healthcare team.

20 Okay. So it would be from the – you would – from a clinical perspective, you'd be advised, "Look, we need to start getting a plan in place to transition this young person back to other services outside of the Barrett Centre"?---Correct.

And then you'd work together?---Correct.

25 And I imagine – and correct me if I'm wrong – that would entail at times – you would need to know what the clinical plan was first, because then you'd need to know the location to find a school in that location. Is that how it worked?---Correct. Yes.

30 Now, were these plans – were there written plans during the – that you can recall?---Education plans, yes. I wasn't privy as a member of the education staff to the final transition plans that were generated by health staff.

35 Now, this might be a difficult question and you may not be able to answer it but that period from 6 August when the announcement was made and then Dr Brennan, the Commission understands, commenced work on 10 September 2013, do you know if any transitioning planning arising from the closure announcement had commenced during the time that Dr Sadler was the clinical director?---I know of none.

40 Now, if we could go to paragraph 13(a) of your statement which is at 0006. And here you say that you were initially placed on the transition panel. Is that the clinical care transitional panel that Dr Brennan chaired?---Correct.

45 Who else was on the panel during the time you were a member?---Carol Hughes, Megan Hayes, Laura – whose last name I don't know. She was an AO from Health.

Laura Johnson? Johnson?---Possibly. Kev, myself and Debbie, we were interchangeable depending on what other obligations we had at the time.

5 That's Kev Rodgers and Debbie Rankin?---Correct. Yes. And then occasionally psychologists would come on. So it would be either Danielle Corbett – actually, it may have only been Danielle.

10 Because I think Georgia had left by then?---Had left by that stage. Yes. And occasionally there might be a nurse, but rarely, in my time.

And at that time that you were initially on the clinical care transition panel, did you understand that there was a timeframe in which the transitioning needed to take place?---Yes, I did.

15 And what was that timeframe?---13 December.

So what was your role on the transition panel? What were you required to do?---I was the education representative.

20 And how often were the meetings conducted?---That varied a lot over the time.

I imagine given the timeframe it may have been daily or weekly or -- -?---Occasionally, yes.

25 Occasionally daily?---Occasionally daily, occasionally more than once a week.

Can you remember how many transition panel meetings you attended all up?---I cannot give you an exact number.

30 In paragraph 15(b) of your statement you say that you had an advisory role only in relation to the educational transition of patients. What do you mean by an advisory role?---I saw it as my role to give advice regarding educational options. I was not there to give any kind of clinical input. It was all to do with education. I also saw it as part of my role and as directed, I had to speak to parents and get their perspective.

35 And I also spoke to the kids to get their perspective. And I would report back to the panel the wishes and concerns of both the parents and the kids.

40 I'd like to understand something from your perspective, Ms Oxenham. With the transitioning, I imagine that there were some young people that would have been ready to be transitioned out in the usual course at this time but there were others that, but for the Barrett Centre closing, would not have been ready to transition?---That's true.

45 So did that mean that there were difficulties in assessing education services that would suit a certain number of the young people and without – I'm asking you in general, without identifying any particular young person that was at the Barrett?---Can I just clarify your question?

Of course?---Are you asking me did I find it difficult to find suitable arrangements?

Yes?---Yes, I did.

5 And perhaps you can tell me – explain a bit more of the difficulties that you  
encountered?---There's very little services out there that would suit the needs of  
these kids. They needed a health aspect to their education options. And that's rare.  
So what I looked for was schools that could come a little bit close. I'd look for  
10 schools that might have a social, emotional verification process. I'd look for schools  
that had good student welfare. I'd look for schools that had counselling support. I'd  
look for schools that could work with the kids.

Thank you. Now, in your statement you also say that you eventually agreed to leave  
the transition panel. Were you asked to leave the panel, or what happened  
15 there?---My memory is that I was – it was strongly suggested that I leave the panel.

And where did this suggestion come from?---This is tricky. In my statement I do  
remind you that it's a time that I find difficult to think about. My memory has been  
triggered a little bit by re-reading my evidence and that of others. So I'll try and fill  
20 in the gaps and answer your question from that perspective.

Take your time, Ms Oxenham?---I vaguely remember that I was in my office,  
perhaps in the first week of November. Whether that was Friday the 1<sup>st</sup> of November  
or from Monday the 3<sup>rd</sup> – sorry, Monday the 4<sup>th</sup>, I'm not sure. But sometime in that  
25 first week of November somebody came to my door and suggested gently that it was  
time that I got off the panel. I don't really remember anything more than that. But  
on re-reading my evidence I note that I did send an email that indicated that I was  
aware that complaints were being made about me and that my position on the panel  
could be challenged.

30 Thank you for explaining that. Your statement does exhibit a considerable amount  
of correspondence. I won't take you to it. It's in evidence. It's before the  
Commission. But this correspondence – and it's that end of 2013 period particularly  
– it's between you and some family members and patients to the Director-general,  
35 Mr Maynard and to the Minister's office. Do you agree?---I didn't write the letters  
to the Director-general or to Mr Maynard. They are part of the email trail.

Part of your email trail?---Yes.

40 In your email trail you personally identify some concerns that you have, again,  
without many – about the transition. Again, without mentioning the individual  
names, can you explain your general concerns about the process?---My concerns  
were really around the speed with which everything was happening and the attempts,  
it seemed to me at the time, to devalue the needs of the students and their families in  
45 consideration of options for transition.

And you talk about poor decisions – you felt that management had been pushed into making poor decisions. What poor decisions are you referring to?---Referring to care options.

5 And you accept and understand that, at the time, the care options were to existing services and not to any new services?---Correct.

There's another concern that you raise in – at 0006 of your statement where you talk about:

10

*...existing staff were removed and inexperienced casual staff appointed.*

Are you talking about from the clinical perspective or from the teaching perspective?---Clinical.

15

And how do you say the removal of – and perhaps it's obvious, but how do you say that if we accept that that occurred, how did that affect, from your observations, the – how did that affect the patients during that transition process?---Possibly I can give the best example by naming patients.

20

COMMISSIONER WILSON: No, don't name patients.

MS MUIR: No. I think we'll - - -?---Okay. So I'm talking about the period of time from 8 November 2012. That's when changes really started for us.

25

Thank you. That's – I should have clarified that time period. So it really is that before the announcement and that when Dr McDermott had given evidence in the inquiry?---During a period of uncertainty, so exacerbated by the uncertainty I remember key staff did leave. Some of them did not want to leave, and, obviously, the patients found that very difficult. They relied on those staff members to help in the healing process.

30

And this comes back to the bonds that we talked about before, the bonds that had been formed?---Not just bonds, but therapeutic need.

35

And as part of the therapeutic needs, do I understand that it was important in your – well, there's much evidence about this – that - - -

MR FITZPATRICK: Well, Commissioner, I've hesitated to object, but I think the witness has said a number of times that her qualifications are strictly within the educational sphere.

40

MS MUIR: Ms Oxenham has set out in some detail in her statement what she has to say about her observations at the time. Perhaps I can ask the question in a different way.

45



COMMISSIONER WILSON: Well, her observations may well be relevant, and if they're set out in the statement it may not be necessary to go over again. But when it comes to identification of therapeutic needs her expertise doesn't seem to have been established.

5

MS MUIR: And Ms Oxenham has said herself that she's talking about from the teaching perspective?---I can clarify that point a little bit, if you like, Commissioner. It only goes to my observations of kids who were exacerbating their self-harm levels and ability to participate in different activities that we offered at school. Those situations were far more frequent than they had been before, when they had access to their therapists.

10

Now, in paragraph 10(a) of your statement you say:

15

*There was constant questions of whether we would continue to exist as a school.*

Again, are you talking in that period from November 2012 until the announcement?---Yes.

20

And what were you told would happen to the Barrett School following the closure announcement on 6 August? Were you given much information about whether or not the school would continue to exist?---Not long after the August date that you mentioned we had a visit from a HR representative and an assistant director from the Education Department to reassure us that the school would continue, that our positions were safe, that we would hold our jobs. We spent some time from that date in August trying to find a solution for the school to continue – a location, in other words.

25

30

COMMISSIONER WILSON: Ms Muir, if this evidence is covered in the statements there's not really any need – nor any time – to go over it again.

MS MUIR: I appreciate that. Commissioner, there's one more question, if I could  
- - -

35

COMMISSIONER WILSON: Very well.

MS MUIR: - - - take the witness to, that – and if I could go to paragraph 21 of your statement, which is at 0009. You say that when the Barrett School was moved to the new site at Yeronga many of the kids went to alternative locations around the state, and most of them were then without educational support and you were worried for them. I just want to understand the basis of your statement?---There were kids who we could not offer options to. There were kids who did not wish to re-engage in education. There were kids we could continue to support because they were located not too far away. They could still get to Yeronga.

40

45

Thank you, Commissioner. I have no further questions.

COMMISSIONER WILSON: Alright.

MS MUIR: Thank you.

5 COMMISSIONER WILSON: Who wishes to cross-examine? I have a note of Mr Diehm and Ms McMillan. Mr Diehm.

MR DIEHM: And I think I was going to go first, but my questions would require the court to be closed.

10

COMMISSIONER WILSON: Well, I'll just ask Mr Fitzpatrick what the positions is. Are you going to cross-examine on behalf of West Moreton?

MR FITZPATRICK: Yes, Commissioner.

15

COMMISSIONER WILSON: And will you require the court to be closed?

MR FITZPATRICK: No, Commissioner.

20

COMMISSIONER WILSON: I'll hear this first, Mr Diehm, I think. Go ahead, Mr Fitzpatrick.

**EXAMINATION BY MR FITZPATRICK**

**[2.55 pm]**

25

MR FITZPATRICK: Yes. Thank you, Commissioner. Now, Ms Oxenham, can I just clarify, please. It seems from your statement that you were a fan, if I can put it in that way, of the Barrett model, that is, a model in which there was an inpatient – an extended inpatient facility annexed to a school; is that correct?---Correct.

30

Yes?---It's a multidisciplinary approach that is essential to making the connections for learning – kids coming to school with trauma or mental illness.

35

Yes. I think you say in your statement that you find it inexplicable how a model such as that could be dispensed with?---Correct.

Now, you also were – had long experience of working with Dr Sadler?---Correct.

40

And when Dr Sadler was stood down, he was succeeded by Dr Brennan; is that correct?---Correct.

And Dr Brennan had a different approach as clinical director to Dr Sadler?---Correct.

45

And it seems from your evidence that, also, perhaps prior to and coinciding with Dr Sadler's standing down there seems to have been an increase in anxiety on the part of the patients?---Correct.

Or some of them, with the result that those running the Barrett were confronted with the need to manage this?---Correct.

5 And at the top of the tree, Dr Brennan was confronted. It was her responsibility, together with the others, to deal with that situation?---I assumed so, yes - - -

Alright?--- - - - that was her responsibility.

10 So that would have added to the sense of it – I think you described it as chaos?---Correct.

Alright. Now, you said that a cause of the uncertainty that you felt was whether the Centre, the Barrett Centre was going to close; is that correct?---Correct.

15 Now, am I right to recall from your statement that you – the possibility that it would close had been previewed to you by what Dr McDermott had said in about October or November 2012; is that correct?---November 8 2012 coincided with the Queensland Schools Review, for which we got excellent recognition.

20 Yes. Am I right to recall from your statement that the certainty that Barrett would close emerged when the Minister for Health made a statement to that effect in August 2013?---Correct.

25 Alright. So what is the cause of the uncertainty that you experienced in those circumstances?---Rumours – unsubstantiated – and they weren’t challenged, they weren’t confirmed. It was just constant rumours.

30 But – I’m sorry – rumours to the effect that what the Minister had said would not take effect and the Barrett would remain open?---Rumours to the effect that we were closing.

I see. Alright. Now, you also said that when Dr Sadler departed the scene there were some changes experienced. I think you said there was a lack of information - - -?---True.

35 - - - is that right?---Yes.

40 Now, as I understood you earlier in your evidence in response to Ms Muir, you said – and tell me if I’m wrong about this – that, “Prior to the BAC closure, I wasn’t privy to the final Queensland Health transition plans for patients that were transitioned out in the ordinary course, not in association with the closure announcement.” Is that correct?---Prior to two thousand – sorry – prior to 8 November 2012, I was not privy to that as an education representative. That wasn’t my concern. The only thing I needed to know was where are the kids going.

45 Of course?---And what school is nearby.

Alright. If I could just stop you, because clearly, as I'm sure you'd understand, the clinical details of patients in the Queensland Health system are confidential. Is that correct?---Correct.

5 So is it your evidence that that sort of information was never shared with you, whether before or after the closure?---The information was shared in care reviews and case conferences insofar as they would impact on teaching.

10 Yes. I understand. Thank you for clarifying that. And so just exploring the suggestion that you were exposed after Dr Brennan's governance took effect to a lack of information, am I correct to think that both before and after Dr Brennan assumed the directorship that there occurred at Barrett in the morning an informal meeting with the clinical and the education staff. Is that correct?---Correct.

15 And that meeting was repeated in the afternoon?---No, it was not.

Alright. And am I correct to think that once a week there was a case conference?---Correct.

20 Alright. And that the education department were privy to that?---Correct.

In consultation with the clinical staff?---Correct.

25 And am I correct to think that every six weeks there occurred a - - -?---Care review.

A care review?---Correct.

30 Alright. So precisely what – of what information did you feel you were deprived concerning these patients?---Obviously information that I felt deprived of didn't necessarily concern the patients but the future of the Barrett Adolescent Centre.

I see?---And how that would impact on continued care and educational opportunities of the patients.

35 Yes. But, of course, your focus was on their education, isn't that correct?---Correct.

That's where you have your qualifications?---Correct.

40 As a primary teacher?---Correct.

Alright. And I think – the Commissioner will hear from others including, I think, Mr Blatch who will say that the education staff were reminded frequently by him that that was – should be their focus. Is that correct?---Correct.

45 Alright. Now, in association with the Barrett closure, from the education perspective, am I right that in about August 2013 the Minister for Education

announced that there would be no further closures of schools in Queensland. Is that correct?---I cannot confirm that.

5 Alright. Am I right to think that in about November of 2013 Mr Blatch convened a meeting of all of the education staff and assured them that their jobs were secure and - - -?---I believe that that meeting that you're referring to was in August.

10 In August. Thank you. In August 2013. And the Department of Education was committed to continuity of the Barrett School on an interim basis at the Yeronga campus?---Yes.

And am I right that a commitment was given that all permanent staff, which included you, I think, as at - - -?---Yes.

15 - - - August – you were made permanent, I think, from August 2013?---I can't confirm that date, but I was permanent. Yes.

Alright. Their jobs were assured?---Correct.

20 Now, you were taken, I think, to paragraph 21 of your original statement, which is – appears on Delium 0009. Thank you. Now, you said in answer to my learned friend Ms Muir that of patients transitioned to the new site at Yeronga, many went to alternative locations around the state and most were then without educational support?---Correct.

25 Now, I think that you explained that some of that cohort did not wish to engage in further education?---One comes to mind.

30 Alright. So that's that. I assume that there were some who from an age perspective were approaching ordinary school leaving?---It has a little bit more detail to it. A lot of these kids had not completed their – what they were entitled to, which is 24 semester units of formal schooling. They hadn't completed those 24 units because they had periods where they just weren't at school. And that could be months to years. So they were still entitled to receiving those semester units.

35 Yes. Alright. Well, assuming they wished to engage in that process?---Yes.

40 But if they didn't, there was nothing that the Barrett School or any other school could do about that, is there?---You can only push so far with an adolescent whose will is not to engage.

45 Yes. Now, Mrs Oxenham, I see that you are a long-experienced teacher. It appears that the Barrett School was not the only special education unit in Queensland in which you have worked?---True.

By the way, when did you move to the ACT?---Beginning of last year.

5 You're not suggesting to the Commission, I take it, that the – a huge department of state like the Department of Education was without ability to provide special education to adolescents in the Queensland regions?---That would be ideal, wouldn't it? And certainly there is concession to say that schools are obliged to provide for the needs of their students. What that translates to in practice is something that I've observed to be occasional.

Alright. Well, Mr – you know Mr Blatch?---Yes, I do.

10 From what we understand from his statement, part of his job description before he retired was to facilitate on a state-wide basis the provision of special education?---Correct.

15 Now, can I ask you, please, to look at – Commissioner, if this document could be brought up. It's – and perhaps the bailiff could give the witness a hard copy if that's convenient.

20 COMMISSIONER WILSON: What's the Delium reference so it can come up on the screen?

MR FITZPATRICK: Thank you, Commissioner. It's WMS.0016.0001.00303. Now, perhaps if we could be taken, Madam Operator, to page 00305. Thank you.

25 You may not have seen these documents before?---I haven't.

You haven't?---I have not.

30 Alright. Well, can I just suggest to you that the page that you're looking at is an invitation from Dr Brennan to Mr Rodgers to participate on the clinical care transition panel?---My apologies. I have seen that document you're referring to now.

35 Thank you. I'm not concerned, really, with whether you have or you haven't but thank you. And then if you go forward to page 00304, it looks like that there's a reply from Mr Rodgers to Dr Brennan which says that among other things – if you scroll down to the fourth paragraph – there is a statement which I take it you would accept?---Yes.

40 I note that the panel is called a clinical care transition panel. Teachers have no clinical qualifications and any comments or recommendations will be of an education nature only?---Correct.

You accept that. And then in the last paragraph it's said by Mr Rodgers:

45 *As you would be aware most of the adolescents have not had any schooling or educational input for up to two years prior to admission. This makes future educational planning somewhat problematic. For some adolescents there will be no appropriate educational provision available to them.*

And this is the sentence:

5           *However, it is the responsibility of the principal education officer student services in each educational region to recommend the most appropriate placement and we can work through these people to assist in making recommendations.*

?---Yeah.

10       So am I right to think, from that language, that for each region in Queensland of the Department of Education there is a principal education officer whose job description is as described?---Correct.

15       And then just scrolling up to the top of the page there seems to be an immediate response from Dr Brennan:

*We would be happy to invite the principal education officer in each region to the panel.*

20       ?---Sure.

*I'm aware that many current young people at BAC will not be continuing education.*

25       You had similar awareness?---No. I expected that many of them would be continuing their education.

30       Alright. And then if we go, please, finally, to page 00303, there then is what looks like an email from Mr Blatch to Mr Rodgers, I'm assuming, Kevin. And – or there's an exchange between the two of them in any event. And what is suggested is that it's not appropriate for the principal education officer support to be involved until there has been identified the possible model of educational provision required after the residential addresses are known. And that was a point that you made to the Commissioner before, isn't it?---It is.

35       That you really need to know where the residence component will be in association with – under a model of care that's different from Barrett – the community care?---Correct.

40       In order to identify a school?---Yes.

And then the part in red that's highlighted seems to confirm what you've just said, if you can see that in the monitor in front of you.

45           *Once the clinical placement of each patient has been negotiated and confirmed by the Health Department the principal guidance officer and school staff can then develop appropriate educational programs.*

So are you saying that this is just theoretical?---No, I'm not. I'm saying that we need to know where the kids were in order to place them appropriately.

5 Of course. Alright?---So what I'm saying is theoretical is that there are schools throughout any land that meet the needs of all kids as they come to the school. That's lovely in theory but not happening in practice.

No, but - - -?---That's why it's difficult to find placements.

10 Yes. But it's at least true, isn't it, that there is a cluster of special education units attached to schools in the Queensland regions?---Yes. At some schools. I concede that that is true but often those special education units have a specialised service for, say, kids with autism as compared with intellectual impairment as compared to kids who have a physical impairment and, again, as compared to kids who have mental  
15 health considerations.

Yes. But you'd agree that at least on the face of this email exchange it seems to suggest that the department can meet the challenge or that it will attempt to do so?---Attempt to do so, yes.

20 Excuse me, Commissioner. Now, can we move to a different topic?---Sure.

That of transition panels?---Okay.

25 And your membership. It looks to me like – from looking at the notes that you've reproduced – the extracts from the transcript – that you were a member of the transition panel for about two weeks?---It feels like a lifetime but you could be right.

30 Alright. What was your understanding of the purpose of the panels?---The purpose of the panel, from my understanding, was to find best options for the kids.

Yes. And that was done in a collaborative way, I think you've - - -?---I would have initially assumed so.

35 Yes. And it was done on a multidisciplined approach?---That was the attempt, yes.

Yes. And it was also done over a period of time?---A short time, yes.

40 In the sense that the way the panel meeting proceeded, as I understand, is that the cases would be presented and discussed and they would be – if it was possible to present a concluded plan that would be done. But sometimes it wasn't and the case would have to be brought forward for a further meeting?---Correct.

45 Alright. Okay. And – now, some of the contemporaneous material attached to your statement – perhaps when your memory of this topic was clearer – suggests or in fact states that you were removed from the panel by Mr Blatch who was your superior. Is



that correct?---I cannot confirm that it was Peter Blatch who actually told me or suggested to me that it would be good that I stood down from the panel.

5 Yes?---I cannot recall that. Looking through my evidence I do note that I knew of a meeting that was coming up between Debbie and Peter - - -

10 Yes?--- - - - and I think, Sharon. And I suspected – and I can’t tell you why I suspected – that the meeting may have some aspect to it that talked about complaints against myself.

Yes?---But I can’t really substantiate that any further. I don’t know what drove me to think that there were complaints - - -

15 Alright?--- - - - other than perhaps a sense of strain.

Yes. I’m just trying to bring it up but – yes. Perhaps it’s at page 0005 – if we could look at that, please. Commissioner, I’m sorry, I should have – perhaps that email exchange to which I took the witness could be marked for identification perhaps through Mr Blatch.

20 COMMISSIONER WILSON: That was WMS0016000100303, was it?

MR FITZPATRICK: Correct, Commissioner.

25 COMMISSIONER WILSON: That will be marked for identification. I think we’re up to D.

30 **MFI #D MARKED FOR IDENTIFICATION**

MR FITZPATRICK: Thank you. So - - -

35 COMMISSIONER WILSON: Keep an eye on the time, would you. There are a couple - - -

MR FITZPATRICK: Yes. I - - -

40 COMMISSIONER WILSON: - - - witnesses after this one.

MR FITZPATRICK: Thank you, Commissioner. I’ll move along. So if page 0005 of the witness statement JOX9000010001.

45 COMMISSIONER WILSON: It’s on the screen now.

MR FITZPATRICK: Yes. I'm sorry, Commissioner. I haven't made that call clear. I think I should've called for the original witness statement of Ms Oxenham which is JOX9001900001 at page – it's actually the exhibit. It's at page 17, sorry.

5 Now, I think if we scroll down you will see what looks to be an email that you sent on 31 October 2013 to – it looks like Justine Oxenham. Is that correct?---I was the author of what's on the screen. Yes.

10 Yes. I understand. And so can I suggest to you that at the time when you sent this email, your memory of relevant events would be less effective, perhaps, than it is now or at least more accurate than it is now?---Correct.

15 Alright. And so if we go over the page to 18, you say that – you're concerned your position may be challenged at a meeting, etcetera, as you can be quite outspoken in the transition meetings. Is that correct?---Correct.

Alright. Now, just scrolling back to page 17, 0017, in the last paragraph you say you have quotes that are very demeaning of some parents and their children:

20 *And I am concerned that I may put you, myself, etcetera, in danger.*

So just read that through to yourself:

25 *I'm willing to use them but I need to stay on the panel in order to record and place a careful spoke in the wheel when decisions of a certain kind are made.*

Now, you were communicating, I take it, with the – a section of the parent body?---One parent.

30 One parent. And you were doing that, at the time when this was sent, as a member of the transition panel. Is that right?---That's correct.

You weren't removed - - -?---That's correct.

35 - - - until a week or so later?---The first week in November. Yes.

40 Okay. And so given the atmosphere at the BAC of chaos, as you describe it, and the fact that there was a spike in acuity and people were feeling terribly uncertain, you regarded this as an appropriate discharge of your responsibilities as a member of the transition panel, did you?---Allow me to put this into context. This letter was written in response to an assertion by Sharon Kelly to the parent that a holiday program was school responsibility. I read the email, it was late at night. I was already very heightened and concerned about the future of kids and I was acting when writing this letter to bring information to light that that parent could perhaps use in accessing the consumer advocate or drive her to access the consumer advocate and handle her  
45 concerns in that way.

I see?---Which I thought was perhaps going to be more effective than my voicing concerns and wishes back to the panel which were being ignored.

5 I see. I take it though that you would accept that it tended to undermine the transition arrangement for you to communicate in writing with a parent that the members of the panel, or some of them, had demeaned them?---On the light of it, you're correct. Except by this stage nothing positive was happening and it was an attempt to drive forward a different approach that might enhance opportunity for change so that better outcomes could be accessed.

10

Yes. And I suggest that in writing this, this was most unhelpful to the transition process?---The transition process was not informed of this.

15

No. But - - -?---I still acted in my capacity as a professional on the panel.

No. But for you to communicate with a member of the parent body that they had – or some of them had been demeaned by the transition panel surely must undermine the panel process?---It gives weight to the process of advocating for better options to be listened to because those options were not being enhanced through the transition panel process.

20

Yes. Excuse me, Commissioner.

25

Can I just ask you one final thing about the transition panel?---Sure.

It seems to be the case – tell me if I'm wrong – that Dr Brennan was a member of the transition panel during your membership?---Correct, correct.

30

And also Vanessa Clayworth?---Correct. Yes. I did leave Vanessa off my list.

She was the coordinator of the transition process?---For the care process. Yep.

Thank you, Ms Oxenham. That's all I have.

35

MS KEFFORD: Commissioner, might I ask a question or two arising from the answers just given to my learned friend Mr Fitzpatrick? I need leave as we hadn't  
- - -

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COMMISSIONER WILSON: Well, I'm willing to give you leave, Ms Kefford, but please be as fast as you can.

MS KEFFORD: Thank you, Commissioner.

45

COMMISSIONER WILSON: I'm worried about time.

**EXAMINATION BY MS KEFFORD**

**[3.26 pm]**

MS KEFFORD: In answer to a number of questions from Mr Fitzpatrick, you seemed to be expressing concern about the ability of the Department of Education and Training to provide schooling to students in regional areas. You made a comment that it wasn't happening in practice. Is it fair to say that you're not aware of the full range of educational services available throughout all parts of Queensland?---That would be fair to say but I certainly tried to explore the range of services available throughout Queensland.

But you're not fully aware of all the services that are available?---It would be impossible to be fully aware of all services available but I had a pretty good overview.

Thank you, Commissioner. I have nothing further.

COMMISSIONER WILSON: Alright. Is there anything to be asked in the open hearing? Do you still want to ask questions in closed hearing, Mr Diehm?

MR DIEHM: Yes, Commissioner. Thank you.

COMMISSIONER WILSON: Alright. The hearing will be closed. Those in the back of the court who are not legal representatives will have to leave. Dr Brennan can stay. And the live streaming must go off.

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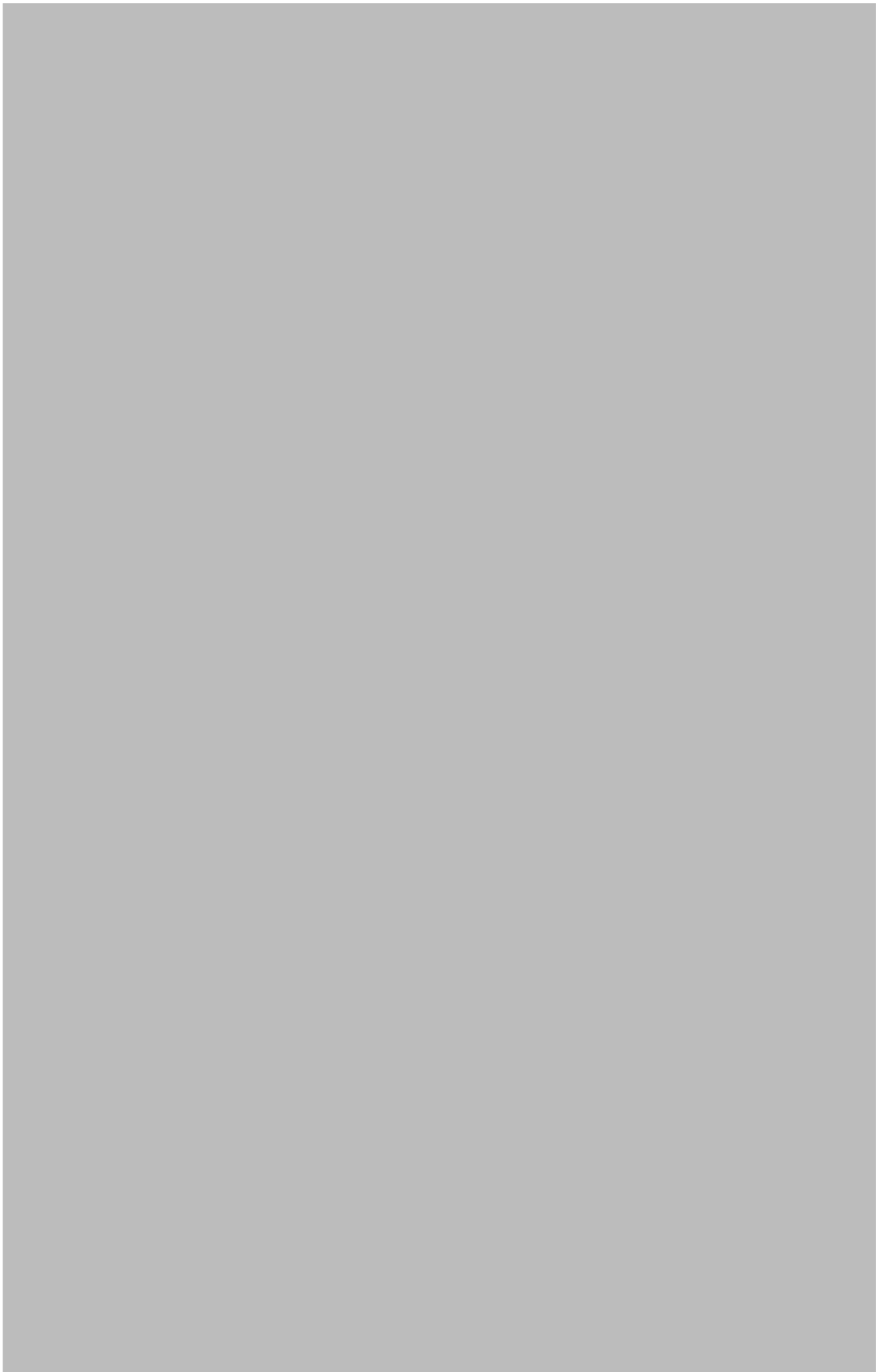
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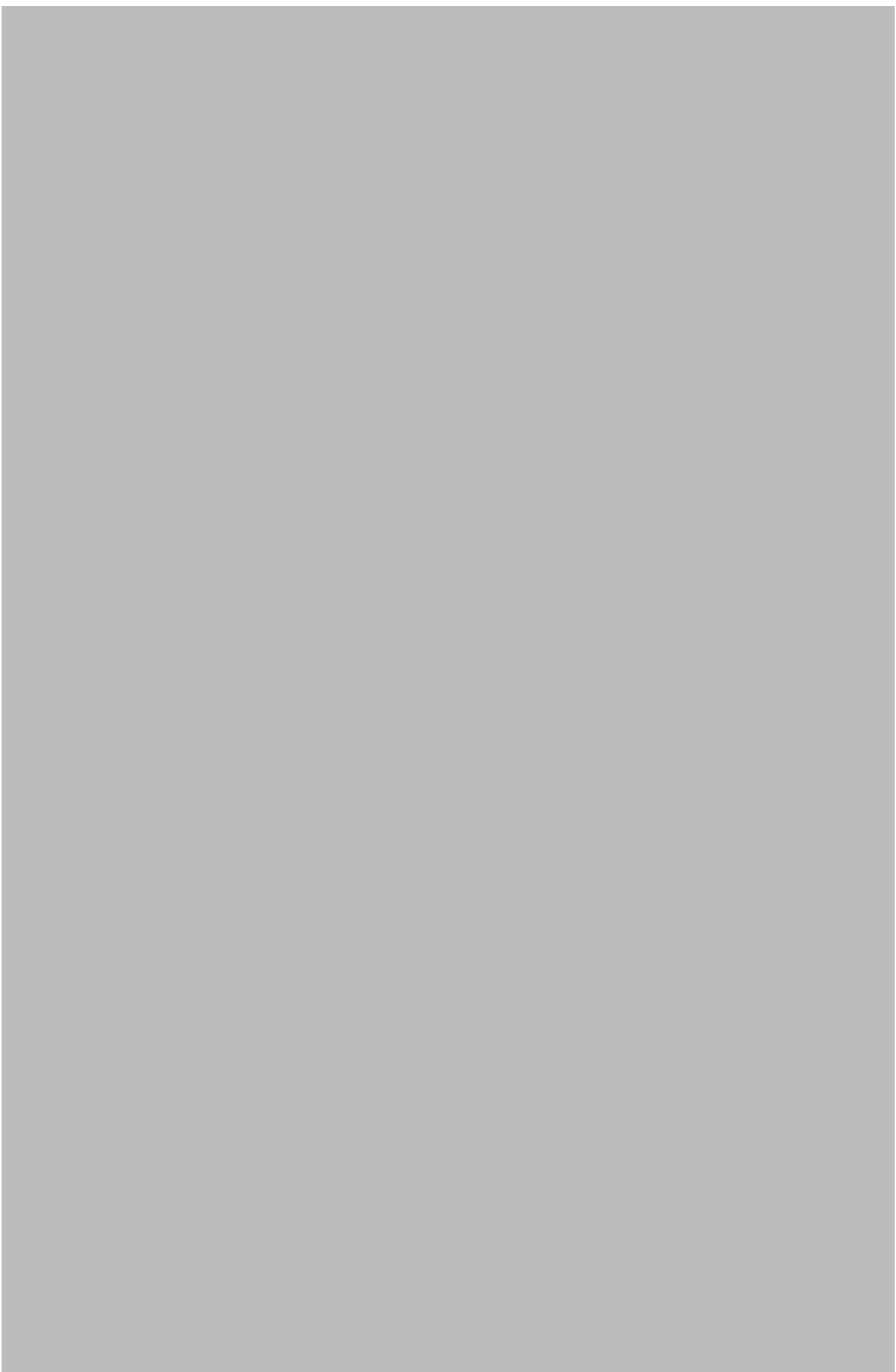
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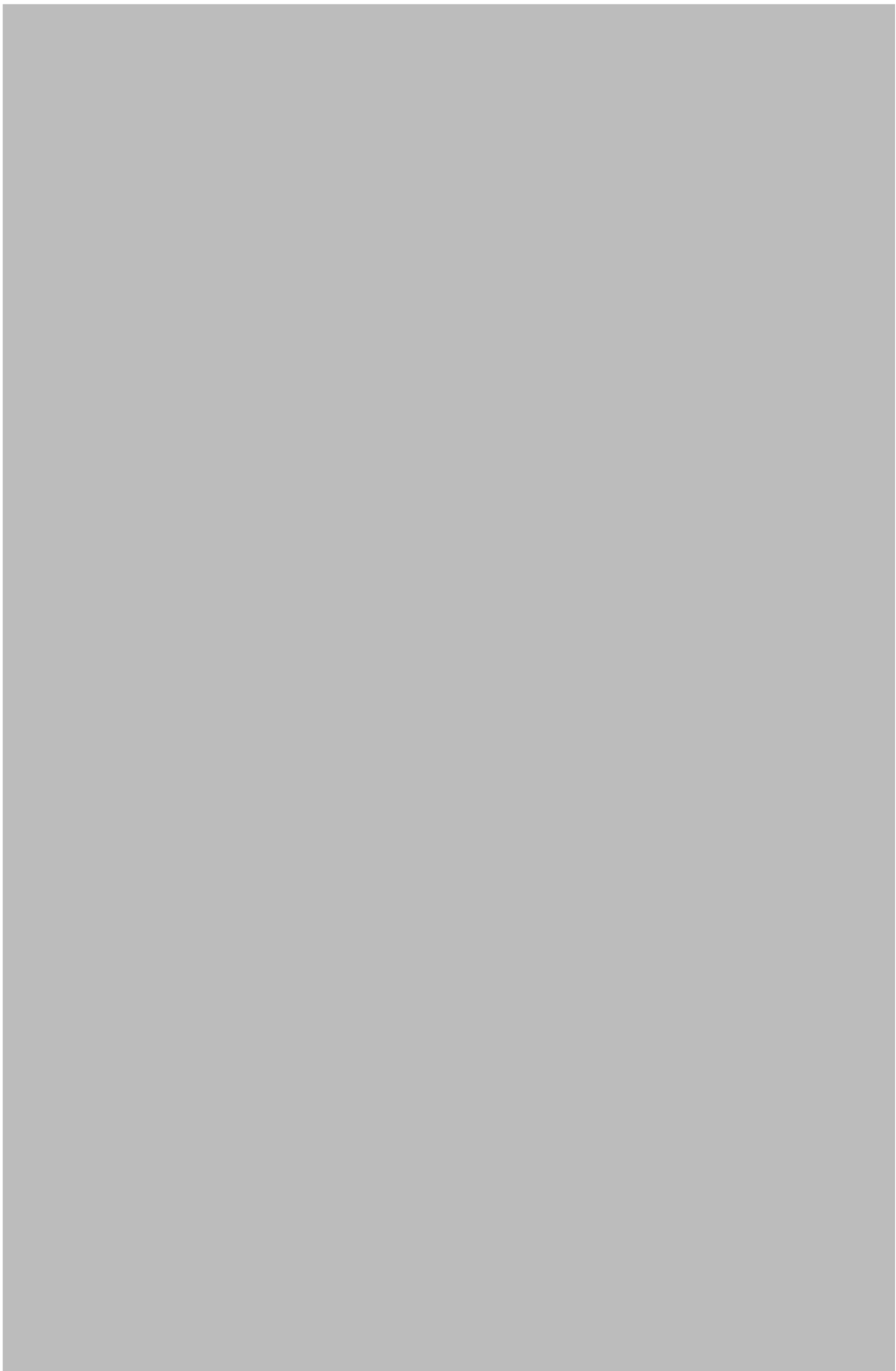
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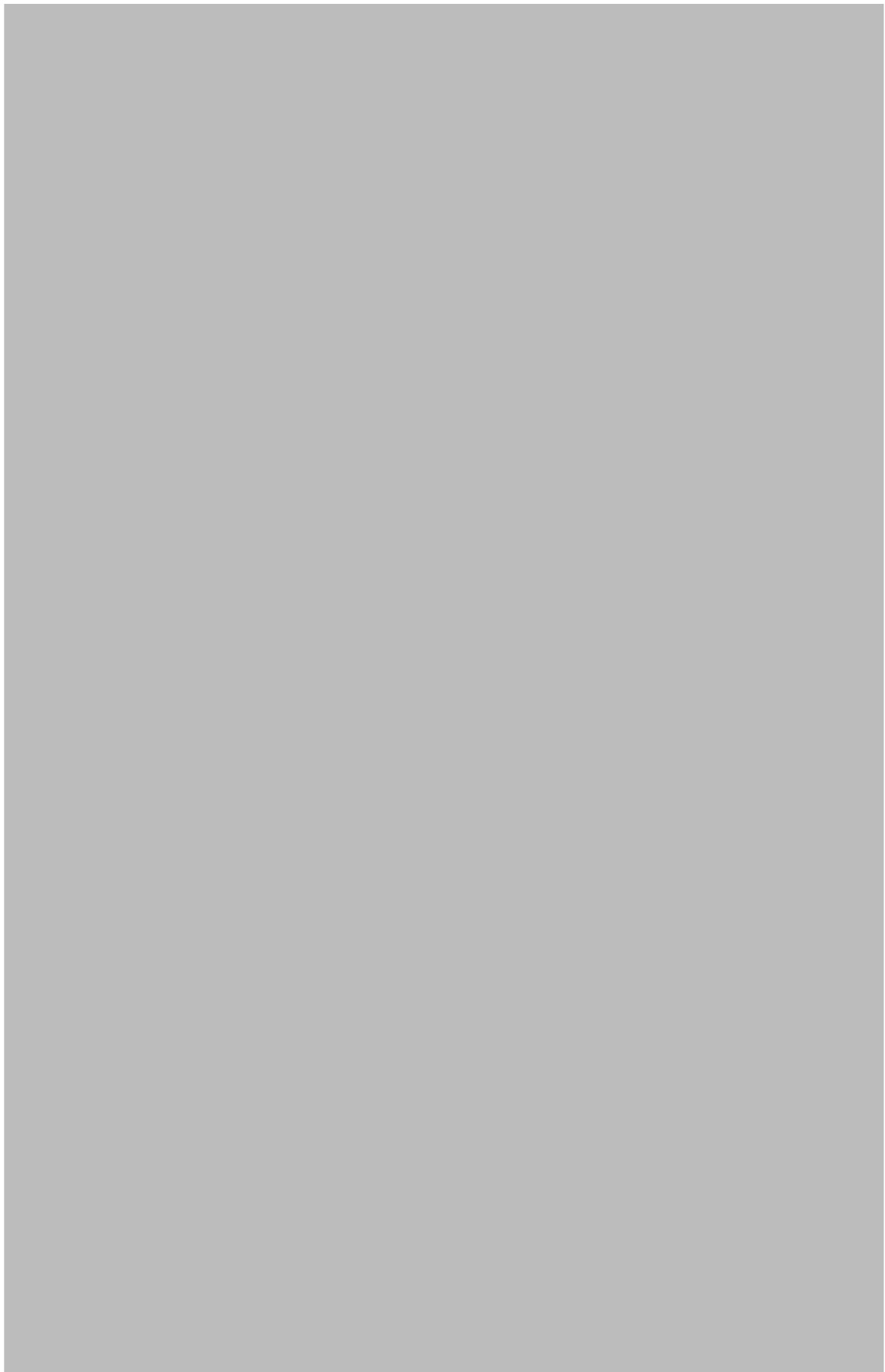
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MS MUIR: Commissioner, I call Ms Deborah Rankin.

40 COMMISSIONER WILSON: Thank you.

**DEBORAH RANKIN, AFFIRMED**

**[4.05 pm]**

45 MS MUIR: Commissioner, before I start, my learned friend Mr McMillan has raised a matter that he'd like to deal with in evidence-in-chief and I think that it's appropriate that he deals with that firstly.

COMMISSIONER WILSON: Very well. Yes, Mr McMillan.

**EXAMINATION BY MR McMILLAN**

**[4.05 pm]**

5

MR McMILLAN: Thank you, Commissioner.

10 Ms Rankin, you're aware, aren't you, that Dr Anne Brennan has produced a number of statements in this Commission of Inquiry?---Yes, I am.

15 And in her most recent statement at paragraph 19(c) she has made some comments about the educational and vocational education that had been provided to four particular patients of the Barrett Adolescent Centre by the school. Having read that – those comments, did that cause you to review your records about the support you had provided to those particular patients?---I did. I reviewed the school records about those individuals.

20 And without identifying any of them by name, did you prepare some dot points setting out by reference to those records, the vocational education and support that the school had provided to each of those four patients?---Yes, I did.

25 Commissioner, I propose to tender that document that's created by Ms Rankin. I've distributed it to my learned friends. It does contain confidential information so it shouldn't – and it hasn't been provided to the Delium operator in any event, but it will need to be redacted. But I expect that there is no objection to my tendering of the document created by Ms Rankin.

30 COMMISSIONER WILSON: Well, could I have a copy, please?

MR McMILLAN: I'm sorry. I have two copies.

35 MR DIEHM: Commissioner, if I can just mention, it's not an objection to you receiving the document. But, of course, it's only just been seen today, it – this afternoon. It may not need to go any further than what it does but if there's a need for any further evidence, documentary or oral, about it, then I reserve my position in that regard.

40 COMMISSIONER WILSON: Very well. I understand that. A copy of the document will be marked as an exhibit and it will be redacted as necessary – maybe in all, don't know at the moment – before going into the data room.

45 MR McMILLAN: That's the only matter I had in evidence-in-chief. Thank you, Commissioner.

COMMISSIONER WILSON: Thank you. Yes, Ms Muir.

**EXAMINATION BY MS MUIR**

**[4.07 pm]**

5 MS MUIR: Thank you, Commissioner. Ms Rankin has given two very detailed statements to the Commission.

10 And bearing in mind the time, I've reviewed my questions so I'll touch upon the issues that are of most concern to touch that aren't covered in your statement. My first question, Ms Rankin, you had an extensive involvement with the Barrett School at Wacol from when you first commenced on a part time basis in 1998 up to when you became the acting principal of the school on 21 October 2013. That's correct?---That's correct.

15 And then you were at the school until the closure at the end of that year?---Yes, the relocation.

20 Yes. Given your long history at the Barrett School at Wacol I was interested to know whether or not you could tell me whether you had heard or whether you had been consulted about the redevelopment of The Park as an adult forensic facility?---I hadn't been consulted. I had heard at the end of 2013 about the idea of it becoming an adult forensic facility.

Was that at the end of 2012 or 2013?---I think it was more like 2013.

25 And do you know where you heard this information or from whom you heard this?---I think it would've been at a case conference meeting, some sort of an occasion when clinical staff would've been talking about the future of Barrett.

30 And this is, of course, after the announcement has been made - - -?---Yes. - - - and the transitioning process is occurring?---Yes, it was.

35 Prior to hearing that information, did you ever have any concerns about the location of the Barrett Centre at The Park?---No.

40 In paragraphs 109 to 111 of your supplementary statement, if we could go to 0023, you describe your working relationship with Dr Sadler. Can you just tell the Commission briefly, what effect did you observe that Dr Sadler's being stood down had on patients and staff at the time?---To the best of my recollection it was a very de-stabling influence on both patients and staff at the time. And these have been documented in my statement about the effect it would've had, especially on the young people.

45 In .0024 you say that you were instructed by West Moreton Hospital and Health Service to say that Dr Sadler was on leave and not that he was stood down. Can I ask who instructed you from West Moreton to say this?---In my original statement I suggested it was Anne Brennan. In the meantime I have thought that I may not have

remembered it exactly as it may have been. It was on the day that Anne Brennan had come, in my memory, with Sharon Kelly to the Centre and the conversation around her relieving for Dr Sadler. So it's a confused memory and I think that it was on that day when – that she visited.

5

COMMISSIONER WILSON: So you think it was on that day but you're not sure who said it?---I'm not sure who it was when I think about it now.

10 MS MUIR: I think you say in your statement it doesn't really matter because the – it was on the news the next day anyhow?---It was.

Now, in your – I'd like to focus – in your statement you go into detail about the cohort of young people at Wacol - - -?---Yes.

15 - - - at Yeronga and at Tennyson. And, of course, you taught at all three schools. And you say that the students currently attending the school at Tennyson are very different from the cohort who attended at Wacol. And, in particular, at paragraph 83 at 0018, you say that:

20 *The school at Tennyson is not able to support students who require a high degree of medical assistance and/or those who may be a danger to themselves or others.*

25 So is it the – am I correct in understanding your evidence that the young people that you taught at the Barrett Centre, most of them wouldn't be able to attend the Tennyson school?---A large percentage wouldn't be able to attend the Tennyson school. There would be – I would assume it would be about 25 per cent of those students who would've been able to, who were mainly suffering from anxiety disorders that did not have the same behaviours.

30

So I understand that the Wacol school was an integrated educational service integrated with the health service. And if I understand your evidence, that was a really important part of – the integration was a very important part of the – from an educational perspective? Would you agree with that?---Yes, it was. It was very important to be able to have the two services working together. And that – because you could take advantage of those moments when the young people were able to engage with education and to be given a chance to show their strengths and successes. And when they were not well enough to continue, then there was a place for them to go safely and quickly, to people who knew how to look after them. And then they would often return back to us. Even on the same day that may occur two or three times. So having the two services co-located allowed the best possible advantage to get some time for these young people to experience some success.

40

45 So I take it the benefit there would be they'd have more exposure to education. If there was not the ability to go to and fro on the one day it means that the young person wouldn't attend school for the rest of the day?---Definitely, definitely. And we've experienced that in this last two years when we haven't been located. It has

been very difficult to have some young people sustain a large amount of time in a school program.

5 In your statement, you describe at paragraph 150 at 0040 of your first statement – you describe an alternative service model that you consider would be better suited to treating adolescents with complex mental health needs and specifically one where health and education can work together as an integrated team. And you’ve elaborated on this very helpfully in paragraphs 130 to 132 of your supplementary statement at 0026. And here you describe a model that offers residential facilities, 10 step down facilities and day patient options. So can I just – can I firstly get you to explain perhaps the benefits – and you have done so a moment ago to some extent – the benefits of the education facility being co-located with the healthcare facility?---The ability, as I say, to be able to find those teachable moments when students were ready to access the Australian curriculum and to be able to adjust it to 15 the level that they could cope with, with the support – knowing that if their mental health deteriorated they could have the assistance of the mental health practitioners. And it was facility that was – despite what people have said in the last number of days of being an institution, it was very far from that. It was a one level facility where students could come and go outdoors and into gardens and go walking and 20 contact other – other services. It was not at all an institutionalised place that people were locked up.

Am I right in understanding that one of your concerns after the Barrett School at Wacol was transferred to – or moved to Yeronga was that for the young people – any 25 young people that had been previously attending the integrated school – that they were moving to a school that didn’t have much clinical support?---That’s right. We had no clinical support. What we did do – we developed very good relationships with the mental health providers for students and we were continually informing them and working with them around any plans we had for students. But that was not 30 as satisfactory as having those people as part of the one team.

Just finally, I want to ask you some questions about the future of the Barrett Centre School. And you do deal with this in paragraphs 133 to 137 of your supplementary statement at 0027. And you discuss a 2014 recommendation that the Barrett School, 35 the Tennyson Special School and certain other components of the Royal Children’s Hospital School that were not being relocated to the Lady Cilento Hospital School be amalgamated to form a specific purpose school to operate across the state. If you could go – if you could look at DRA.001.001.508 at 0514. This is a draft briefing note to the Honourable John-Paul Langbroek. It appears to be undated. Have you 40 seen this document before?---I have – I have seen the document before. I think it was on an email that may have been sent to me.

This document, I think, is a copy of that recommendation that you talk about in your supplementary statement; is that correct?---I – I assume that it lines up with that. 45

And so does this recommendation reflect in any way the optimal model of care that you’ve just described – you’ve described now and described in your statement,



5 where health and education work together as an integrated team?---I think the – this model – this concept for this delivery of services was unique because it had a state-wide approach that aligned up many hospital teachers throughout the state with a service to be able to access adjustments curriculum expertise, and that was one of the very valuable things and it was through meetings. And Peter Blatch was organising the people at the meeting to come to meetings to discuss this concept, that we had a state-wide service that would cover all sorts of levels of mental health needs for adolescents.

10 So in practical terms, how would that state-wide service work?---How would that work? We would see that it would be – there would be a central location for a school, but there would also – a school and a health unit, but there would also be various step-down and other facilities that originated from there. And the school would also be a network – or could coordinate a network throughout the state of  
15 other teachers, and maybe – you know, if – in the ideal world there would be a Central Queensland unit similar to the Brisbane one and maybe there would be a Northern Queensland unit similar to the Brisbane one, where you could actually have kids – young people with those very severe chronic, persistent, treatment-resistant behaviours access education.

20 But without any work – for example, if you lived in Barcaldine and Rockhampton is the local – the nearest large city, how would a young person in Barcaldine access that state-wide school network?---Possibly, that would be accessible through the senior guidance officers. There may be some way of even doing a virtual access through a  
25 school system somehow.

There was – I did say it was my last question, but I – you talk about in your statement that you went on a trip and you visited Finland and Holland and you viewed similar service models to the Barrett Centre?---Yes.  
30

Was that – that was a work trip?---That was a conference – hospital – what was it called – the European hospital conference that we had gone to. Every two years they hold them; it's called the Hope Convention, Hope Conference.

35 Did you say Hope?---Hope, H-o-p-e. And they run them every two years.

And the schools that you visited in Holland – sorry – in Finland and Holland  
- - -?---Yep.

40 - - - did they have an integrated service model combining education and health?---Both places did, yes.

And these – there was an on-site school - - -?---In both places.

45 - - - with the health service?---In both places. The [indistinct] one was just building a new site for their on-site school that was next to the hospital.

And then what about Finland?---Finland, we visited one that was an older building, older hospital school, which did deal with mental illness and in the same sort of ways that we did with our kids at Barrett, had all sorts of integrated programs and mental health help.

5

Thank you. I have no further questions, Commissioner.

COMMISSIONER WILSON: So both the schools in Finland and those in Poland were integrated education and mental health care?---And – and health, yep.

10

Thank you. Thanks. Yes, Ms Kefford.

**EXAMINATION BY MS RANKIN**

**[4.23 pm]**

15

MS KEFFORD: Yes. Thank you, Commissioner. Ms Rankin, you're aware of what happens at the school at an operational level?---Yes, I am.

20

And in your first statement, you provide some numbers of students that have been enrolled and supported by the Tennyson School and the Barrett School between January 2012 and August 2015. In terms of the more recent process for referral to the school, could I take you to a document that is exhibited to the affidavit of Mr Mark Campling; the document number is DET.900.005.0001 at 0030, and if I could ask the operators to scroll through this page and the three pages that follow at a pace that the witness could peruse the flow charts.

25

MR FITZPATRICK: Ms Rankin has a hard copy of that document as well, Commissioner?---I'm – I'm totally aware of the document.

30

MS KEFFORD: Thank you, Ms Rankin. Does this document indicate the current process for referral to the school?---It does. It indicates that process and it was developed late last year, when we were enrolling students.

35

And we see the detail of the referral process on the page that's currently on the -- -?---That's right.

-- - screen? That referral process involves consultation with a mental health clinician?---It does.

40

And as well as with the students and the family of the students?---That's right, and the base school, because when a student comes to us they must be attached to another state school.

45

And if we keep moving through that document to the following page, does that reflect the current process that the school follows in terms of the educational program that it provides and the elements of the education program?---It does, yes.

Thank you. And on the next page and the following two pages, if we quickly move through those, having regard to the time, do they indicate the current review process and transition process followed by the school?---Yes, they do.

5 Now, in response to some questions that were asked of you by Ms Muir, you mentioned that a large percentage of the types of students who previously attended at the school when it was located at Wacol could not attend the school as it's located at Tennyson. The process for the school as it's now located at Tennyson, we've just established, involves input of a mental health clinician; that's correct?---That's  
10 correct.

And it would it be fair to say that the reason that the type of student who attended at Wacol may not be able to attend at Tennyson would be as a consequence of the input that you're receiving from the mental health clinicians as part of the new  
15 process?---Sorry, could you rephrase that question?

Yes, certainly. The mental health clinician under the new process would provide guidance as to whether a student would be able to cope in the environment  
-- -?---Yes.

20 -- - at the Tennyson School?---Yes.

Are you aware of other educational services that are available at present for students with mental health issues, such as the school classes associated with the day program at Herston?---I am, and a lot of those services would regularly refer to Barrett at Wacol with their more treatment-resistant students.  
25

And some of those programs might be available presently to students who are not suited to attend at the Tennyson School; would that be fair?---I can't answer that, really.  
30

Okay. To the extent that educational services across the state might need coordination with the health services, mental health services that are being made available, I take it you would welcome the Education Department establishing an advisory group to consider what current mental health services are available and how they might link with educational services?---I think that would be invaluable.  
35

And it would assist in that process for the Department of Education to work collaboratively with relevant stakeholders to consider the most appropriate provision of educational services?---That would be the best way to fill the gap that's there.  
40

And that might involve considering options such as the one that you most recently discussed with Ms Muir?---Yes.

45 As well as other potential options?---Other options.

Thank you. I have no further questions.

COMMISSIONER WILSON: Mr Diehm.

MR DIEHM: I have no questions, Commissioner.

5 COMMISSIONER WILSON: Alright. Mr Fitzpatrick.

MR FITZPATRICK: Yes. Thank you, Commissioner. I'll be brief.

10 **EXAMINATION BY MR FITZPATRICK** **[4.28 pm]**

MR FITZPATRICK: Ms Rankin, I'm Chris Fitzpatrick and I'm acting for West Moreton?---Thank you.

15

I just have a couple of questions for you. Now, Ms Rankin, is it true that for a period during the 2014 year, the BAS school at Yeronga did not accept any new enrolments?---That's true.

20 And for how long in 2014 did that situation obtain?---I think there's going to be a problem with the word enrolment. We didn't enrol – we haven't enrolled anyone until 2015. We did accept supporting students. So it was another form of support and we supported a couple of refugee students at one stage.

25 Yes. Only a couple?---Only a couple at that stage.

Alright?---We had other existing students that we had taken over from - - -

30 That you'd brought over. Yes. Thank you. Because that was what – could I ask you, please, to look at paragraph 27 of your initial statement. And I'm sorry, Commissioner, I haven't got a Delium reference case.

COMMISSIONER WILSON: It's DRA9000010001 at 0007.

35 MR FITZPATRICK: Thank you, Commissioner. So it was page 27 – sorry, paragraph 27. And I was interested in page 7.

40 So, Ms Rankin, there appears, as I understand it, a table of the enrolments in the school. And if we focus on December 2013, it looks like there are 11 students enrolled?---Yes.

And I assume that they are all drawn from the Barrett cohort?---That's right.

45 Alright. And then if we move to January 2014 there are 11?---I think the problem is enrolled here. With some students we weren't using the OneSchool system. So we get those enrolments from our records of student files rather than off the OneSchool system.

I see, because to a casual or uninformed reader of the document it looks like there was substantial continuity of enrolment - - -?---There wasn't – there was - - -

5 Sorry. In the transition to Yeronga?---There was.

There was. Okay. You're saying there was, in fact?---There was, in fact. That is correct.

10 I see?---A lot of students had – within that last term they had left to the various – I can't wear the glasses and look at you. They had left and gone to homes and various other places who had been transitioned out. But there were 11 students left that we still looked after in an outreach program and a school program.

15 I understand. Thank you for explaining. And so if we look, finally, at the middle of the 2014 year, the June figures, it looks like there are [REDACTED] enrolled students and [REDACTED] supported. So - - -

20 MS MUIR: Commissioner, I think there's risk of identification when we're talking about numbers less than five, particularly - - -

MR FITZPATRICK: I see. I'm sorry, Commissioner. I hadn't [indistinct] to that. But – well, I won't pursue it further, but it seems that, certainly, a significant proportion of the former cohort did translate to the?---They did.

25 Yeah. Thank you. And if we look at the figures in paragraph 37 to 38 of your statement on page 9, paragraphs 37 and 38, just have a look at those paragraphs for a moment. It looks like – and tell me if I'm wrong – that there was also substantial continuity of the teaching staff for the 2013 and 2014 year, at least in terms of numbers?---Yes, there was.

30 And also, as I understand, because those staff were guaranteed employment, at least the permanent staff, of identity of the teaching staff; is that correct?---Can you please restate that question?

35 In other words, was it the same teaching body that translated from the Barrett campus to Yeronga in 2014?---Yes.

40 Thank you. Now, you mentioned in paragraph 71 of your statement that an issue arose in relation to the Yeronga campus about a potential problem for transporting students. You can look at paragraph 71 if you wish; it's on page 18. Do you have that?---Yes, I do.

45 Now, Mr Blatch indicated, you say, that the transport unit of the Department could help; did it do so?---Yes. Yes, it did.

Could I ask you, please, to have a look at page 20 of the statement and paragraphs – commencing paragraph 78. Now, what I want to put to you, Ms Rankin, is that the

student cohort at Barrett, notwithstanding the disruption that you mentioned – and I assume in terms of timeframes you’re considering a period of about August 2013; is that the announcement that you’re referring to?---Yes.

5     Alright. By the Minister of the closure of Barrett; is that what you’re directing yourself to when you say there was a great deal of disruption following the announcement?---Yes, yes.

10    Alright. Now, am I right to think that the announcement was succeeded by the standing down of Dr Sadler the next month; do you remember that?---Yes, I can.

Alright. And disruption occurred, and you suggest that the therapy was disrupted to the students?---It was.

15    Alright. Well, can I suggest to you that, necessarily, at that time there was a change of personnel, in that Dr Brennan assumed clinical governance of the unit?---Yes.

20    And there were other staffing changes brought about. But can I suggest to you that the clients at the Centre still had therapy, but it was with new providers?---They had not replaced some of the professional staff who left around – I think you’ll find around that time - - -

But there was still - - -?--- - - - in my memory.

25    But can I suggest to you that there still remained a core body of experienced mental health nurses at the Centre?---No. The mental health nurses at the centre had changed quite a lot over that period. There are a number of nurses who found jobs in other places, who are the more experienced nurses who had left. So I don’t believe that there was a large availability. People were concentrating on managing what was  
30    going on in the unit, crisis management, rather than future therapy planning and things like that. That’s in my – in my memory. That’s what I remember.

Well, necessarily, they had to manage the crisis; isn’t that correct?---It is.

35    And you had to do that before you proceeded with treatment?---Correct.

40    Can we agree on that? Were you aware that the nurses in the Barrett were mental health nurses and they were qualified and they did provide individual therapy to patients?---Some of the nurses would have fitted that description.

You were – in paragraph 81, you mention a lessening of school outings due to the lack of permanent nursing staff; do you see that in - - -?---Yes, I do.

45    Can I suggest to you that at this period of time the – there was an increase in acuity on the part of the patients – or some of them, and that, necessarily, they were unable to go on as many outings as before?---It’s a delicate balance, often, when you’re working with mental health, that to offer the community access often increased the

mental health of the students. And so that was that delicate balance – and I understand what you're saying, but I think what was interrupted because of this was the ability to encourage the wellness of students.

5 Pending the stabilisation?---As I say, it was a delicate balance.

Yes. And I'm suggesting to you that it was managed.

10 COMMISSIONER WILSON: Mr Fitzpatrick. Excuse me. Mr Fitzpatrick, I think you need to be careful not to be leading this witness into expressing on matters which may be beyond her educational expertise.

15 MR FITZPATRICK: Yes. Thank you, Commissioner, for reminding me, and I'm grateful to you for doing that, and I won't. Now, can we move to another topic briefly, Ms Rankin, and that is the subject of school holiday programs, which you address at least in part on page 22, in paragraphs 86 and 87 of your statement. Please  
20 take a moment to familiarise yourself with that – with those paragraphs. Now, Ms Rankin, can we agree that by whoever they were provided, the fact of the matter is that school holiday programs were provided to the students during the September and the December 2013 school holiday periods?---Yes.

25 Correct. Prior to September 2013, I suggest to you that school holiday programs were a regular feature of the BAC activities?---They were a regular feature that was organised by the Centre, not the school.

I understand. But nonetheless, the teachers participated?---Teachers offered their services, and, often, there would be one or two teachers who would help with the holiday program when they were asked.

30 Yes, but they did so freely and voluntarily when asked?---They did.

35 Alright. Now, you – in paragraph 87, you mentioned that – from what you observed on a visit, it looks like, that the success of the December 2013 program was low or was poor, I think you say, very low?---Yes.

Now, I mean, in the environment that obtained at BAC at about that time what could be done to address that other than just have the program?---Well, I see that as a factual statement and I'm just stating fact there.

40 I understand. By the way, in December 2013 the school packed up, it closed, didn't it?---We had done most of our packing up but not all of it. We had left some things in place and there were throughout the holidays a number of teaching staff came in and removed trampolines and did other things.

45 I see. Alright. Can we just look, please, at paragraph 103 of your statement. And you suggest that in the second dot point that the education staff were requested to

write in the charts – do you see that – in the patient charts?---Sorry, which paragraph are we looking at?

5 It's paragraph 103 and it's the – it's the second dot point?---Yes.

Now, you're not suggesting, I take it, that they were requested to write matters relating to the clinical treatment or care of the patients?---I have an example there which says child interacted with other students and ate lunch.

10 Yes. And I think that example relates to a time when the student was off-campus – on an outing. What's wrong with asking the education staff to make that sort of an entry.

15 COMMISSIONER WILSON: Excuse me, Mr Fitzpatrick. What's the point of your question? The witness has recorded factually something she said happened. Is it for her to evaluate the rightness or the wrongness of it?

MR FITZPATRICK: Well, I - - -

20 COMMISSIONER WILSON: And what would be the relevance of her opinion as to the rightness or wrongness?

MR FITZPATRICK: Yes, Commissioner. I must say, I had read it as some sort of criticism.

25 COMMISSIONER WILSON: Well, I read it as simply a factual statement.

MR FITZPATRICK: On that basis then I won't pursue it, Commissioner.

30 COMMISSIONER WILSON: Keep an eye on the time, would you. There's another witness this afternoon.

MR FITZPATRICK: Yes, Commissioner.

35 All that I have then, please, is to direct you to paragraph 106 through to 108 of your initial statement and could I ask you, please, to just focus on the first sentence in paragraph 106?---Yes.

40 Do you have that?---Yes.

Do you stand by that statement?---Yes.

45 And also in 108 – paragraph 108 – it's page 28, I'm sorry?---Yeah, I've got a hard copy [indistinct]

Alright. And also paragraph 108?---Yes.



Do you stand by that statement?---I do.

Thank you. Thank you, Commissioner. That's all that I have.

5 COMMISSIONER WILSON: Thank you. Mr Harper, do you have any questions?

MR HARPER: I have no questions, Commissioner.

10 COMMISSIONER WILSON: Alright. Ms Philipson, do you have any questions?

MS PHILIPSON: No questions.

15 COMMISSIONER WILSON: Is there anyone else who has anything by way of cross-examination before I come to Mr Ben McMillan? Mr McMillan.

**EXAMINATION BY MR McMILLAN**

**[4.47 pm]**

20 MR McMILLAN: Thank you, Commissioner.

Very briefly, Ms Rankin, you were asked some questions about the transition of students from the BAC site at Wacol to the Yeronga school. Is it the case that following the end of the 2013 year some of the BAC cohort exited school in the way they ordinarily would have?---Yeah. There was a couple who did.

Others transitioned to other schools that you had planned for as part of their personal education plans?---A couple did, yes.

30 And others transitioned to the new site at Yeronga?---Yes.

And in addition to those students, later on you provided some support to other students by way of outreach?---Yes.

35 And at the end of last year, you commenced a formal process where you were able to enrol students and provide support to them both at the campus at Tennyson and on an outreach basis; is that right?---Yes. Yes, we did.

40 You were also asked some questions about why you stated that there were some students as part of the BAC cohort that you would not be able to accommodate at Tennyson. Are there physical aspects of the site at Tennyson that make a combination of those particular types of patients more difficult?---There are. We are actually – the road in front of us has large trucks, one a minute, all throughout the day. We're behind the markets, so this is an area where you've got a lot of movement, and there's a flour mill behind us as well. There is a – some of the workplace health and safety issues of the site are going to be fixed.

45

Commissioner, those are the only questions I have. The only other matter that I sought to deal with, I think, in answer to – you posed a question to Ms Rankin about the schools she visited in Europe.

5 COMMISSIONER WILSON: Yes.

MR McMILLAN: And I thought your Honour mentioned Poland.

COMMISSIONER WILSON: That's what I thought she said.

10

MR McMILLAN: Yes. No, the two schools were at – were in the Netherlands and in Finland, and they are dealt with respectively at paragraphs, I think, 79 - - -

15

MS MUIR: Commissioner, I think the witness – she said Holland, and that certainly - - -

COMMISSIONER WILSON: Did she say Holland?

20

MR McMILLAN: Yes. They are dealt with in her statement, Commissioner, so I needn't ask her questions about them.

COMMISSIONER WILSON: I do remember reading about the Netherlands in the statement, but I thought she said Poland. I'm sorry.

25

MS MUIR: Yes.

MR McMILLAN: Thank you. Those are the only questions I have.

30

COMMISSIONER WILSON: Alright. Ms Muir, do you have anything?

MS MUIR: I have one question in re-examination.

COMMISSIONER WILSON: Yes.

35

**EXAMINATION BY MS MUIR**

**[4.50 pm]**

40

MS MUIR: Ms Rankin, you were asked some questions by my learned friend Mr Fitzpatrick about the Yeronga school and the transitioning of some young former Barrett students to that school. Do you recall – and at that stage, am I correct in understand there was one junior mental health nurse onsite?---We had – the Education Department had given us funding for a mental health nurse for six months on a contract.

45

Do you refer – and you may not know about this – do you recall, in 2014, an issue being raised by Dr Brett McDermott about the – his concerns about the level of

mental health resources available at the Yeronga school?---I think I've seen an email that discusses that.

5 Is that QHD.00 – if the witness could be shown QHD.004.005.9014. So this is an email. Is this the email that you're referring to?---Yes, that's the one I've seen.

10 And do you recall at the time, though, that there was an attempt to get some – a consultant psychiatrist to help out at the school?---We had been contacting Kids in Mind, which is the organisation that Brett McDermott works for at the Mater, and asking if there was a way that we could have a meeting to source any way of gaining that extra help.

15 Okay. So you considered that you needed that extra help to help assist with - - -?---To help with the families and help with the students if that was possible and help with our programming and planning.

And did that happen?---No, it didn't.

20 No further questions, thank you, Commissioner.

COMMISSIONER WILSON: Thank you. Thank you very much. You can stand down?---Thank you.

25 **WITNESS STOOD DOWN** **[4.51 pm]**

30 COMMISSIONER WILSON: Now, Mr Blatch, is it? Mr Blatch, if you'd come forward, please.

MS MUIR: Commissioner, I call Mr Peter John Blatch.

35 **PETER JOHN BLATCH, SWORN** **[4.52 pm]**

**EXAMINATION-IN-CHIEF BY MS KEFFORD**

40 MS MUIR: Commissioner, before I ask Mr Blatch some questions, my learned friend Ms Kefford has some matters she wants to deal with by way of evidence-in-chief.

45 COMMISSIONER WILSON: Yes, Ms Kefford.

MS KEFFORD: Just a number of corrections, Commissioner. Mr Blatch, do you have a copy of your statement

COMMISSIONER WILSON: Yes, Ms Kefford.

**EXAMINATION BY MS KEFFORD**

**[4.53 pm]**

5

MS KEFFORD: Just a number of corrections, Commissioner. Mr Blatch, do you have a copy of your statement there with you?---Yes.

10 Yes. If it could be brought up on the screen; it is DET.900.002.0001. If I could take you firstly to page 9, and you see there a table that records a number of visits that you made to the school. Is there a correction that you wish to make to the first entry in the table on that page?---Yes, please. I'd like it to read the 16<sup>th</sup>, rather than the 6<sup>th</sup>.

15 If I could take you next to the following page, page 10, and to – if you scroll down to paragraph 29. Is there a correction that you wish to make to the first line of this paragraph?---Yes, if I may. If I could change the word school and put the word centre in, please, so it would read prior to the announcement of the decision to the close the Centre.

20

As I understand it, the next correction you wish to make is at page 16 of your statement, in paragraph 44?---Yes, please. And, again, it's to do with changing 4 November to 14 November.

25 And is the final correction you wish to make at page 18 of your statement, in paragraph 50?---It is, please, and, again, changing 6 November to 16 November.

Thank you.

30 COMMISSIONER WILSON: Before you sit down, Ms Kefford, could I take you back, please, to page 9, where you corrected the first date so that it now reads:

*16 November 2013, assistant regional director visited; advised of closure.*

35 Is that what you intended?---Yes.

40 So that was the first time you heard about the closure, which was a couple of – three months after the Minister had announced - - -?---It was the official advice that the Centre was closing. We'd had a number of discussions regarding the closure, but at that stage we weren't exactly sure when the Centre was closing.

So are you talking about a date?---We were talking specifically about a date that the school would relocate.

45 Thank you.

MS KEFFORD: Thank you, Commissioner.

COMMISSIONER WILSON: Thanks. Yes, Ms Muir.

**EXAMINATION BY MS MUIR**

**[4.55 pm]**

5

MS MUIR: Thank you, Mr Blatch. Between 2011 until the end of 2014, you were the assistant regional director, school performance, special and specific-purpose schools within the Department of Education and Training as it was then-known; is that correct?---That's correct.

10

And the Barrett School, which was located at Wacol from about 1983 to 2013, was one of the special and specific-purpose schools within your region?---Correct.

15

In an email produced to the Commission from Sharon Kelly to Peter Blatch dated 18 July 2013, Ms Kelly describes the Barrett Centre health component and educational components as intrinsically linked. Would you agree with that description?---Certainly.

20

Can I just ask: what were the arrangements between Queensland Health and the Department of Education in relation to the funding of the Barrett Centre and the Barrett Centre School?---My understanding is that they were two separate entities. Funding of the school came from the Department for Education, and it was totally divorced from any funding that came into the remainder of the centre.

25

So were the site and buildings funded by Queensland Health?---My understanding is that the site and the buildings were owned by Queensland Health, and that we basically had them on a – on some sort of rental agreement. I don't know if any money ever exchanged hands, but we certainly occupied those buildings. But they were owned by the Health Department.

30

I'm just interested in talking to you about the closure decision and the date when it was communicated to you. In paragraph 33 of your statement, you say that on 5 August 2013 you were phoned by either Sharon Kelly or Dr Geppert, who advised you that an announcement would be made the following day that the Barrett Centre was closing. So that was the first time you were made aware of the official closure announcement?---Yes, it was.

35

But – if Mr Blatch could be taken to DET.900.001.0001, at 0033. So this is an email, Mr Blatch, that you sent Patrea Walton, who was, I think, the acting Deputy Director-general of the Department of Education?---Yes.

40

And you sent Ms Walton this email on 19 July 2013 and in this email you summarise a number of matters. Firstly – I should ask what precipitated you sending this email to Ms Walton?---It would – could I ask – I can't actually see what the dot points are.

45

Sorry?---Is it possible to - - -

We can scroll down?--- - - - obtain a copy of the email or if we could scroll down.

I've got a hard copy?---My understanding is that I wrote that as a briefing for her to keep her informed with what was happening.

5

I just want to ask a couple of questions about your email. At the beginning you say:

10 *In late 2012 Queensland Health announced as part of its Barrett Adolescent strategy it would no longer continue to operate its statewide psychiatric centre for adolescents with mental health issues at the Wacol and that Barrett Centre would be closed by the end of that year.*

15 Now, how did you come to be privy to that information?---My – my recollection is that it was an announcement was made in the ABC and that we heard about it in 2012. As a consequence of that we knew that the school would need – that we would have to make alternative arrangements regarding the school and as such we couldn't make an alternative arrangements regarding the school until we knew what the transition or the new model of mental provision was going to be. So this was a matter of me informing our Deputy Director-general that we needed to monitor  
20 closely what was happening at the Barrett Centre and that we would have to make some significant changes at a point in time.

25 Okay. So originally, though, this emails is 19 July so you're just giving Ms Walton a history?---A history and a reminder.

30 And do I take it that when the – we know from evidence that there was an announcement – well, there was – it wasn't so much an announcement, there was some evidence given by Dr McDermott in November 2012 about how – might the prospect of a closure at the Barrett Centre. Can I ask this: after that were you contacted by anyone from the Department of Health to tell you what was happening?---I was advised on that same day as Dr McDermott made the statement in confidence by Dr Sadler that it was likely that the centre would change its method of operation and the reason that that happened was that it was actually the day that we were doing the four year review of the Centre and that I had met with the Barrett  
35 school community group at the Bremer TAFE college and I confirmed the direction that the school was going in for the next four years. That was part of the cyclical planning and accountability process that the department has for all schools.

40 COMMISSIONER WILSON: Sorry, what did you say Dr Sadler advised you off?---He advised us in confidence - - -

Yes?--- - - - that it was likely that the Centre would be closing.

45 Thank you?---But there was no – no timelines given.

MS MUIR: So where did you get the date that it would close at the end of 2012?---Look, I – I'm afraid I can't – I can't tell you that. I just can't remember.

5 And so you say in your statement at paragraph 32 that – you talked about being told informally by Dr Sadler and you also say that this likelihood was confirmed by Sharon Kelly who contacted you a few days later. At this stage was your understanding that there was no definite decision about the Barrett Centre closing or what was your understanding?---My – yeah, my understanding was that the Barrett Centre would close but there was no specific timeline given.

10 You refer in – we’re going back now to the email that’s on the screen of 19 July and you refer in the email to community protest due to perceived lack of community consultation. Just on that consultation point, up until when you spoke to Sharon Kelly at the end of 2012 I take it that you hadn’t had any consultation with anyone – you hadn’t heard from West Moreton or anyone - - -?---No.

15 - - - about the Barrett Centre or the prospect of the Barrett Centre closing?---That’s correct.

20 And you also say in this email you have been told that the Minister for Health has agreed with the recommendation of the ECRG and local board and it is proposed that the Barrett Centre close by 31 December – sorry, 2013. Who told you that information?---Look, it would have to have been either Dr Geppert or Sharon Kelly because they were the only people with whom I was actually liaising.

25 And at this point in July, you told Ms Walton that the Minister for Health will meet with your minister in the next few days to advise of the decision, and you attach a brief, and that’s at – if we could go to DET.900.001.0001 – actually, it’s attached to this email, if we could scroll down, please. If we go to 0035. Alright. So this is a draft briefing note. Who provided you this document?---It would – again, it would have been Dr Geppert or Sharon Kelly.

30 So do I take it at this point you were the point of contact – you were giving Ms Walton this information and that – am I correct in my understanding – and correct me if I’m wrong - - -?---Sure.

35 - - - that up to this point, Ms Walton may not have been aware of the information about the closure - - -?---I would say that was correct, yes.

40 So I suppose – I’d like to understand, then, would you have – were you surprised that there wasn’t some type of – well, given that there was the – the school and the service were collocated and the school’s referred to as an integrated onsite education program – I understood it was referred that way – would you have expected to have a bit more consultation and – to enable a bit more planning to happen in relation to - - -?---I would’ve - - -

45 - - - the school having to move from the site at The Park?---I would’ve hoped that that would occur, and I would hope that if it was our department operating in that way that we would’ve been able to do that. To be honest, I’m not sure if the – and I’m presuming now – I’m not sure if the Health Department officers actually realised

that the school wasn't part of their responsibility. I'm not sure if they realised that the school was actually part of the Educational Department.

5 COMMISSIONER WILSON: What do you mean by the Health Department officers? Do you mean the West Moreton Hospital and Health Service - - -?---Yes, the - - -

- - - or do you mean - - -?---No, no, the West Moreton Health Services.

10 Thank you.

MS MUIR: And I may have confused Mr Blatch because I referred – I should've used West Moreton instead of Health earlier on. So – because, I suppose, would the concern be that, then, knowing that the school would need to relocate at the end of  
15 the year, that we're now talking – you say you've got confirmation the day before the announcement was made. That's August. That gives you very few – gives you – Education and the teachers very few months to then – to look at transitioning the students?---Well, the reality is if we follow departmental protocol it would be impossible to close a school for students who are enrolled in years 11 and 12 in less  
20 than a two-year period, that the accepted practice that the department uses is for secondary schools that are closing to give at least two years' notice to enable the students that are just enrolled in year 11 to finish their course of studies, and that's been the practice of the department for a longer period of time. There were also  
25 some political sensitivities at this time, because within the Education Department, the minister had announced the potential closure of a number of schools in our immediate area, and this was happening in addition to those announcements being made and the consultation processes being undertaken during 2012 and 2013.

30 Well, I actually wanted to ask you about those sensitivities. So if we go back to your email of 16 July 2013, which is – if we just scroll up – .0033. You – just where it says:

*The decision will be announced by the Department of Health within the next two weeks.*

35 you say:

*Given the sensitivities of this announcement –*

40 you give a suggestion of the following way forward. What sensitivities are you talking about in the context of this email?---Well, there are sensitivities initially surrounding the Barrett School. The Barrett School has been in operation for a long period of time, for some 30 – almost 30 years. In addition to that, we've got an accepted process for closing schools that involves consulting with communities, and  
45 that certainly didn't happen. The other issue was the political climate at that time, where our Minister for Education was taking quite a lot of flak because the



government was looking at the closure of other schools across Queensland. So it was that context that I put that up to Patrea, to our Deputy Director-general.

5 Could I take you now to an email, WMS. – sorry – before I move on, I just want to ask you a question about – I just want to go back to the time that was allowed, the few months that you had then to, I guess, close the school and then find – not for all students, I understand, but for a number of students at the Wacol Barrett Centre; you had to find appropriate schools for them?---Sure. Ma'am, could I just correct: we didn't – we have never closed the Barrett School.

10 Sorry. And - - ?---We've relocated the Barrett School.

15 Well, I wanted to ask you – but the name had to change, didn't it?---No, I don't – well, I retired at the end of 2014 the name hadn't changed. And, again, under a cabinet agreement there's a set process that must occur to change the name of the school.

20 And so the school relocated to Yeronga, but in a sense it was a different thing, wasn't it, because, previously, it was an integrated on-site educational facility, and then it became a – called the same thing, called the same name, then, but it was a standalone education facility not attached to a health service, a mental health service?---The school was always – as far as the Education Department was concerned, the school was always a standalone school, but it had an almost unique working relation with the Barrett Health Centre. We do have other schools that have similar arrangements, 25 a small number of other schools that have similar working arrangements with the Health Department. But the reality was, from an educational context, we were committed to the continuity of the educational programs for all of the students that were enrolled at the Barrett Centre and all of the students that would transition across when we relocated the school in December 2013.

30 I just want to take you back a moment to your evidence about what your conversation with, you think, either Sharon Kelly or Dr Geppert on 5 August 2013, and you were told that there would be an announcement, and you say that the reason you were given at that time was that The Park, where the Barrett centre was located, 35 was to be used solely as facilities for forensic adult mental healthcare and treatment. Up until that point, had you had any knowledge or had you been consulted in any way about the redevelopment of The Park as an adult forensic facility?---No, not at all.

40 Did this information surprise you then?---It did surprise me.

Were you told by Ms Kelly or Dr Geppert when that change was to occur?---No. It was just that it was to occur.

45 And did they give you any other reason for the closure of the Barrett Centre?---No, they didn't, and I don't believe that I sought it

So I think it's fair to say, is it, that we've talked about the intrinsic link between the service – the education and health service and your evidence is you have both expected and have liked more consultation?---Certainly.

5 More notice?---Certainly.

And surely, in your opinion, given the cohort of students who you knew attended the Barrett school, would you have considered that this notice and consultation would have been very important to assist in their transition process?---Most definitely.

10

Can I take you to WMS.0016.0001.00303. Now, this is an email from you to Dr Brennan on 9 October 2013 and it involves Mr Kevin Rodgers who we know has been the principal of the school for a long time and had taken stress leave at the end of October 2013 and that's the time that Deborah Rankin took over as principal?---It is.

15

Now, am I correct in understanding that the difficulty from the educational staff's point of view that in order for an appropriate educational program to be developed this could only be done after the clinical placement of each patient had been negotiated and confirmed?---Correct.

20

So that meant that that would have to be – it was all then given the timeframes done at – very rushed, would you say?---It – it – it – it was done – yes. It – it – we didn't have the usual length of time that we would have liked. Normally, something like this you'd be working on for at least nine to 12 months.

25

In paragraph 30 of your statement at 0011 you speak of a number of concerns you had in relation to the teaching staff at the Barrett Centre and the availability of educational programs for the young people who had been on individual programs?---Yes.

30

Could I firstly ask about the wellbeing of staff as the time progressed. Can you explain what your major concerns were?---My – my concerns with the wellbeing of staff was that they continued to focus on the educational priorities for the students. It became obvious that they were becoming more concerned with the – the general wellbeing and mental health of some of the – the students and that they were making comment in areas that perhaps they weren't qualified to do so. So I needed to remind them, firstly, about their responsibilities as an educator to focus on the educational programs of the students. Secondly, I became concerned because some of the educational programs that had been operation in the past that relied on the relationships and the rapport that had been developed between the colleagues and across the professions at the – between the Centre and the school weren't able to be continued and my understanding of that was simply because some of the long-term staff were being redeployed or who'd moved on to other areas and that was affecting the morale of the staff again.

35

40

45

Were you able to do anything – or what could you do and did you do to address your concerns about the staff?---I – I tried to meet with the staff as a whole as frequently as I could or as often as the principal suggested it might be worthwhile. I – I met with the – the principal as required. The principal and the acting principal had set up  
5 some, in my opinion, some very, very good care programs for looking after the staff. They had made contact already with our employee assistance program, that they had involved the services of an outside agency to support the staff and I was very impressed with that. The Barrett staff always operated most professionally and I have the highest regard for the way that the principal and the acting principal  
10 managed the transition arrangements. I wanted to do everything that I could to support them.

You talked about – and you give some evidence about this in your statement at paragraph 32, which I was going to ask you to explain. You refer to Headspace and  
15 Optim and that the acting principal, Deborah Rankin, established these links with non-government agencies which provided additional support for the staff at the school. I just wanted to understand, are you talking about support in the sense of mental health issues generally, or – I wasn't quite sure the context of which the link  
20 - - -?---It was support to the staff - - -

To the staff?--- - - - with their general wellbeing.

I just want to take you back to paragraph 30 of your statement, and I've asked you about your concern for the wellbeing of staff, but you also, in that paragraph, talk  
25 about the wellbeing of students concerned you as time progressed. Can you explain what your concerns about the students were?---My concern was that – again, that they would be getting appropriate support through their educational programs.

And you say in paragraph 31, and I – you corrected me quite properly that the school  
30 never closed; it's just been relocated from the Wacol site to Yeronga and then more recently to Tennyson. I understand from your evidence, and correct me again if I'm wrong, that at the time of the transition and the school relocating, you had concerns – a number of concerns were raised with you from some parents in relation to the ability – the school operating at Yeronga not having the necessary clinical staff to  
35 support the cohort of young people that had been at the Barrett Centre?---Yes. I – I only had contact with one parent. I worked through the principal and made contact with one parent on behalf of the parent group, but that was an issue that [REDACTED] raised with me and, again, that – in consultation with the principal, that we talked through the importance of stressing that back to the West Moreton Health staff team.

40 So did you share the concern?---No, I didn't believe it was – sorry, did I share it with the parent?

No. Sorry. Did you – a concern was expressed about – to you, I understand, about  
45 the lack of clinical support at the Yeronga school, and did you share a concern about there being that lack of clinical support at the Yeronga school?---Yes, I did, and we looked at what we could do to actually support that.

And you've looked at what you could do, and were you able to do anything?---Yes. At the end, after a number of different options, we looked at the employment of a clinical – a registered psychiatric nurse for a six-month period.

5 And is there correct – my understanding is there was some hope that there would also be some hours allowed for a psychiatrist to attend at the Yeronga school, or do you know anything about - - -?---I'm not aware of that, but, again, I don't need to be aware of it because if the principal wanted to engage in that activity, he or she could certainly do so. We see our schools as being self-managing and having resources  
10 that they, in consultation with their school community, manage, and, as I mentioned previously, Barrett does that very, very well.

COMMISSIONER WILSON: Keep an eye on the time, Ms Muir.

15 MS MUIR: Yes. Commissioner, I have no further questions for Mr Blatch. Thank you?---Thank you.

COMMISSIONER WILSON: Alright. Mr Diehm, do you have any questions?

20 MR DIEHM: No, Commissioner.

COMMISSIONER WILSON: Mr Fitzpatrick, how long will you be?

MR FITZPATRICK: I think I'll be about 10 minutes, Commissioner.  
25

COMMISSIONER WILSON: Try and keep it to 10.

**EXAMINATION BY MR FITZPATRICK** **[5.22 pm]**  
30

MR FITZPATRICK: Yes. Thank you.

35 Mr Blatch, I'm Chris Fitzpatrick and I'm counsel for West Moreton. I just wanted to try and understand your evidence about what notice you might have had of the closure of the Barrett School?---School or centre, sir?

40 Of the centre, I'm sorry. Can I ask you please to look at paragraph 32 of your statement on page 12?---Yes.

Just have a look at that. So am I right to understand that in about November 2012, you received some informal advice from Dr Sadler that the school was likely to close?---Correct.

45 And that a couple of days later, that likelihood was confirmed by Sharon Kelly of my client on the telephone?---That's correct.

Is that correct? And then, please, could you go to paragraph 37 of your statement on page 14 and just have a look at that?---Uh-huh.

5 So am I right to think that you reacted to the informal advice by convening, at the request of a regional director of your department, a small working group to look at the available options for relocation?---That's correct.

So you began the planning process?---Correct.

10 I understand. And could I ask you, please, to consider a couple of documents which I'm – I'd ask to be displayed if possible, Commissioner. The first one of those is WMS.1000.0009.00004. Now, if we just scroll down in the email chain. Thank you. Just familiarise yourself with that document, please, Mr Blatch?---Would it be possible I have a paper copy, please? It's – the screen is so limited. Or – thank you.  
15 Yes, sir.

Now, Mr Blatch, does that email exchange that you're looking at evidence firm advice from my client through Ms Kelly that the Barrett Centre was – would close?---I don't think it does say that.

20 I see. What about the terms of your reply, if you just have a look up. You use language that says:

*Given there will be no students at the school after December.*

25 So that sounds as if the Wacol campus was going to close?---Sure. Sure.

30 Alright. So the advice was firming up in July 2013; do you accept that?---Yes. And, I guess, what happened as a consequence of – or not of this, but a consequence of the basic unrest within the total school community that was quite independent of the Barrett School was the fact that we were closing a number of other schools and the minister then said no, we were not going to close any more schools.

35 I understand?---He gave an assurance – I don't even know if the minister was aware of the Barrett School being likely to close, but there was some community concern about the numbers of schools that were closing in Brisbane, and particularly in the West Moreton educational district, and the minister made a statement in early August that indicated that no more schools would be closing.

40 Yes. And when you say minister, you mean the Minister for Education?---Minister for Education, yes.

Alright. And, Commissioner, I tender that email exchange.

45 COMMISSIONER WILSON: That will be marked as an exhibit.

MR FITZPATRICK: Thank you?---Thank you.

And, Mr Blatch, could I ask that you look at another document briefly, Delium number WMS0011000117404?---Thank you.

5 Thank you, Mr Bailiff. So just have a look at that?---Sure.

You're familiar with that document – it looks like?---Yes.

10 Now, am I right to think that that email dated 1 August 2013 and its enclosures notably enclosure 3 – the draft announcement plan – gave you a heads-up ---?---Sure.

--- if I can use that language?---Yes.

15 That the closure announcement - - -?---Was imminent.

Was imminent?---Yeah.

Yes. Thank you. I tender that, Commissioner.

20 WITNESS: Thank you.

COMMISSIONER WILSON: That will be marked as an exhibit.

25 MR FITZPATRICK: And then, Mr Blatch, if I could just direct you, please, to paragraph 33 on page 12 of your statement – page 12, paragraph 33. And we may need to continue over on to page 13 just so you can – yes. Now, is it right that the next event in the sequence of interest is that on 5 August you received a telephone contact from Sharon Kelly or Dr Geppert of my client to say that the Minister was going to announce the closure the next day and that the closure would likely take place in January or the before the end of January 2014?---That's correct.

30 I see. And you gave some evidence before about the fact that there was a departmental practice of your department that two years lead time were necessary for a school closure?---For secondary school closure.

35 For secondary school closure?---Yes.

40 And but am I right to think that that obtains in a situation – in the usual situation where the Department of Education actually owns the land and the fabric of the buildings?---That – that would be correct.

45 Yes. But that the Barrett, I think, and only one other school were unique in the sense that the ownership of the land the fabric of the buildings was with the Health Department?---In fact, I think the Barrett is unique in the ownership of the land. The other program that was talking about, the land is owned by education but Health Department staff occupy the land - - -

I see?--- - - - so Barrett would be – the Barrett Centre and school would be unique.

5 I understand. Thank you. Now, you mention in paragraph 5 of your statement that in addition to your – that part of your role as assistant regional director was a responsibility for the whole of state services for students with low incident disabilities?---Correct.

10 And just looking at paragraph 5 of your statement, you break down that responsibility, as I understand it – you say you were responsible for the supervision of 25 principals of special and specific purpose schools in the metropolitan region?--- Yes.

15 Correct. And that that included the Barrett school but that in addition you were responsible for delivering special education services across the 256 government schools in the region. Now, beyond the region, from your high-level role and perhaps interaction with others at a similar level throughout the state, is it the case that the department can provide and does provide special education services throughout Queensland - - -?---That's correct.

20 - - - and into the regions?---That's correct.

25 Could you look, please – Commissioner, could the witness be shown the document that was marked for identification being the email exchanges between Dr Brennan and Mr Blatch in October – September and October.

COMMISSIONER WILSON: Could he be shown, please, D for identification.

WITNESS: Thank you.

30 MR FITZPATRICK: Just take a moment to have a look at those documents. Now, were you a party to that email exchange?---Yes.

35 And if you look at the – your email, it's – I'm not sure exactly who, but it's the one dated the 9<sup>th</sup> of October 2013 and it's headed from you to Dr Brennan, but Kevin, who I assume was the principal - - -?---Yeah, I actually – I had forgotten about this, to be honest, and I'm amazed – I think I would've been intending to send this back to Kevin and I can't understand – I've obviously clicked reply all, but for some reason, it went to Anne Brennan, and I've got no difficulties with that at all; I just hope Kevin actually got the document as well.

40 Yes. But in the – do you set out, under the heading – sorry, below the word “Peter”, the means by which the department could coordinate the provision of special education to the regions?---Sir, my – look, I – I had forgotten about this. My understanding is, and Kevin Rodgers could certainly assist me – I think perhaps that Kevin actually sent to me educationally, this means, with a number of dot points and I've commented on the principal education officer component. I have no difficulties with what's put here.

I understand?---I'm just slightly concerned about whether or not Kevin actually got this or not.

I understand?---I thought I was writing to him.

5

But at all events, what seems to be being suggested by Mr Rodgers is that once – and if you focus, please, on the fourth dot point – that once the clinical placement of each patient has been confirmed by Health, the principal, guidance officer and school staff can then develop appropriate educational programs for each student?---Sure.

10

So what I'm suggesting is that that suggests a facility on the part of the department to do that?---Not necessarily a facility, but a service.

I understand?---And - - -

15

And what you have added under the words “Kevin” is that – your direction that it must first be determined where the patient that – or where the client will be placed before the education model can be finalised?---That's correct, sir.

20

Yes. Thank you. Excuse me, Commissioner.

WITNESS: Thank you.

25

MR FITZPATRICK: Mr Blatch, you suggested the possibility that senior management of my client were unaware that the school was not, I think you said, separate - - -?---Yes.

30

- - - from – what basis do you have for saying that?---When I actually met with the school staff after the public announcements had been made, a couple of the staff indicated to me that when they questioned the officers that were presenting the program, they had no awareness that some of the staff that were there were from the Education Department, nor the fact that the school wasn't part of the Health Department, so it was hearsay that I got from our staff on my first meeting with them  
- - -

35

I see?--- - - - after the public meeting.

But that may or may not be the fact - - -?---And it's – yep, exactly.

40

Yes. Yes, thank you, Commissioner. That's all.

COMMISSIONER WILSON: Mr Fitzpatrick, this email which you showed the witness which had been marked D for identification, do you wish that to become an exhibit?

45

MR FITZPATRICK: Yes, thank you, Commissioner.



COMMISSIONER WILSON: Very well. That – D for identification will become the next exhibit. Mr McMillan.

MR McMILLAN: I have no questions, thank you, Commissioner.

5

COMMISSIONER WILSON: Does anyone else have any questions?

MS KEFFORD: Just a few, Commissioner.

10 COMMISSIONER WILSON: Ms Kefford.

**EXAMINATION BY MS KEFFORD**

**[5.38 pm]**

15

MS KEFFORD: Mr Blatch, when you found out about the closure of the Barrett Adolescent Centre, did you spend more time working with the staff of the school?---Yes, I – I certainly did. I did because I recognised that it was going to be significant, but in addition to that, we were – I also supervised the principals at the Royal Children’s Hospital School and the Mater Children’s Hospital School and that each of those schools have got a component that looks after mental health. We also had, at the departmental level, a professional development strategy going about building up the capacity of our staff right across the state with mental health, so I saw this as an ideal opportunity to look at us consolidating the educational provisions that we had for students with severe mental health issues, and that was one of the reasons that I wanted to work with the staff, because they were the ones that had the expertise educationally, and they were the ones that could guide us as we were looking at developing a new model for the new Lady Cilento Children’s Hospital School.

20

25

30

And just a question arising from evidence earlier today: you were in the back of the court for that part of Ms Oxenham’s evidence that was in open court?---Uh-huh.

35

40

And you heard Ms Oxenham give evidence suggesting that after the move of the school from Wacol to Yeronga, there were students who were without educational support. Are you aware of whether any student from the Barrett School, as it was at Wacol, was left without educational support?---They weren’t left without educational support, but some of them didn’t want to avail themselves of that service, so that we offered – my understanding is that we offered an educational transition plan to all of the students who were still entitled to schooling under the Education Act and that we set wheels in place to ensure that that could occur, but I am aware that a number of students did not avail themselves of that service despite the extensive lengths that the staff went to to try and engage them again.

45

Thank you, Commissioner. I have no further questions.

COMMISSIONER WILSON: Ms Muir, do you have anything?

MS MUIR: Nothing further in re-examination, Commissioner.

COMMISSIONER WILSON: Alright. Thank you very much, Mr Blatch?---Thank you.

5

You can stand down.

**WITNESS STOOD DOWN**

**[5.41 pm]**

10

COMMISSIONER WILSON: Are there any other matters to be attended to this evening?

15

MS MUIR: No, Commissioner, not from my perspective.

COMMISSIONER WILSON: Does anyone else have anything? Very well. We'll adjourn and commence at 9.30 in the morning.

20

**MATTER ADJOURNED at 5.41 pm UNTIL FRIDAY, 26 FEBRUARY 2016**