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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

9.28 AM, THURSDAY, 18 FEBRUARY 2016

Continued from 17.2.16

DAY 9

RESUMED

[9.28 am]

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

MR FREEBURN: Commissioner, I call Timothy Eltham.

COMMISSIONER WILSON: Yes.

10

TIMOTHY ELTHAM, SWORN

[9.29 am]

EXAMINATION BY MR FREEBURN

15

MR FREEBURN: Mr Eltham, can I just first of all ask you about the ECRG and the planning group. Were you aware at the time, in May 2013, of the make up of those two groups?---I was aware roughly of the make up of the ECRG because at one occasion in a previous board meeting, Lesley Dwyer had – I think in response to a question by someone who was on the ECRG, had indicated that there were a number of different people, quite broadly based group, including consumer representatives and also one or two expert people from interstate. But as to the exact names of the people, I can't recall who they were.

25

Can't recall now, but you would've known at the time?---Roughly.

And the planning group: did you know who comprised the planning group?---I wasn't aware of who was on the planning group itself.

30

Right. But by their nature, the expert clinical reference group was – did include at least some experts in the field?---Yes, indeed. Yes, that was my understanding.

Alright. Now, can I take you to a document. It's your – it's actually your witness statement, and I want to go to page 130 of it. The document ID is WMB.9000.0002.00, and the number is 0001, and we're going to page 130. So this is your witness statement. Now, if we just scroll back a little. Now, Mr Eltham, this is the minutes of the meeting of the 24th of May 2013?---Yes.

35

40 And I gather the process was that Ms Kelly came and joined the meeting, and she and Ms Dwyer did a presentation?---Yes.

Now, if we just go to the next page. Now, I want to ask you about the first sentence in that:

45

The board noted the recommendations of the Barrett Adolescent Strategy Planning Group and the need to move as rapidly as possible to an alternative model based on those recommendations.

5 Can I ask you what were those recommendations?---Well, there were a series of
recommendations. If I recall correctly, there was something like about six or seven
sets of recommendations. The first one or two recommendations, I think, related to
the need to undertake further consultation around the suggested model they had put
up. We received three documents in preparation for that board meeting, and the first
10 document was basically the report of the expert group, and it also had an attachment
with it which was an outline of the kind of model, if you like, that they were
suggesting was going to be appropriate, and then there was a set of – of responses to
the expert group’s recommendations. Most of those responses were to accept the
recommendations, with a couple of variations or caveats, if I recall, directly.

15 Alright. We’ll come to that - - -?---Certainly.

- - - last document you mentioned in a moment. If we look at this – these series of
notes and actions and decision, am I right in thinking that this – these minutes don’t –
20 do not expressly record a decision by the board to close the BAC, but it’s implicit in
it?---Well, they don’t record a decision by the board to close the BAC because there
was not a decision taken by the board to close the BAC. That’s the first point.
Whether there was an implicit decision to close the BAC, I don’t think you could
quite necessarily draw that conclusion. The discussion was really around were we
25 able to be able to ensure that there was going to be adequate care for the residents of
the BAC if they had to make a transition to alternative care arrangements. And so
that was the major concern, I think, in the discussion undertaken by the board at that
stage.

30 So where is that - - -?---I don’t think there was a clear – there was not a clear
decision at that meeting to close – for the board to close the BAC.

Well, you’re at least moving towards that, weren’t you?---I think that’s correct.
Whether it’s the board closing the BAC, that’s not necessarily an inference that you
35 could draw from there. Simply, we were moving towards a situation where it
appeared increasingly likely that we would have to transition the residents from the
adolescent centre to alternative care arrangements.

And because of your prior experience, you knew that transitioning was a period of
40 risk?---It’s a period – it may be a period of risk. It is certainly a process which is
complex and one which requires the involvement of many more players and service
providers than they would be experiencing in a centre like the Barrett Adolescent
Centre.

45 Alright. Now, you mentioned a moment ago – I asked you about where these
recommendations of the planning group were, and, as I understood it, you said there
was in effect a document – and I’m sure you’ve seen it – where the ECRG

recommendations are down the left and the planning group's responses are down the right?---Yes, that's correct.

5 And is that what you mean – sorry, is that what the board was referring to when they talked about the recommendations of the planning group?---Yes, that's correct. Yes.

10 Alright. Can we quickly go to that. It's page 176 of the same document. So your – the board's first point is to note the recommendations of the Barrett Adolescent Strategy Planning Group and the need to move as rapidly as possible to an alternative model based on those recommendations. So where do those planning group recommendations appear? Can you identify them?---Well, the planning group recommendations are the ones on the right-hand column.

15 Yes?---So where the – well, I'll qualify that response, if I may. Where in, say – for example, in the first one, where it says "accept", then the recommendation made by the ECRG had become the recommendation of the planning group, and that was what was being presented to the board for consideration. And there they've added in an explanatory comment, if you like. But my understanding of it was that where the recommendations were – of the ECRG were accepted, then they had become the
20 recommendations of the planning group.

What about where there was a qualification or a slightly inconsistent approach?---So if you go down to the next – down towards the bottom of the page - - -

25 Yes?--- - - - on the screen, where it says "accept with caveats", then my understanding of what we were presented with was that one on the right was the recommendation of the planning group.

30 Which the board accepted over the – over the recommendations of the ECRG?---Yes, I – that is – that is my – that's my understanding of what we decided, to accept the recommendations of the planning group, as they were presented to us in the right-hand column of that document.

35 Why?---Why?

40 Why accept the planning group over the expert group?---I think the – we had no reason not to accept those recommendations. There was nothing in the planning group's recommendations that gave us concern that they would – we would need to go back to the ECRG recommendations in preference.

Mr Eltham, if an ordinary person reads this document that's in front of us, we can see that there's not actually a planning group report, is there, or an analysis by them?---Well, there may have been, but we did not – we were not given one.

45 Right. So – but it's more – these – these are really comments by the planning group on the ECRGs work, isn't it?---That is one way of interpreting it, but I think we took them to read as being the planning group's recommendations.

Yes. But they haven't exposed their reason for it – for their conclusions, have they?---On the basis of the material presented to us I think that's probably correct.

5 So the first part of your minutes, in effect, say that the planning – the recommendations of the planning group and the need to move as rapidly as possible to an alternative model based on those recommendations – are you able to point to anywhere where that appears?---Can you repeat that question again, please?

10 Alright. Let's deal with it in two elements?---Yes.

The board noted the recommendations of the Barrett Adolescent Strategy Planning Group?---Yes.

15 And that seems to be a recommendation that the Barrett Centre close or at least move towards closure. Am I correct in assuming that?---There – there would appear to be – yes, I would – I would agree with that, that in the planning group recommendations there is an implicit view being expressed that the Barrett Centre would be closing at some point.

20 Right. And the need to move as rapidly as possible to an alternative model based on those recommendations – where is that in the recommendations?---It's not in the recommendations but it was coming out of a – the discussion at the – amongst the board where there was concern about the care arrangements that would need to be made for transition and also as a consequence of the material presented by the ECRG
25 it was fairly clear that there was still a fair amount of work to be done in actually implementing a – a new program of support for young people with a serious mental illness. And so therefore that's not work that should be delayed in any way and that we should get on with doing that work as quickly as possible.

30 See, Mr Eltham, I want to suggest to you that the tenor of these – of both – of this table that's in front of you at the moment is quite the opposite of what you've just said?---Well, you may suggest that but I won't agree with that.

35 You don't agree. Okay. Can I just – if you look at point 2 on that – in the middle of that page?---Being?

40 See point 2 Inpatient – this is the heading – Inpatient Extended Treatment and Rehabilitation Care Tier 3?---Okay. Now, I might need to scroll down perhaps which – I can't quite see where you're reading from.

It's dead centre of the screen at the moment if your screen is the same?---Okay. It's the heading – number 2. Alright. Okay. See, I missed it. Yes, certainly.

45 So that's saying, isn't it, that tier 3 is an essential - - -?---Yes.

And then if we go down to the ECRG recommendation:

A tier 3 service should be prioritised.

?---Yes.

5 Correct?---Correct. I agree.

And then if we scroll down to the next page, we look at the heading Interim – this heading 3 at the top of the page – Interim Service Provision if BAC closes and tier 3 is not available is associated with risk. Correct?---Yes.

10

And you read that at the time?---Yes. Yes, I can. I – I recall that. And I would say that there too – well, that’s a conditional statement.

Conditional?---Yes. Conditional if BAC closes.

15

And the tier 3 was not available at that time?---Yes, yes.

So in a sense it’s asking about – it’s addressing the situation that might arise -- -?---That might arise, yes.

20

Okay?---Yeah. And that – that, I might add, was exactly the concern amongst the board at that time in that meeting.

Right?---If BAC closes and tier 3 is not available then what do we need to do to, you know, cover that.

25

Is that reflected in the minutes?---I don’t believe it is except that we did indicate that we expressed concerns about the necessity to address those – those issues. Can I go back to the minutes, please. I think the terms are in the minutes themselves.

30

Sure. Page 130, please. Did you want to see the introductory paragraph?---Yes, please. The second sentence in the introductory paragraph is the one that I’m referring to in that comment I made.

35 Right. Okay. So if we go back to page 167 – 176 and if we scroll down. I just wanted to make – so you agree with me that there’s a heading there to the effect that a tier 3 is essential. Then there’s a recommendation that a tier 3 should be prioritised and then go to the next page. See the first – see the heading. We’ve talked about the heading. There is a risk. Then if you look at the first of those ECRG
40 recommendations:

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

45

?---Yes.

Okay. And then the next one is:

Interim service provision.

5 Now, what interim clearly means is if you have a gap between the closure of the BAC and the new tier 3 then that's the interim – that's the interim period they're talking about?---Yes. I – I agree with that.

Yes. And interim period:

10

While tier 3 options are established must prioritise the needs of these individuals and their families and carers. Wraparound care for each individual will be essential.

15 Was there a service for wraparound care that was in existence at that time with Queensland Health or your health service?---I wasn't aware of a – a service labelled as wraparound. My understanding of that term – wraparound care – is that it is a – a constellation of services, if you like, or an aggregation of services which are tailored to the individual needs of the patient and also have been geared to ensure that the care they require will be available to them when and where they require it. So it certainly implies, in my mind, a level of service provision which was greater than
20 would have been normally provided by community mental health services as outpatient treatment. It required a – quite a range of services being melded together into a – a very comprehensive package or suite of services for each individual client.

25

Mr Eltham, there's not a department or a person you can ring – you could at that time ring and say, okay, we want the wraparound services for these patients?---Well, that's probably true and wraparound services is a generic term which is employed by a number of professionals and government departments, indeed, to describe the suite
30 of services which I have just indicated. If I might hark back to my previous experience with Project 300, the way in which we organised that was to ensure that there was one person responsible for putting together a package of services in a wraparound measure of that kind. Although, we never used the term wraparound services back in the 90s when I was involved with that project. But the concept was
35 very similar. So I was familiar with the nature of the concept.

But you'd agree with me that there's not an accepted service available in Queensland Health?---I don't know that for sure. I don't. I personally was not aware that I did not – would not be in a position to know the full gambit of services that would have
40 been available or could have been put together in a wraparound mode.

Okay. Now, if we go back to the minutes, which is 130, you'll see we just – I just want to quickly go through each of these?---Yes, certainly.

45 Continuing:

The Minister is to be updated regarding proposed closure, plan for development of alternatives and community engagement strategy.

5 What was the plan for development of alternatives?---That really is the – my understanding of that, and coming out of the discussion, was the individual plans for services that would provide an effective transition for each client for coming out of Barrett if it closed – if and when it closed.

10 But was there a piece of paper with the plan for development of alternatives that was in existence at that time?---Well, you see, there are two sets of plans that you might want to consider with something like this. One of them is the plan for the service development itself, and that was what was indicated in the attached table provided by the expert reference group. But you can then also have the plan for the alternative care arrangements for each individual client.

15 But don't - - -?---And I think that particular statement there covers both because we were concerned that, you know, the work that had to be done to make the new set of – the system of services for that particular group of clients was developed to a point where it could be implemented properly. And, additionally, there would be adequate plans for each individual client as well.

20 But, Mr Eltham, nobody was going to give the Minister plans for each individual client, were they?---No, certainly not.

25 So was there in existence a plan for development of alternatives?---The plan that we had before us and which we considered at that meeting on 24 May was encapsulated in the annexed – or the attachment to the ECRG report.

30 And is that what's being referred to there?---Yes, I believe so.

COMMISSIONER WILSON: I'm sorry. I don't understand that. The attachment to the ECRG report?---The ECRG report was a report that set out what they thought - - -

35 Yes, I know that?--- - - - the new system needed to look like. And then it had attached to it a separate document of about a dozen pages or so which stepped through a range of – the way in which the different tier levels would probably work, who would they work for, how long - - -

40 My understanding of the message in that document is this: that they were saying these are the concepts but they've got to be worked up by – in detail. Is that correct?---I think that is correct and that's what the ECRG said. And that's what we had before us at that meeting.

45 I see. Thank you.

MR FREEBURN: So the document that you're talking about is the document at page 169?---Attachment 2. I believe that's the one. Yes.

All right. The next action item – this is page to page 130:

5

The Minister's approval to be sought to not accept any further patients into BAC.

10 Can I ask you, what was going to happen to those patients?---They would have to be provided with support outside of the BAC. I think the – I have no further comment on that, I'm afraid.

15 All right. You see, often private practitioners referred patients to the BAC and they did that throughout the year. Correct?---I cannot comment on that. I'm not aware of how the patients were referred to the BAC.

The next item is:

20 *Minister's approval to be sought –*

Sorry:

25 *WMHHS to engage with other children's health services and the Mental Health Alcohol and Other Drugs Branch re planning for future model of care.*

Does that mean that the three entities were going to talk to each other about planning for a new model?---I believe so.

30 Was anybody assigned that actual role of either putting the new model together or organising for somebody to put the model together?---The board did not make an assignment of anybody to do that because it was not thought to be the board's responsibility to implement that. This is, after all, going to be a new statewide service and would, therefore, probably properly belong in the province of the system manager and the central departments.

35

The departments?---Statewide – those were the statewide responsibility.

40 And the next item under action is to the effect that WMHHS is to pursue discharge of appropriate current patients with appropriate wraparound services. So you mentioned that the wraparound is a concept. It may not be a section of the Queensland Health Department but it's a concept?---Yes. It's a description.

So did it happen?---If - - -

45 Did this happen? Did – this was an action item. The health service was to pursue the discharge into wraparounds. What happened about it?---Well, my understanding is that over the following six or seven months, seven months, eight months, a – those

people who were patients at the time were – had developed for them individual case plans and individual case – transition plans, rather, which included, I hope, I believe, a mix of services which were designed to support them when they were no longer at the Barrett Centre and support them in the community where they returned to.

5

Mr Eltham, I just – I take it from that answer that you don't have any direct knowledge about what happened?---Not in individual cases.

Well - - -?---Because we did not receive reports about individual patients.

10

Well, it's more than that. You don't know to what extent – nobody reported to you about the wraparound service, the consumers that it's available to and this is what's happened?---We received a series of reports over the following months from the Chief Executive and from Sharon Kelly about the progress with the planning for discharge and the discharge of patients from the Barrett Centre. And assurances were provided that there were services being either put in place or they were being connected with services and provided with services that would support them in the community. But there was no precise delineation of "wraparound" services that might've been provided for those patients.

15

Alright. We'll come in a few minutes to what happened subsequent to this meeting. Can I take you to paragraph 23.8 of your witness statement, please. It's – it'd be about page 8 of the document, I think. Page 29 of the document, sorry. See at the – see there at the beginning of the paragraph you say:

20

There was never a view expressed to the meeting to the effect that BAC could not be closed until a tier 3 is in place.

?---I'm referring there to the views expressed by Lesley Dwyer and Sharon Kelly. It's arguable whether you would interpret the recommendations of the planning group to say the centre could not be closed unless there was a tier 3 in place.

25

See, Mr Eltham, there's a double negative there, isn't there? There was never a view expressed to the meeting to the effect that BAC could not be closed until a tier 3 was in place. What about the – if you strip it of the double negatives, are you saying that the meeting – there were views expressed to the meeting that the BAC could be closed even though a tier 3 was not in place?---Yes, I think that view was expressed to the meeting, because I recall a question being asked, can we support these clients if the Barrett has to close before a tier 3 is available? And the answer was given, yes, it can be done. It was – it was conditional upon putting together the services and the system of wraparound services and support, but essentially we were given an assurance that if it had to close beforehand and there was not a tier 3 available, the clients who were there could be properly supported.

30

35

40

Who gave those assurances?---I can't recall whether it was Sharon or – Kelly or if it was Lesley Dwyer, but it was certainly expressed in the meeting by them – one of

them that that was the case. It was in response to a question. I can't recall who asked the question, but it was – certainly came up in the discussion.

5 But the board must have known that the ECRG was saying a tier 3 is essential; correct?---Yes.

Tier 3 should be prioritised?---Yes.

10 And if you close Barrett without a tier 3, there's a risk?---That's why we asked the question. Is it possible to support people if there's not going to be a tier 3 available in time? And the response we got was yes, it is possible to support them.

15 But, you see, your board has, in effect, asked an expert group to look at this. The expert group has said if there is that gap, then there is a risk; correct?---There is a risk, but the risk was not quantified. The risk was not specified.

Right. Did you investigate what the level of that risk was?---No, we did not.

20 And the risk that they were obviously talking about was a risk to the adolescents that were in this centre?---Yes, that would follow.

25 So there was a risk that – to the – in the – to the young people. The expert group was saying that, and you – the board accepted the views of Ms Kelly and Ms Dwyer - - -?---Yes, but we did not interpret what the expert group said as being the Barrett Centre should not be closed until there is a tier 3 available.

30 Right?---That's, you know, clear in my mind. There was sufficient movement in there to suggest that if there were adequate services to provide around people, then it would be possible to support them adequately, and that's – but however, we were concerned about that possibility, and so we asked the question.

Well, if we go to 20 – if you scroll down to 23.8(b), you say that:

35 *The ECRG identified that interim measures for the provision of care to patients was an option, pending the development of a tier 3 service option.*

But that's an option associated with risk, isn't it?---In terms of what the – the way in which the ECRG express it, yes, that's probably correct.

40 And what – what was the interim measures that you or the board proposed? This gap that was between the BAC closing and the new tier 3?---Well, I think there are two parts to that. One is to do urgent work on developing that plan of extended treatment for that group of clients and to also undertake the detailed case management planning for each client that would ensure that there were adequate services around them.

45 Mr Eltham, what I want to suggest to you is this: there was no tier 3, no new tier 3 on the horizon, was there?---Not that we were made aware of at that point.

5 So these interim arrangements that we're talking about could be one, five, ten, twenty years?---I don't believe that five, ten or twenty years would come into the calculation. We would've been appalled if there was a thought that nothing would emerge for five years. One year or perhaps two would be within the frame, but certainly not the timeframe you've referred to.

But the new option for a tier 3 may have required a building; correct?---Yes. May.

10 And the plans for it, the service model had to be developed?---Yes.

It was going to take at least two years, wasn't it?---I'm not in a position to judge that. I'm not - - -

15 Alright. Now, you certainly knew that there was no capital for a tier 3?---Certainly no capital for our board or for West Moreton Hospital and Health Service.

Right. Now, can I take you to paragraph 23.11 of your statement. I'm interested in the middle sentence in the third line:

20 *The ECRG and the planning group confirmed it was possible to provide appropriate and safe services.*

25 And then you say what the board wanted. Where did the ECRG say that?---I think that that statement there is probably better expressed that the HHS confirmed that it was possible to provide appropriate and safe services.

Ms Kelly and Ms Dwyer?---Yes, yeah.

30 Because the ECRG - - -?---The ECRG and certainly the planning group pointed to the possibility of providing those services, and they indicated what would need to be done, but we wanted to be – have some assurance that it could be done.

35 Sir, the ECRG was saying the opposite. They were saying there's a risk, weren't they?---Yes, but they're also pointing in there to the possibility of – or the necessity of putting a range of services around people, and it wasn't saying that you cannot do anything at all until all risk has been obviated.

40 Mr Eltham, I thought before you said that that discussion about if there was a closure – we talked about a contingent – was a possibility: if there was a closure of Barrett and there was no tier 3 available. That's really what was being talked about in that - - -?---Yes, yes. Yes, it was.

45 Alright. Did the board – subsequent to this, subsequent to May 2013 – obtain a report to the effect that here are the alternative options available for these young people and it's safe to proceed to closure?---The reports that came to the board after probably the September meeting were the ones that were giving more assurances that

those mix of services were being made available and being able to be planned for in the individual cases for patients at the Barrett.

5 So are you able to say – alright, I just want to take you to the November and
December meetings 2013 which are fairly immediately before the closure. Now –
excuse me a moment. If we can go to page 1 – 0198. I’m going take you to the
agenda paper for the 29 November meeting. Sorry, that’s – excuse me. Page 192.
You might have to flick back to 191 to see what it is. So this is the agenda paper for
10 the meeting on 29 November 2013 so presumably you get these agenda papers
beforehand?---One week before the meeting.

Right. And if we go to the next page. If we scroll down a little bit. You see by this
time Anne Brennan is there. And I just want to draw your attention to paragraph (i)
down the bottom – you see that:

15 *West Moreton Hospital and Health Service has been recently informed that the
new statewide service options may take a further 12 months to be fully
established.*

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

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

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

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

?---Yes.

40 And see the next the sentence:

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

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

Six months later nothing has happened. It hasn't even commenced if that sentence is correct.

5 MS McMILLAN: No, to be fair it says has commenced planning.

MR FREEBURN: Sorry. You're quite right.

Has commenced planning interim service options.

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

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

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

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

30 Well, Mr Eltham, that was what was happening at this time, wasn't it? This was fairly – there were some patients who had already been transitioned by this point?---Yes. I believe so.

And some still to be transitioned?---Yes.

35 Now, I want to – can we go to page 194. So you see this is the agenda paper for December 2013 for the meeting on 20 December?---Yes.

40 So I want to scroll down and go to – there's a similar item – similar format on page 195. We're looking for item (g). See the first two sentences that are almost – or are identical to the previous one we looked at. So at this stage no alternative models had been developed, had they?---I – I don't believe an alternative model had been completely developed.

45 Well, what alternative model was partially developed?---I don't think – believe that we had been given a report on the progress with the alternative model – what it looked like – but the alternative model was being developed by the group outside the board itself.

And who's – who is that?---Well, there was reference in the earlier minutes there and the earlier reports to the planning group comprising the three central state-wide units of children's health service, HHS – well, HHS was involved, and also the mental health branch.

5

So had you – from May till December, had you received a report or some sort of statement? Had anybody told you what had happened between May and December about developing those models?---I can't recall a report being given to the board on the development of the model, as such.

10

So back in May there was a plan for interim service options, and now in December there's still a plan for interim service options?---Yes.

And that plan had apparently commenced?---That was my belief.

15

Alright. Can I just ask you about this topic. During the period September 2013 to January 2014, Dr Anne Brennan is arranging the transition of the patients. She's the head of the team to do that; correct?---Yes.

20

She's doing that – whilst she is going that, there's no tier 3 which is said to be essential; correct?---As described in the - - -

MS McMILLAN: Well, your Honour, I – Commissioner, sorry, I object to that, because my learned friend is not putting properly what's clearly in the documents for the board paper about what was available for the tier 3, and I refer him to TCE20, and it's under the board committee agenda proposed model elements. It's footnote 3 on that page. The reference I have is WMB.1000.0001.00061, but I think it may have been given another page. I'm happy to show my learned friend the actual page itself.

25
30

COMMISSIONER WILSON: Well, I think you'd better do that.

MR FREEBURN: Sorry.

35

COMMISSIONER WILSON: We can get this page up on the screen, please.

MR FREEBURN: I can probably deal with it another way.

40

Mr Eltham, the advice that you saw – that you got in May 2013 from the ECRG was that a tier 3 was essential; correct?---As indicated by the ECRG, yes.

And the Barrett Centre is the only tier 3 facility available in Queensland at that time?---At that time, yes.

45

MS McMILLAN: Again, I object. That's clearly not the case from - - -

COMMISSIONER WILSON: What is not the case?

MS McMILLAN: That it was the only tier 3 availability for patients who needed it.

COMMISSIONER WILSON: Well, what do you think tier 3 means, Ms McMillan?

5 MS McMILLAN: Well, it's the footnote to the ECRG report, which talks of:

Until funding and location is available for tier 3, all young people requiring extended treatment and rehab –

10 it talks about through tiers 1A – 1 and 2AB CYMHS day programs, acute inpatients, etcetera.

COMMISSIONER WILSON: That is “until tier 3 is available”, did you just read?

15 MS McMILLAN: Yes. Well, I understood the question to say that there was nothing in place for the tier 3 type patients.

COMMISSIONER WILSON: No, I don't think that was the question, with respect. Would you repeat the question, please, Mr Freeburn.

20

MR FREEBURN: Mr Eltham, you knew that there was no – other than Barrett, there was no other tier 3 facility available for these young people in Queensland?---Not as described in the ECRG report of their explanation of what a tier 3 would be - - -

25

Yes?--- - - - or likely to be.

Right?---There were some other provisions which we were made aware of. There's a centre up in Cairns, I believe, and there was another centre in Metro South that offered some degree of additional support, but not at the level described in the ECRG report.

30

Now, can I just ask you briefly about the supervision arrangements that were in place for your board to monitor the adequacy of the transition arrangements. What were those supervision arrangements?---We requested monthly reports from the executive – the HHS executive – as to progress with the transitioning, and we received monthly reports.

35

In the sense that you received oral reports from Ms Kelly and Ms Dwyer?---And the – yes, and in addition to the written reports which are presented before those board meetings.

40

I see. Like the one we had on the screen?---Like the one you have on the screen, yes.

45 Right. Was there anything else? Did anybody go and talk to Dr Brennan, for example?---I'm not aware if any board members did. The chair may have. I did not.

5 You see, I put this to you, that there may well have been a disconnect between your board on the one hand and Ms Brennan – Dr Brennan and her team on the other hand?---That could've been a possibility. I will certainly admit to that. Dr Brennan was reporting, I understand, to Sharon Kelly, and so the feedback to the board on the progress with it was coming through that avenue. I think that there – we had to rely at that point on the reports which were provided by the executive.

10 Are you aware that Ms Brennan – Dr Brennan had some difficulty in the transitioning process and finding services to accept these young people?---At the time, no, I was not aware of that.

But you subsequently found out?---Only through the papers here.

15 Right. At the – so let's just – let's just deal with the period at the time of the closure of the Barrett Adolescent Centre. What did you know to be the services that were then available for both the patients of Barrett and for people who might otherwise have become patients at Barrett?---I think it would be fair to say that we only had a – or I certainly only had a general sense of the services that were to be provided. There were references made to a support service in Cairns for one or two of the
20 patients that were going back up to there. There were arrangements that were being made for a service – a not-for-profit – a non-government service in Metro South to provide some extended care and, I think, residential care in the community for some of the patients, and there were a range of enhanced supports for individual patients coming through the community mental health service. In relation to the services for
25 any one individual – any individual patient, we were not aware of what they were. And there was not a general explication, if you like, of the total pattern of services that might have been provided for patients across the board at that point.

30 So was it your understanding that these young people were going to be absorbed into the existing services that were available in Queensland Health?---But not as the existing services were currently providing or the level of provision that they were providing, but rather to be absorbed into them with enhanced services and with additional ones added on. So it wasn't just a matter of sending them back to the community as far as we were concerned or we were led to believe. They were
35 certainly to be provided with a range of additional services and supports that would be necessary for them.

40 But - - ?---But as to the exact specification of what they were, we were not made aware of that.

I take it by that you mean the enhancements that you talked about, you can't provide any detail of what they were?---No, I cannot.

45 Alright. Commissioner, the only other questions I wanted to ask this witness related to Dr Sadler, and it may be appropriate for the – there to be a closed hearing about that.

COMMISSIONER WILSON: Do you want to ask those questions now?

MR FREEBURN: I'm not sure if anybody else wants to ask any – I think Ms Rosengren might.

5

MS ROSENGREN: Commissioner, I understand that Dr Sadler's standing down is an issue that has been raised by Counsel Assisting as relevant to the Terms of Reference. I can understand the basis for that. In those circumstances - - -

10 COMMISSIONER WILSON: Could you keep your voice up?

MS ROSENGREN: Sorry. In those circumstances, I – depending on the questions from Counsel Assisting, I may also seek to ask some questions of Mr Eltham in relation to that which, in my submission, would be more appropriate to be heard in closed hearings.

15

COMMISSIONER WILSON: Well, I don't have any difficulty about questions on that topic being in closed hearings. What I'm trying to ascertain at the moment is this: whether it is better to close the hearing at this stage while Mr Freeburn asks his questions or whether to put that issue aside until the conclusion of all of the questioning which can be done in the open hearing.

20

MS ROSENGREN: I would tender that it may be preferable to put it off until all the other questions have been concluded, but I'm in your hands in relation to that, Commissioner.

25

COMMISSIONER WILSON: Thanks, Ms Rosengren. Does anyone else want to say anything about that? Mr O'Sullivan.

30 MR O'SULLIVAN: Subject to what Ms McMillan says, I will ask some questions of Mr Eltham.

COMMISSIONER WILSON: I'm sorry?

35 MR O'SULLIVAN: Subject to the questions, if any, that Ms McMillan asks of this witness, I would wish to ask the witness some questions, your Honour,

COMMISSIONER WILSON: Okay. Thanks. Ms McMillan – I'm sorry, Ms Robb.

40 MS ROBB: Sorry, Commissioner. I just wanted to add that subject to any questions that Counsel Assisting or my learned friend Ms Rosengren may ask on the matter to be held in closed court, may give rise to something that touches on my client's interests. That aside, I have no questions for this witness.

45 COMMISSIONER WILSON: Thank you. Ms McMillan, do you want to say anything at this point?

MS McMILLAN: No, but I think it would be helpful to my learned friend Mr Freeburn to outline what areas he wants to take up about Dr Sadler, because we have a concern that some of the questions may be outside the Terms of Reference.

5 COMMISSIONER WILSON: Well, I'm not going to have that taken up in open hearing anyway.

MS McMILLAN: No, I'm just flagging so it may be appropriate - - -

10 COMMISSIONER WILSON: What I'm going to do is this. I would ask that any counsel who have questions which can be dealt with in open hearing deal with those questions now, and then the Dr Sadler issue will be dealt with differently. It's 10.30. Things have gone a little longer than Mr Freeburn initially anticipated. I would like to keep moving, but there must be a mid-morning break. So whoever is on his or her
15 feet about 11 o'clock, I think there should be a break. Alright? Now, who has questions of Mr Eltham? Ms Wilson, do you?

MS WILSON: No, no, Commissioner.

20 COMMISSIONER WILSON: Alright. Mr O'Sullivan, if you want to come forward to the front bar table, you can.

MR O'SULLIVAN: I'll just go first. I'll ask them from here, unless you want me to come forward.

25 COMMISSIONER WILSON: As long as you speak into the mic.

EXAMINATION BY MR O'SULLIVAN **[10.34 am]**

30

MR O'SULLIVAN: I may be covering ground that my learned friend Ms McMillan is going to cover, but this may be quickest.

35 COMMISSIONER WILSON: Thank you.

MR O'SULLIVAN: Mr Eltham, you were retired in 2006 and you came out of retirement in 2011?---Commissioner, may I ask who Mr O'Sullivan is representing?

40 COMMISSIONER WILSON: Yes, he's representing Mr Springborg?---Thank you.

MR O'SULLIVAN: So Mr Springborg was Minister for Health at the time. You understand that?---Yes.

45 Yeah. You retired in about 2006; came out of retirement in about 2011?---Yes.

Your experience in government was you were the chief of staff to Dean Wells for a period - - -?---Yes.

- - - and you've had some other experience in government?---Yes.

5

Do you remember being asked questions about what was the plan for the development of some alternatives, and you told the Commissioner that it was the document attached to the ECRG report? Remember giving that evidence?---Can you repeat that question again.

10

Do you remember that you were asked some questions about planning of the development of alternative services, and you – the answer you gave was that, well, the plan for the development of the alternatives was a document attached to the ECRG report? Do you remember giving that evidence?---Yes, that's right. Yes, certainly.

15

And the learned Commissioner asked you some questions. Do you remember that?---Yes, yes.

20

Could you take up your statement and go to – Mr Eltham, in the bottom right-hand corner there are some numbers. It's 371 of 441. Commissioner, your numbering – it's the witness's statement at 161. They're the small numbers at the top, if it pleases the Commission.

25

If you just look back at the previous page 370 – it's 160 – you'll see that that's a board committee agenda paper of 24 May 2013?---Yes.

30

And you remember the questions that you were being asked about the plan for the alternatives were questions in the context of that meeting. Remember that?---Yes.

30

Can I ask you to look at paragraph 15 of the agenda paper. Read that to yourself, please. That's at page 161?---Yes.

35

It's the case, isn't it, that as you understand it on 24 May, that the consultation and service planning to get the specifics of the services was not being done by your service, was it?---No, it wasn't, not at that – in terms of that report.

40

No, that's right. It was being done, as you understood it, by Children's Health Queensland – they were leading it – and the Mental Health Alcohol and Other Drugs Branch. That's the case?---Yes, that's correct.

45

And you had no role in either children's health services or the Mental Health Alcohol and Other Drugs Branch, did you?---As far as I – we were aware, no. The answer is no.

45

Now, do you remember being asked some questions – I'm going to withdraw that. When you told the Commission that the plan for the alternatives was, as you understood it,

5 attached to the ECRG report, isn't the true position that you in fact didn't know what the plan was because the plan was being developed by Children's Health Queensland and Mental Health Alcohol and Other Drugs Branch?---What we were presented with was clearly, in that attachment – was, as the Commissioner quite rightly pointed out, more in the form of a statement of principles - - -

10 Yes?--- - - - that should be applied there. The details of the plan still had yet to be developed, and that was also indicated in the reports presented there, that that was the case.

That's right, and in terms of the details of the plan that was being developed, that was being developed outside your purview, as it was?---Yes, indeed. I mean - - -

15 Let me just stop you there. So in terms of telling the Commission what the details of the plan were, it would be right to say that you don't know?---Not the details of the plan.

No?---The answer is no, we did not. We certainly knew what principles were being recommended that it should be based upon.

20 I understand that, and those charged with spending the taxpayers' money in terms of working out what should be done was, in fact, Children's Health Queensland and the drug and mental health alcohol branch, as it were?---And I think that was appropriate in the board's mind, because it was to be a state-wide service.

25 That's right?---So therefore it should be the province of state-wide services.

30 That's right. Now, do you remember being taken forward in time to November 2012, when you were asked questions about a meeting in November 2012, a board meeting?---November 2012 or - - -

I withdraw that. 2013?---2013, yes.

35 So the first question was for about May 2013, and then you were asked about November 2013?---Yes.

40 If you've got your statement there, can you look, please – does your statement have little numbers on the top, Mr Eltham, little tiny ones?---No, but if you can refer to the paragraph number, I've got the paragraph numbers.

Okay. These are attachments, Mr Eltham. If you go, please, to page 142 at the bottom right, the number for the Commissioner is 191.

45 Now, you'll see that's the first page of a board meeting agenda paper?---Yes.

That's November. If you turn the page to 192 you will see that you were asked questions about subparagraph (i)?---Down a bit more, please.

You remember being asked questions about that paragraph?---Can you go back up – I think in that – paragraph – subparagraph (i)?

Yeah?---Yes.

5

You remember being - - -?---Yes, the other - - -

- - - asked questions about that and giving some evidence about it?---Yes, certainly.

10 Can you turn back to the previous page, please, and just read to yourself, firstly, subparagraph 2(c)?---Yes.

Does 2(c) accurately reflect your understanding of the advice you were receiving in November 2013?---Yes. I think it is. Yes.

15

If you turn over – down the page to – you also weren't shown paragraph 3. Have a look at paragraph 3 to yourself, please. Can you read subparagraph 3(a) to yourself, please, Mr Eltham?---Yes.

20 Read (b), (c) and (d), please?---Yes. Thank you.

The acronym CHQ in subparagraph 3(a) is a reference to Children's Health Queensland, isn't it?---Yes.

25 That's the same body that you gave evidence earlier about that you were advised in May was leading the provision of the detailed service model. That's the case?---I believe so.

30 And is this an accurate reflection of the advice you were being given by the service as to the steps that were being taken to develop a concrete service model going forward?---It – it is a record of the advice we were given.

Turn over to paragraph 4, please. Page 192. Can you read yourself 4(c), please. Read that to yourself. Tell me when you've finished?---Yes.

35

You gave evidence earlier that you were provided with updates as to the way in which the chief executive and others were interacting with Dr Anne Brennan in terms of looking after the patients at the facility. Is subparagraph 4(c) – is that a reference to the advice that you were referring to earlier in your evidence? Is that what you mean when you told the Commissioner that you were receiving updates?---Yes. Correct. I mean, these were updates that we – we received.

40

And can you read 4(e), please, to yourself?---Yes.

45 Is it your understanding that the closure – I withdraw that. Is it your understanding that the advice you were receiving from the service is that the date for the closure of the centre was dependent upon all patients having appropriate transition plans in

place and continuity of service delivery?---Yes. And that, indeed, was something which the board had insisted upon.

5 When did you insist upon that?---It was at the September meeting which was held in Esk.

Thank you. You were asked some questions about December 2013. Do you recall that?---Yes.

10 Can I ask you to look at the agenda paper for that meeting. It's at page 194. They're the little pages. It'll come up on your screen. You will see that's a board agenda paper for 20 December 2013. I'd like you to read paragraph 3 – another paragraph you were not taken to?--- [indistinct]

15 Three (a), (b) and (c), please?---Right. Three (a), (b), (c). Yes.

Is it the case that you were provided with details of – let me withdraw that. Have you read 3(a), Mr Eltham?---Yes.

20 Is it the case that you were provided with details of what the proposed future model that was in final draft or was it the case you were not provided with details of that model?---I – I cannot recall personally being provided with the details of that model.

25 Did that cause you any concern?---Well, it was indicated that it was in draft so I think I would have assumed that a final version would have been provided in due course.

Four (c), please, at 195. Read 4(c) to yourself, please?---Yes.

30 Is it the case that from May – to the best of your recollection, from May 2013 onwards, on each occasion the board met you were told that there was a weekly oversight meeting with Dr Anne Brennan, Dr Elisabeth Hoehn and the mental health and specialised service executive team to identify ongoing issues and action a timely response. Were you told that on each occasion?---I can't recall us being told on each
35 occasion between May and December. Those weekly meetings - - -

Were you told after September?---Pardon?

40 Was it after September you were told that?---It would – it could only have been after September because it wasn't - - -

And tell me why that is?---Pardon?

45 Tell me why that is?---Because it wasn't until September that Dr Brennan was - - -

Thank you?--- - - - appointed to undertake that work.

That's right. Just finally, do you remember giving – you may not be able to help the Commissioner but do you remember giving evidence that you weren't sure – or you didn't think at the May meeting that your board made a decision to close the centre. Do you remember giving that evidence?---Yes, certainly.

5

Could Mr Eltham be shown the statement of Dr Corbett, please. You know Dr Corbett?---Yes.

Commissioner, it's WMV.9000.0001.0001 – the next witness that your Honour will be hearing from.

10

If you go to – you will see that this is a statement that Mary Corbett has provided to the Commission - - -?---Yes.

15

- - - in obedience to an order to do so. You understand that?---Yes.

Could you – and so what she has done is exhibit some documents. She's attached them to the back of her statement. You follow that. I'm going to take you to one of those documents. You will see that, Commissioner, in – the numbering on this is very difficult. On my copy one finds the numbers have overwritten. For the operator, if you can understand it it's page 91 if you can read 91. It's MC8. Well done.

20

Now, just – I want you to have a look at this document. You'll see it's a briefing note for noting to the Director-General and if you turn the page, Mr Eltham, to page 93 of the document you will see that there's another briefing note. It's hard on the screen but tell me if you don't follow it. Ninety-three – you'll see there's another briefing note. This one to my client, the Honourable Lawrence Springborg – do you see that? Do you understand what the documents are?---Well, I'm – yes. I can see them there.

25

30

Yeah. So I haven't asked you a question yet?---No.

35

Have you seen these before – these documents?---I don't think I have.

No. If you just – have a look at the document on the screen. You will see it says note the West Moreton Board.

If it could be put up so the witness can see it – that paragraph note the West Moreton Board. Just read that to yourself, please?---Right. Okay.

40

Don't read out loud. Just read it to yourself?---Okay.

45

You've read that. Now, you haven't seen this document before?---No, I don't - - -

No?---I don't believe I have.

No. Would it be fair to say that you weren't involved in the drafting of the document?---No.

No. I'm so sorry?---No.

5

No?---No.

And you don't recall being given the document at any time before being show it to you - - -?---No.

10

I'll withdraw that. You don't recall being given the document in 2013?---No.

No. I have no further questions, if it pleases the Commission.

15

COMMISSIONER WILSON: All right. Thank you. Does anyone else have any questions before Ms McMillan, whose client it is?

MS McMILLAN: Yes. And so these don't relate to the other matter.

20

COMMISSIONER WILSON: Just a moment. I said was there anyone else before Ms McMillan.

MS McMILLAN: I'm sorry. I didn't hear you properly.

25

COMMISSIONER WILSON: That's all right.

MS McMILLAN: Is there anyone else? Very well, Ms McMillan.

30

EXAMINATION BY MS McMILLAN

[10.51 am]

MS McMILLAN: Thank you.

35

I think it might be easier if I take – if I could get the same statement that my learned friend Mr O'Sullivan has just been referring to. And I want to take you to MC19. So this is an attachment to her statement. And the numbers at the top are WMB1000000100050 and it's the board committee agenda paper, 24 May 2013.

40

COMMISSIONER WILSON: Just bear with us a moment until we find it. Could you just – did you say it was exhibit number 9?

MS McMILLAN: It's 19, MC19.

45

COMMISSIONER WILSON: Nineteen. Thank you.

MS McMILLAN: Sorry if I said nine. The only numbering I have is WMB1000000100050. So it's the board committee agenda paper, 24 May 2013.

5 COMMISSIONER WILSON: I think I can provide the top number. I think I know the document Ms McMillan is referring to. WMB9000000100145 is the beginning of it. That's it. Thank you.

MS McMILLAN: And if you just scroll down onto the next page – right. Yes. Thank you.

10

Now, Mr Eltham, is that the agenda paper for 24 May for the board?---Yes.

Could you scroll down, please, to the heading Background and read to yourself paragraphs 5 and 6?---Yes.

15

Could you also read down under Key Issues or Risks, number 10?---Yes.

And then over the page onto 11. Now, my learned friend Mr Freeburn took you to 11. He did not take you to those other paragraphs before. Are those matters that the board was provided with in terms of considering the recommendations of the ECRG and the planning group?---Your question again is?

20

Were those matters provided to the board at the meeting where you were considering the ECRG and the planning group recommendations?---Well, these papers were.

25

Yes?---So they were part and parcel of the consideration.

The information?---The information and the consideration.

30 Right. Now, you were also asked questions by our learned friend Mr Freeburn that, as I understand it, there was nothing provided to the board or that you did not consider everything between May and November of 2013. Do you remember he asked you those questions?---Yes.

35 Can I take you, please, to – this is, again, MC6, an agenda paper, 28 June 2013. And, again, I'm sorry I don't have those other numbers.

COMMISSIONER WILSON: MC6 is WMB9000000100081.

40 MS McMILLAN: Thank you, Commissioner. I'm indebted.

Again, over onto the next page. Right. Again, is that the agenda paper for the meeting of 28 June?---Yes.

45 Go under Key Issues or Risks. Can you read paragraphs 2 and 3 to yourself, including the subparas?---Yes. I recall those.

Right. And that was information, again, you were provided with at board level?---Yes, it was.

5 Alright?---However, if you would care to clarify your reference to the question asked by Mr Freeburn?

10 He was asking that – as I understand, he put to you that there was not consideration of the board in relation to these matters about planning and other services to be provided between May and November of 2013?---My recollection of what Mr Freeburn asked me, if I may, Commissioner - - -

15 COMMISSIONER WILSON: Why do you want - - -?---I responded to Mr Freeburn’s question in term of had we been provided with details of what the alternative plan and, you know, whole new arrangements would look like in some detail. Not that the plan was progressing and that meetings were being held. So there’s a distinct difference between the two. Yes, we were being kept informed that work was progressing and that these meetings were being held. But we weren’t provided with details of what the outcomes of those meetings were in terms of the detail of them.

20 I’ll let Ms McMillan continue - - -?---Yes.

- - - and Mr Freeburn can clarify anything in re-examination.

25 MS McMILLAN: Thank you.

So that information provided for in paragraphs 2 and 3, the board was provided with that - - -?---Yes.

30 - - - in terms of the agenda paper. Thank you?---Yes. Can you scroll down a little bit to the rest of paragraph 3, please? Thank you. Yes. Thank you.

Then can we go to the August agenda papers. That will be MC20.

35 COMMISSIONER WILSON: MC20 are minutes in my folder.

MS McMILLAN: Twenty-one, I’m sorry, Commissioner.

40 COMMISSIONER WILSON: Alright. WMB9000 – sorry, I’ll say that again, WMB9000000100177.

MS McMILLAN: And, again, over onto the next page, please?---Yes.

45 So they’re the board meeting agenda paper for August 2013?---And the chief executive’s report. Yes.

And, again, if we could scroll down to, please, paragraph 5, if you'd read that to yourself. It's under Patient Discharge Strategy?---It's missing.

5 No. I don't know that this is the right document. Would you just scroll up again, thanks?

COMMISSIONER WILSON: I think if he scrolls down further he'll come to it.

10 MS McMILLAN: I'm told if you keep scrolling down further?---Yes.

COMMISSIONER WILSON: And further again. Is that what you want?

15 MS McMILLAN: Yes. That's it. Right. Down under five, just scroll down further?---Okay.

Right. If you'd read five to yourself?---Yes.

20 Again, that was information provided to the board for that meeting in August?---Yes, it was.

Then could I take you to the September agenda paper, MC23.

COMMISSIONER WILSON: WMB9000000100189.

25 MS McMILLAN: Again, scroll down, please. That's the agenda paper for September 2013, Mr Eltham?---Yes.

30 If we just scroll down, please, under Key Issues or Risks. Would you read, please, 3(a) and (e) to yourself?---Yes.

And that, again, was information provided to the board?---It was.

Then can I take you to the minutes of that meeting which are MC24.

35 COMMISSIONER WILSON: WMB9000000100198.

40 MS McMILLAN: Thank you, Commissioner. And 8.2 is what I'm wanting to draw the witness' attention to. Yes. Thank you. That's it. If you read 8.2 to yourself, Mr Eltham?---Yes, I certainly remember that one.

And does that paragraph correctly articulate what you understood to be the board's position in relation to working towards early 2014 for transfer to a more appropriate model?---Yes, I do.

45 And this is the first board meeting, is it not, after the Minister announced the closure of the Barrett Centre? We know he announced it early September, and this was 27 September 2015.

COMMISSIONER WILSON: I'm sorry, it was early August, 6 August.

THE WITNESS: I thought - - -

5 MS McMILLAN: Early August. I'm sorry. Quite right?---Yes, I thought it was August too.

Thank you. Yes, thank you. Now, I also want to take you to another document. This is an annexure to your affidavit TEC20. It's the board meeting of 24 May 2013.
10 Yes, thanks. Scroll down. So that's the agenda paper for the 24 May 2013 meeting, is it not?---Yes.

I want to go to – you'll note here the attached recommendations of the expert clinical reference group, the ECRG, is attachment 1 to that. Could we go to attachment 1,
15 please, and, in particular, just pausing at, I should say, the first page of it. Right. That's the attachment 1, is it not, Mr Eltham?---Keep going, please.

Just scroll down a bit more?---Yes, that's the one.

20 And I want to go to the page which has at the bottom 381 of 441. It's about eight pages in?---Keep going, please.

Keep going, please?---Another one we are looking for. No, it's before that, I think.

25 Yes.

COMMISSIONER WILSON: I think it's page 171.

30 MS McMILLAN: Yes, thank you. I think that is it. If we could scroll down to the bottom of that page, please, and go down to the notes, thank you. Alright. Have a read of note 3, please?---Yes.

Is that your understanding of the ECRG information provided about – until funding and location is available for tier 3 – what accommodation could be provided for
35 young people requiring that extended treatment rehabilitation service?---Yes, and it's what formed my – part of my response to Mr Freeburn in relation to there being some ambivalence about the certainty with which a tier 3 program was required.

Your Project 300: just explain what that was?---Yes, certainly. Project 300 was a
40 program in the – in the mid-1990s designed to enable the bulk of those long stay – adult psychiatric patients who were – had been residing in the three long-stay psychiatric hospitals of Wolston Park, as it was then called, Baillie Henderson up in Charters Towers - - -

45 COMMISSIONER WILSON: That was in Toowoomba, wasn't it?---Sorry, Toowoomba. And Mossman Hall in Charters Towers, to be able to be accommodated successfully in the community. The significant thing about Project

300 was that for the first time, it was properly funded by the government, such that it provided not only for their housing – guaranteed housing for every individual and also guaranteed mental – clinical mental health support, and also in addition, for the first time, properly funded psychiatric disability support for each and every one of those people. I was involved as one of the co-managers of that program and its implementation. I think at the end of the program when the money ran out, there were – about 209 people had been successfully moved into the community.

MS McMILLAN: And that was in the mid-1990s?---Mid nineties, yes.

Yes. Thank you, Commissioner.

COMMISSIONER WILSON: Mr Freeburn, anything in reply? And after that, I'll then close the hearing.

MR FREEBURN: Just one question.

EXAMINATION BY MR FREEBURN **[11.06 am]**

MR FREEBURN: Mr Eltham, do you remember Mr O'Sullivan asked you some questions about the fact that the models were being developed by Children's Health Queensland and the mental health alcohol, etcetera, branch. And he effectively put to you the proposition that these things were being developed outside your purview?---Yes, I think that's – I would accept that.

Alright. Were you ever able to identify an alternative service option that was developed by these – by those other – by the branch for BAC patients?---I think the one that was – where – in Metro South – Brisbane metro – Brisbane south, where a not-for-profit service provider was contracted to provide a support service was the one that was cited to us as part of that activity. Now, I don't know whether that was part of the transition or whether it was part of the development of the new model.

Okay. So as I understand it, you're saying you had limited information about identifying service options?---Yes.

But one of them that you do recall is one developed at Logan – Logan, did you say?---I can't recall where it was in Brisbane south.

Was it a youth residential?---I believe so, yes.

Called resis?---Yes, including residence. It did include a residential component. I don't know the extent of the residential component.

At Greenslopes?---I think it was the Greenslopes was referred to, but I couldn't swear to that.

Okay. But you weren't otherwise able to identify service options that were in place?---Specific ones, no.

That's all I have, Commissioner.

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COMMISSIONER WILSON: Thank you.

MR FREEBURN: Apart from the closed matters.

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COMMISSIONER WILSON: Very well. We'll take a 15 minute break, and when the hearing resumes it will be a closed hearing, so there will be a limited number of persons allowed in the hearing room, and the live streaming must be off. Would you adjourn, please [REDACTED]

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WITNESS STOOD DOWN

ADJOURNED

[11.08 am]

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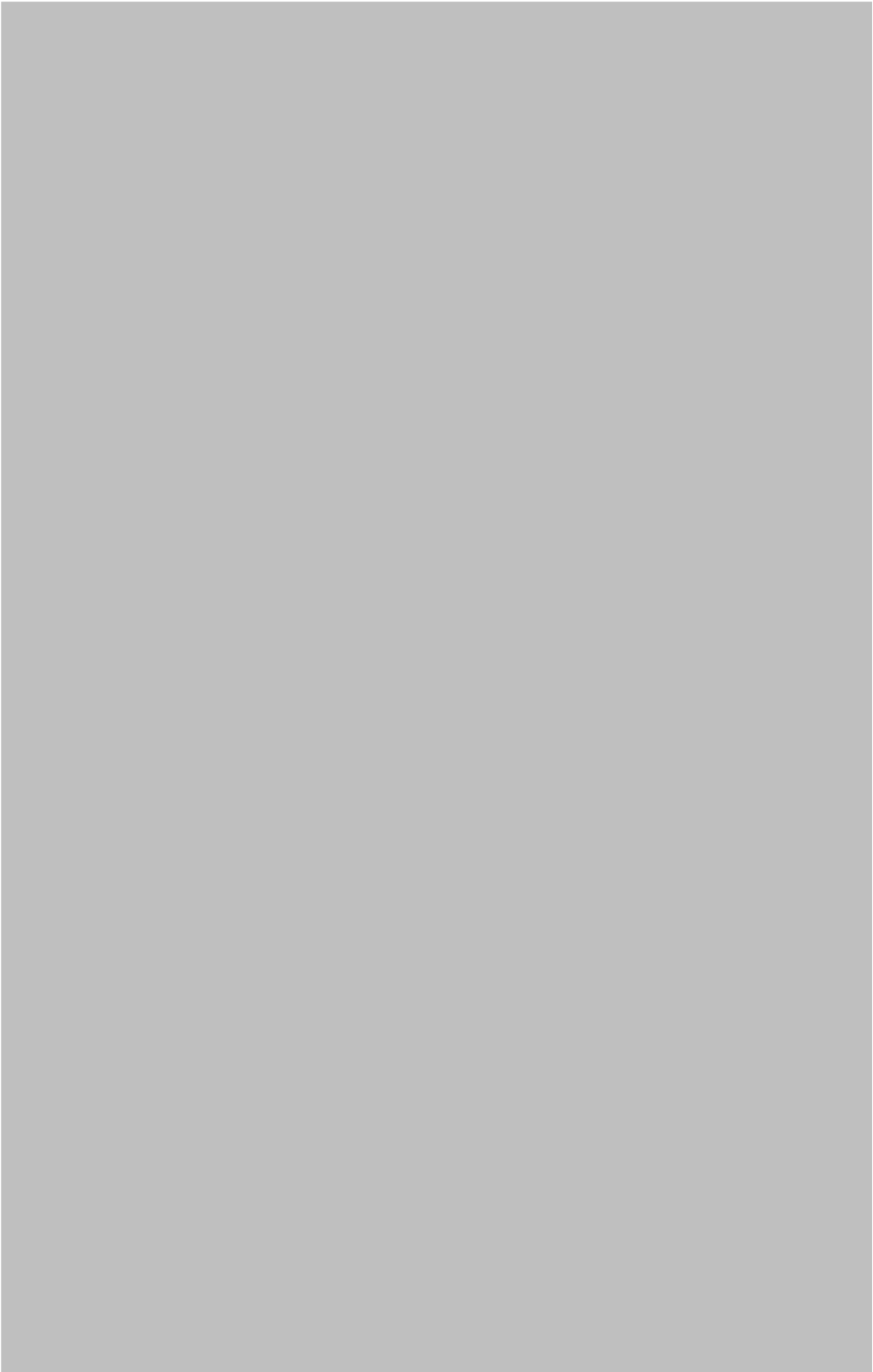
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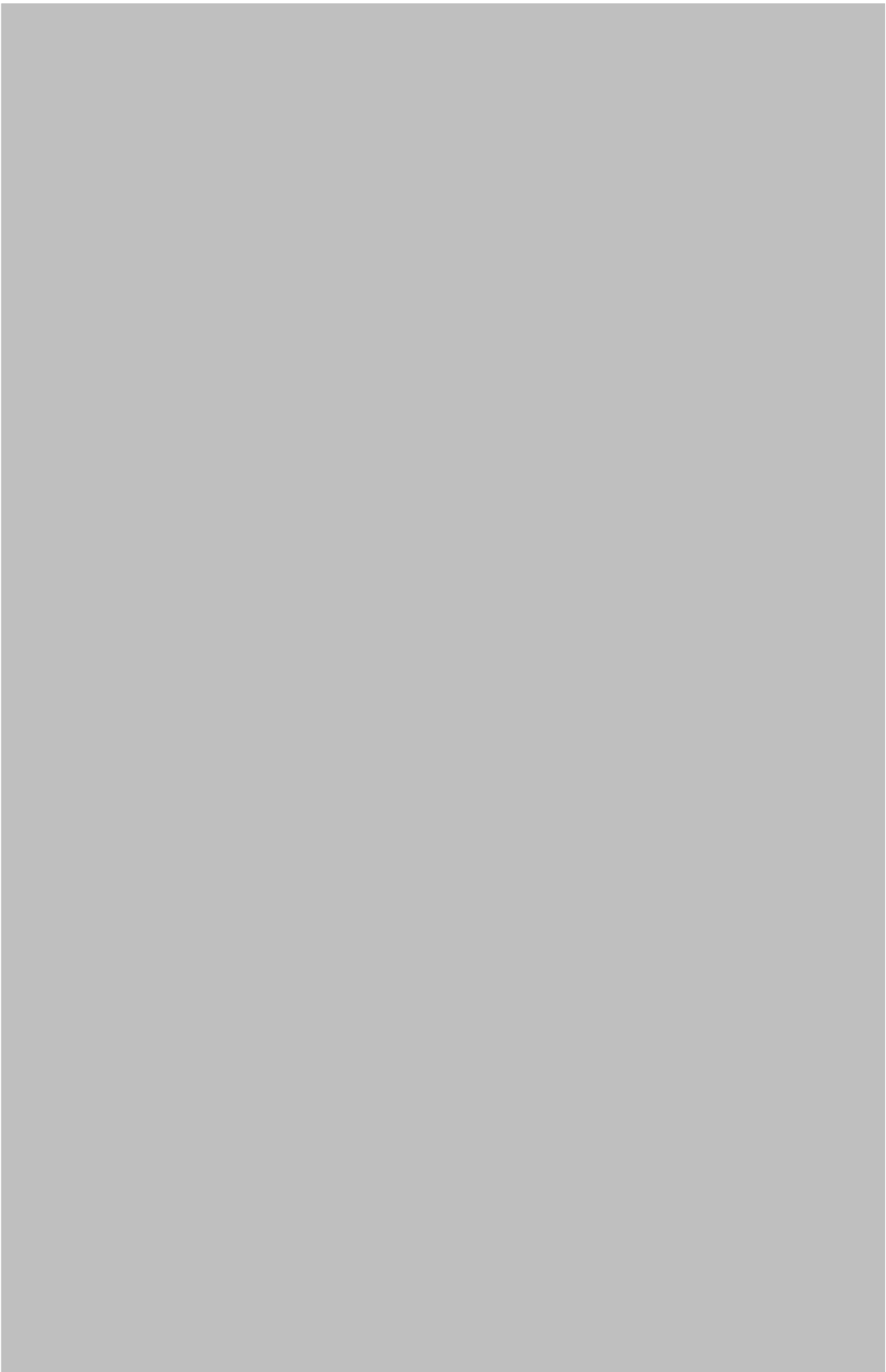
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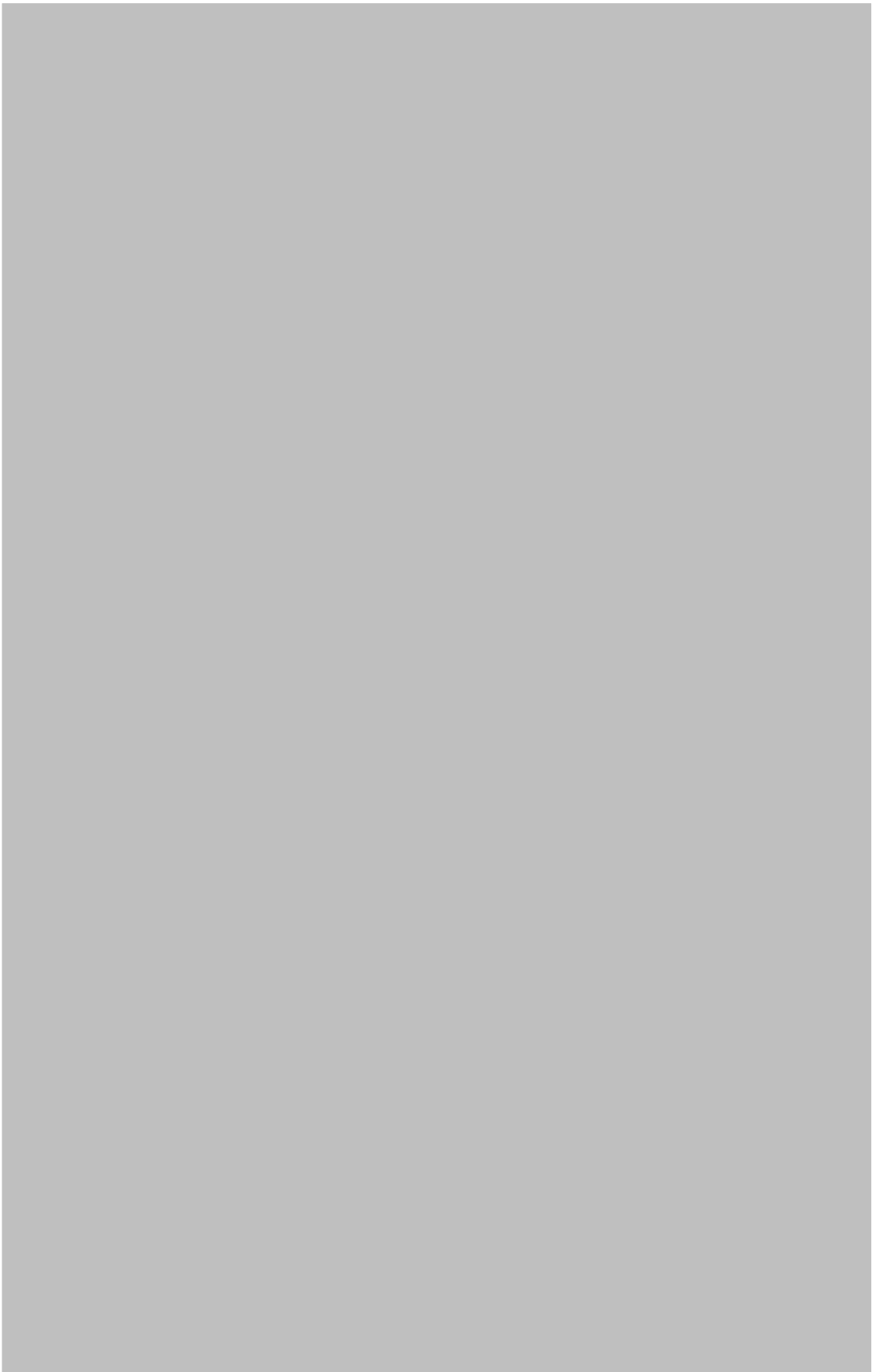
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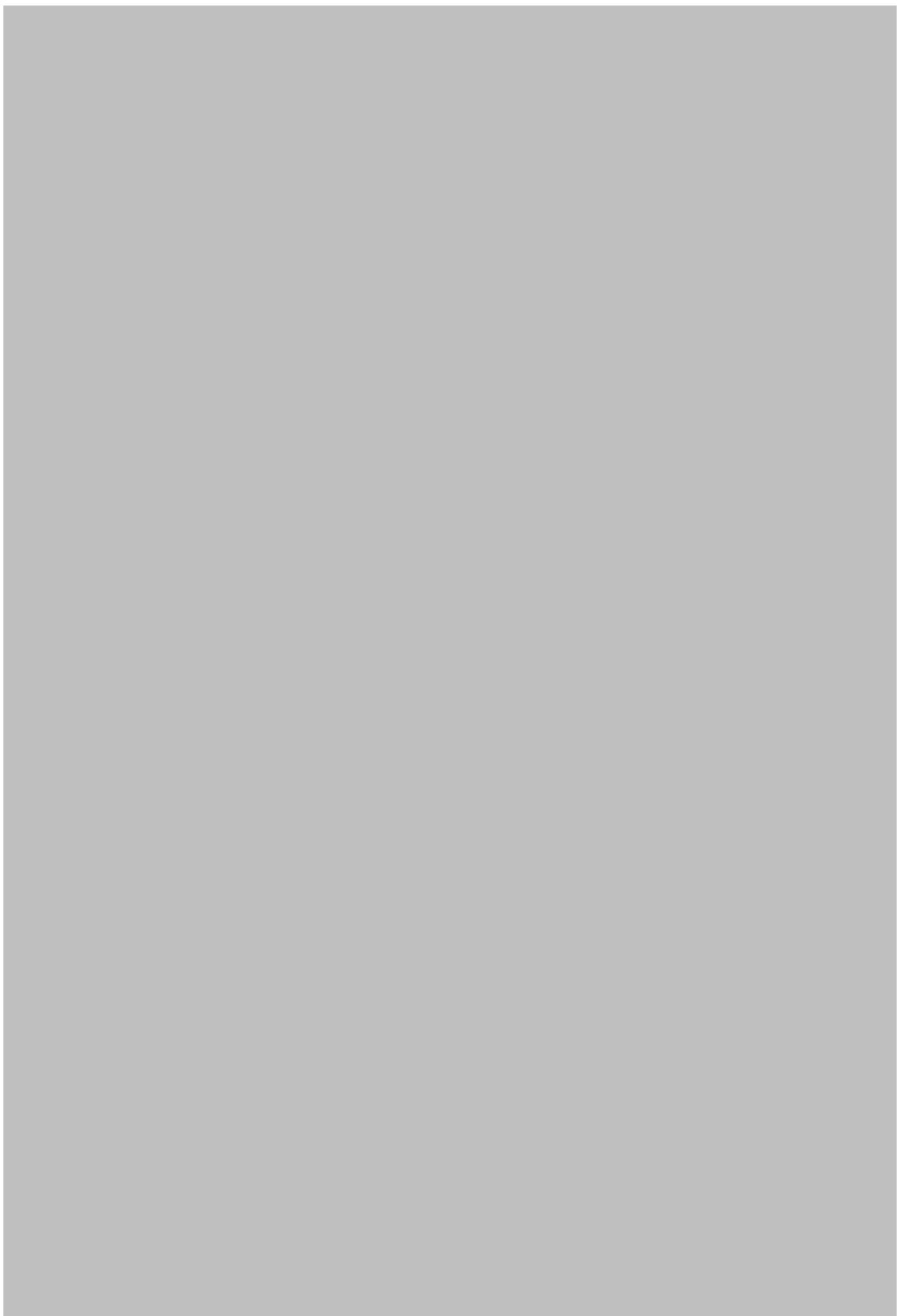
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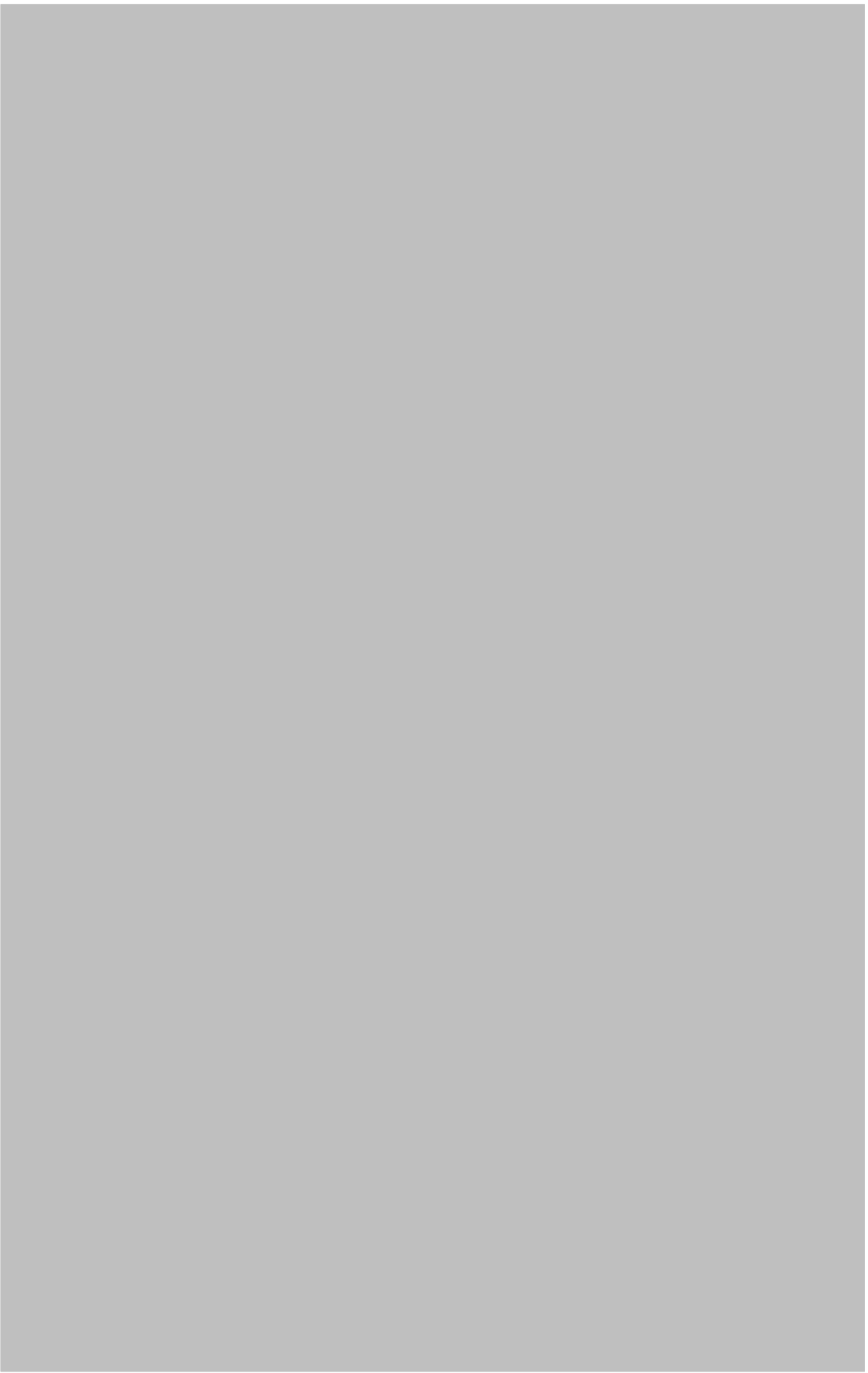
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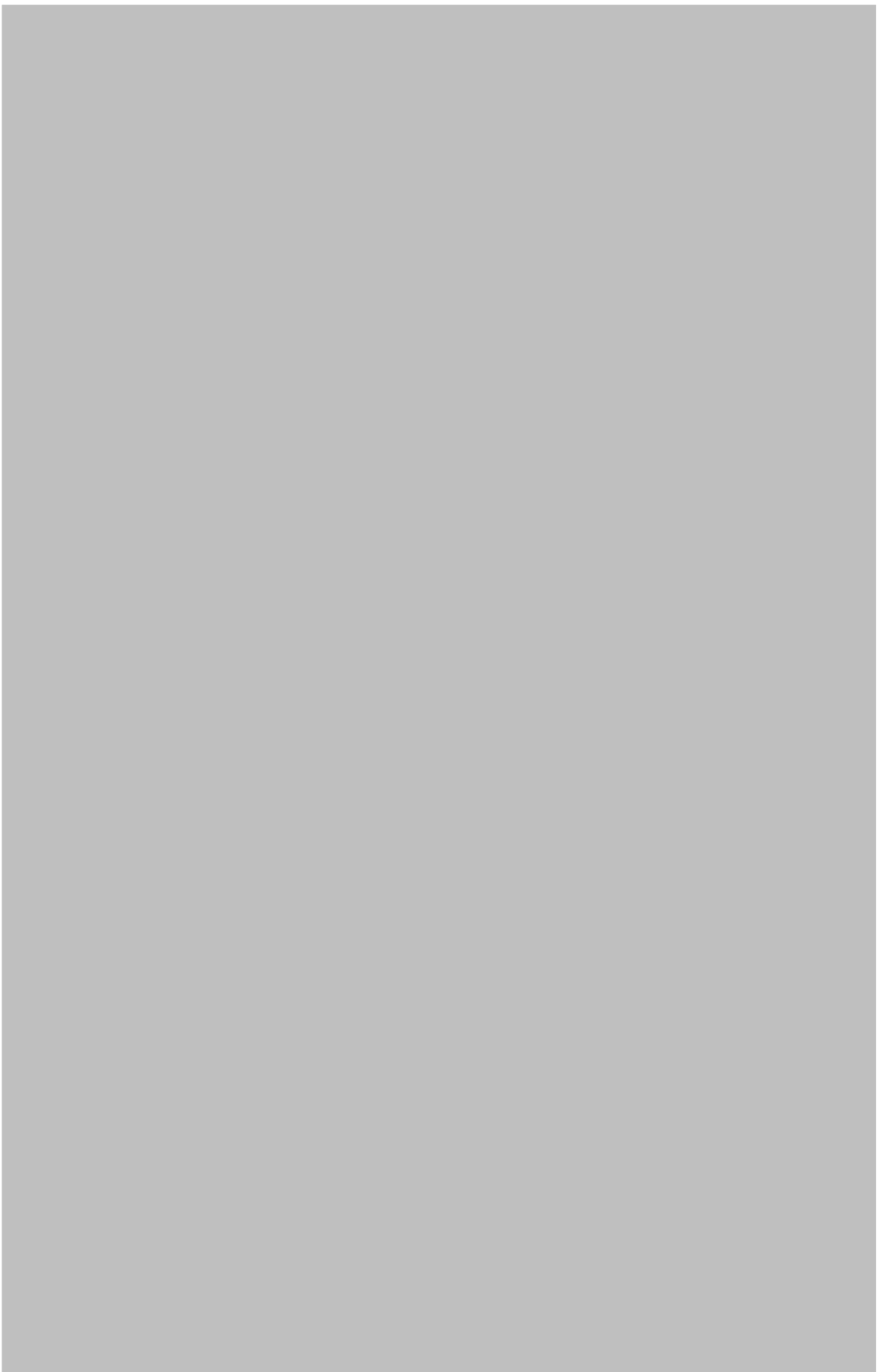
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EXAMINATION BY MR FREEBURN

[12.02 pm]

45 MR FREEBURN: I just – Mr Eltham, I just had one more question. Back in May 2013, at the time that Ms Dwyer and Ms Kelly presented to the board about the Barrett Adolescent Centre, was there any discussion that you recall of bringing in –

bringing in a senior clinician to support transition and closure?---No, I don't think I can recall that. It's a point that might've been made in the – in the presentation or comments by either one of them, but I can't recall that being the case. But I – I would like to add for the record, if I may, Commissioner, that meeting was a very big
5 and heavy meeting, and you'll note from the papers that the total number of pages that the board members received by way of preparation for that meeting was 441 pages, and there were a further 25 pages of financial reporting for that meeting, and that meeting also covered the adoption of the board's strategic plan for the next four years and a couple of other weighty matters that took some time. So it was a very –
10 and the time in which we considered those reports were after afternoon tea, immediately after afternoon tea. So we were starting to get a bit – like the Commission does, I imagine, towards the end of the afternoon.

15 Thank you. That's - - -

COMMISSIONER WILSON: Is there anything arising out of that question? Do you want the witness stood down?

20 MR FREEBURN: Yes, please.

COMMISSIONER WILSON: Thanks, Mr Eltham. You can stand down.

25 **WITNESS STOOD DOWN** **[12.04 pm]**

MR FREEBURN: I call Dr Mary Corbett.

30 **MARY CORBETT, SWORN** **[12.05 pm]**

EXAMINATION BY MR FREEBURN

35 MR FREEBURN: Dr Corbett, you've given two statements to this Commission?---Yes.

40 Can I deal with your first one, which is document WMB.9000.0001.00001. Now, in – we'll come back to that, but in your supplementary statement you say this – and you'll probably recall it. You say that:

45 *West Moreton Health and Hospital Board did not make any decision regarding the closure or the timing of closure at the meeting on 24 May 2013.*

Do you remember that or do you want me to pull it up?---Yeah, can you please put it up, thank you.

Sure. This one is WMB.9000.0003.00001. So you were asked some further questions, and if we scroll down a little we should get to paragraph 1.2. See that:

5 *The words in my statutory declaration –*
which is your previous statement –

10 *reflect that the WMHHB did not make any decision regarding the closure or*
the timing of closure at that meeting –
which is the 24th of May?---Yes.

15 Can I take you to the minutes of that meeting. If we go back to the original statement – I don't think we'll need the supplementary one again. And if we can go to page 173. Now, I just want to get it clear. If we scroll down to the bottom of that page, I'd just like you to refresh your memory a little. We can scroll down to the next page. Now, Dr Corbett, I just want to get this clear. There is certainly no express decision by the board that the BAC needs to be closed?---Correct.

20 But would you agree with me that those minutes record that the board is at least moving towards a closure of the Barrett Adolescent Centre?---Yes.

25 That's why the Minister is to be updated as to the proposed closure, etcetera?---And for his approval.

Sorry?---And for his approval around the closure.

Okay?---Could I expand on the closure?

30 Certainly?---The board were operating on the basis that in terms of the closure, the decision to close the Barrett had actually been made before the board was implemented in 2012. The board were looking at – was the cessation of the services around the Barrett. So our assumption and basis was the decision to close had already been made.

35 So when – that had been made in 2012?---No, it'd been made before 2012. My understanding is it was made around – sometime around 2008.

40 I see. Is that at the time when there was a decision that the Barrett Adolescent Centre would be relocated to the Redlands?---That's correct.

45 Alright. So your recollection is that there had been a decision it was going to close. That decision had been made back in 2008/2009. It was going to be relocated to another site; correct?---Yes, there was funding made available for a site at Redlands.

Right. Well, what happened to that decision to close it once that Redlands project ceased?---My recollection is there was no – no decision to change – there was no

change to that decision, so that decision stood. The decision – my understanding of the decision to move the Barrett was not solely around the fact that another site had actually been identified for relocation. There were other elements to the rationale for the closure of the Barrett.

5

But surely if the decision had been made to relocate the Barrett to another site and that other site – that project stopped, surely the decision to close the Barrett then needed to be reviewed, at least?---It's not my understanding that that was reviewed. As I said, that was not a decision that the board took. That was a decision, I understand, the government took, and I am not aware of any decision that looked at that eventuation happening.

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But if one reads these board minutes, it looks, doesn't it, to any fair reader of it, that the board is making a decision at least to move towards closure of the Barrett Adolescent Centre?---The – on the basis the decision to close had already been established, the board were then looking at the timing and the appropriateness of the closure of that facility.

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But the board minutes don't record that. What you just said are not recorded in the minutes, are they?---There are many series of minutes relating to the board and to the decision, and I would suggest that within the collection of board minutes, it is clear that that decision is moving forward.

20

Alright. Now, can I just ask you – you see at the top of that page:

25

The board noted the recommendations of the Barrett Adolescent Strategy Planning Group.

Do you recall what those recommendations were?---Yes, they are attached as an addendum to my statement from the expert clinical reference group.

30

Okay. We'll come to those. Incidentally, there were two groups, weren't there? There was the expert clinical reference group?---Correct.

The ECRG, and the planning group?---Correct.

35

And at the time, at least – probably not now, but at the time, at least, you knew roughly, at least, who were the constituent members of each of those two groups?---I'm not aware of the names of the individuals, and I certainly understood some of the make up of the committees.

40

And as its name suggests, the expert clinical reference group comprised experts as well as community representatives?---That's my understanding, yes.

And the planning group was more administrative. Is that fair to say?---I believe there was some expertise there.

45

Yes?---I wouldn't probably call that administrative. I understand the planning group's role was really to lead the recommendations. They were sourcing information from not just the ECGR but from other areas too.

5 I see. Now, we said a moment ago that you – the recommendations of the planning group were attached, and we might go to those. They should be at page 162. Is this – is this the recommendations that you're referring to? Now, forgive me if I'm being overly casual about it, but if one looks at that document, it's not a report by the planning group, is it?---That's the planning group recommendations.

10

I know it's headed Planning Group Recommendations, but if you look at the content of it, it's commentary on the ECRGs recommendations?---That's correct.

And it's not a formal report, or there's no analysis by the planning group; correct?

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It's more a commentary?---Well, this report is. I can't speak to the analysis that was done by the planning group ahead of the report.

Alright. Now, when we were back on the minutes, and you remember the minutes note that the board had noted the recommendations of the Barrett Adolescent Strategy Planning Group, was – and it continued:

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...and the need to move as rapidly as possible to an alternative model based on those recommendations.

25 Am I reading this correctly, that what the board is saying is the recommendations of the planning group are that you need to move from the existing Barrett model to another model?---Could you just repeat that question, please.

30 So when the board noted the recommendations of the Barrett Adolescent Strategy Planning Group and the need to move as rapidly as possible to an alternative model based on those recommendations, was the board really saying, "We've noted the planning group's recommendations to move from Barrett to another model"?---Can you put up the minutes again for me, please.

35 Sure. If we can go back to page 173, please?---So the minutes do reflect the need to move as rapidly as possible to an alternate model based on recommendations.

40 Yes. It's obvious, isn't it, that the board is saying, "The planning group have recommended we move to another model"; correct?---Well, I think the planning group were recommending the other models based on the fact that the Barrett was going to close. So the planning group was actually saying the expert clinical reference group have looked at this suite of services, and these are the recommendations.

45 Right. Well, let's go back to page 162. I just want to focus your attention on – see item 2 about two-thirds of the way down that page?---Yes.

You see that's at – it's in effect a heading; correct?---Yes, yes.

And it says:

5 *Inpatient extended treatment and rehabilitation care (tier 3) is an essential service component.*

So that was saying whatever you have as a replacement model, it needs to be a tier 3?---That – that paragraph says it is an essential service component. Correct.

10

Yes. And then if we go down to the ECRG recommendation:

A tier 3 service should be prioritised.

15 Correct?---Correct.

And if we keep going down, we see the heading – heading number 3:

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

That's part of what was before you at the time?---That's correct.

25 And, essentially, it's saying that if there was a gap or an interim period after you close Barrett but before there's another tier 3, there's a risk. Correct?---That's correct.

And it's a risk to patients. It can't be a risk to anybody else, can it?---Correct.

30 So where in there or elsewhere in that document is there a recommendation by the planning group that there is a need to move to a new model and to do so rapidly?---So if I can provide a little context around the planning group and the ECRG. So the ECRG were tasked to look at alternative and contemporary models of care. And the decision prior to the board's being announced were the Barrett was to
35 be closed and the new site at Redlands. There was actually a new model of care there. I think there was recognition through the Queensland Plan for Mental Health, and more widely, that the model of care for the future would be where patients relieve care closer to home. That's one aspect of it. But other risks associated with the Barrett staying open that were not really part of the expert clinical reference
40 group's role, that was really the role more of the planning group to be aware of a broader context. So the expert clinical reference group were really given a fairly narrow focus around models of care. And their document talks about this being a conceptual document, not a service model. So there were imperatives to actually move towards alternate services to remove patients from the Barrett Centre.
45

But, you see, both the ECRG and the planning group are saying that a tier 3 is essential?---Yes.

And they're saying that a tier 3 should be prioritised?---Yes. And if it's not, that other options including these wraparound care and individualised care plans should be developed.

5 But - - -?---So I read this as a recognition that the ECRG realised a tier 3 service was likely not to be available immediately and that alternate options were to be provided.

I see. Can I just ask you about – if we go back to the minutes, which are 173 from memory – sorry, the next page, 174. You see the first action item:

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The minister to be updated regarding proposed closure, plan for development of alternatives and community engagement strategy.

15 I'm just focusing on the words “plan for development of alternatives”. What was that? Was that a plan to be developed or was there one – a piece of paper already prepared?---My understanding is that that was the development of alternate services.

I see. Which hadn't yet been developed?---I would have imagined that in the course of this, a number of opportunities were being pursued.

20

So the next item down:

Minister's approval to be sought to not accept any further patients into BAC.

25 Once you got the Minister's approval for that, where did those kids or those young people who would otherwise go to Barrett, where did they go?

UNIDENTIFIED SPEAKER: I object to that. It hasn't been established that any such approval was sought or given.

30

MR FREEBURN: I will focus your attention – I will focus the witness' attention to a specific time period.

35 What was it envisaged – where did you envisage that those further patients might go if they couldn't go to Barrett?---Could I just establish, I'm not a clinician.

40 Yes?---I am – and I feel that this is really delving into a clinical recommendation from clinicians about services. I don't really feel I'm qualified to speak to what services may actually have been available except to the point that the board's concern was around, always, the safe care of adolescents.

45 But the board surely must have had something in mind about what was to happen not just to the patients who were there but also to the patients who would otherwise have gone into the Barrett Centre?---And it was always the board's concern that there were appropriate services available to patients.

Okay. Did the board subsequently get the Minister's approval for that?---I understand there was approval provided not to accept further patients into the Barrett. I don't recall seeing anything in writing.

5 So the next point down is that the service, the West Moreton Service was to engage with Children's Health services and Mental Health Alcohol and Other Drugs Branch re planning for future model of care?---That's correct.

10 What was proposed to be your – the West Moreton Service's role in that?---West Moreton were engaging with Children's because the governance for the statewide service was about to be going to Children's with the Department. So West Moreton's role in that was really to talk about service models and understand the services that were available.

15 Who did that? Who progressed that? Who progressed those discussions?---Our executives would have progressed those discussions – our executives.

They would have or they did?---Yes, they did. The executives did.

20 Can I just ask you about the next item down:

West Moreton Hospital and Health Service to pursue discharge of appropriate current patients with appropriate wraparound services.

25 So that was the service, meaning your organisation, was to pursue that?---Correct.

And what was wraparound services?---My understanding of wraparound services are services are provided that meet the individual needs of each patient.

30 Just that?---Correct.

There's not an accepted model of care or a group within Queensland Health that run those sort of services?---I can't talk to that, I'm afraid. I think that's a – again, a – it's a clinical question.

35 I see. Alright. Now, can I take you to paragraph 18.5 of your written statement, which is the – should be WMB.0999.0001.00001, at 28. So 18.5, you say that:

40 *The board supported closure at that time –*

and this is 24 May 2013 –

subject to safe and appropriate transition of patients.

45 And then you say:

The board consistently held the position that any nominated date for closure of BAC was contingent upon the safe and appropriate transition of patients.

Correct?---Can you just scroll up, please, to the question.

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Sure?---So the question relates to the proposed closure date for early January, and 18.5 refers to early January, not to May.

10 I see. So when you say – when you say that the board consistently held the position that any nominated date for closure of BAC was contingent upon the safe and appropriate transition of patients, that means that at least from May 2013, that was the board’s position?---Sorry, can you scroll down to 18.5.

15 Yes?---So the supported closure of 18.5 was referring to the January 2014 date, and the board consistently held the position that any nominated date was contingent upon the safe and appropriate transition of patients, correct.

Okay. And when did – sorry, is that in the minutes?---Which part?

20 That the board consistently held the position that any nominated date for closure of BAC was contingent upon the safe and appropriate transition of patients?---That’s in a number of minutes reflected from May all the way through. So yes, it is.

25 Alright. I think there is one in – that comes close in July, but what about May? Is it in these minutes of May?---Can you show me the minutes of May?

We’ll go back to the minutes. So these are – these are reflective of actions and decision rather than necessarily discussion.

30 I see. But it’s necessary, isn’t it, to put it in the action and decision?---I think if you have a look at the subsequent minutes of meetings, you will find it on numerous occasions.

35 Yes. Well - - -?---And I think I’ve referenced that in my statement.

I think we’ll go to one of those in July, and there’s another one in September. So just dealing with that, though, when did – this contingency that you have – the board – what in effect you’re saying is the board has to be satisfied that there is a safe and appropriate transition of patients. When did you become – when did you as the board become satisfied of that?---We became satisfied over the course of the next six or eight months, through monthly updates on the strategy and the discharge planning.

45 And tell me, were you conscious that there needed to be a – well, there certainly needed to be a development of alternative models of care, didn’t there, to replace the Barrett Adolescent Centre?---There were a number of additional services and extended services to be created, yes.

Right. And you became satisfied that those services met the needs of these patients over the course of the next few months, did you?---We were assured that there was no gap to service and that appropriate – as they’re called here – wraparound services were available.

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Assured by who?---Assured by executors, assured by the liaison that they had with the department, assured by the absence of any concerns.

Now, the first of those was the executors. That’s - - -?---Correct.

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- - - Ms Kelly and Ms Dwyer?---Correct.

And the second – and who else were you – the liaison?---So the services were not created in a vacuum only by West Moreton Hospital and Health Service.

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Yes?---There was strong liaison and links with the Mental Health Alcohol and Other Drugs Branch, with the Department of Health, and with Children’s Health and Hospital Service too. So we were assured through liaison, through assurance of the services being provided, and also by the absence of any concerns that the services were not available.

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And can I – can I take you to paragraph 14.14 of your statement. It should be 0136.

COMMISSIONER WILSON: I think it’s page 00022 of the statement.

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MR FREEBURN: Yes, that’s right, 00022. I’m sorry, Commissioner.

See at the top of the page? Now - - -?---Could you just scroll down till I can see 14.13.

30

Scroll up, yep?---Thank you.

So we’ll go back to 14.14. Now, you say there that:

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The board also expressly noted that all references in the agenda paper to closure of BAC must be read as referring to the proposed closure of BAC in light of the fact that no firm decision to close the facility has been made until alternative options for providing models of care have been identified.

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?---Correct.

Correct. What I want to ask you is are you able to identify when you became aware and when the board became aware that models of care, alternative options for providing models of care had been identified?---So through each monthly reporting cycle the board were continually assured of models of care being available. There was also a meeting in December to look at the additional models of care from the statewide adolescent centre that was under the governance of Children’s. So

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continually from this period the board were assured that additional services and appropriate models of care were available.

5 But had – were they identified to you, that is, what those services were?---Some of them were.

10 Now, I just want to take you to some of those minutes. Now, in case there's confusion about it, I'm not – I'm going to take you to some minutes. I recognise that there is – you have monthly board meetings?---Yes, we do.

15 Alright. Now, you said a moment ago that you were satisfied that there were some – you were able to identify some services. What were they?---There was a mobile outreach service. There was a day program. There was a holiday program. There were some acute beds. Again, apologies. I'm not a clinician so my terminology may not be quite correct but I'm aware there were a number of services that were bundled in this wraparound care.

20 Bundled in the wraparound care?---Yeah. So that is the care package to meet each individual patient's needs which would have been different for every individual.

So some might have needed a day program and some might have needed - - -?---That's my understanding.

25 And the mobile service was - - -?---So it's a mobile outreach service so, again, I'm not a clinician. A clinician would be much clearer in the understanding but my understanding of that was it was an outreach service that actually went to the patients.

30 When did it become available?---The mobile – I can't recall a specific date. I'm sorry.

35 So am I right in thinking that because you're not a clinician or you may not have been into the detail your evidence is that over the period from May to January various services became available to these young people. Correct?---That's correct.

40 And you mentioned a couple of them but you can't say either when they commenced or the features of each?---There – there are a number and there are some in my statement in the addendums there that were – so the holiday program was available over the Christmas period. I understand the day program was available but I really would not like to say the particular date. The importance for the board was that these services were available to meet the needs of the patients. So they were available at that time. There was no indication they were not available to meet the patients' needs. So whatever those services were our understanding was they were available.

45 Dr Corbett, was a holiday program ever going to be useful for the sort of patients that were at the BAC?---My understanding is yes.

Now, I want to take you to a couple of those subsequent board meetings. Now, perhaps we can cover this in a quick way. In that period from, say, August to January 2014 the board became aware of a number of complaints from parents and people associated with the Barrett Adolescent Centre?---Correct.

5

And those complaints were to either of these effects: either that people were complaining that the Barrett Centre was closing or they were complaining that it was closing too quickly and without enough care – that sort of complaint. Do you remember that?---My recollection was more of the fact it was closing.

10

Okay. Now, I want to take you to the – I gather the system is you get the board meeting agenda papers about a week before the actual meeting?---That’s correct.

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And if I can take you to the ones for the 29 November 2013 meeting and that should be at page – starting at page 219. Now, you’ll see that’s the board meeting agenda paper. I’m a little worried that I’m going to take you to a section that’s been – so if we can scroll to the next page. It’s been redacted. If you could – can we see the – at page 220, can we see the unredacted version. Now - - -

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COMMISSIONER WILSON: Well, before that is put up on the screen - - -

MR FREEBURN: Yeah. I’ll just pause for a moment because it doesn’t seem to me that anything in this redacted section has anything particularly confidential but I’ll check.

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COMMISSIONER WILSON: Mr Freeburn, I’m watching the clock.

MR FREEBURN: Yes.

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COMMISSIONER WILSON: I haven’t interrupted this morning because I know we have the whole day. How much longer do you think your cross-examination will be?

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MR FREEBURN: Probably about 20 minutes.

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COMMISSIONER WILSON: And then I imagine there will be a number of others who want to ask questions. Is that so? Mr O’Sullivan’s nodding. Anyone else? Ms McMillan, I suppose you will. What I’m inclined to do is to adjourn at this stage until 2.30. I would appreciate it if you would consider the passage that’s been redacted and speak to your colleagues and see if there’s any objection to it being put up on the screen in this open hearing.

MR FREEBURN: It may also be that it can be done in another way - - -

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COMMISSIONER WILSON: Very well.

MR FREEBURN: - - - with a piece of paper.

COMMISSIONER WILSON: Well, that'll be fine. But I would hope that we won't be here all afternoon today because I'm sure people have planned their work on the basis we were going to finish at lunch time. Nevertheless, we will adjourn now and come back at 2.30.

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ADJOURNED

[12.48 pm]

10 **RESUMED**

[2.30 pm]

MARY CORBETT, CONTINUING

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EXAMINATION BY MR FREEBURN

COMMISSIONER WILSON: Yes, Mr Freeburn.

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MR FREEBURN: Thank you. Commissioner, we found a version of that document which has a less conservative approach to redaction. The document is COI.011.0001.0001 and I am going to take the witness to page .0198. Now, I should preface it by telling you that this is an agenda board paper – or agenda paper for 29 November 2013. And if we just scroll down to item I, can you just read that, please?---Yes.

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Now, you'll see there it says at the beginning of the paragraph that:

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West Moreton HHS has been recently informed that the new statewide service options may take a further 12 months to be fully established.

Did that cause you a concern?---Well, if you look at the following sentence that says there is no gap to service delivery. We have interim service options that lessened any concern.

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Well, it doesn't say that, does it? It says that:

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The West Moreton HHS has commenced planning interim service options.

?---Yes. Well, that was in November. The Barrett Centre was still open at that point.

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But this is in the middle of the process. Some patients had already been transitioned and some were to be transitioned?---So the patients who had been transitioned had been transitioned anyway. They obviously didn't need the service option, otherwise they would not have been transitioned.

I see. So you and the board were relying on the fact of a transition to have occurred, you assumed that that had all been done and the appropriate services were available to these young people?---That's correct.

5 Was there any process for checking that that was correct?---The board sought assurance at each of its meetings that patients would be discharged or transitioned with appropriate care and received that assurance.

From?---From our executive team.

10

And by that you mean Ms Kelly and Ms Dwyer?---Yes.

Now, I'll just take you to another further on – sorry, we have to go back to the document that I was originally taking you to which was your original witness
15 statement. So it's WMB.9000.0001. – the document ID is 00001. But I would like to take the witness to page 233. Now, if we actually go back to the previous page, 231, we'll see what the document is. All right. So back one more page, please.

20 So this is the actual meeting that those agenda papers were prepared for. And you're the chair. So it's a meeting 29 November 2013. Can I just – can we just go to page – two pages on, 233, please. And scroll down.

25 So is this one of those updates that you mentioned that you were receiving monthly from Ms Kelly and Ms Dwyer?---Well, this is the minute relating to the agenda paper. I believe there agenda item 3.3 is attached to my statement.

Yes?---So that actually has the update that was provided. That's just a record of the minute.

30 All right. You see in about the middle of that paragraph there's this sentence:

The board indicated its support for the proposed new model.

35 What was that proposed new model?---That proposed new model was attached to the agenda paper and it outlined the service model.

But do you know what it was? Have you got a description of it?---Yes. Do you want to show it on here? It talked about the programs that I mentioned earlier and - - -

40 Those three programs? The holiday program - - -?---There was a holiday program. Yes. There was the intensive outreach service, there were the – sorry, it's on that paper it's depicted quite well.

45 Yes?---And it was also the statewide model that would be developed under the governance of Children's.

I see. All right. Now, if we go onto page 243, please. This is a matter we mentioned before but just read that to yourself?---Yes.

5 So was I right in putting to you before that some of the complaints were not only related to the fact of the closure but also were at least related to some uncertainty about what the care arrangements were to be for particular patients?---I believe that's correct from that assessment.

10 Can we go on to page two four – well, first of all to 246, please. Now, this is the agenda paper for the – well, sorry, one of the agenda papers for the meeting of 20 December 2013. And if we go to the next page, which is page 247, yes, if you could just read that paragraph under (c).

15 So you've been told that there's these weekly oversight meetings that are taking place between Dr Brennan and Dr Hoehn and the Child and Youth Mental Health Services, that's CYMHS, and the Mental Health and Specialised Services executive team to identify ingoing issues. Who precisely are meeting with Dr Brennan and Dr Hoehn?---Executors from mental health and specialised services.

20 Who are they?---I can't tell you who – I can tell you who our executive are, Sharon Kelly and subordinates to her. I can't tell you who was particularly there, because it's not identified.

25 So it was your board – your health services executive team that were meeting with them?---That's what I read from that statement, yes.

30 And so the – is there a – apart from these sentences and these – this sort of summary, was there any actual content being supplied to the board about Dr Brennan and Dr Hoehn's difficulties or what problems they were encountering?---I'm unaware of any particular or specific difficulties they may have been encountering.

35 But was there a – what I'm getting at is was there some connection to the board, some substantive connection to the board, or was this basically left to the executors?---Sorry, I'm just a little bit unclear about the question.

Alright. Okay. The board, I take it, wasn't receiving reports direct from Dr Brennan or Dr Hoehn?---That would have really been considered quite an operational matter, so I would not have expected the board to have received those reports, and we didn't.

40 Alright. And by the same token, you weren't receiving any detail of the services that were available or the transition plans?---So the services and the transition plans were as outlined in the attachment at the November board meeting.

45 That's the holiday, the outreach - - ?---That's the various services and the transition planning. That was outlined in the – at the meeting of November.

See, were you able to know whether Dr Brennan and Dr Hoehn were adequately supported in the way – in the job that they were doing?---I would have expected to have been advised if that had not been the case.

5 I see. When we started part of this discussion, we started with the proposition that the board effectively placed a condition on the closure. Do you remember that?---On the actual timing of the closure.

10 The timing of the closure. And that condition was that the alternative models of care were to be in place?---The safe and appropriate care for the – for the patients within the Barrett Centre.

15 But effectively the board was saying “This facility will not close unless and until there are alternative models of care in place”?---Appropriate models of care for the current consumers.

20 And was it the November – November agenda items that satisfied you that there were appropriate alternative models of care in place?---I would suggest the November and the December and, in fact, the January board meetings all demonstrated that appropriate care had been provided to the consumers of the Barrett.

25 And the three things that you point to are those three things that we went to before?---The things that I’ve outlined in that attachment to the November board papers. They also referenced in there the state-wide adolescent program, which was going to be under the governance of Children’s. So that was also part of it.

30 Alright. Dr Corbett, I think you might have answered this before, but those three models of care don’t – aren’t tier 3 models of care, are they?---I believe under the definition that was used by the ECRG they are possibly not tier 3.

And so you were aware that there was – under the ECRG’s advice, that there was risk?---The ECRG recommended the tier 3 as a priority - - -

35 Yes?--- - - - but also outlined alternatives if they were not available at the closure of the BAC. That was the wraparound services.

40 Right. And your explanation of wraparound services is?---Is a package of care designed for each individual consumer.

So it might be different for each consumer?---It might be – yes, and I – you know, as a non-clinician, I can’t say what they would be or what would be appropriate for them, but that’s my understanding.

45 Right. And do you remember I suggested before lunch that the holiday package didn’t look like it was a model of care that bore any resemblance to the Barrett

Adolescent Centre?---It was – it was a care package designed for the Christmas holiday period.

5 But these are – you’re aware, aren’t you, that the young people who were in the Barrett Adolescent Centre were young people who needed extended treatment and rehabilitation?---I’m aware that certain patients in there – that is correct.

10 Are you aware whether anybody actually did an analysis of whether those three models of care met with the ECRG and the planning group’s plans?---Those would be clinical decisions. I would expect the clinicians who developed those models of care and basically discharged the patients into them would actually have done that. I can’t - - -

15 But as a board - - -?--- - - - comment on the clinical nature.

I’m sorry, I didn’t mean to interrupt. But as a board, isn’t it necessary for you to satisfy yourself that that – the appropriate clinical judgments had been applied to that exercise?---Can I provide a little bit of context, please.

20 Sure, yes?---The board governs the whole of the hospital and health service. That includes hospitals. Barrett is one unit of it. If I can try and draw a parallel, I think what you’re suggesting is that we should be sure that if a clinician in any of our services discharged a patient – so maybe an emergency department physician discharged them – that we had a responsibility to ensure that that was correct. That’s
25 not a role for the board. That is an operational matter, and it is certainly a role for the clinicians.

30 But it’s a wider question in this case, isn’t it? You were saying initially in May, “We will only let this centre close if we are satisfied that there are alternative models of care in place”?---That’s correct.

35 And what I’m asking is how did you become satisfied that there were, in fact, alternative models of care in place by December/January?---Because if you have a look at the board papers for the meetings, particularly around November, that clearly articulated the models of care that the services were adequate and that there would be no gap in the services. We were also assured by the fact that our executive were in very close contact with the Department, with the Mental Health Alcohol and Other
40 Drugs Unit as well. So the decision was not being made by a single individual.

40 So if we go back to 247 – sorry, we’re on 247. Just down a bit. Can you scroll down a bit. Item G.

45 So, Dr Corbett, I think from memory, this passage, or at least a part of it, appears in the November board minutes as well. But – sorry, agenda papers. But you’ll see there that the service has been –

The West Moreton Service has been recently informed that the new statewide service options may take a fully established.

Correct?---Correct.

5

And then when you deal – when it deals with the interim service options, the services commenced planning interim service options?---As was presented at the last board meeting. So it hasn't just started.

10

But doesn't that suggest to you that the planning process for the interim arrangements is in its very early stages?---No, I'm sorry. That doesn't suggest that to me. I believe the planning – and if we go back to some of the earlier board minutes, planning had actually occurred much earlier.

15

Thank you, Commissioner.

COMMISSIONER WILSON: All right. Mr O'Sullivan.

20

EXAMINATION BY MR O'SULLIVAN

[2.52 pm]

MR O'SULLIVAN: May it please the Commission.

25

Do you remember being asked questions and it was put to you to the effect that, well, the plan was - the scheme was that until – remember it kept on being put to you that until appropriate models of care are in place, it wasn't going to close? Do you remember the gist of those questions?---So my recollection - - -

30

No, no. I'm asking you if you recall the questions that my learned friend Mr Freeburn put to you?---Yes.

Sorry. I act for Mr Springborg who was the Minister at the time. Do you remember being asked some questions about - - -?---Yes.

35

- - - it was put to you, suggested to you that – to the effect, there would be no closure of the centre until appropriate models of care - - -?---Yes.

40

And am I right in thinking that the gist of your answers in response was it wouldn't close until appropriate wraparound services were provided to each of the patients? That's the gist of your evidence?---The service was not going to close until appropriate services were in place for the consumers.

45

That's right. Can you look, please, at your statement at – the reference number, Commissioner, is – it's the Delium number 146 and 147. Do you have a hard copy there, Dr Corbett? You've just got the screen in front of you? Are you only looking at the screen or do you have a hard copy?---Yeah, I have a hard copy.

You might find that easier. The hard copy, it's of your statement page 370 and 371, bottom right-hand corner?---Sorry, I don't have that number.

5 Have you got a number 97 and – at the very bottom right-hand corner, 97 and 98?---Yes.

Do you have that?---Yes, I have that.

10 Open that out, please. Take your time. You'll see that's a board committee agenda paper. Agenda item 4.3, 24th May 2013. Do you see that?---Yes.

Your evidence is that this was an agenda paper provided to you and other members of the board for that meeting?---Yes.

15 And is it right that you read and considered this at the time?---Yes.

Can you read for me, please, paragraphs 7 to 10 first. Tell me when you've finished?---Yes.

20 Now, did you know from whom the advice at 7 to 10 originated? I'll put it another way. Do you know who was giving you the advice found in 7, 8, 9 and 10?---So the paper was prepared by the Executive Director of Mental Health.

25 Yes. And you understood that at the time?---Yes.

Yes. Now, to the best of your recollection, did you rely upon what appeared at 7, 8, 9 and 10 in relation to the discussion and decisions made on the meeting on 24 May?---Well, over and above 7, 8, 9 and 10 there were attachments that were provided as part of the paper too.

30 That's right. That's right. So is your answer yes, plus the attachments?---We certainly noted and discussed those matters.

35 Yes?---Yes.

I want you to read paragraph 11 slowly to yourself, please. Do you have any recollection sitting here now of a discussion of what appears at paragraph 11? If you can't remember, just tell the Commission you can't remember. But if you can, I'd like to know?---Yeah. Look, I can't specifically remember.

40 Yes. Now, what's asserted at paragraph 11 is:

45 *The closure of the centre is not dependent on the next stages of progressing and consulting on a statewide service model. Instead, the closure process is relevant to the needs of the current and waitlist consumer group BAC and the capacity for wraparound care in their local community services. Planning group noted this was feasible to commence now.*

Do you understand the gist of that advice?---Yes, I do.

And just explain to me what you understand to be the gist of that advice that you were given?---So the gist of that advice is that the target group is the current and waitlisted patients. And it is not imperative that a statewide model is operational for those patients.

And was that your understanding of the position as at May 2013?---Yes.

10 Can you read paragraph 15 to yourself, please?---Sorry, which paragraph?
Fifteen?---Fifteen.

15 You understand on 24 May 2013 that the next phase of statewide consultation and service planning for adolescent extended treatment and rehabilitation services is to be proposed to be collaboratively led by Children's Health Services and the Mental Health and Alcohol and Other Drugs Branch. Did you actually understand that in May?---Yes, yes.

20 You did?---Yes.

Isn't it the case that your focus from May onwards – from May to January 2014, your focus, Dr Corbett, was whether you had received assurance that proper and appropriate wraparound care was being provided to patients at the centre and those on the waitlist?---Yes.

It's correct, isn't it, that your focus was not on whether Children's Health Services or the Mental Health and Alcohol and Other Drugs Branch had finalised a model for a new statewide service. Is that fair or not?---I think that's fair that that was not the focus. It was known that that was happening in a kind of parallel sense.

And tell me why was that not the focus in your mind?---Because the governance for that statewide model was going to rest with Children's HHS.

35 Do you remember giving some evidence about being reassured by the advice you were given by your own executives but also by executives from Children's Health Queensland? Do you remember giving some advice to that – sorry, some evidence to that effect?---I think the advice we received tended to come from our executives but with the knowledge that they were working with and collaborating with other executives from HHS and the Department.

45 Yes. Can you take up your second statement, please. The number is WMB.9000.0003.0001 but you can look at your hard copy if you've got it, Dr Corbett?---Yes.

You might find it easier. Can you read paragraph 4.3. If it pleases the Commission, it's page 6 of the Delium document, Commissioner.

Just read 4.3 to yourself?---Yes.

Read next paragraph 5.3. The Delium number is page 9. Is that truthful evidence?---Yes.

5

Is it the case that you received assurances from that meeting on 2 December from the information presented to you that appropriate and safe alternative treatment options were available.?---That was my understanding.

10 And what was it that assured you, to the best of your recollection?---Part of the assurance was in the proposed statewide service continuum that is attached at the back of that statement.

15 I understand. And is it your recollection that the presentation was given by Susan Johnson and Dr Peter Steer?---Yes.

Yes. Did you understand what their role was in the new statewide service continuum that was being developed? Did you understand what they were doing?---I understood they had governance for that new service.

20

Alright. Now, just casting your mind back, do you have any – a recollection of whether the Minister himself was at the meeting on 2 December? If you can't remember just - - -?---I – I believe he was.

25 Why do you believe that?---Because I believe this model was actually presented while he was in attendance.

30 Is it possible that it was rather members of his staff – the ministerial staff who were there? I mean, do you have any distinct recollection of Mr Springborg being there or you can't say?---I would say I – there would definitely have been members of his staff there. I can't say with absolute certainty that he was there.

35 Yes. Now, do you remember being asked some questions and giving some evidence about something called the ECRG report and the planning group recommendations?---Yes.

40 Do you remember being asked questions about that? Now, could you turn in your hard copy document – it's your first statement, Dr Corbett. The page number is 114. Commissioner, it's 163 of the Delium reference – 162, I apologise – 162.

And it's 113 of your numbers in the bottom right, Dr Corbett. Do you have that?---Yes.

45 Now, this is an attachment to a board paper that was provided to you and other members of the board?---Yes.

I want you to look at the line item that says:

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

Do you see that?---Yes.

5

I want you to look at the planning group recommendations box and read that to yourself, please, under the words accept with caveats?---Yes.

10 Do you have a recollection of this issue being discussed, that is to say, the issue you've just looked at being discussed at the meeting on 24 May?---Yes, I do.

You do?---Yes.

15 What's your recollection of the gist of – let me withdraw that. Do you recall being given a briefing by Ms Kelly or Ms Dwyer about this point at that meeting?---That was certainly discussed at the meeting.

Yes?---Yes.

20 And doing the best you can, do you remember the gist of the discussion that occurred at the meeting in relation to this point?---The gist of the discussion was around the caveats and the particular proposed model of care but, really, as it says here the alignment with the National Mental Health Service Planning Framework that was in draft at the time and potentially not being the most up to date model.

25

And when you say that you're talking about the statewide clinical bed-based service such as Barrett is not considered contemporary within the National Mental Health Service - - -?---Yes.

30 - - - Planning Framework. You're not a psychiatrist?---No, I'm not.

No. What was your PhD in?---Biochemistry.

35 Yes. As at May 2013 what did you understand yourself was – what was being said here just in layman's terms? If you don't know say I can't remember?---I think – I think in layman's terms it was - - -

I'm talking about you remembered then, not now?---Yes.

40 Yes?---A – a replacement for the Barrett - - -

Was?--- - - - was proposed.

45 And did you understand that it was not considered contemporary within the National Mental Health Service Planning Framework?---Yes.

And did you have an understanding of what were the alternative bed-based models involving clinical and non-clinical service components that can be developed in Queensland to meet the requirements of this recommendation?---Not in any great detail, no.

5

Was there discussion at the meeting of the shape of those kinds of tier 3 services?---I can't recall.

I take that you didn't – you were not aware of the details of the National Mental Health Service Planning Framework?---Not the details, no.

10

No?---I did understand that the contemporary models of care, though, around the Barrett were not consistent with the Queensland Plan for Mental Health either, though, which I was more familiar with.

15

I see. In what respects not consistent?---That was one of the reasons I understood for the Barrett being considered not a sustainable model in the first place which led to its closure.

From whom did you obtain this understanding?---That understanding came from executives.

20

COMMISSIONER WILSON: I'm sorry. I don't understand what you're talking about at the moment?---The contemporary model of care.

25

Yes. And then you said something about the Queensland Plan for Mental Health and I'm sorry, I started - - -?---Yes.

- - - to lose you then?---Sorry. So the – my understanding – the Queensland Plan for Mental Health is a reform paper for mental health.

30

Yes?---And in there it identified the – a kind of decentralisation of mental health services and models such the Barrett – they weren't aligned to where the reform agenda was going on the Queensland Plan for Mental Health. That was one of the reasons my understanding for the initial closure decision of the Barrett.

35

So it was your understanding that Barrett Adolescent Centre was not aligned with the reform agenda of the Queensland Plan for Mental Health?---Correct.

Is that correct?---Yes.

40

Thanks.

MR O'SULLIVAN: I'm conscious of time. I want to move on to another topic, Commissioner, with this witness and I will try and do it quickly.

45

In your statement you give some evidence about the Hospital and Health Services Boards Act. Do you remember giving that evidence? And you described your role by reference to that legislation. Do you recall that?---Yes.

5 And is it right that you had a general familiarity with the provisions of that Act when you were appointed in 2012?---Yes.

10 Could Dr Corbett be shown a copy of that Act which is at COI.016001.0001. I think it's three zeroes and then a one. This is the Act that you were giving your written evidence about?---Yes.

15 Now, turn to paragraph 5, please – I withdraw that. Section 5, please. Page 21 of the document. Subsection (2)(a). Were you aware of that provision in May 2013?---Yes.

Read section 7 to yourself. You were generally aware of section 7?---Yes.

Section 9 subsection (1)?---Yes.

20 Were you aware of that generally in May 2013?---Yes

25 Turn over to section 16, subsection (1). Just read the first two lines. You're aware that there was a service agreement between someone called the chief executive, and he was the director-general of the Department of Health, wasn't he?---Yes.

And the service meant your service, the West Moreton service?---Yes.

And you knew that was required by the legislation?---Yes.

30 Turn to section 19, page 29 of the document. Read subsection (2)(e), please. Did you have a general understanding that one of your service's functions was as set out in section 19, subsection (2)(e)?---Yes.

35 (g)?---Yes.

Section 20, please, subsection (1). Were you generally aware of that provision?---Yes.

40 Now, you'll see that subsection (f) says your service could do anything else necessary or convenient to be done in performing its functions. Did you ever – did the board ever seek legal advice about its power to close the Barrett Centre?---The board didn't have the power to close the Barrett Centre.

45 But my question is did you seek legal advice about that question?---No.

You gave some evidence before that – just a moment ago that you formed an opinion yourself that it had no power to close the centre?---Yes.

Yes, and what was the reason that you had that – held that opinion?---As I mentioned earlier, the decision to close the Barrett had been made sometime previous to the creation of the Hospital and Health Service Board, back in 2008.

5 Whenever it was made – are you saying that your understanding at the time was your board didn't have power to close it?---Correct.

10 And what was the reason for your thinking, to the extent you can tell the Commission, why you held that belief that the board didn't have power?---The board, as you've identified through the Act, had a number of functions within a framework. One of those functions would not have been to close a health system service.

15 I understand. Section 22. You're aware of that provision, weren't you?---Yes.

Section 35, subsection (1). You were well aware of that, weren't you, that your service and the director-general had to enter into a service agreement, page 31 of the document?

20 COMMISSIONER WILSON: Section 31 or page 31?

MR O'SULLIVAN: I'm so sorry, Commissioner. Section 35, subsection (1). Page number is page 40.

25 COMMISSIONER WILSON: It's not up on the screen yet. Just slow down a little.

WITNESS: Yes.

30 MR O'SULLIVAN: You knew that?---Yes.

Now, read the next section 44, which is page 46 of the document. Just read subsections (1) to (3) to yourself?---Is that (1) to (3)? Is it (1) to (3)?

35 Just subsections (1) to (3), yeah?---Yes.

Were you generally aware of that provision in May 2013?---Yes.

40 You were. It's right, isn't it, that the Minister and his office didn't ever provide a written direction to your board in relation to the Barrett Centre, did they?---No.

Or in relation to the Redlands facility?---I'm not aware of any written directive.

45 No. And it's right, isn't it, the board didn't ever seek a direction from the Minister pursuant to this provision?---I didn't understand that was a provision within this section, that the board could seek a directive.

I understand. And to be fair to you, it doesn't say that, does it?---No.

No. You had a general understanding that the role of your service was different from the director-general of health, didn't you?---Yes.

5 Yes. If you read section 45, please, it's page 49 of the document. The chief executive is the director-general of health, isn't it?---Yes.

You knew that?---Yes.

10 It would be right to say you were generally aware that his functions were as set out in (a), (b), (c), (d) and so on?---Yes.

Which was different from your board's function?---Yes.

15 Yes. And you were aware also that there was someone called a chief health officer, who was someone different again?---Yes.

Did you know who the chief health officer was in 2013?---Yes.

20 And it was Jeanette Young?---Jeanette Young, yes.

That's right. If you read section 53 to yourself, please, page 57 of the document. Did you know Dr Young?---Yes.

25 Read subsection (a) of section 53 when it comes up. You were generally aware, am I right to think – I withdraw that. I would be right to say that you were generally aware that you understood that Dr Young's role was as set out in section 53(a)?---Yes.

30 It was an independent statutory role?---Yes.

And it provided high-level medical advice to the director-general and the Minister on health issues – state-wide health issues?---Yes.

35 Yes, including policy and legislative matters. Now, in your evidence-in-chief in writing, you refer to the fact that the West Moreton Service was responsible for the Park facility. Remember giving that evidence? And also as part of the Park facility, your service was responsible for the Barrett Centre?---Correct.

40 I'm going to show you the first annual report you signed. Could Dr Corbett be shown COI.016.0001.0272. Just remind me when you were appointed?---The 18th of May 2012.

45 Now, you'll just turn three pages in to the document. You'll see there's a letter the 26th of August. Is that your signature?---Yes.

Was this the first annual report that you provided to the Minister?---Yes.

Turn to page 27 of the document. It's at page 272. I withdraw that. It's 27. My fault. Do you have a page – bottom right-hand corner – 27?

5 COMMISSIONER WILSON: I have a hardcopy, if it would assist, Dr Corbett. I can look at the screen?---Thank you. I don't have a copy of that.

Mr Bailiff - - -

10 MR O'SULLIVAN: Thank you, Commissioner.

It's much easier in hardcopy, you'll find. You'll see – may I direct your attention to the right-hand column. There's a heading, Mental Health and Specialised Services?---Yes.

15 Could you just read the first paragraph to yourself, please. That was a true statement?---Yes.

Now, the first – I tender that annual report, Commissioner. We can give it exhibit numbers later, if that's convenient. The next document I want to show you is the
20 first service agreement you signed. You can return that to the bailiff, if that's convenient. It's been given the number of LJS.002.0001.0014. Would you like a hardcopy?---This one actually says 13, 14, 15, 16, not 12, 13.

25 No, that's the right one. That's the right one. If you just turn in, looking at the pages of the document it's page 17 on the bottom right-hand corner of the document?---Could I have a hardcopy, please?

30 Yeah, we'll give it to you. Mr Bailiff, I'll just give you a hardcopy of the document on the screen. Thank you very much. It's Delium number 30.

Now, is that your – if you scroll down, you'll see there appears a signature. You tell me when you've found it, Dr Corbett. It's page 17 on the bottom right?---Yes.

35 Is that your signature?---Yes.

Go back to page 5 of the document, which is page 18 of Delium. You'll see it says:

Objectives of this agreement. This service agreement is designed to –

40 do you have that?---Yes.

Continuing:

45 *...specify the hospital service, other health services, teaching, research and other services to be provided - - -*

?---Yes.

Continuing:

- - - *and specify the funding to be provided.*

5 You'll see there's a heading there, Regulatory and Legislative Framework?---Yes.

And just read that first paragraph to yourself?---Yes.

10 You were generally aware of that regulatory framework, the wider framework?---Yes.

And you knew that that's one of the reasons why these boards had been created?---Yes.

15 Yes. Now, it's right, isn't it, that what this agreement does is set out – it's an agreement between you and the chief executive which sets out the services that – your – that – the health and clinical and therapeutic services that West Moreton must provide?---Yes.

20 That's right. And the services that you must provide are set out in this agreement, aren't they?---They are. The agreement is subject to amendment.

25 We'll get onto that. Can you go to page 27 of your bottom right-hand corner. You'll see at page 27 – I'm sorry, that's – 27 on the bottom right-hand corner is, I think, Delium number 30 to 31. I see. It's 39 to 40. That's my fault. Thirty-nine to 40 of Delium; page 26 and 27. Do you have that?---Yes, I do.

You'll see on - - -

30 COMMISSIONER WILSON: Mr O'Sullivan, is there any significance in the watermark on that document?

MR O'SULLIVAN: It is. We'll come onto that. There is.

35 COMMISSIONER WILSON: Thank you.

MR O'SULLIVAN: Because this was, in fact, importantly, superseded in a way we'll come on to.

40 COMMISSIONER WILSON: Very well.

MR O'SULLIVAN: Page 26. You'll see it's got a heading, Mental Health Alcohol and Other Drug Facilities and Services – Facilities. Do you see that:

45 *The HHS will provide a range of integrated mental health services specialised*
—

etcetera?---Yes.

I want you to – these are the services you must provide?---Yes.

5 You turn to page 27. There's a heading, State-wide Services?---Yes.

Just read those three bullet points to yourself?---Yes.

10 The first bullet point refers to an adolescent extended treatment and rehabilitation centre state-wide. That was the Barrett Centre, wasn't it?---Yes.

15 Now, to your knowledge, was this the first service agreement – I withdraw that. The service agreement – this particular agreement, its dates, to put you in the picture, are to be found at page 6 of the document. Now, that's page 19 of Delium. Do you see the bottom of the page, Dr Corbett? There's a heading, Period of this Service Agreement?---Yes.

Continuing:

20 *This service agreement commences on 1 July 2013 and expires on 30 June 2016.*

25 Are you aware of signing any earlier service agreement?---I thought I had signed one for the 2012/13 year, but perhaps it wasn't in place.

We haven't been able to find an earlier one?---Okay.

We'll make some inquiries to see if there is one?---Okay.

30 You think you might've signed one for the previous year?---I thought they were in for the first year, but perhaps they were just under development.

35 I see. We'll look into that. Now, it's right, isn't it, that, in fact, this agreement was amended as the services that you were to provide changed?---There are – there is opportunity, I believe, for four amendment windows for each service agreement.

Yes. I tender the service agreement 2013 to '14 to 2015 to '16, and if it's convenient we'll provide the Commission with the exhibit number for it.

40 COMMISSIONER WILSON: Very well.

45 MR O'SULLIVAN: Moving on to the amendment agreement that's relevant to the matters before this Commission, could Dr Corbett be given – we'll give you another hardcopy. The Delium reference is LJS.002.0001.0014.

WITNESS: That one on the screen says children's health.

MR O'SULLIVAN: No, that's not the right one. While it's being found on Delium, it's – the number is LJS.002.0001.0001.

5 COMMISSIONER WILSON: The number you've just given is the children's health one, Mr O'Sullivan. While you were finding that number, the West Moreton one was actually on the screen, I think.

MR O'SULLIVAN: I see.

10 COMMISSIONER WILSON: If the operator could go back to the immediately previous document. Is that the one you want?

MR O'SULLIVAN: No. Can we try – it's my fault – LJS.002.00001.0062. This is the correct one.

15 Does that accord with the hardcopy you have?---This one on page 4 it hasn't been signed by the DG.

20 No, we'll come onto that, but the first page. Is that Service Agreement Deed of Amendment July 2014?---That's – it has that - - -

The first page is the same?---Yes.

25 If you go to page 4 – the Delium reference, I think, is 68 – you'll see it's signed by the chief executive. If you turn the page, the second version of page 4 – Delium reference is 69 – go down. Is that your signature?---Yes.

Did you sign that on 29 August 2014?---Yes.

30 Turn to page 30 of the agreement, Delium reference 104. Direct your attention to 6.2.4, State-wide Services. So I think the Delium reference is 104. If you could scroll down and expose – thank you. Do you have that in your hard copy?---Yes, I do.

35 Now, the – just read what appears there. And the difference is, isn't it, that the adolescent extended treatment centre has been removed?---Correct.

40 Now, it's the case, isn't it, that that removal went hand in hand with responsibility for that service passing from West Moreton to Children's Health Queensland?---Correct.

I tender that document. And, again, if it's convenient we'll provide exhibit numbers in due course.

45 COMMISSIONER WILSON: Thank you.

MR O'SULLIVAN: You gave some evidence in answer to a question that I asked and that the learned Commissioner asked about a nonconformity between the model of service provided by Barrett with – I think the evidence you gave was the Queensland Plan for Mental Health. Do you recall giving that evidence?---Yes. I think I said it was not aligned to it rather than non-conformance.

This may or may not help but could Dr Corbett be shown LJS.900.001.0001. And could you turn to page 32, with Delium reference 32. And you'll see I'm showing you a briefing note?---Yes.

And you'll see it's dated 3 May 2012. That was before you took up your appointment?---Yes.

Now, did you say April you were appointed?---No, May 18.

May, 18 May. Just look at this document. It's requested by the Chief Health Officer. Its subject is Cessation of the Redlands Adolescent Extended Treatment Unit Capital Program. And it proposes the director general approve the cessation of the Redlands Adolescent Extended Treatment Unit Capital Program. And I direct your attention to paragraph 2, the first bullet point. Could you just read that to yourself. You'll see it says in the second sentence:

Recent sector advice proposes a re-scoping of the clinical service model and government structure for the unit.

Turn next to paragraph 7 on the next page dealing - - -?---Sorry. Sorry, can I - - -

I'm so sorry. Would you like to go back to where I was reading?---Yep. No. Just – I'm just reading the three dot points under point 2.

Take your time?---I haven't seen this document before.

I was going to ask you that?---No, I haven't seen it.

Read paragraph 7, please?---Thank you.

Now, have you seen this document before?---No.

No. The paragraphs I have directed you to, do any of those – if I may put it this way – I'm so sorry. Delium reference 2350, paragraph 7.

Now, you haven't seen this document before?---No.

You'll see it says:

Limited sector consultation supports this review.

Are you aware – I'll withdraw that. Were you part, to your knowledge, of any sector – any consultation which reviewed the model of care provided at the Barrett Adolescent Centre at The Park as at May 2012?---No, I was not appointed at that point.

5

No. And you weren't part of any review process?---No.

Were you aware, following your appointment, of being informed that there had been some consultation or review of whether the – if I may put it this way, the Barrett model was appropriate?---My understanding was that the model at the Barrett did not align to the Queensland Plan for Mental Health. That was really the extent of my knowledge.

10

Yes. And doing the best you can to assist the Commissioner, do you recall from whom you obtained that information?---I received that information internally from an executive.

15

And do you have any – can you put some sort of date on when you received that information?---Yes, 8 November 2012.

20

I see. And why does that date stick in your head?---Because that was really the first time that I became aware of the situation surrounding the Barrett.

I understand. And when you say your executive, are you referring to Ms Dwyer and Ms Kelly?---Yes.

25

That's the best detail you can provide, doing the best you can, in terms of what you were told?---Well, and in board papers and the supplements to my statement, the information is there.

30

I understand. Now, could I take you back to your first statement. You can use your hard copy. The Delium reference is at page 93 of the statement. The first page is WMB.9000.0001.0001, at page 93. Now, this is a document exhibited to your statement?---Yes.

35

You will see that it's page 4 of 4 on the top right. Do you see that?---Yes.

If you turn back two pages, Delium reference 091, there's page 1 of 4, Briefing Note for Noting Director General?---Yes.

40

If I'm going too quickly, Dr Corbett, tell me to stop. You'll see it says:

Requested by Lesley Dwyer.

?---Yes.

45

She was your chief executive?---Yes.

Requested on 8 July. I direct your attention to paragraph 2, the second bullet point. Just read that to yourself, please. Turn the page, Delium reference 93. I'm taking you now to the draft or unsigned briefing note for the Minister, the second note. Just read that second note to yourself?---Yes.

5

Now, in July 2013, were you provided with this document or a document in these terms?---Yes, I would've been.

You would've been?---I would've been. Yes.

10

Do you remember that?---Yes.

And did you read it?---Yes.

15

Was your – were you asked to approve it or make any comment on it?---The process for briefing documents is that they come from the chief executive to the director general for the Minister?---Yes. So they don't come from the chair as such.

20

No, I understand that. My – I apologise. My question was: did you see this document in July 2013? Did Mary – did Dr Mary Corbett see it? Did you see it?---I believe I saw it. Yes.

25

And did you receive it from Lesley Dwyer?---That would've been the person that I would've received it from.

And your evidence is you read it?---Yes.

30

And my question to you is: were you asked to approve it or comment on it in any way?---I don't recall.

Do you recall considering whether it was inaccurate?---No.

You didn't consider that?---No.

35

Or are you saying that you didn't think it was inaccurate?---No, I didn't think it was inaccurate.

You thought it was accurate?---Yes.

40

Now, I'm going to show you another document which is not exhibited to your statement but it's LVS.001.001.0001 at page 50. Now, if you just turn back to the previous page, page 49, what I'm showing you is a document attached to an email from Sharon Kelly, whom you knew, to a number of persons. You see that?---Yes.

45

You weren't on the list, you can see?---No.

No. So you see it's 18 July, which is three days after the meeting with the Minister that you had, which we'll come onto?---Yes.

5 So it's three days after that meeting. Can you look at the next page. This is the attachment to the email. And you'll see that what it – what the document is is a briefing note for noting to the Queensland Mental Health Commissioner. And you knew who that person was?---Yes.

10 Yes. Different from the chief health officer and from the director-general?---Yes.

Yes. Now, so this is a briefing note requested by Lesley Dwyer, you see. Now, have you seen – I withdraw that. Can you go down and look at number 2, headline Issues. Just read that to yourself, please?---I haven't seen this document previously.

15 I was going to ask you, yeah. Now, you've not seen the document before?---No.

Now, you'll see the fourth bullet point under item 2 says – there's a heading Top Issues in this Draft Brief:

20 *A consultation was most recently conducted with the Minister for Health on 15 July 2013, with his support to proceed following communication with the director-general, Department of Education, Training and Employment, the Queensland Mental Health Commissioner.*

25 You see that?---Yes.

Does – do you – sitting here now, do you have a recollection of meeting with the Minister on 15 July?---As advised in my statement, I had limited meetings with the Minister over the term.

30

Yes?---I believe I did meet with him - - -

Yes?--- - - - on 15 July.

35 So I suppose what I'm interested in – what the Commission's interested in is whether you have much of a recollecting of meeting Mr Springborg on 15 July 2013?---I really don't recall any specific details.

40 I understand. The fourth bullet point under heading 2. Doing the best you can, does that accord with your recollection of what occurred at the meeting, or you really can't say?---My accord is that there was certainly support for the progression.

That's the best you can do in terms of the gist of what you remember?---Yes.

45 You remember support. Do you remember anything else about what was said, or not really?---Not really.

I tender – and we’ll get an exhibit number – just the Delium reference numbers 49 and 50 and 51 and 52, but we’ll provide an exhibit number - - -

5 COMMISSIONER WILSON: I wonder if it’s really necessary for you to tender this document, because it’s already in evidence as an exhibit to Dr Van Schoubroeck’s statement.

10 MR O’SULLIVAN: It is. I won’t, then, your Honour – Commissioner. I think you’re probably right. There’s no need; it’s in evidence. Thank you. And we can tell from the Delium reference where it sits.

COMMISSIONER WILSON: That’s right.

15 MR O’SULLIVAN: You’re right.

Now, can I just take you to your first statement. Go to paragraph 17.16, Delium reference 25 and 26. Do you have paragraph 17.16. Just read 17.16(a) to (c) to yourself, please. Let me know when you’ve read it?---Yes.

20 Now, isn’t it the case that on 6 August a media statement was provided by West Moreton and Children’s Health Queensland? Do you recall that or you don’t?---I don’t recall that.

25 Could Dr Corbett be shown a document identified as WIT.900.012.0059. I withdraw that. It’s .001 at page 59. I want you to read two pages of this document, please. You’ve read it?---Yes.

Have you seen this document before?---I don’t recall, I’m sorry.

30 You don’t recall. No recollection of seeing this?---No, I don’t recall.

Commissioner, this is attached to exhibit 111, another statement, so it probably doesn’t need to be tendered.

35 COMMISSIONER WILSON: It’s also an exhibit, it seems, to Kimberly Sadler’s affidavit, which is in evidence.

MR O’SULLIVAN: That’s as we understand it. Thank you, Commissioner.

40 I asked you about the meeting on 15 July. Do you have any other recollection about other meetings with the Minister, or is that about it?---So I know we met in December 2012.

45 Yes?---That was a general meeting around general changes for mental health. And there was another meeting in – if I can go to my – can I go to my statement and refer to the timeframe for it? It’s in my statement.

You mean the one in December 2013 we were speaking about earlier?---Yes, that one too.

Yes, at the end of - - -?---And the one in July.

5

Yes?---Yes.

And there was the July 2013?---Yes.

10 Yes. Am I right to think that you don't have any particularly detailed recollection of what was said at those meetings?---My recollection is they were update meetings for the Minister on matters of significance.

Yes?---Which is really the only reason we would've had a meeting with the Minister.

15

Yes.

COMMISSIONER WILSON: I'm sorry, were you referring to two or three meetings? You said December 2012, July 2013. Was there also December 2013?

20

MR O'SULLIVAN: The witness recalls a meeting on December 2013, but she's not sure if the Minister was there or if it was only his staff. I was asking generally about any meetings with the Minister. The witness has given evidence – she's given the evidence she's given.

25

COMMISSIONER WILSON: Well, she's said now that she remembers meetings with the Minister in December 2012, July 2013.

There was a meeting in December 2013, but you're not sure whether the Minister was there or only members of his staff. Is that the case?---That's the case.

30

Thank you.

MR O'SULLIVAN: Thank you, Commissioner. No further questions.

35

COMMISSIONER WILSON: Mr O'Sullivan, before you sit down, I just want to check about these exhibits. The first one you put in was the first annual report. The second one, the service agreement from 1 July 2013 to 30 June 2016. Is that correct?

40 MR O'SULLIVAN: Yes, Commissioner.

COMMISSIONER WILSON: The third one was the amended agreement, but you in fact gave it a Delium reference. Is it in – is an exhibit to Mr Springborg's statement or not?

45

MR O'SULLIVAN: The amended agreement?

COMMISSIONER WILSON: Yes.

MR O'SULLIVAN: No. No, it's not.

5 COMMISSIONER WILSON: Alright. Well, that one should - - -

MR O'SULLIVAN: I can give you the correct Delium reference. This is the one I couldn't find. The amended agreement – the amendment agreement, which was signed on page 4, is LJS.002.0001.0062, if it pleases the Commission.

10

COMMISSIONER WILSON: So that one needs to be given an exhibit number.

MR O'SULLIVAN: It does. I can give you numbers now, but entirely a matter - - -

15 COMMISSIONER WILSON: If you leave it with me, I'll make sure that there's an updated list of exhibits available - - -

MR O'SULLIVAN: Yes.

20 COMMISSIONER WILSON: - - - for everyone in the morning.

MR O'SULLIVAN: We – if it matters, the list we've been provided ends at 178, but – there it is.

25 COMMISSIONER WILSON: I'll give you the numbers in the morning.

MR O'SULLIVAN: It's the case, isn't it, that in the meetings you can remember with the Minister – it's the case that you didn't ever say to him that there was a shortage of money to provide the replacement state-wide services that were being developed following the closure of the Barrett Centre? You never said that to him?---I understood he would already be aware of that.

30

He knew the financial position one way or another?---Yes.

35 And I think your evidence is that funding was not really something that you became involved in at paragraph 27.2 at page 36, Delium reference 36. The first page, WMB.9000.0001.0001 at page 36. Paragraph 27.2. Now, that's truthful evidence?---Yes, it is.

40 And the position was, wasn't it – was that as the new services were going to be provided under the leadership of Children's Health Queensland and the mental health branch, the funding of those services passed into their responsibility?---Correct.

And it wasn't something that you, as it were, were involved in?---Correct.

45

And your assumption was the Minister was – to the extent he needed to know about funding, was aware of it?---Yes. The funding at that level would've probably been

departmental, because it was the kind of thing that was in the service level agreement.

Yes?---So yes.

5

Yes.

COMMISSIONER WILSON: Is that it?

10 MR O'SULLIVAN: No further questions, Commissioner.

COMMISSIONER WILSON: Ms McMillan.

MS McMILLAN: Yes, thank you. Just a couple of things.

15

EXAMINATION BY MS McMILLAN

[3.53 pm]

20 MS McMILLAN: Dr Corbett, with what's already on the screen – and you were pointed to 27.2 – the question that you're asked appears, though, to relate to transitional arrangements and funding. Is that correct?---That's correct.

25 Right. Okay. But does your answer to my learned friend Mr O'Sullivan not change in any case, that so far as you were concerned it wasn't the board or the service's function to address, can I put it, high-level funding issues, such as capital projects, etcetera?---Yes.

30 Right. Now, you were asked a number of questions by my learned friend Mr Freeburn about meetings that were occurring between Dr Brennan, Dr Hoehn and the mental health – the branch, if I can call it that way. And you were referred to that there were weekly operational oversight meetings, and I think you said you received a report at board level every month from May 2013. Is that correct?---Yes, on the Barrett and the transition.

35

Right?---Yes.

40 And were those briefings written or written and oral, or what form did those briefings to the board take?---They were written, and then they would have been oral at the same time.

45 And who would those oral briefings have been made by?---Id' have to refer specifically to the agenda to see which executive would have been presenting, but they would have been a combination of the chief executive, Shan Kelly and Leanne Geppert.

Leanne – Dr Leanne Geppert?---Yes.

Right. Thank you. Did you also meet Lesley Dwyer weekly to discuss current issues that related not only to Barrett, but to generally the health service?---Yes.

5 Right. And I take it some of those meetings or a content of those meetings would have incorporated issues about the Barrett Centre?---They may have done.

10 Alright. You can't particularly – recollect. Right. You were also asked questions about transitional arrangements by my learned friend Mr Freeburn, and it seemed implicit there was a reference to new services. Did you understand transition also meant to existing services?---Yes.

Alright. Nothing further. Thank you, Commissioner.

15 COMMISSIONER WILSON: Mr Freeburn, anything?

MR FREEBURN: Just one point, if I could clear it up, please.

20 **EXAMINATION BY MR FREEBURN** **[3.56 pm]**

MR FREEBURN: Dr Geppert – sorry, Dr Corbett, you were asked some questions about the Queensland Plan for Mental Health 2007-2017?---Yes.

25 Or at least you gave some answers about that - - -?---Yes.

30 - - - document. And as I understood your evidence, you said that the Barrett model did not align with the Queensland Plan for Mental Health; correct?---Yes. Yes. That's my understanding.

And your understanding is based on – is it based on either of these two things? Is it based on reading the document and the associated documents, or is it based on what you were told?---A combination of both.

35 Right. Well, you were told by who?---By our executive in the service. By the executive in the service.

Ms Dwyer - - -?---The chief executive, Ms Kelly.

40 Alright. You know, don't you, that if one reads the Queensland Plan for Mental Health that it provides sums of money for acute and extended treatment beds?---Yes.

45 And part of the money in either the Queensland Plan for Mental Health or in the associated budget items allocated money for the relocation of the Barrett Centre to Redlands?---That's my understanding, yes.

Okay. So it was always envisaged that, in effect, there would be a new Barrett at Redlands?---I don't believe the concept of a new Barrett was what was envisaged for Redlands. I believe that was a new model of care at Redlands. I don't believe it was a replica.

5

Okay. Alright. I understand. So a new model of care would be drawn up and applied to the new centre?---Yes.

That's all I have, Commissioner.

10

COMMISSIONER WILSON: Thank you. Can the witness be - - -

MR O'SULLIVAN: I'm sorry - - -

15

COMMISSIONER WILSON: I'm sorry, Mr O'Sullivan?

MR O'SULLIVAN: I'm so sorry, there's one question I forgot to ask, I apologise.

COMMISSIONER WILSON: Very well. Ask it.

20

MR O'SULLIVAN: May I have that indulgence?

COMMISSIONER WILSON: Yes.

25

EXAMINATION BY MR O'SULLIVAN

[3.58 pm]

MR O'SULLIVAN: Your statement at – Delium reference is 02 – very hard to read. It's item 3.5 of the 29 November 2013 minutes. It's Delium reference 235, if I've deciphered it correctly?---Could I ask what page it is, please?

30

Bottom right-hand corner is 184 of your hardcopy, and I think the Delium reference – it's the first – witness's first statement is 235. First – it's not 235. Three. Try – just go back to item 3.5. I'm sorry, mine's illegible, Commissioner.

35

COMMISSIONER WILSON: It's up on the screen, I think Mr O'Sullivan.

MR O'SULLIVAN: Thank you, madam – thank you, Commissioner.

40

Now, do you remember being asked questions about the Barrett Adolescent Centre update? Remember giving some evidence about this?---Yes.

You were asked questions - - -?---Yes.

45

- - - by my learned friend Mr Freeburn and you will see it says there agenda item 3.3. Do you remember giving some evidence about what services you had in mind? Do

you remember giving that evidence? And do you remember being asked – if you just pay attention to 3.5 – you were asked what is the proposed new model?---Yes.

5 Remember being asked that?---Yes.

Can you go back to Delium reference number 223, page 174 in the document. Do you have 174?---Yes, I do.

10 Look at the top of the page?---Yes.

I withdraw that. Look at the previous page, 173 Delium reference 222. You'll see it says agenda item 3.3?---Yes.

15 And you will note that that correlated with the agenda item at - - -?---Yes.

- - - paragraph 3.5. Can you look then at page 223. You will see – you weren't shown this document, were you?---This one here?

20 No. Yes, that one?---The one that's on the screen, yes.

Yes. You will see it says WMHHS transitional options plan?---Yes.

25 You will see it says recovery-oriented treatment and rehabilitation for young people with severe – age 15 to 21 – with severe and persistent mental health problems that are unable to be cared for within existing service options?---Yes.

Did you understand that that was the target cohort with – in respect of whom this plan was directed?---Yes.

30 You did. Just look at phase 2, please. I withdraw that. Phase 1, activity-based holiday program?---Yes.

Remember being asked some questions about the holiday program?---Yes.

35 It was suggested to you the holiday program was not a tier 3 service. You remember - - -?---Yes.

40 - - - that being put to you. Were you provided with detail over and above what appears at 223 as to the subject matter of the holiday program or was it what appears at 223?---I – I don't recall having any more detail of it. I believe it's what was here.

No. And would you expect to be provided with more detail about the holiday program?---Not as a board, no.

45 No. You look at phase 2, please. You will see it says West Moreton transitional service, intensive mobile outreach services, day program, supported accommodation, target population. Just read that to yourself, please. Am I right in thinking you

weren't taken to this document in your evidence earlier?---This was the document that I - - -

Yes?--- - - - alluded to earlier.

5

I understand?---Yes.

That's the document you alluded to?---Alluded to, yes.

10 I see?---That was an attachment to the paper.

That's the one you alluded to?---Yes.

I had thought that?---Yeah.

15

Yes. Now, did you consider this at the time?---At the board, yes.

Yes. You were aware of the substance of what appears at phase 2?---Yes.

20 And what about phase 3 – just read that to yourself. Now, in relation to the question about what was the model, am I right in thinking the model that was being referred to is the model set out in this document here. I've confused you?---Yes.

If you go back to item 3.5 – page 184 on the bottom - - -?---Yes.

25

- - - right of your document?---Yeah.

You see that - - -?---So this – this is the model.

30 So let me just – the Commissioner has to follow otherwise there's no point?---Yes.

Do you see - - -

35 COMMISSIONER WILSON: I think you want her to go back to the Delium reference, please, WMB9000000100233.

MR O'SULLIVAN: Two double three. I'm indebted, Commissioner. Mine is illegible. Now - - -

40 COMMISSIONER WILSON: And scroll down to 3.5, please. Thank you.

MR O'SULLIVAN: Third last line, the board indicated its support for the proposed new model?---Yes.

45 Do you remember being asked some questions about that?---Yes.

Am I right or wrong that the new model is the document I've been taking you to with phase 1, 2 and 3?---Yes.

It is?---Yes.

5

And I'm right in thinking from the evidence that you were satisfied based upon your review of this document and the briefings you were given that the plan or the model was appropriate to the therapeutic needs of those who were patients of Barrett or those on the waiting list?---That was the advice we were given, yes.

10

Did you accept that?---Yes. We did.

COMMISSIONER WILSON: That's it.

15

MR O'SULLIVAN: No further questions. Thank you.

COMMISSIONER WILSON: Ms McMillan, anything arising out of that?

20

MS McMILLAN: No. No, I don't. I think my learned friend has comprehensively covered that.

COMMISSIONER WILSON: Mr Freeburn, anything arising out of that?

25

MR FREEBURN: No, Commissioner.

COMMISSIONER WILSON: Can the witness be stood down this time?

MR FREEBURN: Yes, please. Yes, please.

30

COMMISSIONER WILSON: Thank you very much, Dr Corbett. You can stand down.

WITNESS EXCUSED

[4.06 pm]

35

COMMISSIONER WILSON: Does that conclude the evidence today?

MR FREEBURN: Yes, Commissioner.

40

COMMISSIONER WILSON: Now, tomorrow is scheduled for a half day. Is the current estimate still a half day or is it likely to go into the second half of the day?

45

MS McMILLAN: Well, I can only say, really, obviously it depends what comes out in chief. I don't anticipate having a great deal to ask Dr Geppert.

COMMISSIONER WILSON: What about others? Mr Diehm, Mr Harper, Mr Ben McMillan.

5 MR DIEHM: I will contribute little to the time consumed, Commissioner.

COMMISSIONER WILSON: Thank you.

MR McMILLAN: I expect my time will be less than five minutes, Commissioner.

10 COMMISSIONER WILSON: And Mr Harper is not here. Mr Wessling-Smith, you're here instead.

MR WESSLING-SMITH: I'm here in Mr Harper's place today. It won't be any more than what is on the spreadsheet and I believe that's 15 minutes.

15 COMMISSIONER WILSON: Alright. So Mr Freeburn, it's up to you how long it takes, it seems.

20 MR FREEBURN: Thank you. I make take some of those gifts – gifts of time that have been offered.

MS McMILLAN: Can I just clarify. Is it then still accurate to say half a day. It's just that we have witnesses who are naturally coming in.

25 MR FREEBURN: Yes.

MS McMILLAN: Okay. Thank you.

30 MR FREEBURN: Yes. I think so.

MS McMILLAN: That's helpful. Thank you.

35 MS WILSON: Commissioner, I probably should join in the roll call. The State of Queensland is down for 20 minutes. We won't take up 20 minutes. We'll be shorter than that, I envisage.

COMMISSIONER WILSON: Okay. Good.

40 MS McMILLAN: So Commissioner I should also say depending on the questions from Counsel Assisting there may be some very brief issues that I may wish to raise but they'd be no more than two or three minutes. I'd be very brief.

45 COMMISSIONER WILSON: Alright. Can I say to all parties would you please as far as possible make sure the Executive Director of the Commission has details of all the documents that are going to need to be put up on the screen.

MS McMILLAN: Thank you, Commissioner.

COMMISSIONER WILSON: Alright. Adjourn, please, until 9.30 in the morning.

MATTER ADJOURNED at 4.08 pm UNTIL FRIDAY, 18 FEBRUARY 2016