

Oaths Act 1867

Statutory Declaration

I, **Ms Laura Tooley (nee Johnson)** of c/- Corrs Chambers Westgarth, Level 42 One One One, 111 Creek Street, Brisbane, Queensland, in the State of Queensland do solemnly and sincerely declare that:

1 What are Ms Tooley's current professional role/s qualifications and memberships?

1.1 My current professional roles, qualifications and memberships are set out in my curriculum vitae, a copy of which is annexed and marked **LT-1**.

2 We understand that Ms Tooley held the role of Project Officer, Mental Health & Specialised Services at West Moreton Hospital and Health Service (WMHHS) from 30 September 2013 until 24 January 2014. Please outline and explain:

(a) what Ms Tooley's key responsibilities were in this position;

2.1 The key responsibilities in my position are set out in my Position Description, a copy of which is annexed and marked **LT-2**.

(b) the nature of Ms Tooley's employment and provide copies of her job description and employment contract;

2.2 The position was a temporary full-time position based at The Park – Centre for Mental Health, Wacol.

2.3 The job description for the position is set out in the Position Description annexed and marked **LT-2**.

2.4 I did not have an employment contract. Annexed and marked **LT-3** is a copy of my Employment Movement Form dated 29 August 2013. A further Employee Movement Form was completed when the position was extended but it cannot now be located.

(c) Ms Tooley's reporting and working relationships with Dr Anne Brennan, Dr

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Leanne Geppert, Sharon Kelly and Lesley Dwyer.

- 2.5 I reported directly to Dr Leanne Geppert, Director of Strategy, Mental Health and Specialised Services (MHSS), West Moreton Hospital and Health Service (WMHHS). I had a close working relationship with Dr Geppert and she provided me with day-to-day oversight and direction.
- 2.6 Dr Geppert reported to Sharon Kelly, Executive Director, MHSS, WMHHS. I also had a working relationship with Ms Kelly and would liaise directly with her as required. Ms Kelly did not provide me with day-to-day direction.
- 2.7 Ms Kelly reported to Lesley Dwyer, Chief Executive of WMHHS. I did not have a direct working relationship with Ms Dwyer and as far as I can now recall, I did not liaise directly with her. Ms Dwyer did not provide me with day-to-day direction.
- 2.8 I had a close working relationship with Dr Anne Brennan. The high level administrative support I provided to Dr Brennan was additional to the administrative support that was available to her onsite at BAC when she requested it. Dr Brennan did not provide me with day-to-day direction.

3 Outline and explain Ms Tooley's role and involvement with the Barrett Adolescent Centre (the BAC) during the time she held the above role; and at any other time relevant to the Terms of Reference.

- 3.1 My role as Project Officer was a non-clinical role. I did not have any direct clinical involvement with the Barrett Adolescent Centre.
- 3.2 My role was to support and co-ordinate the Barrett Adolescent Strategy under the day-to-day direction of Dr Geppert. I did this by, amongst other things:
- (a) Preparing and coordinating correspondence from the West Moreton Hospital and Health Service including responses to members of the general public, briefings to the Director General and Minister for Health.
 - (b) Providing secretariat to a number of the working groups which had been established

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under Terms of Reference surrounding the Barrett Adolescent Project.

- (c) Provided non-clinical, higher level administrative support to:
 - (i) Dr Geppert in her roles on the Statewide Adolescent Extended Treatment and Rehabilitation (**SWAETR**) Implementation Steering Committee and its Working Groups, Barrett Adolescent Centre Weekly Update meetings, Young Person's Extended Treatment and Rehabilitation Initiative and other transition meetings that arose from time to time.
 - (ii) Dr Brennan and Acting Clinical Nurse Consultant (A/CNC) Clayworth as a member of the SWAETR – Barrett Adolescent Centre Consumer Transition Working Group which became the Clinical Care Transition Panel within WMHHS only.
 - (iii) Dr Brennan, A/CNC Clayworth and other clinical staff to facilitate the transition of patients.

4 We understand Ms Tooley developed the Barrett Adolescent Centre Communication Plan (the Communication Plan). Please outline and elaborate on Ms Tooley's role in the development of this plan including:

(a) who delegated this task to Ms Tooley;

4.1 As far as I now recall, Dr Geppert asked me to look at how best to communicate key messages around the closure of the Barrett Adolescent Centre and the impact that it would have on stakeholders including the community, patients, carers and staff. I did this by preparing a Communication Plan, a copy of which is annexed and marked LT-4.

(b) the purpose and objective of the Communication Plan;

- 4.2 LT-4 was a working document that I prepared shortly after I commenced in my role as a guide to assist me in managing correspondence and other communication consistently.
- 4.3 The purpose and objective of the Communication Plan is set out in exhibit LT-4.

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(c) the consultation process undertaken in developing the Communication Plan;

4.4 I liaised with:

- (a) Naomi Ford, Communication and Community Engagement Officer, West Moreton HHS to obtain the WMHHS template for a Communication Plan.
- (b) Dr Geppert as outlined above.

(d) any knowledge about the effect and implementation of the Communication Plan;

4.5 I cannot now recall whether LT-4 itself was ever signed off. I attended to the following matters on the action plan:

- (a) Preparation of responses to correspondence, a bundle of which is annexed and marked LT-5.
- (b) Preparation of Fast Facts, a bundle of which is annexed and marked LT-6.
- (c) Preparation of Staff Communiqués, a bundle of which is annexed and marked LT-7.
- (d) Preparation of Briefing Notes, a bundle of which is annexed and marked LT-8.

5 We understand that Ms Tooley was the RSVP contact for a Staff Information Session on 10 December 2013 and a Parents and Carers Information Session on Wednesday 11 December 2013 in relation to the BAC. Please outline and explain:

(a) whether Ms Tooley attended these session(s); if so, which sessions and what was her role;

5.1 I attended the Staff Information Session on 10 December 2013 and the Parents and Carers Information Session on 11 December 2013.

5.2 My role in relation to those sessions was:

- (a) I prepared a draft schedule for the visit and provided background information to Dr

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Sandra Radovini.

- (b) I arranged a teleconference between Dr Radovini, Dr Geppert and representatives from Childrens Health Queensland Hospital and Health Service (**CHQHHS**) to finalise arrangements for the visit.
- (c) I coordinated the preparation of the invitations and organised the RSVP contact.
- (d) I kept an RSVP list of attendees.
- (e) I coordinated arrangements for the venues and catering.
- (f) I prepared 'Welcomes' for Dr Geppert to use when introducing Dr Radovini at the sessions.
- (g) I arrived early at the venues early to make sure that everything was right for the speaker and to welcome people on arrival.

5.3 Annexed and marked:

- (a) **LT-9** is a bundle of emails which provide an example of the support I provided.
- (b) **LT-10** is a bundle of invitations that I coordinated the preparation of and personalised for the parents and carers.
- (b) **who else attended those sessions; were any records of these sessions kept (if so provide copies);**

5.4 As people RSVP'd to the various sessions, I prepared an RSVP list. Copies of the RSVP lists that I prepared are annexed and marked **LT-11**.

5.5 As far as I can now recall, in relation to the parent session:

- (a) [redacted] family members were unable to attend on the day.
- (b) Another family member attended with [redacted]

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5.6 In addition to the staff on the RSVP list, other clinical staff members from The Park attended the staff session. I can not now recall precisely who those staff members were.

5.7 The only records of the sessions of which I am aware were:

(a) The WMHHS and CHQHHS PowerPoint slides for the parent and carer session, copies of which are annexed and marked **LT-12**.

(b) A summary of Dr Radovini's visit in Fast Facts 11, a copy of which is annexed as LT-6.

(c) the key messages communicated during the session(s);

5.8 The key messages communicated by WMHHS and CHQHHS during the parents and carers sessions are outlined in the PowerPoint slides, annexed at LT-12.

5.9 The session with Dr Radovini was an opportunity for her to talk about her experience of an alternative model of care for patients like the patients of the Barrett Adolescent Centre.

(d) whether there were any further information sessions for parents, carers or staff; if so, when were they held and what were they about.

5.10 I am not aware of any other information sessions for parents and carers of the Barrett Adolescent Centre patients.

5.11 I recall that there were some other staff briefing sessions. I was not involved in arranging or attending those sessions.

6 We understand that parents and carers of BAC patients were invited to make submissions through Ms Tooley to the Service Options Working Group of the Statewide Adolescent Extended Treatment and Rehabilitation (SWAETR) Implementation Strategy Steering Committee. Please:

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(a) outline and explain the function and role of the SWAETR is;

6.1 The role and function of the SWAETR Steering Committee is set out in the Terms of Reference, a copy of which is annexed and marked **LT-13**.

(b) outline and explain Ms Tooley's involvement in the SWAETR;

6.2 I was not a member of the SWAETR Steering Committee.

6.3 My involvement with the SWAETR Steering Committee was as an 'other participant' to provide high level administrative support to Dr Geppert and WHHHS. For example:

(a) I prepared a monthly status report on the Clinical Care Transition Panel which I sent to Dr Geppert and Dr Brennan for endorsement before distribution. A bundle of those monthly status reports on the Clinical Care Transition Panel is annexed and marked **LT-14**.

(b) Dr Brennan and I provided a verbal status report on the Clinical Care Transition Panel including any identified risks to the SWAETR Steering Committee. Those verbal status reports were based on the monthly status reports annexed at **LT-14**.

(c) outline and explain the function and role of the Service Options Working Group;

6.4 The role and function of the SWAETR Service Options Working Group is set out in the Terms of Reference, a copy of which is annexed and marked '**LT-15**'.

(d) outline and explain Ms Tooley's role in the Service Options Working Group;

6.5 I was a member of the SWAETR Service Options Working Group.

6.6 The SWAETR Service Options Working Group meeting was run as a forum on 1 October 2013. My role was to co-facilitate (with Dr Geppert, Ingrid Adamson of CHQHHS and Deborah Miller of CHQHHS) breakout sessions during the forum.

6.7 I also contributed 'out of session' follow-up to the SWAETR Service Options Working

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Group. Annexed and marked **LT-16** is a bundle of emails which exemplify of my 'out of session' role in the SWAETR Service Options Working Group.

(e) identify the number of, and then outline the content of, the submissions Ms Tooley received from parents and carers (and provide copies);

6.8 Ms Dwyer wrote to the BAC parents and carers formally inviting submissions to the SWAETR Service Options Working Group.

6.9 I was named as the contact point for the collation of responses. Annexed and marked:

- (a) **LT-17** is Ms Dwyer's letter to the parents and carers.
- (b) **LT-18** are the submissions received by me.

(f) outline and explain how these submissions were considered, evaluated and incorporated by the Working Group and the Steering Committee.

6.10 The parents of some patients were invited by CHQHHS to attend a meeting of the SWAETR Steering Committee on 4 November 2013 to present their submissions. Annexed and marked:

- (a) **LT-19** are copies of the agenda from, and minutes of, the SWAETR Steering Committee on 4 November 2013.
- (b) **LT-20** are some further submissions received from those parents at that meeting.

6.11 As my role in the SWAETR Steering Committee was as an 'other participant' and not as a member, I cannot say how the parents' submissions were considered, evaluated and incorporated by the SWAETR Steering Committee.

7 We understand that Ms Tooley prepared a considerable volume of correspondence on behalf of a number of people in Queensland Health including the Minister for Health, the Assistant Minister for Health and the Chief of Staff to the Minister for Health. Please:

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(a) identify this correspondence (and provide copies);

- 7.1 Annexed and marked LT-21 is a copy of a spreadsheet that I prepared to track the correspondence I was involved in the preparation of.
- 7.2 The bundle of correspondence prepared by me is annexed at LT-5.

(b) outline and explain Ms Tooley's consulting and reporting processes surrounding this correspondence.

- 7.3 I would usually receive direction from Dr Geppert about the content of the responses to correspondence I prepared before I commenced preparation of them.
- 7.4 Once I had prepared the draft correspondence, I would send it to Dr Geppert for her amendment/approval and she would send them to Ms Kelly for amendment/approval.
- 7.5 Ms Kelly would then:
 - (a) amend, approve and release the correspondence if she was able to do so; or
 - (b) send them to Ms Dwyer for amendment/approval if required. Ms Dwyer would then release the correspondence.
- 7.6 If a response to correspondence required input or approval from external stakeholders, (such as for example CHQHHS, the Department of Health or the Office of the Premier) Ms Kelly, Dr Geppert or I would liaise with our counterparts in those offices to obtain that input or approval before the letter was finalised .

8 We understand that Ms Tooley authored Briefing Notes for the Director-General of the Department of Health. Please:

(a) provide details of those Briefing Notes (and provide copies);

- 8.1 There were two streams of briefing notes; those instigated by West Moreton HHS and those requested of it.

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8.2 The briefing notes that I authored are annexed as LT-8. I may also have had input into some of briefing notes that Dr Geppert authored but I cannot now identify those.

(b) explain the consultation process behind the Briefing Notes.

8.3 I would receive direction from Dr Geppert about the content of the briefing notes I prepared before I commenced preparation of them.

8.4 Once I had prepared the draft briefing notes, I would send them to Dr Geppert for amendment/approval and she would send them to Ms Kelly for amendment/approval.

8.5 Ms Kelly would then amend, approve and release the briefing notes or send them to Ms Dwyer for amendment/approval if required. Ms Dwyer would then release the briefing notes.

8.6 If broader consultation was required, it would be listed in the consultation section of the briefing note.

9 Explain and describe the involvement (if any) Ms Tooley had in developing, managing and implementing the transition plans for the BAC patients transitioned to alternative care arrangements in association with the closure or anticipated closure, whether before or after the closure announcement (transition clients), including, but not limited to identifying, assessing and planning for care, support, service quality and safety risks for the transition clients (transitions arrangements). In doing so please outline and explain:

(a) the claim of responsibility for the carrying out of this task;

9.1 The development, management and implementation of transition arrangements was managed by Dr Brennan who was supported by Vanessa Clayworth, A/CNC and other clinical staff at the Barrett Adolescent Centre

9.2 I also provided day-to-day non-clinical support to:

(a) Dr Brennan, A/CNC Clayworth and other clinical staff to facilitate the transition of

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BAC patients.

- (b) Ms Kathy Stapley, Allied Health Professional Practice Leader – Social Work to follow-up the wait list and the assessment list patients.

9.3 Annexed and marked **LT-22** is a bundle of emails which provide an example of the day-to-day support I provided to facilitate the transition of patients. My support included:

- (a) Arranging Panel meetings.
- (b) Drafting the template documents to be used by the Panel.
- (c) Disseminating the transition plans after each meeting.

9.4 In some of the more complex cases identified by Dr Brennan, I provide additional non-clinical support to Dr Brennan, A/CNC Clayworth and other clinical staff. For example:

- (a) I arranged a number of meetings with Metro North Hospital and Health Service (**MNHHS**) and the Mental Health Alcohol and Other Drugs Branch (**MHAODB**) to facilitate the transition of [redacted] a follow up email of which is annexed and marked **LT-23**.
- (b) I arranged a number of meetings with Metro South Hospital and Health Service (**MSHHS**) to facilitate the transition of [redacted] the minutes one which is annexed and marked **LT-24**.
- (c) I arranged a meeting with Child Safety regarding the transition of [redacted] a file note of which is annexed and marked **LT-25**.
- (d) I facilitated discussions with Department of Community and Disability Services around [redacted] transition, a copy of correspondence is annexed and marked **LT-26**.
- (e) I arranged a Complex Care Panel meeting for [redacted] Annexed and marked **LT-27** are a bundle of emails that provide an example of the support I provided to that Panel.

9.5 In those some of those more complex cases, I was asked by Dr Geppert to arrange further meetings. Examples of those meeting include the:

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- (a) BAC Transition Care Planning Meeting on 11 December 2013.
- (b) BAC Consumer Meeting on 18 December 2013.

9.6 Annexed and marked **LT-28** is a bundle of emails that provide an example of the additional non-clinical support that I provided.

(b) the key challenges in the development, management and implementation of the transition arrangements;

9.7 As Project Officer, the key challenge was to maintain the required momentum of clinical staff who were also continuing to perform their day-to-day clinical activities such as with required liaison with external stakeholders and the preparation of necessary paperwork.

(c) what involvement (if any) Ms Tooley had in ensuring that the educational needs of the transition clients were considered in the development, management and implementation of the transition arrangements.

9.8 I am aware from my involvement on the Clinical Care Transition Panel considered the educational needs of transition clients who were involved with the Barrett Adolescent School in that context.

9.9 I prepared a table for Dr Brennan (at her request) for her to document patients' educational needs. Annexed and marked **LT-29** is that table. I was not involved otherwise involved in this aspect of transition planning.

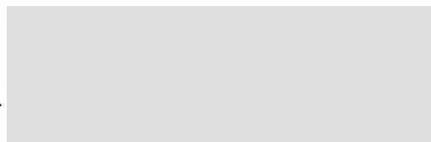
10 We understand Ms Tooley was a member of the Clinical Care Transition Panel. Please outline and explain:

(a) how this Panel was formed and constituted (and by whom);

10.1 I was a non-clinical member of the Clinical Care Transition Panel and its predecessor, the SWAETR – Barrett Adolescent Centre Consumer Transition Working Group.

10.2 The SWAETR – Barrett Adolescent Centre Consumer Transition Panel was one of the

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Working Groups established to deliver on aspects of the SWAETR Implementation Strategy. Annexed and marked **LT-30** is a copy of its Terms of Reference.

10.3 The SWAETR – Barrett Adolescent Centre Consumer Transition Working Group became the Clinical Care Transition Panel which was a WMHHS only panel. Annexed and marked **LT-31** is a copy of its Terms of Reference.

10.4 The Clinical Care Transition Panel members are set out in LT-31.

(b) the objectives of this Panel;

10.5 The objectives of the Clinical Care Transition Panel are set out in LT-31.

(c) activities it undertook;

10.6 The Clinical Care Transition Panel was an opportunity for all of those involved in the care of a patient to come together, identify a patient’s needs, discuss the patient’s transition to alternative service providers and facilitate referrals.

(d) how often the Panel met, and what records of meetings were kept (and provide copies);

10.7 The Clinical Care Transition Panel met once for each patient as outlined above. I documented identified patient needs in the spreadsheets annexed and marked **LT-32**.

10.8 Each person on the Clinical Care Transition Panel kept his/her own record of required follow-up and those day-to-day activities of transitioning a patient were also documented in by clinical staff.

(e) Ms Tooley's role in the Panel.

10.9 I was a non-clinical member of the Clinical Care Transition Panel. My role on the Clinical Care Transition Panel was to provide secretariat support including but not limited to:

- (a) Preparing a schedule for each patient’s Clinical Care Transition Panel with clinical

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input from A/CNC Clayworth.

- (b) Diarising those meetings for panel members.
- (c) Preparing spreadsheets during each patient's Clinical Care Transition Panel to provide a snapshot of a patient's identified needs.

10.10 Annexed and marked **LT-33** is an example schedule which I prepared with clinical input from A/CNC Clayworth identifying the dates of a patient's Clinical Care Transition Panel.

10.11 A bundle the spreadsheets that I prepared during each patient's Clinical Care Transition Panel is annexed at LT-32.

11 We understand that Ms Tooley was involved in arranging funding for the transition clients and engaging in negotiations to facilitate the housing and disability support for these transition clients. Please outline and explain:

(a) Ms Tooley's role in arranging funding and support for transition clients;

11.1 I undertook tasks in relation to funding and support for transition clients at the direction of Dr Geppert and clinical staff including Dr Brennan and A/CNC Clayworth.

11.2 The types of tasks I undertook were:

- (a) Making enquiries with relevant external stakeholders about proper process for securing that funding and support in conjunction with those clinical staff.
- (b) Undertaking preliminary tasks to facilitate provision of that funding and support for those clinical staff and/or Dr Geppert to progress as required.
- (c) Escalating those needs for funding and support to Dr Geppert as required.

11.3 I was not privy to higher level discussions about the mechanics of funding or support unless Dr Geppert asked me to follow-up on an action arising from those discussions.

11.4 Annexed and marked:

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- (a) **LT-34** is a bundle of emails which provide an example of the tasks I undertook in relation to funding and support for [REDACTED]
- (b) **LT-35** is a bundle of emails which provide an example of the tasks I undertook in relation to funding and support for [REDACTED]
- (c) **LT-36** is a bundle of emails which provide an example of the tasks I undertook in relation to funding and support for [REDACTED]
- (d) **LT-37** is a bundle of emails which provide an example of the tasks I undertook in relation to funding and support for [REDACTED]
- (e) **LT-38** is a bundle of emails which provide an example of the tasks I undertook in relation to funding and support for [REDACTED]

(b) the funding and support provided to each of the transition clients;

- 11.5 My knowledge of the funding and support provided to each of the transition clients was derived from the tasks set above.
- 11.6 I cannot recall, if I ever knew, the precise details of the funding and support provided to each of the transition clients.

(c) the processes undertaken by Ms Tooley to arrange this funding and support for each of the transition clients;

- 11.7 I was not aware of a 'process' to arrange funding and support for each of the transition patients. My understanding from the tasks that I performed was that the 'process' differed depending on the needs of the particular transition patient.
- 11.8 Examples of the tasks that I undertook in relation to funding and support is annexed as LT-34 – LT-38.

(d) the consultation and reporting made surrounding the funding and support provided to each of the transition clients.

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- 11.9 As far as I can now recall, the consultation and reporting around funding and support for transition patients was managed by Dr Brennan, A/CNC Clayworth and Dr Geppert.
- 11.10 I cannot recall the detail of that consultation and reporting.

12 Outline and explain Ms Tooley's involvement in and knowledge of the BAC school holiday program from December 2013 - January 2014.

- 12.1 Aftercare was engaged to provide the BAC school holiday programme from December 2013 – January 2014. At Dr Geppert's request and with her oversight, I:
- (a) Set up meetings with the Department of Health's procurement people to facilitate the engagement of Aftercare for holiday program.
 - (b) Facilitated review of the draft services agreement by Dr Geppert and others and attended a site visit when an appropriate site had been identified by Aftercare.
 - (c) Drafted a memo to the Chief Financial Officer to seek the release of funding approved for the Aftercare Holiday Program, a copy of which is annexed and marked **LT-39**.
 - (d) Arranged meetings for BAC clinical staff to introduce them to Aftercare and facilitate Aftercare's involvement at BAC.
 - (e) Developed consent forms for Dr Brennan and A/CNC Clayworth to send to parents and carers to sign before the commencement of the program.
- 12.2 Annexed and marked **LT-40** is a bundle of emails which provide an example of the tasks I undertook to facilitate the BAC school holiday programme from December 2013 – January 2014.

13 Outline and explain any other information and knowledge (and the source of that knowledge) Ms Tooley has relevant to the Commission's Terms of Reference.

- 13.1 I provided non-clinical administrative support for some of the later BAC Weekly Update

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meetings. Annexed and marked **LT-41** are a bundle of emails that provide an example of the support I provided.

13.2 I was Secretariat for Young People’s Extended Treatment and Rehabilitation Initiative meetings. Annexed and marked **LT-42** are a bundle of emails that provide an example of the support I provided.

BAC building decommissioning

13.3 I liaised with the Director of Service Support about the decommission of the BAC building. Annexed and marked **LT-43** are a bundle of emails that provide an example of how I liaised between Dr Geppert and the Director of Service Support about the closure of the building.

14 Identify and exhibit all documents in Ms Tooley's custody or control that are referred to in her witness statement.

14.1 All documents referred to in my witness statement are exhibited.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

Taken and declared before me by)
Laura Tooley at Brisbane in the State of)
Queensland this 22 day)
of October 2015 .)
Before me:)

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Signature of authorised witness

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Signature of declarant

A Justice of the Peace/
Commissioner for Declarations



STATUTORY DECLARATION OF LAURA TOOLEY
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	Letter to [REDACTED] prepared by LT dated 10 December 2013	WMS.1001.0002.00046	
	Letter to [REDACTED] prepared by LT dated 2 December 2013	WMS.1000.0024.00003	
	Letter to [REDACTED] prepared by LT dated 2 December 2013	WMS.1001.0002.00058	
	Letter to [REDACTED] prepared by LT dated 12 November 2013	WMS.1007.0147.00003	
	Letter to [REDACTED] prepared by LT dated 18 November 2013	WMS.1000.0005.00132	
	Letter to [REDACTED] prepared by LT dated 5 December 2013	WMS.1000.0024.00010	
	Letter to [REDACTED] prepared by LT dated 10 December 2013	WMS.1001.0002.00063	
	Letter to [REDACTED] prepared by LT dated 21 November 2013	WMS.1000.0005.00094	
	Letter to [REDACTED] prepared by LT dated 28 October 2013	WMS.1007.0147.00001	

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Laura Cooley

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