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THE HONOURABLE MARGARET WILSON QC, Commissioner

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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

9.31 AM, FRIDAY, 19 FEBRUARY 2016

Continued from 18.2.16

DAY 10

RESUMED

[9.31 am]

5 COMMISSIONER WILSON: Good morning, everyone. Yes, Mr Freeburn.

MR FREEBURN: Commissioner, can I deal with a housekeeping matter first.

COMMISSIONER WILSON: Yes.

10 MR FREEBURN: Can I hand up a list of exhibits to be tendered which have been allocated provisional exhibit numbers. I think that an electronic copy has been supplied to the parties and, in fact, we supplied some hard copies this morning.

15 COMMISSIONER WILSON: Now, does anyone have any issue with this list? Very well.

UNIDENTIFIED SPEAKER: I'm sorry, Commissioner.

20 COMMISSIONER WILSON: Yes.

UNIDENTIFIED SPEAKER: I haven't reviewed it. I can't say if I've got any issues with it.

25 COMMISSIONER WILSON: Sorry, well, I'll deal with it after morning tea but my inclination, if there are no issues, is simply to formally receive any documents I haven't received yet and to endorse the provisional numbering.

MR FREEBURN: Thank you. I call Dr Leanne Geppert.

30

LEANNE GEPPERT, SWORN

[9.33 am]

EXAMINATION BY MR FREEBURN

35

40 MR FREEBURN: Dr Geppert, can I ask you first of all about a capital works program. I'll get the document up. It's QAD.004.004.7733. So – now, if we – you'll see what the document is. You're the chair of this particular committee?---That's correct.

And if we scroll down, there we go, see at the bottom part of the screen we have a heading under 3.1 called:

45 *Redlands new 15 bed adolescent ETU day program and school.*

Do you – okay?---Yes.

Now, I want to ask you about that – the second last dot point in that section which says:

5 *Project at risk due to budget overrun and changing Queensland Government priorities.*

Now, do you have a recollection of the budget overruns?---I do.

10 And what was the amount of the budget overrun, do you recall?---I'm sorry, I can't recollect that level of detail. What I can give context around is that at that particular time all of those particular projects, capital projects, were underway. I believe from memory that that particular project had the most significant budget overrun of all of them and at some point, that was anticipated to be – or forecasted to be a budget overrun of over \$1 million for the project.

15 Right.

20 COMMISSIONER WILSON: What time are you talking about?---Well, I would suggest that that forecast would've been made around that period of time of that meeting.

I'm sorry, I didn't catch the date of the meeting.

25 MR FREEBURN: So the meeting is 18 June 2012. If we scroll up, we'll see that.

COMMISSIONER WILSON: Thank you. Thank you.

30 WITNESS: So the context for those meetings is that we would review each of the capital projects at the time. There would be a running sheet, I guess, of actual expenditure against the capital project and forecasted expenditure.

MR FREEBURN: Okay. So the exercise is looking at the estimated cost of the project versus the budget allocation for the project?---Correct.

35 And just to explain the Commission's position or the knowledge that – there are varying documents throughout the documents that the Commission has received, having, in essence, different amounts for those two components?---Right.

40 So it's obvious enough, isn't it, that the estimate for the cost of the project will change over time?---That's correct, based on actual expenditure.

And one component will be building costs might increase, or the estimated building costs might increase?---Yes.

45 And also, the budget alters over time, doesn't it, in the sense that the budget allocations come – might come, and in this case came from different sources?---My memory around that is different to that. So the source of the budget for these

particular projects, I think, was predominantly the Queensland Plan for Mental Health and the funding that was achieved through the government against that particular plan. I can't recollect any change to that at any point at time so that was the source of the – the funding.

5

So you think it started at 16 million and ended at 16 million?---What started at 16 million, sorry?

10 The budget allocation for this project, do you think - - -?---For this particular project around Redlands?

15 Yep?---There was absolutely a budget allocation made. If – if required, the whole group of capital projects were put together and all of the budgets associated with those capital projects were monitored as we moved along the process. There was some flexibility around that so if there were underruns in other budget – in other projects, there may have been, within reason, an ability to supplement the budgets around projects that might have been overrunning their budget application.

20 Yes?---But that was in a – within a particular margin, I think it's fair to say.

25 Alright. Thank you. Do you – does it – do you have that the budget overrun was about \$1.4 million, with a budget – estimated budget – sorry, with a budget allocation of \$16 million?---The 16 million is not familiar to me but the 1.4 million – and I believe that was a forecasted overrun.

30 Right. And if you're right that the budget's set at the outset, then that budget for this project would've been set in about 2008?---I'm sorry, I hadn't – I wasn't actually part of that early phase of the Queensland Plan for Mental Health so I actually don't have any visibility across what – what the budget started out and the workings behind that.

Alright. But you see, the point – the point is that, first of all, this project was one of the Queensland Plan for Mental Health projects, one of 17?---Correct.

35 And the Queensland Plan for Mental Health and the associated budget documents at that time didn't specify that it was Redlands that this – that was going to be the site for this new project, correct, or is that beyond your - - -?---That – that's beyond my knowledge, I'm sorry.

40 Okay. Now I want to take you to exhibit 4, LG4 to your statement. Sorry, before I do, if I'm right that it was a budget – a forecast budget overrun of 1.4 million in a overall budget of 16 million, that's about 8 or 9 per cent over three or four years, isn't it?---I can't verify that off the top of my head, but I think what's important about this particular issue is it was a combination of factors. It wasn't just the budget
45 overrun. The budget overrun is something that we were challenged with on and off throughout capital projects quite regularly. We – through meetings like that that you just were talking about, we very much monitored those sorts of things and tried to

address as we went along and mitigate any risk to the capital project, but for this particular project, I would absolutely say that with equal concern and barrier was the fact that there were environmental and capital issues associated with the site and location, and so they were – and they were considered to be unresolvable at the time.
5 So that needs to be taken into the context as well as the budget overrun.

Who considered them to be unresolvable?---Through – so there would be a range of stakeholders in that process. There would have been a capital project team or a project team that was multi-stakeholder held at the actual hospital and health service
10 site or district, I think, at that time, and that involved clinicians, health infrastructure branch, who were ultimately responsible for the capital projects. That would have also involved representation from the team that I was the director of in the branch.

That's a group that's chaired by DR Crompton?---I believe so.
15

Or Professor Crompton?---Yes. So that's the first group. So issues like that would be dealt with in that forum. They would be escalated in a more formal way to a capital project meeting like the one I chaired, which was a state-wide meeting that looked at all of the capital projects, and again, similar level of stakeholdership in
20 those particular meetings, but I think fair to say at a more senior level with more decision-making capability. And then that particular committee reported into a higher level committee within the branch as well.

Dr Geppert, do you know who said that the environmental issues were
25 unresolvable?---I can't recall specifically who would have said that. My – my recollection of the period of time is that that was a – an accepted position by all stakeholders involved at all levels.

See, not even these meeting minutes say that the environmental issues were
30 unresolvable?---No, but I think if you had a look at other meeting minutes throughout those forums that I just articulated, I think you would find there would be repeated information about that.

Have you seen the minutes for Dr – Professor Compton's committee, the actual
35 committee with the – charged with the project?---Not recently. I can't say that, no.

That document that – the meeting minutes for that capital works working group – it refers to a change in government priorities. Do you recall what that was?---My
40 recollection of that period of time was that the change in government priorities were – would have been referring to the fact that we had new regional services that also needed to be funded, and so there were new opportunities coming into the government that required funding, and so I believe that that's what it would have been referring to.

But do you recall how it was communicated to your committee that there was a
45 change in Queensland government priorities?---No, I don't recall.

And you recall nothing more than there was a change in priorities in favour of some regional projects?---Discussions would have occurred through my role within the mental health Alcohol and Other Drugs branch, but I can't recall a specific conversation leading to that.

5

All right. Okay. Now, I was going to take you to a briefing note for approval. It's exhibit 4 to your written statement. So, sorry, it's -- have to get the page number -- it's page number 00066.

10 MS McMILLAN: Commissioner, can I just raise -- there's two pages missing, it seems, from that exhibit.

COMMISSIONER WILSON: What's missing?

15 MS McMILLAN: Two pages from that exhibit.

COMMISSIONER WILSON: Yes, they are.

20 MR FREEBURN: Commissioner, I think my learned friend is correct, but the document is elsewhere in evidence - - -

MS McMILLAN: Yes.

25 MR FREEBURN: - - - and I'm only going to take the witness to the first of the pages.

MS McMILLAN: I can tell you where else it is, just for reference. It's -- and I'm indebted to my learned friend Mr Harper -- DBK0010010028.

30 COMMISSIONER WILSON: Could that be turned up to have the complete document on the screen. Is this a signed copy? I recall seeing various versions of this, and at least one that bears a signature. The one that's the exhibit to the affidavit doesn't.

35 MR FREEBURN: That's right. Think we need to go to the page 4 - - -

COMMISSIONER WILSON: I wonder if the operator could scroll down to the last page of the one that's presently on the screen. That's not signed either.

40 MR FREEBURN: That's not signed.

COMMISSIONER WILSON: In your opening, I think you referred to it - - -

MR FREEBURN: Yes.

45

COMMISSIONER WILSON: - - - and it was a signed copy.

MR FREEBURN: It was a signed – I’ll arrange for – I’m sure there is one in the evidence, so for present purposes, I don’t think I need the signed version.

5 You recall, Dr Geppert, that in – if we go back to the first page – so – and if we scroll down a little to Headline Issues – so I want to draw your attention to the first dot point under paragraph 2?---Yes.

You’ll see there that there’s the budget overrun of 1.4?---Yes.

10 And then there’s the sentence that says:

Additionally, recent sector advice proposes a rescoping of the clinical services model and government structure for the unit.

15 Now, we’ve seen that phrase a number of times in various documents. Can you explain it? Can you explain that phrase, or that sentence?---So sector advice would have been referring to the mental health system

20 So who?---I – I can’t provide you with the name around that. Proposing a re-scoping of the clinical service model and governance structure for the unit, I imagine that that would have been referring to, potentially, the Barrett Adolescent Centre unit itself.

25 You see, this is a relatively important document, isn’t it? It’s a briefing note, and it refers to recent sector advice without identifying what it is. Do you recall what it was?---Not at – not at this time, I don’t.

30 And was the nature of the advice – sorry – are you able to recall whether there was written advice or oral advice or something else?---Not – not back to that period of time, no.

And is the – after – is the words re-scoping of the clinical service model – does that mean a redesign of a model of service?---So the context of that period of time – can I just have the screen scrolled so I can have a look at the date again, of that - - -

35 Yes?--- - - - document, please. So in May 2012, the context of what was occurring within the sector at that period of time was very much an overall reform of the mental health service sector. Clearly, the Queensland Plan for Mental Health was the primary vehicle for that, and my particular unit within the branch had a great deal to do with that process of reform. And – so there were many models of service that
40 were actually being re-scoped and reconsidered, to the point where I believe if you go back to Queensland Plan Mental Health documents that was one of the highlighted actions that were occurred through the plan. There was a state-wide project that was commenced and implemented, which at one stage I had direct involvement with as a project manager prior to my time as director, and that
45 particular project was to develop consistent service models across the state at all levels of clinical care, so across the age continuum of services provided. And as part of that process, there would be – absolutely be a reform agenda around that, so

identifying ways to not only make care across Queensland consistent within the same service type, but also looking at opportunities for improvement, opportunities to, I guess, develop more contemporary service models against national and state agendas, those sorts of things.

5

Dr Geppert, as I understood what one of the things you just said, the reform agenda was driven by the Queensland Plan for Mental Health 2007 to 2017?---Predominantly for Queensland.

10 And as I understand it, you told me before or you agreed with me before that this Redlands project was one of 17 projects that arose from the Queensland Plan for Mental Health 2007 to 2017; correct?---Correct.

15 But this is ceasing – this – the object of this briefing note is to cease that one project that is part of the reform agenda?---Correct.

20 So isn't this by definition inconsistent with the reform agenda that you've been speaking about?---I don't believe so. As we moved through the implementation of the Queensland Plan for Mental Health, part of the role of my particular unit, but in working in consultation with the hospital and health services at the time, we were repeatedly assessing and monitoring is this the right way to go? It was a long plan, so it was a 10-year plan. It was important in our role that we didn't – not continue to monitor as we implemented and evaluate whether we were heading in the right direction, and it was absolutely important that we maintained the direction of that implementation program with reform agendas that were changing across a national platform, and also the state platform. So that was quite – from our perspective, that was part of the normal process to re-assess and reconsider projects within the Queensland Plan as we moved through.

25
30 Let me see if you agree with this proposition: the Redlands project, the replacement for the Barrett Adolescent Centre, was always going to have a new model of service for that Redlands centre; correct?---The intention was to review, and where opportunity arose, absolutely revise and improve upon so that, in fact, it was intended to be a new model of service. There was no intention to actually pick Barrett up as a centre as it currently stood and move it to another site. I believe it's a demonstration of good practice, clinical and project planning alike, that if you have an opportunity like that you would absolutely consider are there any gaps, are there opportunities for improvement and how can we do this better.

35
40 Dr Geppert, we'll come back to the Redcliffe – the Redlands model of service. But, you see, in this document, if we scroll down again, where it says:

Recent sector advice proposes a re-scoping of the clinical service model.

45 wasn't that always going to happen?---Always going to happen when, sorry? Can you clarify that?

When you moved the Barrett Adolescent Centre to Redlands, wasn't there always going to be a re-scoping of the service model?

5 UNIDENTIFIED SPEAKER: Well, your Honour – Commissioner, I object to the question. I mean, this witness has just said that that was not what was happening. Barrett wasn't moving to Redlands. She's talking about it as a new model. There's an assumption which is inconsistent with what she just said.

10 COMMISSIONER WILSON: Could you rephrase it, Mr Freeburn?

MR FREEBURN: Up to the period before – say, up to the period of March, when the Redlands project was all systems go, there was in progress, wasn't there, an improvement or a process of revision of the model of service and there was going to be a new model of service for Redlands; correct?---Correct.

15 And so this statement here, that there's a re-scoping of the clinical service model, is no more than a statement of what was going to happen anyway?---I guess, what I – what I would like to reflect, again, is that I don't think I'm – I would have been trying to indicate that was a brand new concept at that particular time. That is –
20 that's the kind of work we did repeatedly, was to re-scope clinical service models.

Yes?---We did that within that project, state-wide. I don't read that as this was going to happen anyway.

25 All right. But isn't this being offered as one of the reasons for ceasing the Redlands project?---I think it's being offered as context to the decision makers around the issue.

30 All right. Now, I want to take you to – so document QHD.005.001.0024. Now, this is a meeting later on in the year – 15 November 2012 and it's called the Barrett Adolescent Centre stakeholder meeting minutes. And I want to particularly take you to the next page – the second page. See at the top of the page – if you could just read that first paragraph to yourself?---Yes.

35 Now, first of all the environmental issues that are referred to there are said to delay the planning process. They're not said to be unresolvable, are they?---Correct.

And the second last dot point:

40 *Compromise was made to the model of care due to funding constraints.*

What was that? What was the compromise?---Can you just – can you scroll back down, please, so I can see the top of the document.

45 Scroll up, yes?---Yes. And sorry, down to the bottom of that first page. Okay. Thank you. And back to the second page. So can you just repeat the question, please.

So you see there in the second last point at the top of that page:

Compromise was made to the model of care due to funding constraints.

5 What I want to know is do you know what the compromise was?---No. I can't recall what the compromise was. Can I just ask you to move through the document a bit – so scroll down and keep going, please. Further. Okay. Thank you. What I think needs to be clear about this document is that this is clearly a draft version still. So if you go down through the document there are still question marks, there are still - - -

10

I see?--- - - - very clear points throughout. The process of providing secretariat to meetings in situations – any kind of situation like that is you would have various drafts and you would, I – I guess, develop the document over time and before you actually get the final approval from the chair that it was accurate.

15

Alright?---And normally then send that out and say is this a true reflection of the meeting. If – I would like to make it clear that we're dealing with a draft document there.

20

A draft. Alright. And you don't have any independent recollection of there being a compromise to the model of care?---I can't recall what that might have been referring to and it may have simply been the word used by the person who was taking the notes for the draft document.

25

Alright. Now, I'll go to the next document or perhaps I don't need to go the document. In your witness statement at paragraph 3.7 you refer to a meeting that you had with Dr Kingswell, Dr Gilhotra and Ms Kelly to discuss projects under the Queensland Plan for Mental Health that were relevant to West Moreton Health Service?---Yes, I did.

30

And at that meeting – sorry, if we got to document – sorry. You might recall this without going to the document. There was at that meeting discussion that the Barrett Adolescent Centre was not considered to be part of the service model for the delivery of adolescent mental health services going forward, or something to that effect. Do you recall that being said?---I would prefer to see the document if that's okay, please.

35

So if we go to page 5 of your witness statement, please, which – should be five – yeah, 3.7(a) if we just scroll down a little. I think you agree – you say there that you do not have a clear recall of the meeting but then you get a summary from Ms Kelly summarising the meeting?---That's correct.

40

And if we go to that document – it's LG5 which should be at page 68 of the document. So Ms Kelly is summarising what happened with the meeting and you will see, if we scroll down to the nearly – the second last dot point on the page. Just read that dot point to yourself?---Yes.

45

Now, can you just tell me – you see about in the middle of that you talk about:

I have gleaned from others –

So this is Ms Kelly saying it –

5 *I gleaned from others the model for BAC is not aligned into the future planning for The Park or for Queensland Mental Health Plan. As such the option is to close BAC as early as December 2012.*

10 So that's not very long from the time of this meeting, is it?---I – I would agree with that.

15 And can I just ask you, why was the BAC not aligned – I understand why you would say it's not aligned with future planning for The Park but why is it not aligned to the Queensland Mental Health Plan?---I – I actually don't think that's for me to answer.

20 You don't think - - -?---I don't think it's for me to answer. I think that is – I think that's something that Ms Kelly has written and I think it's representing her perception of the discussion and I – I can't actually clarify the question you're asking.

25 Okay. Well, were you ever or did you ever have that view, that it wasn't aligned to the – that the BAC was not aligned to the Queensland Plan for Mental Health?---In the context of – so you're asking for my perspective - - -

30 Yes?--- - - - rather than reflecting on what Ms Kelly has written.

35 And at the time?---In the context of the Queensland Plan for Mental Health, I've already said earlier that I wasn't part of the development of that plan as it started and I don't have an understanding in that kind of detail about why Redlands was
40 identified at that point as one of the projects that would be funded under the plan. As far as my perspective about align – whether it not it allied with the – aligned with the Queensland Plan for Mental Health, my comment is that it was an opportunity to go through a reform process. Talking more broadly that Barrett, most people actually see that as a good opportunity, particularly if there are resources involved with – with that reform process or opportunity. And so for that reason, I think if there was opportunity within a whole range of activities that occurred under the plan, not just new capital projects but around better resourcing, for example, for the Child and Youth Mental Health Sector, which was part of it, it – it would've been important to actually consider the future of Barrett against the Queensland Plan for Mental Health.

45

I'll try and move a bit more quickly. There's another expression used in the documents that we've seen called contemporary model of care and it's said in - - -?---Yes.

50 - - - some documents that the Barrett Adolescent Centre was not a contemporary model of care. What – did you have a – did you use that expression?---Yes, I believe I would've used that expression.

And what were you intending to convey by saying it wasn't contemporary?---From my perspective – because I would like to make clear that there's probably great range of opinion across the mental health sector. From my perspective, a contemporary model of care is where you take into consideration the most recently developed
5 policy platform, and that changes regularly at a national and state level. So being contemporary means that you would align models of service against those documents and repeatedly be checking back that you are actually in parallel with the agendas through those documents. For me, contemporary models of care in the setting
10 around that period of time, the things that were considered contemporary were services and units that were wholly and comprehensively integrated with the rest of the continuum of care – so that's one really important thing. So that they didn't work in isolation, that they – there were linkages across the services, particularly across referring services both directions. But it was about other things as well like how you engage different parts of the mental health sector into the provision of care within
15 those services. For example, non-government organisations was a really important part of the sector. But until the Queensland Plan for Mental Health, it is my understanding that – that their – those organisations did not play prominent roles in the provision of mental health care.

20 Okay. Can I - - ?---So contemporary would've included, for example, non-government organisation input.

Alright. Could – you remember we spoke about Professor Crompton and his group that were proceeding with the project?---Mmm.

25 Were you aware that they developed a model of – a new model of care for the Redlands unit?---I was aware they were developing one at the time, yes.

And what they prepared in – I think it's 2010 – was no doubt prepared with a view to
30 providing a contemporary model of care for the Redlands project? You don't know?---I can't comment specifically about that alignment.

Did you know that that process was either finalised or closed to finalised?---I – my recollection is it was not finalised. I don't believe there was an officially signed and
35 approved document at a statewide level.

Right.

COMMISSIONER WILSON: When you say officially signed and proved
40 - - -?---Yes.

- - - who would have to sign and approve it?---All models of service that were being developed at that point in time came in to Dr Bill Kingswell who was in the role of Executive Director for Mental Health, Alcohol and other Drugs branch at that time. I
45 can't recall whether there was anyone beyond Dr Kingswell's level that needed to approve the documents but at least went to Dr Kingswell for his signature.

Thank you.

MR FREEBURN: Now, I want to quickly – you remember there’s a – your exhibit to your witness statement, a project plan. Do you remember that, it’s exhibit 7 to
5 your witness statement, it’s page 71 of your witness statement. So this is November 2012. Now, I gather you weren’t the author of the document. Did you have any contribution to make - - -?---No.

10 - - - about it, to make – made – did you – sorry, did you make any contribution to it?---I can’t comment definitively on that based on – on the timeframe of that document.

15 But – alright. So you don’t know whether you contributed to it or not?---No, I can’t definitely say whether I did or not.

Can I just ask you one point about it. If we scroll down to the next page, sorry, if we scroll up a little bit. No, it’s page 73 so it’ll be the third page of the document. You see the heading there:

20 *Out of scope as there is no longer a current capital allocation to rebuild BAC on another site - - -*

?---Yes.

25 *- - - the models of care to be developed must exclude this as an option.*

You see this plan to develop a model of care was in essence saying off the table is a rebuild or a redevelopment or a new Barrett?---Yes.

30 Correct?---Yes.

And then if we go to the ECRG, now, you were a chair ECRG, the – you were the chair of the - - -?---Yes, I – yes, I was.

35 And the composition of the ECRG was that it had some expert clinicians in the area of child and adolescent psychiatry?---It did, as well as other stakeholders as – in addition to those clinical experts.

40 That’s right. And the majority of the ECRG members were practicing clinicians?---Yes, I - - -

Correct?---I would agree with that.

45 Alright. Now, can I take you to the Terms of Reference of the – of the – the – sorry, ECRG. It’s – the document number is WMS.1002.0002.00091. So that’s the Terms of Reference for the ECRG, correct?---Correct.

And can I just take you to 2.1 on that page. You see the first item:

5 *The ECRG will consider that the models of care will clearly articulate a contemporary model's model of care for subacute mental health treatment for adolescents in Queensland, and will be evidence based –*

etcetera. So that was the objective?---Yes.

10 And you see the words “and future funding models” in the second dot point?---Yes.

So was that really saying to the ECRG whatever you do, it's got to fit within the existing money allocated?---No, I don't believe it was referring to that. Part of the work of the ECRG was to consider any kind of new service model that was identified – and I want to emphasise new – components. We needed to – we needed to
15 understand and work within the funding models around all types of services across the state. So that's to do more with, I guess, things like whether it's an activity-based funding model or whether it's a block-based funding model. And this is something I can't talk in any great deal about, but it's really about how we fund the activity from
20 a particular service type. There are all different levels of funding, and we needed to have understanding around that if we were actually designing a new model or, you know, suggesting that a new model be brought into consideration. My recollection is that's what that would have been referring to.

25 All right. I'm going to take you to the first meeting of the ECRG, 7 December 2012. The document ID is WMS.0012.0001.15298.

UNIDENTIFIED SPEAKER: Is my learned friend referring to the minutes or the summary?

30 MR FREEBURN: Sorry, the summary.

UNIDENTIFIED SPEAKER: Thank you.

35 MR FREEBURN: So that's a summary of the meeting. I just wanted to take you to a couple of points there. Page 2, the bottom of page 2, please, or the next page. See the bottom of that page:

40 *Concern was raised regarding an assumption that the current BAC model of care is not content with.*

Does that mean there was something of an argument about it or one of the members of the committee raised that concern?---I don't believe it refers to any kind of argument. I think the purpose of that committee was to bring to the table their clinical expertise and opinion and – or relevant expertise if they weren't a clinician.
45 And debate was had and discussion was had throughout every single one of the ECRG meetings. I don't recall who might have raised that particularly, but, yes,

there was – I do recall a general kind of discussion around the perception that the model was not contemporary at the current time.

5 And at least some members were saying it was contemporary?---At least some would have for that to be recorded, yes.

Can we just go – scroll down to the next page. Now, the third dot point at the top of that page says:

10 *Chair noted that there had been a number of attempts to redevelop the current BAC model. However, the difference now is BAC cannot continue on the current site and there is no funding to build another BAC.*

?---Yes.

15

Was that you making clear to the committee that there was no prospect of a replacement to that?---There was – my knowledge is that there was no funding at that particular point in time for a replacement bricks and mortar service to be developed. That didn't mean, of course, that we couldn't develop models of service and ways of
20 delivering care to that particular cohort, but there was no capital funding to actually build a bricks and mortar building.

But the object of this exercise is to get – to draw together the expertise of this group and to get their combined expertise; correct?---Correct.

25

And if in doing that they say you need a replacement, then isn't that a matter that you and your planning group would then take to the government and say we've done a – government of the day and say we've got an expert committee and they've looked at it and they've said there needs to be a replacement?---I think the role of that group was to consider all of the options and not be constrained by things like the
30 opportunity to rebuild or to implement a capital project at that time, but it's very important the committee also knew what was likely to be feasible and to have the parameters of the work that they were doing. My job as chair was to make that very clear, what the parameters were, and I think as evidence that – there is evidence
35 throughout the minutes that I continually provided the information around the parameters. However, that did not stop the ECRG as a group from actually continuing to develop and evolve a model that they felt comfortable with proposing.

40 When you use the word parameters, you're really saying there's some sort of borders in what they can decide, but you saying that you're – you gave them – you encouraged them to consider all options?---I believe they were encouraged to consider all options.

45 So can I take you to MHS.001.001.0112. Now, this is the February meeting of the ECRG, and, again, you're the chair. If we go to 4.2 on page 2, I want to draw your attention to the last sentence there:

The final model must be within budgetary limits.

Wasn't that you saying they are restricted by budget?---No. I – I don't agree with that. I think reading that point in whole, there was very clear agreement that the
5 ECRG would consider an ideal budget – an ideal model, and I think the evidence demonstrated, in fact, that that's what was enabled and supported, is that the ECRG did bring to the table a tier 3 option at that point in time.

Yes. They did. What were those budgetary limits, do you know?---There were no
10 budgetary limits. I – I guess what that would have been referring to is that we had a – an amount of money available to us at that point in time that was operational in – in its nature and that money was the operational funding associated with the Redlands project and also the operational money that if and when at that point in time – talking about if and when the Barrett closed – it was – it would have been understood and
15 reasonable process that that operational funding bucket also came across.

Now, Dr Geppert, I'm just going to take a little further in the chronology.
WMS.0012.0001.20203. Now, you know it's one of those email chains so we have
20 to scroll to the bottom or at least to the previous page – to the next page. Could you scroll up a bit further.

Now, you'll see it's an email from Ms Kelly to Dr Cleary and you'll see the opening sentence:

25 *Some information regarding the service model proposal has been provided by the Barrett Adolescent Centre Expert Clinical Reference Group which has some ramifications for Queensland Health and the Minister.*

Do you recall – I think you got that email later. If we scroll up we'll see that you've
30 got it. And you'll see – in response you talk about preparing some dot points. Can I ask you back about the words ramifications. Did you – what were the ramifications of what the ECRG was doing?---I gather that's Ms Kelly's - - -

MS McMILLAN: Well, I don't think it's – just a moment. I don't think it's the
35 witness's document?---Yeah.

MR FREEBURN: Right.

MS McMILLAN: That other part. It's someone else's.
40

MR FREEBURN: Well, I'll clarify that. It's Ms Kelly saying to Dr Cleary and you later receive a copy of it – there are ramifications. Sitting there now do you know what those ramifications were?---I can't actually identify what Ms Kelly would have been referring to when she actually said ramifications.
45

Right. Okay. So we go to the next document in the sequence – document QHD.001.003.3118. Now, you will recall in that email we were at a moment ago, you talked about doing some dot points?---Yes.

5 And these are those dot points, aren't they?---I believe so.

Yes?---Yes.

And you'll see at the top:

10

Barrett Adolescent planning group clarification of parameters for the Expert Clinical Reference Group.

15 And the parameters are to cover funding – capital and operational, service model components and preference for one model versus two models. Doesn't that suggest to you in your use of the word parameters that what was happening was there was a concern that the ECRG were in effect going outside their brief?---No. I – I don't agree with that. No.

20 Well, what's your recollection?---Are you asking me to compare that with Ms Kelly's use of the word ramifications for the government?

25 I'm just asking for your – what's your recollection of what you're addressing in this item for discussion?---I think it's very clear that all of – so all of those things are important to all stakeholders including the government and the Department of Health at the time. My recollection of putting this together was it was around ensuring that all stakeholders at all levels were aware of what the body of work the ECRG was working through at that period of time, what were the issues that were relevant to that body of work. And I see this as a summary of issues that we would have talked
30 about.

But, Dr Geppert, you're talking there about a need to clarify the parameters for the ECRG and then you're talking about funding capital and operational and you're doing that in the context where they don't have a identifiable budget, do they?---In
35 the – no. There was no budget specified in the terms of reference.

Well, what are the funding – what are the parameters for the ECRG group that you're talking about?---Any kind of process where you're thinking about the development of services, the improvement of services – all of those things have a dollar
40 association with it. And the – I think it's really important to understand that we really valued the – all of the stakeholders within the ECRG and all the different things that they brought and they were very important contributions at all levels. I don't believe anyone on that particular group and neither was it intended that there was anyone representing the department at that time within the thinking of it but it's
45 important for the department who has to fund any of these sorts of things to be, I guess, monitoring and understanding what are the – what are the consequences or potential impacts around proposals that may be put forward. So it's always

important to have that in – in the mind of, I guess, particularly departmental officers at – at that time to be thinking from that perspective what’s feasible, how can we make it work, what are the – what are the implications around actually what might be put forward.

5

Alright. The – I’ll go to the document, WMS.0011.0001.19406. Now, again, we have to go down to the bottom – probably the bottom of that page will be enough. You’ll see there’s a email from you to Ms Kelly and you’re talking about the ECRG. This is getting close to the ECRG’s report on 21 April 2013 and you see at the bottom of the page you have a passage that commences:

10

The current risks as I see them are –

Then you list a number of – see paragraph 2:

15

ECRG members are unanimous in wanting a level 6 extended treatment and rehabilitation unit in Queensland to remain in the service elements document as tier 3. They are clear that there is no money or location for this at the current time. I anticipate there will be lobbying to West Moreton Hospital and Health Service to keep BAC open until this proposed tier 3 is established.

20

And you rate that as a medium to high risk. So - - -?---Yes.

25

- - - you’re reporting to Ms Kelly about what’s happening on the ECRG and where they’re going?---Yes.

And you’re advising her that although there’s no money and no place for a tier 3, the ECRG wanted to retain a tier 3, correct?---I’m providing her with that information, yes.

30

Let me take you to the ECRG recommendations, and if we can get that up on the screen, it’s WMS.60006.0002.33021. Now, Dr Geppert, you’ll be familiar with this document?---Yes.

35

I really want to take you to page 3 of the document, which has the seven key messages. And now if you scroll down to the second of these key messages, you’ll see that heading says – it’s the heading in green:

40

The inpatient extended treatment and rehabilitation care Tier 3 is an essential service component.

Correct? That’s what the expert panel were advising?---Yes. There’s further context below that, but yes.

45

Yeah, there is. And you’ll see the first paragraph:

It is understood that the combination of day program care, residential community-based care and acute inpatient care has been identified as a potential alternative to the current BAC or the proposed tier 3 in the following service document model elements document.

5

So what they're addressing is, can you deal with these patients through a combination of three other services – other than the tier 3?---Correct.

10 And they're effectively saying "no", aren't they, in the second dot point?---The advice of that group was no.

And that tier 3 was essential, correct?---Correct.

15 And really, they're putting it in the context that there is a small group of young people – this is the second dot point – whose needs cannot be safely and effectively met through alternative service types as represented by tiers 1 and tiers 2?---Correct.

20 And the – I suppose we can read the following paragraphs – the recommendation at the bottom on the – sorry, on the next page – is that tier 3 should be prioritised, correct?---Yes.

And then if we deal with the next point, item 3, the green heading has:

25 *Interim service provision if BAC closes and tier 3 is not available is associated with risk.*

Correct?---Correct.

30 That's what they were advising?---Yes.

And if one looks at the dot – the point underneath that, there's an explanation:

35 *Interim arrangements – that is, after BAC closes and before tier 3 is established – are at risk of offering suboptimal clinical care for the target group.*

Correct?---Correct. But the important part of that particular statement is:

40 *And attention should be given to the therapeutic principles of safety and treatment matching as well as efficient use of resources.*

45 So the understanding or context around that is, you know, interim arrangements didn't include a tier 3 service – which is not a building, per se, by the way, it's service options – then what the group is saying is that attention should be given to the other – those other components such as therapeutic principles in order to maintain safety and mitigate that risk.

Yeah. And the – but the important thing about that is the introductory words, isn't it? "Interim" arrangements. Correct?---Correct.

5 So they're saying from a overall health perspective, one needs a tier 3, it is essential, but it happens that you have a gap, then you really have to look – give attention as they describe?---Absolutely. And I think for in other parts of the document, it refers to things like wraparound care options or components of care would also be another way to support an interim arrangement.

10 And the recommendations, if you just scroll down a little. See the recommendation A:

15 *Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a tier 3 service alternative to the available in a timely manner if BAC is closed.*

Correct?---Correct.

20 And then you'll see you're correct about the wraparound care mention that's in point B. So it's the case, isn't it, even though at the least the ECRG were encouraged or were told that a tier 3 facility like Barrett was off the table, they'd said nevertheless it is an essential component?---They were told that – it wouldn't have been in those words. They were told that there is at the current time no identified source of capital funding for a building that would provide tier 3 services, for a new building.

25 At that time?---Yeah.

30 So having got that report, isn't it necessary to then say, "Well, we've got an expert group who have said we need a tier 3 and we need it prioritised"? What was done to progress that?---To progress something in particular? To progress - - -

35 The tier 3 that the expert clinical reference group said should be prioritised?---Okay. So I guess I have – I'm actually not sure whether you're asking about to progress funding sources?

40 Yes?---You are asking that. Okay. The – it was my understanding at that particular time there were no available funding sources to build a new building. So in my position as director of that unit, it was clearly understood that there was no capital available to do that. That was made clear to the ECRG. I don't believe that it affected their deliberations around what was required, but they understood that position, and the deliberations and proposals or propositions of the ECRG were effectively reported up to the various decision-makers through West Moreton Hospital and Health Service and through the department about what was being asked for and why. I think as far as then, just because it wasn't available at that point in time doesn't mean there wasn't going to be an opportunity very soon after. There was no timeframe put on, we don't have any current capital funds. It was just at this point in time, it was very clear to everyone that there was, I guess, an important role

and commitment by the government at that time to identify efficiencies and bring the budget back into a balanced state and so we were all aware that we were looking at, you know, a position of, I guess, improving the budget at that particular time and it was not likely there was going to be anything available to us as far as new capital
5 dollars.

Dr Geppert, I don't mean to be disrespectful but that's not your decision to make, is it: that having received this ECRG report which recommends and – that you prioritise a tier 3, it's not your decision to make to say, well, there's just no funding
10 for that?---No, it's not my decision and that's why I reported up to my seniors and my managers about the position that was proposed.

But did you recommend – did you say look at this ECRG report, it says that we need a tier 3 and we need it as a matter of priority?---Yes, I believe I did.

15 Where did you say that?---We had many discussions around that within the planning group. An example of discussing that in further levels I believe would have been the dot points provided to Dr Cleary. So I – my role was to relay that information and it was quite clear that as the – as the chair of the ECRG that I was to take that
20 information back to the planning group.

You see, you've said a number of times that there was no funding for this at that time?---Mmm.

25 But wasn't this ECRG report in effect a game changer? Didn't this – you said that this report deserved a lot of respect?---Yes.

There were experts and community representatives on it. So given that, wasn't it worth seeing – making a submission or a report which said, look, this report says
30 this, it is important, the risks associated if we don't do it, we need to allocate funds, or at least making the option available to the government of the day?---So if we look at the timeline, then the ECRG was a very important part of the process. But following on from that, there were further deliberations and discussions both within West Moreton and the department about what are the options around a tier 3 service.
35 So that information was carried – it didn't stop with the ECRG. And the consideration around should – should – how should we implement the recommendations of the ECRG absolutely continued to occur through other forums following the ECRG.

40 Alright. Now, can I – can I turn your attention to the planning group.

COMMISSIONER WILSON: Mr Freeburn, keep an eye on the time. There should be a morning break. We've been going almost an hour and a-half. I'll leave it up to
45 you.

MR FREEBURN: Did you wish to take a morning break now?

COMMISSIONER WILSON: Well, is it a convenient time for you?

MR FREEBURN: I've probably got another – I can probably – it may be worthwhile having the break now and I can shorten some of ---

5

COMMISSIONER WILSON: Alright. Well, two housekeeping matters: (1) I think I found a reference to the signed briefing note of May but you might want to check it and – it's from my notes of your opening: DBK.001.001.0067; and secondly, I'd like to deal with that exhibit list after the morning break.

10

WITNESS STOOD DOWN

15 **ADJOURNED**

[10.54 am]

RESUMED

[11.10 am]

20

LEANNE GEPPERT, CONTINUING

EXAMINATION BY MR FREEBURN

25

COMMISSIONER WILSON: Now, Mr O'Sullivan, any issue with that exhibit list?

30

MR O'SULLIVAN: No. There's an issue that will be resolved but we hope not to trouble the Commission with and it's this. I'll just identify it by I'm – your Honour, you don't need to make a ruling or decision about it. I just flag it up. The issue is this: one of the documents – the statement of Dr Young – has in common with other documents we've seen where the witness has been instructed to answer some questions and what they've done in the case of Dr Young they were asked to answer a question about an estimates briefing note. In another one the witness has simply voluntarily gone and referred to the briefing note.

35

Now, in our submission, and it shouldn't be controversial, estimates briefing notes and parliamentary questions and the like which are provided – created for the purpose of use in Parliament – in the case of estimates, evidence before an estimates committee – are all protected by parliamentary privilege and one cannot, firstly, comply with a summons to produce them otherwise one is in breach. And one can't give evidence about it without breaching parliamentary privilege. And the solution, we think, is we'll find some way to overcome that problem. It's not – there's no issue from our point of view with the content of it at all and it may be that, Commissioner, you will find it of use to hear evidence about it but there is a problem that at the moment we don't want to breach the parliamentary privilege. We don't

45

want to be in contempt of Parliament so we simply want to find a solution to the problem. We don't think that there's any need to object and we don't think that's appropriate. We think the evidence can go in but we're going to find a practical solution to it.

5

COMMISSIONER WILSON: Well, I'll make a note that there may be an issue of parliamentary privilege to be resolved among the parties and if not there may be submissions on it later.

10 MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: But I understand you have no objection to Dr Young's evidence going into – affidavit going into evidence.

15 MR O'SULLIVAN: No, no. We have no objection. I am simply – I don't want my client to be involved in a breach of parliamentary privilege through some sort of [indistinct] that's my concern. I'm going to ask Dr Young questions and it's simply what I regard as a formal matter that needs to be resolved in some way or other. We don't object to it going in at all.

20

COMMISSIONER WILSON: Alright. Well - - -

MR O'SULLIVAN: I think - - -

25 COMMISSIONER WILSON: - - - I'll leave it with you for the moment, Mr O'Sullivan - - -

MR O'SULLIVAN: Yes.

30 COMMISSIONER WILSON: - - - to see if you can resolve it without my intervention.

MR O'SULLIVAN: That's what we hope to do. Thank you.

35 COMMISSIONER WILSON: Very well. What I will do is this: insofar as there are documents on this exhibit list which haven't formally gone into evidence I now formally receive them and they will be given the exhibit numbers shown on that list. When you're ready, Mr Freeburn.

40 MR FREEBURN: Thank you, your Honour.

Dr Geppert, I want to take you to the planning group recommendations. You remember that document – it's a table document?---Yes, I do.

45 The document is CHS.001.001.6929. Before we come to that, were you the chair of that committee as well?---No, I wasn't. I was a member of the planning group.

Right?---The chair was Ms Kelly.

So who was the chair of that?---The chair was Ms Kelly.

5 Right?---Sharon Kelly.

And how many meetings of the planning group were there?---There – there would have been possibly – and this – I’m – I’m not able to recall exactly but there would have been maybe around six or seven. I’d have to refer specifically to minutes and
10 agendas - - -

Alright?--- - - - to be able to answer that.

And was there a formal meeting after the ECRG reported?---There was a meeting of
15 the planning group after that.

Just one that you recall?---Yes. I can recall one.

Okay. Did the planning group produce formal minutes or is this document roughly
20 the end product of the planning group’s deliberations?---No. There – there were agendas set out around each of the planning group meetings and they’re also minutes although I believe maybe they were called actions sheets or given a different title to minutes but there were both. And that was a record of the meeting – the action
25 sheets.

Alright. Now, can we just scroll down. Now, you’ll be familiar with this. Am I
right in thinking that mostly, if one reads this document one sees that the planning
group have mostly accepted the ECRG’s recommendations?---I would say that all of
30 the recommendations considered were accepted and some of those recommendations just had further considerations or components from – contributions from the planning group added to it.

Alright. I just want to draw your attention to – you see on that page under heading 2
35 in item (a):

A tier 3 service should be prioritised –

is the ECRG’s recommendation. And then the planning group’s recommendation is:

40 *Accept with the following considerations.*

Just read that to yourself quickly?---Yes.

You were on the planning group. Is that really saying, yes, we agree to a tier 3 but
45 you can do it in another way.

MS McMILLAN: Again, Commissioner, I don't think it's this witness's documents. Perhaps it could be rephrased – the question.

COMMISSIONER WILSON: Mr Freeburn.

5

MR FREEBURN: You're a member of the planning group?---Yes.

And you contributed to the planning group's recommendations?---I did.

10 And you contributed to this – or at least you and your committee contributed to this part of it?---Yes.

15 And do you accept that what is being said here is that, yes, for a tier 3 but we need to do more work on the service model?---I understand that to say, yes, they accept that – that the planning group accepted that a tier 3 service was very important and that there are a range of different ways in which a tier 3 service could be implemented or developed as a model of care in itself.

20 And at this stage did you know much about YPARC in Victoria?---I had visited – and this is going back some years – I had visited the adult version of YPARC and – and there are many similarities between the two and then I visited Victoria at a later date as part of the statewide adolescent extended treatment and rehabilitation initiative group.

25 Do you know – and you may not know but you see how the planning group's recommendation commences with the words further work is needed. Do you know what that further work was to be?---It wasn't delineated at the time about that – what it would need. However, what the ECRG presented was not what we would understand to be a true model of service in and of itself. There were very clear
30 expectations and standards around what a model of service looked like and – and was composed of and to the point where there are templates established and the – in order to do further work around a service model you would expect that a particular template to be completed in detail, and it ends up being a document, you know, ranging from 15 to 20 pages, in some cases around one particular type of service. So
35 it goes into a lot more detail about the patient cohort, the staffing resources, a whole range of things that the ECRG didn't go into the detail of.

I just want to ask you a couple of questions about this. Did the planning group's recommendations – well, first of all, if one reads those things under the planning
40 group recommendations, they look to be commentary more than anything else; am I right in thinking that? I'll explain the question. They – if one looks at them, they're commentary rather than a full report with proper analysis; correct?---I'm finding that difficult to answer. I'm not – these – these – I guess these are the statements reflecting the position of the planning group in that final meeting, where we had the
45 ECRG recommendations before us, and that the position that's put there against each of the ECRG recommendations is the position that the planning group took in respect to the – the first column on the left, regarding the ECRG.

5 But I think you've just agreed further work is needed. There's no identification of what that further work is needed – what further work is needed, is there?---No, there's not, and you wouldn't expect that to be the role of the planning group. Any kind of further work around a detailed model of service, which is what's being referred to there, would be a process of very extensive and broad consultation, and it would involve many different stakeholders to – in addition to what would be in that planning group. So it would be a longer process.

10 And some experts?---Experts in?

In child and adolescent psychiatry?---The planning group had experts in child and adolescent psychiatry as part of that group. So - - -

15 Dr - - -?--- - - - Dr David Hartman, for example, I believe was a member of that group, and from memory Dr Stephen Stathis was also a part of that.

Alright. Dr Sadler: was he at that final meeting?---I can't confirm either way about that.

20 Did the planning group's recommendations go back to the ECRG?---I can't comment on that. I don't know if they did or not. I do know that the planning group received a letter from the chair. I can't recall whether the comments of the planning group specifically went to the ECRG at the time. This document was made public at a later point in time, and so the ECRG would've at the very least had exposure to that – that document at a later point in time.

Dr Geppert, the ECRG was saying that if you close the Barrett Centre without a tier 3 being immediately available, there was a risk of suboptimal care; correct?---Correct.

30 But that's exactly what happened, isn't it?

UNIDENTIFIED SPEAKER: Well, I object to that, without clarification as to what is meant by that's exactly what happened.

35 MR FREEBURN: Alright. I'll clarify it. So the ECRG said if you close Barrett without another tier 3 being available, there is a risk of suboptimal care?---I agree with that.

40 And I'm only talking about the services: when we come to January, and the Barrett Adolescent Centre closes, there was no tier 3 available at that time?---I don't agree with that.

45 There was a tier 3 available in January?---I – I believe there were services across a continuum of care that put altogether actually provided the – or reflected what you would get through a tier 3 service. So if I can give you examples?

Well, what service - - -

UNIDENTIFIED SPEAKER: Well, excuse me. This has gone on for so long. The witness is trying to give some evidence, and instead we get this attempt to provide what appears to be a narrative that suits Counsel Assisting. The witness is trying to give some examples as to what she means by something very important to your Honour, which is whether there was a tier 3 available in January 2014, and she hasn't been allowed to provide the evidence. We object to that.

COMMISSIONER WILSON: Mr Freeburn, let the witness finish what she wanted to say - - -

MR FREEBURN: Yes.

COMMISSIONER WILSON: - - - about the availability of a tier 3 - - -

MR FREEBURN: I was actually going to take her to those topics, but sure.

COMMISSIONER WILSON: Well let her put it in her words then.

MS McMILLAN: And, Commissioner, can I just flag that it might be that this witness needs to go into some evidence that should be confidential in order to do that. I don't know, but I apprehend she might.

COMMISSIONER WILSON: If it's necessary for you to refer to services provided to any particular patient or to what happens to any particular patient, could you put up a flag of some sort, because that needs to be dealt with in a closed hearing?---Yes, Commissioner.

Thank you.

MR FREEBURN: Now, you wanted to explain, I gather, what services were available as at 31 January 2014; is that correct?---As at - - -

Or give - - -?---So there was a staged process around service availability. Referring to tier 3 specifically, one of the options available that we felt confidently provided quality and safety of care for young people who may need that type of care, so thinking about subacute extended treatment, inpatient treatment, was the beds at Lady Cilento that were made available at that point in time.

At what point in time?---I believe they were available as of the point of closure of the Barrett Adolescent Centre.

I suggest to you that they were made available at the end of 2014?---I disagree with that.

MS McMILLAN: Can I just – I think this is perhaps unfair. The evidence before you is the Mater, because Lady Cilento - - -

COMMISSIONER WILSON: Well, with respect, Ms McMillan, let the witness answer.

5 MS McMILLAN: Well, I'm just asking that the proposition be put fairly.

COMMISSIONER WILSON: You'll have an opportunity to ask questions and clarify anything.

10 MS McMILLAN: I understand that. Yes.

COMMISSIONER WILSON: Yes. Would you go on, if you have anything else to say in response to that question from Mr Freeburn?---No, just – just to reiterate that I disagree with the statement that was put to me.

15 Very well.

MR FREEBURN: Alright. I'll just ask it in an open way: there were beds available in acute wards for subacute patients at two institutions, Mater and Lady Cilento; is that right?---Because I'm not clear about the timeframe of the transition between the
20 Mater and Lady Cilento and – and – and when those beds were part of one organisation or the other - - -

25 Yeah?--- - - - if that's your question I can't comment on that. What I'm very clear about and very confident about is that there were subacute beds available as at the closure of the Barrett Adolescent Centre for young people who needed subacute extended treatment care in an inpatient setting.

30 Okay. And at what institutions? Was it - - -?---The site that was the Mater that became the Lady Cilento.

Right?---So on that site.

Okay. And how many beds?---I believe there were four, from memory.

35 And were they available in an acute ward; is that right?---I – I can't comment on that detail of that. I think - - -

40 Alright?--- - - - that that's to be better answered by Children's Health Queensland - - -

Right?--- - - - who had prepared the work and – and made those beds available.

45 Okay. What other – while we're on this topic, what other services were available from the closure of the Barrett Adolescent Centre?---So from an individual perspective, part of the transitioning programs of care for each of the young people involved an assessment of what their individual needs were over – over time as they were an inpatient. If they – depending on what their particular needs were,

5 additional services were, I guess, contracted or established, depending on the provider of the service, in order to meet individual needs. Some young people didn't need anything in addition to what was actually provided already within the system across Queensland, as in outpatient Child and Youth Mental Health Services or, for example, others went – went and sought – were referred to headspace or private sector clinicians. If a young person needed more than what was provided or in the existing system, then packages of care were identified or developed through the clinical team and additional funding and resources were then put to those packages to ensure that those young people received that additional care.

10 Now, just to distinguish, what new services or new – what additional services were available from the time of the closure of the Barrett Adolescent Centre?---So the subacute inpatient beds were available immediately.

15 Yes?---The young person's residential option opened in March, I believe, was - - - That's the – that's the resi – commonly known as the resis?---Yes, the resi. The – yes.

20 And, sorry, is that one at Greenslopes or is it - - ?---Correct, yes. The development around the AMYOS teams. I believe you're familiar with that term.

25 So do you know when that's – the AMYOS teams commenced?---Recruitment occurred over the couple of months of February, March, and April, I believe and so I can't give you a date of when they became operational as teams. It was a rolled out process.

30 When – I think you said to me a moment ago that the subacute beds were available. Were they available immediately?---I believe they were.

What date?---I can't – I can't give u an actual date but it was clear through discussion that if a young person needed to be admitted to a service like that, the beds would be made available to them.

35 Alright. So would that be from September when Dr Brennan started or would that be from January?---No, it wouldn't have been from September and there wouldn't have been necessarily a need for those beds at that time either.

40 You know the transitioning process took place between at least September and the last patient left in January?---Yes.

45 So that was a continuing process?---It was a continuing process. And the important part about that is no one would've been discharged if there wasn't a service available to meet their needs at that time based on the clinical assessment.

That brings up another topic. The process, I gather, on the ground, meaning at the BAC, was supervised by Dr Brennan, correct?---Dr Brennan was the acting clinical director of the service, yes.

5 At least from September onwards?---Yes.

And what was – were you involved in any structure whereby there was supervision and assistance to Dr Brennan or was that somebody else’s responsibility?---No. So I had – I had no – I had no clinical governance around any of the clinical components through that service and I had no operational governance around the staff providing those services.

Operational governance really – would that ordinarily be your field, rather than clinical governance?---No. So my role within West Moreton does not have a clinical governance component to it. I currently have staff that report to me but they’re not clinical staff.

So do you know – you may not know but who would Dr Brennan, in effect, be reporting to?---Under normal circumstances there’s usually a dual reporting so there would be the one reporting line of clinical governance as I was referring to before and as an employee of West Moreton in the unit that Dr Brennan was working, she would’ve reported to Dr Terry Stedman or his – I believe he was on leave at some components of that time. So that would’ve been the clinical line of governance. Then from an operational perspective, I believe that would’ve been a reporting line up to Sharon Kelly as the Executive Director for the service.

Alright. You mentioned a few – a few times in that answer “would have”. Is that mean that you didn’t have direct involvement in that process?---I had no direct involvement in - - -

30 Alright?--- - - - the reporting line of Dr Brennan.

Dr Geppert, can I just take you to this document. It’s WMS.1001.0002.00060. Now, you’ll be aware there’s a whole lot of – there’s a number of standard letters that were sent to various stakeholders and this is one of them?---Yes.

I just want to – and if we turn over to the second page, we’ll see that it’s submitted through you, prepared by Laura Johnson, submitted through you and Ms Kelly?---Yes.

40 Correct. And I – if we go back to the first page, the fourth paragraph, see that large paragraph there. Just read that to yourself quickly?---Yes.

You see in the middle of the paragraph it talks about:

45

The model of care under development is nearing completion with work being undertaken to finalise the details of all service options including a tier 3 service.

5 ?---Yes.

By tier 3 service, is this standard letter intending to convey subacute beds in acute wards, as you mentioned earlier, or is – what kind of service are you contemplating there?---I can't remember specifically discussion around this particular piece of
10 correspondence. What it says is that the model of care under development is needing completion in its – in and of itself. And I can tell you that throughout the whole process we did continue to consider, as part of the model, the option of a tier 3. So that's – that has always been on the table, even though we were quite clear at the time previous to this that there was no funding for that and I think that's what that's
15 referring to.

Alright. Okay. And can I take you to a document WMS.0012.0001.19826. Now, if we just – this is a – some dot points you prepared in preparation for that meeting on the – a meeting on 24 May 2013. Do you recognise the document?---I can't confirm
20 that I prepared it. I was a staff member at West Moreton by that date, and I did have – part of my role was to contribute to papers and briefings for the board. I just can't specifically say without seeing anything else that I definitely prepared it.

Well, we can probably – it looks like you've attached it to an email you've sent, but we can - - -?---Okay. I accept that.
25

We can check that. And for others here, that email is WNS.0012.0001.19825. There's no need to go to it. I just wanted to quickly ask you a point about point 7, which I think will be on the second page. So just read point 7.
30

UNIDENTIFIED SPEAKER: Commissioner, could I ask that if my learned friend says it's annexed to an email by this witness, we could see the email.

MR FREEBURN: Yes. Okay. The document is WNS.0012.0001.19825. Do you
35 need the number again? You don't have it up? All right. I'll supply a copy.

COMMISSIONER WILSON: Mr Freeburn, I am getting concerned about time.

MR FREEBURN: Yes.
40

COMMISSIONER WILSON: You estimated one hour for what you wanted to do this morning. It's well in excess of two hours now. I'm sure that most people were hoping to do other work this afternoon, but it seems we'll be sitting after lunch.

45 MR FREEBURN: I'll be able to quickly speed through.

COMMISSIONER WILSON: You've taken the witness, I think, to point number 7 of this document. Do you want to persist with that?

5 MR FREEBURN: I might ask the witness –
Do you recognise that?---Point number 7?

Yes?---Yes, I can see it.

10 But is that a document that you prepared, do you think?---I'm sorry, I just – I can't verify it either way. I'm not saying that I didn't, but until seeing this now, I – I can't remember the document prior to now, specifically.

15 All right. The only matters I need to canvass with the witness now are matters that I need to deal with within closed court.

COMMISSIONER WILSON: Well, can they be put aside for the moment so that other counsel can ask questions here in open court, and we'll come back to them.

20 MR FREEBURN: Yes. Thank you.

COMMISSIONER WILSON: Yes, Ms Wilson.

25 **EXAMINATION BY MS WILSON** **[11.44 am]**

MS WILSON: Thank you, Commissioner.

30 I'll just get my spot. Dr Geppert, I'm going to put to you a number – three propositions. And I could – I'll take you to each of them individually, and I'm going to ask you your view. And, Commissioner, these propositions come from counsel assisting's open, for reference.

35 The first proposition is this: it seems that the responsibility for implementing the transitioning arrangements rested with West Moreton Hospital and Health Service with oversight from its board. Do you have a view on that proposition?---I agree that the clinical transition packages that were developed for individual young people moving from Barrett or being discharged from Barrett were the responsibility of
40 West Moreton Hospital and Health Service.

The next proposition is this: the development of the new range of contemporary service options was and is being led by Children's Health Queensland Hospital and Health Service. Do you have a view on that?---I agree.

45 Now, the next proposition is long, so what I'm going to do is going to read it out so you can get context, and then we'll go and break it down, okay? The performance of

these two responsibilities seems, at least on one view, to have occurred in isolation, even though the various groups involved in the development of new services were expressly charged with developing services to ensure continuity of services for the Barrett Centre cohort. I'm just going to break it down so that we can get your view on elements of that proposition?---Okay.

And the first is this: the performance of these two responsibilities – and that is looking at the previous two propositions I put to you – seems, at least on one view, to have occurred in isolation. Have you got a view on that, Dr Geppert?---I strongly disagree with that statement. The - - -

Just continue?---Can I give some examples of how that I believe we demonstrated that? In particular, the HHS's of West Moreton and Children's Health Queensland worked very closely together from the point – possibly even before that – but specifically from the point of the – what was termed at the time the Barrett adolescent strategy meeting, I believe. It was quite clear that from that particular time, we would work side by side. We demonstrated that. We communicated regularly around all relevant issues in both formal and informal forums. Example of – examples of the formal forums are the state-wide Adolescent Extended Treatment and Rehabilitation Initiative. That was a committee that was established that was chaired by Children's Health Queensland. At times I actually acted in that chair role as well, when the two delegates from Children's Health Queensland were not available. Normally I sat on that committee as a member and contributed in a two-way direction, information from West Moreton and information from that committee back to West Moreton. Additionally, there were regular reports provided to that committee by Dr Anne Brennan around the transition of young people through that process of discharge and transition out of Barrett. That was a de-identified document that was presented to the committee I believe on a year to monthly basis. That committee itself then reported up to a Department of Health and Director-General oversight committee, so more senior officers from both West Moreton, Children's Health Queensland and the Department, and also from Metro South Hospital and Health Service, met to provide a high level governance and strategic oversight to the committee I talked about first. The other more formal example was that we had weekly Barrett Adolescent Centre or strategy meetings at West Moreton. We had a range of representatives at West Moreton attend that particular meeting. It was chaired by Ms Sharon Kelly. We had consistently comprehensive engagement and attendance in those meetings by Dr Anne Brennan, and we also had Dr Elisabeth Hoehn attend those meetings as a member, and again, I think that demonstrates quite clearly a connection between the two HHS's. My understanding of Dr Elisabeth Hoehn's role was one of actually being a conduit as well between the two HHS's.

Okay. Did you have any contact with Ingrid Adamson from Children's Health Queensland?---So they were all – they were examples of the formal forums. Informally, Ingrid Adamson and I would talk through email, phone calls, a whole range of ways, possibly nearly daily or close to. We would do things like if there was correspondence coming in to one – HHS – or the other, we would both consider on most occasions that correspondence. We would, in most circumstances, also

consider the response. And then we would respectively take back any concerns or issues out of that correspondence for consideration by the various delegates.

5 Okay. Now, that third proposition which I've broken down to – so it's first element and that's dealing about the – if I can call it the isolation issue – can I work my way through this proposition. So it then goes on to – even though the various groups involved in the development of new services were expressly charged with developing services to ensure continuity of services for the Barrett Centre cohort, do you have view about that?---About the fact that we were to develop - - -

10

Was Children's Health expressly charged with developing a continuity of services for the Barrett Centre cohort?---In any good service planning continuity of service is a core feature and I felt confident in the work that I was doing that children's were taking that on board as a very key principle to the – the model that they were developing over time.

15

Okay. And there's been a number of – there's a lot of – when you look at this, there's a lot of committees that seemed to - - -?---Yes.

20

- - - come past. And one of them is a statewide committee. Can you tell me about – did you have any experience with the statewide committee?---So can I just confirm, is that the statewide adolescent extended treatment and rehab - - -

25

SWAETRI, yes?--- SWAETRI, yes.

S-W-A-E-T-R-I?---Yes. The answer is yes. So I was – I was a member on that committee.

30

And were Children's Health on that?---Absolutely. Children's Health chaired that committee and had several other members as well.

35

Okay. And can you just give just for the Commissioner just so that we've touched on it, just to give it some context and what was the role of that committee?---So following the Barrett Adolescent strategy meeting that – and I can't – I'm sorry, I can't recall the actual date of that particular meeting but it was a meeting, I believe, chaired by Lesley Dwyer as the chief executive of the West Moreton Hospital and Health Service. The meeting pulled together a – a wide range of key stakeholders including, at the least and possibly broader, Mental Health and – Mental Health, Alcohol and Other Drugs Branch. And I know that Dr Bill Kingswell was a

40

representative at that meeting and Children's Health Queensland was also engaged in that strategy meeting. The purpose of that meeting was to take the, I guess, the body of work around the ECRG and the recommendations made and then decision-making from the West Moreton board was to now actually implement the project itself so the Barrett project. Discussion was had in that meeting around the governance moving forward, how we would implement, who would take particular roles in that implementation process and it was at that point that it was decided that Children's

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Health Queensland would have a stronger lead and, in fact, take the lead for the state around - - -

5 And can I just take you to one other matter. Can I take you to your statement which is WMS.900.0004.00001. That's your statement and can I take you to 0024 of that statement. Thank you. Can I take you to paragraph 12.2 and can you see that there?---Yes.

10 Can you read that paragraph to yourself. Okay?---Yes.

Now, in terms of Dr Stathis having no direct involvement in the clinical transition plans for BAC patients, would you expect that to be the case?---Yes, I would. I – we had made it quite clear from the beginning that West Moreton Hospital and Health Service had clinical governance for the current Barrett Adolescent Centre - - -

15 Okay?--- - - - patients.

20 And in 12.2 you say to the best of your knowledge Dr Stathis had no direct involvement in the clinical transition plans for BAC patients and you wouldn't expect Dr Stathis to have direct involvement or not?---I wouldn't expect Dr Stathis to be directing any of the clinical care of individual patients and their families.

25 And then that paragraph goes on in talking that you were in contact with Dr Stathis about the funding for additional services and I suppose that feeds back into the isolation question, if you can recall that, in terms of the connection between West Moreton and Children's Health?---Absolutely.

Thank you, Commissioner. They are all my questions.

30 COMMISSIONER WILSON: Thank you, Ms Wilson. Now, Mr Diehm.

EXAMINATION BY MR DIEHM

[11.55 am]

35 MR DIEHM: Yes, Commissioner. The matters that I had given notice of would have been a matter for closed hearings but I don't expect now that I will be having to ask those but there is something that arises out of questions that Mr Freeburn - - -

40 COMMISSIONER WILSON: That's alright.

MR DIEHM: - - - has asked.

45 COMMISSIONER WILSON: Ask them.

MR DIEHM: Thank you. Dr Geppert, my name is Diehm and I appear on behalf of Dr Brennan but also Dr Cleary relevant to the questions that I am about to ask you. I

just wanted to ask you about the subacute beds at the Mater Hospital and if I could ask if we could go to page 213 of the witness's document – statement. Alright. I regret that that might have been the case, Commissioner, that I've got the - - -

5 COMMISSIONER WILSON: I think it's up on the screen already.

MR DIEHM: Yes, yes. But it's not the page that I'm looking for. If I may just have a moment. If we can just scroll down to what might be item 7(b) – it could well be the document I'm looking for. Yes, it is.

10

So if we can go back to the top of the document so you can recognise what it is. Now, this is, as you can see, is a briefing note for noting for the Director-General and if we scroll back down to item 7(b) you see the reference there – if you can just read that to yourself?---Yes, yes.

15

Now, you said before that it was your understanding at least at the time of giving your evidence here today that the subacute beds at the Mater Hospital at the time of late January 2014. This document would suggest that at least at the time this document was being written that it was going to be from early February 2014 that those beds were to be available. Do you know recall that that was the position that developed?---I don't believe I said January specifically around the beds being available. I believe I said something more like at the time of the closure of Barrett Adolescent Centre. If I can – if you can scroll down so I can just see – I believe this is a document that was co-prepared by Children's and West Moreton. Yes.

25

Alright. So you contributed to the writing of this document as at 4 February 2014?---Yes.

30

And we can take it from what we've seen now of the contents of the document that as at that date the two subacute beds at the Mater were not available?---Yes. I think that's fair to say.

35

Thank you. If the witness could see then please – if we could go to document JKR900.001.0001. And ultimately I will be asking you to go to page 149 of it

COMMISSIONER WILSON: What is the document, Mr Diehm?

40

MR DIEHM: Commissioner, it is minutes of the meeting of the state-wide adolescent extended treatment and rehabilitation implementation strategy committee, and they are minutes for the meeting of 10th of March 2014.

COMMISSIONER WILSON: Could you read the number again? It's obviously not a document which – of which dealing has been given notice that - - -

45

MR DIEHM: No, I'm sorry.

COMMISSIONER WILSON: - - - it would be required today. But I would have though they should, nevertheless, be able to call it up.

5 MR DIEHM: It's, in fact, Ms Krause's statement. So it's JKR900.001.0001, and then at page 149.

COMMISSIONER WILSON: There it is now.

10 MR DIEHM: Thank you, Commissioner. If we can just pause, sorry. Before we do move on, does that record that you were an attendee at this meeting in amongst those titles?---Yes.

15 Thank you. And if we can scroll down then to item 6.4, that's headed Progress of Key Milestones and Deliverables. So if we can go to the next page then, please, and continue to scroll down, just – sorry – we need to stay within that item 6.4, if we can go back up again, so back to the previous page. My notes are letting me down, I'm sorry, Commissioner. And just scroll up a little more, thank you, and to the next page, please. Right. Thank you. Without taking up the Commission's time, what I wanted to put to you was that in those minutes it was recorded – and the Commission 20 will be able to see the reference subsequently – that the Mater subacute inpatient beds were briefly discussed, and it was confirmed that the Mater is setting up two swing beds. Now, the two swing beds: that term is a reference to the subacute beds; would you agree?---It's possible, but I can't – if I can't see - - -

25 Yes, I'm sorry?--- - - - the notes it's hard to comment specifically about the context.

All right. Sorry, Commissioner. I don't have the document other than what's on the screen to work off, because I wasn't anticipating this.

30 COMMISSIONER WILSON: Well, can I ask the witness a question? Do you know whether the beds you were speaking of at the Mater were ever dedicated only for subacute use or, alternatively, were they beds in an acute ward which might be used for subacute patients if necessary?---I don't feel I'm in a position to answer that. I hadn't – and still to this point in time – visited that particular site. So I cannot 35 confidently say either way, and I think that's probably a better question asked of Children's Health Queensland, who were developing the model very clearly and have intimate knowledge of that planning.

40 Thank you.

MR DIEHM: Commissioner, Ms Robb has sought to assist me by suggesting it's page 176.

45 COMMISSIONER WILSON: Right. Well, let's have that turned up.

MR DIEHM: And if we scroll down to item 6.4 on that – now, again, if you need to go to the top of the document to see what this is – but it ought to be the minutes of the meeting of the SWAETRI committee for 10 March 2014?---Yes.

5 If we can go back to item 6.4 then, and you'll see the third dot point there?---Yes, I can.

Now, in that context, you understand that the reference to the two swing beds is a reference to the two subacute beds that you had otherwise given evidence about?---It appears so.

And it would appear, I suggest to you, from the contents of those minutes that, in fact, those beds were still being set up as at 10 March 2014?---Based on those minutes it appears so.

15 Alright. Do you have a recollection that's different than what the minutes would tend to suggest as to when those beds became available?---It – it was my recollection that beds were going to be available in the month of February.

20 So that was something that was intended to be the case; is that what you're saying?---There was certainly the expectation that that service could be provided if it was required within that time.

Alright. But what may have, in fact, ended up happening that it was some time into March, if not a little later, that the beds in fact have become available for such purposes?---I think, based on the minutes, that's a possible situation.

25 Thank you. Thank you, Commissioner.

30 COMMISSIONER WILSON: Thanks, Mr Diehm. Mr Harper.

MR HARPER: I have no questions, Commissioner.

COMMISSIONER WILSON: Mr Ben McMillan.

35

EXAMINATION BY MR McMILLAN

[12.06 pm]

40 MR McMILLAN: Thank you, Commissioner. Dr Geppert, my name is McMillan. I appear for Deborah Rankin in this proceeding?---Yes.

I have only a few questions for you, hopefully. Can I ask you about the BAC weekly update meetings that are referred to in paragraph 12.1, subparagraph (d) of your statement?---Yes.

45

When did those meetings first start?---I'm sorry. I can't actually give you a particular timeframe of when they started.

5 Do you recall whether those meetings started shortly after the announcement was made by the then-Minister, or was it later in the year of 2013, prior to the closure of Barrett Centre? Does that assist you at all?---I – without actually seeing documents, I couldn't give you an estimate around what month they started.

10 There appears some documents exhibited to Ms Kelly's statement that I can take you to that seem to be records of meetings, and the first of those documents appears at WMS.9000.006.0001 at 00917. I think it should be page 917 of that document. There we are. Now, looking at that document, it appears to be a record of a meeting of that meeting on 27 November 2013. To your recollection, was that the first of those meetings?---No, I don't believe it was, and the reason that I'm saying that is
15 because I was acting in the executive director role, which is substantially held by Ms Sharon Kelly, and I know that those meetings were established while Ms Kelly was in her role. So it would've been before that time.

20 Do I take it then that Ms Kelly was substantively or in an ongoing way the chair of that committee?---Yes.

And that you acted as the chair in her absence?---Yes.

25 There are some further records of those meetings, if the operator could just scroll down. But I'm interested predominantly – if you could just observe first of all, I'm sorry, just if you could scroll back again, the attendees of that meeting are set out in that document. And I note there are some clinical people attending, a person from the communications team of West Moreton Health Service and a project officer. There is no person from the school or from the Department of Education noted as an
30 attendee of those meetings. Did any person from the school ever attend those meetings, to your recollection?---Not to my recollection. I couldn't – I couldn't say 100 per cent unless I went back and checked all of the minutes and – and agendas.

35 Certainly, you say that you think the meetings commenced before the 27 November?---I believe they did.

40 It seems that the documents that are produced by Ms Kelly start on that date and continue over the next six or eight pages. And at least on my review of them, I couldn't identify anybody other – any from – anybody from the school attending any of those meetings?---Okay.

Do you have any particular recollection of anyone from the school ever attending those meetings?---I can't say that I recall that.

45 And similarly, do you ever recall anyone with any particular expertise or background in delivering educational services attending those meetings?---I can't recall, no.

Was that because – and I’m asking for your knowledge – was that because Ms Kelly had decided some 12 months previously in 2012 to treat the school staff for the purposes of communication about consultation about the closure as an entirely separate group of people from the employees of West Moreton Hospital and Health Service?---Can – can you put that a different way to me?

10 Sure. Ms Kelly gives some evidence in her statement that she took a decision in 2012 to treat the school staff separately to the West Moreton clinical and nursing staff - - -?---Okay.

- - - for the purposes of communications and consultation about the closure process?---Okay.

15 And indeed, about the transition planning. To your knowledge, was the reason nobody from education was included in these meetings because of that decision previously taken by Ms Kelly?---I – I actually can’t answer that. I don’t know.

20 Did Ms Kelly give you an explanation about the – her decision making around the invitations extended to the people on that committee for the purposes of you filling in for her as the chair of that committee in her absence?---I was a normal member of that committee anyway so had the advantage of understanding, I guess, how the meeting was normally run and the agenda items and that sort of thing. It would be usual for Ms Kelly to provide me with a handover before she left her position and when I acted in her position. And so, although without directly recalling that, I would’ve expected that, yes, she would’ve provided me with some kind of handover.

25 So dealing with this particular meeting that you acted as the chair for, why is it that there were no education people involved in that meeting that you were chairing?---I – I can’t give a reason for that.

30 Can I ask you then, please, about the PowerPoint presentation that you gave to parents on the 11 of December 2013?---Yes.

35 And I’ll ask for that to be shown to you. It’s WMS.3001.0001.00001, commencing at 00549, and this is exhibit LG14 to your statement. While that’s being brought up, you recall delivering that PowerPoint presentation at the parents’ meeting?---Yes, I do.

40 Were you asked by anyone in particular to prepare that slide presentation?---I – so, specifically, what occurred was that normally Sharon Kelly, as the Executive Director, would’ve actually been at that particular meeting and would’ve normally delivered the welcome and introductions and the – the tasks that I had for that day. What I recall is that Sharon Kelly was unavailable for that meeting and so I actually took on that role.

45 You were obviously given adequate notice of her impending absence to prepare these slides for that presentation?---Yes.

And while we're waiting for the slide to be brought up, when you gave that presentation on the 11 December 2013, were you aware at that stage of Ms Kelly's decision to treat the school staff separately for the purposes of communicating information?---No.

5

I'm – I want to ask you particularly about the slide – and we don't seem to have the first screen of those slides yet.

COMMISSIONER WILSON: I have this reference: WMS.9000.0004.00122. Is that the document, Mr McMillan?

10

MR McMILLAN: It is, your Honour – Commissioner, I'm not - - -

COMMISSIONER WILSON: Are you - - -

15

MR McMILLAN: I apologise, I'm not sure why I've got the wrong reference but that is indeed the session that I'm interested in asking Dr Geppert about, thank you.

So that's the first page of that slide presentation that I asked you about?---Yes.

20

Can I ask you then to go to what I think should be page 552, using the markings on that document which I think are a few pages in. And, Commissioner, I apologise, I've looked at the wrong Delium reference which appears on that same page – makes it a bit difficult. Thank you. I'm interested in the final dot point in that slide. Now, just to clarify, you prepared these slides?---I believe I would have.

25

Do you – do I take it from that answer that you don't have a particular recollection of doing so?---I would – not a particular recollection unless I went back and looked at my documentation.

30

That dot point identifies the interface between QH and DET, as the Department of Education and Training then was called, is:

High priority – alignment between QH and DET model of service delivery.

35

Why did you include that dot point?---Because it – it was a very – right back from the ECRG and moving forward in all of the phases, from my belief, there was a very important role for the Department of Education, Training and Employment and they – they were pivotal to moving forward.

40

This was a presentation to parents. Did you intend to convey, by the inclusion of that dot point, to them that there was a close interface between the clinical and nursing staff at the Barrett Centre on the one hand and the school staff on the other, or were you referring to officers at a departmental level.

45

I can't say what I would've specifically been referring to but I think, clearly, the point is quite broad in that the – the intention is to say that the interface is actually

5 very important and the contributions of the Education Department have been highly valued all along the way. And there was, to my knowledge, ongoing collaboration or discussion and interface, particularly within the Barrett Centre itself. So at a clinical level – and I do have knowledge of the fact that Ms Kelly continued at an officer level to maintain contact with, I believe it was Mr Peter Blatch.

When you say you had knowledge that there was interface at a – at the Barrett Centre level, who are you talking about - - -?---So the - - -

10 - - - in terms of the school staff and the clinical staff?---Yes. So they continued to provide services and work together around the young people’s needs.

15 What knowledge did you have when you prepared this slide about the consultation and/or communication between school staff – and I’m interested particularly in my client who was acting principal at the relevant time – and the clinical staff at the Barrett Centre?---So my knowledge of that is that they continued to work together providing the day to day activities and services for the young people. I would have anticipated that they continued with all the usual forums that had been set up previously in doing so around the day to day care and how to support the young
20 people to move from one part of the unit to another, for example, when they accessed their schooling either onsite or offsite.

25 What steps had you taken at the time that you prepared this slide and importantly at the time you delivered that slide to the parents to inform yourself about the model of service delivery that was to be adopted by the school following the closure of the Barrett Centre?---The – there was regular consideration around the model for the school through the Statewide Adolescent Extended Treatment committee that we were referring to before so that came up there. My understanding was that the model was absolutely to be developed by the education experts themselves and that they
30 were reliant on understanding the clinical model that was being developed by Queensland Health.

35 Did you have a discussion with Deborah Rankin about the proposed model of service delivery for the school after the Barrett Centre closed?---I can’t recall having a specific conversation.

40 Did you have a conversation with Mr Rodgers or any other teaching staff at the school about the proposed model of service delivery for the school?---While I can’t take anyone back into a point in time or give a specific example there were different things that I was absolutely involved with Mr Rodgers with, for example. We were together on a group that went and visited a Logan inpatient unit and discussed at that point opportunities for service models to be developed there and part of that was actually the model that would be put forward by the Department of Education.

45 I’m trying to understand, Dr Geppert, what it is that was behind this statement when it was delivered to parents, whether it was essentially a warm fuzzy-type statement that had no substance behind it or not.

MS McMILLAN: Well, Commissioner, the witness has answered this. She said what her knowledge was. She's explained at the high level, at other levels – she's already been over this, with respect.

5 COMMISSIONER WILSON: Mr McMillan.

MR McMILLAN: Well, your Honour, I'm trying to establish what it was that was the foundation of that statement.

10 COMMISSIONER WILSON: Well, ask her directly what the foundation was.

MR McMILLAN: Well, Dr Geppert, what was the foundation of that statement when you put it in the slides and conveyed it to parents?---The foundation of the statement was that it was very clear to us that it was essential to have the Department of Education as part of the process moving forward and to continue working with them as all of the stages of the project occurred.

15
20 Were you satisfied as at 11 December 2013 that that alignment existed or was it something that was hoped for?---No. I – I – from the knowledge that I had I believed that there was absolute effort in maintaining those connections and communications.

25 Thank you. I want to ask you a very few questions, briefly, about the communication strategy, if I can put it that way, around the standing down of Dr Sadler and I want to be clear that I don't wish to touch upon the factual basis of that action at all?---Yes.

30 Were you involved at all in the formulation and/or decision about a communication strategy for how staff at the Barrett Centre would be told about Dr Sadler's absence?---I can't recall a specific discussion about that. I did have a role in actually relaying the information of that decision to some of the families that could be contacted at that point in time. My – that probably wouldn't have been my normal role but my understanding was we – it was kind of this is an important thing to do, we need to ensure that it's timely and I was available at the time as was another staff member to perform that role.

35
40 Did you communicate – and I think you've given some evidence in your statement about what you told the parents – did you communicate with the staff of the Barrett Centre, either clinical or educational staff, about why Dr Sadler was to be absent from the centre.

MS McMILLAN: Well, Commissioner, again, one wonders what the relevance of this is to Ms Rankin.

45 MR McMILLAN: I'm happy to address that, your Honour. The relevance of it to Ms Rankin is that she gives evidence that she was told to say certain things to her staff and to the students - - -

COMMISSIONER WILSON: Told by whom?

MR McMILLAN: That's what I'm trying to establish.

5 MS McMILLAN: Well, put the proposition.

MR McMILLAN: Well, your Honour, I can't put any proposition because my instructions are she was told by someone from the executive. She's not sure who. And I'm seeking to ask Dr Geppert whether it was her. I'm happy to ask that
10 directly.

COMMISSIONER WILSON: I'll allow the question.

MR McMILLAN: Thank you. Did you tell Ms Rankin that she was to tell her staff
15 and/or the students that she had care of that Dr Sadler was on leave?---No.

Did you communicate with her or her staff at all about how they should deal with Dr Sadler's absence when communicating with the patients?---I can't recall doing that.

20 Did you participate in any conversation or – I'm sorry, I withdraw that. Did you seek the advice either of Dr Brennan or of Dr Neillie who I understand was acting in Dr Stedman's role at that time - - -?---Correct.

25 - - - about how the decision to stand Dr Sadler down should be communicated to the staff at the Barrett Centre?---I can't specifically recall a conversation like that but – but that would have been something that we would have considered. It would have been a decision that we had to absolutely think about what the impact might be on the young people and the delivery of services into the actual unit.

30 When you say we, who are you referring to?---We – we as a – as a team, I guess, so I – I would be thinking Ms Kelly, myself would have probably been the main people at that point in time to speak with someone like Dr Brennan or Dr Neillie.

35 And is it your recollection that you worked essentially as a team with Mr Kelly – with Ms Kelly, I'm sorry, in developing the communication strategy around that decision?---I can't recall specifically but there would have – there would have absolutely been discussions. Yes.

40 Thank you, Dr Geppert. I have no further questions. Thank you, Commissioner.

COMMISSIONER WILSON: Thank you. Mr O'Sullivan, do you have any questions?

45 MR O'SULLIVAN: We've got – we're on the list for 20 minutes but I think we'll only be 10 minutes.

COMMISSIONER WILSON: Good.

MR O’SULLIVAN: And I think Ms Rosengren is on the list as well at the moment.

COMMISSIONER WILSON: Alright.

5 MR O’SULLIVAN: But I think I’ll be about 10 or 15 minutes.

COMMISSIONER WILSON: Well, who wants to go first?

10 MS ROSENGREN: Commissioner, I have no questions at this stage. I may well have some questions in the closed part of this hearing.

COMMISSIONER WILSON: Very well. Mr O’Sullivan.

15 **EXAMINATION BY MR O’SULLIVAN** **[12.29 pm]**

MR O’SULLIVAN: May it please the Commission.

20 You have a PhD in psychology?---That’s correct.

And a masters in clinical psychology?---Yes.

25 Do you recall being asked some questions about a briefing note from May 2012 that you altered at the request of Dr Kingswell?---Yes.

30 Could Dr Geppert being shown that briefing note. The version of it attached to your statement has got two pages missing – do you follow – so I’m going to take you to another version with all the pages?---Okay.

Understand. The reference is DBK.001.001.0028. Would you attend to paragraph 2, first bullet point. Do you remember being asked some questions about the sentence:

35 *Recent sector advice proposes a re-scoping of the clinical service model and governance structures for the unit.*

?---Yes.

40 You recall giving some evidence about that?---Yes.

Did you prepare this document at the request of Dr Kingswell?---Yes.

45 Was the content of it in accordance with what you understood Dr Kingswell wished to convey to the Director-General?---I believe so.

If you turn to the last page of the document, page 4 of 4, right down to the bottom, you’ll see author – stop there – the author is you, cleared by Dr Kingswell, content

verified Dr Jeanette Young, endorsed by Tony O'Connell. This is the draft. You prepared it in that form?---I'm assuming so, based on what's in front of me. Yes.

5 I understand. And to your knowledge, did Dr Kingswell, in fact, review and confirm this document before it was sent to the Director-General?---That – that was normal process, and the expectation was that the line manager must approve before it went to the next level.

10 And who was the line manager?---Dr Kingswell.

Your line manager?---Yes. Yep.

15 Now, you recall giving some evidence about – if you go back to point 2, first bullet point, the words “Recent sector advice proposes a re-scoping”? Remember giving some evidence about that?---Yes.

20 You said to the effect that the context was that there was overall a review and reform of the mental health sector in Queensland Health? Do you remember giving evidence to that effect?---Yes.

And what you said was that a lot of projects were being re-scoped and reconsidered to go back to, I think you said, the mental health branch?---Yes.

25 And that was the branch headed by Dr Kingswell?---Yes.

30 Now, you also said that there was a state-wide project that had been commenced and was being implemented, and that it was concerned that the project – the reform project was particularly interested in having a consistent service model across the state; remember giving that evidence?---Yes.

Could Dr Geppert be shown QHD.007.001.3528. It's not on the list.

35 COMMISSIONER WILSON: No. What she means is it's not a document of she was given notice - - -

MR O'SULLIVAN: That's right.

COMMISSIONER WILSON: - - - so it'll take a moment longer to pull it up.

40 MR O'SULLIVAN: Yes. While that's being done, can I ask you another question.

COMMISSIONER WILSON: Is that the document now?

45 MR O'SULLIVAN: Thank you. If we can look at the first page, you'll see this is a document dated 18 June 2010, to the parliamentary secretary of the healthy living – from the chief health officer, who you knew was Janette Young, and it's subject to the development of a youth mental health policy for Queensland, and it's requested

by the Officer of the Deputy Premier and Minister for Health; do you see that?---Yes.

5 Now, this is not a document from the face of it that you prepared, but I want to ask you about the content of it. Can you read the first two bullet points under the heading Background Summary, please?---Yes.

Can you read the first sentence of the third bullet point?---Yes.

10 Can you read the first sentence of the fourth bullet point?---Yes.

Turn the page, the second page, Delium reference 3529, you see the heading there, Issues? Read the first bullet point to yourself, please?---Yes.

15 The acronym QPMH is Queensland Plan for Mental Health?---Correct.

Can you read the third bullet point, under the heading Issues, please?---Yes.

20 Can you read the fourth bullet point – sorry, stop there. In terms of the third bullet point, it says:

Development of the Queensland Health Youth and Mental Health Policy will commence in the second half of 2010, with anticipated completion in late 2011.

25 That was a policy review that you were aware of?---No.

No?---I can't recall that specifically.

30 Thank you. Can you look at the next bullet point, the fourth one?---Yes.

35 Do you remember giving evidence in the context of your explanation to the Commission of the reform process that you understood was occurring about an attempt to align the practices and service models in Queensland with what I think you described as national and international standards; do you recall giving that evidence?---Yes, yes.

40 Are the standards to which you're referring those identified in the fourth bullet point, or was it something else?---So I was familiar with and referring to, for example, the Queensland Plan for Mental Health and the Fourth National Mental Health Plan.

And the Draft National Plan for Mental Health: was that in existence at this point in time, in 2010?---I'm sorry. I can't verify that from memory.

45 Now, if you go down not the next bullet point but the second-last from the bottom, commencing with the words "The Queensland Mental Health Reform Committee", just read that to yourself?---Yes.

Now, I've taken you to a number of these bullet points. Are you able to say whether the process of review and moving towards a – I withdraw that – the process of review and examining reforms: is that review that you're referring to the reviews that are being referred to in this document or is it something else?---I'm not at all familiar with this particular document, but they do – what's being – this is the first time I recall seeing it, but what I've read, yes, there's consistency.

And this is a document from the Chief Health Officer. And I was going to ask you a related question: do you recall the briefing note that you prepared on 3 May 2012 that I showed you earlier?---Yes.

In its earliest form, it was – first form it was recorded as having been requested by the executive director of the Mental Health Branch; did you notice that?---Yes.

Who was Dr Kingswell?---Yes.

Now, the final form of the document was somewhat different. Commissioner, this is the signed document to which you referred earlier.

COMMISSIONER WILSON: Do you want that up on the screen?

MR O'SULLIVAN: I'm so sorry.

COMMISSIONER WILSON: Do you want that on the screen.

MR O'SULLIVAN: I was going to – it can be whatever version you want, but, yes, I've got a version attached to my client's statement, if that's convenient.

COMMISSIONER WILSON: That's all right.

MR O'SULLIVAN: This is LJS.900.001.0032. So what I'm going to show you, Dr Geppert, is the document that was signed by the Director-General, Dr O'Connell; do you follow?---Yes.

The first page of the document is LJS.900.001.0001, and it's at 032. Commissioner, the point I'm going to go to is the first page, at the top left-hand corner, the words "requested by".

COMMISSIONER WILSON: The page in Mr Springborg's affidavit?

MR O'SULLIVAN: 032, please, Commissioner.

COMMISSIONER WILSON: There it is.

MR O'SULLIVAN: Now, you'll see if you turn to Delium number 035, you'll see that this has been approved, and there's a signature which has been obscured, and the date, if you can see further down, is 16 May 2012, and just assume it was signed by

the Director-General. If you go back to the first page Delium number 032, you'll recall that in the initial draft I showed you, it had been requested – the top-left requested by the Executive Director of Mental Health, Alcohol and Other Drugs branch, and it's been changed instead to the Chief Health Officer. You see
5 that?---Yes, I can see that.

Now, do you recall why that change occurred?---No, I have no knowledge of why that might have occurred.

10 Did you have any discussions yourself with the Chief Health Officer before this document was submitted to the Director-General?---No, and it would not be a normal role in – a normal function in my role to do that, either.

Yes. And why was that?---Because those discussions would have been held by Dr
15 Kingswell with the Chief Health Officer rather than someone at my level.

I understand. Your discussions in relation to this document with Dr Kingswell, your direct report?---Yes.

20 Can you turn to Delium number 2350. Can you look at paragraph 7 of this briefing note that you prepared. Just read that to yourself?---What point, sorry?

Paragraph 7, please, Dr Geppert?---Yes.

25 Sitting here now, do you recall discussing with Dr Kingswell the subject matter of paragraph 7, and as at the time that this document was prepared?---No, I don't recall that.

30 Would it be fair to say that the content of paragraph 7 would have been in accordance with your understanding of what Dr Kingswell wished to convey to the Director-General? I put that badly. Paragraph 7, what appears there, you drafted the document on Dr Kingswell's instructions?---Yes.

And the document was going to the Director-General?---Yes.
35

I probably don't need to go there – paragraph 7, what appears here, am I right in thinking is what you understand Dr Kingswell wishes to convey to the Director-General in this briefing note?---I don't think I can actually speculate what Dr
40 Kingswell wanted to convey.

Okay. You wrote paragraph 7?---I actually can't confirm that. I don't think I had that part of the document - - -

I see?--- - - - available to me.
45

I understand. Which part of the document did you have available to you?---Can I just refer to my statement just to clarify that?

Absolutely. Of course. Your statement – it's exhibit 4 of your statement, and the Delium reference number is – the first page is WNS.9000.0004.00001. The page number is 66. If the witness could be shown that page and the page following that. Just so you can orientate yourself. You see that the first page is page 1 of 4?---Yes.

5

See that?---Yes.

Turn to the second page, 67. You'll see that – the next page in your affidavit is page 4 of 4?---Yes.

10

And is your evidence that in fact, the only parts of the document you prepared were page 1 and 4, or is it that you're not sure?---I'm just – I just am not sure about that.

Do you have any reason for thinking that you didn't prepare pages 2 and 3?---No.

15

No, there's no particular reason. I just hadn't referenced that within my [indistinct]

I understand. When you were preparing to give evidence, you hadn't - - ?---Yes.

- - - read those pages because they're not in your statement; is that what you're saying?---Yes. Yes.

20

I understand. I understand. But just in terms of that paragraph 7 that I took you to – which is not here; you're quite right it's not here - - ?---Yes.

25

- - - I think your evidence is that you can't remember the discussions that led to paragraph 7?---I can't, no. And there are times when a brief may change along the chain of approval.

Yes?---And an example of that is clearly from when I authored it, I wrote Executive-Director as requesting it, but then it – there was a change in the request, so.

30

Yes. So it's fair to say that indeed it's possible that you never wrote paragraph 7 at all; it was possibly written by Dr Kingswell or even Chief Health Officer; is that what you're saying?---I can't actually verify it.

35

Of course not. But in terms of the usual practice that's followed within the Department in generating documents of this kind, the usual practice is you might prepare a first draft- - ?---Yes.

40

--- and then someone, perhaps Dr Kingswell, your direct reporter, might amend it?---That's possible. It's unlikely it would have been amended to a significant degree, but it's possible.

I understand. In your statement, you gave evidence that the model of care for the proposed facility at Redlands had not been fully developed?---Yes.

45

You said at paragraph 3.2 your evidence was:

The detail of a model of service for Redlands had not been fully developed.

?---Yes.

You remember giving some evidence about that?---Yes.

5 The evidence you gave to the Commissioner was that – to your understanding, was that models of care to be finalised within the Department needed to be signed by Dr Kingswell, signed off by, approved by Dr Kingswell?---Yes.

10 And you knew because he was your report that he had not done so for any model of care in respect of Redlands?---That was my memory.

I'm so sorry?---That's my memory, yes.

15 Yes. Is it your memory that he had been provided with a document that was the draft model of care for Redlands facility?---I can't recall whether he received a final draft or not.

20 One final document – and again, I apologise; it's not on the list that's arisen out of the questions that have been asked, for which I apologise, Commissioner. It's the last document, and it goes to this question: the reference is - - -

COMMISSIONER WILSON: Well, what is the document?

25 MR O'SULLIVAN: I'm so sorry.

COMMISSIONER WILSON: What is the document?

30 MR O'SULLIVAN: QHD.005.001.3152. And, Commissioner, it's a briefing note to the Honourable Geoff Wilson, the Minister of Health, from June 2011. It's been requested by the chief executive officer, Darling Downs West Moreton Health District Service and it's been approved by Geoff Wilson, Minister for Health, the principal policy adviser and someone identified as a senior policy adviser. The date of the senior policy adviser's signature is 7.7.2011. It's a document that's been
35 endorsed by, on the face of it, Dr Tony O'Connell, who you'll be hearing some evidence from next week who was at that time acting director general.

COMMISSIONER WILSON: So it's QHD.0005.001.3152, is it?

40 MR O'SULLIVAN: I have it as 005 rather than 0005, Commissioner. 005.001.3152.

So this is not a document that you prepared and you may never have seen it but I'm going to ask you about the content of it. Do you follow?---Yes.

45 To put you in the time period, we're now in July 2011 – I'm so – June/July 2011. The briefing I note I was taking you to, Dr Geppert, do you remember was May 2012?---Yes.

Do you follow?---Yes.

So I'm taking you back in time?---Yes.

5 COMMISSIONER WILSON: It's on the screen.

MR O'SULLIVAN: Thank you, Commissioner. If you scroll down to the subject line.

10 If I'm going too quickly, Dr Geppert, tell me to stop. Just read the subject line to yourself:

Updated finalisation, external review reporter to Barrett Adolescent Centre.

15 ?---Yes.

Just to put it in context, will you read paragraph 3, please. Read paragraph 4?---Yes.

20 Are you familiar with the review of 29 September 2009 into the Barrett Adolescent Centre?---Retrospectively, I believe I have seen that review, yes.

You may not have seen it in 2009 but you saw it subsequently?---I believe so.

25 Yes?---If it's the same document that I have in mind, yes.

Yes. I'll show it to you if you need to. Now, paragraph 9, please. So you'll see that the recommendations arising out of the 2009 report have been actioned and the matter's finalised. And then can you read to yourself 10 and 11, please?---Yes.

30 Is it consistent with your recollection – and if you don't know, say you don't know – that in June 2011 there remained to be completed the statewide model of service for the Adolescent Extended Treatment and Rehabilitation inpatient service?---Yes, I was aware that hadn't been completed, although I had only just started in my role
- - -

35 Yes?--- - - - within the branch at that particular time.

40 One of the things you became aware of when you started with the branch in about this time was that that statewide model of service was yet to be finalised?---Yes.

45 And were you aware that the recommendations – the recommendations arising out of the 2009 review will continue to be progressed in the respects set out at A and B, namely, a model of care should be formulated based upon currently available evidence and the nature of clients presenting to the service. Did you understand that was happening?---I didn't understand that direct link between the review and recommendations and - - -

I understand?--- - - - this brief here.

5 Did you understand in 2011 that the statewide model of service for the Adolescent Extended Treatment and Rehabilitation Service, the inchoate, if I can put it that way, model was going to affect the role and function and the future planning of the relocation of the service to Redlands? If that doesn't sound – if you don't understand, I'll try and make it into - - -?---Can you just repeat it a different way.

10 Just read 11B to yourself, please. The gist of what's being said is that the incomplete statewide model of service, when it becomes completed, will affect future planning about the relocation of the service to Redlands. Did you understand that to be a fact in June/July 2011? I'll put it another way: that Redlands – the Redlands concept was affected by the statewide model of service for the Adolescent Extended Treatment and Rehabilitation Service. That review of that model, was that going to affect Redlands, as u understood, were they two separate - - -

COMMISSIONER WILSON: Mr O'Sullivan, if I could interrupt, I think you should put the words that are in 11B rather than a paraphrase of them.

20 MR O'SULLIVAN: Thank you, Commissioner.

25 Concentrate again on 11B. Did you understand the proposition at 11B to be – was it something that you understood to be true and that you were aware – I'll break it down. Did you understand 11B to be true as at the second half of 2011, June, July, August 2011?---I didn't have any oversight or insight into the review and how it linked to the statewide service model development at all.

30 I understand. It was simply something in a general sense you became aware of but you weren't briefed on the detail of it?---No.

And it wasn't - - -?---I don't believe I was.

- - - something that you yourself were doing?---No.

35 Yes. Did you know – you may not know – do you know who was completing the statewide model of service for the Adolescent Extended Treatment and Rehabilitation inpatient service. Do you know who was charged with doing that as at - - -?---I can't - - -

40 - - - June 2011?---I can't recall specifically at that point in time. I'm aware that there was a subgroup of the statewide child and youth network or committee at least at a later date in the process and there was a subgroup under that committee that was actually developing that model of service. I can't say for sure that that existed at the time of June 2011, though.

45 I understand. What date was that committee and subcommittee?---I can't give you a - - -

Do you know who was the head of the first committee?---Yes, I believe that was – Ms Judy Krause was the chair of the statewide child and youth - - -

5 I understand?--- - - - committee.

I understand. So to summarise, the issues in paragraph 11 you were familiar with upon joining the unit in about June 2011. The details of it you can't really assist with because it wasn't something you were personally involved in; is that fair?---In fact, I think it was much later that I even became aware of that review existing.

10 I understand?---So much later - - -

Now?--- - - - than June 2011.

15 Your evidence that you gave in your statement that you understood that the model of service for Redlands hadn't been completed, what was the key basis of that evidence, what was – how did you come to know that?---So in – within my role, once I actually moved into the Director of the Mental Health Alcohol and Other Drugs branch, just giving context that I started as the assistant director, Dr Kingswell was the director.
20 Dr Kingswell then moved into the Executive Director role and then I applied for and was successful in getting the director role of that particular unit within the branch.

Which unit, I'm sorry?---The partnerships and planning unit - - -

25 Yes?--- - - - of the Mental Health Alcohol and Other Drugs branch.

Yes?---As part of the director role of that particular unit, models of service, as they were being – nearing final draft - - -

30 I understand?--- - - - would come through to that director position - - -

I understand?--- - - - for consideration and feedback.

35 And was it after you promotion to the director role that you became aware of the matters that you're now referring to?---Yes. So it was within that role that then I believe Dr Sadler as the lead for that sub-committee around the Barrett Adolescent review team – model of service review team – there were occasions when he would send me a draft around that.

40 I understand. When were you promoted to the director role?---Can I just refer to my - - -

Of course?--- - - - documents around that. So I believe it was from September 2012 that I would have been appointed into the director role.

45 I see. I think your earlier evidence is that when you joined the unit in about the middle of 2011 you became aware that there was a review for consideration of the

service model for the Redlands facility. Is it possible that you were mistaken and that you in fact are recollecting something you found out later? Or do you still think that you were – you did become aware of that in June 2011?---No. I was aware of the model of service project – statewide project - - -

5

I see?--- - - - and that within that there were a whole range of models of service being developed.

10 Yes?---I can't comment whether specifically in June 2011 what that draft was up to or what point in development it was up to.

I understand. I understand. Commissioner, I tender the document I have been troubling the witness with – QHD.005.001.3125 and the earlier document that I took her - - -

15

COMMISSIONER WILSON: The earlier offering being the signed copy of the May briefing note. Is that correct?

20 MR O'SULLIVAN: No. I was – I think that's already in evidence. It was rather the – it was the document of the Parliamentary Secretary of 18 June 2010. It's a brief for noting to the Parliamentary Secretary for Health Living from the chief health officer and it referred to the Queensland Health youth mental health policy being reviewed with an anticipated completion in late 2011 that the witness - - -

25 COMMISSIONER WILSON: Very well.

MR O'SULLIVAN: - - - didn't know much about.

30 COMMISSIONER WILSON: That document which was QHD0070013528 will be exhibit 00219.

EXHIBIT #00219 ADMITTED AND MARKED

35

COMMISSIONER WILSON: And the document which is QHD0050013152 will be exhibit 00220.

EXHIBIT #00220 ADMITTED AND MARKED

45 MR O'SULLIVAN: Just finally, you gave evidence that the working assumption, on your part anyway, was the operational funding which was associated with the Barrett Centre would be available for other services for those young people who were being provided with services at the Barrett Centre. Do you recall giving that evidence?---So the - - -

The operational - - -?---The – yes. The operational funding was to be – the anticipation or expectation was that it was retained to provide funding for Child and Youth Mental Health Services and where – at least where possible that it would be retained for the young people who needed subacute - - -

5

And - - -?--- - - - extended treatment inpatient care.

Did you know the extent of the dollars – approximately the dollars of operational funding that were available in the 12 months ending December 2013 – or June 2013.

10

Did you know how much money there was?---I know that there was approximately 1.8 million available remaining from the Redlands – cessation of the Redlands project.

Per year?---Yes. Recurrent.

15

Yes?---Between 1.8 and 2 – I can't be clear – 2 million. And I'm aware that the entire operational recurrent funding bucket from the Barrett Adolescent Centre would go across.

20

And wasn't that about \$4.2 million?---I believe it was about three – 3.5 to 3.9.

Was that a budget or an actual spend?---I'm not sure about that.

25

Do you have a recollection of another three point - - -?---I – I think it was about 3.5 or 3.9.

Per annum?---Yes.

Given the time, I have no more questions, Commissioner.

30

COMMISSIONER WILSON: Thank you. Now, I'm sure you'll have some questions, Ms McMillan.

MS McMILLAN: About 10 minutes.

35

COMMISSIONER WILSON: I think we should have the lunch break first.

MS McMILLAN: Yes. Commissioner, would you mind if we returned somewhat early? Would 2.15 be too early?

40

COMMISSIONER WILSON: Does it suit everyone else?

UNIDENTIFIED SPEAKER: Yes, Commissioner.

45

COMMISSIONER WILSON: That's fine.

MS McMILLAN: I think my learned friend, Mr Freeburn, says he won't be long with his questions.

MR FREEBURN: No. I think I'll be 10 minutes in the closed session.

5

COMMISSIONER WILSON: 2.15. While I have all counsel here, can I ask you, please, to review your time estimates for Monday. It looks a very busy day at the moment already with the estimates I have. And given what's happened in the last two days I'm very concerned that we may not finish. So I would ask everyone, please, to be very careful with their time estimates for Monday and succeeding days because some of the succeeding days have a number of witnesses. For example, Tuesday we have Dr O'Connell, Dr Cleary, Mr Maynard and Lesley Dwyer [indistinct] so 2.15.

15

WITNESS STOOD DOWN

20

ADJOURNED [1.06 pm]

25

RESUMED [2.17 pm]

30

LEANNE GEPPERT, CONTINUING

35

EXAMINATION BY MS McMILLAN

COMMISSIONER WILSON: Ms McMillan.

40

MS McMILLAN: Yes. Thank you, Commissioner.

45

Dr Geppert, I just want to ask you a few questions. You were asked questions by Mr McMillan – no relation – about representatives of DEET – if I can call them that – on a particular committee that you were involved with. Is it correct that there were representatives of DEET on, firstly, the ECRG?---Yes. That's correct.

50

Mr Rodgers. Is that right?---Mr Kevin Rodgers. Yes.

And also on the planning group?---Yes. That's correct.

55

Was it Michelle Bond, the principal of the Royal Children's Hospital School?---Yes. Correct.

Right. Thank you. Now, a further think I want to take up with you, you were taken to your statement where you referred to Dr Stathis and approaching him for funding. This is, as I understand, in relation to transitional patients - - -?---Yes.

5 - - - and if you needed funding. Dr Stathis was also on the ECRG, wasn't he?---No. He wasn't on the ECRG. It was my recollection that he was on the planning group.

Planning group?---Yes.

10 And he was also on the interestingly named SWAETRI?---Yes. I understand he was the co-chair - - -

Right. Okay?--- - - - of that committee.

15 And that in your view, given his membership of those – just those two bodies – did that in your view assist in streamlining, if I can put it that way, issues such as funding for these patients?---Sorry, I just need to think back about the timelines.

20 Okay. So what I mean is Dr Stathis had been involved in the planning group - - -?---Yes.

- - - at Barrett. He was also involved at that time with SWAETRI?---Yes.

25 Right. So do you think that was of assistance in approaching him, for instance, on issues such as funding that he was involved in a number of layers, if I can put it that way, throughout Children's Health?---Yes.

30 Right. Thank you. Now, can I take you, please, and I have indicated this to the IT operators, the ECRG minutes of 7 December 2012 which is CHS0010016054. And can I take you please to the third page in under four New Business. If you scroll down, please, to – continue on down to the bottom of the page. You will see ECRG – ECRG – noted the models – innovative strategies and models such as using the non-government sector. Now, you recollect that?---Yes.

35 And is it the case that you were actually provided subsequent to that a document outlining the relevant NGOs?---Yes. So as – as part of that process there was a clear deliberation regarding a whole range of service providers across the sector and it was identified that we needed to become very familiar with what was available within the NGO sector.

40 Could Dr Geppert please see the document head WMS1001005100053. Commissioner, you may not have seen that. That was produced this morning to Counsel Assisting and to the IT people. I've given my learned friends copies of it in hard copy.

45 COMMISSIONER WILSON: What is it?

MS McMILLAN: It is adolescent mental health services delivered by non-government organisation dated 15 January 2013.

5 Is that a copy of the document that I've just taken you to outlining the various NOGs?---Yes. I believe it is.

That could be utilised. Yes?---Yes.

10 I tender that, Commissioner. I can give you a hard copy for the moment, Commissioner, if you'd like to look at that.

COMMISSIONER WILSON: Yes, please

15 MS McMILLAN: It's unredacted – the one I'm giving you.

COMMISSIONER WILSON: That's alright. That will be exhibit 00221.

20 **EXHIBIT #00221 ADMITTED AND MARKED**

MS McMILLAN: Thank you. Dr Geppert, could I also, please, take you to – it's an annexure – I'm sorry. You've been taken to this before. It is the ECRG recommendations July 2013 and the document is headed CHS0010016929. Right.
25 Thank you. Could you go to the next page. Now, you remember – I think you may have been asked some questions about this, Dr Geppert?---Yes.

30 Right. Now, on the left hand we obviously have the ECRG recommendations. The right hand are the corresponding planning group recommendations. Correct?---Yes.

And we know that you chaired the ECRG - - -?---Yes.

35 - - - committee, didn't you, and you were – did you also chair the planning group?---No. That was Ms Kelly.

Alright. Okay. But you were involved in it?---I was a member.

And you're familiar with the content of this document?---Yes.

40 Right. Now, can I ask you, please, to look at that. The ECRG recommendations (a) – this is under broader consultation and formal planning processes. You have the recommendation from the ECRG. Then the planning group recommendations. The first one:

45 *Accept with following considerations and responsibility for this task is at the branch and children's health. A collaborative partnership is proposed.*

Do you understand what that meant – or what is your understanding of that?---My understanding of that was that there was a very clear expectation that there were a range of key stakeholders in both the decision-making from that point forward and the implementation of the strategy. And it was identified at that point in time that the
5 key stakeholders were those two other bodies and West Moreton.

Right. Thank you. The next one down:

10 *Formal planning, consultation with stakeholder groups will be incorporated into the statewide planning and implementation process.*

Is that part of SWAETRI or is that something different? So it's recommendation (b) from the ECRG and the corresponding one from the planning group?---So yes, I – I think the expectation around that would have been covered off through the statewide
15 – the SWAETRI committee.

Right. Thank you. Now - - -?---Can I just add something, too, I'm sorry - - -

20 Yes?--- - - - about your – just your previous question. I just want to make it clear, too, that the reason why the branch and the Children's Health Services did need to be key stakeholders was that we were talking about a statewide service. West Moreton didn't have a statewide role to play and so it was very important that statewide stakeholders did get involved in the process.

25 Well, in fact further on in that document the last heading is Equitable Access to AETRS. That's the extended outreach, isn't it – extended treatment, sorry?---Can we just refer - - -

30 Yes. If we go to the last page of that document – sorry, back, yeah. Thanks. So ATRS: that clearly isn't going to involve West Moreton, is it, provision of services in North Queensland; correct?---Not directly. So West Moreton doesn't have any kind of governance or authority at a state-wide level - - -

35 Yes?--- - - - across child and youth mental health services.

All right. Although, undoubtedly – and we know that there was some involvement with other regions in Queensland, pursuant, for instance, to transitional arrangements for some of – some young people?---Yes. So in the delivery of services through the Barrett Adolescent Centre, absolutely; that was a state-wide service and there was
40 some role there. But beyond that - - -

All right. Can we go back to page 2 of that document. Right. Now, we come to the issue about tier 3, which is heading 2. Now, can you explain, please, what your understanding of tier 3 is? My learned friend, Mr Freeburn, used the word
45 “building” at one stage, “service” at another. What do you understand tier 3 actually means for the purposes of the ECRG recommendations?---I don't have a concept of it being a building, as in bricks and mortar. A tier 3 service, to me, is what you would classify

as the most – the highest level of service with the most extensive and comprehensive resources to provide, I guess, young people with, maybe, particularly complex or particularly unusual – or a combination of both symptoms or mental health problems that need to be supported.

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Or even, indeed, social problems that might need to be addressed. So just so I understand this, you've been asked about the subacute beds that were made available at Mater and then Lady Cilento?---Yes.

10 Is my understanding correct that that's just one option that you might look at for a tier 3, something like a subacute bed; is that right?---Yes. I think it's actually, if I can say it this way, too simple to see a tier 3 service as a bed. I think it's much more than a bed.

15 Right?---It's about the team, the experience of the team, and that might come from all different teams. It might be that you need input from all different types of the parts of the sector in order to be able to achieve what a young person might need at a tier 3 type of service.

20 All right. Well – so give as an example of what that might involve in terms of utilising different sectors?---So if I can give an example of a young person's package, maybe, so it might be that you would have some kind of an acute inpatient bed or some – or any kind of inpatient bed. You might necessitate that their package also needs to include contracted services from a non-government organisation. That might involve, for example, let's say, four or five hours of additional activities and support through the day. So you might add that into the package. You would think about whether there are particular services within the community that that young person might be able to access, even though they're in an acute inpatient setting and engage them in those services to support - - -

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What sort of services might those be?---Well, you might look at engaging a young person in something like Headspace, a service like Headspace, or it might be more of a social-based group that engages the young person in the community and continues as they might be discharged from the bed, but continues to support their recovery and rehabilitation.

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And is this the case, that if we specifically look – and I'm not going to name any particular patients – who were transitioned out of Barrett, was it the case that if they still needed a tier 3 or an equivalent tier 3, did West Moreton provide funding, if necessary, to make sure that that package was fulfilled, if you like, for that young person?---Yes. So what – what would happen is if it was identified in any way – and that might be identified through a range of different sources; it might have come from a family member, for example, or it might have come from the clinical team – that something in addition to whatever existed currently in the system was required, the clinical team would consider that, and then the – those services would be clearly costed and contracted and provided as part of the package, and the funding for that

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came through the Mental Health, Alcohol and Other Drugs Branch, and it was on top of what would normally be available within the system.

5 So when you say within the system, is that child held, generally? What's involved in the system? What do you mean for West Moreton?---So – no. It could be from within the local community of where the young person had moved to following discharge, and, in fact, that was preferable. And you might contract – for example, if the young person needed accommodation, then that could be part of the package. So that could have – and I believe in one case that was identified as something that was
10 needed, and a contract was entered into around that. Another example is additional supervision and support with daily living skills and social activities through the day, and an NGO could be contracted to come in and do that.

15 All right. Thank you. Just excuse me, Commissioner. You've been asked quite a lot of questions about a briefing note that you prepared about the Redlands project in 2012?---Yes.

20 And I think you said that you prepared it at the direction, if I can put it that way, of Dr Kingswell; is that correct?---At the request of Dr Kingswell, yes.

Yes. Is it the case that you yourself wouldn't have had the authority to cancel Redlands yourself?---Absolutely not.

25 Right?---Not at my level.

No. Thank you. Thank you. I have nothing further.

30 COMMISSIONER WILSON: Now, do you have anything else in the open hearing, Mr Freeburn?

MR FREEBURN: Just one point, please.

35 **EXAMINATION BY MR FREEBURN** **[2.32 pm]**

40 MR FREEBURN: Dr Geppert, Ms Wilson, who was here before but not here anymore, asked you some questions about the transition process involving Dr Brennan?---Yes.

45 Were you aware that – whether Dr Brennan was reporting that she was having difficulties locating the services for these young people who she was transitioning, or were you aware that she was reporting that there were no difficulties?---It was certainly a part of discussions in the weekly meetings. The – Dr Brennan would bring to those weekly meetings I need extra support locating a particular service of this type for a young person, and – so, yes, I was aware of those requests, and it was

part of the overall expectation of the project that if any concerns or barriers were raised or were evident that they were raised so that we could problem solve those.

5 And were difficulties reported to – in these weekly meetings by Dr Brennan?---Yes.

Quite a number, or not many or - - -?---I don't think I can quantify it, but I do recall that, yes, Dr Brennan would, for example, say, you know, I would prefer that this young person go to this type of service. I'm having some trouble accessing that particular service or a placement in that service, and she would table that as, you know, an opportunity for us to then problem solve or – if we could at that level, and if not, to then problem solve how we would address that particular challenge.

10 Was – the problems that Dr Brennan was reporting: were those problems about finding services to take these young people?---I think – I think that would be reasonable, to say that, in some occasions.

And – but I take it from your answer before you gave the Commissioner an example, that you don't have any specific recollection of specific instances?---I can give one example, but I'd rather do that in a closed hearing, if that's possible.

20 All right.

COMMISSIONER WILSON: All right. Well, we will close the hearing at this stage, so there will no doubt be some people in the back of the hearing room who will have to leave, and the live streaming must be turned off.

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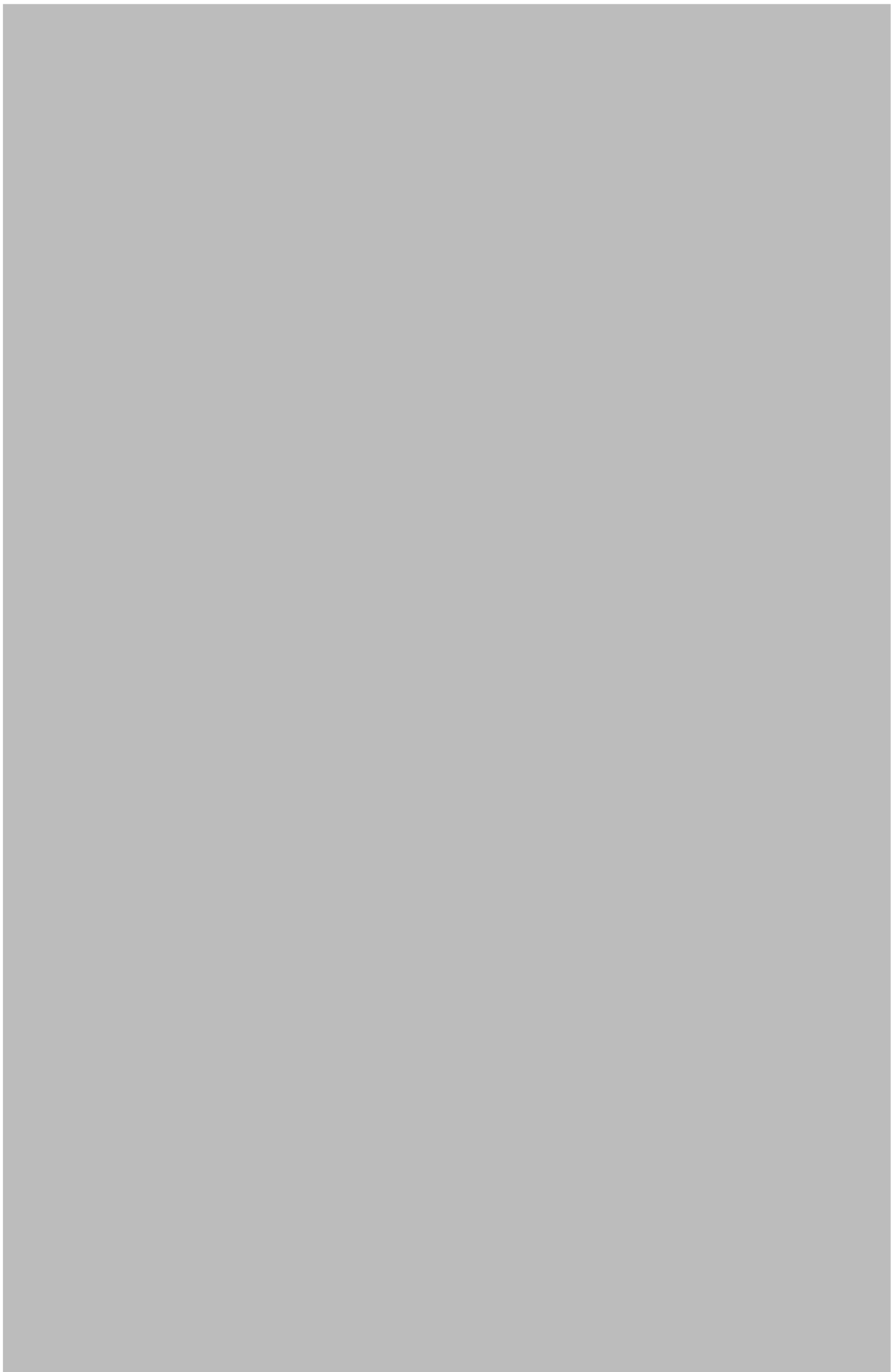
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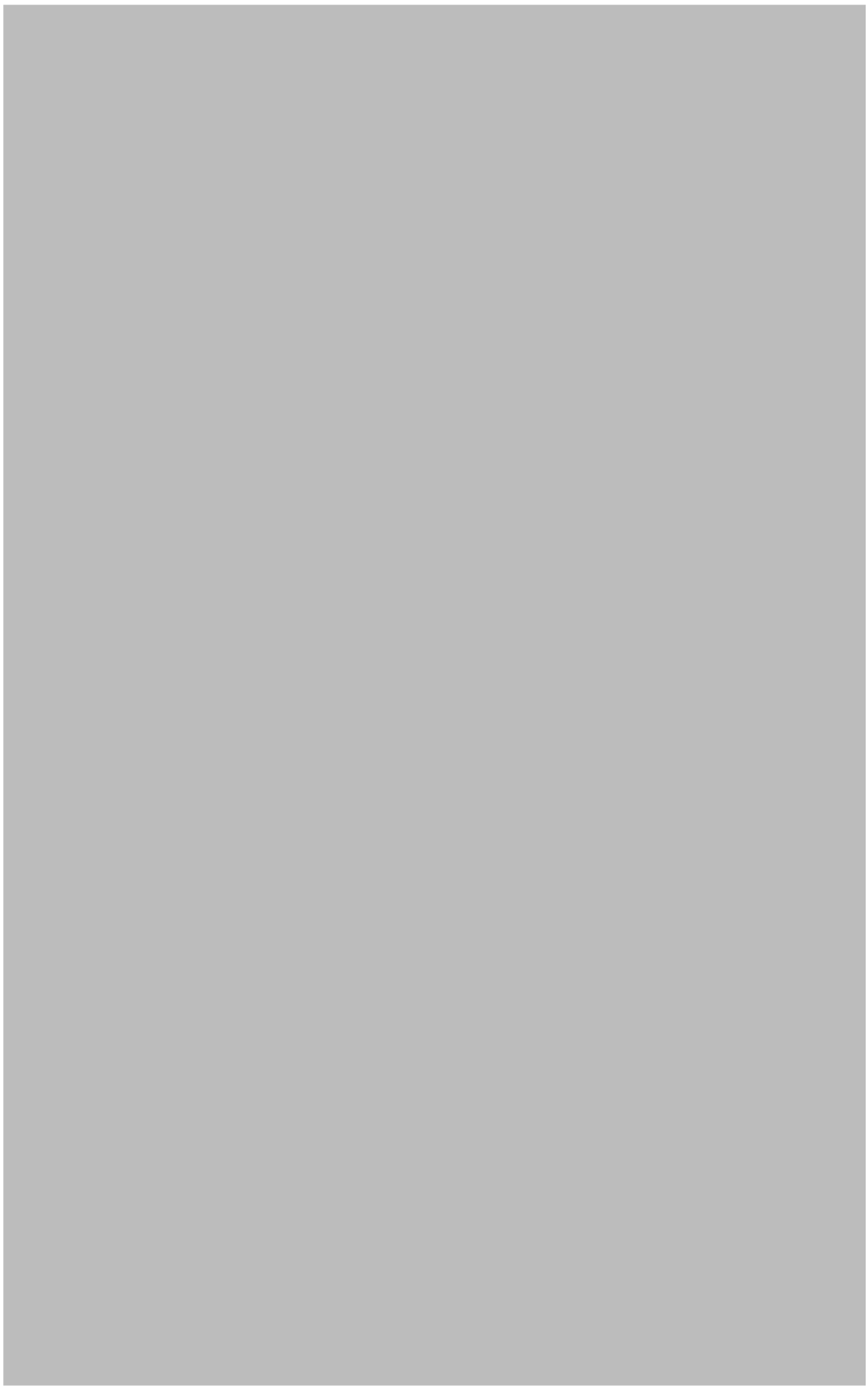
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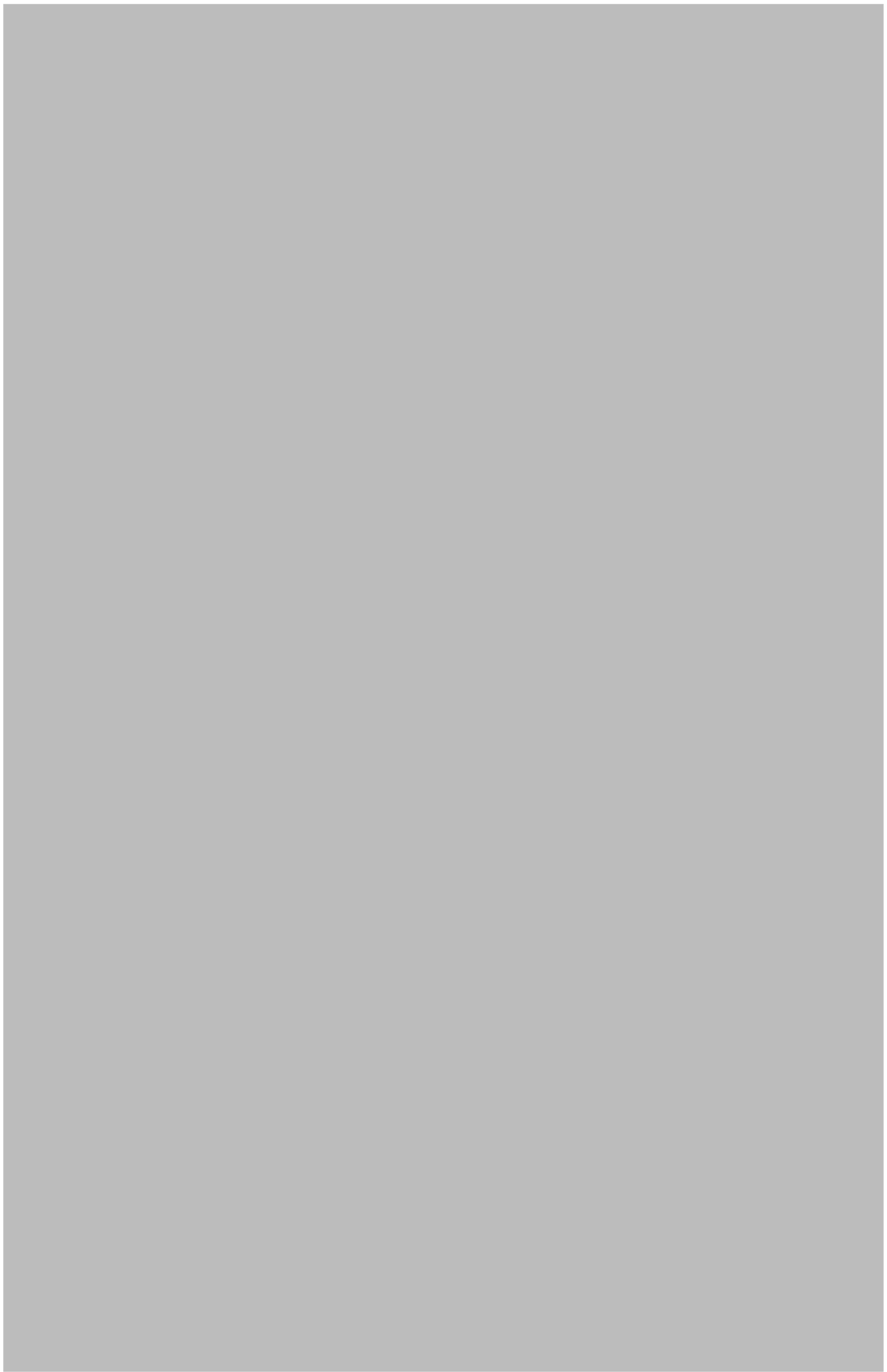
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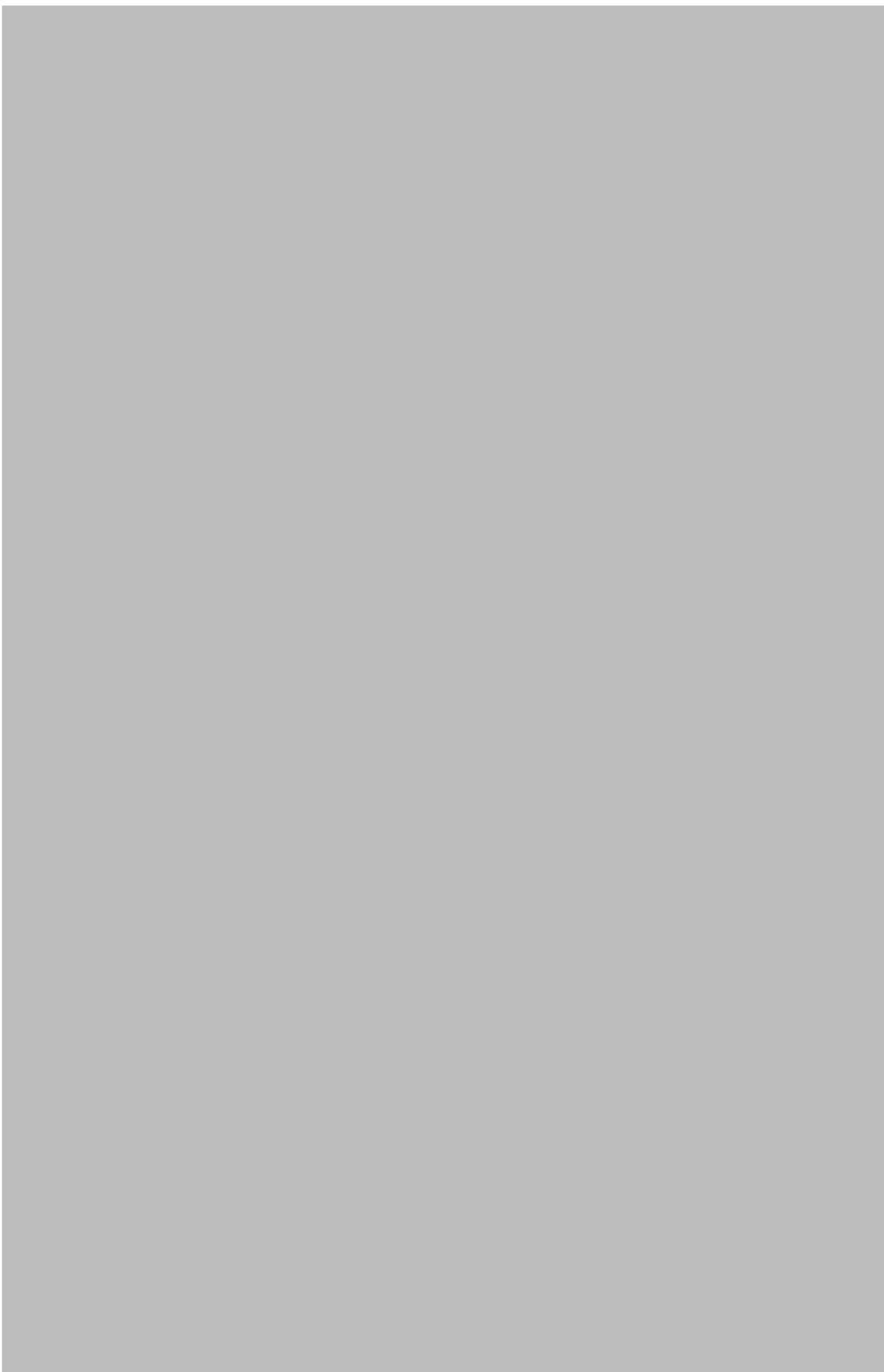
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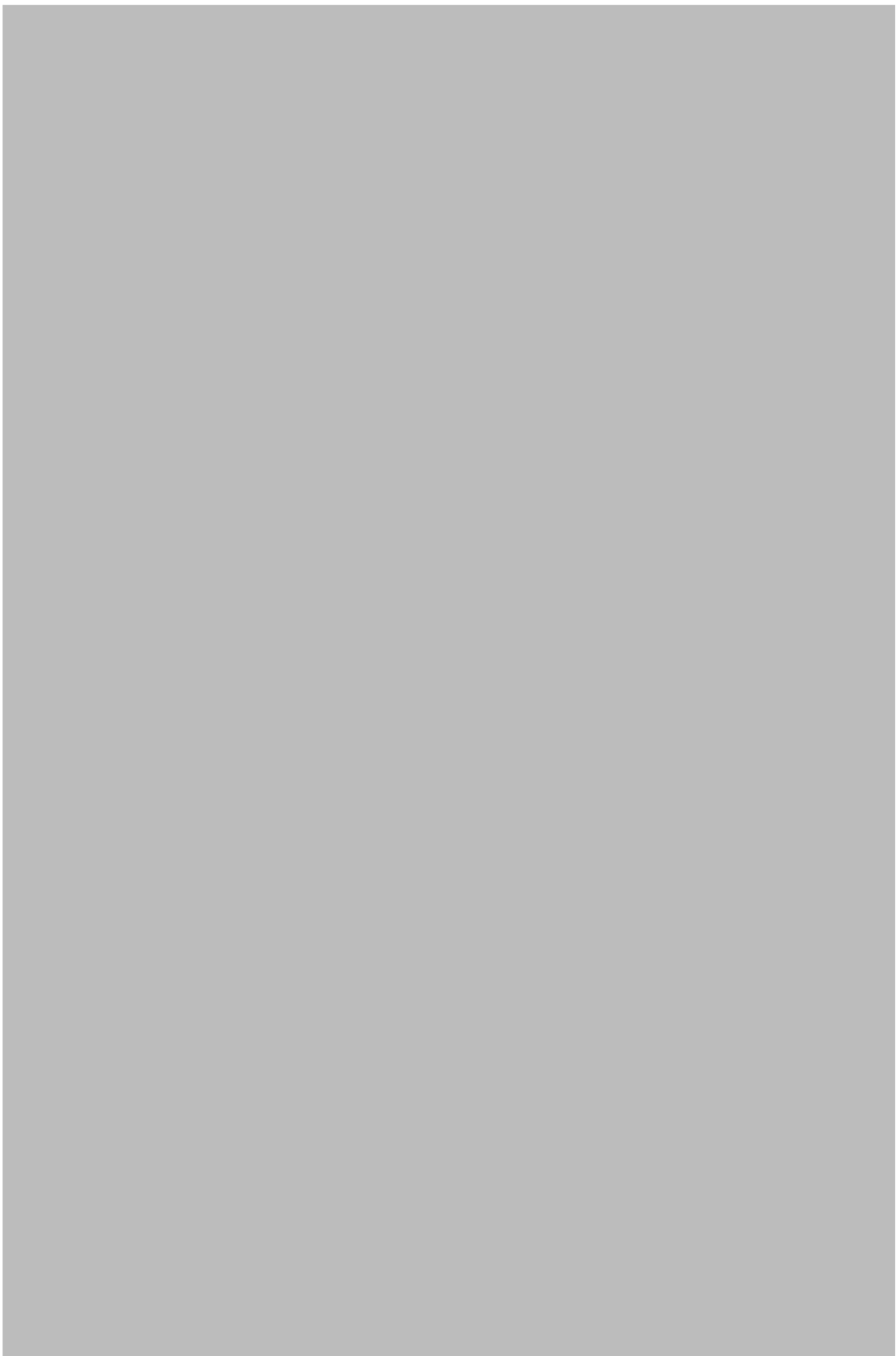
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