In the matter of the *Commissions of Inquiry Act 1950*
Commissions of Inquiry Order (No. 4) 2015
Barrett Adolescent Centre Commission of Inquiry

SUPPLEMENTARY SUBMISSIONS ON BEHALF OF STATE OF QUEENSLAND

Table of Contents

1. TIMING OF NEW SERVICES

1.1 Issue

1. At the hearing on 11 April 2016, Counsel Assisting observed that:

   (a) it is uncontroversial that:

      (i) the responsibility for implementing the transition arrangements rested with West Moreton Hospital and Health Service (**West Moreton HHS**) with oversight from the West Moreton Hospital and Health Board (**West Moreton HHB**);

      (ii) the development of the new range of contemporary service options was and is being led by Children's Health Queensland Hospital and Health Service (**CHQ**);

   (b) Counsel Assisting are no longer contending, as they had in their opening, that West Moreton HHS and CHQ performed their responsibilities in isolation;

   (c) Counsel Assisting now contend that there is controversy about whether there were satisfactory lines of communication and coordination between CHQ and West Moreton HHS about when, or if, these new services were to be available to the patients of the Barrett Adolescent Centre (**BAC**) transitioning out of the centre as a consequence of its closure.[1]

2. Counsel Assisting submit that '*there was some mixed messages and some confusion ... between what Children's Health Queensland and West Moreton thought was going to be operational when the Barrett Centre closed*'.[2]

3. The Commissioner has expressed interest in hearing further submissions with respect to this general issue with respect to the period between 26 August and 29

[1] T26-27/L11-27.
[2] T26-27/L45 – T26-28/L2 and T26-31/L45 – T26-32/L2.

November 2013. In particular, the Commissioner has sought assistance on the following issues:[3]

(a) What if any conclusion did the steering committee come to as to how long it would take to develop, let alone implement, these models of care?

(b) Was that realisation being transmitted to West Moreton?

(c) Was that Dr Geppert's responsibility or was it someone else's?

4. The Commissioner also stated:[4]

> *Well, what's confusing me is this: the picture that I have in my mind – and you can correct me if I've misunderstood the evidence – but the picture I have in my mind is this, that at least the West Moreton Board didn't have any appreciation until possibly November how long it would take to develop these new services, that the discussion with the Minister on 15 July must be seen against that background, that possibly it was not until the steering committee met on 26 August that those who were going to be hands on in developing these models of care became involved and, hence, not until then but there were the first signs of any realisation as to how long this was going to take.*
>
> *And then I'm puzzled, I have to say – I will need to be taken to the evidence – about Dr Geppert's position in all of this because she seems to have been present at a number of meetings. And, as I recall Dr Stathis' evidence, he, at least, seemed to regard her as the link between the steering committee and West Moreton. Now, what's puzzling me is if my tentative view of the evidence is correct, did she not go back to West Moreton? And if she did, was it simply to someone such as Ms Kelly or Ms Dwyer but it didn't filter back to the Board what the position truly was? It's very puzzling. So if you can enlighten me as to whether those observations are in accordance with the evidence and, if not, why not, I'd be grateful.*

5. The Commissioner has indicated a desire to '*cover this in some precise detail*',[5] particularly in terms of the timeframe between May 2013 and November 2013.[6]

6. Set out below is detail of the evidence that indicates, at various times between May 2013 and November 2013, the extent of knowledge about the availability of services and who possessed the knowledge. It does not purport to be a comprehensive analysis of all the Statewide Adolescent Extended Treatment and

[3] T26-41/L17-22.
[4] T26-45/L33 – T26-46/L4.
[5] T26-29/L41-42.
[6] T26-33/L15-16 and T26-41/L17-22.

Rehabilitation Implementation (**SWAETRI**) Strategy Steering Committee (**Steering Committee**) meetings, Chief Executive and Department of Health Oversight Committee (**Oversight Committee**) meetings, West Moreton HHB meetings and correspondence and any other meetings.

1.2 State's position on the issue

7. There is overwhelming evidence that there was good communication and good coordination between CHQ and West Moreton HHS.

8. A chronology assists in appreciating the level of communication and interaction between CHQ and West Moreton HHS.

9. As is demonstrated by the evidence below, there was no '*mixed messages*' or '*confusion*' between relevant representatives of CHQ and West Moreton HHS about the services that would be available to the transition clients and the proposed timing for the development of a new suite of services.

10. Members of West Moreton HHS were embedded in the committees tasked with the planning and development of the new suite of services.

11. It must be noted that in terms of the development of alternative services, at all relevant times, both CHQ and West Moreton HHS appreciated that there were two processes running in parallel, namely:

    (a) the planning and development of the suite of services that would provide a long-term alternative to the BAC; and

    (b) detailed case management planning for each existing transition client to develop '*wrap-around*' care or services to ensure the needs of each existing client of the BAC would be met.

1.3 Chronology

1.3.1 24 May 2013 - West Moreton HHB meeting

12. On 24 May 2013, West Moreton HHB discussed the recommendation of the Planning Group that proposed the closure of the BAC, and the issues that the recommendation presented.[7]

13. The agenda paper circulated before the board meeting records:[8]

> *7. The ECRG submitted a Preamble and the Service Model Elements of an Adolescent Extended Treatment and Rehabilitation Services document (refer Attachments 1 and 2) to the Chair of the Planning Group on 8 May 2013. These documents were reviewed by the Planning Group on 15 May 2013.*
>
> *8. The Planning Group accepted all recommendations of the ECRG, with some caveats for note (refer Attachment 3).*
>
> *9. The Service Model Elements document (and the associated recommendations for an alternative model of service) allows for the safe and timely closure of BAC.*
>
> *10. Given 10 out of 16 young people from the current BAC inpatient group are aged 17 years or over, and that the length of stay is up to 2 years in several cases, it is considered clinically adequate to provide a four month timeframe to complete discharge planning and aim to close BAC on 30 September 2013.*
>
> *11.* ***The closure of BAC is not dependent on the next stages of progressing and consulting on a statewide service model; instead, the closure process is relevant to the needs of the current and wait-list consumer group of BAC, and the capacity for 'wrap-around' care in their local community services. The Planning Group noted this was feasible to commence now.***
>
> *...*
>
> *15. The next phase of statewide consultation and service planning for adolescent extended treatment and rehabilitation service is proposed to be collaboratively led by Children's Health Services and the Mental Health Alcohol and Other Drugs Branch.*

14. The only members of the West Moreton HHB from whom Counsel Assisting presented evidence were Dr Corbett and Mr Eltham.

---

[7] Exhibit 50 Statement of Mr Eltham WMB.9000.0002.00001 at .00129.
[8] Exhibit 41 Statement of Dr Corbett WMB.9000.0001.00001 at .00146 and .00147.

15. Ms Dwyer, Chief Executive Officer of West Moreton HHS, and Ms Kelly, Executive Director Mental Health and Specialised Services for West Moreton HHS were also called to give evidence.

Dr Corbett

16. During her oral testimony, Dr Corbett:

(a) confirmed that, as a member of the West Moreton HHB, she relied on paragraphs 7 to 10 of the agenda paper, to inform her discussion and decisions at the meeting on 24 May 2013;[9]

(b) explained her understanding, as at May 2013, of the gist of the advice of the Barrett Adolescent Strategy Planning Group (**Planning Group**) was:[10]

> *... that the target group is the current and waitlisted patients. And it is not imperative that a statewide model is operational for those patients.*

(c) confirmed that, as at May 2013, she understood that Children's Health Services [11] and Mental Health Alcohol and Other Drugs Branch (**MHAODB**) would lead the next phase of statewide consultation and service planning for adolescent extended treatment and rehabilitation services;[12]

(d) explained that from May 2013 onwards her primary focus was on ensuring that proper and appropriate wrap-around care was being provided to the patients of the BAC and those on the wait-list, rather than the finalisation of the model for the new statewide service, as the two were occurring in a '*parallel sense*' with the governance for the finalisation of the model for the new statewide service resting with CHQ;[13]

---

[9] Corbett T9-59/L26-47. See also Corbett T9-49/L20-28 – it is apparent that the minutes did not record the discussion that occurred at the meeting, only the actions and decisions.
[10] Corbett T9-60/L1-8.
[11] Children's Health Services became CHQ after 1 July 2013.
[12] Corbett T9-60/L14-18.
[13] Corbett T9-60/L22-33. See also Corbett T9-49/L20 – T9-51/L34 – it is evident that the services Dr Corbett was focusing on for the existing patients were those that were '*bundled in this wraparound care*'.

(e) explained that her focus was not on the finalisation of the new statewide model suite of services because that was resting with CHQ.[14]

(f) the Board received advice from "our executives but with the knowledge they were working with and collaborating with executives from HHS and the Department."[15]

Mr Eltham

17. During his oral testimony, Mr Eltham:

(a) confirmed that the information at paragraphs 5, 6, 10 and 11 of the agenda paper was information provided to the West Moreton HHB at the 24 May 2013 meeting and were '*part and parcel*' of what was considered;[16]

(b) confirmed that, as at 24 May 2013, he understood that the consultation and service planning for the next phase of adolescent extended treatment and rehabilitation services would be undertaken by CHQ and MHAODB, not West Moreton HHS and while the principles on which it was recommended that future planning would be based were known, the detail was not as it had yet to be developed;[17]

(c) explained his understanding that the existing BAC patients would be discharged in an '*interim*' period where the new '*tier 3*' option would not be available and so there would be a need to provide those patients with '*wraparound care*' that would entail:

> *... a constellation of services ... or a aggregation of services which are tailored to the individual needs of the patient and also have been geared to ensure that the care they require will be available to them when and where they require it. So it certainly implies, in my mind, a level of service provision which was greater than would have been normally provided by community mental health services as outpatient treatment. It required a – quite a range of services*

[14] Corbett T9-60/L25- 40
[15] Corbett T9-60/L35 – 40.
[16] Eltham T9-26/L T9-59/L26-47.
[17] Eltham T9-20/L20 – T9-21/L26.

> *being melded together into a – a very comprehensive package or suite of services for each individual client.*[18]

(d) also stated:[19]

> *And what – what was the interim measures that you or the board proposed? This gap that was between the BAC closing and the new tier 3?---Well, I think there are two parts to that. One is to do urgent work on developing that plan of extended treatment for that group of clients and to also undertake the detailed case management planning for each client that would ensure that there were adequate services around them.*
>
> *Mr Eltham, what I want to suggest to you is this: there was tier 3, no new tier 3 on the horizon, was there? – Not that we were made aware of at that point.*
>
> *So these interim arrangements that we're talking about could be one, five, 10, 20 years? – I don't believe that five, 10 or 20 years would come into the calculation. we would have been appalled if there was a thought that nothing would emerge for five years. one year or perhaps two would be within the frame, but certainly not the time frame you've referred to.*

Ms Dwyer

18. Ms Dwyer, the Chief Executive of West Moreton HHS, was also present at the West Moreton HHB meeting of 24 May 2013.[20]

19. She was not questioned about her understanding of the Board papers.

20. However, it is apparent from her answers to the questions she was asked about the ECRG report and a '*tier 3 service*' that she also viewed there to be two processes at play in terms of the development of services.

---

[18] Eltham T9-5/L20 – T9-7/L43, particularly at T9-7/L15-24. See also T9-8/L9-20, where Mr Eltham explains his understanding that there would be '*two sets of plans*' – one for the future services and one for the transition of the each individual existing client; and T9-11/L40-44, where Mr Eltham explains the two parts to the new services as the plan of extended treatment (i.e. the future plan) and the detailed case management plan for each client (i.e. the wrap-around services for existing clients).
[19] T9-11/L40- 9-12/ L5
[20] Exhibit 49 Statement of Dwyer para 7.1(d).

21. In particular, Ms Dwyer explained that:

    (a) she recognised that there would be a gap from the time of closure of the BAC until the suite of adolescent mental health services at a statewide level would be available;[21] but

    (b) the transition plans for the adolescents remaining at the BAC did not require the services being developed as statewide services as they had individual transition plans that were developed for each adolescent.[22]

Ms Kelly

22. The author of the agenda paper,[23] Ms Kelly, explains that during the period the planning group considerations were under way, being May 2013, she received assurances from Dr Kingswell that a youth residential extended treatment facility would be established in southeast Queensland by around January 2014.[24]

23. This provides additional context to the information at paragraph 11 of the agenda paper.

24. Ms Kelly was present for the meeting of the West Moreton HHB on 26 May 2013. She appreciated that, for the transition clients, the closure process would involve reliance on developing individual '*wrap-around*' services, rather than reliance on the operationalisation of the services the subject of the statewide consultation and planning proposed to be led by Children's Health Services and the MHAODB.[25]

25. Ms Kelly also understood that the West Moreton HHB's approval of the closure of the BAC was contingent upon there being sufficient and adequate services for the current in-patients and those on the wait list.[26]

---

[21] Dwyer T12-98/L17 – T12-99/L29.
[22] Dwyer T12-99/L16-44.
[23] Exhibit 66 Statement of Ms Kelly para 11.2(c) WMS.9000.006.00001 at .00010.
[24] Exhibit 66 Statement of Ms Kelly para 11.24 WMS.9000.006.00001 at .00017.
[25] Kelly T11-17/L1 – T11-18/L23.
[26] Kelly T11-75/L22-28.

Minutes

26. The minutes of the meeting record at 5.1:[27]

(a) that the West Moreton HHB:

(i) recognised that the BAC was no longer suitable but was concerned that there was, at that time, '*no alternative for consumers*';

(ii) noted the recommendations of the Barrett Adolescent Strategy Planning Group, and '*the need to move as rapidly as possible to an alternative model based on those recommendations*';

(b) a number of actions, namely:

(i) updating the Minister regarding the proposed closure, plan for development of alternatives and community engagement strategy;

(ii) seeking Ministerial approval to not accept any further patients into BAC;

(iii) engaging with CHQ and MHAODB regarding planning for the future model of care;

(iv) pursuing discharge of appropriate current patients with appropriate '*wrap around*' services; and

(c) approval of the development of a communication and implementation plan, inclusive of finance strategy, to support the proposed closure of BAC.

27. It is apparent from this document that, in terms of '*alternative services*', the HHB was considering two issues:

(a) the future model of care, the planning of which was to be the subject of engagement between West Moreton HHS, CHQ and MHAODB; and

[27] Exhibit 50 Statement of Mr Eltham – Board minutes at WMB.9000.0002.00129 and .00130.

(b) '*wrap around*' services, which were to be pursued by West Moreton HHS, and which were to be in place before the BAC was closed.

1.3.2 11 June 2013 – Meeting between Ms Dwyer, Dr Steer, Dr Geppert and Ms Kelly

28. The West Moreton HHB agenda paper, prepared by Ms Kelly for the 28 June 2013 meeting,[28] records that on 11 June 2013 there was a meeting between Ms Dwyer, Dr Steer, Dr Geppert and Ms Kelly at which:

(a) in principle agreement was reached that CHQ will partner MHAODB to progress a statewide service model; and

(b) there was agreement that 'the timelines of the development and implementation of a statewide service model is a priority for WMHHS as the decision to cease providing services at the Barrett Adolescent Service is contingent on a **viable** service model **option** being available.'[29]

29. None of the attendees at the 11 June 2013 meeting were questioned about what was intended by this agreement.

30. It should be noted that the balance of the 28 June 2013 agenda paper records:

(a) that, at a meeting of Dr O'Connell, Dr Cleary, Ms Dwyer, Ms Kelly and Dr Geppert on 17 June 2013, there was in principle support for closure of the BAC with an understanding that the new model of service was to be '*identified and developed*' (not operational);[30] and

(b) discharge of current patients of the BAC would involve '*wrap around*' services.[31]

1.3.3 28 June 2013 – West Moreton HHB meeting

31. On 28 June 2013, West Moreton HHB noted the contents of the agenda paper with respect to '*Barrett Adolescent Centre Update*'.[32]

---

[28] Exhibit 41 Statement of Dr Corbett WMS.9000.0001.00001 at .00082.
[29] Emphasis added.
[30] Exhibit 41 Statement of Dr Corbett WMS.9000.0001.00001 at .00082 para 2b.
[31] Exhibit 41 Statement of Dr Corbett WMS.9000.0001.00001 at .00082 para 3.

32. The agenda paper circulated before the board meeting records:[33]

> *3. WMHHS to pursue discharge of appropriate current patients from Barrett Adolescent Centre with appropriate 'wrap around' services.*
>
> *4. Minister to be updated regarding proposed closure of Barrett Adolescent Centre, plan for development of alternatives and community engagement strategy as well as decision not to accept any further patients into BAC*

33. The content of the agenda paper is otherwise noted in paragraphs 28 and 30 above.

1.3.4 15 July 2013 – Briefing Note for Noting to the Director-General

34. On 15 July 2013 Dr O'Connell signed a Briefing Note for Noting to the Director-General.[34]

35. The '*Headline Issues*' in paragraph 2 of the briefing note were:

(a) West Moreton HHB considered the recommendations of the Expert Clinical Reference Group (**ECRG**) on 24 May 2013; and

(b) West Moreton HHB approved the closure of BAC 'dependent on alternative, appropriate care provisions for the adolescent target group and the meeting with the Minister for Health'.

36. Paragraph 6 of the briefing note states:

> *The Department of Health is urgently progressing planning for Youth Prevention and Recovery Care (Y-PARC) services to be established in Queensland by January 2014. This service type would provide an alternative care option for the adolescent target group* ***currently accessing BAC****.*[35]

---

[32] Exhibit 41 Statement of Dr Corbett WMS.9000.0001.00001 at .00084 Exhibit MC-07 para 7.3.
[33] Exhibit 41 Statement of Dr Corbett WMB.9000.0001.00001 at .00146 and .00147 or Exhibit 50 Statement of Mr Eltham WMB.9000.0002.00001 at .00160 and .00161.
[34] Exhibit 120 Statement of the Honourable Mr Springborg LJS.900.0001.0001 at .0045.
[35] Emphasis added.

37. The briefing note contained two attachments. Attachment 2 was a document titled '*Issues and Incident Management Plan BAC*'. It contained a statement that:[36]

> *Adolescents requiring longer-term mental health treatment will continue to receive the high quality of care suited to their individual needs. BAC will close at the end of December 2013 when alternate service options will become available.*

38. The Briefing Note was:

(a) authored by Dr Geppert;

(b) cleared by Ms Kelly; and

(c) verified by Ms Dwyer.

39. Dr Geppert was not questioned about the briefing note, but Ms Dwyer and Ms Kelly were.

Ms Dwyer

40. During her oral testimony, Ms Dwyer confirmed that she would have seen the 8 July 2013 briefing note and attachments at the time.[37]

41. Ms Dwyer was taken to the relevant statement in Attachment 2.

42. Ms Dwyer was not asked about her understanding of the meaning of the statement, but when asked '*What alternate service options were going to become available at the end of December 2013*', Ms Dwyer explained that at the time there was ongoing work, at a state level, looking at alternative service options following the recommendations of the expert clinical reference group.[38] She was aware that the planning was still underway for those services.[39]

43. It is apparent that Ms Dwyer was aware of the current state of planning at the time.

---

[36] Exhibit 667 Barrett Adolescent Strategy Meeting, 8 July 2013.
[37] Dwyer T12-101/L29 – T12-102/L42.
[38] Dwyer T12-102/L44 – T12-103/L23 and T12-104/L10-15.
[39] Dwyer T12-103/L6 – T12-104/L2.

Ms Kelly

44. Ms Kelly was also questioned about the briefing note, although not by Counsel Assisting. In response to questions from Counsel for the Honourable Mr Springborg, Ms Kelly:

(a) confirmed she cleared the briefing note for sending;[40]

(b) explained that her understanding, when she cleared the briefing note, of the statement in paragraph 2 was that the '*target group*' was the current patients and those on the waiting list.[41]

1.3.5 15 July 2013 – Meeting with the Minister

45. There are no minutes of the meeting with the Honourable Mr Springborg.

46. The '*talking notes*' prepared by West Moreton HHS for the meeting on 15 July 2013[42] contain similar statements as the Briefing Note.

47. No-one was questioned about the meaning of the statements in the meeting notes.

48. With respect to the meeting, at paragraphs 56 and 57 of his statement, the Honourable Mr Springborg states:[43]

> *56 My main concern at this time was if the Barrett Centre was to be closed, then adequate replacement services had to be in place from that time onward. I conveyed this to Dr Corbett and Ms Dwyer in the meetings that I had with them where the Barret Centre was discussed.*
>
> *57 In one or more of these meetings, with Dr Corbett and Ms Dwyer, we discussed and agreed that the Barrett Centre should not close until adequate replacement services were provided.*

49. The Honourable Mr Springborg was not questioned about what he meant by '*adequate replacement services*'.

---

[40] Kelly T11-78/L16-27.
[41] Kelly T11-78/L29-43.
[42] WMS.0014.0001.06714.
[43] Exhibit 120.

1.3.6 23 July 2013 – Barrett Adolescent Strategy Meeting

50. On 23 July 2013 a number of representatives from West Moreton HHS and CHQ attended the '*Barrett Adolescent Strategy*' meeting.

51. In her statement,[44] Dr Geppert explains that the purpose of the meeting was to discuss the implementation stage of the Barrett Adolescent Strategy.

52. Attendees at the meeting were:

(a) Ms Dwyer, Ms Kelly, Dr Geppert and Ms Ford on behalf of West Moreton HHS;

(b) Dr Steer, Associate Professor Stathis and Ms Krause from CHQ;

(c) Mr Brown from Queensland Health; and

(d) Dr Kingswell from MHAODB.

53. The minutes record three items under discussion:[45]

(a) an update on the BAC strategy by West Moreton HHS, which update noted that:

(i) West Moreton HHS would ensure ongoing service provision for the BAC consumer group as needed until an alternative service is identified to meet individual needs;

(ii) the ages of the current BAC consumer group;

(b) an update from Dr Kingswell on Queensland Health's planning for a YPARC service and a resi rehab service; and

(c) the next steps to be undertaken by all attendees, where it was identified that CHQ would lead the implementation phase of the Barrett Adolescent Strategy moving forward.

---

[44] Exhibit 55 Statement of Dr Geppert para 4.3.
[45] Exhibit 55 Statement of Dr Geppert WMS.9000.0004.00001 at .00101 to .00103.

54. The next meeting details were to be confirmed following submission of a draft project plan to the group by 6 August 2013.

1.3.7 30 July 2013 – Initial draft project plan

55. On 30 July 2013, Dr Geppert prepared an initial draft for consideration with key stakeholders of the project plan of the **SWAETRI** Strategy.[46]

1.3.8 1 August 2013 – Revisions to draft SWAETRI Project Plan

56. On 1 August 2013, Dr Geppert revised the draft SWAETRI Project Plan following a meeting with Ms Kelly, Associate Professor Stathis and Ms Krause that day.[47]

1.3.9 6 August 2013 – Minister's announcement

57. On 6 August 2013, the Honourable Mr Springborg gave an interview on the radio, during which he announced that the BAC would close.

58. The transcript of the interview records that the Honourable Mr Springborg stated:[48]

> *So it is true that some time by early 2014 that centre will be closing as we actually come up with a range of new options to actually deliver those services to people closer to their own home …*
>
> *… we expect to have the options available to people in early 2014 and the transition will start sometime in the early part of 2014 as we build up services in other areas around the State.*
>
> *…*
>
> So – so just – sorry, to be clear, will you guarantee that there will be services operating that offer inpatient care for teenagers in Queensland before Barrett shuts?
>
> *That's the whole point of this is to actually leave no one who is currently a patient or resident there, and those that are hopefully on, you know, that are waiting on the list so that they can have services closer to their own home and we're allocating an additional two million dollars for that. …*
>
> *…*
>
> *… We needed to look at the whole issue whether we should have one facility or whether we should look at having those services broken down across Queensland so that we could deliver services across the State, not just in one consolidated area. … And the finer details to the way that's*

[46] See Exhibit 14 Affidavit of Ms Adamson at Exhibit E IAD.900.001.0001 at .0104 – note the record of revision history of the Project Plan.
[47] See Exhibit 14 Affidavit of Ms Adamson at Exhibit E IAD.900.001.0001 at .0104 – note the record of revision history of the Project Plan.
[48] Exhibit 307.

> *going to be worked out just – it's going through now; as I indicated we've got probably around about another 7 to 8 months before it's completely formalized, and that's been done in consultation with this expert panel. ...*
>
> *... we'll have a much clearer picture by the latter stage of this year and the finer details around it will be the early part of next year. ...*

59. The Honourable Mr Springborg was not questioned about the meaning of his statements to the media, nor was it suggested to him that he was given incorrect advice or that he misunderstood the advice given to him.

1.3.10 7 August 2013 – Email from Ms Kelly

60. On 7 August 2013, after the announcement was made by the Honourable Mr Springborg that the BAC would close, Ms Kelly sent an email[49] in which she relevantly stated:

> *The work of the ECRG, the Planning Group and the subsequent consultation process has enabled us to progress the Strategy to the next phase. As identified in an announcement yesterday, adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Young people receiving care from Barrett Adolescent Centre at that time will be supported to transition to other contemporary care options that best meet their individual needs.*
>
> *Importantly, our goal in West Moreton Hospital and Health Service continues to be to ensure that adolescents requiring mental health extended treatment and rehabilitation will receive the most appropriate care for their individual needs. We will also continue to provide information and support as needed to staff at the Barrett Adolescent Centre. The transition process will be managed carefully to ensure that there is no gap to service provision.*

61. When questioned by Counsel Assisting about whether the '*new range of contemporary service options*' had been identified at that time, Ms Kelly indicated that she had not as that was work to be undertaken by the SWAETRI Committee under the supervision of CHQ.[50]

62. Counsel Assisting did not question Ms Kelly about the meaning of the statement.

---

[49] Exhibit 223.
[50] T11-30/L44 – T11-31/L19.

63. In response to a question from Counsel for Dr Brennan, Ms Kelly confirmed that she did not intend to convey that the existing patients would remain at the BAC until early 2014.[51]

64. In terms of the contents of the document itself, it should be noted that:

(a) the statement refers to '*service options*' that would be available '***from** early 2014*', not a suite of services that would be fully operational in 2014; and

(b) the next sentence in the email reads:

> *Young people receiving care from Barrett Adolescent Centre at that time will be supported to transition to **other** contemporary care options that best meet their **individual** needs.*[52]

1.3.11 9 August 2013 – Letter from Dr Corbett to BAC family members

65. On 9 August 2013, Dr Corbett sent a letter to parents of the existing BAC clients.[53]

66. The letter stated:

> *As at 6 August 2013 there will be changes. Children's Health will provide the leadership for development and in the meantime the Barrett Centre will continue to provide services until this model is operational.*

67. Dr Corbett was not questioned about this letter.

68. was questioned about the letter and stated:[54]

> *So at that point in time – at least, in early August your understanding was what?---Well, according – according to that, that I knew that the ECRG had completed its process. I had – I think at that stage I had seen the planning group recommendations at that stage. There was talk about wrap-around care. And – and, I guess, even – there was just inconsistencies. The wrap-around care that was mentioned – there was no mention in the planning group's process that any of the new services would actually be for Barrett patients. And when I went back through the Fast Facts I think it was the – perhaps, one – well, one of the Fast Facts – and I think it was around about August – it actually said that the adolescents that required extended treatment and rehabilitation would receive that from new services in 2014 and that Barrett Adolescent patients would receive care from other contemporary services. And so it wasn't until – and at that time I – that distinction didn't stand out for me. **It's subsequent to receiving***

[51] T11-65/L29-45.
[52] Emphasis added.
[53] Exhibit 41 Statement of Dr Corbett WMB.9000.0001.00001 at .00280.
[54] T22-31/L24 – T11-66/L13.

> ***that at the time that I believed – that I realised that they were – that West Moreton and the other agencies or departments involved were specifying then that the Barrett Adolescent Centre young people weren't going to receive services from any of the new services that were about to be developed****. And in terms of the timeline as well, from the Fast Facts that were given, I think the SWAETRI really had only had about one meeting at that stage and I just couldn't see how they would decide on a model, recruit, find locations and do all of those things by January '14. So that's why I started being concerned that the new services were going to be a long way off.*

1.3.12 16 August 2013 – Further revisions to SWAETRI Project Plan

69. On 16 August 2013, Dr Geppert again revised the draft SWAETRI Project Plan, this time following a meeting with Associate Professor Stathis and Ms Krause on 15 August 2013 and based on '*CE teleconference*' on 16 August 2013.[55]

70. This version records:[56]

(a) objectives as including:

1. *Finalise the development of (and then implement) service options within a statewide model of service for adolescent mental health extended treatment and rehabilitation, within a defined timeline.*
2. *Ensure continuity of care for adolescents currently admitted to BAC, and support their transition to the most appropriate care option/s that suit their individual needs and are located in (or as near to) their local community.*

(b) performance indicators as including:

1. *Endorse statewide model of service for adolescent mental health extended treatment and rehabilitation. This statewide model will give consideration to a range of service options including community, day program and bed-based care, and to a range of service providers.*
2. *Commencement of service provisions through alternative service option/s that meet the needs of the adolescent target group starting early 2014, and support transition of services from BAC accordingly.*

---

[55] See Exhibit 14 Affidavit of Ms Adamson at Exhibit E IAD.900.001.0001 at .0104 – note the record of revision history of the Project Plan.
[56] See Exhibit 14 Affidavit of Ms Adamson at Exhibit E IAD.900.001.0001 at .0104 to .0110.

NOTE: While not all alternative service options will necessarily be available early 2014, there will be no gap to service delivery for the target group.

3. Successful discharge or onward referral of all current BAC consumers, which is evidenced by their individual needs being met.

(c) relevant assumptions as including:

- *The transfer of consumers to alternative care options will be underpinned by individual consumer choice and health care needs, and will be supported by the relevant 'home' HHSs.*
- *Timeframes associated with this project can and will align with the timeframes associated around the procurement processes for engaging NGO services.*
- *Service options considered by the Steering Committee will not be limited to a Y-PARC model. Consideration will be given to all recommendations for service needs that were defined by the ECRG. This will include consideration of community based options such as Intensive Mobile Youth Outreach Services, Day Programs, residential rehabilitation services and bed based services.*
- *The service options identified will be modified (as required) to suit the needs of the target group within a Queensland setting, and will take into account the wide geographical spread of Queensland.*
- *Not all service options within the statewide model that will be proposed will be necessarily available early 2014. However, there is a commitment to ensuring there is no gap to service delivery for the adolescent target group.*

(d) constraints as including:

6. Alternative service options for BAC consumers must be available by early 2014, when The Park transitions to an adult forensic and secure mental health facility.

71. It is noted that Dr Steer gave evidence that it was clear from this early version of the project plan that the comprehensive nature of the new service model meant that it would not be ready within six months.[57]

[57] T24-115/L8 – T24-116/L34.

1.3.13 23 August 2013 – West Moreton HHB meeting

72. There was a meeting of the West Moreton HHB on 23 August 2013, at which the Board noted the contents of the agenda paper about the Barrett Adolescent Centre Strategy.[58]

73. The relevant agenda paper records a patient discharge strategy that involved:[59]

    (a) a number of patients being discharged over the next four months; and

    (b) the need for discussions with receiving HHS to identify what care or alternate sieves may be required post closure of the BAC facility.

1.3.14 26 August 2013 – SWAETRI Steering Committee Meeting

74. The first meeting of SWAETRI Steering Committee occurred on 26 August 2013.

75. Attendees included Dr Geppert, Dr Sadler, Ms Sorban from CHQ (and a number of others from CHQ) and a carer representative.[60]

1.3.15 September and October 2013 – Meetings of SWAETRI Steering Committee and Oversight Committee

76. West Moreton HHS was represented on the Steering Committee by Dr Geppert, who acted as Chair at the meetings of 9 September 2013 and 23 September 2013.[61]

77. Dr Geppert also chaired the Statewide Adolescent Extended Treatment and Rehabilitation Service Options Working Group Forum on 1 October 2013[62]. This Working Group was established by the Steering Committee at its meeting on 23 September 2013.

78. Laura Johnson, Project Officer for West Morton HHS also began attending Steering Committee meetings from 23 September 2013 onwards.

---

[58] Exhibit 41 Statement of Dr Corbett Exhibit MC-22 at .00182.
[59] Exhibit 41 Statement of Dr Corbett Exhibit MC-22 at .00177.
[60] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0134.
[61] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0191 – 0.238.
[62] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .1388.

79. One of the purposes of the SWAETRI Steering Committee, as outlined in its Terms of Reference, was to monitor and oversee the implementation of the SWAETRI Strategy Project Plan (**Project Plan**).[63]

80. The Project Plan was endorsed by the Steering Committee and the Oversight Committee in October 2013.[64]

81. As noted above, an early draft of the Project Plan was authored by Dr Geppert in August 2013 which outlined the objectives of the project. Specifically, the draft Project Plan stated that:

> *Commencement of service provision through alternative service option/s that meet the needs of the adolescent target group starting early 2014, and support transition of services from BAC accordingly. NOTE: while not all alternative service options will necessarily be available early 2014, there will be no gap to service delivery for the target group.* [65]

82. The draft Project Plan also stated under '*assumptions*' that '*timeframes associated with this project can and will align with the timeframes around the procurement processes for engaging NGO services*.' [66]

83. As noted in the minutes of the Steering Committee meeting on 9 September 2013, the draft Project Plan was disseminated to members for review.[67]

84. There were subsequent versions of the Project Plan.

85. A subsequent version of this Project Plan was endorsed by the Oversight Committee at its meeting on 17 October 2013. Attendees at this meeting included, Dr Cleary, Ms Dwyer and Dr Geppert.[68]

---

[63] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0128.
[64] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0061 (note the document control record at .0253).
[65] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at.0104.
[66] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0104.
[67] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0196.
[68] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0637.

86. At 2.2 set out the key milestones/ products/ activities to be delivered by the project and relevantly sets out:[69]

Interim consumers clinical care plans (for current BAC and wait list consumers)	Anne Brennan	31 December 2013
Implementation Plan for SWEARTI Service Model	Ingrid Adamson	31 January 2014
Mobilisation of Phase Two: Service Options Implementation	Stephen Stathis/ Ingrid Adamason	Februray 2014

87. At the meeting of the Oversight Committee on 17 October 2013, an Update Brief was prepared regarding the Barrett Adolescent Consumer Status. The Brief noted that:

> *Clinical Care Transition Panels have been planned for each individual young person (including those on the waitlist) at BAC, to review their individual care needs and support transition to alternative service options when they are available and as is relevant to individual care needs. The panel will consider all service options for the young people including wrap around (intensive and time limited) services.*

88. The brief detailed '*next steps*', including the refinement of service options into an AETR Service Model for endorsement in November 2013.[70]

Other meetings of the Steering Committee

89. A Meeting Attendance Register records that the Steering Committee otherwise met on:

(a) 9 October 2013;

(b) 21 October 2013;

[69] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0072; Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0647 – 0.676.
[70] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0674 - .0676.

(c) 4 November 2013;

(d) 18 November 2013;

(e) 2 December 2013;

(f) 16 December 2013;

(g) 13 January 2014;

(h) 28 January 2014;

(i) 10 February 2014;

(j) 10 March 2014;

(k) 7 April 2014;

(l) 2 June 2014;

(m) 30 June 2014; and

(n) 4 August 2014.

90. The Registrar notes the attendees at each meeting.[71]

91. In her supplementary statement, Ms Adamson confirms that there were no further meetings of the Steering Committee after 15 December 2014.[72]

1.3.16 27 September 2013 – West Moreton HHB meeting

92. There was a meeting of the West Moreton HHB on 27 September 2013, at which the Board considered agenda item 7.1.[73]

93. The relevant agenda paper records:[74]

(a) the Statewide Steering Committee had convened three times;

[71] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0122 - .0127.
[72] Exhibit 15 Supplementary Affidavit of Ms Adamson para 64.
[73] Exhibit 41 Statement of Dr Corbett Exhibit MC-24.
[74] Exhibit 41 Statement of Dr Corbett Exhibit MC-23.

(b) consumer needs are being addressed by West Moreton HHS through a Clinical Care Transition Panel that will evaluation each individual case separately and work with other key stakeholders regarding clinical care options;

(c) weekly operational oversight meetings are occurring with Dr Brennan and Dr Hoehn and the Mental Health & Specialised Services executive team to identify ongoing issues and action timely responses;

(d) no new consumers will be admitted and beds will close behind the discharged consumers;

(e) Dr Kingswell has indicated that the consequential closure of beds is not anticipated to place any additional burden on the adolescent acute bed stock in Queensland;

(f) to ensure comprehensive and transparent planning and to support implementation of the alternate service options in early 2014, an anticipated closure date needs to be confirmed;

(g) it was proposed that 26 January 2014 be identified as the anticipated closure date, with flexibility retained around the date if individual supports are not in place for current BAC consumers; and

(h) comprehensive consultation continues with Queensland Health, CHQ, Department of Education Training and Employment, Queensland Mental Health Commissioner and other HHSs.

94. The minutes record that:[75]

(a) the Executive Director Mental Health & Specialised Services (Ms Kelly) joined the meeting by videoconference and provided an overview of the current actions in relation to the Statewide Project: Adolescent Extended Treatment and Rehabilitation Implementation Strategy and an overview of ongoing BAC service delivery; and

[75] Exhibit 41 Statement of Dr Corbett Exhibit MC-24.

(b) West Moreton HHB supported the position of all parties working towards an early 2014 transfer to a more appropriate model, but that '*the closure of BAC is contingent on an appropriate model of care being developed and a clear plan being in place for the transition of current patients.*'

1.3.17 Knowledge of Ms Dwyer and Dr Brennan in September and October 2013

95. Ms Dwyer confirmed that, in September 2013, she was aware that planning of the new suite of statewide services was still progressing and that no new services had yet started.[76]

96. At this time, Dr Brennan also appreciated that the new services being developed by CHQ would not be an option for the transition of the BAC patients.[77]

97. As was recorded in an email chain of 17 October 2013,[78] in about mid-September 2013, Dr Hoehn and Dr Brennan agreed that it would be best to '*keep two separate streams going*'. Dr Brennan would be committed to care of the BAC patients and Dr Hoehn and others would work on strategies for the new models of care and development of such services. Dr Hoehn was the '*bridge*' between the SWAETRI and the transition panel process.[79]

98. Dr Brennan's evidence on this issue is particularly compelling evidence of the absence of any misunderstanding. Her evidence was as follows:[80]

> ***Is it the case that you knew that replacement services were still being developed at the time you were transitioning patients from the Barrett Centre?---Yes, I was aware they were being developed and that they were not ready for this cohort.***
>
> *And in those circumstances, given your significant workload at the Barrett Centre, you didn't think it would be useful for you to be involved in those discussions?---I thought it would be counterproductive not just because of the workload but because I had perceived within the first few days – weeks – that there was significant distress on the part of several people connected with the Barrett and of some of the patients and their families about the provision of new services, the delay in providing them and what they would be and I thought it best that I not align myself in any way with a process that was causing them distress, as my focus was their young people.*

---

[76] T12-103/L6 – T12-104/L2.
[77] T20-21/L1-3.
[78] Exhibit 777.
[79] Brennan T20-20/L27-44.
[80] T20-21/L1 to T20-22/L5 (emphasis added).

So is the case, then, that while Dr Hoehn was reporting to the SWAETRI the news of the transition panels SWAETRI didn't assist you by identifying any new services that were opening to which Barrett Centre patients might transition?---Towards the end of December 2013 SWAETRI and others were developing the – and just started to recruit for the YRRU at Greenslopes – the residential facility – and there was some introductory discussions about that but otherwise, no, they didn't identify any other services.

I'd like to ask you some questions about that but I'll do that – sorry, about that – the youth resi – in closed court. What was your understanding of the SWAETRI steering committee's brief? Did you know that – or think that the committee was tasked with developing and implementing new replacement services to support your task of transitioning patients out of the Barrett?---I had read the ECRG report. Not – not the one that reads starting with a preamble but just one that I had downloaded from the net and that I think I recall that there was a suggestion that's what they would be doing but ***my understanding was that they were developing the new services which I did not think were going to be available for this cohort. So they weren't really developing services for these people though there were some of this cohort who may use other services in the interim and when new services developed by SWAETRI came online, yes, they may have been appropriate for them.***

So am I correct, because you were focusing on the patients at the Barrett you weren't being consulted in relation to types of services that might be needed for the young people you were transitioning?---Not officially.

You say not officially but I think in your statement you talk about you were at some point – your opinion was sought in relation to the development of models of care and that you did give an opinion but this was in the context of the faculty meetings and peer review process and not in the context of SWAETRI. Is that right?---More particularly not in the context, really, of my position as acting director of Barrett but just as a child and adolescent psychiatrist with an interest in that area.

So what timeframe are you talking about that your opinion was sought?---Shared may be a more accurate word rather than sought. ***I would discuss several times a week with Elisabeth Hoehn what was happening at Barrett, but also what was happening with new services. If I ever spoke to Stephen Stathis, I would also discuss new services with him.*** *In terms of the timeframe for faculty meetings or anything else, it was starting from September 2013, but extended well into 2015, and, really, ongoing in those settings.*

1.3.18 9 October 2013 – SWAETRI Steering Committee Meeting

99. On 9 October 2013 there was another meeting of the Steering Committee.[81]

[81] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0253 - .0264.

100. At the meeting, a number of issues were discussed, including membership of the working groups. Relevantly, the minutes record:

> *AT asked if we are announcing a replacement service from 1st February 2014. JK Advised there will be no one singular replacement service but rather a range of services, which we are incrementally working toward. LG advised that there will be additional service options; however, there won't be a bed based option in the short term – this is not possible to deliver in the next 3 months.*
>
> *For current consumers at BAC, WM HHS will utilise operational funds to support consumers in their home/community until extended service options are in place. JK asked about consumers on the waitlist – it was confirmed that the panel would review the waitlist and provide wrap around services where required. It was agreed that this needed to be communicated to those families and staff by the Clinical Care Panel.*
>
> *LG noted that some bed-based care is needed; however, not as currently provided at BAC, e.g. 15 beds, 2 years stay. LG also noted that some participants in WG1 queried whether a bed-based option was needed at all. The WG1 forum did raise the need for a multi-disciplinary statewide panel to assess consumer needs to look at a range of options for consumers in the area. JK raised whether this fits in with Complex Care Coordination, being a similar concept. Other options proposed by WG1 were coordination roles, more Day Program Units, and more mobile outreach services.*

1.3.19 17 October 2013 – Oversight Committee meeting

101. On 17 October 2013, there was a meeting of the Oversight Committee.[82]

102. At this meeting a SWAETRI Service Options Update Brief was provided where various aspects of the proposed service model was discussed. Some relevant matters include:

- *PS commented that Anne Brennan and Elisabeth Hoehn's involvement with the BAC has been valuable and provided new insights in the AETR model.*
- *It was noted that the future model must be developed in line with the National Mental health Framework; however a copy of this is not currently available. LG confirmed that Marie Kelly from MHAODB has escalated a request to access a draft.*
- *Discussion was had regarding the use of Acute Inpatient Units or NGOs as an alternative to a bed-based option.*
- *SS noted that Acute Inpatient Units do not provide an appropriate environment for extended treatment and rehabilitation. It was noted*

[82] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0637 - .0642.

that there will be a small group of adolescents requiring a bed-based service over and above what Day Program Units can provide.

- *It was also noted that the NGO sector is not as mature in adolescent services at this stage.*
- *SS advised that in terms of economies of scale and expertise, it makes sense to have one bed-based facility in Queensland, but not in isolation from residential solutions. Discharge planning would occur prior to consumers being admitted to the facility to keep the consumer engaged with services in their community and from their local HHS.*
- *PS queries how transition care needs could be managed until future services options were available.*
- *One option explored was that of an HHS setting aside 4 to 5 beds specifically for extended treatment and rehabilitation until longer term solutions were established.*
- *PS advised that the Mater inpatient unit may become available in November, which could be a longer term option but would require further exploration.*
- *Discussion was had about the possibility of outsourcing beds and in-reach CYMH services.*
- *PS said that further investigation into options for a bed-based is needed.*
- *MC suggested that Bill Kingswell, Stephen Stathis and Harvey Whiteford could explore it further.*
- ***LG suggested that three current complex cases at BAC be used to test the thinking around the model.***

1.3.20 21 October 2013 – SWAETRI Steering Committee

103. On 21 October 2013, there was a meeting of the SWAETRI Steering Committee.[83]

104. At this meeting a Statewide Adolescent Extended Treatment and Rehabilitation Initiative Update Brief was provided to the meeting.[84]

105. This document is set out in 3 parts.

106. The first part deals with '*Barrett Adolescent Centre Consumer Status*' where it was noted that the large majority of current BAC consumers will be discharged prior to

[83] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0266 - .0277.
[84] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0266 (also see email to members on 16 October 2013 at .0265)

January 2013. This part deals with the transition process for the BAC patients and outlines in general terms the treatment options and transition plans.

107. It is noted that that the West Moreton HHB is '*committed to ensuring that all young people in BAC have alternative service options in place before the closure of the BAC building at the end of January 2014. The closure date is flexible and will be responsive to the needs of the consumer group.*'

108. The second part deals with the Adolescent Mental Health Extended Treatment and Rehabilitation Service Options. This part deals with:

(a) the work for the future suite of services, noting the target group for adolescent extended treatment and rehabilitation (**AETR**);

(b) a forum that was convened on 1 October 2013 to explore current service options available and future opportunities; and

(c) the common elements emerging for AETR option.

109. The third part deals with the next steps which include:

- *Collate population data and supporting evidence to confirm service options required and their location (underway).*
- *Site visit to NSW to inspect their bed-based facility (23 October).*
- *Identification of the financial and workforce requirements for future service options.*
- *Development of governance arrangements for future service options.*
- *Refinement of service options into an AETR Service Model for endorsement by end November 2013.*
- *Continuing communication regarding service options developed with stakeholders, specifically consumers and families (CHQ HHS Communication Strategy under development).*
- *WM HHS continues to maintain open communication with current and past families and consumers of the BAC and BAC staff.*

1.3.21 22 October 2013 – Memo from Ms Kelly to all chief executives and clinical directors of services

110. On 22 October 2013, Ms Kelly sent a memo to all chief executives and clinical directors of services across Queensland stating:

> *Children's Health Queensland (CHQ) has **commenced work with stakeholders from across the State to develop the future model of adolescent extended treatment and rehabilitation services.** Further information about these developments will be provided by CHQ in the near future. Until then, please contact Dr Stephen Stathis on [redacted] to discuss any clinical issues for patient who may require extended mental health treatment and rehabilitation and are unable to be managed within your health service'.*[85]

1.3.22 25 October 2013 – West Moreton HHB meeting

111. There was a meeting of the West Moreton HHB on 25 October 2013.

112. The minutes for the meeting record that Ms Dwyer provided an update on the proposed closure of BAC and the transition planning that was occurring for the remaining patients.[86]

1.3.23 15 November 2013 - Oversight Committee meeting

113. At this meeting the Associate professor Stathis provided an overview of the proposed SWAETRI service model.[87] It is noted that the discussion included some of the practical issues arising around implementing the services.

1.3.24 18 November 2013 – SWAETRI Steering Committee meeting

114. On 18 November 2013, Associate Professor Stathis took the Committee through the elements of the proposed model of care.[88]

115. In relation to the Clinical Care Transition Panels Update it was noted that the care panels are progressing and are undertaking significant intensive work across the districts to develop individualised transition plans. BAC is now down to [redacted]

[85] See Exhibit 14 Affidavit of Ms Adamson, para 30, exhibit L IAD.900.001.0001 at .0620.
[86] Exhibit 41 Statement of Dr Corbett Exhibit MC-25.
[87] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0679 - .0684.
[88] Exhibit 14 Affidavit of Ms Adamson IAD.900.001.0001 at .0287 - .0300.

1.3.25 26 November 2013 – Letter cleared by Ms Dwyer

116. During her oral testimony, Ms Dwyer was taken to a letter from Dr Chris Davis MP to a stakeholder,[89] a letter which she confirmed would have been cleared by her on 26 November 2013 and was one example of a number of letters in roughly the same form.[90] The letter states:

> *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.*

117. Ms Dwyer explained this statement in the letter as follows:[91]

> *What was the model of care including the tier 3 service?---So the model of care was what was described as the various service options from community-based treatment to the Assertive Outreach model to the Step Up Step Down and included both acute care and, at that point in time, there was still a view that we wanted to pursue the establishment of a tier 3 service, but at that point in time, the planning for that service was undertaken at a state-wide level, and West Moreton was concentrating on the transition plans for the adolescents that were currently within their care.*
>
> *I see. You see, it suggests that what you're saying is that you were finalising the details of all service options including a tier 3; correct?---As I said, that was part of a broader planning group for Queensland, not necessarily under the remit solely of West Moreton.*

118. It is apparent from this evidence that Ms Dwyer, as Chief Executive of West Moreton HHS, appreciated:

(a) the progress of planning of detailed planning of the elements that would form the new suite of services in Queensland;

(b) the suite was planned to include a '*tier 3*' service; and

(c) the process of transition of existing patients of the BAC was a separate exercise being undertaken by West Moreton HHS.[92]

1.3.26 29 November 2013 – West Moreton HHB meeting

119. There was a meeting of the West Moreton HHB on 29 November 2013, at which the West Moreton HHB noted the agenda.[93]

---

[89] Exhibit 837.
[90] T12-105/L12-31.
[91] T12-105/L46 – T12-106/L10.
[92] See also Dwyer T12-106/L18-40 and T12-107/L9-15.

120. Agenda paper item 3.3 is titled '*Barrett Adolescent Centre Update*' and records:[94]

> *West Moreton HHS has been recently informed that the new statewide service options may take a further 12 months to be **fully** established. In order to ensure there is no gap to service delivery, West Moreton HHS has commenced planning interim service options for current BAC patients and other eligible adolescents across the state that would benefit from extended treatment and rehabilitation. Consultation has occurred with the Department of Health and CHQ. The current proposal consists of the following elements that will be delivered in partnership with a non government sector provider:*
>
> - *Activity Based Holiday Program (Phase 1 – From mid December 2013 until end January 2014);*
> - *West Moreton HHS Transition Service incorporating an intensive mobile outreach service, day program and supported accommodation (Phase 2 – From February 2014 until December 2014); and*
> - *Transition to Statewide Adolescent Extended Treatment and Rehabilitation Services (Phase 3 mid to late 2014).*

121. The agenda again recorded that comprehensive consultation continues with Queensland Health, CHQ, Department of Education Training and Employment, Queensland Mental Health Commissioner and other HHSs.[95]

122. The minutes also record that West Moreton HHB supported the proposed new model and requested regular updates on the transition arrangements and implementation of the proposed new model to monitor that they continue to meet patient needs.[96]

123. Dr Corbett and Mr Eltham were each questioned about this West Moreton HHB meeting and the related agenda paper.

---

[93] Exhibit 41 Statement of Dr Corbett Exhibit MC-27.
[94] Exhibit 41 Statement of Dr Corbett Exhibit MC-26.
[95] Exhibit 41 Statement of Dr Corbett Exhibit MC-26.
[96] Exhibit 41 Statement of Dr Corbett Exhibit MC-27.

Dr Corbett

124. During her oral testimony, Dr Corbett seemed unconcerned about the practical effect of the '*recent*' information about the new statewide service options. She stated:[97]

> *Now, you'll see there it says at the beginning of the paragraph that:*
>
> > *West Moreton HHS has been recently informed that the new statewide service options may take a further 12 months to be fully established.*
>
> *Did that cause you a concern?---Well, if you look at the following sentence that says there is no gap to service delivery. We have interim service options that lessened any concern.*
>
> *Well, it doesn't say that, does it? It says that:*
>
> > *The West Moreton HHS has commenced planning interim service options.*
>
> *?---Yes. Well, that was in November. The Barrett Centre was still open at that point.*
>
> *But this is in the middle of the process. Some patients had already been transitioned and some were to be transitioned?---So the patients who had been transitioned had been transitioned anyway. They obviously didn't need the service option, otherwise they would not have been transitioned.*

125. Dr Corbett was satisfied that the November 2013 West Moreton HHB meeting (as well as the December 2013 and January 2014 West Moreton HHB meetings) demonstrate that appropriate care had been provided to the consumers of BAC.[98]

Mr Eltham

126. Mr Eltham was also relatively unconcerned about the practical effect of the '*recent*' information about the new statewide service options. He stated:[99]

> *So we're in November. The previous meeting had been in May. Six months has passed and you're effectively being told 12 months to go and may take 12 months. Did that cause you a concern?---Yes. It caused me some concern there. But at that stage plans had already been well-advanced for a number of – of patients and there was a lot of activity going on that we were given the impression there was a lot of activity happening for individual patients and that people were working very hard on developing the – the new service – the new system of services.*

---

[97] Corbett T9-53/L28-47.
[98] Corbett T9-56/L5-21 and T9-57/L32-38.
[99] Eltham T9-13/L20 – T9-14/L27.

But that – wasn't that all the more reason to say as the board with the supervision responsibilities you had to say stop, this is looking open-ended?---I don't think we felt it was open-ended but we - - -

Well, you couldn't have got any assurance from the words:

> *The new statewide service options may take a further 12 months to be full established.*

?---Yes.

And see the next the sentence:

> *In order to ensure there is no gap to service delivery West Moreton Hospital and Health Service has commenced planning interim service options for current BAC patients.*

This is six months later. Weren't you under the impression that the planning for the interim arrangements was going to start in May?---Very soon thereafter.

...

So the planning process was commenced?---Yes. Correct. As far as I – we were aware.

There's a distinction between planning the service options and actually getting them up and operating, isn't there?---I imagine so but, look, the board are not – well, all of the board were not mental health clinicians and only two of the board members are medical clinicians. So we're not experts in the actual service provision around this particular group of clients. We sought assurances that plans were being made, that measures were being put into place to support each of the individual patients there and we received those assurances. I think it's fair enough to say that I personally was a bit disappointed that it seemed to be taking so long but it was happening and work was proceeding.

Well, planning is proceeding. Correct?---I – I took it to mean that there were more than just plans, that there were actually measure being taken to support individual patients - - -

And - - -?--- - - - and there had to be if patients were being discharged.

1.4 Communication between CHQ and West Moreton HHS

1.4.1 Mechanisms for communication

127. The State reiterates the submission made in the primary submissions that there is overwhelming evidence that there was good communication and good coordination between CHQ and West Moreton HHS.

128. As is explained by Dr Steer in his affidavit,[100] communication between the Queensland Health, CHQ and West Moreton HHS was ensured by:

(a) mutual committee membership by practitioners, managers and leaders;

(b) informal input received on the drafting and development of key materials;

(c) informal sharing of documentation;

(d) regular and formal updates from the working committees to the Oversight Committee, whose membership included, *inter alia*:

(i) Dr Steer;

(ii) Dr Cleary;

(iii) Ms Dwyer;

(iv) Dr Kingswell;

(v) Associate Professor Stathis; and

(vi) Ms Adamson;[101]

(e) formal monthly reporting from the Clinical Care Transitional Panel to the Oversight Committee.

129. In this respect, it is also worth noting the evidence of Dr Geppert in response to questions on behalf of State of Queensland:[102]

> *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***

[100] Exhibit 125 Statement of Dr Steer para 10.
[101] Affidavit of Ms Adamson IAD.900.001.0001 at .0632.
[102] Geppert T10-33/L12 – T10-34/L2 (emphasis added).

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.***

130. Apart from the questions asked by State of Queensland, Dr Geppert was not questioned about:

(a) her communications with CHQ;

(b) her understanding of when the new suite of services being developed by CHQ would be delivered; or

(c) whether she appropriately reported information back to the West Moreton HHB.

131. In any event, the evidence demonstrates that the lines of communication between CHQ and West Moreton HHS were not limited to Dr Geppert.

132. As is mentioned above, Ms Dwyer was a member of the Oversight Committee. The Oversight Committee:

(a) had overall responsibility to confirm the new model of care to address the statewide needs for patients with various combinations of developmental trauma, major psychiatric disorders with comorbidities, high and fluctuating risk to self, major pervasive functional disabilities, unstable accommodation options, learning disabilities and drug and alcohol misuse;[103] and

(b) was not engaged in managing the closure of the BAC or the transition of the BAC patients but was kept informed of the progress of transition plans.[104]

133. In addition, there was regular communication between Dr Hoehn (of CHQ) and Dr Brennan. Dr Hoehn met with Dr Brennan weekly on a Wednesday morning to discuss the transition plans, and they both met later on Wednesdays with Dr Geppert, [105] with Dr Hoehn acting as the '*bridge*' between the SWAETRI and the transition panel process.[106]

134. As was recorded in an email chain of 17 October 2013,[107] in about mid-September 2013, Dr Hoehn and Dr Brennan agreed that it would be best to '*keep two separate streams going*'. Dr Brennan would be committed to care of the BAC patients and Dr Hoehn and others would work on strategies for the new models of care and

[103] Exhibit 125 Statement of Steer para 30.
[104] Exhibit 125 Statement of Steer para 31.
[105] Exhibit 64 Affidavit of Dr Hoehn para 24 and 29; Hoehn T19-23/L39-45; Brennan T20-20/L45; T20-21/L46 to T20-22/L2.
[106] Brennan T20-20/L27-44.
[107] Exhibit 777.

development of such services. Dr Hoehn was the '*bridge*' between the SWAETRI and the transition panel process.[108]

135. The evidence also demonstrates that information was being provided to others within West Moreton HHS. As much is demonstrated by the memo sent from Ms Kelly to all chief executives and clinical directors of services across Queensland on 22 October 2013 stating:

> *Children's Health Queensland (CHQ) has commenced work with stakeholders from across the State to develop the future model of adolescent extended treatment and rehabilitation services. Further information about these developments will be provided by CHQ ion the near future. Until then, please contact Dr Stephen Stathis on to discuss any clinical issues for patient who may require extended mental health treatment and rehabilitation and are unable to be managed within your health service'.*[109]

136. To the extent that there was a misunderstanding (which is not accepted), it is clear from the evidence that it was not attributable to CHQ and its efforts. As was observed by Dr Steer when questioned about an email from Dr Kingswell to Dr Cleary on 12 November 2013[110] (and in response to a suggestion that there had been a misunderstanding between West Moreton HHS and CHQ about their responsibilities and the timing of services):[111]

> *Well, I think what we have – and* ***I think if one looks to the August project statement that we've actually previously looked at rather the September, right from August we've made it very clear that the comprehensive nature – the five elements of the new service model would not be ready within the six months. That was made very clear both within in the project scope, business case and in fact in communication with parents as is evidenced in documentation of our meeting with the parents. There was always a – a plan that was delivered around sort of three elements of that service including the – the day programs, the single resi – as it was called – opened at Greenslopes and finally the subacute bed capacity that in the short term was negotiated at the Mater Children's Hospital.*** *It may be that there's some reflection on – in this comment that the whole of the model will not be in place but, I mean, I – I can't explain why that would appear like that.*
>
> *...*

[108] Brennan T20-20/L27 - T20-21/L46 to T20-22/L2.
[109] Exhibit 14 Affidavit of Ms Adamson para 30 and exhibit L IAD.900.001.0001 at .0620.
[110] Exhibit 439.
[111] Steer T24-115/L30 – T24-116/L33.

> *Well, we've got – at this time, wasn't Children's Health Queensland saying to West Moreton that some of the future service options won't be fully operational for possibly 12 months?---We were clear about that particular issue, as I've said to you, from documentation as early as August 2013 so that should not have been news to Lesley Dwyer and I'm sure it wasn't news to Lesley Dwyer or anybody as – as late as November 2013.*
>
> *Alright. Well - - -?---And – and just to add, I mean, I think the documentation around this project and its monitoring is – is I think, remarkably clear and transparent around the progress to the new model so I'm just – it certainly is dislocating to see that email but I cannot explain it.*
>
> *Well, at the same time – and I'll just – you won't have the document. But at the same time, a Fast Facts 10 document being produced by West Moreton was saying recent information received from Children's Health Queensland has indicated that some of the future options will not be fully operational for possibly 12 months. I can put that up on the - - -?---I did actually – I was actually sent that particular document in the early hours of this morning in my time, and I understand that there's a consistency in that announcement with what you have here in this email.* ***But if I could refer you back, perhaps, to the August project plan documentation – I think it is the August project statement and the objectives – page 3 of that document, which, basically, clearly says page 3, performance indicators will be: item 2, commencement of service provisions through alternate service options that meet the needs of the adolescent target group starting early 2014 and support transition of services from BAC accordingly. Note while no alternate service options – sorry – note while not all alternate service options will necessarily be available early 2014, there will be no gap in service delivery to the target group. So all I can say is this was clearly circulated to all relevant stakeholders, and I just cannot explain that particular dislocation that you are obviously providing examples of here.***

137. Ms Dwyer was not questioned about this email.

1.5 Summary

138. The evidence supports the submission, made in the primary written submission for State of Queensland, that CHQ and West Moreton HHS (or certainly key representatives of each organisation) appreciated that the full suite of service options could not be fully operationalised in the short-term.[112]

139. A decision was made, early in the process, that:

(a) CHQ would take the leadership for the development and implementation of the future statewide services;

[112] See State's primary submissions para 169.

(b) individuals from West Moreton HHS would stay involved in the development of the statewide plans; but that

(c) West Moreton HHS would concentrate on transition of the existing patients of the BAC and would ensure BAC remained open until individual service options developed for those patients were in place.[113]

140. The evidence should be considered in this context.

141. Further, even if the Commissioner was concerned that there was some misunderstanding by West Moreton HHB about when the AMHETI suite of services would be operational, any such misunderstanding is ultimately immaterial in relation to the transition plans developed for the BAC patients.

142. Dr Brennan appreciated that the services were not going to be available for the transition clients.[114]

143. Further, the needs of the transition clients were appropriately met with the '*bespoke*' services developed for each of them. As was observed by Associate Professor Kotze:[115]

> *MS MUIR: It just arose from something we again discussed in open court, and I think I had asked in the model – in the – you'd looked at the AMHETI suite of services that became available after the Barrett Centre closed?---The – yes, the account in the exhibits, yes.*
>
> *And in this model of – in these – with this suite of services, which I understand you would consider contemporary services - - -?---Comprehensive.*
>
> *- - - where and which Barrett patients would have fit into those services? So if they had been available, for example, when the Barrett closed, would you have seen some of the patients – particular patients had gone to any – had gone to some of those particular services?---It's both sort of a simple question and a quite complex question, in that yes, some of those services might have been one of the options considered under that care element, bearing in mind that for each of the young people it was possible to identify specific care elements under each – elements under each heading. There's another question, though, in what you're asking, I think, which is that when you're seeking to create all the options of a contemporary service model, you're really in general thinking about – and this is very general – three kind of populations. So you're thinking about a population that has been –*

[113] See Dwyer T12-122/L27 – T12-123/L24.
[114] T20-20.
[115] T23-54/L37 – T23-56/L15 (emphasis added).

has experienced the system as it has existed with, perhaps, its limitations, perhaps its practices or settings that are perhaps more conducive to disability rather than rehabilitation and recovery. You're talking about a population – a second population that is perhaps starting to get into the system and is on that trajectory, where there's perhaps the greater ability to turn around that clinical course and the onset of disability. And then, of course, you've got the population that's yet to come into the system that will benefit from the full range of contemporary service options. ***So I think when you're talking about the Barrett population, yes, some of those options would have been reasonable, but you're also talking about a population where no one service element in a contemporary system is going to fit because you have particularly difficult and complex patients with a trajectory already in train.***

And, in fact, that's – in your report, you say these are not the kind of individuals who readily fit with service systems because of the scope and intensity of their needs?---Yes, and part of that is around their disability.

And part of that too, you say, the model of care in existence at the Barrett Centre had promoted the prolonged inpatient care, and the forthcoming closure required the rapid development of care pathways to community care?---Yes, yes.

So that's what you're saying?---Yes.

And so your position is, as I understand it, there's rarely a single service that would match the array of needs?---That's right.

And you say, too, that it could be debated as to which receiving service is ideally suited to best coordinate the necessary multi-system agencies?---That's right, yes.

Yes. Thank you.

COMMISSIONER WILSON: Does anyone have anything arising out of that? Ms Wilson, you do?

MS WILSON: Can I ask one question?

COMMISSIONER WILSON: Yes.

MS WILSON: ***In looking at the transition plans and then comparing that to the AMHETI services, it was your – it was your conclusion that you came to that the transition plans were quite bespoke, weren't they, for each of the individuals?---They were, definitely. Definitely, yes.***

So addressing each of those individual needs?---Yes, yes, definitely.

So if the suite of services that you've had an opportunity to look at – if they were all up and running at the time, it would've made no difference to the transition plans because of the bespoke nature that each of these individuals - - -?---Yeah. It might have been more significant when these kids were coming into the system many years ago.

2. EXTENDED FORENSIC TREATMENT AND REHABILITATION UNIT (EFTRU) AND THE REDLANDS DECISION

2.1 Issue

144. At the hearing on 11 April 2016, the Commissioner indicated an interest in hearing submissions about the absence of reference to the proposed Extended Forensic Treatment and Rehabilitation Unit to be located at the Park (**EFTRU**) when the decision was made to cease the Redlands Project.[116] In particular, the Commissioner expressed concern that:

(a) the idea of establishing an EFTRU, the planning for it, the construction of it went back several years;

(b) the planning and evolution of the EFTRU idea was going on at the same time as it was anticipated that the Barrett Adolescent Centre would be replaced by a facility at Redlands; and yet

(c) when the briefing note of May 2012, which was ultimately signed by Dr O'Connell as Director-General, was prepared, and again when the briefing notes of August 2012 were ultimately signed by Dr Young as acting Director-General and the then Minister, both of which dealt with the cessation of the Redlands Project, there does not seem to have been any mention of the impending opening of EFTRU and the undesirability of a service such as EFTRU being co-located with a service such as that provided by the BAC.

145. The Commissioner posed the question:[117]

> *Was there no coordination between the development of EFTRU and the consequences of ceasing Redlands.*

[116] T26-48/L17 – T26-49/L9.
[117] T26-48/L42-43.

2.2 State's submissions

146. With respect to this issue, a number of observations made in State of Queensland's primary submissions also bear repeating, namely:

(a) it is apparent from the evidence before the Commission that the decision to close the BAC was not coincident with the decision to approve cessation of the Redlands project;[118]

(b) at the time the decision was made to cease the Redlands project, there had been no decision about the future of the BAC;[119]

(c) given there had been no decision about the future of the BAC at the time the decision was made to cease the Redlands project, it is unremarkable that the briefing note with respect to cessation of the Redlands project did not attach written evidence of child and adolescent psychiatric advice (nor advice about the undesirability of the co-location of BAC and EFTRU); and

(d) the reasons for ceasing the Redlands project (and the content of the briefing note) are of peripheral, if any, relevance; and

(e) the briefing note dated 17 August 2012[120] about the funding of 12 priority capital projects in regional and rural Queensland for hospital repairs is unrelated to the decision to close the BAC.

[118] Exhibit 186 Affidavit of Dr Jeannette Young para 36; Young T21-71/L29 – T21-73/L42 and T21-77/L18-42; Exhibit 40 Statement of Dr Michael Cleary para 27, 28, 38, 39; Cleary T14-5/L30 – T14-6/L13; Exhibit 94 Affidavit of Dr Anthony O'Connell para 11(f) and 13; O'Connell T12-19/L16-29; Kingswell T13-18/L12-17.
[119] Exhibit 186 Affidavit of Dr Jeannette Young para 39. See also Exhibit 50 Statement of Tim Eltham para 14.1 and 15.1; Exhibit 40 Statement of Dr Michael Cleary para 39; Cleary T14-5/L30 – T14-6/L13; Exhibit 94 Affidavit of Dr Anthony O'Connell para 13.
[120] QHD.006.005.2343.

3. DR YOUNG

147. Dr Young is the Chief Health Officer for the State of Queensland and has been so since 2005.

148. Dr Young has had no oversight or other responsibilities with respect to mental health issues since July 2012 at which time Dr Cleary was appointed as the Deputy Director General, Health Service and Clinical innovation (**HSCI**).

149. The Commission did not require a statement from Dr Young until just before hearings commenced.

150. On 4 February 2015, Dr Young was sent a Requirement to Give Information in a Written Statement (**Requirement**) (via Crown law) requiring a statement to be provided by 15 February 2015. Accordingly, Dr Young was only given seven business days (including the day the letter was sent by the Commission) to comply with the notice.

151. Unlike most other witnesses, Dr Young was not provided with a Requirement to Produce Documents.

152. The questions posed in the Requirement were confined in nature. They related to the meaning and explanation of a number of phrases in the two documents.

153. The Requirement to Dr Young attached the two documents to which it referred.

154. The first document was a privileged document.

155. The second document was a briefing note for approval dated 3 May 2012 for the Director General to approve the cessation of the Redlands Adolescent Extended Treatment Unit capital program.

156. The author of this briefing note was Dr Geppert and it was cleared by Dr Kingswell. Dr Young verified the document. Dr O'Connell signed the document. The briefing note did not, itself, have any attachments.

157. It is apparent from Dr Young's affidavit and her oral testimony that in verifying the briefing note, Dr Young was relying on information provided by Dr Kingswell

and her general understanding of the issues, which understanding was informed by extensive discussions over a lengthy period of time.

158. Such a reliance on Dr Kingswell is appropriate. As was explained by Dr O'Connell:[121]

> And the mechanism for reporting to you is by the briefing note. Is that right?---Yes. And clearly it can be **supplemented with telephone conversations, face to face meetings and the discussion of the topic at executive meetings** but the Commission would have noticed that nearly all of the briefs which have been tabled have about six signatories to them. So it's **generated by a fairly low-level officer but then it's checked by various officers who add a level of experience and expertise to the decision before it's then finally presented to the Director-General for approval**. And then – and then the **Director-General also has knowledge** which perhaps even the officers below aren't aware of **because the Director-General is doing things like attending Cabinet budget review committee meetings, having separate meetings with the Minister and the Premier and – and Treasury officials. So there are other considerations which the Director-General can take into account in either agreeing to or vetoing a – a proposal for approval**.

159. When Dr Young's statement about the accessibility of documents is viewed in that context, it is apparent that:

(a) there is no suggestion that documents exist that the Commission see as relevant to its inquiries, to which Dr Young would have had access at the relevant time and ought to have sourced to prepare her statement; and

(b) Dr Young appropriately relied on Dr Kingswell, and to the extent that relevant documents might exist, the Commission should make the necessary enquiries of Dr Kingswell, who has ready access to the documents.

160. In any event, Dr Young noted in her statement that the questions asked by the Commission relate to circumstances that occurred about four years ago and related to only one of many matters with which she was involved.

161. The Commission has been provided with all relevant documents from Queensland Health, including the MHAODB.

---

[121] T12-13/L35 - T12-14/L47 (emphasis added). See also O'Çonnell T12-10/L35 and T12-13/L25-30. Maynard T12-84/L1-5 and T12-87/L15-19. Springborg T15-6/L10-11, T15-6/L32-47 and T15-16/L43 to T15-17/L6.

162. Dr Young was called as a witness on Monday, 7 March 2016.

163. On the Friday before giving evidence she was provided with the Commission's area of interest, which included a Briefing Note for approval titled '*12 Rural Infrastructure Projects*'.

164. Dr Young signed this briefing note on 17 August 2012 as acting Director General.

165. It is noted she was not asked about this briefing note in her notice to provide a statement to the Commission.

166. When Dr Young gave evidence, Counsel Assisting questioned Dr Young about not having access to documents:

> *And you say that you don't have access to the relevant documents relating to those things?---Well, all of the documentation went with the Mental Health Branch and sat with them.*
>
> *Alright?---I didn't keep any of that.*
>
> *And in preparing your affidavit you didn't – you say you didn't have access to those documents. Why is that? Couldn't you ask for them?---I could've. But I didn't know what was needed and what wasn't needed. So my emails were reinstituted so I could look at those and I could look at my diary appointments, things like that. So I prepared that affidavit based on that information. But a lot of the key information related to CBRC briefs and so forth I didn't have.*

167. A careful comparison of the answers in Dr Young's affidavit to the questions in the Requirement reveal that it is unlikely that any document existed with respect to the questions asked in the Notice.

168. Dr Young's evidence does not particularise any known documents that exist. She somewhat speculates that there could be documents. For example:

> *And I take it that there's a report or document which records those delays? – There could be, but I haven't had access to it recently.*[122]

169. The Commission has all relevant documents. If there are documents that record delays then the Commission has those documents.

170. As to not searching for the documents, Dr Young stated that she went and searched her emails and was also assisted by her diary appointments. She stated that she

[122] T21-69/L32-33.

could have had access to the documents at the Mental Health Branch but she was not sure what was needed or what was not needed. This also has to be seen in the context of the short time allowed for compliance with the notice.

171. The Commission has been provided with all the relevant documentation from the MHAODB.

172. It is understood that the Commission has been provided with all the relevant documentation from Dr Kingswell.

173. Subsequent to giving evidence, the Commission has not requested any further information or documentation from Dr Young.

174. It is clear that at all times Dr Young has been co-operative.

Elizabeth Wilson QC
Nicole Kefford
Janice Crawford

14 April 2016

In the matter of the Commissions of Inquiry Act 1950

Commissions of Inquiry Order (No. 4) 2015

Barrett Adolescent Centre Commission of Inquiry

SUPPLEMENTARY SUBMISSIONS ON BEHALF OF STATE OF QUEENSLAND

DOCUMENTS

INDEX

No.	Document	Date	Exhibit No / Delium reference
1.	West Moreton HHB Minutes	24 May 2013	Exhibit 50 WMB.9000.0002.00001 at .00125
2.	West Moreton HHB Agenda Paper	24 June 2013	Exhibit 41 WMB.9000.0001.00001 at .00145
3.	West Moreton HHB Agenda Paper	28 June 2013	Exhibit 41 WMB.9000.0001.00001 at .00082
4.	West Moreton HHB Minutes	28 June 2013	Exhibit 41 WMB.9000.0001.00001 at .00084
5.	D-G Briefing Note for Noting re Barrett Adolescent Strategy Meeting	15 July 2013 (signed)	Exhibit 667 QHD.007.002.1617
6.	Talking Points – WMHHS meeting with Minister	15 July 2013	WMS.0014.0001.06714
7.	BAC Strategy Minutes	23 July 2013	Exhibit 55 WMS.9000.0004.00001 at .00101 to .00103
8.	Draft SWAETRI Strategy Project Plan (v3)	16 August 2013	Exhibit 14 IAD.900.001.0001 at
9.	Transcript of interview with Minister for Health	6 August 2013	Exhibit 307 COI.008.0001.0002

10.	Email from Ms Kelly	7 August 2013	Exhibit 223 MSS.001.001.0040
11.	Letter from Dr Corbett to parent	9 August 2013	Exhibit 41 WMB.9000.0001.00001 at .00280
12.	West Moreton HHB Minutes	26 August 2013	Exhibit 41 WMB.9000.0001.00001 at .00182
13.	West Moreton HHB Agenda Paper	23 August 2013	Exhibit 41 WMB.9000.0001.00001 at .00177
14.	SWAETRIS Agenda, Minutes and Action Plan	26 August 2013	Exhibit 14 IAD.900.001.0001 at .01342
15.	SWAETRIS Agenda, Minutes and Action Plan	9 September 2013	Exhibit 14 IAD.900.001.0001 at .0191
16.	SWAETRIS meeting Agenda and Minutes	23 September 2013	Exhibit 14 IAD.900.001.0001 at .0230
17.	SWAETR Service Options Implementation Working Group Forum (Working Group) Agenda and Powerpoint	1 October 2013	Exhibit 14 IAD.900.001.0001 at .1388
18.	SWAETRIS Steering Committee Terms of Reference	29 September 2013	Exhibit 14 IAD.900.001.0001 at .0128
19.	SWAETRIS Project Plan (v1.1)	October 2013	Exhibit 14 IAD.900.001.0001 at .0061
20.	SWAETRIS meeting attendance register	-	Exhibit 14 IAD.900.001.0001 at .0122 - .0127
21.	West Moreton HHB Minutes	27 September 2013	Exhibit 41 WMB.9000.0001.00001 at .00198
22.	West Moreton HHB Agenda Paper	27 September 2013	Exhibit 41 WMB.9000.0001.00001 at .00189

23.	Email chain	17 October 2013	Exhibit 777 WMS.0018.0001.00510
24.	SWAETRIS Agenda and Minutes	9 October 2013	Exhibit 14 IAD.900.001.0001 at .0253
25.	Chief Executive and Department of Health Oversight Committee Agenda, Minutes, Project Plan (v4), Update Brief and email to members	17 October 2013	Exhibit 14 IAD.900.001.0001 at .0637 - .0676 and .0636
26.	SWAETRIS Agenda, Minutes, Update Brief and email to members	21 October 2013	Exhibit 14 IAD.900.001.0001 at .0266 – 0.277 and .0265
27.	Memo from Ms Kelly to Chief Executives and Clinical Directors	22 October 2013	Exhibit 14 IAD.900.001.0001 at .0620
28.	West Moreton HHB Minutes	25 October 2013	Exhibit 41 WMB.9000.0001.00001 at .00206
29.	Chief Executive and Department of Health Oversight Committee Agenda and Minutes	15 November 2013	Exhibit 14 IAD.900.001.0001 at .0679
30.	SWAETRIS meeting Agenda and Minutes	18 November 2013	Exhibit 14 IAD.900.001.0001 at .0287
31.	Letter from Dr Chris Davis MP cleared by Ms Dwyer	26 November 2013	Exhibit 837 WMS.1000.0005.00099
32.	West Moreton HHB Minutes	29 November 2013	Exhibit 41 WMB.9000.0001.00001 at .0
33.	West Moreton HHB Agenda Paper	29 November 2013	Exhibit 41 WMB.9000.0001.00001 at .0231
34.	Chief Executive and Department of Health Oversight Committee Terms of Reference	23 September 2013	Exhibit 14 IAD.900.001.0001 at .0632
35.	Email from Dr Kingswell to Dr Cleary	12 November 2013	Exhibit 439 DMZ.001.001.0305