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THE HONOURABLE MARGARET WILSON QC, Commissioner

MR P. FREEBURN QC, Counsel Assisting

MS C. MUIR, Counsel Assisting

IN THE MATTER OF THE COMMISSIONS OF INQUIRY ACT 1950

COMMISSIONS OF INQUIRY ORDER (No. 4) 2015

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

BRISBANE

9.31 AM, MONDAY, 29 FEBRUARY 2016

Continued from 26.2.16

DAY 16

RESUMED **[9.31 am]**

COMMISSIONER WILSON: Good morning, everyone. Yes, Ms Muir.

5

MS MUIR: Good morning, Commissioner. The first witness I'm calling this morning is Ms Angela Clark. However, I understand that there may be an issue that some of the parties wish to raise at the outset.

10 COMMISSIONER WILSON: Very well. Yes, Ms McMillan.

MS McMILLAN: I'm happy to lead off on it; I think others will also add their comments. Commissioner, obviously you received the submissions Friday afternoon that were filed by various parties - - -

15

COMMISSIONER WILSON: Yes.

MS McMILLAN: - - - both in relation to parliamentary privilege – that was – yes, during the day Friday, I think – and Friday afternoon a number has filed submissions
20 about what might be broadly termed as transitional issues and causation. As I understand, you've directed that those matters be dealt with in terms of an oral hearing on Thursday afternoon.

COMMISSIONER WILSON: Yes.

25

MS McMILLAN: Friday night, we received from Mr Hill a schedule of what's called transitional witnesses, and I imagine that may be on Delium by now; I'm unsure. But in any case, we thank them for that, but there's some issues that arise from it. And could I tender a letter that was sent to the Commission yesterday.

30

COMMISSIONER WILSON: Now, this is a letter from Corrs Chambers Westgarth to Mr Hill of 28 February this year. Has everyone seen it? You haven't, Mr O'Sullivan.

35 MR DIEHM: I haven't seen it, Commissioner.

COMMISSIONER WILSON: Sorry, Mr Diehm.

MR DIEHM: Thank you.

40

MS WILSON: We just saw it this morning, Commissioner.

COMMISSIONER WILSON: But everyone else has now got it? Yes, I've read that.

45

MS McMILLAN: And I'm told by Ms Muir that Mr Hill has emailed back this morning and confirmed that it is category B.

COMMISSIONER WILSON: Well, I haven't seen that email this morning.

MS MUIR: But, Commissioner, if I could explain, yes, Mr Hill has emailed back to clarify that the schedule – it wasn't a schedule of transitional witnesses, as my
5 learned friend said, that was sent through on Friday. It was a schedule of potential transition clients that Counsel Assisting has identified as at 27 February 2016. There are 15 on that list. Clarification was sought as to whether or not those transition clients fell within a number of categories. Mr Hill emailed back this morning, but only just before court, to say that as had been identified by Corrs Chambers in their
10 letter, that the transition clients did fall within Category B.

COMMISSIONER WILSON: Alright. Now, is there anything further arising out of that then, Ms McMillan?

15 MS McMILLAN: Yes. So we take it then that the other categories are not, A, C and D? I just want to be clear about it. But, Commissioner, I understand from Ms Muir this table will be added to and there will be two further columns: one is in terms of what our instructing solicitor then seen as the transition date, and, secondly, what are the issues that Counsel Assisting see as relevant to take up in relation to
20 each of these patients.

Now, the difficulty is that whilst the issues remain unresolved before you and aren't dealt with until Thursday, most of the witnesses, as I understand you will hear from this week, deal with transitional issues. So I'm – I understand that counsel won't be
25 asking my witnesses, if I can put it that way, this morning issues that fall outside their witness statements. The difficulty arises that whilst it remains unresolved they may need to be recalled, for instance. They don't have access to any patient records. And so that if anything does fall outside, that they – naturally, being accorded procedural fairness – would need to be able to look at that.
30
Furthermore, as I understand it, there will be no expert evidence adduced by the Commission in relation to the adequacy of transition arrangements, and I just wanted that assurance so that we know where we stand with that, so that – the difficulty for us is – and I imagine other parties – is that these issues remain at-large, and it's very
35 difficult to manage, and, obviously, advise our clients and prepare witnesses when these important issues still remain at-large. That's really want I to say about it.

COMMISSIONER WILSON: So what are you asking, Ms McMillan?

40 MS McMILLAN: Well, I think the matter needs to be dealt with, really, before the transitional witnesses start. No doubt others will have things to say, but it's really a very unsatisfactory situation that we're in the third week of evidence and issues such as what is termed as transition still remains alive, as does any issues about causation, when, really, things have been prepared on a certain - - -
45
COMMISSIONER WILSON: What is this causation issue that you've mentioned from time to time?

MS McMILLAN: Well, it has been mentioned numerous times about the deaths of the three young people. You've made some statements about it not being part of – or should not coincide with the coronial process, but there's some issues which you, Commissioner, have mentioned about overlap. Well, naturally, I imagine a number
5 of parties, including ourselves, are concerned to understand that it's not being viewed that outcomes effectually match, if you like, causal issues, so that there's not a link seen – sought to be established between outcomes for particular patients and the care and/or transitional arrangements made for them. That's really the nub of it.

10 COMMISSIONER WILSON: Well that, with respect, is a very broad statement. From the very first directions hearing I made it plan that, as I saw things, it's for the coroner to determine the cause of death; that's one thing. And how he goes about that is a matter for him.

15 MS McMILLAN: Yes.

COMMISSIONER WILSON: And it may mean that he re-looks or has already looked at some matters that this Commission is looking at. In that sense, there could be overlap. But it's his job to determine the causes of death. But determining
20 adequacy of something: obviously, it seems to me – and I really hesitate to be saying these things when I haven't heard full submissions and I'm repeating what I said on a tentative basis last week – it's probably necessary to draw a line in the sand, a date, to say beyond which the Commission won't be looking. And adequacy will have to be assessed in the light of matters including where the patient was at – and I don't
25 just mean what facility the patient was at – but where the patient was at in terms of his or her condition at that line in the sand.

MS McMILLAN: And, really, Commissioner, that's what I'm indicating, that that clarity is needed about a line in the sand. So, for instance, what is termed as the
30 transition date is vitally important to a number of parties, I would have thought, here.

COMMISSIONER WILSON: Alright. Well, I understand what you're saying. I just want to ask Ms Muir something, if I may.

35 MS McMILLAN: Yes.

COMMISSIONER WILSON: Ms Muir, when do you anticipate that the other two columns of the schedule will be finished such that the schedule can be shared with the other parties?

40

MS MUIR: Commissioner, I'm hoping tonight, and that may allay many of Ms McMillan's concerns. So as I told Ms McMillan, there will be two columns. One will have the date – the line in the sand date - and then the other column will have the issues that Counsel Assisting have identified as being relevant to a particular
45 transition client insofar as the transition arrangements are concerned.

COMMISSIONER WILSON: Well, I'm looking at the batting order, as we've called it; the schedule of witnesses. Looking tomorrow, we have Dr Sadler in the morning; well, he's not going to be giving – well, I'm not sure what evidence he might give about transitions, should I say. But Vanessa Clayworth in the afternoon,
5 I'd have thought, would certainly be giving evidence about transition arrangements.

MS MUIR: That's correct.

COMMISSIONER WILSON: Well, I think what Ms Muir – Ms - - -
10
MS MUIR: McMillan.

COMMISSIONER WILSON: - - - McMillan would be saying is that to receive the schedule tonight may allow her insufficient time to prepare for dealing with
15 transition witnesses later in the week.

MS MUIR: Commissioner - - -

MS McMILLAN: Can I just be clear: and today, all the witnesses save Will
20 Brennan are all in relation to transitional issues. So in about 10 minutes, all those witnesses start.

MS MUIR: Commissioner, I understand Mr Fitzpatrick is the counsel that's taking the two witnesses for West Moreton this morning. I have spoken to Mr Fitzpatrick.
25 I've given him an indication of the areas and the questions, and they all arise from the statement. I don't envisage that there'll be any questions that will require at some later date the witnesses to be recalled because of the line in the sand or because of the additional two columns. So from the perspective of those two witnesses, I can see no reason why we can't proceed this morning with the proviso that if some issue
30 does arise then those witnesses could be called, but I think that that's very unlikely.

COMMISSIONER WILSON: Well, I haven't yet heard from any of the other counsel who are here this morning. If this information has been shared with Mr Fitzpatrick, has it been shared with the other counsel?
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MS MUIR: I haven spoken to a number of counsel - - -

COMMISSIONER WILSON: Well, it needs to be everyone rather than just some. Otherwise, people can't determine whether they want to cross-examine and in what
40 area.

MS MUIR: Commissioner, insofar as the transition concerns particular representatives, such as Dr Brennan, to some extent Dr Sadler's and certainly West Moreton, and - - -
45
COMMISSIONER WILSON: What about the families?

MS MUIR: The families no, Commissioner.

COMMISSIONER WILSON: Well - - -

5 MS MUIR: When I say 'the families no', I don't mean they know. The families: no, they're not aware of the table.

COMMISSIONER WILSON: I can understand your position, Ms Muir, and I can also understand Ms McMillan's. I think I should see if anyone else in the room
10 wants to say anything before deciding what to do.

MR O'BRIEN: Commissioner, if I might be heard briefly?

COMMISSIONER WILSON: Mr O'Brien. Now, who do you represent?
15
MR O'BRIEN: I act for Ms Watkins-Allens, who's a - - -

COMMISSIONER WILSON: Yes.

20 MR O'BRIEN: - - - clinical psychologist and who, with respect, is in, perhaps, a somewhat unique position in terms of some of the other witnesses. To refresh you, Commissioner, she left the Barrett Adolescent Centre some time before its closure, commenced practice in private practice and treated some patients both in private practice before and after the closure of the centre.
25
The concern that we have is that, with respect, leaving it until Thursday for this issue to be resolved is too late. My client is scheduled to give evidence on Wednesday afternoon, so I don't say anything about the witnesses this morning. But in particular, when one looks at the words adequacy of care and whether or not the
30 patients who she treated fall within that or do not is something that concerns us, because if the examination is going to turn to, perhaps, the quality of the care that she presided – and I'm being careful that those patients aren't mentioned in the correspondence that we've sent – then that is something that we would seek to have clarified, because it gives us some concern that things may stray into those areas,
35 perhaps unintentionally, but against which we've not provided information pursuant to your notice to provide information, and about which we haven't prepared or even, indeed, taken instructions.

So we would join in with what Ms McMillan has said this morning and urge your
40 Honour to – urge you, Commissioner, to resolve that at some point prior to Thursday. For our selfish views, we'd like that before our client gives evidence, but, of course, others may wish for that determination to occur earlier.

COMMISSIONER WILSON: Alright. Does anyone else wish to say anything this
45 morning? Ms Robb.

MS ROBB: Thank you, Commissioner. I'm acting for Matthew Beswick.

COMMISSIONER WILSON: Speak up.

MS ROBB: I'm acting for Matthew Beswick who's giving evidence this afternoon. On the view of Mr Beswick's evidence he in fact doesn't have much to say about the
5 transition. His position is he wasn't in fact involved, however, I note that my learned friend Ms McMillan is down to cross-examine him on the topic of transition. So to the extent these issues touch on our interests I am absent instructions and whilst not overly concerned because I have taken instructions about the limits of my client's knowledge there remains an uncertainty I suppose about the depth and breadth of
10 what relevance he might be able to add – relevant evidence.

COMMISSIONER WILSON: I'll just check with Ms McMillan whether she does wish to cross-examine him on the transition.

15 MS McMILLAN: Just excuse me.

MR FITZPATRICK: Yes. I'm sorry, Commissioner. Yes. Commissioner, I just – I do have a few short questions mainly dealing with overall systemic issues for him.

20 COMMISSIONER WILSON: I read his statement this morning and I couldn't see that he had much to do with transition. He was a nurse there at the time but he was basically carrying on with his ordinary job it seemed

MR FITZPATRICK: He does, Commissioner, but with respect, he does talk about
25 changes in staffing and things of that kind.

COMMISSIONER WILSON: But they're not changes associated with the transition, are they?

30 MR FITZPATRICK: They're not specifically client-related, Commissioner. I accept that.

COMMISSIONER WILSON: Well, I'm beginning to wonder whether you should have leave to cross-examine on transition in the circumstances. I'll hear from the
35 other parties but I'm really trying to clarify in my own mind whether there are witnesses today who regardless of this issue can give their evidence and be cross-examined.

MR McMILLAN: Commissioner, I note also that - - -

40

COMMISSIONER WILSON: Just a moment, would you, until I see if Mr Fitzpatrick is finished.

MR McMILLAN: I'm sorry.

45

COMMISSIONER WILSON: Have you finished, Mr Fitzpatrick?

MR FITZPATRICK: Yes. Thank you, Commissioner.

COMMISSIONER WILSON: Sorry. Mr Ben McMillan.

5 MR McMILLAN: I'm sorry. I didn't mean to interrupt. I note also that Mr Rodgers, the former principal of the Barrett Adolescent School is scheduled to give evidence this afternoon and a number of counsel have identified they wish to question him about transition. That doesn't obviously directly affect my client who has already given evidence but certainly the evidence that was called from her was
10 dependent, to some extent at least, on the evidence that Mr Rodgers has put in his statement and the way that they work together to effect the transition of clients - - -

COMMISSIONER WILSON: You represent Ms Rankin, don't you?

15 MR McMILLAN: That's so, yes. And I had not proposed to cross-examine Mr Rodgers at all about transition issues but this seems to be a bit of a moving feast that may affect my decision in that regard.

COMMISSIONER WILSON: Alright. Anyone else wanting to say anything? Yes,
20 Mr O'Sullivan.

MR O'SULLIVAN: The only issue is, Commissioner, you asked for clarification as to what is the causation issue.

25 COMMISSIONER WILSON: Yes.

MR O'SULLIVAN: May I just be heard very briefly on that.

COMMISSIONER WILSON: Certainly.

30

MR O'SULLIVAN: There are a number of ways the issue can be put. As we see it, it principally arises in this way. You have been charged with and required to examine the adequacy of the transition arrangements. The way in which you go about that is a matter for you. One way – and it seems to us there are two different
35 paths one could take – on one path, Commissioner, you may take the view that the actual outcomes for patients after they are handed over to the receiving service are not something that you regard as being material in determining the adequacy of the transition arrangements. If that was the approach that commended itself to you, you would not look at the patient outcomes for the 16 or odd transition patients. In
40 particular, you would not be concerned with outcomes for three of the patients who died. You would not regard that as part of the methodology to be employed in assessing adequacy of transition. That would be one approach and we call that the narrow approach.

45 The other approach that may commend itself to you, Commissioner, is that you, in assessing the adequacy of transition arrangements, may regard yourself as being required to look at patient outcomes if I may put it that way – patient outcomes

generally. If that was the approach that commended itself to you, you would be looking at not only what happened to the patients upon their arrival at the receiving service but you may look at what happened, in fact, to the patients who got better and didn't get better and, indeed, who died. That broad approach would see you, in
5 assessing the adequacy of transition arrangements, focusing on patient outcomes.

The approach that we have understood the Commission was adopting was the narrower approach which didn't look to patient outcomes rather than the broader approach and the relevance to those appearing before you is obviously that if one
10 takes the broader approach and looks at patient outcomes, one can start seeing dots being joined which would say transition arrangements were inadequate and three young people died as a consequence or, for example, the BAC was closed and as a consequence three young people died. That is the causation-type issues that arise if one takes the broad approach and it affects, obviously, the interests of almost
15 everybody appearing before you who was involved in this process because their reputations would or may be significantly affected if one took what I'm calling the broader approach and looked, really, by reason of that methodology – if one takes a broad approach – by reason of that methodology you start looking at a causal link between adverse outcomes or perhaps positive outcomes and the transition
20 arrangements or, indeed, the closure. That's what we would describe as the causation issue if that makes it clearer to you, Commissioner.

And I make very clear that we have been proceeding hitherto on the basis that this Commission has, as we understood it, been adopting the narrower approach and not
25 the broader approach and we have been conducting ourselves and preparing ourselves on that basis and so, for example, Commissioner, I'm not cross-examining anybody at all at this stage on anything to do with the transition arrangements and, indeed, the only persons we propose to cross-examine are at the end of the two week period and they don't concern transition. So that is the approach that we have
30 adopted based upon our conception of the methodology and approach and the matters that are within and outwith the Terms of Reference.

COMMISSIONER WILSON: Well, can I say a couple of things. I would have thought that your client himself, understandably, had nothing to do with the
35 transitions. His evidence related to cessation of Redlands, the closure of the Barrett Adolescent Centre and also the announcement and what he said in the announcement - - -

MR O'SULLIVAN: That's right, yes.

40

COMMISSIONER WILSON: - - - about what would happen to the patients. So that it never seemed to me that he would have an interest in transition - - -

MR O'SULLIVAN: Yes.

45

COMMISSIONER WILSON: - - - in that he never had anything to do with the transition.

MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: Secondly, for the moment, I'm not sure that it is (a) or (b) – it is the narrow or the broad. For the moment, I'm having difficulty in seeing
5 how the narrow approach could be sufficient. What you seem to be saying is assess what was done up until the date of final handover to the new service and that's it.

MR O'SULLIVAN: Yes. That's right.

10 COMMISSIONER WILSON: Even on that approach it must surely be necessary to assess whether the new service had the capacity to provide care that was appropriate to the particular patient. I'm not concerned with if it were the case – and this is purely hypothetical – if there was some professional negligence in the running of the handover service - - -
15

MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: - - - and that that may have affected how the patient was treated - - -
20

MR O'SULLIVAN: I understand.

COMMISSIONER WILSON: - - - that wouldn't seem to be within the Terms of Reference.
25

MR O'SULLIVAN: Yes. Quite.

COMMISSIONER WILSON: In terms of the broader approach, you say, looking at outcomes generally I think there must be some temporal limitation on the inquiry.
30 Most if not all of these patients we know were not only vulnerable but they were to varying degrees fragile and with the greatest clinical skill in the world and the greatest foresight it may not have been possible to predict their trajectories, whether those trajectories were likely to be ones which ended well or did not end well and this is why I've been talking about a line in the sand. I think there's got to be a cut-
35 off point beyond which the Commission says, well, the transition either had been successful or had not been successful at this point, and – well, "successful" is probably not the word, but adequate up to this point - - -

MR O'SULLIVAN: Yes, yes.
40

COMMISSIONER WILSON: - - - or not adequate up to this point.

MR O'SULLIVAN: Yes.

45 COMMISSIONER WILSON: And what went on after that is not for the Commission to inquire into.

MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: So that's the sense in which I say I don't think it is (a) or (b). I think there's a mix.

5

MR O'SULLIVAN: No. With respect, I can see perfect – with great respect, you're probably right, Commissioner, because (a) does not encompass the adequacy of the – or the capacity of the receiving service to provide proper care, and one can see how that would be a matter properly that you would wish to be concerned with, subject to

10 the submissions of others. But it may be it's somewhere between (a) or (b). Well, it's a matter, of course, for you, but I can see what you say, Commissioner.

COMMISSIONER WILSON: And - - -

15 MR O'SULLIVAN: And – I'm so sorry.

COMMISSIONER WILSON: No, that's alright. When I'm talking about adequacy and capacity, obviously also will have to be brought into the mix the availability of appropriate services. It may be that in the case of one patient there simply was

20 nothing on offer which was really suitable - - -

MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: - - - and that's something which would go to the

25 adequacy of what was done.

MR O'SULLIVAN: Absolutely.

COMMISSIONER WILSON: But not in the sense of a criticism of those

30 responsible for the transition.

MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: It may be that they did all they could do in the

35 circumstances - - -

MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: - - - but it was never going to be satisfactory.

40

MR O'SULLIVAN: Yes. With respect, I can't disagree with anything that has fallen from you, Commissioner. The only observation we would make is the evidence before you is the Department of Health did undertake its own investigation as to transition arrangements. You may have seen reference to a report. At the

45 moment you have that before you, which says that everything was done appropriate, but as I understand what my learned friend Ms McMillan has said, it's not intended to provide to you expert evidence about adequacy of transition, if we can put it that

way. For example, the capacity of the receiving service to attend to the needs – the therapeutic needs of the young person; whether there were particular services available.

5 It may be you – it's a matter for you, Commissioner. It may be difficult for you to form a view about what a clinical issue is when you don't have a deputy who's clinically trained. You don't have a psychiatrist and at the moment, as I understand it, you don't have expert evidence. It's a matter for you and it's not really a matter for my client to say anything about it, but I just draw it to your attention,
10 Commissioner.

COMMISSIONER WILSON: Alright. Thanks, Mr O'Sullivan. Does anyone – yes, Ms Mellifont.

15 MS MELLIFONT: Good morning, Commissioner. Insofar as transition in the next couple of days is concerned, the particular concern from my client's perspective is in respect of Ms Watkins-Allen, who is Mr O'Brien's clerk, due to give evidence on Wednesday, and at this stage no leave has been sought to cross-examine, and that has been because we have approached the terms of reference with a temporal limit to it,
20 as has been indication in our written submissions and our correspondence.

Commissioner, you spoke – again, to use the term "drawing a line in the sand", and the joint submissions you would have received Friday from West Moreton, Mr Springborg and our client, provide some criteria by which to come to that line in the
25 sand for the particular patients. Now, as I apprehend what Ms Muir has said, the table to be provided will provide the Commission's view as to what that line in the sand is really in additional columns. And so to that end, as soon as we can get that we'd be very, very grateful. There is – there is a problem from our perspective of proceedings with – proceeding with transition witnesses if there is the very broad
30 view adopted, having made decisions not to cross-examine on the basis of a narrower view.

The last thing I wish to say – and I suspect – I suspect what I'm saying is what you've just said, but I want to make sure that I understand what has – has come from
35 you, Commissioner. In terms of assessing adequacy, we have been approaching it on the basis of an adequacy of the services which were made available. We are, of course, a receiving agency, and so we understand that one will look to what process went on, the chronology that went on, what services were put in place for the particular patient for their particular needs at the time. No difficulty in that. We
40 have not approached it on the basis that the Commission will be considering adequacy from the perspective of clinical outcomes for a particular patient, because, in our view, if that's what is to occur, the only people who can really speak to that is an expert, not lawyers, because the clinical outcome for a patient may ultimately have nothing to do with the services actually provided - - -
45

COMMISSIONER WILSON: Precisely.

MS MELLIFONT: - - - or everything to do with it. So we understand – and happy to be corrected if I'm wrong, but the Commission doesn't propose to adduce an expert in respect of adequacy of outcomes in that sense, and thus a decision has been made at this point for my client not to seek to adduce evidence assessing adequacy of
5 outcomes from that particular sense. If we're wrong about that, then that does create logistical large difficulties.

COMMISSIONER WILSON: Well, can I say this – and Ms Muir can confirm whether I'm speaking correctly or not – but my understanding is that Counsel
10 Assisting is not proposing to call any witnesses other than those whose statements you've been given or who are on a list which I think was given to you last week of the statements still to come. Now, if that were to change I would expect Counsel Assisting to advise everyone immediately. Is that the case, Ms Muir?

15 MS MUIR: That is the position, Commissioner.

COMMISSIONER WILSON: Does that answer your question?

MS MELLIFONT: It does substantially, and so that you can understand the
20 assumption we have proceeded on, although lots of the statements include lots of things to do with timeframes past where we would say the temporal limit finishes, we have presumed that they won't be – won't truly form part of the Commission's consideration and findings under the Terms of Reference.

25 COMMISSIONER WILSON: Well, Ms Mellifont, can I ask you for some assistance. In your assessment, are there witnesses scheduled to give evidence today who can give evidence without the parties being prejudiced?

MS MELLIFONT: I can only give you that answer from my client's perspective
30 - - -

COMMISSIONER WILSON: Yes.

MS MELLIFONT: - - - and from my client's perspective, the answer is no.

35

COMMISSIONER WILSON: None of them?

MS MELLIFONT: Well, no, because – I'll have another quick look through, Commissioner. None of them are clients that we had intended to cross-examine.
40 None of the – sorry, witnesses we had intended to cross-examine nor sought leave to. If I might have a few minutes just to review my summary of the witnesses today, just to make sure that there's nothing there.

COMMISSIONER WILSON: I'd ask all counsel to do that, and in the meantime
45 I'll take any other submissions. Does anyone else - - -

MR DIEHM: Commissioner - - -

COMMISSIONER WILSON: Yes, Mr Diehm.

MR DIEHM: In my submission, you can proceed to hear the evidence today. Whilst ideally the further particulars that Ms Muir has described that are intended to
5 given by tonight would've been known before now, that isn't the way - - -

COMMISSIONER WILSON: Can you speak up.

MR DIEHM: I'm sorry, Commissioner. That isn't the way it is. But in terms of
10 what the consequences of that are for interested parties – and not all of us are interested, but certainly from Dr Brennan's point of view, she is an interested party – the position is this: those parties are entitled, of course, to procedural fairness. Procedural fairness would mean that they have an opportunity to cross-examine witnesses who might give evidence relevant to particular issues – whether they be
15 matters traversed by Counsel Assisting or not, I hesitate to emphasise – and to adduce evidence or to cause evidence to be adduced on those issues.

If there are witnesses today or, for that matter, tomorrow or even Wednesday that are to be called where the absence of this information means that counsel representing
20 those parties is not able to make informed decisions about cross-examination of those particular witnesses, then that may simply mean – and I think it's unlikely, but if it were to happen it may simply mean that they have to ask for those witnesses to be recalled. Now, the only other potential adverse implication for counsel is that if, because of an absence of knowledge of the relevant particulars, counsel is concerned
25 about forensic judgments that may be made if they do venture into an area of cross-examination, then counsel can simply decline to cross-examine, reserve their position and ask to be entitled to have the witness recalled at a later time.

On Dr Brennan's behalf, the choices that are to be made at the moment are based on
30 the information, obviously, that is available at the moment. And on that basis, apart from Mr Rodgers, I haven't sought leave to cross-examination any of the witnesses.

COMMISSIONER WILSON: Mr Diehm, what about the pending arguments as to the meaning of transition? Some counsel have, in effect, submitted to me that those
35 arguments ought to be presented and the issue ought to be determined before we launch into the relevant evidence.

MR DIEHM: The difficulty is this. The Commission can identify at this stage through Counsel Assisting which witnesses it considers at this point in time are
40 transition clients. Sorry, I should've said which patients are transition clients for the purposes of the terms of reference. Ultimately, whether that is so is a matter that can really only be determined after all of the evidence has been heard. It's a question of fact. And the Commission's contention, with respect, as to who are the transition clients isn't the conclusion that is ultimately reached.
45

COMMISSIONER WILSON: That's true.

MR DIEHM: So the provision of the particulars don't really help in that regard. All they do is inform the parties as to what the Commission's current view is.

COMMISSIONER WILSON: I don't think that goes all the way to answering my question which perhaps wasn't very well framed. The submissions that the parties want to put forward go to a causation issue which has been ventilated to some extent this morning and go to whether a line in the sand should be drawn. Is it a line in the sand per patient or per transition client or is it a line in the sand full stop, as I understand it. Ought those matters be determined before this evidence is adduced?

MR DIEHM: In my submission, it's not necessary to do so.

COMMISSIONER WILSON: Is it - - -

MR DIEHM: Because, again, it's a question of fact.

COMMISSIONER WILSON: Is it your intention to put in any submissions in relation to that?

MR DIEHM: Presently, no.

COMMISSIONER WILSON: I see. Alright. Thanks, Mr Diehm. Yes, Mr Harper.

MR HARPER: Commissioner I don't wish - - -

COMMISSIONER WILSON: You'll have to speak up.

MR HARPER: In the absence of a specific submission on the issue to indicate a position one way or the other, we have not had the opportunity to see the document to which Counsel Assisting referred. It obviously makes it difficult for us to then make submissions in that regard. In terms of the issue of causation, we have not ever approached this on the basis that the narrow approach which my learned friend Mr O'Sullivan advocated was the position which the Commission would take. But, again, it's a matter which we understood was to be the subject of some considered argument at a later point in time. Insofar as whether we can proceed today, I just – my submission and observation is that the approach suggested by my learned friend Mr Diehm has much to command itself.

COMMISSIONER WILSON: Anyone else? Ms Wilson. I'm sorry, Ms Mellifont again.

MS MELLIFONT: Sorry, I'll just answer your question before which was, I think, with respect to Mr Rodgers there would be some potential difficulty in him proceeding today without that line in the sand being drawn or, alternatively, to take Mr Diehm's approach in reserving our position.

COMMISSIONER WILSON: Alright. Thank you.

MS WILSON: Commissioner - - -

WITNESS: Yes, Ms Wilson.

5 MS WILSON: We provided written submissions to the Commission and you will see those written submissions stated the State's view is that transition can extend beyond the post-closure date. But, as I understand it, this is not the time or place to get down to the nitty gritty to develop any of those arguments. It's more of a pragmatic problem that we have got today and we need to find a pragmatic answer. 10 And the proposal that Mr Diehm has provided, in my view, is a way that we can move forward today.

MS McMILLAN: Commissioner, can I just comment?

15 COMMISSIONER WILSON: Yes, Ms McMillan.

MS McMILLAN: I endorse what my learned friends largely have said, Mr O'Sullivan and Dr Mellifont. Can I just remark that there is no evidence before you of the capacity of the receiving services, nor the availability of that. If the 20 Commission wants to explore that, then we would need to put evidence in about that. I'm told Ms Clayworth could probably attend to that but it will take her some days and she'd need to look at the patient records to do that. But, at present, as we read the evidence, there is no evidence of that before you other than, I should say, availability in a systemic sense, if I can put it that way. You've heard from various 25 witnesses about what existed in terms of subacute beds. Well, indeed, my learned friend Ms Wilson has put a number of propositions to witnesses. But if you come into patient specific, there isn't evidence before you on those things.

Can I just say about witnesses today, Mr Brennan and Ms Reddie would not seem to 30 touch on matters of transition. I think – I understand Ms Clarke may do on a systemic sense. Ms Hughes is all about transition. She was on the transition panel. And Mr Rodgers, we apprehend – well, you'll see in terms of what's to be asked of him, it does involve transition. And then you've heard some argument about Mr Beswick. Dr Sadler, I will be asking some questions of him tomorrow that do relate 35 to transition.

COMMISSIONER WILSON: Alright. Anything else?

MS McMILLAN: No.

40

COMMISSIONER WILSON: I will today receive the evidence of Ms Clarke, Ms Reddie, Mr Beswick and Mr Brennan. And if cross-examining counsel or any who have not cross-examined wish to reserve their position, I'll deal with that as it arises. That means that I don't propose to receive the evidence of Ms Hughes or Mr Rodgers 45 today.

MS MUIR: Commissioner, can I just say one thing about Ms Hughes' evidence and that was she was at the Barrett Centre for a short period of time from June 2013 until December 2013. To the extent that there is concern about her giving evidence about outcomes, that being an unresolved issue presently, she doesn't give that evidence.
5 And, in my submission, there is really no reason why Ms Hughes can't give her evidence this morning.

COMMISSIONER WILSON: Mr Fitzpatrick. Yes.

10 MR FITZPATRICK: Yes. Thank you, Commissioner. Well, Commissioner, it is of course the case that Ms Hughes was only there for a short time but it was a crucial time. And she was, I remind my learned friend, a member of the transition panel.

COMMISSIONER WILSON: Yes. I won't receive Ms Hughes' evidence today.
15 There will need to be some rescheduling later in the week. And this can be considered by the Commission during today. But what I am considering is this: shifting the argument about both transition and parliamentary privilege, subject to Mr Dunning's availability, of course, to tomorrow afternoon and shifting Ms Clayworth to Thursday afternoon.
20

MS WILSON: Commissioner, I understand that Mr Dunning is not available tomorrow. But they are not intertwined. The parliamentary privilege is a standalone argument that could proceed - - -

25 COMMISSIONER WILSON: It's a matter of timing, however.

MS WILSON: Yes.

COMMISSIONER WILSON: If Ms Clayworth is likely to take some time, I'm not
30 going to have sufficient time to have two lengthy arguments. I want to get it all over in one go, if I can.

MS WILSON: I can understand that. But as you could appreciate, Commissioner, this is a matter that is of State importance where we have taken the step to involve
35 the Solicitor-General. And we - - -

COMMISSIONER WILSON: Perhaps some inquiries could be made today. I know what a busy man he is but things do change and maybe he could be available tomorrow afternoon.
40

MS WILSON: I will make those inquiries.

COMMISSIONER WILSON: Alright. And Ms Hughes and Mr Rodgers will be rescheduled. I'm not sure precisely when at the moment.
45

MS McMILLAN: Commissioner, just to be tidy, could I tender that letter that I handed up this morning? It will be exhibit 200 and something.

COMMISSIONER WILSON: Well, is it more in the nature of a submission than evidence?

MS McMILLAN: I'm happy for it to be taken as a submission or an aide-memoire.

5

COMMISSIONER WILSON: I think it should go with the submissions rather than with the evidence.

MS McMILLAN: I don't mind which category it goes into.

10

COMMISSIONER WILSON: Is everyone happy with that?

UNIDENTIFIED SPEAKER: Yes.

15 COMMISSIONER WILSON: Alright. It will be marked as the next submission. Ms Mellifont.

MS MELLIFONT: Finally, I'm going to beg for a 2.30 argument tomorrow rather than 2 because of an extremely longstanding commitment I've had that I just cannot

20 get out of.

COMMISSIONER WILSON: I don't expect that that will be a problem.

MS MELLIFONT: Thank you.

25

COMMISSIONER WILSON: But it all depends on Mr Dunning at the moment.

MS MELLIFONT: Yes. Thank you.

30 MS WILSON: Just in terms of Mr Dunning, as my memory is kicking in too that I think that he might be interstate. However, the parliamentary privilege issue really has to be heard before Dr Jeanette Young gives evidence. And that is, I understand it, a date - - -

35 COMMISSIONER WILSON: Well, she's out of the country at the moment, I understand.

MS WILSON: No. She's back, I think. But she was in another country but we're trying to track down her availability. So we don't necessarily need to hear the

40 parliamentary privilege question this week.

COMMISSIONER WILSON: Alright. Thank you. The time is very tight next week too for everyone.

45 MS WILSON: I know, Commissioner.

COMMISSIONER WILSON: For everyone. Anyway, can we get on with the evidence of Ms Clarke.

MS MUIR: Commissioner, can I just raise one more matter - - -

5

COMMISSIONER WILSON: Yes.

MS MUIR: - - - and that is the list of potential transition clients was distributed and should've been distributed to all legally represented parties on Friday night, so I am

10 concerned to hear that Mr Harper said that that hasn't been received.

MR HARPER: Sorry, I understood that's another document which you have tabled. I have got a list of transition clients. I understood there was another document to which you were referring.

15

MS MUIR: No, there's only one document, and that's - - -

MR HARPER: My apologies. My apologies.

20 MS MUIR: - - - the table that was distributed on Friday night.

COMMISSIONER WILSON: Do you have it, Mr Harper?

MR HARPER: Yes, I do have that. My apologies, Commissioner.

25

COMMISSIONER WILSON: That's alright. Thank you.

MR HARPER: My understanding of those, having reviewed that, is that - - -

30 COMMISSIONER WILSON: Mr Harper, I can't hear you. You have to speak into the mic.

MR HARPER: Yes, I do have that, Commissioner.

35 COMMISSIONER WILSON: Mr Harper, I can't hear you. You have to speak into the mic.

MR HARPER: Yes, I do have that, Commissioner.

40 COMMISSIONER WILSON: Yes, thank you.

MR HARPER: And my understanding is that each of my clients fall within category (b), on reviewing that table.

45 COMMISSIONER WILSON: Your understanding is what? I just didn't hear.

MR HARPER: That each of my clients – their trial fell within category (b), as outlined in the letter from Corrs Chambers Westgarth.

COMMISSIONER WILSON: Well, are they on the list?

5

MR HARPER: They are on the list, Commissioner.

COMMISSIONER WILSON: Well, that satisfies you, does it not?

10 MR HARPER: It does, Commissioner. Thank you.

COMMISSIONER WILSON: Ms Robb.

MS ROBB: Sorry, Commissioner. Just the timing of today, then. Should we be
15 making an effort to have this afternoon's witnesses available late this morning or after lunch?

COMMISSIONER WILSON: If you could bring one forward at any rate. I'll really leave it up to Ms Muir. I notice that Mr Freeburn was going to take Mr Beswick and
20 Ms Muir Mr Brennan, so it might be better to try to bring Mr Brennan forward.

MS MUIR: Commissioner, that has changed. Mr Freeburn is taking both Mr Beswick and Mr Brennan. Can I say Ms Reddie is by telephone, as you can see, and Counsel Assisting don't have any questions for Ms Reddie. There's two other
25 parties have - - -

COMMISSIONER WILSON: Well, try to bring the first one forward, Mr Beswick, and would someone from the Commission let Mr Freeburn know that could be this morning, and let's start with Ms Clarke, because we've taken up nearly an hour
30 already this morning.

MS ROBB: And we'll endeavour to have Mr Brennan here a bit earlier.

COMMISSIONER WILSON: Sorry?

35

MS ROBB: We'll endeavour to have Mr Brennan here a bit earlier.

COMMISSIONER WILSON: Thank you.

40 MS ROBB: We'll do our best.

COMMISSIONER WILSON: Okay. Thanks. Alright.

MS MUIR: Commissioner, I call Ms Angela Clarke.

45

ANGELA CLARKE, AFFIRMED **[10.17 am]**

EXAMINATION BY MS MUIR

COMMISSIONER WILSON: Thank you.

5

MS MUIR: Thank you, Ms Clarke. You have a Bachelor of Speech Pathology, and if I understand your statement and your CV correctly, you worked as a speech pathologist at the Barrett Centre on various part-time bases from 10 October 2000 until 28 January 2014. Is that correct?---That's correct.

10

I was just slightly confused at paragraph 2.2 of your statement, which is at WMS.9000.0014.0001. If you could just go to that paragraph, which should be on your screen, or you've got a hardcopy there, I see. Whichever is easier for you?---Sorry, could you read the number again?

15

It's just paragraph 2.2 of your statement?---Yes.

You'll see there you say:

20 *In January 2002 I was interviewed for the Barrett Centre position and was successful.*

I was confused by what you meant by this statement, because from your CV, hadn't you already started working there in 2000?---I had. I started in West Moreton

25 District in January 1996, and I was at Ipswich Child Youth Mental Health Service as a base-grade PO2 speech pathologist. I then went on maternity leave, and I came – I started back off maternity leave at the Barrett Centre in October – sorry, October 2000. And at that point I was an acting PO3, because as you'll see at 2.1, that's why I put at that time I held a substantive PO2 grace – sorry, base grade position at

30 Ipswich CYMHS. So when I started at Barrett it was an acting PO3 role, so then when – in 2002 they actually had formally interviewed me, and I then gave up my Ipswich CYMHS position and started being, like, the proper speech pathologist. I wasn't acting any more. I was a PO3 clinician.

35 Thank you for clarifying that for me. In paragraph 7.5 of your statement, which is at 0009, you say that from July to October 2013 you took leave from the Barrett Centre to undertake work elsewhere and that you were only at the Barrett Centre on Mondays, and then from October until December 2013 you were at the Barrett Centre for two days a week. Is that correct?---Yes.

40

And then in your CV you say you finished up at the Barrett Centre on the 30th of January 2014. I just wanted to check whether this means you were at the Barrett Centre then all of January on a full-time basis, so what is the distinction between the December and January dates?---My apologies. In the January, I was never full time

45 at Barrett. I returned to my proper hours of .5, which is 19 hours a week.

And so you didn't finish up in December, then?---No.

That's what I understood from your statement, but I was not clear. After the Barrett Centre, I see from your CV that you worked as a senior speech pathologist with
5 Evolve Therapeutic Services at Mount Gravatt from February 2014 to June 2014. Is that correct?---Yes.

And this service, I understand from your description, provides speech pathology services to children and young people in out-of-home care, in collaboration with the
10 community-based multidisciplinary team?---Yes.

What is meant by out-of-home care? What young people are you referring to?---Foster care.

15 And then from January 2012 until the present time, you've worked as a senior pathologist with the Assertive Mobile Outreach Service Adolescent Extended Treatment Team?---Yes.

And the Commission has already received and heard evidence of this annual service.
20 I was interested in asking you a few questions about this. Are you able to tell the Commission, Ms Clarke, which AMYOS service you worked for and when that service started?---Okay. I was – as well as being at Barrett, I was with Mater Child and Youth Mental Health Services. I worked firstly at Mount Gravatt – sorry, Yeronga CYMHS one day a week, and then, when they opened a fourth clinic at
25 Mount Gravatt, started working there. As the Commissioner may know, the Mater CYMHS – Mater Health Service and the Children's Health Queensland merged, so at the end of 2013 – I think – no, 2014, sorry. At the end of 2014 I was approached – we all had to sort of apply for our jobs, as the merger had a double-up of some clinicians, and there was a lot of movement in new services. And I was asked – I
30 still hold a substantive position at Mount Gravatt Child Youth Mental Health Service, but I was asked if I could go and be the first speech pathologist in an AMYOS team to see if there was – to sort of define a need for speech pathology services within AMYOS. I work half time there, and I'm based within the AMYOS Brisbane North and Brisbane South. They were the original AMYOS teams set up
35 under Dr Michael Daubney, and now there's more AMYOS teams being settled around the state.

And what other professionals are employed in the group that you work with?---AMYOS, like most CYMHS teams, is multidisciplinary. We have nursing
40 staff usually at a fairly high level. Like, I believe my colleagues are clinical nurse consultants, and we have psychology, social work, occupational therapy and medical, and a speech pathologist in my team.

Can you just explain your experience of how the service has been operating on the
45 ground?---Okay. I really like the AMYOS team. I have worked in a number of CYMHS services – Ipswich CYMHS, Yeronga CYMHS and Mount Gravatt CYMHS – and I think that in my mind, I see AMYOS as having – as being

like an extended CYMHS. CYMHS workers have a bigger case load than us, and they're not permitted because of resources and workload to do a lot of outreach and intensive follow-up of clients or young people. AMYOS – within AMYOS the clinicians are all experienced clinicians, which means you get to work with really
5 established colleagues, and we have a much smaller case load, which means that, you know, we can give more time – individual time. Where – we have two main goals, which was to increase our young people's safety, and, more specifically, in the hope that our intensive outreach and follow-up means that we may have less presentations of young people to accident and emergency departments. And our second goal is to
10 increase their engagement. AMYOS clients are all referred by CYMHS teams, often when the CYMHS team, despite extensive effort and re-presentations and re-referrals and good follow-up, the children – sorry – the young people or consumers for some reason aren't able to engage in the CYMHS, or, perhaps, families aren't able to – to get them to the service or – a range of reasons. So CYMHS refers them to us, and so
15 our brief, apart from the safety one I mentioned, is to try and get them engaged in therapeutic intervention. So where – we have smaller caseloads, as I said, and we have greater access to cars. And just to give an example – I won't mention any consumers – I have a young consumer and I visit her once a week, but her principal service provider or her main clinician is our registered nurse. He visits her twice a
20 week at home, and there's a lot of collaboration between the clinician and myself and the family and the young person. So this young person receives three visits a week to try and assist with her mental health needs.

You said a smaller caseload. What number of young people would you be
25 responsible for as part of the team at any given time?---Okay. I need to distinguish between myself and the other clinicians on the team. For the most part, I don't act as a principal service provider; that's the – the main clinician. I'm – I'm, like, an adjunct that when the team identifies that there might be communication impairment or learning needs of a language nature, perhaps social skills or some language deficit,
30 I then work with the principal service provider. So to answer your question, I will have at half-time at a load of anywhere between six to eight young people, and that's also the same for our individual clinicians. But I'm not holding the main coverage or care for the young person; the principal service provider will do that. All of our PSPs, as we call them, are full-time, and they all see up to approximately eight.
35 Sometimes, when some people – young people aren't needing a lot of care they might take on a new case, but it's approximately eight.

Can I ask you about the cohort of young people that you have come across in your role at AMYOS, particularly given that you had worked at the Barrett Centre for
40 some 13 years. So– and I realise it wouldn't be all –from your perspective of the young people that you've seen, are you seeing young people that you may have otherwise seen at the Barrett Centre?---I believe in some instances some of the young people who I now see at AMYOS may have been referred to Barrett. Yes.

45 And it's talked about as a mobile outreach service, and you said that you get cars and you can go to visit the home of the young person. Does it sometimes depend on the family support, for example, that the young person might have insofar as you're

allowed access to that young person, has that been something that you've experienced?---I think our families do vary in the degree to which they can support their young person. The families also probably can vary on – in how much they see a need for AMYOS to be involved and in what way they'd like us to be involved. So 5 to answer your question, yes, sometimes it is more difficult to gain access to both families and young people.

And the geographical area that you cover in your service: what area is that?---Well, again, I cover both Brisbane North and Brisbane South. Brisbane North: we are 10 temporarily located on the RBWH campus, and from there the – the two clinicians that cover Brisbane North will extend – I don't exactly know our border, but I know it's suburbs like Petrie and Bracken Ridge and those who – the clinicians covering Brisbane South: I know we – we have young people in Tarragindi and – and MacGregor and as far south as that, and I cover all of that. I also do some work with 15 Redcliffe, Caboolture AMYOS, so I go as far as Redcliffe, Caboolture.

COMMISSIONER WILSON: So it goes beyond the strict bounds of Brisbane?---Yes, for me it does. Yes.

20 Thank you.

MS MUIR: Thank you, Ms Clarke. I digressed. I'll return now to your experiences at the Barrett Centre. You set out in much detail in paragraph 2.7 of your statement, which is at 0002, the functions you fulfilled at the Barrett Centre, and I don't propose 25 to take you through those at all. But I understand from your evidence that the function didn't change over the years, just – you rose in advancement of position, really, from PO3, PO4 onwards; is that correct?---That's correct.

I am interested though to ask you about 2.7(k), and this is where you say that you 30 undertook data collection and literature reviews. Are you able to tell the Commission more about this data collection and the types of literature review you're talking about in this subparagraph?---Literature reviews are actually quite common. Most mental health clinicians – if I can just speak to an example which might answer your question; not a specific patient example – but if I wanted to put a proposal for a 35 new type of therapeutic group I'd undertake a literature review as evidence that that might be appropriate. So literature reviews are really, really common in mental health, as they are in other professions. You just go and seek the evidence from people who've published in peer-reviewed journals. In terms of data collection, that, really, was a quality activity; I did a fair amount of that at Barrett. I guess, in 40 response to clinical questions, if you're there for a long time with a – quite a similar caseload and cohort of young people, I had questions. For example, the young people we had – a prevalent feature in our young people was self-harm, so I had a clinical question around do our consumers who – is it more likely in a cohort of – of deliberately self-harming young people, were they more or less likely to have a 45 communication impairment? One of the factors around deliberate self-harm, you know, may be a disengagement or inability to, you know, gain help and use of self-

harm to – to demonstrate to others that you are upset or distressed or not well. So I – I saw every young person that came to Barrett and gave them a full battery of psychometric assessment as related to communication and language and literacy and social skills, social language. And so I was able to pull from our consumer
5 integrated mental health application, otherwise known as CIMHA – I'm not sure if the Commission is aware of - - -

We know CIMHA well?---Great. So I was able to look at whether or not the young person had had a history of self-harm and whether or not – and I was also able –
10 clinical activities to – to see whether or not the young people who were self-harming were more or less likely to have communication impairment. That's an example of some of the data collection, so I could just answer clinical – clinical questions that arose within my work.

15 So where did you keep the data that you collected?---It was already part of CIMHA. The data was on CIMHA. Reports are always uploaded to CIMHA, and they contained the data. I did seek NEAF approval, which is – I can't remember what is stands for – it's the proper federal research body, and I did get – did get ethics approval for a couple of the – the – the reviews that I undertook. However, I point
20 out that that actually strictly wasn't necessary, because they come under the rubric of quality activities, and quality activities are done based on what you already do at work. So the – the areas of interest that I had, which included literature reviews and data collection, were involving the activities that I already did, and so they were on CIMHA.
25

COMMISSIONER WILSON: So can I be clear: when you talk about data collection what you were doing was accessing existing data in CIMHA, analysing it and interpreting it?---Yes.

30 And did you keep a record of your analysis and interpretation?---A record – yes. Yes.

And what has become of those records?---They were always in de-identified form. I sought permission from the young people and their family, and in a de-identified
35 form at the – well, I wasn't going to be working at Barrett anymore, the SPSS, which is a clinical tool for looking at statistics I gave that to the director of speech pathology at the time and I believe that she was in conversation with the psychology department at Griffith University at the Gold Coast but I am unsure of what ever happened to that. But all of the data was from the very point was always de-
40 identified and if I looked back at it now I wouldn't know who – who was who.

So you gave it back to someone in the Health Department – is that what you mean by the director of speech pathology?---Yes.

45 Thank you.

MS MUIR: Who was the director at the time, do you know?---Narelle Anger.

Anker?---Anger.

Can you just – you gave two acronyms: SPSS – is that - - -?---It's a statistics – I'm sure somebody will know.

5

As long as I've got the acronym I'm sure I can find it?---Yes. SPSS – it's a statistical analysis tool.

And NIEF – is that N-I-E-F?---N-E-A-F. It's an ethics application – my apologies.
10 If you googled N-E-A-F you would find it.

Thank you, Ms Clarke. Now, I want to take you to when you heard about the plan to close the Barrett Centre and if I understand your statement correctly that was around the time of Professor McDermott's announcement, so to speak, in November
15 2012?---Yeah.

And you then sent an email to a work colleague with a view to securing another position which I understand from your later evidence you didn't wish to pursue. You wished to stay with adolescents and not go to adults. But if we could go to 00072
20 which is exhibit 9 to your statement. Now, you see in that email that you say that Lesley Dwyer told you that no decision had been made – and this is on 9 November 2012 – that no decision had been made to close the Barrett Centre. Did you accept that at the time?---Well, I found – and I can't remember specific meetings and – and who was there. There were many of them and so I experienced it – I often walked
25 away from those meetings having received information that was conflictual so, for example, in some meetings we were told there's no decision but within that same meeting we would often hear the opinion being given that, you know, it couldn't stay open, it couldn't be rebuilt, we couldn't stay on the grounds of the forensic service so within one – with many of the meetings I would walk away not very clear on what
30 the position of the district was so that I would often be – have heard things that – that weren't consistent within the same meeting so I guess I was expressing my confusion in that email.

And in fact you make reference in this email to being told we can't stay here. Was
35 that a reference to the redevelopment of The Park as an adult forensic-only service or is that what you understood it to be at the time?---That's what I understood it to be.

And were you given a timeframe for this redevelopment or much more information about it?---Do you mean the redevelopment at Redlands or the redevelopment of The
40 Park?

Of The Park as a forensic – sorry, I'll take you back so I don't confuse you. In your email you say:

45 *While saying we can't stay here –*

And my question was, was your understanding that the reference we can't stay here meaning we can't stay - - -?---Yes.

- - - at the location at The Park. Was that a reference – was it your understanding
5 - - -?---Yeah.

- - - that reference was to the redevelopment of The Park as a forensic-only service or was it something else?---To be honest I actually can't remember what my frame – what my understanding was at the time I wrote that but – or – I'm not – I had that
10 understanding at some point, that we couldn't stay there because of the redevelopment of The Park as a forensic service but I'm not sure if that formed my thinking when I wrote this email. Sorry.

Just while we're on the topic of the location of the Barrett Centre, putting to one side
15 the redevelopment of The Park, in the time that you were there – and you were there quite a considerable period of time – were you ever concerned about the safety of the young people insofar as the location of the Centre was concerned?---No. I – I wasn't concerned. Would you like me to - - -

20 Yes?---I wasn't concerned, I guess, because when young people were out in the garden or outside maybe on the basketball area they were always well-supervised. We had a system of observations which meant that the – that young people, commensurate with their risk or their needs level, had different categories of observation. There were young people who were on constant observation sometimes
25 every five minutes, sometimes every 15 minutes. But there was always a staff member around caring for the young people when they were outside of the building so I guess from that point of view I didn't see a great risk. Secondly, the young people understood that they weren't to venture away from the area so there was often discussion about areas, you know, that they were to stay within and in my knowledge
30 there weren't young people who tended to go outside that. I – I can't remember of – of any and to my understanding in the 13 years that I was there – I was also part-time and – and may not be privy to all conversations but to my understanding or memory I don't know of a serious incident or an incident having occurred where one of our young people had been put at risk or been in contact with an adult consumer that
35 might have posed a risk.

And then what do you know about the redevelopment of The Park as an adult forensic-only service or the development of EFTRU – did you have any firsthand knowledge given that you were at the Centre, I think we've just said, until the end of
40 January 2014 – were there some changes that took place at the end of 2013 – 2014 that you can recall?---I don't know when EFTRU opened and so I don't recall when it opened or if there was conversations or concerns specific to that time.

But what about end period of 2013 – can you recall there being expressions that there
45 were concerns about risks for the young people at that time?---I don't know if it was at that time but I – I do know, well, it was my understanding that part of the reason that it was considered that Barrett shouldn't stay at The Park was the building of

EFTRU and so I believe that in the decision-making that was a factor for Barrett no longer staying there that EFTRU was going to open but I'm not sure when it did open.

5 Okay. So you weren't party to any meetings about risk management during the end of 2013?---No.

I just want to take you back to – you talked about, and if I understand your evidence correctly, around this end of 2012 time you were somewhat confused and uncertain
10 about what was going to happen to the Barrett Centre. And did this uncertainty have any impact on you and other staff that you experienced or observed?---I can attest that I experienced great distress from that time and I believe I witnessed other staff members also to experience great distress from that time.

15 Shortly after this email of 9 November, on 16 November 2012 you sent an email to a number of friends and family in relation to a GetUp petition that had been started in relation to the Barrett Centre and that email is at AC10 of your statement which is WMS.9000.0014.00073. So firstly, what was this GetUp petition about?---GetUp – GetUp is a – an – sorry - - -
20
I know – yeah - - -?---Okay.

But what did this specific petition relate to?---I am unsure who started the petition but the GetUp petition, I think, was intended to – intended – was aimed at the
25 government as a way of showing that people wanted Barrett to stay open.

Now, do I take it at the time that you sent this email that you having worked at the Barrett Centre for some 13 years were content, in your professional opinion as a speech pathologist and from your observations of the young people – that you were
30 content to gather up support for the Barrett Centre?---I think that when the announcement was made I was contacted by a lot of friends and family. I'd worked at Barrett a long time, and people know that I really liked being there and I really liked working there and being a team member. So I was contacted by a lot of people who, having heard the announcement by Professor McDermott, were very distressed,
35 as I was. And I think that this was a way of reassuring them that – you know, that it may not close, and also that if they wanted to do something positive, they might consider signing this because they were very distressed on my behalf and concerned for me.

40 Would it be a fair summary of your view at this time that up until that point you had no concerns that the Barrett Centre was an unsafe place for the young people who were admitted there?---I actually wrote some notes down about this issue. Do you mind if I just have a look at them?

45 COMMISSIONER WILSON: Does anyone have any objection?

WITNESS: They're just my thoughts. I just wanted to say that I was at Barrett for almost 14 years, and at no time in that period did I feel unsafe. I'll probably get in trouble, but most – we at Barrett – most of us didn't even wear our personal protective equipment, which was an individual duress alarm. Mine sat in my top drawer, which isn't great, but it's because I never felt threatened or I never felt unsafe or that a young person might harm me or that a young person might be harmed. A lot of our young people had histories of deliberate self-harm and suicidal ideation, and some of them went on to experience that again at Barrett. But – so it was a distressing place for the young people, but I don't think it was an unsafe place, given the degree of care for the young people and also the degree of supervision, so that many of them had been unsafe at home, and I think that Barrett, if anything, was a more safe environment. It's my understanding that in the 13 years at least that I was there, there were no – although some young people did harm themselves and may have made suicide attempts, none of them were successful, if I can use that term – or completed, I should say, sorry – because of the supervision. So I think that from both a staff point of view and also the consumer's point of view, it was as safe an environment it could be, with the caveat that we had very, very distressed young people who had complex mental health needs. Young people themselves can be risk-taking and adventurous, so that was a factor, but also we weren't very well – we weren't redeveloped when the rest of The Park was redeveloped, so we were in an environment that was quite old and hadn't been upgraded to include some safety measures. But even with all of that, my experience was that Barrett, although a sad and distressing place, was also one of hope and laughter and fun and staff doing their best to keep a balance between the safety of our young people, but also enabling them to have those experiences that lead to the meeting of developmental milestones and quality of life experiences that are necessary for young people.

MS MUIR: Thank you, Ms Clarke. You mentioned there the safety issues. I take it you're talking about the rest of The Park was redeveloped, and you're talking the physical - - -?---Yes.

- - - building was getting run down. Is that - - -?---Yes.

- - - what you're saying?---Sorry, would – yes.

Yes?---Yes. I believe sometime before I came in 2000 – I think it was '98, '99 – The Park itself underwent an extensive redevelopment. There was new buildings, and old buildings were refurbished. Barrett was left alone in that process. It wasn't redeveloped. So, for example, we didn't have swipe cards. We still had keys. We didn't have extra wide doorways. We still had glass, whereas the best practice in a mental health facility is to have a type of plastic that can't shatter. So there were – our building was not – it was old, and it probably didn't – it probably required the upgrades that had occurred in the other areas of The Park in order to meet further safety needs.

I think you describe it in your – well, you make the comment in your statement that the building was falling down around your ears?---Yes, it did feel like that as air

conditioning units weren't – you know, weren't operational for months at a time, and – yes.

You say in paragraph 5.8 of your statement, which is at 0007, that the executive made it clear that there are no funds to rebuild us – or to rebuild Barrett Centre. I just wanted to ask which executive and how was it made – how was it made clear? Were you told directly by a particular person that there were no funds to rebuild the Barrett Centre?---I believe I heard that at one of the early meetings after Professor McDermott's announcement. I believe, from memory – I attended a staff meeting, and I believe Sharon Kelly, the then executive director of mental health service, and Lesley Dwyer, the chief executive officer – I think that was her title. I believe they were present. So I believe I was told verbally soon after the announcement.

Can I just ask – you've mentioned the safety issues about the building falling down - did you have concerns at the time about how the Barrett Centre was operating? For example, lengths of stay of young people. Was that a concern that you had?---I guess I – at different times I did have concerns about length of stay.

And what were those concerns?---They were wide-ranging. One was concern for the young people if they wanted to go home. You know, if they were missing parents or – and that they wanted to go home, but their mental health needs were such that that wasn't safe. So I had a concern at that level. I was concerned also when there weren't services to send the young people to. We had a lot of difficulty. Say a young person had come into our care, already being in out-of-home care, so foster care. It was often really difficult to have – child safety often didn't – child safety often didn't provide a placement for the young person for them to go back to, so there was often a lot of difficulty trying to find somewhere for the young person to go. Also if the young person had come in and they had been residing at home with family, but family didn't feel able to have them return home or if there were allegations of abuse which meant they couldn't return home. There were a lot of very complex issues, not always related to the young person, not always related to the model of service; very broad sort of systemic issues that touched on service availability and, you know, other issues that meant young people were at Barrett for longer than was ideal.

What about staffing issues? Were there staffing issues? And I know you were there for a broad period of time, but given that you were there for so long, over the years did you notice changes in staffing?---I – I can't really speak about nursing numbers. I believe that nursing numbers are set, in terms of a ratio, so I believe that - - -

COMMISSIONER WILSON: Well, if you can't speak about them, don't speculate?---Okay. Thank you. So in terms of the allied health, on the whole the allied health staff were quite a stable group. We tended to have one social – one full-time social worker or equivalent, one full-time psychologist or equivalent. That was often shared by two people. So we tend to have the same staffing numbers in my time at Barrett. There were some changes of personnel, but again, we were a fairly stable group. Most of – many of us were there for quite some time. So I didn't

really – from the allied health point of view, I felt that we all worked really collaboratively and multidisciplinary so that if you needed to, say, run a group and I was the only speech pathologist, I would just ask a colleague to help me run that group or provide that activity, and I think we worked very collaboratively, and that 5 probably made us – if I can use the term – punch above our weight, because we tended to work very well together.

In your statement you refer to some Fast Fact sheets communications you received from your employer, and if we can go to one that's not in your statement, it's dated 10 30 November 2012, and it's at WMS1002.0005.00028. If we could just go down to under the heading – well, firstly, I should ask – these are the Fast Fact communiqués that you refer to in your statement? You've got to speak into the microphone?---Sorry. I keep nodding, my apologies. Yes, I did – in response to one of the Commission's questions, I did acknowledge that I had received some 15 communications, which included fact sheets, and in preparing my statement I was provided at that time – I didn't have any of the fact sheets when I was providing – when I was writing my responses to the questions, but was provided to – provided a couple of them subsequently, and that's the – those are the ones that are in my statement, and I received these ones this morning – this one this morning - - -

20

Yes?--- - - - that you are referring to.

So - - -

25 COMMISSIONER WILSON: Ms Muir, you estimated half an hour. You've been almost an hour, have you not?

MS MUIR: Thank you. Commissioner, I'll - - -

30 COMMISSIONER WILSON: Or am I reading the clock incorrectly?

MS MUIR: No, you're reading the clock correctly. I will try and move through my questions. I would like to continue to ask - - -

35 COMMISSIONER WILSON: Alright. Well, move as fast as you reasonably can.

MS MUIR: Thank you.

Did you read this – can you recall seeing this fact sheet at the time?---It doesn't stand 40 out to me as something that I recall. I may not have read it, or I may have read it and can't remember it.

Okay. If I could just then take you to WMS.0029.0001.000 – sorry, 401. This is an email from Lorraine Dowell. Was Ms Dowell in charge of allied health at The Park 45 at the time? Is that right?---My understanding was at this period of time Lorraine – sorry, Ms Dowell was – she was the director of OT, so she was the line

management – the professional line management for the OTs, occupational therapists. So she wasn't my line manager, so I'm not sure under what capacity she – and who asked her to help facilitate these meetings.

5 Okay. I just want to look at the timeframe. It's 18 March, and you refer in this email – there's reference to:

We need to establish a process and forum for collective consideration of the many variables that are impacting operationally on the Barrett at present.

10

What did you understand the variables to be?---Sorry, would you mind telling me which number I am?

So the top of – if you look on the screen?---Yes.

15

And you'll see in the first sentence you've received an email from Lorraine Dowell about a process and forum for collective consideration of the variables impacting operationally on the Barrett, and my question was what were the variables that you understood to be impacting on the operation of the Barrett at that time. So this is
20 April 2013.

I don't know what Ms Dowel was referring to when she said many variables. I believe that following this, how she enacted this was for us to have allied health meetings at which we discussed how we were – how up to date we were or what
25 stage in the process we were up to in terms of preparing discharge summaries and managing resources, because we all had a lot of, you know, clinical resources – what we were doing with those. So I'm not sure what Ms Dowell meant by many variables.

30 Okay. If I could – in paragraph 6.3 of your statement, which is at 0008, you say that there were many sources of information at this time, and this is the time that there was the announcement of the decision to close by the Minister, and you also say that you referred to the Fast Facts, and you've exhibited two of them to the statement. There are a number of these in evidence that show that there were communiqués in
35 November 2013, December 2013, February 2013, March 2013, and then 21 May 2013. If I could take you to that communiqué, which is 000 – WMS1002.0006.00012. So this is in May 2013. If I could just scroll down. And you'll see there that under the heading Any Recommendations Have Been Made, it says there:

40

No decision will be made about the Barrett Centre until all the recommendations of the expert clinical reference group have been carefully considered.

45 So at that point in May 2013, do you recall that that was the position as you understood it? Or that's what you were being told?---That's what I was being told, so I understood that to be the case.

The next communiqué that the Commission has been able to find is one dated 23 August 2013, which is at WMS.1002.0006.00011. So this is a communiqué that occurred after the announcement. If we could scroll down to the bottom. But before I ask you about this communiqué, between May and August, did you have any
5 warning that the Barrett Centre was going to be closing?, You give some evidence about an email from Lesley Dwyer just before, I think, the announcement, but was it being communicated to you as the staff that there is an announcement impending?---I guess I was aware that it was closing simply because of communiqués occurring after Professor McDermott's announcement, so I guess I had an understanding that it
10 would close, but as to the specific date, I didn't have an awareness, and also I didn't at this point know that a decision from the then Minister was imminent.

And if you look at the bottom of this communiqué on Friday, 23 August, you'll see there that the reference there is to no gap to service provision for the young people
15 currently receiving care from the Barrett Centre. What I would like to understand is given that you knew then that the Barrett Centre was to close, what was your understanding about new services that would be available upon the Barrett closing, or at some point in time – when did you become aware of the new services not being available?
20
COMMISSIONER WILSON: Listen, I'm sorry. I think you need to rephrase that question, Ms Muir. You can take it in steps, and all you can establish from this witness is what she was told, not what she understood the position to be, and leave it at that.
25
MS MUIR: Thank you, Commissioner. What did you understand - - -

COMMISSIONER WILSON: No, not what did she understand.

30 MS MUIR: Sorry.

COMMISSIONER WILSON: What was she told?

MS MUIR: What were you told, Ms Clarke, in relation to the circumstances in
35 which the Barrett would close? And I'm talking about this August 2013 period?---I'm not – I can't actually recall my thinking from August 2013. I - - -

COMMISSIONER WILSON: Well, look, if you can't remember, simply say that?---Okay. I'm sorry, I don't remember.
40
MS MUIR: Thank you. In your statement you say you had minimal involvement with developing and managing and implementing the transition plans for the Barrett patients, and you say that at paragraph 7.1, and you speak of the group therapy that you gave to patients. Right. I do understand that you had some involvement, am I
45 correct, in finding agencies?---I – if it was relevant to the discharge summary, I believe I forwarded –

when I had completed discharge summaries, if it was appropriate and agreed to by the transition – people in the transition meetings, I would – for example, if we knew that a young person was to be discharged to a particular child youth mental health service, I often emailed a copy of my discharge summary to that person who would be taking on board their care. I believe I did that in two instances, and I was also involved in some phone and face-to-face conversations about one consumer, one young person.

If I could just go to WMS.0025.0002.07782, and you say in this email that you are madly writing discharge summaries and phoning agencies. Did you have any problems locating agencies?---Once they were known by the people doing the transition arrangements, I didn't have any problems because they would know and could tell me.

COMMISSIONER WILSON: Was it your job to find places?---It – no. Sorry, Commissioner. Did you say phone or find?

Find?---It was not my job to find places.

Thank you.

MS MUIR: Okay. I have a few questions for this witness in closed court.

COMMISSIONER WILSON: How long will they take, Ms Muir?

MS MUIR: Probably less than 10 minutes.

COMMISSIONER WILSON: There is a telephone witness at 11.30, is there not?

MS MUIR: Yes, 11.30.

COMMISSIONER WILSON: Well, I'll see what the other counsel want to do. Are there people wishing to cross-examine Ms Clarke? Can anyone tell me if they're wishing to? Alright. Well, we'll close the hearing and deal with this evidence now. So I would ask people who are normally required to leave for closed hearings to do so and for the live streaming to be turned off, please.

MR FITZPATRICK: Commissioner, if it is of any assistance in scheduling the witnesses today, I can indicate that I don't expect I will need to cross-examine the witness that's scheduled at 11.30. I understand Counsel Assisting earlier today said that she had no questions for that witness.

MR McMILLAN: Well, I don't know precisely the arrangements that have been made for establishing the telephone link, so I do want us to be free - - -

MS MUIR: Commissioner, if I could just have one minute, it may be that I can leave the closed court questions. I'll just review briefly. Commissioner, I think the questions can be asked of other witnesses that I was going to ask.

5 COMMISSIONER WILSON: So you don't wish to ask - - -

MS MUIR: I have no more questions for Ms Clarke.

COMMISSIONER WILSON: Very well. And no one else has any questions for
10 Ms Clarke? I want to be quite sure of that. Thanks, Ms Clarke. You can stand down.

WITNESS STOOD DOWN **[11.09 am]**

15

COMMISSIONER WILSON: And the Commission will take a short break, until about 25 past 11. When we come back, presumably, the telephone link will have been established.

20

ADJOURNED **[11.09 am]**

25 **RESUMED** **[11.29 am]**

COMMISSIONER WILSON: Yes, Ms Muir.

30 MS MUIR: Thank you, Commissioner. I call Anne Reddie. Ms Reddie is appearing by telephone.

CONDUCTED VIA TELEPHONE CONFERENCE

35

ANNE REDDIE, AFFIRMED **[11.29 am]**

40 **EXAMINATION BY MS MUIR**

COMMISSIONER WILSON: Ms Muir.

45 MS MUIR: Ms Reddie, you have your statement in front of you?---I do.

Commissioner, Ms Reddie has provided one statement at 900.001.0001; that's ARE. I have no questions for Ms Reddie.

COMMISSIONER WILSON: Now, is there anyone wishing to cross-examine Ms
5 Reddie? Ms Kefford.

CONDUCTED VIA TELEPHONE CONFERENCE

10

EXAMINATION BY MS KEFFORD **[11.30 am]**

MS KEFFORD: Yes, Commissioner. Ms Reddie, my name is Ms Kefford. I'm the
15 counsel for the State of Queensland, and I just have a few questions for you about your experience. I understand that you're presently the principal of the Rivendell School in New South Wales?---That is my substantive position. I am, however, relieving in a director's position.

20 And in terms of that director's position, which you mention in paragraph 3 of your statement, you say in your statement that there's an initiative aimed at providing better learning and support for students in New South Wales who have disability, a learning difficulty or who require behavioural support. Does that initiative involve considering what might be appropriate learning support for adolescents with complex
25 mental health issues?---Yes, The initiative is for all students in all schools, and it's – it's a staffing initiative that is in mainstream schools, however, and not in special schools like Rivendell. However, Rivendell can access support through the initiative from regional support people.

30 In terms of the work that you're doing with that initiative, has it been your experience that when ascertaining what services ought be offered it's important to work collaboratively with mental health professionals?---In my work as director, every student, every school, there was not a lot at a regional level in terms of collaboration with mental health services. While we would acknowledge that that is
35 a great model, it would happen more at the local level by having schools work with mental health professionals. However, having said that, another initiative that has come on board is our network specialist centre facilitators, and they are now the go-between between – for complex cases, and therefore students with complex mental health, in supporting schools making contact with health professionals.
40

You made reference to collaboration occurring at a local level. Could you just give me an idea about how that collaboration occurs at the local level?---So at the local level, particularly with special schools, a number of schools have agreements with their local mental health providers that they run a clinic. So, for example, there are
45 two groups of schools in Sydney who, once a month, get input from maybe one of the directors of the local mental health clinic or one of the senior psychologists, where they are able to present cases, they are able to discuss strategies and how

they're managing the complex case, and, in some cases, from the discussion a referral might be made and picked up by the local mental health team after hearing what the school is trying to manage at a local level.

5 Thank you. Would it be fair to say that you do not have any detailed knowledge about current mental health services in Queensland for adolescents with complex mental health issues?---That's fair to say; I do not.

And I assume then it would also be fair to say that you don't have any detailed
10 knowledge about planned mental health services in Queensland?---That's correct.

And is it also fair to say that you would not have any detailed knowledge about how educational services are currently provided in Queensland to adolescents with complex mental health issues?---That's correct.
15
Thank you. I have no further questions, Commissioner.

COMMISSIONER WILSON: Thanks, Ms Kefford.

20 MR McMILLAN: No questions, thank you, Commissioner.

COMMISSIONER WILSON: Does anyone else have any questions of Ms Reddie? No? Anything in reply, Ms Muir?

25 MS MUIR: No, Commissioner.

COMMISSIONER WILSON: Thank you very much, Ms Reddie?---Thank you, Commissioner.

30 I'll allow you to stand down. Thank you?---Thank you.

WITNESS STOOD DOWN **[11.34 am]**

35
MS MUIR: Commissioner, Mr Freeburn is on his way over and Mr Beswick is a few minutes away. So we will have another witness to call shortly. Mr Brennan is the other witness that will give evidence today and I understand the solicitors for Mr Brennan are trying to get in touch with him to see if he could come in earlier.
40
COMMISSIONER WILSON: Well, what is it best that I do? Go back to the chambers and wait to hear that Mr Beswick is here?

MS MUIR: Yes, Commissioner. – But it shouldn't be too long.
45

COMMISSIONER WILSON: There's nothing anyone else wishes to raise? Very well.

MS MUIR: Thank you.

5

ADJOURNED **[11.35 am]**

10 **RESUMED** **[11.47 am]**

COMMISSIONER WILSON: Yes, Mr Freeburn.

15 MR FREEBURN: Commissioner, I call Matthew Beswick.

COMMISSIONER WILSON: Thank you.

20 **MATTHEW BESWICK, SWORN** **[11.48 am]**

EXAMINATION BY MR FREEBURN

25

MR FREEBURN: Mr Beswick, I'm going to take you to a few paragraphs of your witness statement. Before I do, can I explain something about the Commission's process. We are endeavouring not to identify patients in live stream, so we have, effectively, an open mode and a closed mode. So if any of your answers are going to
30 involve examples which refer to specific patients, can you alert us - - -?---Yes.

- - - before you give the answer? And, specifically, I'm going to take you to paragraph 30 of your witness statement; your original one, not your supplementary one. It should be on page 15. Now, there, you describe the effects of the closure
35 decision. Without referring to the witness statement, can you tell the Commission in broad terms what the effect of the closure decision was? Now, I suppose we're specifically referring to 6 August 2013, when the Minister made the public announcement. So are you able to state in broad terms what the effect of that announcement was?---It was very difficult for everybody. There was obviously
40 uncertainty. There was concern for family and children – for adolescents. And as professionals – or as a professional, I was concerned, as many of my colleagues were, about how we were going to proceed from there and keep the children safe – keep the adolescents safe.

45 And, specifically, what was the effect on the treatment of the patients? You obviously had some patients under your specific care, but can you state, without identifying them - - -?---Yep.

- - - the broad effect on their treatment?---Well, it's difficult to answer that broadly, and – so the – sorry, I'm just a little bit nervous about this – so there was lots of changes. There was changes to the – see, I struggle with identifying each individual date. There was changes through the process from 6 August to closure - - -
5
Yes?--- - - - that impacted on everybody. There were changes to process, there were people that were key stakeholders in various people's care were now involved in their care in different ways. Can I take you to something specifically you said. You said in 30(g) that patient acuity was going through the roof. What did you mean by
10 that?---So in relation to - - -

MS KEFFORD: Can I – sorry, Commissioner. There's sensitive information - - -

COMMISSIONER WILSON: Ms Kefford.
15
MS KEFFORD: - - - on the screen. Could the screen be taken down while that's being looked at? Thank you.

COMMISSIONER WILSON: Yes, please. The redacted version of the statement
20 should be on the screen, not the un-redacted. Just wait a moment, Mr Freeburn. We'll see what the situation is. Alright. Well, we'll manage without the screen then. Thank you.

MR FREEBURN: So, Mr Beswick, you used the words patient acuity going
25 through the roof. What does that mean?---So that could be – I feel like a lot of this could be answered better in closed stuff – closed session or the correct wording, but the uncertainty created by the closure, the removal of key staff and the changes to process created a great deal of uncertainty in certain patients.

30 In short terms, does it mean that patients got worse?---Patients got worse, risk went up.

Right. Now, what about the effect on staff? Is the effect on staff observable by you?---The – well, the effect on staff was significant, but I'd like to couch that with
35 that we were very professional and supported each other as best we can in the circumstances. But these changes were happening. There was varying degrees of involvement that we had with these changes and uncertainty about job stuff. A lot of that I've really indicated well in my statement, and I'm - - -

40 Alright?--- - - - just a bit nervous and I put a lot of effort into the statement, and then that's where I've worded it all very well.

Alright. Thank you. And I suppose if the patients got worse your jobs became harder; is that - - -?---That's correct.
45
Excuse me a moment. I want to ask you about the care coordination role in a usual transition situation and

the coordination role in this specific transition situation, which means in the period August 2013 to January 2014. Now, there's a difference, I gather. The care coordination role: if you could first of all address the Commission on what usually happens in transition absence a closing of the Barrett Adolescent Centre?---Well, we
5 – because I have to answer broadly, before the closure announcement as a care coordinator or case coordinator – which – I may use the word interchangeably – you would be involved in ensuring that all aspects of the transition process, that you're across them. You may not have to individually make sure they're happening, but you would be checking in with the various members of the team to make sure that
10 they are happening, knowing where the – all the various factors are, and personally being involved in advancing them where that's appropriate for your role. So, essentially, you're coordinating and making sure that everything is happening. After the closure - - -

15 Happening with respect to that person's transition to wherever they were going?---Yeah. The – yeah. It gets specific if I get much more detailed for each person, because there's very many factors to involve in the transition.

Okay. So what you're saying is the care coordinator for that particular patient is
20 actively involved in the transition process - - -?---That's correct.

- - - in a normal – in the normal transition situation?---That's correct.

Okay. Now, can you explain to me what the care coordination role is in this specific
25 transition process from August onwards?---So at some point after 6 August – I believe it was the date you stated – there was a decision made to change the process, and that involved case coordinators no longer being directly involved in the transition planning.

30 Alright?---So there was a team specifically designed that did not include care coordinators to facilitate that process.

And I gather there was a clinical reason for that? There's a – so the information I received was that from my point of view, like, for my purposes, the information I
35 was given was that the goal was that the care coordinators would not be involved in decision-making, so that that would not impact their alliance with the adolescents. So if an adolescent felt there was something they didn't like about the transition process I believe that we were told that the goal was to remove us from that process so that we could support them without them feeling you're doing this to me, you're
40 not making this decision. We could just support them as they dealt with whatever impact the decision has had for them.

Alright. And I gather from a nursing point of view there are pros and cons to that step?---Yes.

45

Are you able to explain, just briefly, what the pros are, pros and cons?---Well, the pros are that you can support the patient, the adolescent without them feeling conflicted about you being involved in making unpopular decisions.

5 Yes?---The cons are that with – it varies from patient to patient, but the care coordinator has often established a very good rapport and understanding of the patient, and removing elements of that from the decision-making process is what I would describe as a con.

10 Alright. Can I just turn to a different topic. I want to ask you about the effect of Dr Sadler's standing down on staff and patients. I don't want to go into the reasons for Dr Sadler's standing down. Are you able to explain the effect of that decision now – I think in early September 2013 – on patients first?---It's quite variable, but I think it's fair to say that it was a negative experience for everyone involved. For many of
15 the patients, he was a – he was one of the constants of the ward. He was involved in decision-making and reviewing patients, you know, every week.

Yes?---So there's a significant disruption when you have to introduce new clinicians, no matter how good they are, because the patients have the confidence of knowing
20 that Dr Sadler knew them and knew their cases, and you could develop a shorthand so you didn't have to go through everything. He – you could count on Dr Sadler already knowing where they were at.

Can I just ask you about the effect of the standing down of Dr Sadler on staff?---I
25 think it was, again, an overwhelmingly negative experience for everyone involved. He was our leader. The circumstances of his removal certainly raised lots of questions for everybody. I thought he was fit and appropriate, and should have – and was appropriate to stay where he was, so I had some concerns about the reason for his removal. I didn't – I didn't fully understand the situation. So we're basically
30 heading into probably the most difficult situation and we've lost Dr Sadler, so that was – you know, that was a negative experience, I would suggest, for everyone.

Can I just ask you, early on in your statement you talk about the concept of a brain drain, and I think you do this in the context of the proposed move to
35 Redlands?---Yes.

So your evidence – and tell me if I've got this right – is that once there was a proposed move to Redlands, some experienced staff members looked elsewhere. Is that - - -?---That's correct.

40

Okay. Now, was there still a core of experienced people prior to the announcement on 6 August 2013?---Yes.

And what was the result of that on the staffing mix, that announcement?---The
45 decision to close?

Yes?---I couldn't identify numbers, but I know that there was at least one, if not more, staff that left prior to closer, post decision to leave – post decision to close - - -

Post the announcement?---Yes.

5

Alright. And they were replaced by casual staff. Is that right?---It could be casual, it could be temporary contract, and we also had agency staff, but they all amount to less experienced staff as a whole. Less experienced in that particular area.

10 Are you able to say what the effect of that was on the care of patients?---So while I feel we generally had adequate numbers, the – I would describe those replacements as an overall drop in the average skill level, and so hand in hand with the rising acuity of the ward as a whole, we now had a much more delicate balancing act of trying to put your most experienced staff with the most – the most acute patients,
15 while having to manage not burning them out and doing the best job to provide the less experienced staff with, you know, valid roles to do that would help support the whole – so it made it harder. I don't know if I'm getting too wordy, but it made it a lot harder, and it put a strain on those experienced staff, because it's not always about the numbers; it's about the capacity of the staff to deal with the situation.

20

Alright. I'd imagine that this cohort of patients would be unusually complex for a nurse. Is that right?---That's correct. It's difficult to get good adolescent mental health nurses, and everyone that was – everyone that was no longer available to us was a loss, and it's a very complex field.

25

Can I just ask you about your personal situation? Obviously, once the announcement was made on 6 August 2013, your personal career had to move in a different direction?---That's correct.

30 What did you do about that?---Well, I was trying to put that on the backburner and concentrated on seeing the – seeing the situation through. I actually planned to have holidays. That was going to be during the transition period, but I postponed them to do the best job, because I knew that the skill mix couldn't really take any more hits. With respect to my career, I was concerned because my understanding at the time
35 was there was not going to be a replacement facility like Barrett, so I knew that I would have to find other types of work. Even if it was adolescent, it would be a different type of adolescent work, and that there would be many of us in the same situation, so we'd be competing for the same sort of jobs.

40 You said you delayed holidays. You delayed holidays until when?---Until after the closure.

Right. And when did you first talk to somebody about where you might go – where you might be placed?---There was an official – we were contacted through some
45 representative HR – human resources – with regards to what would be offered by West Moreton. The date I'm not exactly sure on. And we were to attend a meeting, where we were – it turned out – it was basically like an interview, but that wasn't

clear to me until I arrived at the meeting, and there was a panel of people that were assessing all the staff that would no longer have jobs once we shut and were trying to identify roles within the West Moreton that could be filled by the staff. I'd also made a separate approach just to identify – in my recollection, I was at least looking at Mater. I don't know that I spoke to anyone at Mater, but Mater had an adolescent unit, which has now become Lady Cilento, and I was interested in going there. So when I was speaking with HR I was making it clear that I had a plan to look at that option.

Yes?---Yes, and I received some advice about the impact that would have on my – any – if I got a separation payment. I received advice about that that was - - -

I think you've set that out in your statement?---Yeah, yeah, okay.

Thank you, Commissioner.

COMMISSIONER WILSON: Alright. Does anyone wish to cross-examine? Ms Wilson?

MS WILSON: No, Commissioner.

COMMISSIONER WILSON: Mr Fitzpatrick.

MR FITZPATRICK: Just a few short things, please, Commissioner.

EXAMINATION BY MR FITZPATRICK [12.06 pm]

MR FITZPATRICK: Mr Beswick, I'm Chris Fitzpatrick and I'm acting for West Moreton – one of the counsel acting for it. There were just a couple of things. Do you recall – thank you. Do you recall giving some evidence about the change in the care coordinator role post 6 August 2013 compared to before? And I think you've said in your statement that a clinical decision was made that care coordinators should not attend transition planning meetings. Is that the case?---That's my recollection, yes.

Yes. But was it not true that the series of informal meetings which occurred on a daily basis in the morning at Barrett continued after 6 August 2013, as they had done before?---So when you refer to an informal daily meeting - - -

Yes?--- - - - the only daily meeting I recall that happened daily was that the teaching staff and members of the multidisciplinary team would be advised by the clinical nurse in the morning about the events of the evening before. Is that the meeting you're referring to?

Well, my understanding is that every morning a meeting occurred at around about 9.30 at which all of the nursing staff and some representatives from education and some from allied health met and gathered to discuss the – what was to happen with the patients during that day?---So that timing is not consistent with my – with what I
5 understood. I led these meetings, so - - -

Yes?--- whenever I was on in the morning as the shift leader or the clinical nurse, I would largely read out the report book from the previous evening so that the various staff members, which were almost all of the teachers and some of the allied health, or
10 most of the allied health that were available – and that was earlier in the morning, before the school day started so the teachers could attend. We'd finish, and then they'd take the kids over to school.

Yes, I see. Well, there had been, I'd take it you'd agree, prior to 6 August 2013, case
15 conferences held on a weekly basis. Is that correct?---That's correct.

And the care coordinators were a party to those conferences. Is that correct?---Yeah. If you were on shift, you'd be there, and if not, you'd write notes for it that would be read out.
20

Yes. And so I want to suggest to you that those case conferences continued after the 6th of August 2013?---I believe they did. Yes.

Yes. And by that means, the relative care coordinators were able to inform
25 themselves about pertinent matters surrounding the adolescent including the progress of transition?---I don't recall being updated on the transition matters in those meetings.

You're saying that the adolescents' progress to transition was not discussed?---We're
30 talking about post the announcement to closure?

Yes?---So there was a separation that the transition meetings were a separate meeting. The transition panel was not a part of that close coordination.

35 No, but – no. We may be misunderstanding each other. What I'm suggesting to you, Mr Beswick, is that the topic of transition was dealt with in the case conferences as occurred after the 6th of August 2013?---I understand the question. I do not recall that to be the case.

40 Alright. Well, I'm suggesting to you that that's what occurred.

COMMISSIONER WILSON: Well, he's answered that he doesn't recall that that's what occurred.

45 MR FITZPATRICK: Thank you, Commissioner. That's all I have, Commissioner.

COMMISSIONER WILSON: Does anyone else have any questions? Ms Robb?

MR DIEHM: Commissioner, I have something arising - - -

COMMISSIONER WILSON: Yes, Mr Diehm.

5 MR DIEHM: - - - out of Mr Freeburn's questions and Mr Fitzpatrick's.

EXAMINATION BY MR DIEHM [12.11 pm]

10

MR DIEHM: Mr Beswick, my name is Diehm and I appear on behalf of Dr Brennan. With respect to this role of the care coordinators regarding transition planning, perhaps to use the terminology, what we've spoken of is an arrangement of the separation of the care coordinators from the transition planning to maintain the
15 therapeutic alliance between the care coordinator and the patient?---That's correct.

With that structure in place, was it the case, nevertheless, that members of the transition planning committee did speak with the care coordinators from time to time about the progress of transition?---I remember hearing things about the transition
20 process. I don't recall being asked about my opinion. I remember hearing things and it's difficult for me to remember which things were being tea room – you know, hearing about it in the tea room or hearing about it from patients or hearing about it from parents saying have you heard that this is what's happening?

25 Alright. Do you know Ms Vanessa Clayworth?---Yes.

Do you have a recollection of Ms Clayworth speaking to you from time to time about transition care planning for patients that you were a care coordinator for?---I remember her speaking about them. I – I struggle with details because it was more a
30 matter of concern about, you know, the difficulties in the transition process. I don't recall discussions of what do you think we should do, Matt, or I'm concerned about this.

So you spoke – in answer to Mr Freeburn, your response to a particular question he
35 asked you was that the care coordinators were not directly involved in the transition care planning. But what was the position, I suggest to you, was that they were, to an extent, indirectly involved in the transition care planning?---Well, it's correct to say that it was indirect. But I don't want to overstate my role in any decision-making or being sought for opinions.

40

Let's be clear about that. You were not involved in the decision-making as a care coordinator?---Yes.

That was the separation for the therapeutic alliance, wasn't it?---Yeah.

45

But you were involved in a process casually through discussions with Ms Clayworth or with other people who were on the transition planning committee by which you

imparted information that they might take into account with respect to the planning that they were doing?---They may well have taken it into account.

Yes. And from time to time they would share information with you about the plans
5 that they were developing for particular patients?---There would be some detail, yeah.

Yes. Thank you. Thank you, Commissioner.

10 COMMISSIONER WILSON: Yes. Any more cross-examination? Ms Robb, he's your client.

EXAMINATION BY MS ROBB [12.14 pm]

15

MS ROBB: Thank you, Commissioner. I only have one question and it's really just to clarify.

20 In your first statement at paragraph 27(b), Mr Beswick, you have stated:

> *I know that both Dr Brennan and Vanessa Clayworth, members of the transitional planning team, agonised over the transitional planning for each child because they spoke to me about it from time to time.*

25

Is that an accurate summary of your recollection of your involvement in discussions about transition planning?---Yes, it is.

They're the only questions I have, Commissioner. Thank you.

30

COMMISSIONER WILSON: Thank you. Mr Freeburn.

MR FREEBURN: No questions arising.

35 COMMISSIONER WILSON: Alright.

MR FREEBURN: May the witness stand down?

COMMISSIONER WILSON: Yes. Thanks, Mr Beswick. You can stand down.

40

WITNESS STOOD DOWN [12.15 pm]

45 COMMISSIONER WILSON: Now, the only witness left today is William Brennan. When will he be available?

MR FREEBURN: I'm not sure. Attempts have been made to contact him and I gather they've been unsuccessful.

COMMISSIONER WILSON: What time was he scheduled for?

5

MR FREEBURN: He was scheduled for 3.45.

COMMISSIONER WILSON: Well, should we adjourn until then and if he's able to be contacted, contact the Commission. And depending upon how soon he can get
10 here, the Commission may be able to email all counsel and say "please come across half an hour earlier" or whatever.

MR FREEBURN: Thank you.

15 MS WILSON: I'm happy with that, Commissioner.

COMMISSIONER WILSON: Alright.

MS WILSON: Commissioner, can I raise a housekeeping issue?

20

COMMISSIONER WILSON: Certainly.

MS WILSON: It's about Mr Dunning.

25 COMMISSIONER WILSON: Yes.

MS WILSON: And Mr Dunning's availability. And in the opportunity that we've had we've been able to contact him and to see his availability. And his availability has not changed. He is available in the afternoon of Thursday and the morning of
30 Friday. Now, on Friday this week Dr Brennan is giving evidence and it's a half day. One option that – I'm thinking aloud – that could, may work, is if we have an early start on Friday and deal with the parliamentary privilege argument.

COMMISSIONER WILSON: Well, my instinct tells me that Dr Brennan's
35 evidence may take quite a while.

MS WILSON: My instinct tells me that too. He is also available Monday in the morning, Monday, the 7th of March. If we could have an early start there – you can see on that day there is a number of witnesses being called. They are – it's a day of
40 confidential hearings but if we could have it - - -

COMMISSIONER WILSON: That's a confidential hearing day.

MS WILSON: Yes. And if in the morning we could just maybe have an earlier than
45 usual start then we may be able to deal with that argument now. Mr Dunning is working on the submissions today to meet the direction that the Commission has set to be – for them to be provided this afternoon. Commissioner, I don't expect an

answer now but I'm just starting a conversation, so to speak, so that we can think about when we can do this.

COMMISSIONER WILSON: We'll think about it and talk about it when we come
5 back this afternoon if it suits you.

MS WILSON: Certainly, Commissioner. And one of the other factors that we have to feed into this is when Dr Jeanette Young is being called because this matter has to be resolved before that. And we're making inquiries about when the doctor is
10 available and we are – so perhaps – I wanted to raise it too for everyone to be alert of the issues and so that we can maybe, when we resume this afternoon, come back to it.

COMMISSIONER WILSON: That's a good idea, Ms Wilson. We also need to
15 consider the two witnesses who have not given evidence today and when they're going to be slotted in.

MS WILSON: Yes. So there's a few balls in the air that perhaps we can use this time to properly come back to.
20

COMMISSIONER WILSON: Alright. Well, I'll adjourn until 3.45 on the understanding that – yes, Mr - - -

UNIDENTIFIED SPEAKER: I was anticipating.
25

COMMISSIONER WILSON: Someone's anxious to adjourn, I think.

MS WILSON: He's just quick, your Honour. The advantages of youth.

30 COMMISSIONER WILSON: Adjourn until 3.45 on the understanding that if Mr Brennan can arrive earlier it may be possible to come on earlier.

ADJOURNED **[12.19 pm]**
35

RESUMED **[2.27 pm]**

40 COMMISSIONER WILSON: Mr Freeburn.

MR FREEBURN: Thank you. I call Mr William Brennan.

45 **WILLIAM BRENNAN, SWORN** **[2.28 pm]**

EXAMINATION BY MR FREEBURN

MR FREEBURN: Mr Brennan, can I ask you, first of all, about the nurses that were
5 at the Barrett Adolescent Centre. Was there a specific type of nurse that was
designated to work there?---A specific type of nursing, that we tried to get nurses
with mental health experience and/or child and youth experience.

Is it the case that because of the nature of the Barrett Adolescent Centre it rather
10 needed special nurses with psychiatric expertise?---Psychiatric expertise or
experience in mental health.

Yes. Okay. And am I right in thinking from the time you first became the acting
director of nursing in about 2010 there was a corps of nurses who had that
15 psychiatric experience who were working at the Barrett Adolescent Centre?---There
was an experienced staff group there, but there was also some relatively
inexperienced people there as well who were gaining experience, I remember.

I see. Who were effectively learning?---Yes.

20

Now, did that change at the point when the move to Redlands effectively was
cancelled?---I don't know the exact numbers, but I think a relatively large number of
people elected to seek jobs elsewhere at that point. But I think what was more
pertinent was when Dr – after the announcement that alternative models were going
25 to be pursued and that the Barrett would continue no longer, where there was a
change in the staffing profile.

Okay. Well, let's deal with that in a minute. But before we get to the
announcement,– in some time in 2012 there was, I suppose, an announcement that
30 Redlands became no longer an option?---Yes.

And am I right in thinking that the nursing mix at the Barrett Adolescent Centre
changed then, and I think you said a few people left?---From – from my opinion, not
significantly at that point.

35

More later in – when - - -?---Yes.

- - - the announcement – okay. So when the announcement occurred – which, to
refresh your memory, is August 2013 – what changed then?---I think it's from more
40 September 2013 when people realised that the Barrett was not going to Redlands,
and also that if they wanted to remain in child and youth services their options were
going to be limited within West Moreton.

Right. So was there then some difficulty in, at that point, finding experienced
45 psychiatric nurses to work at the Barrett Adolescent Centre?---Well, we – we did
have a casual pool which has experienced nurses in, and the nurse managers
managed that in such a way that they allocated those nurses to the units where they'd

worked before and were comfortable. But, I guess, as people did leave, particularly in December and January of 2013/14, that's a difficult time to staff The Park, because less casuals were available because of school holidays and things like that.

5 But it's not surprising, is it, that in that last few months of the Barrett Adolescent Centre it would have been difficult to get experienced to work there?---Well, the staff we recruited to the casual pool: we did want them to have experience in mental health. But I can't guarantee that they all had specific experience in child and youth mental health.

10

Now, I want to show you some documents. Commissioner, these may not have been supplied to you Can I hand up a - - -

COMMISSIONER WILSON: Well, it doesn't matter. If they're up on the screen I
15 can look at them there.

MR FREEBURN: I can hand up a hard copy, if you would like.

COMMISSIONER WILSON: The witness may prefer hard copies.

20

MR FREEBURN: Now, Mr Brennan, this may - - -

MS McMILLAN: Sorry, can I just ascertain what he's been given?

25 MR FREEBURN: He's been given a bundle of four documents. I'll go through them one by one, if that's all right.

MS McMILLAN: Right. Okay. Thanks.

30 MR FREEBURN: I first of all want to take you to some minutes of a meeting; for the operators, it's WMS.9000.0006.00001, and I'm going to take the witness to pages 26 to – and 27 – sorry – I'm going to take the witness to page 917.

COMMISSIONER WILSON: The hard copy has on it SK22. Does that mean - - -

35

MR FREEBURN: Yes.

COMMISSIONER WILSON: - - - it's exhibit 22 to Ms Kelly's affidavit?

40 MR FREEBURN: That's correct. First of all, see that up on the screen – and you've got a hard copy of it - - -?---Yes.

- - - it's – on its face, it's minutes of something called the Barrett Adolescent Centre Update Meeting, and this particular meeting is 27 November 2013. First of all, can
45 you explain that meeting? What is the purpose of that meeting?---From memory, there was a weekly meeting with the allied health senior, Michelle Giles, myself and

Padraig McGrath, the nursing director responsible, Sharon Kelly, and Terry Stedman and Leanne Geppert for an update of where things were at in the unit.

Well, if you have a look at that meeting, it appears to involve, as you say, Leanne
5 Geppert, Dr Brennan and Dr Hoehn. What's the purpose of this meeting? And you'll see that you're one of the three apologies, the other being Ms Kelly and Dr Stedman; correct?---Yes, yes.

And what was the purpose of this meeting?---It was to provide a weekly update into
10 any issues in the Barrett Adolescent Centre at the time.

In the Barrett Adolescent Centre or the transition process?---Well, from my perspective it was for the Barrett Adolescent Centre, what was going on there at the time. I've – I remember it to be that, from my perspective.
15
Right. Now - - -

COMMISSIONER WILSON: Sorry, can I just understand that. Did that include transition issues?---The transition issues that I recollect was I recollect having an
20 idea of timetables for patients being discharged or transitioned, and an overall view of where – where things were up to.

Well, were those matters amongst the matters discussed at this weekly update meeting?---Yes, I believe so.
25
Thank you.

MR FREEBURN: Now, you weren't at this meeting – and it may be that you can't answer some of these questions, but by all means say so if you can't –perhaps to
30 answer the Commissioner's question, if we go to the next page you'll see there's a heading Transition Services. So transition was certainly one of the topics regularly discussed at these meetings; is that right?---From memory, there was issues around transition, but not in great clinical detail.

35 So if we go back to the first page, under nursing staff – which I assume would have been – had you been there, would have been your speciality?---Yes.

> *Risk identified: inadequate nursing staff has been an issue on some shifts, follow up with WB.*

40
That'll be you. Somebody's going to follow that up with you?---Yes.

Do you remember, first of all, that inadequate nursing staff being an issue on some shifts at around about this time?---No. No, I don't. I'm only speculating, but that
45 might pertain to skill mix as opposed to numbers on there. So I don't – I don't recollect the nurse unit manager – the nurse manager's responsible for resourcing

Barrett, raising that as an issue. And I note there's no – no senior staff representative at the meeting.

Yes. So you think the inadequacy that's being referred to there is more likely to be –
5 and I think your words were skill mix rather than nursing numbers; is that right?---I'm speculating there, because I wasn't there, but yes.

And why do you think that? Is that more consistent with your recollection that that problem is more with skill mix rather than numbers?---Well, my rationale for that is
10 it's nearly December. We would have had some people resign and move on for other jobs, and we would have had maybe more casuals or agencies involved at that time.

I see?---Well, if I might add, casual staff would be managed by the nurse managers in a sensitive way, where they would be familiar with which casual staff had worked
15 in areas before and which were comfortable in areas before wherever possible. And some casuals could work up to three or four shifts a week.

I take it, Mr Brennan, from that answer– and I realise it's a long time ago – but you don't have a direct recollection of what happened as a result of this meeting or of
20 anybody actually coming and consulting you about this issue?---That's correct.

Alright. Can we just go to the same document but page 920. Yes. So you'll see it's a meeting a week later?---Yes.

25 And again, you seem to be an apology, if we just scroll down a little. I just want to ask you about a topic there. If you, again, look at the same heading Nursing Staff, if you just read that to yourself. Does that shed light on anything that was happening at the time?---I – I don't understand the nursing roster not to factor favouritism – no nursing roster should factor favouritism and that's something that I don't understand.
30

Alright?---Yeah.

You don't understand the first sentence?---No.

35 What about the rest?---We were always recruiting casual staff. There were at that time – again, it would be the time period where more experienced staff – some – some of the more experienced staff had elected to take jobs elsewhere so that – that could – could give that some context.

40 And it finishes with SK to follow up with WB meaning Ms Kelly was to follow up with you. Do you have a recollection of any discussions with Ms Kelly about this sort of topic?---I don't but I should say that I talked to Ms Kelly more or less every day.

Right?---We had offices opposite each other so I'm not saying for one minute she didn't. I just can't – I can't recollect.

You can't recall?---No.

5

Now, whilst we're on that bundle of documents I just want to talk you through an email. The email is WMS.0019.0003.01364. You'll see this is a couple of weeks further on from that meeting and there's a suggestion of a 30 minute catch-up meeting?---Yes.

10

Do you recall that occurring?---I don't recall.

You don't recall it happening?---I don't recall it happening or not happening. I don't recall.

15

Okay. Alright. And further on, do you recall there being a debriefing about the Barrett Adolescent Centre in February?---I do. Yes.

If we turn to WMS.00.11.0001.00109. Now, this is an email that attaches some
20 follow-up notes. It refers to Steve Scott. Was he somebody who facilitated the debriefing?---He was. Well, I'm assuming that's who it was, yeah.

Alright. If we go to the actual attached follow-up notes which should be WMS.0011000100118. That's the debriefing notes. Is that right?

25

MS McMILLAN: Well, with respect, I don't think this witness – it's been established – I don't understand it to be his document so I don't know that he can necessary say that they're the notes of the debrief. If my learned friend wants to ask him about some issues then clearly no objection to that.

30

COMMISSIONER WILSON: Well, he can ask whether that document was an attachment to the email which he received.

MS McMILLAN: And again, whether he was even there at the debrief.

35

COMMISSIONER WILSON: Well, that's a different question from the one I just - - -

MS McMILLAN: Yes.

40

COMMISSIONER WILSON: - - - posed.

MS McMILLAN: I understand.

45 COMMISSIONER WILSON: Yes, Mr Freeburn.

MR FREEBURN: You saw the email that we went to first?---Yes.

Is this either the attachment or likely to be the attachment?---Yes.

And does it record what happened at a meeting?---I don't remember an awful lot from the meeting. The only one thing that stands out for me is I remember Mr
5 McGrath making the comment which is reflected – that I believe is reflected in this which says that – something along the lines of all of this work that had occurred had occurred in line with duties that were already established so the workload – that's what I remember Mr McGrath raising.

10 I'm sorry, can you just explain that about Mr McGrath's comment?---Well, from my memory the one thing that I remember about the meeting which I thought was a valid point was Mr McGrath raising that – the additional work related to the Barrett closure and transition was on top of his additional workload – his – his established workload.
15

I see. So - - -?---Yeah.

- - - he was saying at least from his point of view that the transition process with the Barrett Adolescent Centre added something significant to his already existing
20 workload?---Yes.

Can I just ask you to look at the next page of that – 119. Are you able to – if you read those – see the heading Implications on Staff?---Sorry, I've lost where we're up to. Is the second – on the back page of here?
25

Yes, please. It should be the very last page of that bundle of documents I gave you but you'll see it's also on the screen?---Yes.

See the three red items adjacent to Implications on Staff?---Yes.
30

Can you explain the first item:

Insecurity amongst affected staff transferred to workplace behaviours.

35 MS McMILLAN: Well, I object to this. It's not the witness' words. He is being asked to comment about a document that he is not the author of, it would seem. I'd just ask my learned friend to rephrase the question.

MR FREEBURN: Well, I've got to get to the question first. Mr Brennan, I
40 perfectly well understand these are not your words and it's a long time ago – does this refresh your memory about any discussions or concerns that were expressed in the debriefing?---No.

Okay. And the next item down:
45

No firm agreement to HR process.

?---No.

And the third item:

5 *Collateral damage by HR mopped up by leadership*

?---No.

The only thing that you really recall is that the comment of Mr McGrath that you
10 mentioned earlier. Is that right?---That's correct. Yeah.

Yeah. Do you recall any communications – in this transition process, so I'm really talking about the period from August 2013 to January 2014?---Yes.

15 Do you recall any communications with the nurses' union in that period about the transition and the Barrett Adolescent Centre?---We did have pre-existing structures in place. We had a nursing workloads meeting and there was also a local consultative forum which – the nursing – nursing workloads forum was clearly just for nursing staff and unions, and the local consultative forum was from the whole of
20 the staff groups affected – that worked at The Park. I also would've had conversations with the QNU at the time. I had a reasonable working relationship with them.

But I take it from that answer you can't recall the specifics; is that right?---No.

25

And did you speak to some of the nurses who were Barrett Adolescent Centre nurses – the more permanent staff, not the casuals – about their careers and where they were going to go once they left the Barrett Adolescent Centre?---I visited the unit on a regular basis and made myself available. There was a couple of nurses, from vague
30 memory, who I talked to around about the time the unit was closing to try and facilitate some different arrangements to what they'd requested, I think, is the – well, what I mean by that, there was a guy who was studying who wanted set days and I think I tried to facilitate that for him, and there was another male nurse who went, I believe, to go on to work for the school that was established, and I talked to him
35 about supervision arrangements, from memory, but I don't think he took – took the offer of me facilitating that up.

So I gather from what you've said you made yourself available; you talked to a couple of people who had specific things that they wanted?---Yeah.

40

But was there a regular meeting or a regular process put in place?---I believe there was. There was a communiqué set up from Ms Kelly's office, and also Mr McGrath along with – I think it was a HR workforce team met with the – met – we ensured that the HR team met with people to explain what the job matching process were –
45 was, and I also looked across the district to see which vacancies were available.

Can I just ask you, now, about the structure called EFTRU?---Yes.

We've seen some documents that talk about EFTRU being completed and ready to take – I think the expression is consumers or patients - - -?---Yes.

- - - from early 2013 and then, as that time passed, the time seemed to extend out?---Yes.

And that's your recollection; is that right?---I do remember the time extending, yeah. By how much, I can't remember.

Yes. And do you remember why it extended out, why the time period extended?---My memory of it is there were some concerns at a political level, and that's what I remember, because it was a new unit, a new style of unit which was an open unit which was to facilitate people's recovery from high secure inpatient services.

I think we know from other documents that EFTRU opened in about August 2013?---Mmm.

So your recollection is that the time got extended out for – I think you described it as political reasons but not to do with the centre, Ms Kelly and your group?---Unless there was something that I can't remember, then that's my recollection at the time, yeah. I mean, it's – it's a long time ago, but that's my recollection.

To your direct knowledge, so within your leadership group, was there a conscious identification of the risks of opening the EFTRU? It may be beyond your area of responsibility and if so, say so, but do you recall any discussions or documents relating to identification of the risks of opening EFTRU?---I don't recall that, but I would like to make a comment that this would've occurred way before – you know, this consideration way before when the unit was being planned.

I see. What you're talking about there is the identification of the risks would have been planned for at the time EFTRU was planned?---Well, the – that would've been taken into the consideration of the model proposed, yes.

Right. Do you recall there being any link between the date for opening EFTRU and the date for closing the Barrett Adolescent Centre?---No.

COMMISSIONER WILSON: Can I ask, when you arrived in 2010, had construction on EFTRU commenced?---No. It was a unit at the time which was called the dual diagnosis unit which was residence to people with a mental illness and a learning disability, and it was – and those people were undergoing a process of being discharged into the community, and then while I was there, work commenced on refurbishing that unit.

Is that a unit on the other side of an internal road from EFTRU, the new EFTRU?---Sorry, I - - -

Within The Park complex, there are one or more bitumen roads, aren't there?---Yes.

And EFTRU is a recently constructed complex?---No, it's a recently refurbished complex.

I see. Has there been any extension to it?---No. I think it was refurbished, is my understanding, and that's what the dual diagnosis unit was.

Okay. Thanks.

MR FREEBURN: So are you able to say when, perhaps, that refurbishment started? Are you able to pinpoint that in time?---No, I can't – I'm sure there's documentation around it, but I can't say with any definitive - - -

Okay. Can I just ask you about one other matter. Now, I have to explain to you that parts of our proceedings are closed where they identify specific patients, and I'm hoping to be able to deal with this on an open basis, so if you have to mention patients' names, can you give us a warning. Immediately before Dr Sadler was stood down, as I understand your statement, Mr McGrath called you to tell you that there was a incident?---Yes.

MS McMILLAN: Commissioner, can I just interrupt for this point, not to object. From having spoken to this witness, I think it's very likely he will need to go into confidential information. I don't – I can't imagine he could answer this without straying into those areas.

COMMISSIONER WILSON: Mr Freeburn – Ms Wilson - - -

MS WILSON: Commissioner, even the description that has been framed in the question - - -

MS McMILLAN: Yes.

MS WILSON: - - - I think requires it to go into closed.

COMMISSIONER WILSON: I'm inclined to close it, Mr Freeburn.

MR FREEBURN: Thank you. Thank you, Commissioner.

COMMISSIONER WILSON: Alright. The hearing room will be closed, so those who are not normally allowed to remain should leave and the live streaming should go off, please. Thanks, Mr Freeburn.

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COMMISSIONER WILSON: Alright. Well, the hearing can be opened and the livestreaming can come back on. When you're ready, Ms McMillan.

EXAMINATION BY MS McMILLAN [3.03 pm]

MS McMILLAN: Yes. Thank you, Commissioner. Mr Brennan, I want to ask you a few things. In terms of – my learned friend, Mr Freeburn, took you to an email in mid-December that was addressed to yourself, Laura Johnson – who is she?---Was she – I'm thinking she was a project officer.

Dr Hoehn we know – you know she was working with Dr Brennan, supervising her?---Yes.

Michelle Giles – she's allied health, isn't she?---Yes.

Kerrie Parkin – she was involved in HR?---Yes.

Who's Alexander Bryce?---Alexander Bryce at that time was the acting nurse unit manager for Barrett.

Right. Okay. Lorraine Dowell?---Allied health, senior at The Park.

And Mr McGrath who you've already mentioned, Dr Stedman and yourself were the addressees?---Yes.

Alright. Now, you were asked about whether specific daily meetings – was it your practice to speak to at least the clinicians – and I mean by that Mr McGrath, Dr Stedman, Dr Brennan – on a regular basis?---Absolutely. I talked to Mr McGrath on a daily basis – almost daily basis and usually if I didn't manage to see him at The Park I'd contact him either on the way home or after hours. I would see Terry Stedman regularly. He was in an office next door to me – well, next door but one at The Park. Michelle Giles – I wouldn't have caught up with Michelle as frequently because she was in Ipswich but we would have been in contact regularly. Not so much Lorraine Dowel but I would call up to the unit as well and have some contact with Dr Brennan.

Now, can I ask you this: in a statement by a Ms Richardson she said that nurses were deployed to Barrett as a disciplinary measure. Now, what do you say about that?---Just – that's just not the case. There were occasionally where I had to move one or more nurses out of units while disciplinary matters were being investigated or followed through but wherever those nurses were placed was due to a range of factors, operational convenience being one and suitability another.

Alright. Now, my learned friend asked you some questions about EFTRU and in your statement at 6.1, Commissioner, (b) you say that you were not formally advised of the reasons for the decision to close Barrett but the informal reasons included it was inappropriate to co-locate vulnerable adolescent patients with the cohort of patients accommodated at The Park as it moved toward completion of redevelopment into an adult forensic-only service. You remember - - -?---Yes.

- - - that in your statement. Now, can you just, perhaps, outline including EFTRU what you saw – or do you accept that there was an inappropriateness in terms of co-locating not just with EFTRU but the other units on The Park?---Particularly the other units on The Park.

Right?---So EFTRU was a unit, as I have explained earlier, where people's recovery journey continues from the high secure inpatients service. It was a new unit at the time which was open and not behind a fence so it was something different. However, those consumers have been managed very, very well and have gone through a long stay generally speaking within the high secure unit. However, there still always is the potential for relapse and them needing to go back into high secure. The other units were within – so there were units within high secure as well where people would have unescorted leave on the grounds and off the grounds. And the other issue for me is the – what was called medium secure and it's secure medium rehab now where the length of stay is much shorter, and that cohort of people can actually be a little more unwell. And that was particularly close to the Barrett Adolescent Centre. So EFTRU wasn't my – in my line of thinking when I made my statement.

Right. Thank you. Now, you were asked some questions about casuals. Is it the case that casuals were taken from a pool that was specific to The Park?---So this is a

case of timing, so I'll – and I'm not too sure about the timing. We had – initially, we had a casual pool at The Park, which was just for The Park.

Is then when you started in 2010?---Yes.

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Right?---And I would say in 2012 and possibly 13. We also employed permanent staff in a pool, so that they could fill in as required and they were given a roster. So they – they were actually in the casual pool, but they were permanent staff.

10 Right?---Yep.

Go on?---I've forgotten your question, sorry.

I asked about the pool specific to The Park?---Yes.

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And I think you were delineating different types?---Yes. So later on in the time period – and I can't quite remember when – I was trying to get the nursing – nurse managers at The Park to also manage the nursing resources for the Ipswich elderly and acute mental health service, where they actually had their own casuals. So that
20 was how – so there wasn't that much of a crossover at this period, I believe.

And just so it's clear, when you say casual – I mean, one might think that might be just a night here and there. What do you understand casuals in terms of frequency and length of employment in relation to The Park?---So there certainly can be one
25 night here and there, but my experience at The Park wasn't that. We had people who didn't want to – well, there was a freeze on recruitment for a considerable period of time because of all the redevelopment. But we had casual staff who had worked there for long periods of time undertaking contracts from time to time, but also staff that worked there. To four days a week, I believe, as a casual you could work.

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And what was the maximum, as you could recollect, a time of a contract – casual contract term?---When – when I got there, they had just been rolling over and rolling over the contracts, which did prove a problem industrially because people are then entitled to jobs if you're on continuing rolling contracts. But – and that's a problem
35 when you're, in effect, moving resources way from The Park, moving services away from The Park.

Right. But is it – was it the case that there would certainly be some casuals who might be up to 12 months a contract?---Absolutely, yes.

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And was that the same for nurses who worked in Barrett?---I do remember we had – I believe I do remember that we had people on long-term contracts and we also had casuals who would work three or four days a week. I remember one gentleman, a young nurse who played in a band who didn't want full-time work on a contract, but
45 he worked there three or four days a week, from memory. We accommodated him because he was a good nurse.

And I take it that where you could you would try to achieve a level of continuity of certain casuals say, in the Barrett Centre?---Wherever we could, but I won't get away from the fact the closer it came to December/January, when that's a difficult period to staff, that was a challenge.

In terms of the closure, to your knowledge were, for some of the permanents, that – did it coincide with them, perhaps, looking at retiring in any case or redundancies or – what would you say about that?---So the – I think the average nurse – mental health nurse in – the average age of a mental health nurse, I should say, in Queensland is about 56, from memory; it could be a bit lower now. But – so people that were coming to that end of their career, who'd had a lot of years in the service: it would have been – it would have been a good option – it would have been an option they would have chosen to take, a VR coming along.

Alright. And do you know that some of them associated with Barrett took that option?---Yes.

Right. Okay. Just excuse me. Yes. Thank you, Commissioner.

COMMISSIONER WILSON: Thank you. Mr Freeburn, do you have anything else?

MR FREEBURN: No. No, Commissioner.

COMMISSIONER WILSON: Alright. Thank you, Mr Brennan. You can stand down?---Thank you.

WITNESS STOOD DOWN **[3.12 pm]**

COMMISSIONER WILSON: Now, are there or were there any exhibits tendered on Friday or any today that need to be added to the exhibit?

MR FREEBURN: I'm sorry, I'm not on top of that.

COMMISSIONER WILSON: Alright.

MR FREEBURN: Can I - - -

COMMISSIONER WILSON: Well, I'll have that checked.

MR FREEBURN: Yeah. Can I address that in the morning?

COMMISSIONER WILSON: Yes, certainly. Now, in terms of housekeeping and the rescheduling, I don't know that we've progressed very far. I have asked for inquiries to be made about Dr Stedman. I understand that he's being approached in

relation to statistics, so I don't know whether there's been an update in the estimate for his evidence in terms of how long it will take. One possibility, depending upon Dr Stedman and how long he might take, is to have the argument on parliamentary privilege still on Thursday afternoon but commencing at 4.15.

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MS WILSON: I'm hesitant and reluctant to speak on behalf of Mr Dunning, but I think that's okay, if I can just make some – if I can ring his chambers and confirm.

COMMISSIONER WILSON: Alright.

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MS WILSON: He certainly is – from the availability I've got, he certainly is available Thursday.

COMMISSIONER WILSON: Well, can you tentatively put that down? I think Ms
15 Kefford had something she wanted you to see.

MS WILSON: Yes. I'll make those inquiries, Commissioner.

COMMISSIONER WILSON: Alright.

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MS McMILLAN: Commissioner, just – can I mention - - -

COMMISSIONER WILSON: Yes, Ms McMillan.

25 MS McMILLAN: - - - in relation to Dr Stedman – I'll check with my instructing solicitor – I know there's a date or dates he has some difficulty with, but I'll clarify that.

COMMISSIONER WILSON: Alright.

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MS McMILLAN: I just can't tell you off the top of my head. We've made some other inquiries with Ms Clayworth - - -

COMMISSIONER WILSON: Yes.

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MS McMILLAN: - - - and another witness that was due to be on this morning, and I can – I'm happy to liaise with all of my colleagues about that.

COMMISSIONER WILSON: I think that's the best thing, if you would liaise with
40 them, including with the Commission.

MS McMILLAN: Yes. So I'm happy – just excuse me – we'll clarify it, anyway. That's – I just don't want to tell you something that's incorrect.

45 COMMISSIONER WILSON: And, Ms Wilson, I think Mr Hill will be asking the Crown to give some idea of when Dr Young may be available, because I understand she has a very full calendar.

MS WILSON: Yes, and I'm just trying to get those dates now. But we'll liaising with Mr Hill, and clearly that has to occur after the parliamentary privilege argument. So I'll see what we can find.

5 COMMISSIONER WILSON: Alright.

MS WILSON: Thank you, Commissioner.

COMMISSIONER WILSON: Anything else this afternoon?

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MS WILSON: So, tomorrow morning, we have Dr Sadler, as I understand it.

COMMISSIONER WILSON: I understand so.

15 MS WILSON: Yes. Thank you.

COMMISSIONER WILSON: So Dr Sadler in the morning and any transition argument in the afternoon. Alright. Would you adjourn, please, until 9.30 in the morning, Mr Bailiff.

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MATTER ADJOURNED at 3.16 pm UNTIL TUESDAY, 1 MARCH 2016