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THE HONOURABLE MARGARET WILSON QC, Commissioner

MR P. FREEBURN QC, Counsel Assisting

MS C. MUIR, Counsel Assisting

IN THE MATTER OF THE COMMISSIONS OF INQUIRY ACT 1950

COMMISSIONS OF INQUIRY ORDER (No. 4) 2015

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

BRISBANE

9.30 AM, MONDAY, 22 FEBRUARY 2016

Continued from 19.2.16

DAY 11

RESUMED

[9.30 am]

5 COMMISSIONER WILSON: Good morning, ladies and gentlemen. Yes, Mr Freeburn.

MR FREEBURN: Commissioner, I call Sharon Kelly.

10 MS McMILLAN: Could I just raise one matter while the witness comes in, Commissioner.

COMMISSIONER WILSON: Yes.

15 MS McMILLAN: Can I ask when the statements will be completed. I see there are now 171 statements on the website. Are there more statements to come because naturally I'm concerned that a number of my witnesses are in the witness box and there must be a real prospect that they might have to be recalled or we adduce further evidence.

20 COMMISSIONER WILSON: I'll ask Mr - - -

MS McMILLAN: Could we have some indication.

25 COMMISSIONER WILSON: I'll ask Mr Freeburn. Mr Freeburn?

MR FREEBURN: I can't answer that immediately or I can't say immediately what statements are in progress but I will have some inquiries made and if possible we will identify those ones that are in the course of progress and we'll circulate that at lunch time.

30 MS McMILLAN: Thank you. That would be very helpful.

COMMISSIONER WILSON: It's inevitable in an inquiry like this that there will be extra information coming along the way and it's with that in mind that I have made a habit of standing the witnesses down rather than excusing them.

35 MS McMILLAN: Yes, yes. Well, it would just be helpful to know the nature of the witnesses as well as what they're - - -

40 COMMISSIONER WILSON: Thank you.

MS McMILLAN: - - - likely to say.

45 **SHARON KELLY, SWORN**

[9.32 am]

EXAMINATION BY MR FREEBURN

5 MR FREEBURN: Commissioner, can I mention that there's a Delium quirk with Ms Kelly's statement. The Delium reference on the document is WMS.9000.006, etcetera. In fact, you can only get to this document via WMS.9000.0006, etcetera. I gather that's being corrected but other counsel should be aware that it is 0006 rather 006.

10 COMMISSIONER WILSON: Thank you. Now, you estimate you will be two hours this morning, do you, Mr Freeburn.

MR FREEBURN: Yes.

15 COMMISSIONER WILSON: Thank you.

MR FREEBURN: Ms Kelly, can I take you first of all to paragraph 9.1 of your witness statement. Now, that should be on page 7 of the document – 9.1 if we just scroll up – just go up a bit. So just go to page 6, yes, at the bottom. There we are.
20 Now, you say there that the Queensland Plan for Mental Health 2007 to 2014 providing funding for a number of projects directed to mental health services across the state. Correct?---That's correct, yes.

25 And including a redevelopment project involving major changes to the adult mental health services at The Park?---That's correct, yes.

And you then say in paragraph (b):

30 *In broad terms under the redevelopment project The Park would provide services for adult forensic and secure patients only compromising a high secure inpatient service –*

Etcetera. Can I suggest to you that looking at the Queensland Plan for Mental Health, one can't find that redevelopment plan that you're talking about?---The – it –
35 it certainly was part of the plan. The Barrett was to be removed to the Redlands which left adult only services at The Park. Included in that would have been the new high secure inpatient service. The State Extended Forensic Treatment Rehab Unit which was to open in 2013 and secure mental health rehab so by – the plan absolutely did align to it being an adult service area.

40 One of the first things you said there is that the plan involved a movement of Barrett to Redlands – a relocation of the Barrett Centre to the Redlands?---Absolutely, when the plan was first implemented in 2007.

45 I just want to suggest to you that the Queensland Plan for Mental Health and its associated budget documents provided for a move – a relocation of Barrett to a site

as yet unidentified?---By the time I came in 2012 that site was Redlands so I just assumed that is Redlands.

5 Right. And can I just – we can look but is there something in the Queensland Plan for Mental Health called the redevelopment project – about The Park?---We – by 2012, obviously, I didn't start in the role until September 2012 so the redevelopment project was already well-known in mental health circles.

10 So it's your evidence that if we look the Queensland Plan for Mental Health we will find the redevelopment plan?---If you look through mental health documents you will find redevelopment plans for The Park.

15 Mental health documents or the Queensland Plan for Mental Health?---I – I didn't write the Queensland Plan for Mental Health and as such by the time I got there in 2012 there was a whole redevelopment project occurring. High secure had already been built. The new eight-bed high secure unit, EFTRU, was partially being built. We were already decentralising and moving ET and NR consumers out into the community.

20 You see what I'm suggesting to you is the redevelopment of The Park that you're talking about is separate from the Queensland Plan for Mental Health?---Most components of the redevelopment of The Park were part of the Queensland Plan for Mental Health - - -

25 Right?--- - - - which was the decentralisation of your ET and NR services – the creation of the two secure areas.

30 And is it right to say that The Park involves some non-forensic elements?---The Park involves both secure and forensic. Not everybody is a forensic consumer at The Park in adult. That's correct.

35 But there is a subacute highly specialised services catering for dual-diagnosis patients?---No. As part of the plan and the decentralisation that is in the process of being closed and in fact once the community care unit for West Moreton is commissioned and opened in April this year, extended treatment and rehab – ET and NR – which is what you're referring to – which actually all be closed.

40 Alright. Okay. So can I deal with paragraph 9.5 and 9.6. So would you just read those to yourself, please?---Can you scroll up so I can get some context - - -

Yes?--- - - - for that part of the statement, thanks.

45 It's referring to a meeting on 25 October so if we scroll up you will see – stop. Go back down to 9.2?---Yes.

So a meeting on 25 October 2012. Now, if we go back to – now, sorry, you will see the attendees are yourself, Dr Kingswell, Dr Gilhotra and Dr Geppert?---That's correct.

5 And – alright. And if we – you talk in 9.4 – there was a discussion in relation to the current operations and future plans for each of the units within The Park operations and mental health services. And then you say what you were informed?---That is – yes. That's correct.

10 Now, there were four of you at this meeting. Were the other three all mental health, alcohol and other drugs branch representatives?---Yes, that's correct.

So which of the other three told you that the BAC was not considered by the branch to be part of the service model for the delivery of adolescent mental health services going forward?---I can't remember exactly who, but I – I believe it was probably Dr Kingswell.

And do you know who told you that the BAC was not aligned to future planning for The Park or to the Queensland Plan for Mental Health?---That's – that is the substance. I don't remember every word of that meeting, but that is the substance I left that meeting with. Yes.

And do I take it that you were being informed of that. They weren't your views; that was the branch informing you of their views?---Yes. The – the reason for the meeting was I was new to The Park and I was seeking to ensure that I had a good orientation.

Okay. So your evidence is that – if you have a look at 9.6; just have a look at 9.6?---Yes.

30 So once you got that advice from the branch it was acknowledged that the closure of the Barrett Adolescent Centre would require West Moreton to commence discussions with other services; correct?---That is correct, as in a first step. Yes.

35 Yes. And you took steps to brief Ms Dwyer to tell Dr Sadler and arrange a stakeholder meeting?---Yes.

So the plan at this point is to close the BAC by December 2012?---No, that's not correct.

40 When was it proposed to close the Barrett Adolescent Centre at this point?---The plan was to close the Barrett Adolescent Centre at a suitable date, noting the advice I received, that a number of the – well, the majority of adolescents went home at a Christmas time or a school holiday period closure.

45

Sorry. So when was it proposed to close it?---There was suggestion that would it be possible for 2012, but that was not a definitive decision. That was something to take on board and to understand what the consequences would be.

5 Can we please go to SK9, to Ms Kelly's witness statement, which should be at page 826. Now, this is an email that you wrote the next day, and you recap on the actions arising out of that meeting?---Yes.

10 If we scroll down to the second-last dot point, you deal with the Barrett Adolescent Centre. And you'll see in the middle of that dot point, you say:

As such, the option is to close BAC as early as December 2012, given that all or most of the consumers all go home for the Christmas break.

15 ?---That's correct.

That's correct?---It was an option. It wasn't a definitive decision.

20 Yes. Okay. Alright. And you'll see that, next, if we scroll down to the next page, see the second dot point:

A meeting plan for next Friday between myself, Terry –

25 Now, who's that? Is that Terry Stedman?---Dr Terry Stedman, yes.

Yes:

...and Dr Sadler will now be expanded to include Leanne in the absence of Bill.

30 And then you say you want to include Krystal Byrne. And then you say:

At this time, we will advise that closure is not optional, however needs to be planned.

35 ?---That's correct.

40 And so what you are proposing to tell Dr Stedman and Dr Sadler is the decision has been made, we just need to plan this?---That the closure of the Barrett has part of the Plan for Mental Health and the creation of the adult-only services at The Park is not an option to change; that's correct.

Can I just ask you: you spoke there about the closure of the Barrett Adolescent Centre being part of the Queensland Plan for Mental Health?---Yes.

45 In fact, the Queensland Plan for Mental Health had a new centre for Barrett, didn't it?---It wasn't a new centre for Barrett. Barrett Adolescent Centre was a physical bricks and mortar service located at The Park.

Right?---Whatever the service was going to look like, it was not going to be called the Barrett moving forward.

5 Well, forget about the labels. There was going to be a new tier 3 facility at a location to be determined?---There was to be in the plan in 2007; I understand that to be correct. Yes. But my reference here is to the Barrett bricks and mortar service at The Park.

10 Right. Okay. So at this point, you know – and you're fresh on the job – that you know that the Barrett Adolescent Centre is a state-wide adolescent mental health facility; correct?---Yes, yes.

15 And you know that it has no other equivalent inpatient service. There's no other equivalent service in Queensland?---It was its own – it was the single service in Queensland, yes.

And you know that the Queensland Plan for Mental Health actually provided funding for a replacement for the Barrett Adolescent Centre?---Initially, yes, they did.

20 Yes. Well, that's what the plan provided, didn't it?---I'm not the author of the plan, but, certainly, the initial plan that would have been written in 2006, early 2007, certainly did. Yes.

25 And did you know or assume that that decision, to relocate the Barrett Adolescent Centre to another site, was supported by some expert advice?---I would imagine that anything in the plan was supported by expert advice, so, yes, I was aware of that.

30 And then there had been a government decision to cancel the Redlands Project?---Yes.

And you're now being told by three branch representatives that the Barrett Adolescent Centre was to close?---That's correct.

35 And the patients there had to be accommodated in some other services?---That's correct, yes.

And the services to which they were going to be accommodated hadn't yet been identified?---As at – well, as I said, it's important that we need to plan it.

40 Yes. Can I ask this: at that meeting or subsequently, did you think it strange that the four of you were deciding to close a state-wide mental health facility without any adolescent psychiatric experience?

45 MS McMILLAN: Well, I object to the question. It implies the answer to it in the affirmative about a decision being made by these people.

COMMISSIONER WILSON: I'm sorry. I didn't catch what you said. It implies
- - -

5 MS McMILLAN: Implicitly, it invites the listener that this witness has already
agreed that the meeting was to decide that.

COMMISSIONER WILSON: Well, what's wrong with the form of the question?

10 MS McMILLAN: Well, that was my point.

COMMISSIONER WILSON: This is not adversarial litigation. Surely there's no
restriction upon the form of question which Counsel Assisting can ask.

15 MS McMILLAN: No. I just was objecting to the appropriateness of it,
Commissioner.

COMMISSIONER WILSON: I'll allow the question.

20 MR DUFFY: Commissioner, may I - - -

COMMISSIONER WILSON: Yes.

25 MR DUFFY: I was going to rise, as well. The difficulty is that the witness had
already said that no definitive decision had been made, but the question rather
supposed that not only had it been made but it was the four attendees at that meeting
that made it.

30 COMMISSIONER WILSON: She said that no definitive decision had been made
about when, as I recall.

35 MR DUFFY: Well, I'll stand corrected. But perhaps she should be asked whether,
in fact, the decision to close was made by the four attendees at that meeting, because
that was the premise of the question. The difficulty, Commissioner, is this: if she
merely answers the question and the point is not taken, it can be possibly assumed
that what she meant is that she agreed that the four people at that meeting made the
decision. She can be asked that, of course, and depending upon her answer, the
question might also be asked.

40 COMMISSIONER WILSON: Mr Freeburn, there are obviously a few issues arising
there that you should explore individually.

MR FREEBURN: I might clarify – I might go back a step.

45 Ms Kelly, you were planning – your email talks about, “At this time we will advise”
– this is Dr Sadler – I'll just – you'll remember the words. Just hang on a minute:

We will advise Dr Sadler and Dr Stedman that closure is not optional, however, needs to be planned.

Correct? That's in your email?---Yeah. That's – that is correct. Yes.

5

And what you meant to say by that is the decision to close the Barrett Adolescent Centre had been made but the dates and the planning for how it was to happen needed to be worked out?---That is correct

10 So can I ask – at the meeting or subsequently, did you consider it necessary or advisable to get some adolescent psychiatric expertise about whether the Barrett Adolescent Centre should be closed?---Can I expand on that first?

15 Sure?---I think it is really important – we weren't – I wasn't at a meeting of junior people within the Department of Health. I was with the Executive Director of Mental Health and Other Drugs Branch, the Chief Psychiatrist and the State Director of Planning for the state.

20 Yes?---So I didn't see that those three people were creating – providing a junior response. Clearly they had done a lot of consultation prior to that. I was there to get a briefing and to get the information. And as such, I would assume that there would be some child and adolescent service moving forward and engagement, which was hence the reason why Trevor was engaged very early in the piece for him to provide me with some advice about what did that actually mean as the current clinical
25 director of that service.

I see. So did you – were you operating under the assumption that those senior people that you met with on that occasion had expert advice or - - -?---Yes. I was getting a briefing from the most senior people in mental health across the state.
30

Alright. Now, if we go back to paragraph 9.5 of your witness statement. You see towards the end of that paragraph, you talk about a focus on caring for as many as possible patients in their local community rather than in a centralised state-wide facility?---Yes.
35

That's a description of the Queensland Plan for Mental Health emphasis, is it?---That's my words. I would imagine that someone writing the plan may have wrote it more accurate than me.

40 I'm just going to ask you about the concept, not about the accuracy of the words. The Queensland Plan for Mental Health recognises that you need some inpatient services, doesn't it?---Yes, absolutely. We need acute adult inpatient services, adolescent inpatient services, forensic inpatient type services. Yes.

45 So while you have – while there might be an emphasis on community – caring in the community, we still have some people who need inpatient services?---That is my understanding. As you know, I'm not a clinician.

Yes. And I think you said before that the Queensland Plan for Mental Health – you agreed that the Queensland Plan for Mental Health provided funding for a new – a replacement for Barrett?---It provided funding for some type of adolescent extended treatment service. Yes.

5

So would you accept that it was quite a significant step to close the Barrett Adolescent Centre in circumstances where Redlands was now off the table and there was no other alternative?---My understanding of plans which are 10 years in the – from beginning to end. Good strategic planning would be that you would reconsider each of those plans at any given point in time – perhaps every year or every two years. Clearly, there had been reconsideration of that plan given that the funding for the inpatient service – the Redlands – had already been withdrawn.

10

Alright. Now, you'll remember that on 8 November, Professor McDermott disclosed to the Child Protection Commission of Inquiry that there was a proposed closure of the Barrett Adolescent Centre?---I remember it very well.

15

I'd like to show you an email chain on that issue. It's document DNZ.001.002.0050. Now - - -?---Would you be able to go to the bottom of it and scroll up so I can see the original.

20

Yes. I think we need to do it backwards, don't we?---Thank you.

Now, just to put it in context, there had been amongst child psychiatrists a disclosure of the proposal to close Barrett Adolescent Centre and then the public – the more public disclosure by Professor McDermott?---Yes. That is correct. It was actually a breach of confidentiality between a meeting between very senior people at West Moreton.

25

Well, I'm not particularly concerned about the breach of confidentiality. Can I just ask you about another aspect of it. You'll see the – so the top – if we scroll up to the top of the email. So you're cc'd into this email from Dr Gilhotra to Dr Cleary. And this is about the notification to that Commission of Inquiry. My question is really this: you were at least – you had been talking in the previous email that I took you to about planning a closure in December 2012. And this is November 2012. When were the stakeholders going to be told that there was a plan to close the Barrett Adolescent Centre?

30

35

MS McMILLAN: Well, I object to the question. The witness said an option, not a plan. She said it was an option, the December date.

40

COMMISSIONER WILSON: Strictly that's so, Mr Freeburn.

MR FREEBURN: Yes.

45

So was – at this time, as at 8 November, was it still planned or was it still an option on the table to close by December 2012?---At the time of my meeting with – are you referring to this email or my meeting with Dr Sadler?

5 Well, there's only – we're talking the difference between 25 October and 8 November. So we're talking a week or two?---Okay. So at the time of my meeting with Dr Sadler in regards to how this then became a public issue, it was – I was I was requesting off him if it was to occur, what would the implications be? And he was to provide that information back to me.

10

But you weren't saying that, were you, because your email to Dr Kingswell said:

At this time we will advise that closure is not optional, however, needs to be planned.

15

?---That is correct. I – that's correct.

So the only question is when, not if?---That's – that's correct. But the 2012 date was what I was just referring to then.

20

Alright. Okay. So you see the point, at least you had an option to close in December. This is November. You were telling Dr Sadler and Dr Stedman that the closure was not optional. Correct?---As my email says, that's what I was telling Dr Sadler and Dr Stedman.

25

Alright. Okay. So I gather that at this point there will be no advice received from anybody on how the transition was to take place, where the consumers or patients were to go?---No. With all due respect, it was Dr Sadler who was the clinical director at the time. So he was my first point of consultation.

30

Alright. So was he to come back to you about it, was he?---That was my understanding. He was to go away and think about it.

Now, I'd like to take you – I gather you prepared, subsequent to this, a series of fast fact documents?---That's correct. Yes.

35

You were the author of them or you at least contributed to them?---I would have contributed and they obviously, I believe, came from me as the executive director. Yes. But I do have someone who sometimes writes things for me.

40

That's Naomi Ford, is that right?---A number of people in my unit would write something for me as appropriate. Yes.

Alright. Could we take you to exhibit SK26, please. It's actually at page 942. This is the first of those fast fact documents, fast facts 1. And to place it in time, it's 30 November 2012. So if we just scroll down a little bit we will see the first heading.

45

Is Barrett Adolescent Centre closing –

is the question posed. And the answer given is:

5 *No final decision about Barrett Adolescent Centre has been made. Adolescents requiring longer term mental health care will continue to receive the care that is most appropriate for them.*

10 You had told Dr Sadler and Dr Stedman that the closure of the Barrett Adolescent Centre was to happen, was to continue?---That is correct.

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

15 But by this time, it had been decided, had it, that the Barrett Adolescent Centre was not going to close. Or that at least no final decision had been made about it. Correct?---In regards to that particular paragraph. But if you look further down as to why is this happening, it does identify the buildings are no longer able to support it. So the Barrett as a bricks and mortar was always going to be closed. And that was not something that was unfamiliar people that I – well, I didn't understand it to be.

20 So if we scroll down further we'll see some sort of statement that it's going to close. It's just a question of when?---That's correct. As the bricks and mortar service, yes.

25 Sorry. Where is that?---Under the why is – why is this happening?

Do you think that fairly says that the Barrett Adolescent Centre is closing?---In all of the documentation and all of my conversations to me, it was the actual physical buildings of the Barrett would no longer be able to do what they were doing for those past years. The Barrett service was a different matter.

30 You see, had – if we scroll back up to that introductory paragraph, what is happening? And then we get to the top one, is Barrett Adolescent Centre closing?---Yes.

35 And you're assuring the stakeholders no final decision about the Barrett Adolescent Centre has been made. Correct?---In regard to what the alternatives would look like, yes.

40 Well, it's about whether the centre is going to close or be open, isn't it?---I'm not sure what – could you rephrase the question, please?

45 The question being asked is: is the Barrett Adolescent Centre closing? And the answer is no, isn't it?---No. The answer is that there's no final decision about how it's going to look. Absolutely. But the bricks and mortar of the Barrett Adolescent Centre were not suitable.

Right. You see, what – has something changed between your discussions with Dr Sadler and Dr Stedman and this fast facts?---Not that I'm aware of.

5 So if we go – proceed – if we go further in the chronology and the ECRG is appointed?---I'm not sure exactly the timing of this one. Sorry. I've forgotten the dates.

10 Alright?---The ECRG certainly would've been being appointed or appointed at this time. Yes.

I think, from recollection, the ECRG's first meeting was on 7 December or thereabouts. Now, the ECRG was part of a project plan, correct?---That's correct. Yes.

15 Can I just take you to the project plan which established the ECRG and the planning group. Can we go to exhibit SK10 which should be at page 828 of the document. There is actually a front page for this but I haven't bothered to go to that?---That's fine. Yes.

20 It says that you're the executive sponsor. What does that mean?---Well, I was the executive director of mental health and specialised services. So it was my responsibility to oversee the actual plan itself.

25 Okay. So while somebody else may have written it, you certainly would've checked it?---Yes. That's correct. So Chris would – had written this plan as part of a broader mental health strategy. Yes.

30 Alright. Now, if we go two pages further on. You see there the second top heading, Out of Scope?---That is correct. Yes.

So what the ECRG was to come up with could not include a Barrett or a Redlands or a replacement for that facility?---At the point of time that this plan was written, in late 2012, we were aware there was no capital funding available.

35 And – alright. You're aware of that from what?---From announcements, etcetera, that the Redlands dollars had been removed.

40 I see. That had happened, what, in May or so?---I can't – sometime in the second half of the year, I believe. But I'm not sure. I don't have it in front of me.

45 Alright. So because the moneys had been withdrawn from that project, your assumption was there was no money for that project or a similar project?---I was advised that the Redlands dollars had been withdrawn and there was to be a different way of – models.

Right. By who?---The meeting in November.

Right. The meeting that you've talked about earlier?---Yes, yes.

Alright.

5 COMMISSIONER WILSON: The meeting in November, that was the meeting with Sadler, was it?---Yes. Sorry. I'll correct myself, the meeting in October in the Department.

10 MR FREEBURN: Now, I want to take you to the agenda paper, so the board agenda paper which is SK12 to your statement. And we need to go to page 861.

COMMISSIONER WILSON: This is for which board meeting, Mr Freeburn?

15 MR FREEBURN: This is the board meeting of the 24th of May 2013.

COMMISSIONER WILSON: Thank you.

20 MR FREEBURN: Now, these are the agenda papers that are prepared about a week before the board meeting?---They're prepared – they must be uploaded the Friday before the board meeting the following Friday. Yes.

Right. Now, if we scroll down a little. So you're the author of this document. Correct?---That's correct.

25 And if we scroll down a little to paragraph 5, is that correct, that The Park was designated to become an adult secure forensic facility within the Queensland Plan for Mental Health 2007 to 2017?---That, as I mentioned before, was my understanding.

30 And paragraph 6, do you see there:

Redlands has ceased due to unresolvable building and environmental issues.

?---Yes.

35 See that?---Yes. I do see that.

40 Where did you get that information from?---I'm sorry, I don't recall. But I certainly know that that was the case. I can't recall which document it was in but that's well known that there were unresolvable issues.

You see, earlier in your statement at paragraph 9.1D, you talk about the Redlands project being slowed by environmental and other difficulties?---It is - - -

45 How did slow become unresolvable?---It is my understanding that the funding was withdrawn because there was unresolvable issues.

And you can't tell us where you got that information from?---I can't accurately recall where it came from. Sorry.

5 Did you have any contact with Professor Crompton's committee that was supervising the project?---I understood that committee had ceased prior to me commencing in my role.

10 Alright. But have you got any recollection of contacting anybody who was on that committee or looking at any of the documents from that committee?---No.

Now, can we deal with paragraph 9 if you scroll down a little. Now, you say there the service model elements document and associated recommendations for an alternative model of service allows for the safe and timely closure of BAC. Is that accurate?---At the time and in my understanding of the information I had, yes.

15 You see, this is a reference to the ECRG, isn't it?---I think this – yes.

20 And we can go to the ECRG report. It's SK14 which should be at page 886. That's the ECRG report. You received it and read it?---Yes. I was the chair of the planning group.

So if we go beyond the preamble to page 888, it should be the – yes. Scroll down a little bit to heading number 2. You see the heading there:

25 *Inpatient extended treatment and rehabilitation care tier 3 is an essential service component.*

?---Yes.

30 That's what the ECRG was saying?---In – can you – so this is the service models document or the actual recommendations from the ECRG?

I'm sorry, what's your - - ?---Is this the service model document?

35 No. This is the actual report. Do you want to scroll up and see the beginning of it?---Just a heading.

40 Remember it had a preamble, then some recommendations, then a service model?---Yes, I do see that.

And then if we have a look down we can see in the second dot point:

45 *From the perspective of the ECRG, tier 3 is an essential component of the overall concept as there is a small group of young people whose needs cannot be safely and effectively met through alternative service types as represented by tiers 1 and 2.*

Again, that's something you read at the time?---Yes. I read all the document. Yes.

And if we scroll down to the next page, the top of the next page, page 4 of the document. So there's the recommendation:

5

A tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.

Again, that's something that you saw at the time?---Yes.

10

Now, I just wanted to take you to a few more of these and then I want to put a sort of – try and summarise what the ECRG was saying. You'll see the next heading there:

15

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

?---Yes. That's correct.

20

And then have a look at the next two dot points under that heading and just read them to yourself?---Yes.

And then recommendation A a bit further down. Do you see that?---Yes.

25

Now, wasn't the ECRG saying a tier 3 is essential; correct?---That – yes, they said they wanted a tier 3 service.

30

And they warned of the risks if the Barrett Adolescent Centre was closed and there was no tier 3 in a timely way?---However, they did identify things that we could – we would be doing to reconsider that risk.

Right. That's the interim services; is that what you're talking about?---Yes, that is correct.

35

But if we see at the top of that page:

Interim arrangements after BAC closes and before tier 3 is established are at risk of offering suboptimal clinical care for the target group, and attention should be given to therapeutic principles of safety and treatment matching, as well as efficient use of resources, eg inpatient beds.

40

So the – there's no doubt about it, is there, that the ECRG were warning of the risks if the BAC closed and there was no tier 3 available in a timely way; correct?---That is correct, but we needed to give attention to some other safety and quality issues - - -

45

Alright?--- - - - which I would say we did.

Okay. So if we can go back to the agenda paper at 861, incidentally, the ECRG report went to the whole board, didn't it? It was part of the attachments?---Yes, it was.

5 Yes. SK12 should be – at 00861, and if we can scroll down to paragraph 10. You see – just read paragraph 10 to yourself. My question is who decided that it was clinically adequate to provide a four-month timeframe?---I don't – I don't recall.

10 It's not in the ECRG report?---The ECRG report had no responsibility for individuals at the Barrett, so they would not – should not have and would not have known the consumers necessarily.

15 At the meeting with Dr Sadler and Dr Stedman earlier in – on the 2nd of November 2012, I think your evidence is that Dr Sadler said it will be difficult and not appropriate to close the Barrett Adolescent Centre; correct?---In the timeframe of December 2012, yes.

20 And Dr Stedman said that it was feasible to close the Barrett Adolescent Centre, but it could not be done quickly?---Can I see that in my statement? I don't recall that being in my statement.

25 Just a moment. We'll pull that up for you. We'll come back to that, but, look, can I – can we scroll down here while we're on this document, paragraph 11, to the next document:

30 *The closure of BAC is not dependent on the next steps of progressing and consulting on a state-wide service model. Instead, the closure process is relevant to the needs of the current and wait-list consumer group of BAC and the capacity for wraparound care in their local community services. The planning group noted this was feasible to commence now.*

Can you explain that?---Which part of that statement, sorry?

35 Can you explain what you're communicating by that paragraph?---So in the project plan, right at the beginning, in 2012, it was clearly articulated that part of our responsibility was around the current BAC consumers and the adolescents on the wait list. So from – my recommendation to the ward is closing the Barrett was about us providing services for that particular current cohort of adolescents, and as such we believed that we had the time and the ability to close the Barrett bricks and mortar
40 with the current cohort in place – that was there at the time.

45 You see, it looks to me as if what you're saying there is – or you're advising the board that closure was not reliant on there being service models available?---It was not reliant on a final, state-side service model; that is correct.

Instead, it was dependent upon wraparound services being available?---It was dependent on making sure that every adolescent that we had in our care at that particular point in time was provided with appropriate services moving forward.

5 What were those wraparound services? Was there a model of service for them?---It's – it's an individualised service plan, so, from my perspective, that meant that each of those individual adolescents or young adults would have been identified as their needs and an appropriate package of care or wraparound service was developed individually.

10

Who was responsible for doing all of that?---It's a clinical area, and so the clinical director and others in the clinical team.

15

So I take it that there are no existing parts of Queensland Health or West Moreton which had a responsibility for designing wraparound services?---Sorry, what – I'm not sure what you mean, sorry.

20

There was no wraparound services, a person or somebody who was experienced at designing them. They were - - -?---I – I would imagine that every good, sound clinician is experienced at designing appropriate wraparound services for complex care people. It is about knowing what's out there and wrapping that service around them and identifying where there is a gap, and then we were able to troubleshoot, I suppose, those gaps.

25

Now, can we go to the planning group. The – you probably don't need to worry too much about the date, but, look, the ECRG report was finalised on 8 May 2013?---If that's the date you're telling me, yes. Without it in front of me, I'm - - -

30

We've got – it's the date on the ECRG report. Now, you were the chair of that planning group?---That's correct.

And once the ECRG report was received, did the planning group have a meeting?---It's my understanding that we did, yes.

35

Your understanding or recollection?---My recollection is we had a meeting. Yes.

40

You see, we've been unable to find any minutes of the planning group for the meeting that took place on 15 May 2013. And I notice there's none attached to your statement?---Okay. We would have met, absolutely.

You would have met?---Yes.

45

But there may not be minutes for it?---I'm sorry. I don't know if there were minutes prepared for that meeting. I am surprised they were unable to find minutes for that meeting.

What we do have is a series of tables with handwritten notations on them. And what – I'll show you that document. It's WMS.600.200 – excuse me a moment. Sorry. WMS.6002.0001.00025. That's the document, but I think you might need to download it in order to get the visibility. Do you remember the document that we're scrolling through?---Yes, I do. Yes.

Is that your handwriting on it?---No, it's not.

Do you know whose handwriting it is?---I see some, but it isn't my handwriting.

Sorry. It is your handwriting?---No.

So if we just start at the beginning, which should be page 1 of the document. When we scroll through – let me put these propositions while the document – as it's being loaded.

COMMISSIONER WILSON: Mr Freeburn, if I can interrupt, it does seem to be loaded, but there seem to be big parts blacked out. I'm not sure why this document would have been redacted.

MR FREEBURN: Commissioner, when I looked at this document on the Delium system and I – I had the same response but I was able to download it and the black disappeared. So it might be that we can - - -

COMMISSIONER WILSON: I wonder if the operator can turn up a document minus the black.

MR FREEBURN: I might see if I can keep asking questions while that's happening.

COMMISSIONER WILSON: Well, I want to be fair to the witness. And as the operator scrolled through this document, I think it would be very hard to follow it. I do have a hard copy here if the witness would be assisted by it.

MR FREEBURN: Yes, please, Commissioner.

COMMISSIONER WILSON: I think counsel should see what it is that's being handed to the witness. Could you give it to counsel first, please.

MR DUFFY: Commissioner, if it matters, there is an un-redacted version of it on the Delium.

COMMISSIONER WILSON: Do you have a reference for it?

MR DUFFY: I'm looking at it right now. It's WMS.6002.0001.0025.

COMMISSIONER WILSON: That's the same reference, I'm afraid, Mr Duffy.

MR DUFFY: Mine is un-redacted. Do you want to borrow it?

5 COMMISSIONER WILSON: I don't know what the problem is. Mr Duffy, do you want to see the hard copy, because you may if you want to. Show it to Mr Duffy, please.

MR DUFFY: Commissioner, it looks to be the same as on the screen.

10 COMMISSIONER WILSON: Does anyone else want to see it? You're all happy? Very well.

MR FREEBURN: Thank you.

15 COMMISSIONER WILSON: Well, maybe I can have the spare one you've got in your hand, Mr Freeburn.

MR FREEBURN: So if you see that document. So did you say it was not your handwriting?---No. That's not my handwriting.

20 And so far as I can tell, this is the only note we have of that meeting of the planning group after the ECRG report was received?---I – I'm - - -

25 You don't have another one?---I'm not aware of – I am certainly aware of this document, which identified what we were doing at the time.

Alright. And if we look through it, we can see four initials. We can see on the front page SS, which will be Stephen Stathis?---Stephen Stathis.

30 And MB, which will be Michelle Bond?---That is correct.

And BK on the – on page 3. That's Bill Kingswell?---Bill Kingswell.

And TS – Trevor Sadler?---Trevor Sadler.

35 But there's only those four initials. Does that mean that only those four people have contributed to this document?---No. They were people who had a particular commentary to make outside of the all who were present.

40 Alright. So the other five members of the committee – of the planning group remained silent; is that right?

45 MS McMILLAN: Commissioner, can I just ask – perhaps I've missed it. Given it's not the witness's handwriting, does she accept that this is an accurate representation of the meeting?

COMMISSIONER WILSON: Mr Freeburn.

MS McMILLAN: If she's going to be asked about it.

MR FREEBURN: I'm happy to clarify that.

5 Ms Kelly, are you happy to accept that this is an accurate reflection of the meeting?---I'm not sure I've read it in my – is this part of my statement?

No. It's not part of your statement?---So without going through individually and reading it, but I guess what did come out of this, depending on accuracy, is the fact
10 that a table was provided and prepared post this meeting that identified what was discussed and actions to be taken.

Yes. We'll come to that - - -

15 COMMISSIONER WILSON: Ms Kelly, if you want time to read it, you can have it. I'm happy to stand down for 10 minutes while you do so?---I think I would like time to read it.

Very well. I'll stand down for 10 minutes. Would you adjourn, please, until 10.50.
20

WITNESS STOOD DOWN

25 **ADJOURNED** [10.39 am]

RESUMED [10.53 am]

30

SHARON KELLY, CONTINUING

EXAMINATION BY MR FREEBURN

35

COMMISSIONER WILSON: Yes, Mr Freeburn.

40 MR FREEBURN: Ms Kelly, you've had a chance to have a look at that over the break?---Yes, I have.

Are you able to tell us who's the mystery person who has wrote that?---I can't say with 100 per cent certainty whose handwriting it is.

45 Right?---I know it isn't mine.

Right. You can't say with 100 per cent certainty, but you can say whose writing it probably is?

5 MS McMILLAN: Well, Commissioner, I think that's rather unhelpful for her to say.

COMMISSIONER WILSON: You'll have to speak up, Ms McMillan.

10 MS McMILLAN: I'm sorry, Commissioner, but they've shifted the microphone. It's unhelpful for this witness to speculate, I would have thought. She says it's not hers.

COMMISSIONER WILSON: Good point, Mr Freeburn.

15 MR FREEBURN: Alright. So have you checked the contents of this against the ultimate planning group recommendations which were in the table document?---I have, yes.

20 They roughly coincide, don't they?---They do roughly coincide, and I recall the planning group themselves had received, I guess, iterations of the work of the expert clinical reference group as it had gone along. And what we then put together was a table with the recommendations, knowing the planning group had already received the content, for the planning group to have a discussion about each of those recommendations.

25 But this document deals with the final ECRG recommendations and the - - -?---Yes, that's correct.

30 - - - planning group's response to that?---That's correct, yes.

You see, my concern is that there are no minutes for the planning group meeting that occurred on 15 May 2013?---I'm sorry, I don't know. I am surprised that there are no minutes. The group was very good at minute-taking. I don't recall why there are no minutes, but the ultimate outcome is the document that was provided to the board.

35 Well – and these handwritten notes: we can't find any record of them being circulated to the nine members of the planning group. Do you – are you able to assist us with that?---I wouldn't imagine that the handwritten notes would have been circulated, but the final document, I would imagine, would have been circulated for confirmation.

40 Well, again, we can't find any note in the email or document which circulates the proposed or minutes to the planning group?---I'm – I'm sorry then. I don't know.

45 Well, perhaps searches will take place after this. If you turn to recommendation 2 on this document, which is page 3 of the 14 pages, you'll see that the ECRG say on the left:

A tier 3 service should be prioritised to provided extended treatment and rehabilitation with a severe and persistent mental illness.

5 And there is a response attributed to BK, Mr Kingswell – Dr Kingswell?---That is correct.

10 Now, can I ask: you may not have any recollection of this, but do you recall anything like that being discussed at the meeting, or is this just too far ago?---It is some time ago, but I do recall the discussion around a tier 3 and the use of the word taxonomy in Dr Kingswell – so, yes, I do recall that discussion, and he did have that point of view. Yes.

15 You see, what Dr Kingswell said that has, at least in a condensed way, been recorded into the planning group's recommendations?---That's correct.

20 What I'm wondering about is the process by which Dr Kingswell's comments become the planning group's recommendations?---So my understanding with SS – Dr Stephen Stathis – with the caveat – so the caveat is what is being written, sort of, demonstrably above. So it wasn't just Dr Kingswell.

25 So the – okay. So two – we've got two members - - -?---Yes.

30 - - - to which that caveat should have – that's their view. How did it – still, how did it become the recommendation of the whole committee?---I don't recall the final decision-making process around that, but we certainly produced both the expert clinical reference group information and then the discussions from the planning group.

35 You see, if we turn to the next page, page 4 of 14, we see the heading – the heading is Interim Service Provision if BAC Closes and Tier 3 Not Available is Associated With Risk, and then (a) is:

Safe, high service quality provision for adolescents requiring extended treatment –

40 etcetera; you can see that?---Yes.

45 And then SS attributes to Stephen Stathis some comments. Now, do you – again, it's a long time ago, but do you recall anything like that being said?---I don't recall it, but that would make – he is saying that the expert clinical reference group were very strong around the point, which, I think, is clear, and he was reiterating there needs to be some planning around alternatives if the Barrett does close.

Okay. See, if we ultimately go to the planning group recommendations, does that comment make it into the actual planning group recommendations? Do you want to have a look?---Sorry, I did have a hard copy; it's now been taken.

Alright.

COMMISSIONER WILSON: The bailiff has just given her a hard copy, Mr Freeburn?

5

MR FREEBURN: I'm sorry?

COMMISSIONER WILSON: The bailiff has just given the witness a hard copy.

10 MR FREEBURN: Thank you?---Yes, I believe it was, with expansion.

Well, just – it says “accept”, doesn't it?---It says accept with the following considerations, so it's actually accepting with – in fact, expanding.

15 I'm sorry, are we talking 3(a)?---Beg your pardon. So, yes, we accepted it.

So there seems to be some editorial influence into what ended up in the planning group recommendations, but I gather it's not you?---I would have contributed to an editorial, but I believe that what Dr Stathis was actually saying was that ECRG were very strong on the point, and so we accepted their recommendation on that point.

20

This is Stephen Stathis, isn't it?---SS is Stephen Stathis.

Yes?---Yes.

25

Sorry, I thought you said Dr Sadler?---Dr Stathis.

Stathis. And if we scroll down a bit, to the next page, you see there's comments there from Bill Kingswell and Stephen Stathis. The Kingswell comments seem to be mostly on the right. Tell me if you don't recall it, but do you recall those comments at the planning group meeting?---I – I don't recall that part of the discussion, but the content seems to be what I would have expected.

30

You see, what ultimately happens is that Dr Kingswell's comment this could start immediately ends up in the planning group recommendations, doesn't it?---Yes, it does.

35

Do we have any – is there any basis upon which we can say that the other eight members of the committee agreed with Dr Kingswell's comments, or is this just a collection of various comments put into the planning group recommendations?---If you're unable to find minutes, I can't verify the decision-making process.

40

You see, Ms Kelly, the ECRG were really warning that you need a tier 3 service when the Barrett closes or within a timely way after Barrett closing, correct?---That is correct.

45

And they were saying otherwise there are risk?---That is correct.

And those are risks to the health of the patients, correct?---Yes.

5 And this is an expert well-qualified group of people?---They were an expert clinical reference group which was to provide advice to the planning group. The planning group had a different function than the expert clinical reference group. Yes.

10 I see. Was it discussed that a tier 3 – that a recommendation could go to the government of the day that a tier 3 facility should be prioritised?---I don't – I don't recall that that was an actual sort of point of discussion per se. However, all of our recommendations certainly identified opportunities for a tier 3 and we had certainly assumed – we knew that that was going to be at least thought about in other alternative [indistinct].

15 You see, we have this tension, don't we – and I need to put this to you in a fair way – the ECRG, I think, are being acknowledged as having very strong views that leaving a gap between BAC's closure and tier 3 – a new tier 3 was associated with risk?---That is correct.

20 And yet the planning group is effectively saying the interim service provision could start immediately, correct?---Yes. So the planning group was obviously – as we say, we accepted the ECRG recommendation but, in fact, expanded it to give some detail about how it could actually occur.

25 Do you accept that it's not necessarily expanding – it's more inconsistent with it?---With 3(b)?

30 Have a look at 3(a)?---With 3(a), we accepted what the planning group – the expert clinical reference group said in its entirety. We felt that that recommendation was strong enough to accept.

But the substance of it – the substance of what you're accepting is that there are risks in the interim service provision – in this gap, isn't it?---Sorry. Could you ask that question a different way?

35 The substance of what the planning group is accepting from the ECRG is that there is a risk associated with the gap between BAC closing and there being a new tier 3, correct?---Yes.

40 And yet if we scroll down to the next one, the planning group is saying that that interim service provision could start immediately?---Yes. That's correct. Or parts of it as identified.

45 Did it occur – I gather the process that you were involved is the – that you just mentioned a moment ago is that the ECRG provided expert advice to the planning group?---That's correct.

When the planning group added its caveats and things and prepared its report, did that go back to the ECRG?---No. The ECRG provided a report to the planning group. That was their responsibility, which they did.

5 Alright. I gather Dr Hartman was a member of both the ECRG and the planning group. Do you recall that?---He was certainly a member of the planning group. Without seeing the membership and refreshing my memory - - -

10 And he's in Townsville?---That's correct. He dialled in – phone dialled in for the majority of the meetings.

Alright. So we'd expect that for him to get the documents there must be emails and things?---I do expect that. Yes.

15 Can I deal with the concept of contemporary models of care. If we go to paragraphs 28.1 and 28.2 of your witness statement. Now, this is – operators, this is at 0038. If we just scroll down a little bit.

20 Now, I really wanted to focus on the first sentence in 28.2(b). You say you did not understand the ECRG recommendation 2 – sorry – you understood ECRG recommendation 2 to be an attempt to maintain the status quo and that did not accord with contemporary models of care?---That was my understanding from the conversations at that group.

25 So do I take it from that that you haven't done your own study or research at all. Based on what you've gleaned from others, you took this view that the ECRG's recommendation didn't accord with contemporary models of care?---I had my own personal opinions. I think as the chair of that group it wasn't mine to put my personal opinion forward. It was to listen to everybody else and come to a
30 consolidated view to move forward.

35 Are you able to say how recommendation 2 was inconsistent with contemporary models of care?---The information I had received from people as identified suggested that recreating the Barrett as it current was was not going to be contemporary. We needed to consider alternate options for providing services at that level close to home. Clearly there was not just a need in South East Queensland. So there was a need to make sure that we provided a really contemporary model where we can make sure that the adolescents could access services as close to home as was practical.

40 Okay. So the information you were getting is that the tier 3 Barrett-type facility – those services could be provided in community care organisations?---In a range of different service options. Yes.

45 Alright. And are you able to say where you got that information?---Through the information of the Expert Clinical Reference Group coming forward and the people on the planning group.

COMMISSIONER WILSON: What was the first thing you said? Through what?---The Expert Clinical Reference Group information coming forward.

5 What do you mean by that?---They had a range of discussions around the – the paper, etcetera.

MR FREEBURN: Sorry, whereabouts in the ECRG report?---In the models of care documentation.

10 I see. Now, if we just scroll down to 28.2(c). I'm interested in the last phrase. You say:

The ECRG stated that the risks associated with this could be managed effectively.

15 Where does the ECRG report say that?---What I am referencing there is that point 3 was talking about interim service provisions if it closed and it wasn't available – was associated with risk but there were three (a), (b) and (c) identified as risk mitigation strategies.

20 Well, (a) is really about a risk if it's not available in a timely manner?---That's correct. But that's - - -

25 And (b) is about interim service provision while tier 3 options are established and saying what must happen in that event?---That's correct.

30 And (c) is that BAC staff – clinical and educational must receive individual care and case management if BAC closes?---That's correct. So point 1 in (a), my understand was that this was identifying that we needed to make it timely so if something was going to be put in place it would need to be timely and I believe that is a risk mitigation strategy. In (b) there was a range of interim – they identified interim service provisions around how we would wraparound care for each individual which came out of the ECRG and we in fact expanded on that significantly to articulate what it could look like and how it could work. And (c), yes, we certainly needed to support the staff but it was more the second of part of that – their specialist skill and knowledge must be recognised and maintained – so there was certainly some suggestions about how some thinking we needed to do around that as well.

40 Ms Kelly, (b) is really about what you do whilst tier 3 service options are established, isn't it?---That's correct.

45 So where do I find the statement that the risks associated with this could be managed effectively. Where do the ECRG say that?---This isn't – this is my statement here, yes. I take it to be that the fact that I've identified three strategies and we discussed it in the meeting that they could be managed effectively.

Sorry, do I take that we can't find that – those words in the ECRG report but you're implying that entered into the ECRG report?---Yes.

5 Can I take you to a document, WMS.0012.0001.20203, please. If we just scroll down, you see the first of those emails is, I think, from you to Dr Cleary?---Yes. That's correct.

Now, placing this in time the date has got that peculiar American system in it?---Yes.

10 It's really 18 March 2013?---Yes.

So this is before you get the ECRG report in May 2013 so that's we're placing it in time?---Yes.

15 And I'm just wondering if you recall what you were talking about when you say in the second line:

Which has some ramifications for Queensland Health and the Minister.

20 Do you remember what that was?---I actually can't remember the full detail of that.

And if we scroll up and just show you the rest of the email chain, Ms Geppert says she is preparing some dot points and she will send them through. And you say excellent. And then further on:

25

No worries, it will be an important discussion.

30 Was the concern at this time that the ECRG were likely to come up with a recommendation that there be a tier 3?---Like I say, I don't have access to the dot points that are referenced either in that so I don't know but at some point in time it was brought to our attention that there would be – within the recommendations and we needed to understand the position of people in regards to that around a bricks and mortar - - -

35 Right?--- - - - replacement.

So you think it's likely – and I suggest you probably don't put it any higher than that – but it's likely that there was a concern that the ECRG are, in effect, going to recommend a tier 3 and that has some ramifications.

40

MS McMILLAN: Commissioner, can I ask my learned friend to indicate a concern by whom. It's not very helpfully to you for a question just to be say a concern.

COMMISSIONER WILSON: Mr Freeburn, how do you respond to that?

45

MR FREEBURN: I will make it specific.

5 It was a concern of you, wasn't it, that the ECRG were likely to come up with a tier 3 recommendation and that would have ramifications?---Like I said, I don't – I don't recall the exact content of that discussion and what the concern was but at that point in time in – our plan was that there was no capital funding. We were being advised of that – there was no capital funding and it may have been a conversation around we know there are no capital funds, however, the potential is they may come up with a recommendation. I don't recall the meeting.

10 Right. And I'd like to – I'm going to go fast forward a month to 21 April. Can I show you an email which is WMS0011.0001.19406. And again it's in that reverse order so you will see at the bottom of that first page there's - - -?---Is that the - - -

15 - - - an item 2 the ECRG members are unanimous in wanting a level 6 extended treatment - - -?---Can I - - -

- - - and rehabilitation unit in Queensland. Sorry, you need to see who this is - - -?---I can't see the bottom of the email. Sorry.

20 Okay. Let's just scroll up – down – up a little bit, so we can see more at the top of the screen. So that's what Ms Geppert – Dr Geppert is saying to you?---Yes.

And she's saying in item 2:

25 *ECRG members are unanimous in wanting a level 6 extended treatment and rehabilitation unit in Queensland to remain in the service elements documents as tier 3.*

30 And then she says that they are clear that there is no money or location for this at the current time. So this is, in essence, warning that this tier 3 recommendation is about to come?---Yes. She was giving me an update.

Yep. And if we scroll up to the top, you forward this chain to Ms Dwyer, and you say – just read what you say in that paragraph there?---Yes, I've read it.

35 So my question is: looking back at that email, do you think you had the expertise to express a view about whether the BAC should continue or not?---Me personally?

Yes?---That was an email between myself and my chief executive.

40 Yes?---My – I was not a decision maker, and I provided – when the planning group got back together again, the decision was with the planning group.

45 But you're seeking her support, in effect agreeing to close the Barrett Adolescent Centre?---We were already closing the Barrett Adolescent Centre. What I was seeking was that we continue the process that we were going through.

Now, can I just understand that. When – the words “it will never close”: were they there because there was no tier 3 on the horizon?---I – I – I don’t recall why I would have put those words in there [indistinct].

5 When you talk about the safety of the unit, what are you talking about there?---There was a range of – as you’re aware, I’m the executive director of the service, and outside of the Barrett process there were a range of issues and concerns raised, clinical issues and concerns that had been raised and clinical governance issues that I was concerned about. And Lesley Dwyer was also aware of those, and also
10 concerned.

What were those issues and concerns?---If - - -

15 COMMISSIONER WILSON: Is this something you think you should be in closed hearing?---I’m just concerned if I mention something that might be attributable to a consumer or something, that’s all. I’m just - - -

Was there a particular problem with a particular consumer?---There were a number of problems with a number of behaviours on the ward from both the staff and the
20 consumer group, yes.

The subject of reports at this time?---The subject of PRIME reporting, yes.

25 Alright. So you’re aware that this Commission has a process where we can effectively close the court?---Yes, I’m aware of that. That’s why I’m being cautious.

Well, we might put that back to that time. Can I just go back to the second page of that document, please, which should be 07. Can I – can we scroll down a bit further, please. Now, this is an email from you to Ms Geppert – Dr Geppert?---That is
30 correct.

Do you recall what the – you see in the second line you’re talking:

35 *As you know, BAC has not been a shining light in the past few weeks.*

What does that mean?---I think I referenced that at the end in regards to some safety and quality issues.

40 It’s not to do with a petition that had been filed in Parliament a week or two before?---Not that I’m aware of, no.

So it was related to some specific issues that we need to go to in closed court?---Yes.

45 Right. Now, the announcement was made by the Minister that the Barrett Adolescent Centre on 6 August. Can I take you to an email you sent the following day; it’s document MSS.001.001.0040. Just have a quick read of that to familiarise yourself with it?---If someone could scroll down, please. Thank you. Yes.

Okay. If we scroll back up a little bit, I want to focus our attention on the third paragraph. You can see there you talk about the work of the ECRG and the planning group and subsequent consultation process. And then you say that:

5 *As identified in an announcement yesterday, adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.*

10 Can I ask you: had you identified as yet those – that new range of contemporary service options?---So that was the role of the broader group that was working into the future with Children’s Health Queensland.

15 And that group, I think, started out as something called SWAETRI and ended up as AMHETI; is that right?---I believe they were one and the same, yes.

20 So you – what you you’re saying is there is something that’s being developed by that committee - - -?---The - - -

25 - - - that you weren’t familiar with?---The state-wide group, yes.

30 Right. But you agree, don’t you, that a new range of contemporary service options suggests something new on top of the existing services?---That is my understanding. There was to be a new range of – and I – I think I’m nervous enough – I can’t remember the names of the different types of service options that were going to occur that - - -

35 We’ve seen in SWAETRI and - - -?---Yes, all of those different ones.

40 - - - it becomes AMHETI?---Yes.

45 MS McMILLAN: Commission, could I just raise: certainly, my computer screen has gone blank.

50 COMMISSIONER WILSON: The others seem to be okay.

55 MS McMILLAN: It’s just me.

60 MR FREEBURN: We’ve discriminated.

65 COMMISSIONER WILSON: We’ll see what we can fix, Ms McMillan.

70 MS McMILLAN: Thank you.

75 COMMISSIONER WILSON: Thank you.

80 MR FREEBURN: If we go to another document – it’s a media statement, and you’ll see it includes some of the same paragraphs. It’s document NSS.001.001.0049.

Now, I think you use the same phrase “a new range of contemporary service options”. You’ll see it under the heading What is Happening to BAC? So that’s a new range that you’re not familiar with but is being developed by this other committee?---Yes.

5

You see the statement that the – you see – if we scroll down a little bit, it’s the paragraph that commences:

An expert clinical reference group.

10

See that paragraph about two-thirds of the way down the screen at the moment?---Yes, I do.

So it’s saying:

15

An expert clinical reference group has determined that adolescents require specialised and appropriate care options where they can be as close as possible to their community, families and support systems.

20

Do you think that’s a fair representation of what the ECRG said?---I’m not the author of this document.

Aren’t you?---No. This is a media statement between West Moreton and Childrens Health Queensland.

25

I’m sorry. So – alright. If it’s not your document. Now, can I take you to another document. It’s DNZ.001.001.0100. You see this is – unfortunately, I’ve gone back a little bit?---Yes.

30

But it’s – this is back in November 2012. I think this happens to be the same day as Professor McDermott’s disclosure in the Commission of Inquiry?---I believe it is about the same time.

35

You see – if we scroll down a little. You’re talking about there’s clear national and state policy. And then I wanted to draw your attention to the second dot point:

The National Mental Health Service Planning Framework currently being developed by the Commonwealth Government due for completion in July 2013 does not include provision for non-acute adolescent inpatient services as per the current model at Barrett. The framework does include subacute community-based services for adolescents.

40

45 Have you read that Service Planning Framework yourself, or are you relying on others for that information?---I’m relying on others for this dot point information as it’s obviously very early in the process. And I was provided with a range of different points at different times to put into this email back to SDLO.

Is the source of that second dot point – is the source of that Dr Kingswell?---I can't recall the source, but it would have been, I would assume, someone like Dr Kingswell would have given me that information.

5 So do I take it from what you've said that you certainly at that time had not read or seen the National Mental Health Service Planning Framework documents?---No, I hadn't read them in the detail to be able to provide that advice to the SDLO. No.

Well, you hadn't read them at all, had you?---I don't believe so.

10

Have you read them subsequently?---Parts of different documents around mental health I have read. Yes. I'm not sure which document I'm actually even referring to in this statement.

15 Well, there's a thing called the National Mental Health Service Planning Framework?---Which was currently being developed, so it was not actually a public document at that point in time.

20 No. So you hadn't seen it at that time and you're not sure – do you know whether you've seen it subsequently?---I don't know if I've actually seen it subsequently.

Okay. Commissioner, my next series of questions – and there probably isn't much, but is related to transition. I might be able to - - -

25 COMMISSIONER WILSON: Before you move on to that, Mr Freeburn, I wonder if the witness could clarify for me with respect to that last document you were taken to, it was from you on 8 November to the SDLO and also Shelley-Lee Waller. I gather SDLO was some sort of liaison officer?---It's the – one of the departmental liaison officers. So it's sort of the email account. There were a number of people
30 that I believe sort of man that email account in SDLO.

Well, who was Phillip?---He – I actually don't know who Phillip was, but I assume he must have been an SDLO officer who had had a conversation with me on the phone requesting some information.

35

I see. Thank you. Sorry, Mr Freeburn.

MR FREEBURN: Excuse me a moment, Commissioner. Commissioner, that's all I have. I have some topics to cover in closed hearing.

40

COMMISSIONER WILSON: Well, do you propose that other counsel who have questions arising in open hearing should deal with them now?

MR FREEBURN: Yes, please.

45

COMMISSIONER WILSON: And that we should come back to the closed hearing. Does that suit everyone?

UNIDENTIFIED SPEAKER: Yes, Commissioner.

MR FREEBURN: Commissioner, I think I've omitted to have the break. But I wondered whether – did you wish to have that break now or - - -

5

COMMISSIONER WILSON: Do people want a break before we move on? Is that what you're telling me? I'm getting some nods. Very well. Five to 12, please, Mr Bailiff.

10 MS WILSON: Commissioner, I can indicate - - -

COMMISSIONER WILSON: Excuse me just a moment. Ms Wilson.

15 MS WILSON: I can indicate that we won't have any questions, so the timing shouldn't be too pressured.

COMMISSIONER WILSON: Good. Okay.

20 **WITNESS STOOD DOWN** [11.41 am]

ADJOURNED [11.41 am]

25

RESUMED [11.59 am]

30 **SHARON KELLY, CONTINUING**

EXAMINATION BY MR FREEBURN

35 COMMISSIONER WILSON: Yes, Mr Freeburn.

MR FREEBURN: Commissioner, I think the majority view of counsel is that it would be preferable if I continued and finished the closed section as well - - -

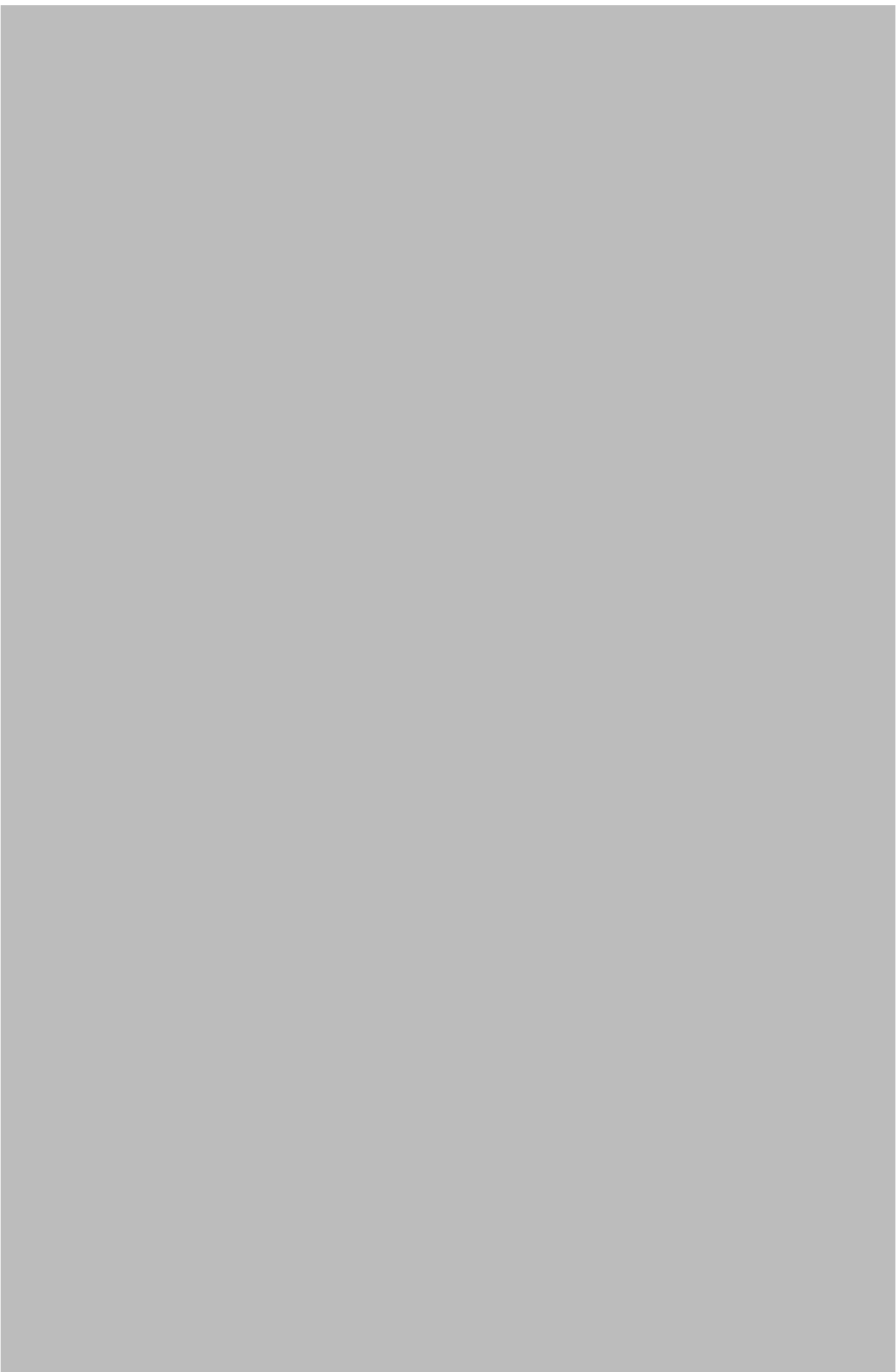
40 COMMISSIONER WILSON: Very well.

MR FREEBURN: - - - and that that's a preferable course to doing it in - - -

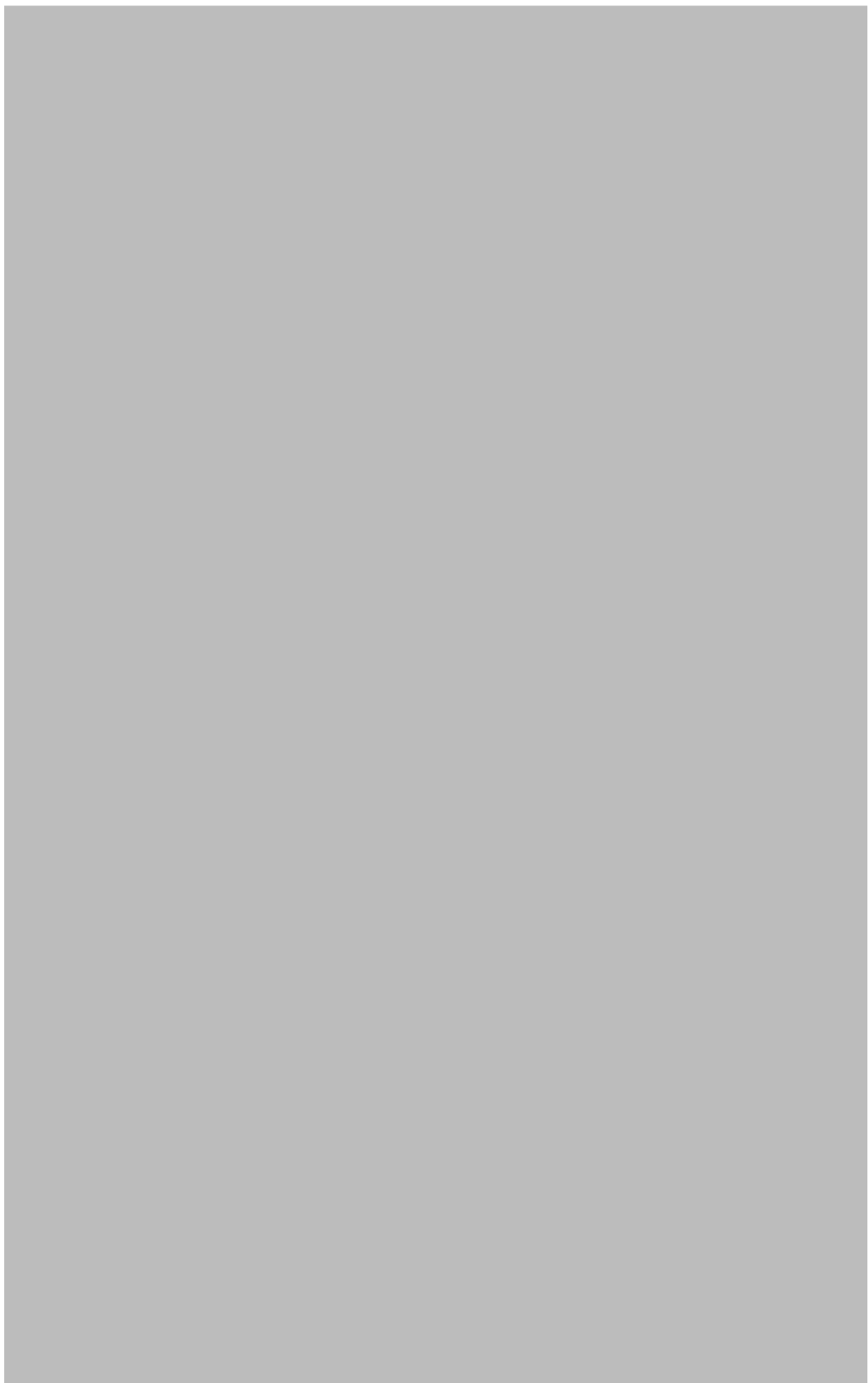
45 COMMISSIONER WILSON: So you want the hearing closed at this point?

MR FREEBURN: Yes, please.

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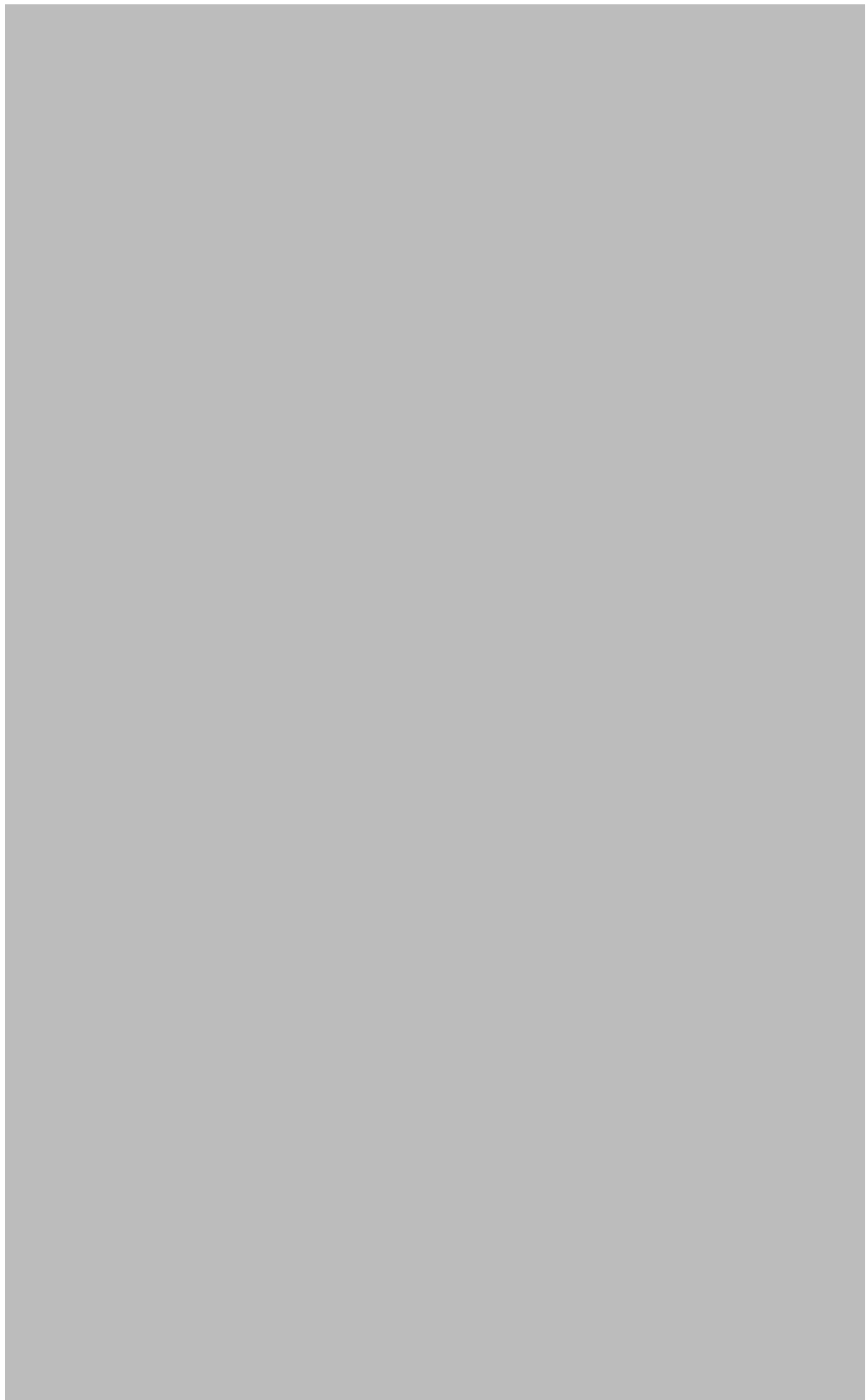
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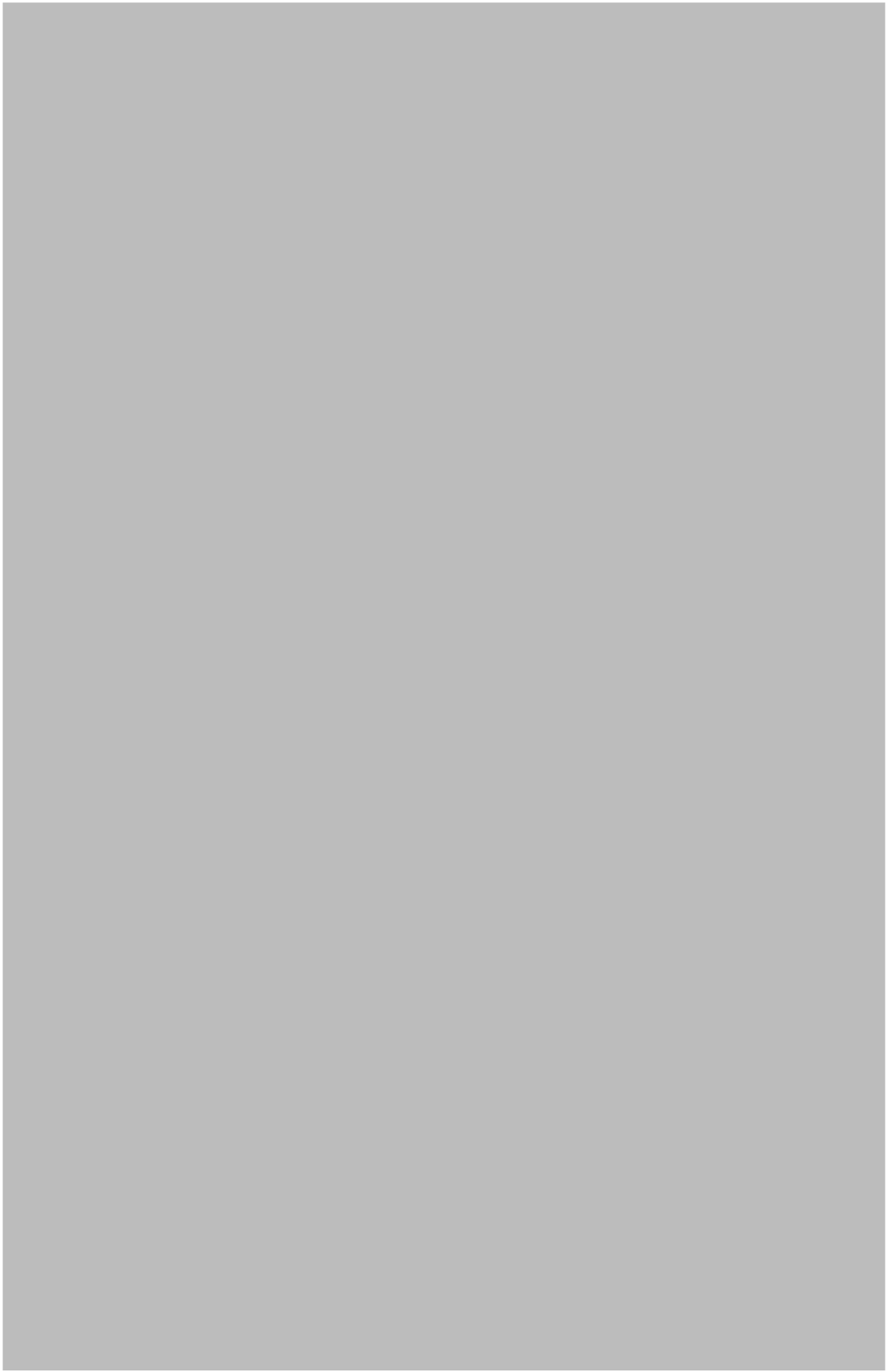
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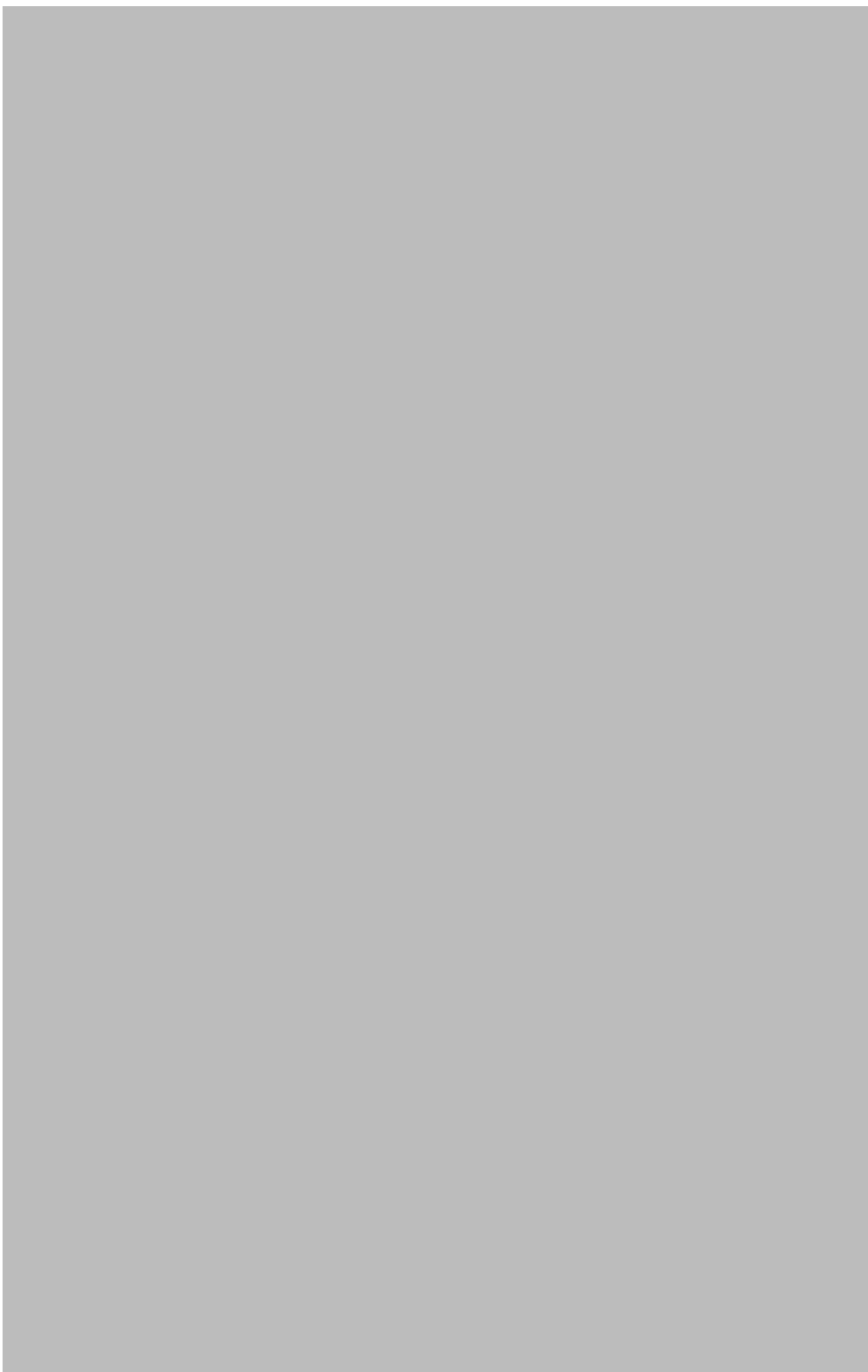
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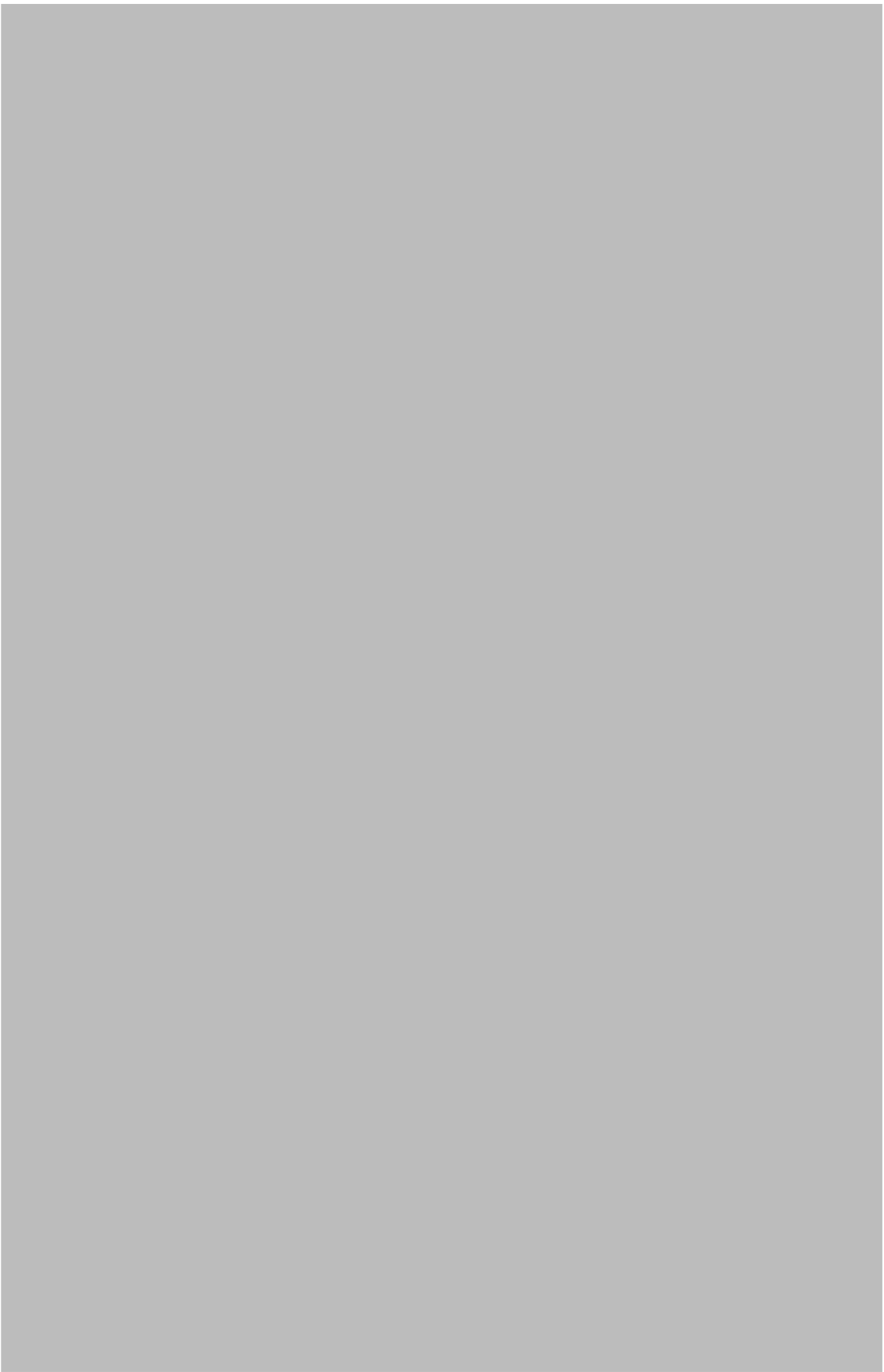
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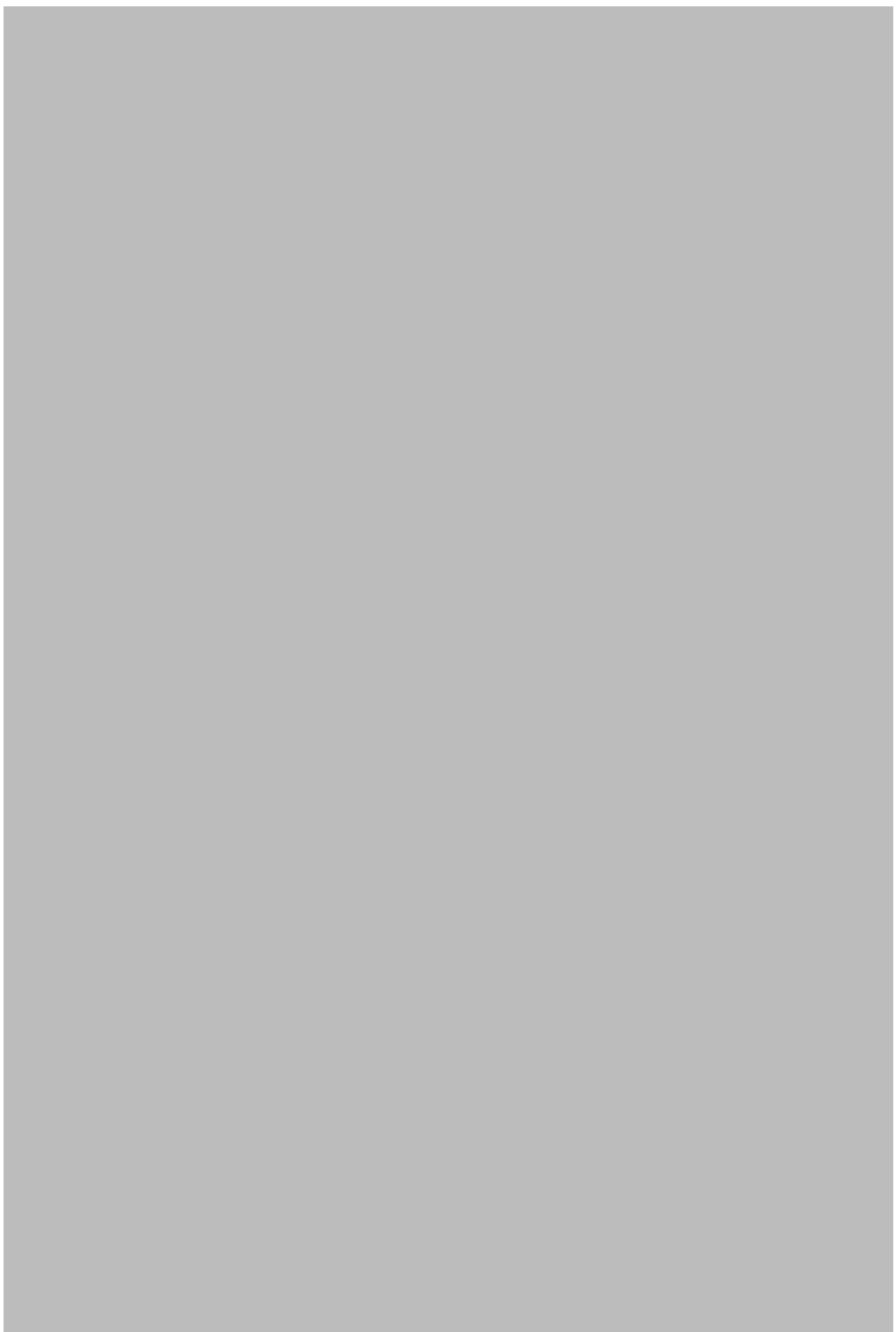
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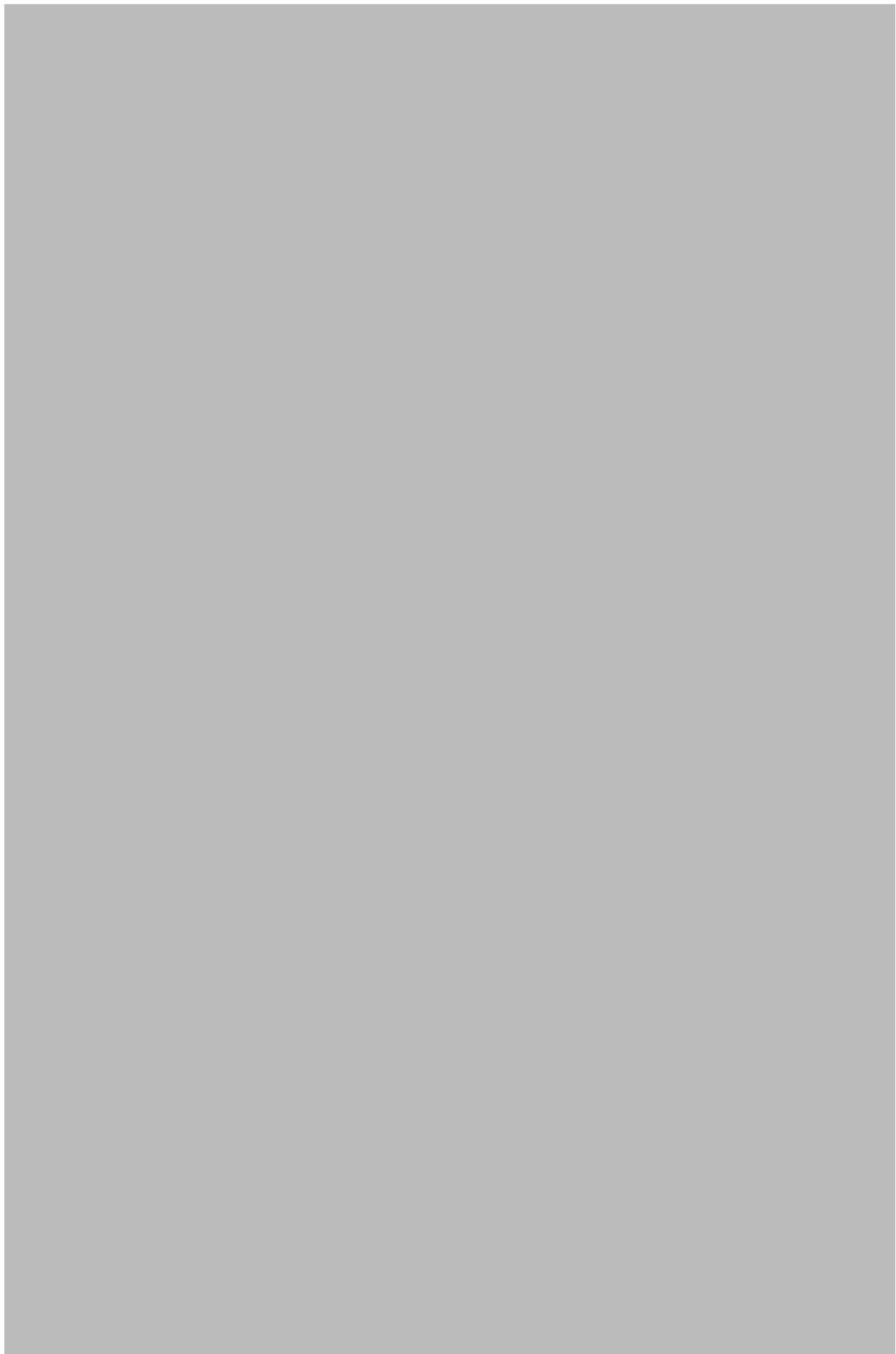
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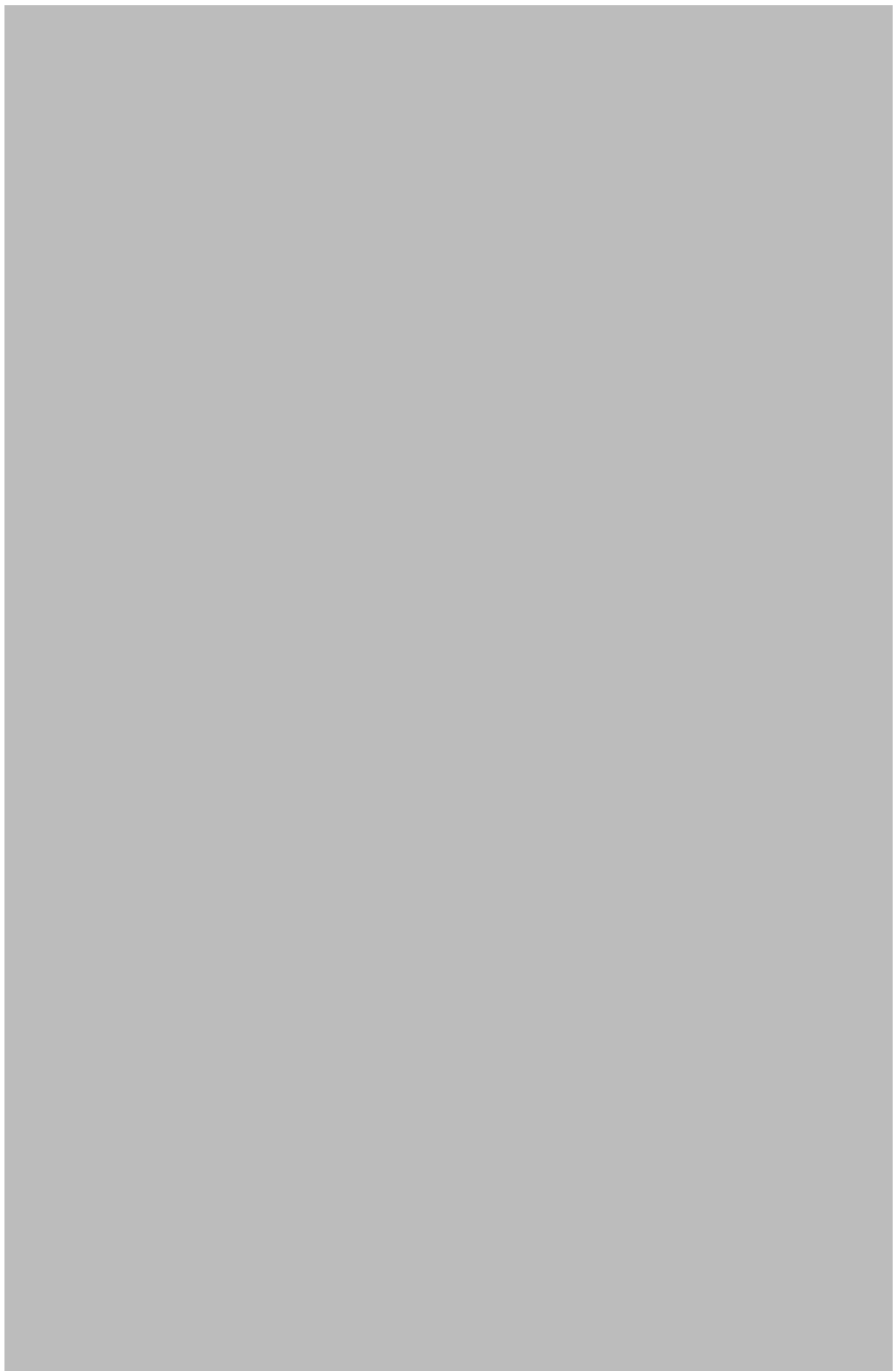
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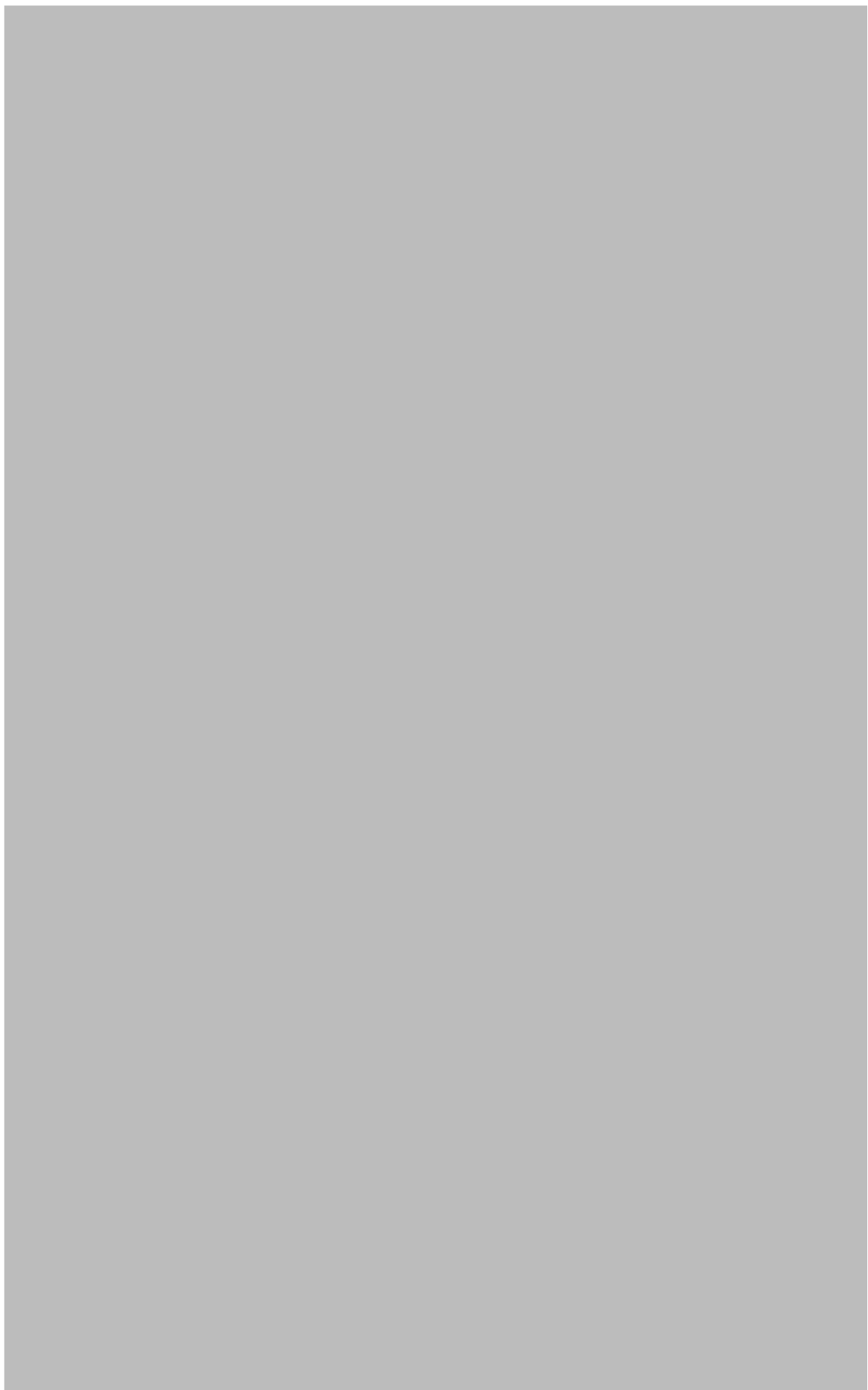
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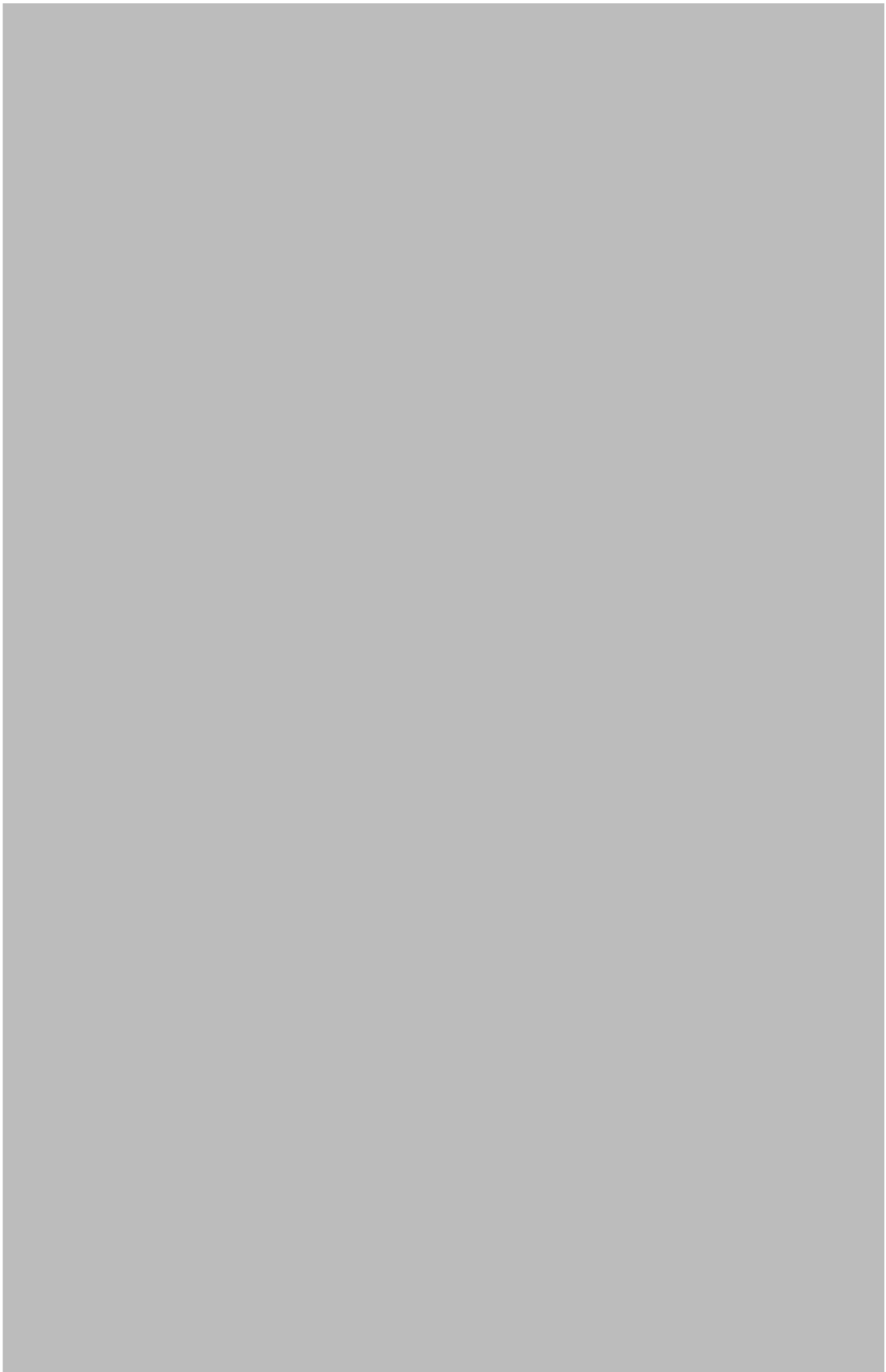
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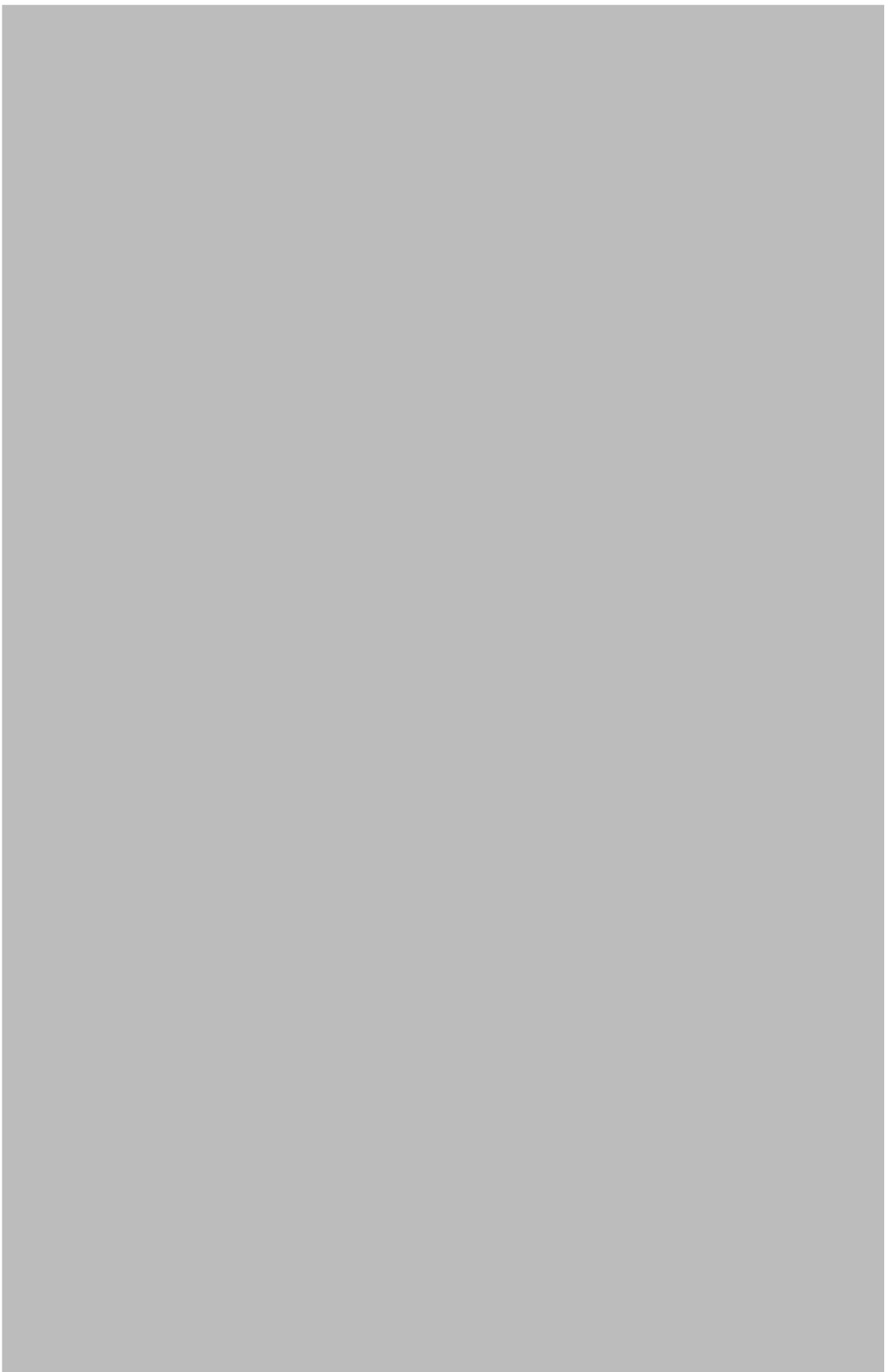
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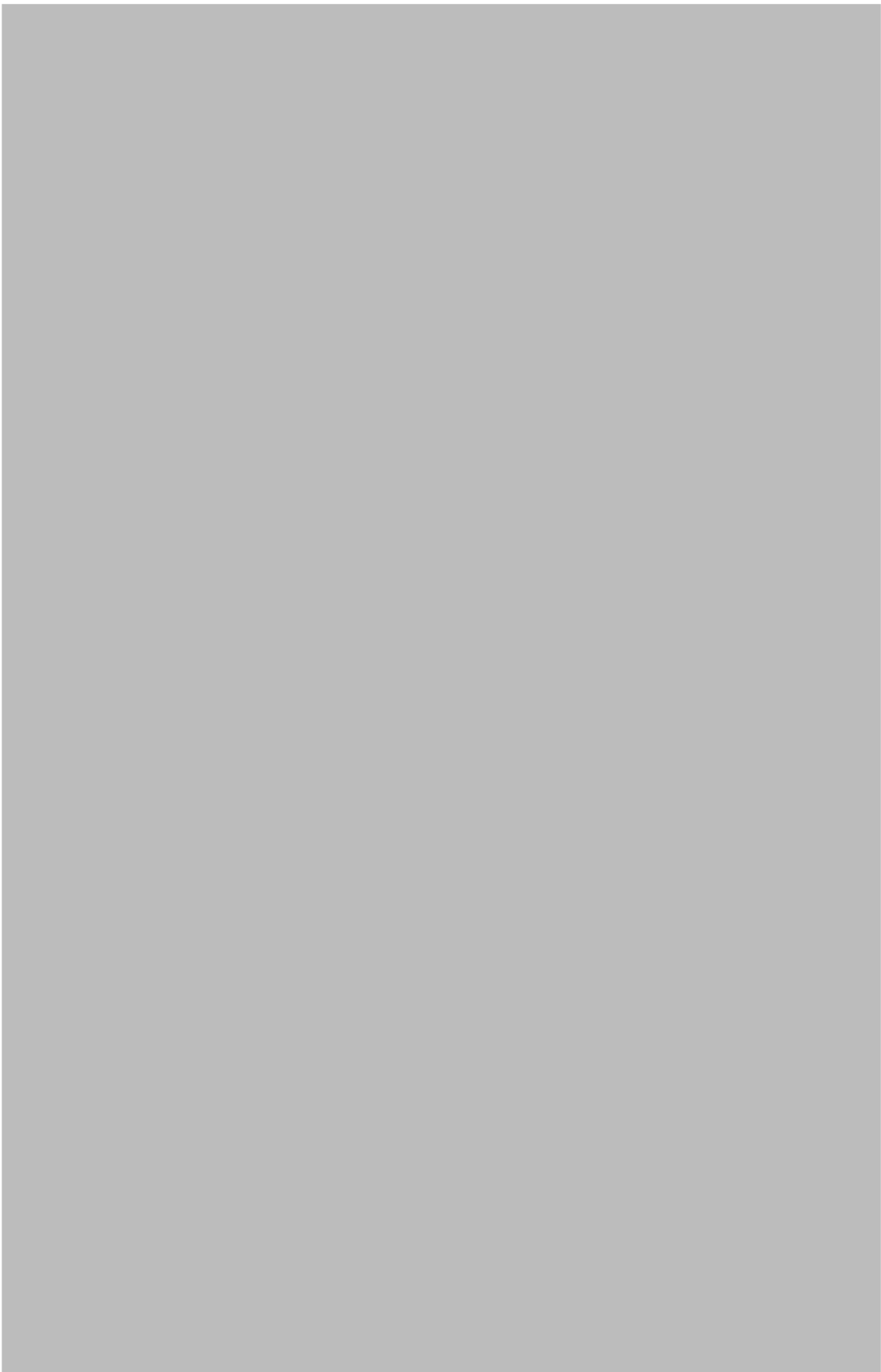
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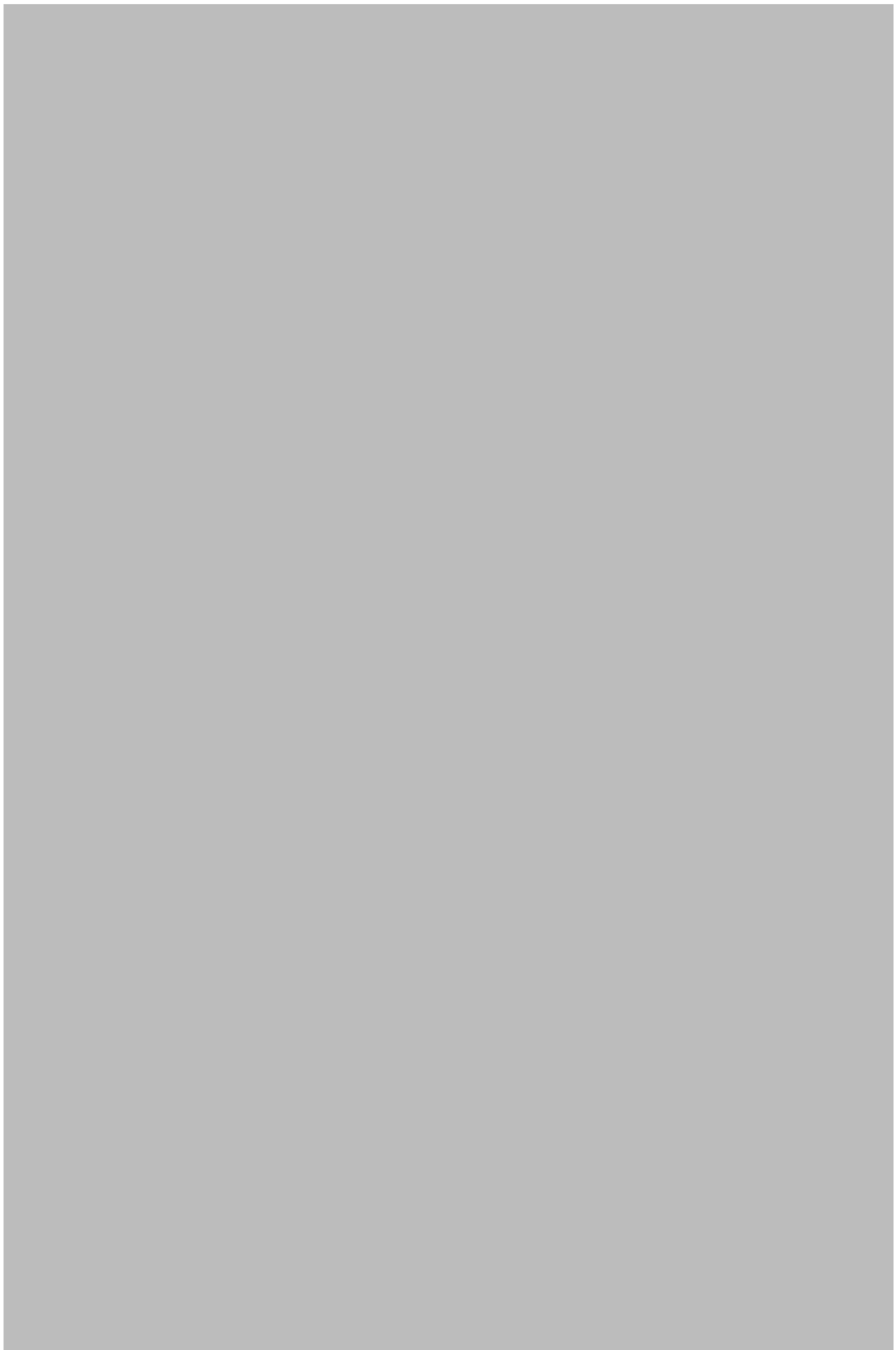
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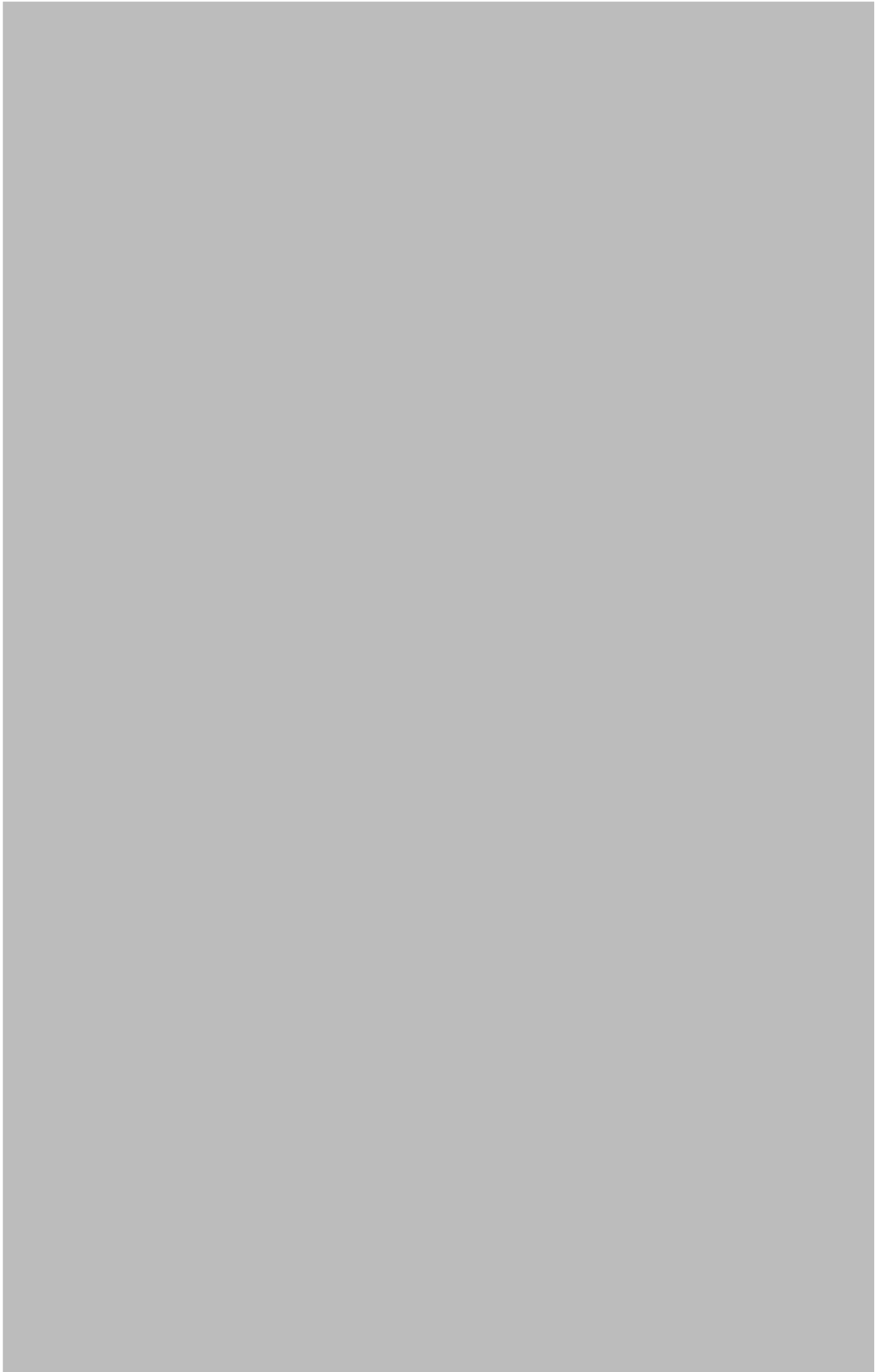
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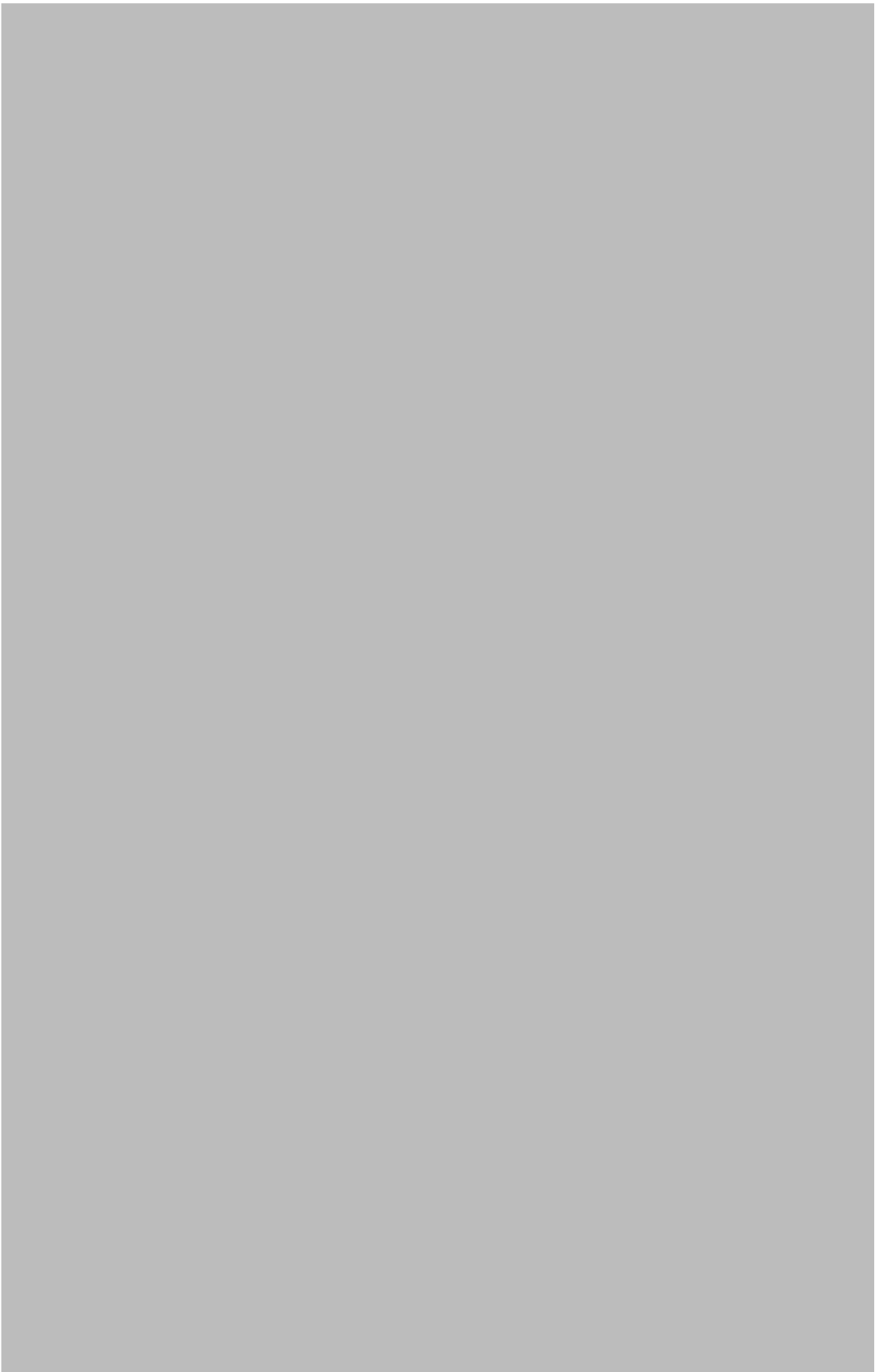
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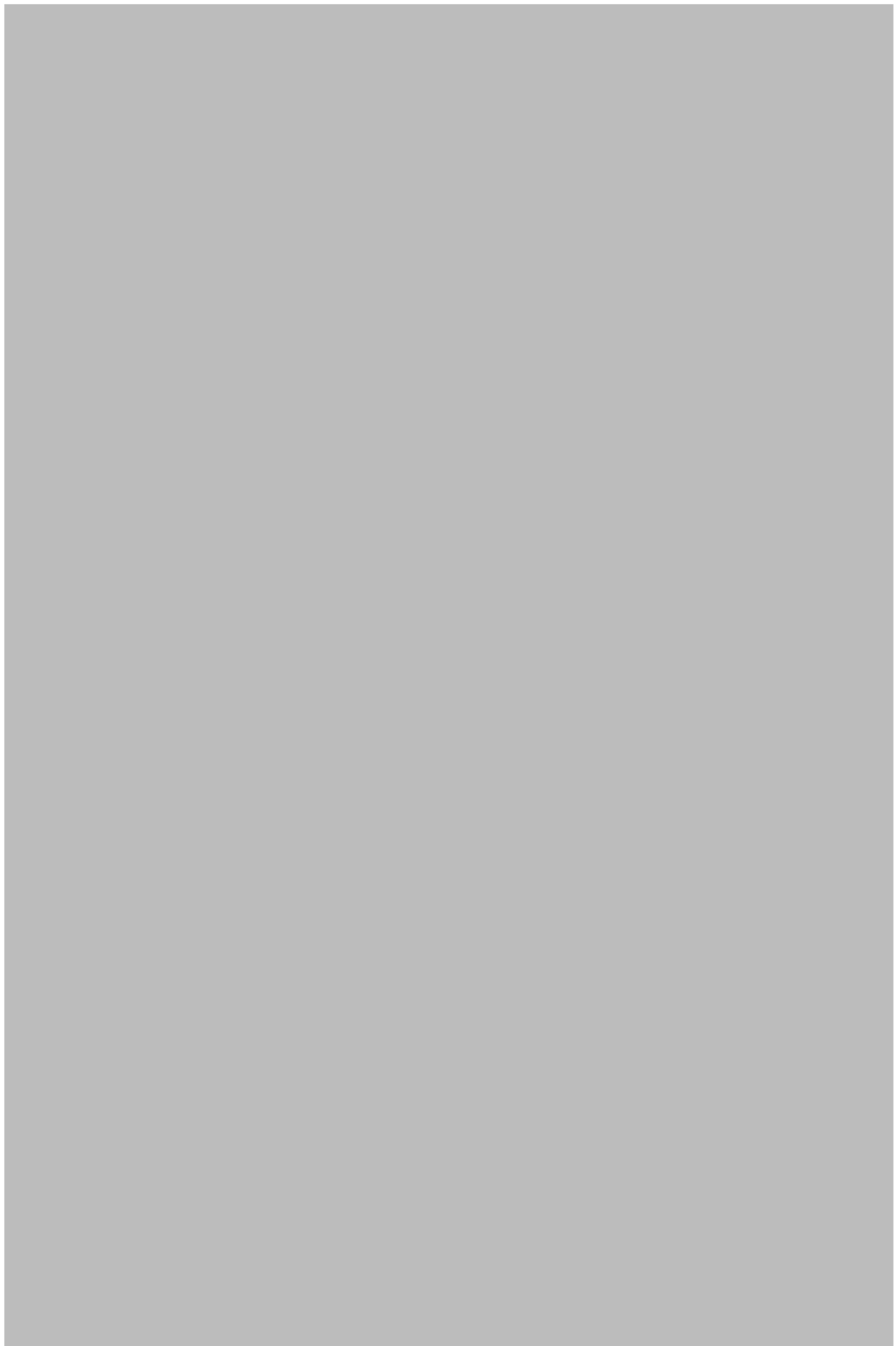
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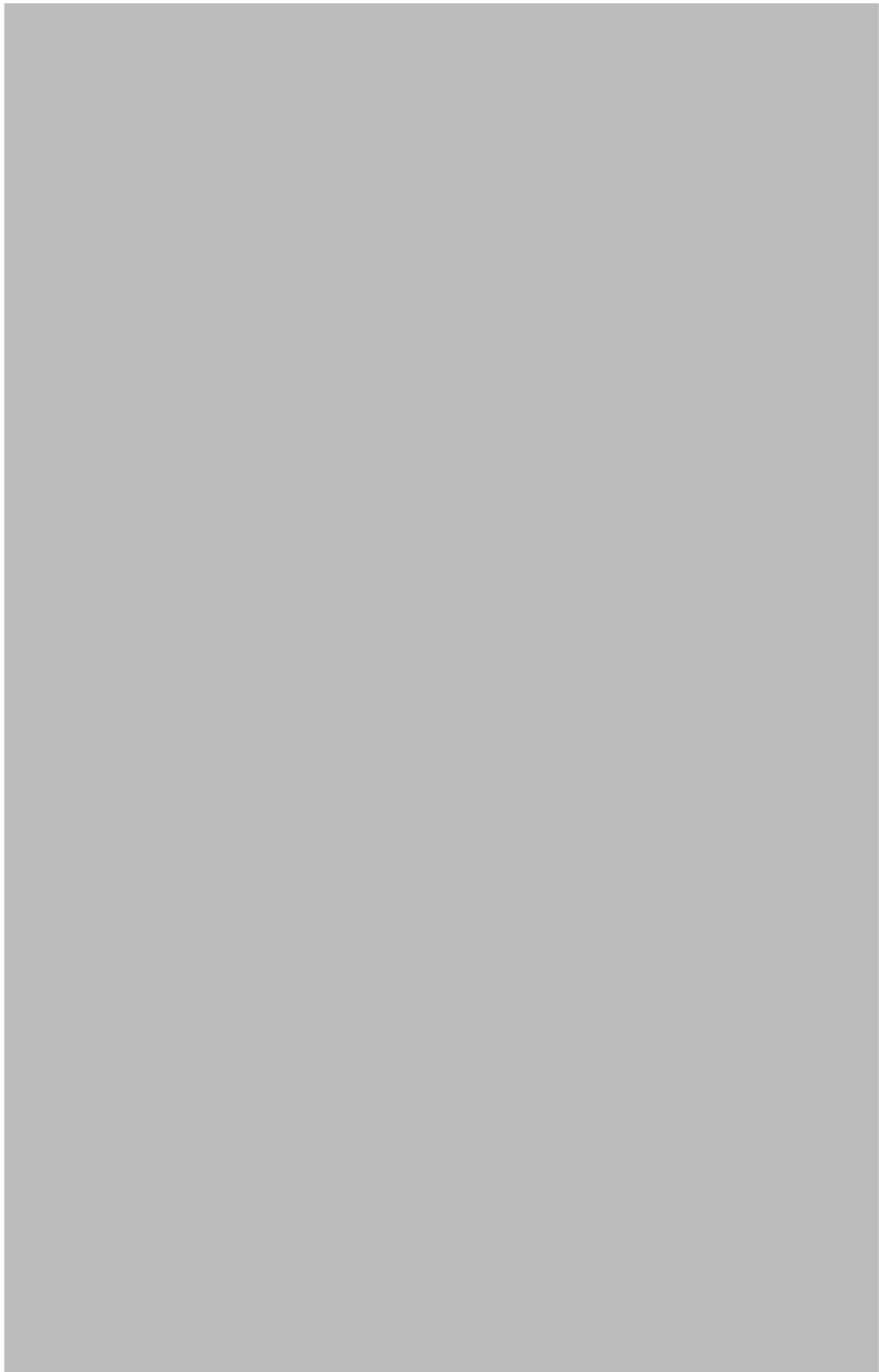
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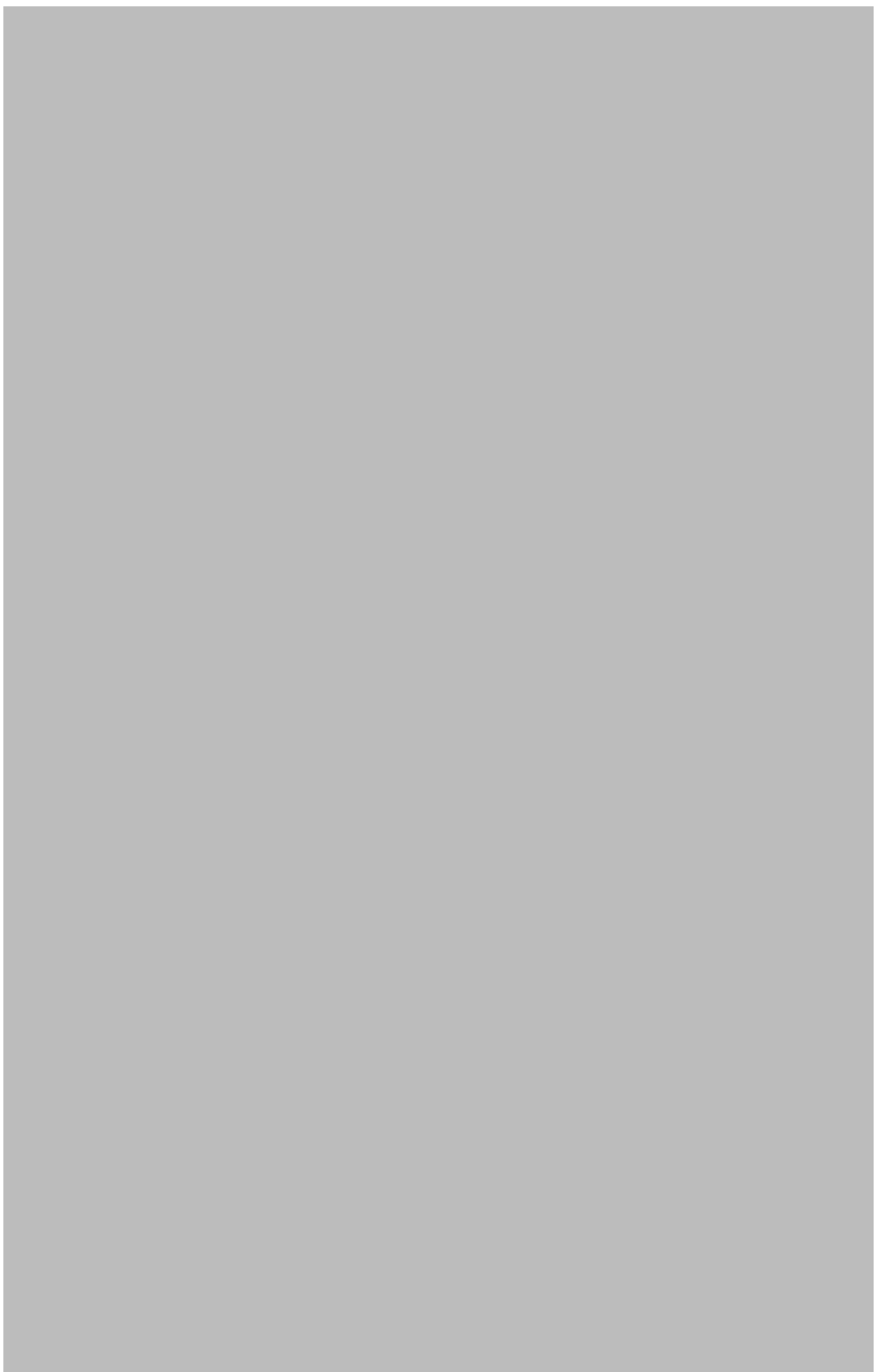
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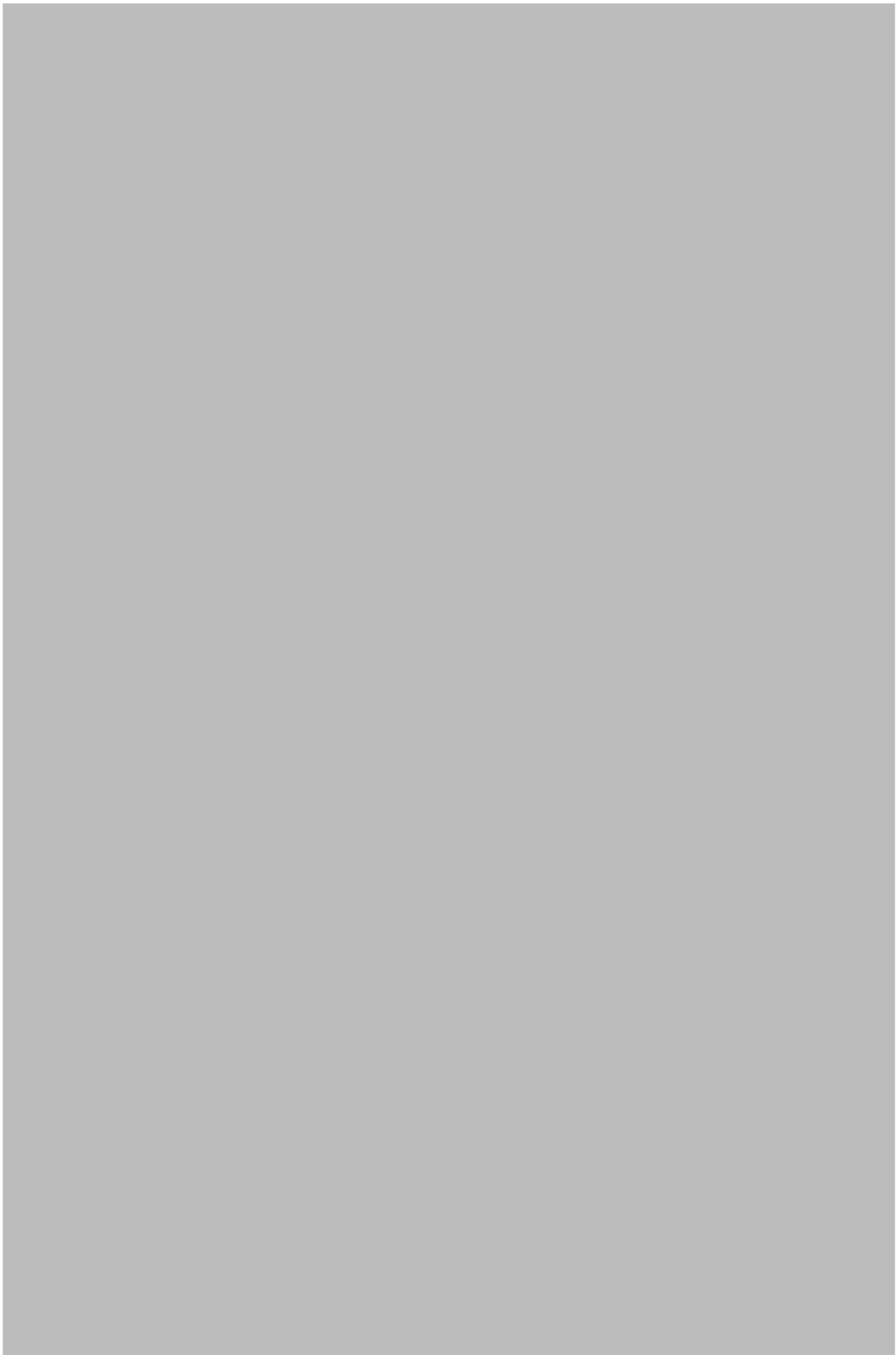
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EXAMINATION BY MR DIEHM

[2.56 pm]

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MR DIEHM: Thank you, Commissioner. Are you happy for me to commence straight away, Commissioner?

COMMISSIONER WILSON: I think so. Yes, please.

5 MR DIEHM: Thank you. Ms Kelly, my name is Diehm, and I appear on behalf of
Dr Brennan. If the – if we could have the screen opened at the witness’ statement at
page 6, please – sorry, I stand corrected – at page 20. Now, I want to direct your
attention, Ms Kelly, to the answer that you’ve given there in paragraph 14.4, and for
context if we can go back to page 19 to see the question that precedes it, which is
about halfway up the page. Thank you, just there, the reasons as to why early 2014
was considered to be the best deadline - - -?---Yes.

10
- - - for the closure of the BAC. So where in your answer in 14.4 – perhaps if that
can be scrolled back to – you spoke there of planning commencing with the targeted
transitioning of patients around that December/January school vacation period. What
you’re speaking of is a plan that commenced at around the time of the Minister’s
15 announcement on 6 August; would that be right?---A more formal – yes.

So from the time of the announcement by the Minister of the decision to close the
BAC what you had in mind was to work towards patients being discharged as and
when they were ready to be discharged and there were appropriate services for them
20 to be discharged to through until that December/January holiday period, some time
within which you expected all of the patients to have been discharged by then and
that the centre would then be able to close?---Yes.

Can I ask then if we can return to a document that Counsel Assisting asked Ms Kelly
25 about, and it is WMS9000.006.00020.

COMMISSIONER WILSON: That’s the statement, isn’t it?

30 MR DIEHM: I’m sorry. My apologies, Commissioner. MSS.001.001.0040. Thank
you.

Now, Ms Kelly, you would recognise this email as one that Mr Freeburn took you to
earlier today?---Yes, I do. Yes.

35 An email from yourself to several of the senior executive within Queensland Health
as well as the service. And if we could scroll down, then, please, so that the third
paragraph can be seen. And it was in particular this paragraph that Mr Freeburn took
you to. And I’ll invite you to read the second sentence again to yourself, that
commencing “as identified”?---Yes.

40
Now, reading that statement that you made in that email, you were not meaning to
convey, I suggest that those patients who were at the Barrett Adolescent Centre at the
time of this email would all remain at the Centre through until early 2014 at which
point in time they would all collectively be discharged to other
45 services?---Absolutely not. No.

5 What you were meaning to convey was, consistent with what you said in your witness statement that I took you to a few moments ago, that progressively those patients as and when it was appropriate who were as at 7 August at the Barrett Centre would be discharged to other services with the intention that by early 2014 all of them would have been discharged and the Barrett Centre would close?---That is correct.

10 So really the sentence is another way of expressing an intention or a plan that the Barrett Adolescent Centre would be closed by early 2014?---That is correct.

Thank you. Thank you, Commissioner.

COMMISSIONER WILSON: Thank you. Mr O'Sullivan.

15 **EXAMINATION BY MR O'SULLIVAN** **[3.02 pm]**

20 MR O'SULLIVAN: May it please the Commission.

Ms Kelly, you – your clinical background is as a nurse; is that so?---That's right.

25 And – but after – was it midwifery, was it?---Yes. I'm a registered nurse, registered midwife. Yes.

But afterwards, the bulk of your career has been in public administration – health administration?---Health administration. Yes. And I have a Masters in Health Administration.

30 And you have a Masters in Health Administration from the University of New South Wales?---That's correct.

35 And you're an Associate Fellow of the Australian College of Health and Service Executives?---That is correct.

And in 2012, you became a member of something called the Queensland State Mental Health Executive Directors Leadership Group?---That is correct.

40 And is that when you took up the position in September 2012 of Executive Director, Mental Health and Specialised Services at West Moreton?---Yes. That group you referenced is a group where all of the executive directors across the state and the clinical directors identified across the state meet on a regular, monthly basis.

45 And it was in the context of that – promotion to that position that you had the October 2012 meeting that you gave evidence about before?---Yes. That's correct.

Just to put you into the framework – so we have the October 2012 meeting that you gave evidence about?---Yes.

5 I'm just getting the timeline right. In May 2013, there's the important meeting of the West Moreton Board that you attended and gave a presentation at?---That is correct.

And then the middle of 2013 – we'll come on to it – there was a briefing note that went up to the Minister?---Yes.

10 Who is my client. Just before we move on, in terms of the Minister, you recall having one meeting at which the Minister was present?---Yes. I recall a meeting in very early December 2012 with the Minister.

And where was that?---It was in his office.

15

And was the subject matter the redevelopment of The Park precinct?---The subject matter was very varied. It was around the changes that were being proposed for the whole of mental health in West Moreton, most inclusive of The Park.

20 And it was not focused on the Barrett Adolescent Centre?---The Barrett was part of the conversation but not – not any more than any other part of it.

25 Would it be fair to say there was not a great deal of discussion of the Barrett Centre at that time or not really?---I don't recall a significant amount of discussion, because the Barrett had at that time already been identified that it would be subject to its own turnaround process and review.

30 I understand. No other later meeting with the Minister that you were present at that you recall?---I don't recall. I was meant to attend a meeting with the Minister in 2013, and I was not in attendance at that meeting.

Was that a meeting on the 15th of July 2013?---I believe it was sometime around July. Yes.

35 You were supposed to attend but didn't?---Yes.

I understand. Could – if you want a break, just tell the Commissioner if you're finding it too much?---That's fine.

40 Okay. Could you just take up your statement. Have you got only – have you got a hard copy of it?---I do.

45 It's paragraph 11.11. The Delium number is 12. Can you read to yourself the question that you were ordered to provide evidence about is the reasons for decision to close the BAC. Do you see that? That's what you were compelled to do. And can you have a look at 11.11 and read (a) to (e) to yourself, please, and tell me when you've finished. Have you finished?---I've finished.

Now, you'll see that in the second line of paragraph 11.11 it says – well, you say:

From my perspective of the Executive Director of Mental Health and Specialised Services –

5

that's the office that you assumed in September 2012?---That is correct.

Continuing:

10

And as chair of the planning group, the reasons for recommending closure of the BAC were (a), (b), (c), (d), (e).

Do you see you've said that?---Yes.

15

When you say reasons for recommending, do you mean here the recommendation that was made on 24 May 2013 to the Board of West Moreton, or do you have in mind another recommendation?---This is in answer to the question around the reasons for the decision to close the Barrett from my perspective from when I started in 2012.

20

Yes. The focus of my question is when you say the reasons for recommending, which recommendation do you have in mind when you give that evidence?---It is my understanding it was a long-term recommendation some years ago.

25

A long-term recommendation from several years ago. Now, these reasons (a) to (e) are all reasons that, am I right in thinking, you had in mind by May 2013?---They were certainly things that had contributed to the thinking around the Barrett.

30

I understand. Now, at paragraph (c), you say MHAODB – that's – just remind me what that is?---Mental Health, Alcohol and Other Drugs Branch.

Continuing:

35

... which had a state-wide responsibility in governance in relation to planning for mental health – advised me that the closure of BAC was to occur as aligned to the Queensland Plan for Mental Health.

Do you see that?---Yes.

40

Now, when you provided that explanation to the Commission, do you – I withdraw that. It says:

Advised me that the closure –

45

so Mental Health Branch advised you that the closure was to occur as it aligned with the Queensland Plan for Mental Health?---Yes.

When you say “advised me”, are you referring to the advice that you were given on 25 October – if I’m going too quickly, slow me down?---No, no, no. I’m just thinking.

5 That’s the meeting with Dr Kingswell and Dr Gilhotra and Dr Geppert?---That would be the meeting in town. That was what I was referencing. Yes.

Yes. Do you remember being asked questions about the Queensland Plan for Mental Health and it was put to you, well, you’ve got this wrong in terms of what the plan
10 involves and doesn’t involve. Do you remember giving that evidence?---Yes, I do.

Yeah. When you give the evidence in 11.11(c) about the Queensland Plan for Mental Health, which you also refer to in 9.5 – remember 9.5 is the part where you said – I’ll stop there. Can you just go back to 9.5 and look at it so you’ll familiarise
15 yourself with it. It’s page 8 of Delium – you’ve seen it a minute ago. Do you see that?---Yes.

It’s that last sentence of the paragraph?---Yes, I do.

20 Again, you say that you were told that the Barrett Centre was not aligned to the future planning for The Park, nor was it aligned to the Queensland Plan for Mental Health which has a focus on caring for as many as possible patients in their local community rather than a centralised statewide facility. Now, when you give that evidence in 9.5 and also at 11(c), what do you mean when you say the Queensland
25 Plan for Mental Health?---So in my understanding, the Queensland Plan for Mental Health is a 10 year document that was first put forward in 2007. So that’s what I refer to as the Queensland Plan for Mental Health.

I see?---My understanding was that as time progressed, it was reviewed. Whether it
30 be reviewed in writing or reviewed by others I’m not - - -

I understand. And the basis for your understanding as set out in 9.5 is what you were told by Dr Kingswell and Dr Gilhotra?---Yes.

35 Yes. And in terms of who they were, Dr Kingswell was the executive director of the Mental Health Branch. Is that right?---I believe that was his title.

That was his title. And who was Dr Gilhotra?---He was the chief – he was the chief
40 psychiatrist - - -

And what - - -?--- - - - for the State of Queensland.

I’m so sorry?---Chief psychiatrist for the State of Queensland.

45 And what was the role of the chief psychiatrist for the State of Queensland as you understood it in October 2012?---He overarchingly had responsibility for mental health from a clinical perspective.

And what did you understand in October 2012 was the role of the executive director of the mental health branch which was Dr Kingswell? What was his role?---He was the – I don't – sorry, I don't have his role description. I understood he was, I guess, the key accountable officer for mental health and strategic planning and services
5 across the State.

I understand. Now, go back to 11, point 11, where you set out the reasons, as you understand it, for the closure of the centre, page 12 and 13. The second reason you give at (b), can you read that to yourself again, please. You'll see that you've told
10 the Commission:

The development of The Park complex, in particular development of the EFTRU on the site, constituted an unacceptable level of risk to adolescents being accommodated in the low or no security environment on the site.
15

?---Yes. I do say that.

You weren't asked any questions about that, were you, until now?---No.

20 No. Now, tell me, what is the EFTRU?---EFTRU is the Extended Forensic Treatment and Rehabilitation Unit.

And that was a new facility that was to be developed in The Park?---It was a new facility to be opened in 2013 for the State. It was designed to provide a Step Down service from the high secure inpatient service unit for people who needed some level
25 of support and security but were – and were not able to be released back into the community for a period of time.

Now, you said 2013. When was it planned that this unit would open?---I – June/July
30 2013 was the plan. Yes.

But was it, in fact, open in July 2013?---No. We, in fact, delayed the opening of EFTRU for a period of time to attempt to not align adolescents on the site with EFTRU opening.
35

You mean, you delayed the opening of EFTRU because you didn't want too much of an overlap with Barrett and EFTRU. Is that what you mean?---That was certainly one of the intentions.

40 Now, you gave a long answer but you said EFTRU was a new initiative whereby adults who were in secure units would be taken out of secure units. When you say secure, you mean they are secure and that the persons cannot get out. Is that what you mean? And no one can get in?---Yes. I'm obviously not the key person to answer that question. Our clinical director would be more appropriate to answer it.
45

I understand that. But that's the gist of secure, isn't it?---Yes. They were – previously would've been patients of a high secure inpatient service on The Park site.

And it was an opportunity to develop a model which allowed people who otherwise would have had some great challenge being discharged into the community because of their previous – whether it be the incident that had got them to The Park. And so they were moved and we were able to develop EFTRU to allow, I guess, a Step
5 Down and a rehabilitative focus. The key part of EFTRU was that it was not meant to be designed with very high fences because it was very much around relationship security and ensuring that people developed learning how to live.

10 So an adult who was taken from a secure unit could go to EFTRU and they would be able to walk around the grounds of The Park without fences holding them in?---That was the aim of EFTRU, yes. But they were certainly vetted before they could be admitted to EFTRU.

15 I understand that. Subject to vetting, the concept is that they could come out of a secure unit and they could walk around the grounds of The Park. Is that the gist of it?---Yes. Some people in our secure unit have limited community treatment which means that they could also leave the secure unit for short periods of time. This was the next step for them.

20 I see. And was the concept that the area where the Barrett Centre – I'll withdraw that. The Barrett Centre didn't have fences around it fencing it off from the rest of The Park?---No, it didn't.

25 And the concept was if you were discharged to EFTRU you would have access to the area of the Barrett Centre?---Yes, you would.

Yes. And what – you mentioned the reasons these persons were in a secure unit. Did they include forensic patients?---Definitely.

30 And what was the nature of the – I'll withdraw that. Forensic patients means, in layman's terms, were they high index offenders?---The majority of people in our high secure unit certainly were of a high index offence, where they had committed
- - -

35 And what is a high index offence?---One of our forensic psychiatrists can obviously answer that with much more detail but from my understanding certainly there are people who have either committed perhaps a murder, a rape, a sexual assault, child inappropriate behaviours, etcetera.

40 When you say child inappropriate behaviours, you mean sexual assaults on children?---Yes.

45 And the reason they're not incarcerated is because they have mental health problems?---They've certainly been found unfit to – for trial, is my understanding.

That's right. And these were the persons who were going to be – I withdraw that. There's a process of rehabilitation which is the whole – and eventually the aim you

knew at The Park was that the persons would be released into the community. That was the aim if they could be safely released?---Yep. The aim of mental health in all times is the recovery model, regardless of people's offences or what has occurred. So the aim is to rehabilitate them as best you possibly can.

5

And EFTRU was, as it were, a halfway house between being in a secure unit and being in the community?---In layman's terms, I suppose you could describe that.

In layman terms?---Yes.

10

Now, when you gave evidence about 11(b): the development of The Park complex – in particular the development of EFTRU – constituted an unacceptable risk to adolescents being accommodated, just what was the risk exactly?---So the risk in regards to that was that this was an untried service. EFTRU wasn't or hadn't been in existence before then. And we were working on making sure that everything was safe for everybody. So the risk would be low but there was a risk of contact between the patients of the different cohorts of adolescents or adults and other parts. That was one of the risks. And so the reality is that the consequences would have been catastrophic should it have occurred.

15

And I take it from that evidence that it hadn't been tried in The Park so there was a level of uncertainty about what would happen?---EFTRU was a new model for the State.

20

COMMISSIONER WILSON: Can I clarify one thing about EFTRU, you said it was scheduled to open in June or July?---2013. Yes.

Yes. And you said you delayed the opening. It, in fact, opened in August, didn't it?---We started individually moving some patients in. Yes.

25

And can you remember the approximate date in August?---No. I'm sorry. I can't remember the date.

Was it around about 6 August?---I'm sorry. I don't know.

30

I see. But, anyway, the patients in the Barrett Adolescent Centre were progressively discharged between August and January?---That is correct.

After EFTRU had opened?---Yes. And we progressively increased the cohort in EFTRU.

35

Thank you.

MR O'SULLIVAN: When you say progressively increased, do you mean more and more people were put into EFTRU after August 2013?---Yes. They were put in in a slow progression.

40

I see. And how many at the beginning were placed into EFTRU? Do you recall?---I think there may have been four. But, I'm sorry, I can't accurate.

5 I understand. And then – it's operating now, EFTRU?---It's fully operational. Yes.

And how many are there currently in EFTRU?---It's a 20 bed unit. And it's usually full.

10 I'll take you forward to the meeting in May 2013. You provided a brief with Ms Dwyer to the board about a number of matters. May 2013?---About the Barrett?

That's right?---Yes.

15 And you provided a brief about a number of matters connected with the Barrett facility. Could you just read 11.2 of your statement, please, where you give some evidence about your preparation for that matter; 11.2, subparagraph (d). It's page 11 of Delium, Commissioner. You say, 11.2(d), that you co-presented a board paper at the board meeting and you attach a copy of the notes for the meeting. Can you go to those notes that were prepared for the meeting; it's SK13; the Delium reference is 20 884, Commissioner, to 885. Now, looking at item 1, potential queries, priorities, the first bullet point is:

Historically strong community and media interest to keep BAC open.

25 Were you aware of that at the time?---Yes, these are my – my dot points.

Yes?---Yes.

The second one is:

30

The current local MP supports BAC to remain open.

And who was the local current MP?---Ms Miller.

35 And just take you down to item 6, please. Just read those three bullet points to yourself. You've got a line item, clinical risks evident. Did you, in your presentation to the board, discuss or outline any of the clinical risks that were evident?---I don't recall getting to that level of detail with the board. It was – these were my notes for me, should it be required.

40

I understand. Were the clinical risks – were they the risks associated with EFTRU or something else?---They were both the risks associated with EFTRU and those things that I mentioned previously.

45 I see. You say you need to implement immediate actions around current staffing and service model. Again, do you remember discussing that with the board or you can't remember whether you did?---It didn't come up in discussion.

Didn't come up. Now, the next bullet point says:

Possible that executive director of the mental health board may pursue options to forcibly close service due to patient risk.

5

Did you believe that to be true?---I believe that was an option, yes.

And what was the source of your information about that option?---I was aware that, potentially, there was, should the patient risk continue, that the branch – the Director of Mental Health or the executive director could step in.

10

Is that Dr Kingswell?---Yes.

You've written here "due to patient risk". Is the risk that was associated or may have been associated with the EFTRU initiative?---He was certainly similarly aligned to me around the issues around EFTRU, yes.

15

Is it just what you're saying – and tell me if I'm wrong – that Bill Kingswell had told you or had led you to understand that he might forcibly close the Barrett Centre because of his concern about the risk of a collocation of Barrett and the EFTRU facility?---It was my understanding that that was something to be considered. But as I said, this did not come up at the board.

20

I understand. You don't recall advising the board of this issue?---I don't recall it coming up, no.

25

I understand. Now, you remember being asked some questions about the planning group report. You were the chair of the planning group, Ms Kelly?---That's correct.

Remember giving some evidence about that? Could you turn, please, to, firstly, your board paper for the 24 May meeting; it's Delium number 862, Commissioner. If we go back to 861, just to orient you, it's SK12. It's the board meeting agenda paper that you prepared. Can I just ask you to look at the proposal on page 861, at the top. If you just orientate yourself, you'll see 24 May is the date, and it says "Action required for approval"; do you see that?---Yes, I do.

30

35

And can you just attend to the line items under the word "proposal". You'll see the first one is that:

They are to note the ECRG report.

40

And the second one is:

They are to approve the recommendations of the planning group.

45

?---Yes.

5 And they were two approve other things and to note the need for a verbal briefing with the Minister. Now, can you turn over to, firstly, paragraph 20 at page 862 of Delium and just read that to yourself. Now, the advice you gave to the board in paragraph 20, the closure aligns with the strategic direction of the health service and the Queensland Plan for Mental Health, again, is the source of your information about that aspect of it, that says that closure aligns with the Queensland Plan for Mental Health – was the source of that information the meeting of 25 October?---That continues to be my reference point, yes.

10 Yes. And just look at number 21, recommendations:

Note the ECRG report and approve the recommendations of the planning group.

15 Do you see that?---Yes, I do.

20 Is it your understanding that the West Moreton Board did indeed approve the recommendations of the planning group?---It is my understanding from that meeting that the West Moreton Hospital and Health Board approved the recommendations of that planning group with the caveats, as I understand, as being in their minutes.

25 I understand it. And do you understand that they approved the closure of the Barrett Centre subject to sufficient and adequate services being provided to - - -?---For the current cohort of the Barrett Adolescent Centre.

So the current cohort. So the answer's yes. And the current cohort: do you mean – is that the wait-listed patients and those who were current patients at the centre?---My understanding, it was the current in-patients and those on the wait list.

30 I understand. Now, in explaining – when – in giving your evidence earlier, about explaining why you understood to be the reasons for closure of the centre – remember I took you through A, B, C, D, E – remember there was identification of risks of leaving it open? Do you remember I took you to that, the EFTRU unit and so on?---Yes, yes.

35 Now, you will have noticed that in the planning group report, Ms Kelly, the planning group report that you were shown earlier, there were a number of recommendation; do you remember that? I should take you to it; it's difficult, otherwise. Could the witness be shown – it appears twice in your statement – can I take you to the version
40 in your board paper, 877, please. Now, do you see that document there?---I do.

When giving evidence earlier, you said to counsel assisting the planning group had a different function from the ECRG; do you remember that?---That is correct.

45 But you didn't explain – and you weren't asked to explain – what you meant. Could you just explain to me what you meant by having a different function to the ECRG?---So the expert clinical reference group was just that; they were expert

clinicians, provided – sorry – pulled together to provide some recommendations and some advice. The planning group was responsible for synthesising both their recommendations as well as overlaying it with the political context, the organisational and operational context.

5

There is no reference that one can see in the planning group recommendations to the risks of leaving the Barrett Centre open that I have been able to see. Is that right?---Sorry, can you - - -

10 If one looks at 877, this seems to be the planning group recommendations which you've been taken to earlier and I was just suggesting to you that on the face of this document one doesn't see a discussion of the risks of the Barrett Centre remaining open?---So each of those - - -

15 Sorry, I haven't asked you a question yet. Is that so?---No. Each of those recommendations from the ECRG have either an accept with some further commentary - - -

20 Yes?--- - - - or an accept with caveats and that's and that's where we had addressed the risk issues.

Take it in stages. Item 2:

25

Tier 3 is an essential service component.

That's the heading. And then item 3 says:

30

Interim service at BAC closes and tier is not available when it closes is associated with risk.

That's the heading?---Yes.

35

And you were taken through 3(a) and 3(b) of the recommendations in the planning group recommendations. Do you see those?---Yes, I do.

Yes. Now, what – I was going to suggest to you that one doesn't – at least in black and white – see in the planning group recommendations the discussions – I'll start again. The heading is:

40

Interim service provision is BAC closes and tier 3 is not available is associated with risk –

So it's talking about risk. Yeah?---Yes.

45

And what I'm suggesting is that one doesn't see in the planning group recommendations a discussion in this document anyway of the risk on the other side of leaving the BAC open on that site. And what I was going to ask you, Ms Kelly, is

whether the planning group in fact discussed that risk or not?---We didn't discuss it in relation to the recommendations to go forward.

5 Yes. Was it discussed by the West Moreton board?---I don't recall it being discussed when I was present at the meeting but I'm obviously only invited for a particular part of it.

10 I understand. Was it your understanding the board well knew about this issue? When I say this issue, I mean the issue of having young adolescents on a facility where the EFTRU is opening and EFTRU cohort – the concept of EFTRU is you can have free access to the site and the type of patients who are there, it's thought, should not come into contact, as I understand it, with the Barrett patients?---It is my understanding that on a number of occasions that part of the – the reasoning was presented to the board. I can't talk to their understanding of it but certainly it was
15 - - -

Yeah?--- - - - presented to them.

20 To the best of your recollection, though, that was a not a matter the planning group itself discussed?---It was discussed at the planning group but it wasn't part of the recommendations because that was always part of the – the discussions moving forward.

25 I understand. If you look at 861, Delium number 861 – this is the board paper that you prepared. If you can just read paragraph 5 to yourself. Was this the board paper that was provided to the board of West Moreton for the meeting on 24 May?---I believe that to be so, yes.

30 And paragraph 5 is something you wrote?---Yes.

35 So I think your evidence is that this went to the board but you don't recall any specific discussion of it?---Not in the background because that had been previously discussed around some of those issues – around co-location of adolescents and adults on a site.

40 I understand. Paragraph 14(a) of your statement, please. I'm so sorry, 14.9 of your statement. Delium reference number 20. You say that Dr Sadler spoke to each of the patient's families about the individual circumstances of their child or adolescent and generally the theme he expressed was that many would be on a discharge trajectory which would fall within that timeframe in any event based upon their clinical path or their age. Do you see that?---Yes, I do.

45 Was it Dr Sadler who said that to you?---I sat in on the phone conversations that Dr Sadler had with the parents. It was done out of my office.

So you heard each of these conversations?---It was on speakerphone.

And when you refer to their age, do you mean there that once the adolescent turned 17 typically they would leave the Barrett Centre?---Eighteen.

5 I'm so sorry, 18, they would leave?---There or thereabouts, yes.

There or thereabouts. Paragraph 16.1(b), Ms Kelly, page 23 – just read that to yourself?---Yes.

10 You say that you were advised – in the last sentence you were advised it wasn't therapeutically beneficial for those patients and so on and so forth. Who provided you with that advice?---I cannot recall who but it was discussed within our meetings – weekly meetings as we got closer to that closure date.

15 And you accepted that advice?---I – I do accept that advice.

I'm conscious of time, Commissioner. I'll go very quickly. I'm going to show you a briefing note to the Director-General and the Minister from July 2013 which is recorded has having been approved by you. It's WMV.9000.0001.0001 at 91 and 92. Now, if you just go to the fourth page, please, you will see it has your name there – cleared?---Yes.

20 Do you see that? It's cleared by you. Do you – I know we're going rather quickly but did you in fact clear that document? Take a moment to look at it, Ms Kelly?---Could you - - -

25 If Ms Kelly could be shown the first, second and third page so she can see the document?---It is my recollection I did clear that document.

30 Yeah. If you could just be shown the first page, please. Just stop there. Could we look at page 1 of four, please. Just – item 2, please, Ms Kelly – second bullet point. When you approved the document, to the best of your recollection was it in the form that we see in front of us with the second bullet point of paragraph 2?---I – I believe so. I have no reason to suggest that it was changed.

35 No. I understand. And I take it that bullet point 2 in paragraph 2 reflects your understanding of the actual position that West Moreton Hospital and Health Board had approved the closure of BAC dependent upon alternative or appropriate care provisions for the adolescent target group and the meeting with the Minister?---That is correct.

40 And was – it refers to the adolescent target group. When you approved this document, did you have in mind what that meant?---The target group for us was those current adolescents at the Barrett and those on the waiting list.

45 Did you discuss with Ms Dwyer at that point?---I don't remember discussing that with Ms Dwyer. No.

Was it your – okay. Do you know, or can you not say, whether Ms Dwyer had the same understanding as you that the board had approved closure dependent upon alternative appropriate care provisions for the current patients and those on the waitlist?---I – I don't know what Ms Dwyer was thinking but I understood that was what we were doing. Yes.

I understand. I take it you weren't involved in – I'll withdraw that. This document goes – there's a particular chain for documents of this kind. It goes – it's the MD09 account, is it?---Yes. They go from a – each of our Hospital and Health Services as an MDO account. Yes.

And it will go from there to where?---My understanding is it goes into the Department and then goes through the Director General's office after the Minister.

Via the – is it via the SDLO account or you can't say?---I believe it is but I could stand to be corrected.

I understand. But there's a formal process that is followed?---Yes. There is a formal process.

I understand. And I think where we get to is that at the meeting that was indeed held with the Minister, you were supposed to – at one point you were supposed to attend but you think at the end of the day you weren't required or you didn't attend. Is that right?---I know at the end of the day I was told I wasn't required.

I understand. You gave evidence at the end in relation to Counsel Assisting's question. You talk about the end of the process. There was a large ward and there may have only been a couple of patients and there was a concern about – I withdraw that. The concern, as I recall your evidence, is that there was a safety concern about small numbers of patients being in the Barrett Centre, as it were, without anybody else around them. Is that the gist of your evidence?---Yes. There was concerns raised around the fact that having just two or three adolescents in a very large unit was more disruptive for them than providing some alternative accommodation.

You mean therapeutically disruptive?---Therapeutically. Yes.

I understand. I'm reminded that when you were giving evidence about the function of the planning group, your evidence was that one of the differences between the planning group and the expert clinical reference group is the planning group considered safety and quality factors – safety and quality factors in particular. Do you recall giving that evidence? If you don't, just tell me you don't remember?---No. I don't recall saying that about the planning group.

I understand. Is it accurate to say that you were not involved – it was not part of your role from September 2012 onwards in making applications or getting involved in the budgetary process for mental health services in Queensland?---No, it was not my direct involvement. No.

There was another – am I right to say that there’s another part, you may not know, of Queensland Health which is concerned with capital projects?---Yes. Capital projects certainly didn’t come under my remit.

5 No. No further questions.

COMMISSIONER WILSON: Thank you. I’m conscious of the time. I think there’s Mr Wessling-Smith for 15 minutes and Mr Ben McMillan for 10 before we come to you, Ms McMillan.

10

MS McMILLAN: I was going to ask, might we have a break now? I’m conscious this has been a very long day for this witness. And I think perhaps if we could have a break now.

15 COMMISSIONER WILSON: Alright. What time do we propose finishing this afternoon?

MS McMILLAN: Well, if they’re 15 minutes each – is that right, 10, 15? If the barrister is 15 then half an hour, maybe half an hour.

20

COMMISSIONER WILSON: So we’re talking at 5 o’clock?

MS McMILLAN: Yes.

25 COMMISSIONER WILSON: That’s a late finish.

MS McMILLAN: It is. I’m just conscious of this witness. That’s - - -

COMMISSIONER WILSON: Very well. A break until 4 o’clock.

30

WITNESS STOOD DOWN

35 **ADJOURNED** [3.45 pm]

RESUMED [3.59 pm]

40

SHARON KELLY, CONTINUING

EXAMINATION BY MR WESSLING-SMITH

45

COMMISSIONER WILSON: Mr Wessling-Smith.

MR WESSLING-SMITH: Thank you. Ms Kelly, can we go straight to paragraph 14.16 of your affidavit, and that's at page 21. Yes. If you just go down to 14.16, you'll see there you start with – on the announcement of closure. Do I take that to be 6 August 2013?---Yes.

5

Alright. Can we go then to SK17, which is at page 903. I might just let you familiarise yourself with that. In fact, can we go to the next page? It's a two-page document. If we just go to the bottom of that, Ms Kelly, you'll see there it's dated 16 December 2013. Now, I just wanted to clarify: would that document have been sent on 16 December '13?---These – these are individual letters to staff.

10

Yes?---Yes. No, that wasn't the email that went to all staff.

I see. Sorry, paragraph 14.16 says:

15

I follow this with an all of staff email, outlining the decision and potential for 2014 closure. Attached and marked SK17 is a copy of that email.

So it looks like SK17 isn't that email?---No, that's not.

20

Alright?---Apology.

Can I ask you about this document anyway?---Yes.

25

How would you – it still seems to be a letter to the staff?---It is – could you go to the top, please?

Yes, please?---It does seem to be all the health staff at the Barrett Adolescent Unit.

30

So this would be another letter to the staff, but at a later time, mid-December?---Yes. This – this letter, very much in the latter part of it, you can see is talking about - - -

Alright?--- - - - opportunities for the staff.

35

Thank you. Can you just pan down to the lower portion of the page. Just stop there. You'll see a heading, Staff in Occupied Permanent Substantive Positions?---That is correct.

40

Can you read the two-line paragraph immediately prior to that heading?---Yes.

Can I suggest that, at least at that time, mid-December 2013, there was a fixed date for closure, because you talk about the service closing 2 February '14?---That is correct. A couple of paragraphs up, it talks about toward the end of January.

45

Alright. Thank you. Now, can I take you then to SK21, and that's at page 913. This is the issues register that Counsel Assisting and Ms Robb took you to. If we stay right there, number 1 relates to observational categories used on ward. Was it your

understanding that there were still observations still being taken at about September 2013 of patients on the ward?---I'm sorry?

5 There's an issue raised there about observational categories used on ward?---Yes.

That was raised by Will and Pdraig?---Pdraig, yes.

10 What was the issue there; do you know from looking at that?---Yes, I do. There was a category called five minute obs, and so we had at The Park as a whole gone to a different standard category of red, blue and green observations, which were different time between each set of observations. And so the decision was made that we would cease the five minute observation category.

15 I see. Thank you. Could we move to the bottom of that document, to item – sorry – page 915, and we're looking for item 27 in the left corner – left column. Could just read the – that item?---Yes.

20 So the issue raised appears to be about a deficit in knowledge of existing services, difficulty engaging services to accept ongoing care, and resistance of the young people, parents and staff in engaging in transition, as well as lack of available services and communities in the transition phase. I take it that's an issue raised in mid-October, 16 October 2013?---Yes, that was raised at one of the weekly meetings.

25 Yes. Did that create in your mind – or raise the prospect in your mind, at least, of delaying the closure because of these issues that were being encountered?---No, it didn't.

30 You'll see there that the – there are people tasked with responding to this issue: Anne – Anne, I assume, is Dr Brennan – Elisabeth: who would Elisabeth be?---Dr Hoehn, from Children's Health Queensland?---Thank you.

And Leanne: Leanne Dwyer?---No, Dr Leanne Geppert.

35 Sorry, Dr Leanne Geppert. Do you know what each of those people did to resolve that issue that's listed there?---I'm – I'm not clear exactly what did occur, but I know that a range of things that came out of that meeting and subsequent meetings to address it individually.

40 So to address each individual - - -?---Individual adolescent's - - -
- - - care plan?--- - - - requirements.

45 Can we go to the following page, number 916, and go to item 32, in the middle of the screen there. Again, I'd suggest these are similar things: difficulty in getting services to collaboratively work together to create care packages for young people. There's a reference there to escalate to higher levels if required. What was being envisaged there; do you know?---I do know. This may identify a patient though.

5

10

15

20

MR WESSLING-SMITH: Can we move to item 43 on that page, and if you could just familiarise yourself with that. It makes reference to the actioning to be by the West Moreton Hospital and Health – it doesn't say service – and the Children's Health Queensland Hospital and Health Service. Again, without expressing any confidential details, can you say what, if anything, were done by those services?---I think the – the actual outcomes in the paragraph identified some of the range of things that were – were worked on post-that issue.

30

So that's the second column from the right?---Second column from the right, yes.

Alright. Thank you. There is a reference there to Aftercare. Do you know what they were providing?---Yes. In the first instance, Aftercare – we were working with them around a holiday program for the 2013 Christmas time, but then, longer term, that was a residential service as well.

35

And there's specific reference there to the holiday program, I believe – yes – for current BAC patients. So that's what Aftercare was involved in?---Aftercare is a non-government agency that provides a range of services, but that was certainly their first part of the service they were working with us on.

40

And there's a reference there to the residential service which you just touched on. Could you explain what, if you know, that service - - -?---So that's the - - -

45

- - - what it was to provide?---Yes. That's the service that is now, I think, known as Greenslopes – the resi – Greenslopes service.

Alright. Thank you. Can I take you to annexure SK22 which can be found at page 917. Now, these are a bundle of BAC weekly updated agendas and minutes and you annexed them as a bundle?---That's correct.

5 Now, this is the first minute so do I assume that those BAC weekly updates commenced on the date of this one which is 27 November '13?---No. As was mentioned in the previous information this morning these meetings started in September and that – those – that sort of risk document was the first part of how we managed those meetings because they were a more informal opportunity to
10 understand what the issues were. We then had a project officer appointed and from that time on they took some minutes for us.

Sure. Could I go to page 922, please. There's just a couple of – from my review, Ms Kelly – agendas for meetings but I can't find the minutes in here and I just wanted to
15 - - -?---Okay.

- - - perhaps clarify that, perhaps not be able to. Page 922 – this is an agenda – I'm sorry, is that nine two - - -?---I don't know.

20 Can we just go back up the very top, please, of that page. Yes. Now, this is – no, that's the wrong document. Can we go forward another page.

COMMISSIONER WILSON: You want the agenda papers for 11 December, do you?
25

MR WESSLING-SMITH: That's the one, yes.

COMMISSIONER WILSON: Yes.

30 MR WESSLING-SMITH: Sorry, Commissioner.

COMMISSIONER WILSON: You'll have to keep scrolling down, I think. That's it.

35 MR WESSLING-SMITH: Yes. Sorry. Now, this is the agenda paper, Ms Kelly, for 11 December 2013. As I said, I couldn't find in that bundle the minutes from this meeting. I assumed there would have been some, would there?---It – it was my understanding that since we had the administrative officer working for us that minutes were – minutes were taken.
40

Alright. And I probably don't need to take you to it but there's an agenda again for the meeting 18 December which would have been the next one and, again, in the bundle there's no minutes for that but I take it some would have been taken?---It was my understanding minutes were taken for each of those meetings.
45

Alright. Thank you. Can I take you to page 29 of your statement and this is at paragraph 19.7. Now, this makes reference to a meeting with yourself, Ms Dwyer

and Dr Stathis. Again, without going – if you need to go into confidential areas, please don't. But was the paper provided to you which appears to be about 15 pages in length, did pass that on to anyone else outside of that meeting?---I don't – I don't recall.

5

Mr O'Sullivan asked you about a meeting with the Minister, Mr Springborg, in early December 2012 which you attended?---Yes.

10 And then he asked about a meeting of 15 July 2013 which for whatever reason you didn't attend that one. That's so?---That's correct.

Were there any other occasions when you personally met with the Minister? I take it not?---No. It wasn't my responsibility to meet with the Minister.

15 Sure. And can I take it from that answer the Minister expresses concern that the Centre not close until adequate replacement services are provided, if I could put that way and paraphrase it. It was also not the case that - - -

20 MR O'SULLIVAN: Sorry, she hasn't answered that question. She never gave that evidence and now it's being put and she hasn't actually answered the question so - - -

MR WESSLING-SMITH: Sorry, Commissioner.

25 It's not evidence that I suggest you've given. What I'm asking is that – was there any other time outside of the early December '12 meeting that you personally provided any assurances one way or the other to the Minister about replacement services to the BAC.

30 COMMISSIONER WILSON: Just a moment.

MR O'SULLIVAN: She hasn't said that she provided any assurances at that meeting.

35 MR WESSLING-SMITH: And I'm just asking whether she did. I'm not suggesting that she did, Commissioner.

COMMISSIONER WILSON: Well, first of all, can I get the date clear. Did you say December '13 or do you mean December '12?

40 MR WESSLING-SMITH: December '12.

COMMISSIONER WILSON: Alright. Now, so you're asking her about the meeting on December – sorry, the meeting in December '12 with the Minister.

45 MR WESSLING-SMITH: Yes.

COMMISSIONER WILSON: And are you asking her whether she gave him any assurances or whether he was given any and, if so, by whom? Could you clarify what your question is?

5 MR WESSLING-SMITH: Yes. I'm asking whether you, Ms Kelly, gave any assurances. I'm not suggesting you did. I'm just asking?---No. We advised the Minister that there was a process occurring around the Barrett Adolescent Centre.

Alright. Thank you. That's all I have.

10

COMMISSIONER WILSON: Thank you. Right. Mr Ben McMillan.

EXAMINATION BY MR McMILLAN

[4.16 pm]

15

MR McMILLAN: Thank you, Commissioner.

20 Ms Kelly, I act for Deborah Rankin. Do you know who that person is?---I understand she's a teacher at the school.

25 Yes. Alright. I want to ask you some questions about your communications with the staff of the school including particularly my client. After Professor McDermott's disclosure in the Carmody Inquiry you called a meeting of the BAC staff on 9 November 2012. Do you recall that meeting?---Yes, yes. Sorry.

Yes. And that meeting was attended by clinical, nursing and education staff?---I believe so, yes.

30 And at that meeting you told the staff gathered, including the education staff, that no decision had been taken about the closure of the Barrett Centre at that stage, didn't you?--- I don't recall the content of the – word for word what I said.

35 I'll take you to paragraph 17.1 of your statement which commences on page 0023 and continues over the page. And it's at the bottom of page 0023 that that paragraph commences. So you'll see there the context?---Yes.

40 And if I can ask the operator to scroll to the next page, there's the reference to the Barrett school staff and you advised them that no decision had been made around the service delivery and that West Moreton Hospital and Health Service would be convening an Expert Clinical Reference Group to advise regarding service delivery options?---That is correct. Lesley Dwyer and I attended that meeting. Yes.

45 You told the attendees of that meeting that no decision had been made at that stage to close the Barrett Centre, didn't you?

MS McMILLAN: Well, she just answered that.

COMMISSIONER WILSON: I'll allow the question.

WITNESS: Sorry, could you repeat the question?

5 MR McMILLAN: You told the attendees of that meeting that at that stage, no decision – no final decision had been made to close the Barrett Centre, didn't you?---No. Around the service delivery – the Barrett Centre as the bricks and mortar was always going to close at some point in time.

10 And do you say that you told that to the gathering of staff at that meeting?---I don't recall the words that were used.

At the time you called the meeting of – that meeting of the Barrett staff, you had already conveyed in an email to Dr Kingswell that you were taken to earlier your
15 intention to tell Drs Stedman and Sadler that the closure was not optional. Do you remember being taken to that email by Counsel Assisting?---Yes, I do.

Do you accept that staff of the BAC would have come away from that 9 November 2012 meeting with the idea that the decision was not final and that there was still the
20 possibility that the Barrett Adolescent Centre would remain open?---I don't know what people took away from that meeting.

Following that meeting you established the planning group and you were the executive sponsor of that group. That's right?---That's correct, yes.

25 You chaired the planning group?---Yes. That's correct.

Did you also select its membership?---I don't – I would have [indistinct] party to selecting membership but we certainly made sure that we had a reasonable group
30 involved.

And how did you determine what would be a reasonable group for the purposes of that – establishing the membership of the planning group?---I don't recall a criteria but we needed to have someone from education, someone from the local Barrett
35 clinical area, we needed someone from – clinical people from up north and someone from the branch and someone from media and communications.

You recognised, didn't you, that it was critical to have Dr Sadler on the planning group as the clinical director of the BAC?---He was my closest senior leader in child
40 and youth. Yes.

And is that at least partially because he had specialist knowledge of the particular model of service that was being delivered at the BAC?---He was appropriate to have for the fact that he was the clinical director at the time.

45 COMMISSIONER WILSON: Could you tell me, please, who apart from you was involved in the selection of the membership of the planning group?---I – I absolutely

honestly cannot recall. It would not have been me because there was names I did not know on that planning group.

5 Can you tell me, was anyone else who was involved necessarily from within the West Moreton Hospital and Health structure or might that person have been from the Health Department? Or where else might that person have come from?---I would believe that someone from the Department would've given me some advice about the external people to have on that group based on the [indistinct]

10 You've got no specific recollection of that or who it was who gave you that advice?---I have – I have no specific recollection but the only two people I would've spoken to about that would be Dr Kingswell or Dr Geppert.

15 MR McMILLAN: I'm interested, Ms Kelly, in why you didn't think that the principal of the BAC school should be a member of the planning group given that person's particular expertise and experience?---Okay. My understanding was that the principal was on the expert clinical reference group because of his expertise in regards to the Barrett School. And I can't recall why but the decision was made to have someone other than him on the planning group to provide, I guess, a broader perspective. So someone from education was on the planning group. I do – I do recall speaking with someone more senior in education to identify who that would be.

25 This is in addition to the answer that you've just given to the Commissioner's question?---Yes.

The doctors you spoke to?---Yes, in regard to the education. Yes.

30 Is it the case that the more senior person from the Education Department was Peter Blatch, the regional director?---I certainly had a range of conversations with Peter. So I think it was Peter but I can't be sure.

35 Did he recommend to you that you appoint Michelle Bond to the planning group?---Yes, because I would not have come up with Michelle Bond's name otherwise.

40 Was it his recommendation to you to appoint someone other than a teacher from the BAC School to the planning group or was that your decision?---I – I don't – I don't know.

You don't know whether it was your decision or not?---I didn't get an option. It was identified that Michelle Bond would be a suitable person.

45 Did you give consideration to also appointing someone from the school to the planning group?---No, because we had someone from the school on the expert clinical reference group.

You've explained I think a number of times in the course of evidence-in-chief that the planning group and the expert clinical reference group had distinctly different functions?---That's correct.

5 And, indeed, you were part of the process by which the terms of reference of the ECRG were set, weren't you?---Yes.

10 So why is it then that a person's membership of the ECRG would preclude their membership of the planning group?---It didn't preclude it but it was identified by education that Michelle Bond would be a more suitable person for whatever reason. I don't know.

15 Well, I want to be clear about that because I asked you a few moments ago whether Mr Blatch advised you that it was better to have Michelle Bond than someone else?---I don't - - -

20 Are you now recalling some advice that he gave you about that?---Sorry. I don't recall the conversation with Mr Blatch. I didn't know Michelle Bond before this time so I can only assume that I had a conversation with someone in education to provide that name.

Did you discuss with Mr Blatch whether there should be someone from the school, the Barrett School, on the planning group?---I don't recall.

25 Going back then, if I can, to the meeting on 9 November 2012, you say at paragraph 19.16 of your statement that after that meeting – and if Ms Kelly could be shown paragraph 19.16, please – you say there that after the meeting on 9 November 2012 you felt that it would be more appropriate for Education Queensland to communicate with their staff, as West Moreton had no line management or operational
30 accountability for the education staff. As a result of that conclusion, is it the case that you thereafter didn't seek to disseminate information directly to the staff of the school about the closure process and the consultation around that process?---No, that's not correct. I understood that, internally, the fast facts etcetera were being distributed between the education – between health and education. The decision
35 there was around – that we wanted to ensure that education were involved and were able to provide the communication which is – it's not my responsibility to communicate with educational staff about this matter.

40 You say later in your statement that you consulted with Peter Blatch, the regional director for the Department of Education?---Yes.

45 But you didn't seek to consult with the then-principal of the school, Mr Rogers, or, later, the acting principal, my client, Ms Rankin, about the closure process or, indeed, about transition planning for the patients, did you?---It was not my level of responsibility to talk to the local principal. I was to talk to the more senior educational representative.

You were aware, weren't you, that prior to the decision to close the Barrett Centre that the staff of the BAC, including the medical, clinical, nursing and educational staff, had worked as a multi-disciplinary team over many years?---Yes, that's correct.

5 You knew that, didn't you?---Yes.

And you knew also that there was an extremely high level of communication, trust and consultation amongst that multi-disciplinary team over many – expanding over many years?---Yes.

10

And did you understand that that high level of communication, trust and consultation was a critical factor in ensuring the care of the patients at the BAC?---Yes.

15

Did you give consideration to that relationship when you decided that you would treat the school staff separately from the rest of the staff?---No. I had no intention that ongoing communication between the education and the health staff would change in any way. It was the communication and the responsibilities that I had.

20

Do you accept that in the way that you then chose to communicate with the staff of the BAC – I'm sorry, I'll withdraw that and go back a step – dealing only with the way that you communicated with the staff of the BAC, from the time you took that decision in November 2012, thereafter you set about a process whereby the education staff would be separated from the West Moreton staff at any meetings; is that right?---I don't recall setting about a deliberate process for that, but I certainly – when I was talking to my staff I was speaking to health staff.

25

Do you recall attending a meeting with Dr Geppert in August 2013, after the announcement had been made by the Minister, where you asked the school staff to return to the school building and wait there while you had a meeting with the West Moreton staff?---I don't – I don't recall that, but I believe that there would have been some issues related to health and the individual staff members that are for health's consideration.

30

Does it assist your memory to – for me to tell you that that meeting went for several hours, and by the time you actually met with the education staff a number of them were very angry about being kept waiting for that long?---I - - -

35

Does that assist your memory?---No. I never attended a meeting that went for several hours, ever, at the Barrett.

40

Moving then to the BAC weekly update meetings that you've been asked a bit about by a number of barristers today, you said in your evidence-in-chief that those meetings commenced around the time of Dr Brennan's arrival in September 2013?---Yes, that is correct.

45

But as has been demonstrated by the documents you've been taken to at SK22, the minutes of that meeting only commenced after you received administrative support in November of that year?---Yes.

5 You were essentially the chair of that weekly update meeting, weren't you?---Yes. It was my meeting with my senior staff.

You established those meetings?---Yes, I did.

10 And, again, in that capacity you decided who was to attend those meetings?---Yes.

You've been taken to the issues list a number of times. I have a particular interest in asking you about an item on page 913 of that list. And could you scroll down to item 5, please. I'll just ask you to read that issue to yourself. That issue is dated 12
15 September 2013. Do I take it that that's the date that the issue is first raised in that weekly meeting?---Those weekly meetings only commenced on that day or thereabouts.

20 So this issue was raised, essentially, from the very beginning of these meetings?---Yes, if that is the case. Yeah.

And it was raised by looking at the third column by Dr Brennan and Dr Hoehn; is that right?---Yes. Their names are against it.

25 And that signifies that they are the ones that raised that issue?---Yes.

And it was to be actioned, which is the next column to the right of the date, by you and Dr Leanne Geppert; is that right?---Yes, yes.

30 Now, neither you nor Dr Geppert ever had line management or control over the school staff; we've established that?---That is correct.

35 And just to be clear, neither you nor Dr Geppert had any qualifications or expertise in teaching adolescents or in school governance?---No, I'm not a teacher.

And so was the action that you took to take up those issues with the regional director, Peter Blatch?---Yes, that would be my appropriate response.

40 I could see why it might be appropriate for you to take up the concern about the behaviour of the school staff with Mr Blatch, but I'm interested in the part of the issue in the second column, development of personal education plans for patients. Surely, that was a matter for the teachers of the Barrett School and its principal?---My understanding, that the clinical director at the time was attempting to
45 work with the principal and was not – it was not considered completely successful.

And that was the principal at the time, Mr Rogers?---Yes, I believe that to be the case.

Now, are you aware that Mr Rogers went on leave and my client commenced acting as the principal from the 21st of October 2013?---I wasn't aware of the date, but I was certainly aware of the changeover, yes.

5 After she took over as the acting principal, wouldn't it then have been appropriate for you to resume a conversation with her about the development of personal education plans for patients?---No, it was not my responsibility to go down to that individual level. I dealt with the senior director in education.

10 You and Dr Geppert were the action officers for this particular issue, weren't you?---Yes. So I actioned it.

And you raised it with the regional director?---I did.

15 Finally, it's noted under the outcomes column, which is the second from the left, that:

Anne and Elisabeth to meet with regional education staff to provide a handover of patients' educational needs from a health perspective.

20 What does that mean?---I don't know.

You're the chair of this committee?---That's correct. I don't recall what that meant at this point in time; it was some time ago.

25 Surely, you would expect that the staff of the school would be the people providing a handover about patients' educational needs?---Yes. So I don't know what that meant in that second part of the paragraph.

30 And yet there's no suggestion there that anyone will consult with the then acting principal of the school, Ms Rankin, about that?---This was in September. Ms Rankin wasn't the principal at that time, and my understanding was that the current principal was unable – it was unable to be resolved at that level.

35 So where we see, under the timeframe column, which I think is the third from the right, that the timeframe for these issues is ongoing to the closure of the school, can you please clarify for us whether there is a distinction that the Commission may draw between those items which say immediate or something else or ongoing?---Well, immediate actually meant it was something that we could immediately action and close off, whereas ongoing was something we could action, but it would be an
40 ongoing issue until the closure of the service - - -

And if these - - -?--- - - - if unresolved.

45 I'm sorry. I interrupted you?---If – if unresolved.

5 If these meetings commenced in September 2013 and continued without minutes until late November 2013, then this document was essentially the record of all of those intervening meetings, wasn't it?---I don't believe it was a full record, but it identified some things that had been put. So there certainly was some handwritten notes of those – that meeting previous.

10 And if any action was taken after, for example, the date that an issue was first raised, would you expect it to have been recorded there as an ongoing action?---Sorry, could you rephrase what you're asking?

If action was taken after – well, I'll approach it in a different way. The date that's recorded for the date the issue was raised – a number of these items, including the one I'm interested in, were raised in the first meeting?---Yes, that's correct.

15 You expect, therefore, that any action arising from that issue was taken some time after that meeting? Is that a fair assumption?---Absolutely, yes.

20 And as these meetings progressed on a weekly basis, up until the point where we know there are minutes, can we expect that as actions are taken in an ongoing way, certainly, any significant actions would be recorded under the actions column?---You could expect that.

MR DIEHM: I object. Commissioner, there isn't an actions column.

25 MR McMILLAN: I'm sorry. The outcomes column.

MR DIEHM: There's an outcomes column, which is quite a different thing.

30 WITNESS: So the outcome was this is what we were going to do, and it would have started from the 13th of September.

35 MR McMILLAN: So can we take it, then, that because there is no reference in the outcomes column to consultation with the school staff about the development of personal education plans, that that did not occur?---No. No. As I have said, my understanding was that the issues arose because it was unable to be resolved at a local level. The planning group meeting was to resolve issues that could not be resolved at a local level.

40 How did you expect that the regional education staff, who are referred to in the outcomes column, would be aware of or able to address what the educational needs of patients might be?---I – I – as I said, I'm not quite sure what the second part of that meant, but my understand was it was unresolved at a local level and therefore needed to be escalated.

5 You became aware at some point over the closure process that the Department of Education never – or didn't intend to close the Barrett school but relocate it to another suitable premises?---No, that is not correct. Mr Blatch advised me that they had to keep it open for six months whilst they put through the process of gazetting the school.

When did he tell you that?---Around about the time that the announcement in August took place, and I have email evidence of Mr Blatch's response.

10 Moving on, then, to the issue of the Christmas holiday period as the target period for the closure and transition of patients - - -?---Yes.

15 - - - you've said, in paragraphs 13.2 and 13.3 of your statement and elsewhere, I think, that you settled upon the Christmas school holiday period as a target period for transition and closure?---Yes. That's correct.

And you've noted in paragraph 13.3 subparagraph (d) of your statement that you discussed that issue with Mr Blatch and he supported that timing?---That is correct.

20 Did you ask the principal of the school or later the acting principal of the school for their input into what might be an appropriate timing for the transition and closure?---It was not my responsibility to negotiate directly with the school. It was my responsibility to negotiate with Mr Blatch.

25 I'm not asking whether you sought to negotiate with them. I'm asking whether you sought their input from a professional perspective about what would be an appropriate time for the closure of that particular school?---No. I went through Mr Blatch.

30 Did you appreciate at any time – and depending on the answer I will ask you when – that the Christmas holiday period might, in fact, be a time when BAC patients felt increased levels of stress and anxiety arising from their returning to their home environments and that often – well, I'll ask that question first. Have you ever been aware of that fact?

35 MS McMILLAN: Well, I object to the question. I don't think it is a fact.

40 MR McMILLAN: Well, it's evidence that the Commission is yet to hear so I can rephrase the question.

COMMISSIONER WILSON: Rephrase the question.

45 MR McMILLAN: Has anyone ever told you that the patients at the BAC – that the Christmas holiday period was a particularly difficult time for some of them?---I'm sorry, no. The aim of the Christmas holiday period was because we would transition and they would not return to the Barrett so they would be well-ensconced in other service options when they left the service.

Were you aware that over the Christmas holidays patients – I’m sorry, I’ll rephrase the question. Did anyone ever tell you about patients having to return early from planned stays at home over Christmas because they had become unwell?---I don’t recall the conversation individually with anyone telling me that.

5

And finally, I have just a few questions about the standing down of Dr Sadler. I’m not interested to ask you at all about the circumstances of that action but rather your involvement in the communication of that fact to the Barrett staff. Were you involved in any way in a discussion or decision about how Dr Sadler’s standing down should be communicated to the staff at the Barrett Adolescent Centre?---I would have been involved in a discussion in my executive group about what was the most respectful and appropriate way to deal with it, yes.

10

15

Did you seek the clinical advice of Dr Darren Neillie who I think was acting as the clinical director of the The Park at that stage about how to communicate that decision?---Dr Neillie was part of my executive at that time so if I had to spoken to anyone it would have been with Dr Neillie, yes.

20

Do you have any particular recollection of speaking to Dr Neillie about that?---I – I do not. No.

25

Is it the case, Ms Kelly, that you initially took a decision that the staff of the BAC were to be told that Dr Sadler was on leave?---I don’t recall I would have ever said that because it was very quickly evident that there was going to be a lot more detail.

Do you recall attending a meeting at the Barrett Centre where staff were told about the fact that Dr Sadler was to be absent?---I – I don’t recall attending the meeting but I am assuming you must have evidence that I did.

30

I’d suggest to you that at that meeting a member of the West Moreton executive – and I’m not in a position to say who – told staff that they were to tell patients that Dr Sadler was on leave. Can you accept or refute that suggestion?---I don’t recall saying that but that would not have been inappropriate thing to say. We don’t normally talk about HR processes broadly amongst people.

35

Did you seek Dr Brennan’s advice about what should be said to patients about Dr Sadler’s absence?---I can imagine I did.

40

And do you remember what she told you?

MR DIEHM: Well, I object.

WITNESS: No, I didn’t. No.

45

MR DIEHM: I object to the answer.

COMMISSIONER WILSON: Wait a moment. Wait a moment, would you.

MR DIEHM: I object to the answer and to the further question. It is nothing but a guess by the witness so that's why the answer should be struck from the evidence and to ask a further question from it only compounds the problem.

5 MR McMILLAN: Your Honour, I asked whether the witness remembers what Dr Brennan said. The answer to that question is yes or no and if she does then I – reasonably I can ask her what - - -

10 COMMISSIONER WILSON: Well, I think you need to be careful how you ask the questions, whether it's – you're asking directly whether something happened or was said, or whether you were asking whether something would've happened or would've been said.

15 MR DIEHM: Commissioner, the difficulty is that having asked a question as to whether Dr Brennan's advice was sought, the witness' response was, "I would imagine I did."

COMMISSIONER WILSON: I would imagine. That's right.

20 MR DIEHM: And so it's a guess.

COMMISSIONER WILSON: And then the next question was premised on that.

25 MR DIEHM: Yes. So that the evidence shouldn't be received and there should be no further questions.

COMMISSIONER WILSON: I will uphold the objection.

30 MR McMILLAN: You said a moment ago that whatever decision was taken about how to communicate Dr Sadler's absence was overtaken by events. Are you referring to the fact that the fact of Dr Sadler's standing down became reported in the media and on social media?---That is correct.

35 And after that occurred, do you have any specific recollection of seeking the advice of either Dr Neillie or Dr Brennan about how to communicate with the patients thereafter?---I'd just like to say that at the point in time that Dr Sadler was stood down, Dr Brennan was not an employer of mine, so I would not have sought her advice. I don't recall whom I would have sought advice from post that either.

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

COMMISSIONER WILSON: Thank you. Yes, Ms McMillan. How long do you think you'll be?

45 MS McMILLAN: Probably 20, 25 minutes. I'll try to be more quick.

COMMISSIONER WILSON: I think we need to finish it this afternoon so that the witness can get away and so that we don't fall behind, but this is quite worrying for tomorrow that we've - - -

5 MS McMILLAN: It is.

COMMISSIONER WILSON: - - - gone so long with one witness.

MS McMILLAN: Yes. And there's a lot of witnesses tomorrow.

10

COMMISSIONER WILSON: Let's get on with this one now. We'll talk about it when this one's finished.

15 **EXAMINATION BY MS McMILLAN**

[4.47 pm]

MS McMILLAN: Thank you, Commissioner. I have some matters that are open, some closed. I've spoken to my learned friend Mr Freeburn. I will deal with the open ones first - - -

20

COMMISSIONER WILSON: Yes.

MS McMILLAN: - - - and then move to the closed matters.

25

Ms Kelly, you've been asked a number of questions about what's SK21, which was the issues register?---Yes.

30

Could I just take you to that, please, the first page of it. Right. Number 1, you were asked about observations. You say five-minute observations category ceased to use standard category red, blue, green. Can you tell us what the frequency and the type of observations were each of those categories?---I'm not a clinician and I'm sorry I can't give you the answer to that.

35

Alright. Thank you. In relation to – you were asked some questions this morning about your recommendation to the board about the closing of the Barrett Centre. So this is around the time of May 2013. And you were asked about facilities that existed or you were aware of at that time - - -?---Yes.

40

- - - to obviously care for these young people. Can I ask the witness please to see – and the first document is WMS100700900001. It's a file meeting note of 8 July 2013. Thank you. Just scroll down. So firstly, attendees – you're an attendee at this meeting. Dr Kingswell's there. Pdraig McGrath, Terry Stedman, Leanne Geppert you'll see there. BAC. So go down to number 3. BK is Dr Kingswell, isn't

45

it?---That is correct.

Alright. And it's clear there that the focus of the branch is on YPARC service planning. Correct?---Yes. That's correct.

5 And can you just explain your understanding of paragraphs 3 to 5, what you understood about the YPARC being available?---My understanding at that point in time was that the YPARC model, Dr Kingswell believed could be tendered for and put in place by January 2014, and it would – potentially they would be using some of the money from the Queensland Plan for Mental Health that was the operational moneys. It was also my understanding that a YPARC would then be developed in
10 the north of the state but in the future.

And can I ask you also to look at document – it's WMS0012000108307; it's SK16. Again, just looking there, that's a strategy – minutes for strategy meeting, is it?---That is correct, held in the Queensland Health building.

15 You're the chair of it, I see?---No, Lesley Dwyer was the chair.

I'm sorry. Would you scroll down. You'll see matters for discussion. Go down further, to update on Department of Health, service planning. Now, that was a
20 further update, was it, about YPARC?---Yes, that is correct.

And, again, what was your understanding, about the status of the YPARC facilities?---My understanding at that point in time was that they still believed it could be operational by January 2014, and, in fact, they were meeting with Metro
25 South the following week to progress.

Okay. Alright. Thank you. Now, the other matters – sorry, just one moment, Commissioner – yes. And if we just go over the page, please, it was also, was it not, under recommendations, in addition to YPARC, there was a youth residential rehab service; is that correct?---That is correct, yes.

30 Yes. That was raised as at July 2013?---Yes.

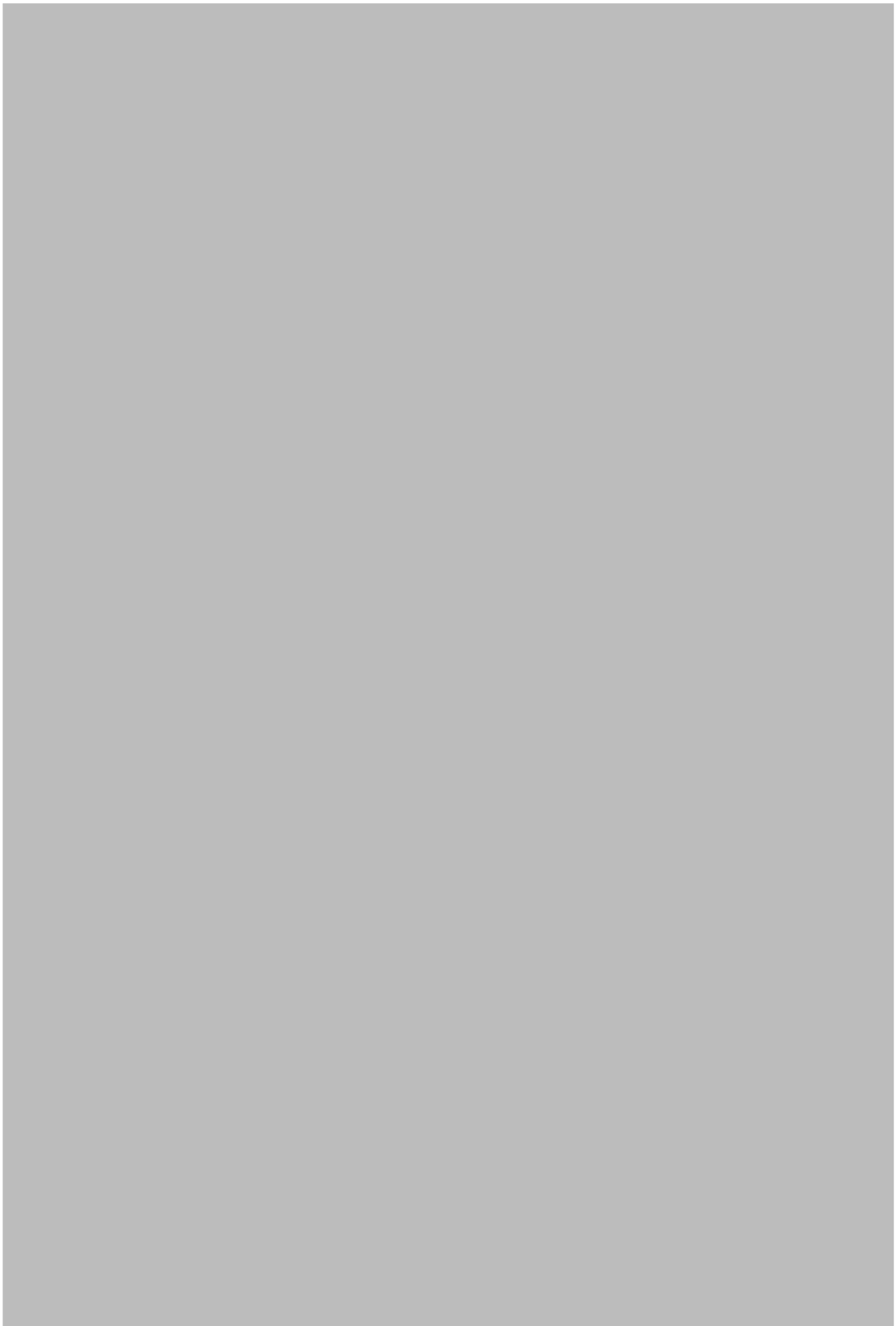
Right. Thank you. Now, the other matters I want to take you to should be in closed
35 session, Commissioner.

COMMISSIONER WILSON: Very well. I'll ask those who don't remain in closed sessions to please leave the hearing room, and for the live streaming to be switched
40 off.

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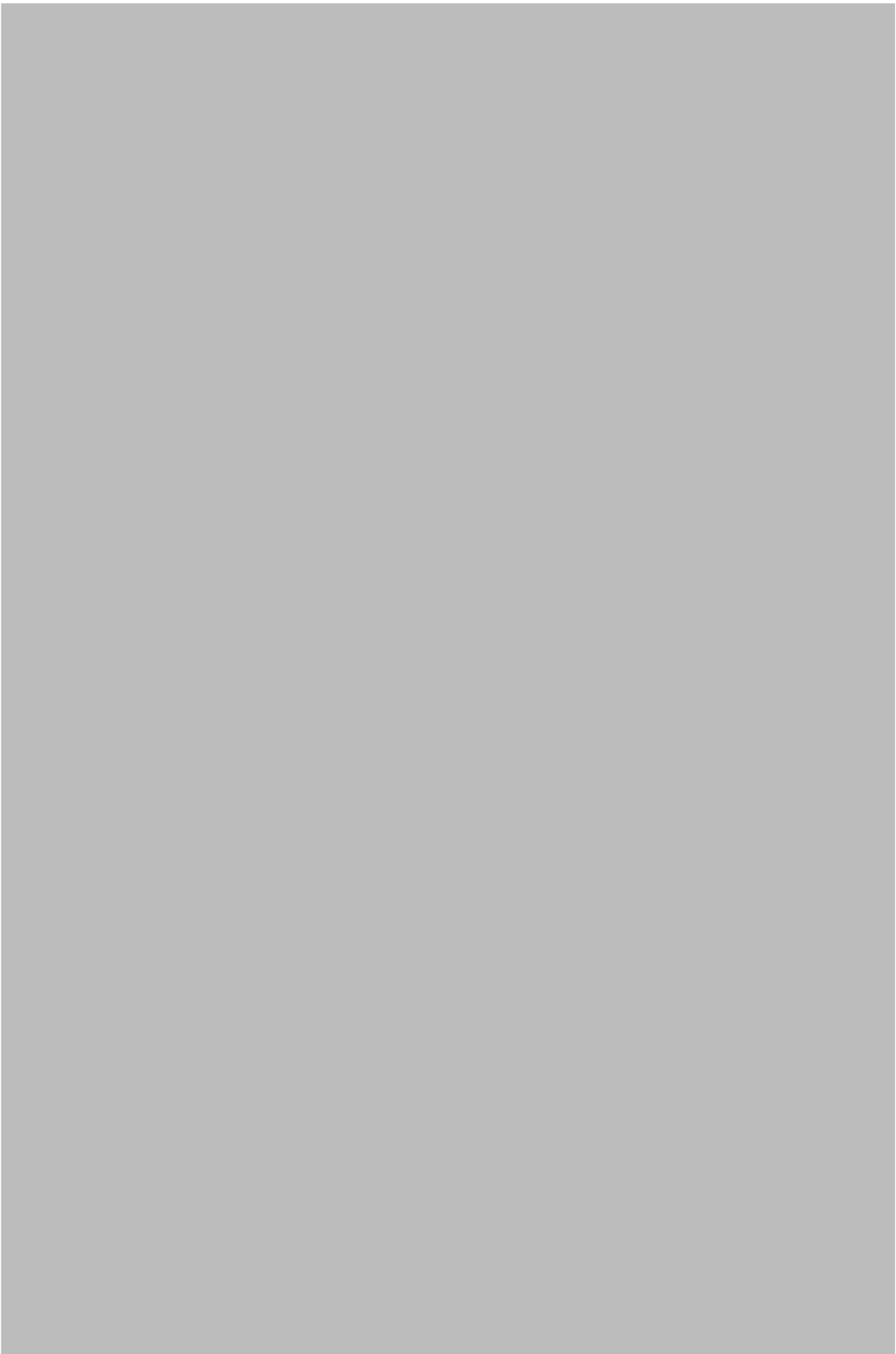
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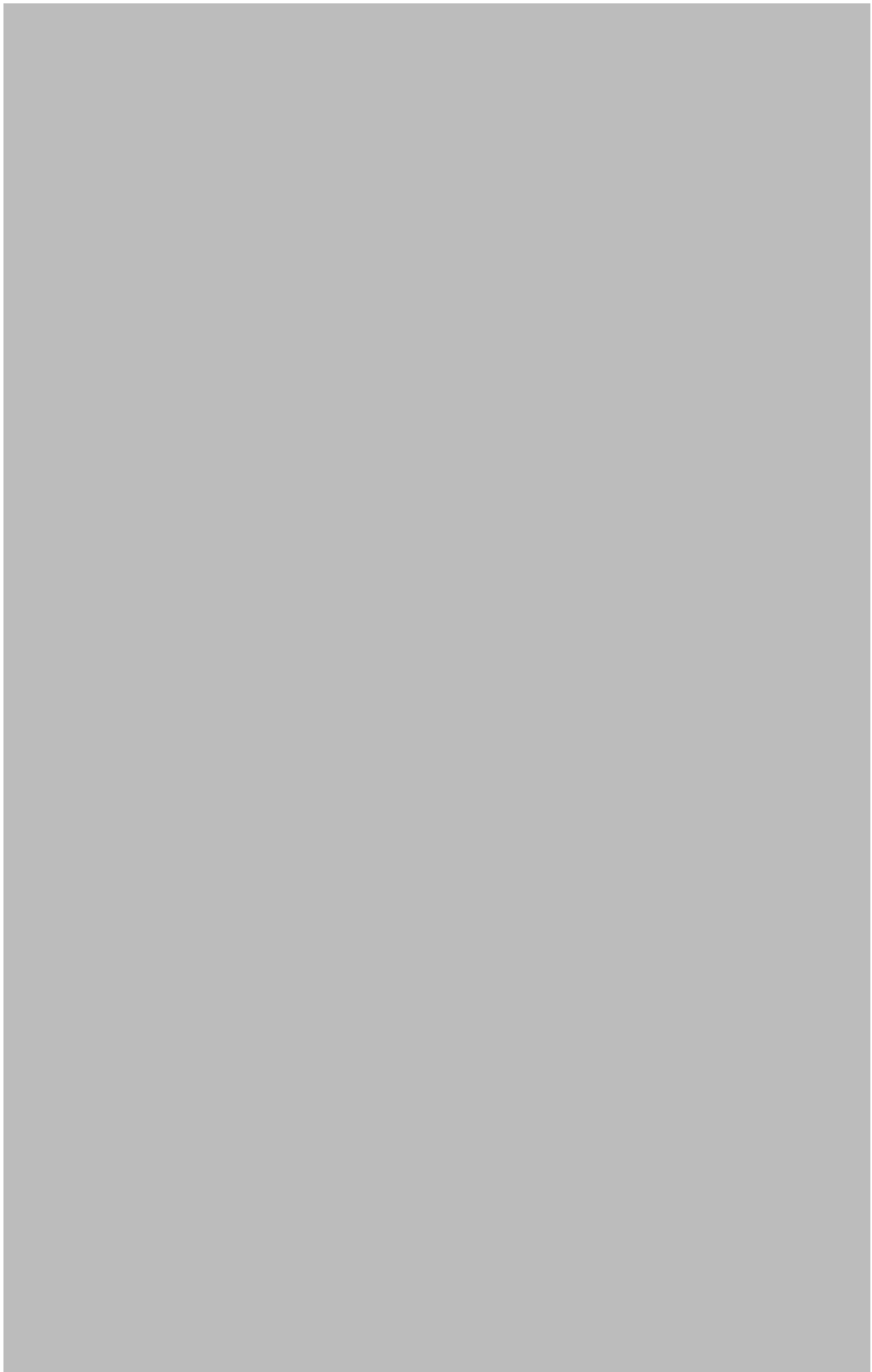
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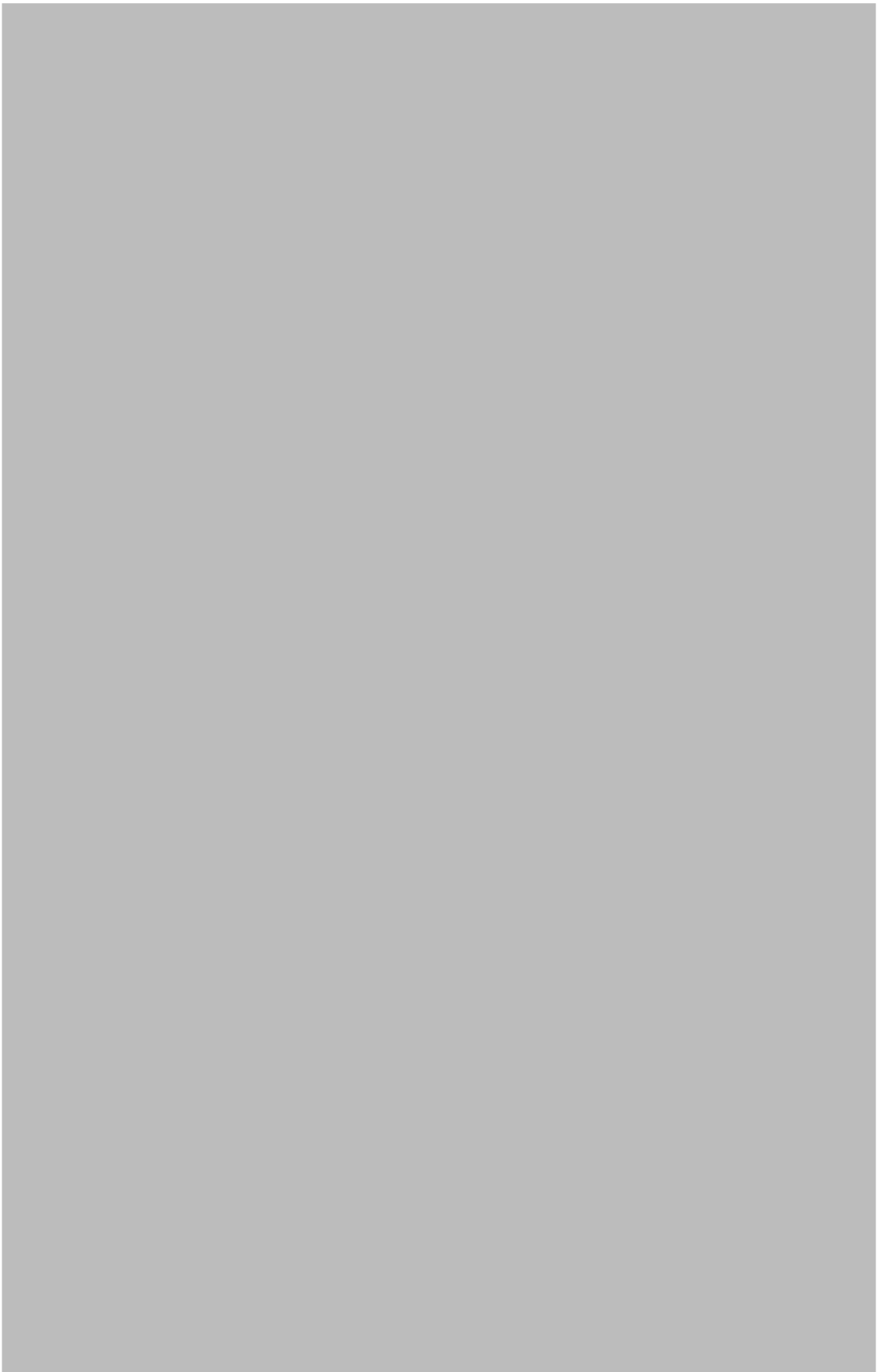
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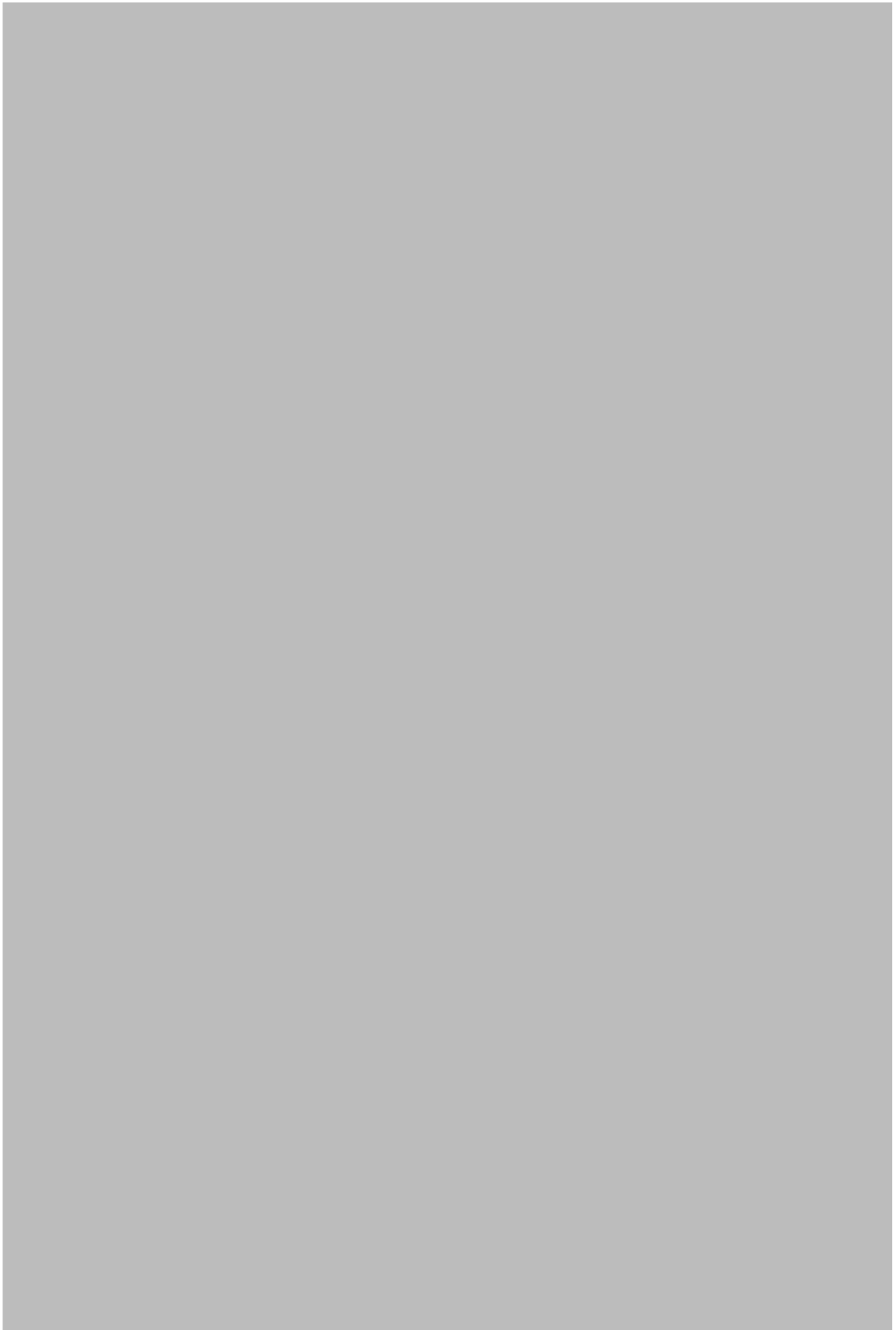
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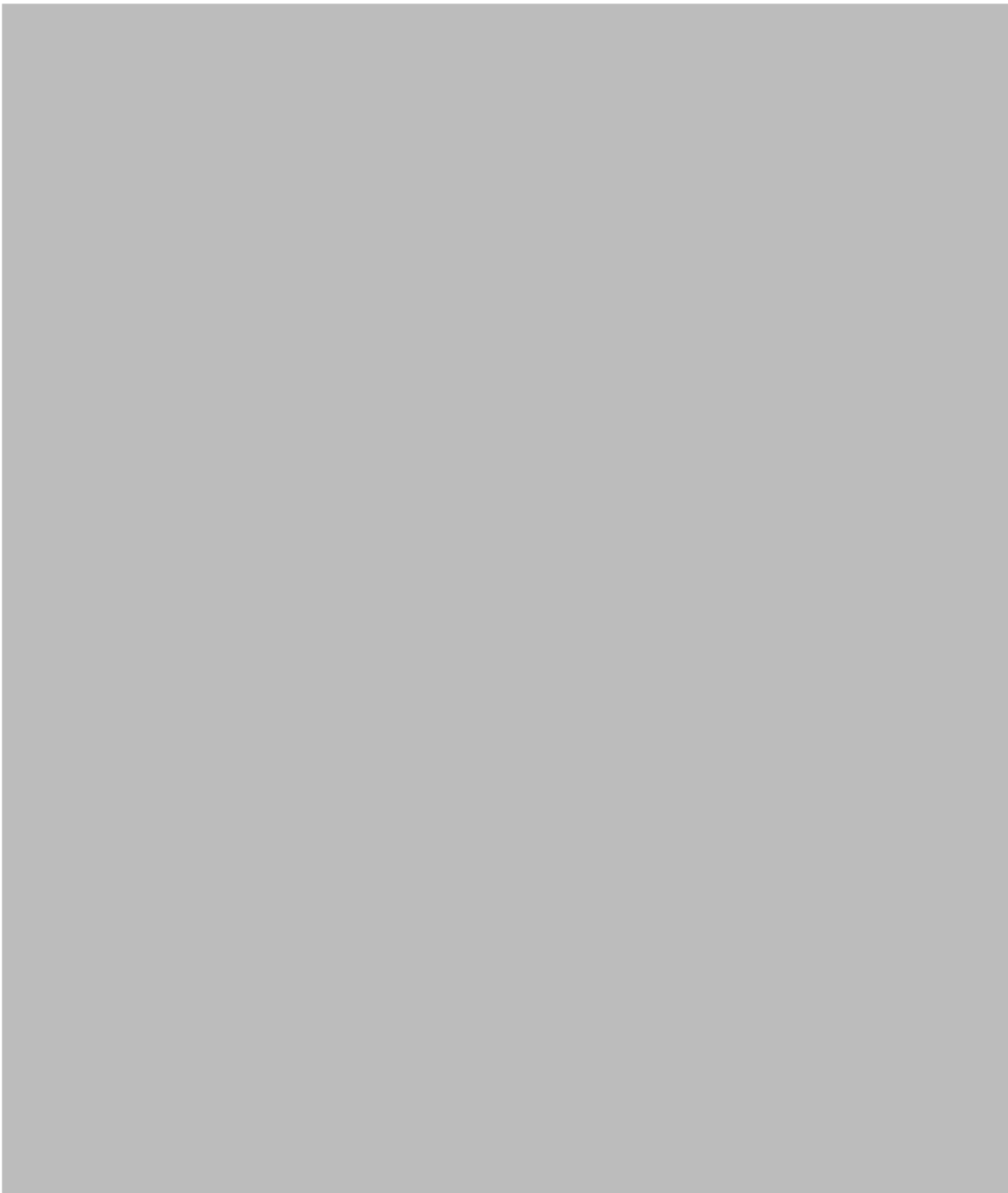
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MATTER ADJOURNED at 5.17 pm UNTIL TUESDAY, 23 FEBRUARY 2016