

AUSCRIPT AUSTRALASIA PTY LIMITED

ACN 110 028 825

T: 1800 AUSCRIPT (1800 287 274)

W: www.auscript.com.au

E: clientservices@auscript.com.au



TRANSCRIPT OF PROCEEDINGS

Copyright in this transcript is vested in the State of Queensland.

Copies of this transcript must not be distributed or sold without the written authority of the Executive Director, Barrett Adolescent Centre Commission of Inquiry.

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

9.32 AM, FRIDAY, 26 FEBRUARY 2016

Continued from 25.2.16

DAY 15

RESUMED

[9.32 am]

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

10 MR FREEBURN: Commissioner, can I hand up as a matter of housekeeping the exhibits tendered yesterday, a list of exhibits tendered yesterday, with provisional exhibit numbers allocated to them.

COMMISSIONER WILSON: Have copies of this list been given to all counsel?

15 MR FREEBURN: They have been distributed just before your Honour came in. And, again, if anybody has an objection or problem, I'm content to deal with that.

COMMISSIONER WILSON: Alright. I'll proceed as I have in the last few days in relation to these lists. If nothing has been raised by lunchtime, the documents will be given the numbers provisionally accorded to them in this list.

20 MR FREEBURN: Thank you.

COMMISSIONER WILSON: Are there other housekeeping matters?

25 MR FREEBURN: No. No, Commissioner.

COMMISSIONER WILSON: Very well.

MR FREEBURN: Commissioner, I call the Honourable Lawrence Springborg.

30

LAWRENCE JAMES SPRINGBORG, SWORN

[9.34 am]

EXAMINATION BY MR FREEBURN

35

MR FREEBURN: Mr Springborg, I understand you have with you a hard copy of some documents that have been referred to you. Do you have a hard copy of your witness statement, your affidavit?---Yes, I do, Mr Freeburn.

40

Thank you. Can I ask you to turn to exhibit LJS2, which should be on page 32 of the document, and we can also call that up on the screen, so whichever you find more useful, Mr Springborg, either the screen or the hard copy?---It's easy for me, Mr Freeburn. Are we starting on page – I have page 31.

45

So it should be a briefing note to the Director-General, not to you?---Yes, I have it.

And it's a briefing requested on 3 May 2012?---Yes.

Now, you'll see the briefing note on the – has a note on it, if we scroll down – keep going – you see – hang on. If we go back up a bit – back up a bit further, please, bit
5 further – you'll see the proposal that the Director-General approved the cessation of the Redlands Adolescent Extended Treatment Unit, and then the second point is:

Provide this brief to the Minister for noting.

10 Now, I just want to go to page 3 of the document, of this particular document, which is two pages on – keep going – yes, that's it. And you'll see there there's a box to the right of the – Mr O'Connell's name, which says:

To Minister's office for approval.

15

And that's ticked. Does that mean – does ticking of that box mean it is to go to the Minister or does the ticking of the box mean it actually has got there?---The – the ticking of the box would mean that it should go to the Minister's office.

20 It's intended to go to the Minister's office, but it's not – it doesn't demonstrate that it actually got there?---No, it – no, it doesn't, but it says it is go to the Minister's office. Whether it ultimately came into my office I can't indicate – well, I have not seen it before, before such time as this information was provided to me in preparation for the – the inquiry. Yeah.

25

And it's a long time ago, but I gather you don't recall having received this document?---No, certainly do not recall receiving this document.

I want to take you to the next briefing note, which is in August 2012; now, it's
30 exhibit LJS3. So can I ask you that same question again: it's a long time ago, but do you also not recall receiving or reading or approving this briefing note?---Mr Freeburn, I certainly do recall receiving that briefing note and signing it; it has my signature on it. And by that stage I was very familiar with the issues, if I can elucidate.

35

Sure?---Around the proposed centre at Redlands and also the advice from Mr Kingswell and the chief health office through the Director-General, that this project should be ceased as it was no longer considered an appropriate contemporary model of care.

40

I see. You see, in paragraph 40 of your written statement you this about this briefing note:

This briefing note has been signed by me and I have circled the word approved. This indicates that I would have read the note and approved the recommendation.

45

I rather thought from those words that you agreed that you'd signed it, you must have seen it, but didn't have a recollection of it?---I – I do, Mr Freeburn, have a recollection of this briefing note which is entitled LJS3. If you're indicating knowledge of the previous briefing note which had been signed by the Director-
5 General and was targeted for my office, I certainly have no knowledge of receiving that.

Okay. So you're clear in your mind that you received the LJS3?---Absolutely.

10 But you don't recall - - -?---Absolutely.

- - - receiving LJS2?---Absolutely. And it has my signature on there to verify that, Mr Freeburn.

15 Alright. Now, I gather one of the reasons you remember this is because it was an important matter? It was a decision which involved removing \$41 million from four projects, including Redlands; correct?---There – I do remember this issue because there was discussion at the time around whether this was the right model of care for those who need care going forward. The advice on that was that it was no longer,
20 and that was the advice by very senior clinicians. And as a consequence of that, the decision which had been made in May of that year by the Director-General, acting on the advice of the Chief Health Officer and the now-Director of Mental Health and Alcohol and Drugs, was that this was not the appropriate model of care and the project should be ceased, and therefore – can I just ask if my understanding of your question is appropriate, that then that formed a number of projects that may have
25 been able to be ceased or deferred to enable us to address other emergent priorities. Having said that, if there was ever advice to the contrary that had indicated that that institutional model of care was the appropriate model of care going forward from then, I have no doubt that funding would have been found within the Department or
30 through special decision to consider and continue such a model of care.

Okay. Now, can we just go back to LJS3, please, and I just want to get – ask you a few questions about it. It was a decision which involved taking \$41 million from four – let's call them Southeast Queensland projects and placing that \$41 million and
35 a further 10 million from Closing the Gap into 12 rural hospitals; correct?---On the surface of it, that appears to be the case. And if I can explain?

Yes?---Okay. If you look at the Redlands Project, it was proposed to be a replacement institutional-type project, but when a decision had been made in 2008 to
40 close the Barrett Centre, with the subsequent movement of time that project was supposed to have been completed in 2011. It was not completed in 2011, and, indeed, because of planning delays and a whole range of other issues – which are probably well-known to the Inquiry – that did not happen, and therefore it was not going to be built in that year or even the subsequent year, if there even had have been
45 a recommendation around it. The motivation to need to find this money was a report which was discovered by my office into the significant neglect of 12 hospitals. They just happened to be in regional areas, which such major issues such as fire safety,

5 other health and safety issues, access issues. And we needed to address that immediately, because there was a serious issue as to whether those hospitals would be able to continue to operate. I can't vouch as to why that had not been previously addressed, but that was one of the issues, and so postponing some projects and the cessation of a project, which was Redlands, which was recommended as not the most appropriate model of care, formed the basis to be able to access that funding to deal with very, very significant emergent issues.

10 Mr Springborg, I take it from that answer that part of your exercise and part of your difficult job as a Minister is to weigh up competing priorities for the taxpayers' money and in this case \$41 million of taxpayers' money. Is that correct?---Well, in this case, yes, it is a matter of competing interests but the overall principal consideration always is patient safety and care. And we had an emergent issue where there were serious issues around patient safety and care in those hospitals which had
15 been identified and not dealt with and also access to the public and staff as well.

Okay. Now, if we go to the top of LJS3 – the briefing note – you will see that underneath your name and your position are the words:

20 *Requested by Vaughan Pete, Office of the Minister for Health.*

And then there looks like it's a stroke SDLO. Who was – sorry, first of all I should ask is Vaughan Pete a male or female?---Vaughan Pete is a male.

25 And Vaughan was in your office at this time?---Yes. He was. Vaughan Pete was in my office at that time. He was in the Department prior to me coming in to the office and I think at that stage he was acting Executive Director to the Director-General at the time that I became the Minister.

30 And just to explain to those of those who don't know, SDLO stands for?---It is the – it is the departmental liaison office position that operates on floor 19 between the Minister's office and – and also the Director-General in the department.

35 So is it effectively the liaison between the Minister's office on one hand and the department on the other?---Yes, yes. And if I can just expand for one moment, Mr Freeburn, that doesn't mean that we don't have extensive discussions with other senior officers in the department. I had an open door policy and anyone could basically come and go in my door but if we wanted to request information then we did so through the SDLO.

40 And Mr Springborg, if we look across that same line we can see date requested and then action required. Does that mean that Mr Pete has requested this briefing note on the 10th and he is requiring action by the 17th?---I would – I would imagine that certainly would be the case, Mr Freeburn, if the – if the document indicates that.
45 Yes.

And we can see if we go later in this document – you’ve probably seen it – Dr Janette Young signs it - - -?---Yes.

- - - as acting D-G?---Yes.

5

And the system is that there’s a briefing not to the Minister - - -?---Yes.

- - - and an accompanying briefing note to the Director-General?---That – if – yes.

10 But Mr Freeburn, as a general rule there will be attachments that come in. Not always the case but as a general rule and the preparation of these documents can start a fair way down in the department and then they escalate along. The chief health officer who is a statutory officer – Dr Janette Young was the acting Director-General at that stage and, indeed, she was the chief health officer at the time that she made the recommendation to the Director-General along with Dr Kingswell to cease that project – the Redlands project.

15

I see. And if we just to the last very last page of the Director-General’s briefing note which should be page 40 of your affidavit. It’ll be – I’m sorry, Mr Springborg, there are a whole lot of different numbering on this. I’ve mentioned 40 because the electronic operators can easily go to that. If you have a document – a stamp on it which has an LJS number then the last four digits should be 0040?---I have that, Mr Freeburn. Yes.

20

And you will see there Dr Young has signed - - -?---Yes.

25

- - - about halfway down the page?---Yes, I can.

It’s blocked out on the screen version. Now, if we scroll down a bit further you can see the author of the document is – if we work down – Rosemary Hood, director of health infrastructure office and content is verified by Glenn Rashleigh who is the chief health infrastructure officer?---Yes.

30

So am I right in thinking that this has come from – the content of this briefing note has come from the health infrastructure office in response to a request from your office?---I – I would imagine so, yes. That would be the normal process, Mr Freeburn, as that’s an infrastructure matter. Yes. Generally.

35

Well, it isn’t necessarily the normal process, isn’t it, based on what you said earlier. Isn’t it the case that sometimes these briefing notes might start - - -?---That’s true.

40

- - - deep in the department and come up to you. But this one is slightly different. It’s come from – the request for it has come from your office and then it’s been prepared by the health infrastructure branch and come back to you?---The – the briefing notes can generate in a number of ways, Mr Freeburn. They can be by request from the Minister’s office or if there are emergent issues or issues that the department or its officers or within the HHSs wish to inform the Minister of, that can – that process can start at that particular level. That is very, very true. If I can just

45

elaborate, with regards to the issues around this we had the emergent matters in those 12 hospitals that needed to be addressed. We were very keen, also, to have a solution on how to do that. Through Dr Young and Dr Kingswell and Dr O'Connell they had already made a decision around the cessation of the Redlands project well and truly
5 prior to this and so it's of no surprise to me that that has formed a part of the options available to us.

Okay. The point I wanted to make you probably – I take it you agree with me – is that this has come from health infrastructure rather than, for example, Dr Cleary's
10 section – the health service and clinical innovation division?---The - - -

Because of the nature of it?---Yes. But these decisions, Mr Freeburn, have a lot of linkages within the department. The original decision to close or cease this project was a clinical decision. The infrastructure branch is the one that then manages the
15 roll out of – of infrastructure, the delays in infrastructure, managing infrastructure, planning around infrastructure and because they involved infrastructure notwithstanding the other decisions that had been made. That's why I would imagine the briefing note would have come from there.

20 Alright. Can I just take you back to page 36, please. The recommendation to you – so this is the Minister's section of the briefing note. Have you got a hard copy of that?---Yes, I do, Mr Freeburn. Yes.

25 You will see you're asked to approve the plan strategy for the targeted rectification of the prioritised infrastructure issues and subsequent planning for 12 rural hospitals?---Yes.

And then – and I just want to get to the figures:

30 *Note the recommended \$41 million funding strategy for the 2012/13 –*

Sorry –

35 *For 2012/13 for the rural infrastructure rectifications from the capital program.*

So these three dot points identify where the money is coming from?---Yes. That is true.

40 And if we add that 41 million – if you and I do the maths – add the 41 to the next note down which says:

A further 10.58 million is being allocated from closing the gap funding.

45 The answer is 51.58?---Yes.

And I want to just explore that 51.58. If we go to two pages on into the Director-General's document and we have a look at page 7, about the middle of the page. Have you got that paragraph 7?---Yes, I do.

5 You see there are the words:

An initial low-confidence cost estimate of 51.58 million –

which is the figure we just mentioned –

10

has been identified for expenditure this financial year.

And then the words:

15 *Following further scope finalisation and engineering assessments, there may be variations between the costs at each of the 12 sites.*

?---Mmm.

20 Now, I'm trying to put that into English. Is the reference to an initial low-confidence estimate – is that meaning – does that convey to you and you would have understood that to mean we've got a rough budget but it's not much more than that?---Yes. That's what it means. And if I can expand on that – maybe your subsequent question goes there anyway, Mr Freeburn. If you would like me to expand.

25

Yes?---This – I can't remember the exact date, but it was probably early in the second part of 2012. We did find these briefing notes – these documents and the reports on these 12 hospitals which included serious safety issues around fire safety, electrical safety and other public safety issues that needed to be addressed, because it questioned the operations of those hospitals, which were critical hospitals. The department then started work as to what the estimated cost would be around the fix that was required, which should have started sometime in 2012 – '12/13. But it's not unusual to actually start off with what you believe is required. That may or may not then be more or less, but the most important thing was to actually fix those hospitals so they could continue to operate. But, critically, if there had been any subsequent recommendations to me as Minister that an institutional care environment around adolescent patients was required, then I have no doubt that that would have been able to be accommodated through our budget surpluses which subsequently arose or through central government.

40

Now, can I just ask you – that's really – one of the points that's relevant here, isn't it, is that like many government projects, these 12 rural hospitals – some preliminary scoping work had been done, some preliminary budgeting had been done but there was a lot more work to be done, correct?---Yes. Mr Freeburn, if I can just further say the normal thing would be when the reports identified the problems to start with as happened two years prior that that work should have started then. It hadn't done, and the processes, of course, then were delayed because that work hadn't happened.

45

And safety issues had compounded, and they were compromising the safe operation of those hospitals, so that work needed to be undertaken post-haste. It should have been done previously but for one reason or another it wasn't.

5 So, Mr Springborg, I think we're agreed, aren't we, that there's no suggestion that there was any building approvals or building contracts. The department just hadn't got that stage yet, correct?---Yes, Mr Freeburn. The department had estimates that this would be, based on their internal assessment, around about 50, 51 million
10 dollars. This is an idea around what it costs to fix access, fire safety, electrical safety issues.

Okay?---But we needed to do something to start the process of addressing this.

15 Alright. If we scroll down to paragraph 9 – a bit further down – you can see the – this briefing note identifies the 12 rural hospital sites?---Yes, it does.

And then in paragraph 10 the briefing note is saying:

20 *The current identified capital savings totalling \$63.2 million as outlined in the July 2012 cabinet budget review submission is documented in attachment 5.*

Now, I don't need to take you to attachment 5, but I need to ask you about that figure of \$63.2 million. Is that – other evidence has been heard by the Commission to the effect that the department had been asked to find savings of 100 or 120 million
25 dollars soon after you came into office. Is that correct? Is that your recollection?---Yes. Through the CBRC process, it was identified when I became Minister that the department was exceeding its budget by over \$100 million. Yes. And we were asked to balance our budget, which one would expect that through the process we should.

30

And am I right in thinking – because you became Health Minister on 3 April 2012?---Yes. That is true.

35 And this briefing note is in August 2012?---Yes, it is.

And am I right in thinking that this \$63.2 million are the savings that have been identified to that point where you were hoping to get to the target of 100 or 120?---As I said, Mr Freeburn, we were asked to balance our budget which was significantly over. And the department started a process to work out how to do that
40 through deferral of projects, also projects which did not leave patient safety – did not leave any gaps in services. So there were projects that were deferred as a part of that. And one can only recollect from what you have there that that is all a part of the overall repair strategy that we had within Health to actually – actually balance our budget. There was no reduction in our budget. We simply were asked to balance
45 our budget. That then, of course, left us to identify projects which were not likely to happen in that year or the subsequent year or even the year after that. And other projects that could be pushed out another year or so whilst we identified the recurrent

funding, as well, because there were projects where we'd received capital funding from the Commonwealth but there had been no recurrent funding identified within the department, particularly in the mental health area.

5 Thank you. And I just want to – if you go to the next paragraph, paragraph 11 and just read that to yourself?---Yes, Mr Freeburn.

10 So am I right in thinking that it sounds like your efforts of savings – to get savings have been fairly successful, because there was a body of \$63.2 million which was in capital savings that had been identified. And this document was talking about a further \$41 million in savings that had been identified, correct?---Mr Freeburn, as I understand it, that formed the overall scope of the savings that we needed to make to our financial position in order to balance our budget. And that work had started much earlier. And there may be other documents which you're aware of that would indicate that that formed a part of the considerations of the cabinet budget review process. So it was overall. Yes. And then it was a matter, Mr Freeburn, of how that was then being implemented to give effect to make sure that we could address some of these emergent issues.

20 But you see my point. All I'm trying to do is to separate – there's your overall 63.2 in savings and then somebody has found an additional \$41 million in savings?---But if – as I understand it, Mr Freeburn, if we go back to our task, which was to balance our budget, which for one reason or another – I can't comment on what may – the reasons as to why it was not balanced. We were asked to balance our budget, and we were able to identify the options available to us to do that. And then, of course, that then enabled us to be able to address subsequently some issues that needed to be addressed.

30 Alright. I want to now deal more specifically with the \$41 million?---Sure.

35 But before I do, can I – can we just progress a bit further on in the email – in the briefing note. There's obviously a typo in paragraph 12 which I won't take you to task about. I think that 14 million should actually be 41 million if you read the context?---Mmm.

40 Then if you turn over the page, if we go to the next page, you'll see some consultation has occurred with the relevant hospital and health services to identify current critical infrastructure issues. Is that what you were telling me before, that there had been some communication with those rural hospitals to work out what was the most urgent and what needed to be done?---I can only imagine so, Mr Freeburn, because on top of those 12 hospitals that were identified there that had serious and immediate issues, there were also around about \$300 million of maintenance challenges that had been identified in hospitals over and above that in metropolitan, larger regional – larger district and smaller hospitals as well. But we had emergent issues. I can't ascertain from that whether it was meant that it was in relation to those 12 or the broader challenge that we had with regards to the 300 million-odd dollars of maintenance that needed to be dealt with that had not been done. And

that's – that may be a part of it, it may be separate. I – I don't have enough context around that.

5 Okay. Alright. Do you recall any consultation with Metro South or West Moreton before the decision recorded in this briefing note?---No, I do not. No, I do not. There may have been consultation within the Department between departmental officers. Mr Rashleigh's division, they may have been that consultation, but not directly with myself that I know of.

10 Alright. Can I – so if we go back to the previous page again, you'll see paragraph 11 says – it talks about that \$63 million and then identifies the further potential capital savings having been identified, totalling \$41 million. And then the details of that are in attachment 6, and I just want to show you attachment 6, which is – we'll get it up on the screen – and I think in your – should be tab 8 in your bundle of documents,
15 Mr Springborg – but it's QHD.004.015.7533?---Mr Freeburn, can I just ask your assistance there. Has that got a number down the bottom of the – the page, which may be more helpful for me? Because mine are running sequentially, you know, one through to 60-odd.

20 I'm sorry. I've only been told about your bundle of documents, Mr Springborg. Can you see it up on the - - -?---This one, okay.

It's up on the screen?---I'm happy to look here.

25 So – I'm sorry to confuse you, Mr Springborg. Are you right? Have you got tab 8?---Yes, I do.

It should be a document headed Proposed Capital Savings: 41 Million?---Yes.

30 Now, if we add up – you'll probably take it from me, but if we add up that column that's headed Saving we get to the \$41 million?---Yes, Mr Freeburn. That appears to be the case, yes.

35 I want to focus your attention on the last column, the comments column. You see, in respect of the first project, the Caboolture Health Precinct Project, there is a note there:

No other known consultation with Metro South HHS.

40 Correct?---That's what it does – does say there, Mr Freeburn. My understanding is that the Caboolture Health Precinct is in the – or was under the responsibility of the Metro North Hospital and Health Service. I'm not sure of what consultation would have been required with Metro South. So in the absence of any other information known to me, I'm – I'm unable to – to help on that.

45

They may have got the geography wrong. So – and then we can see a similar comment next to Sunshine Coast, and probably a similar error. But have a look at

the replacement Barrett Adolescent Mental Health Facility. Next to that, there's a comment:

No consultation with Metro South HHS and West Moreton HHS.

5

So I think that accords with your recollection: you don't recall any consultation before this briefing note, and it looks like there – if one – this attachment to your briefing note suggests there probably wasn't?---No. And as I indicated, Mr Freeburn, I have not seen that and there is no date as to when that was actually prepared. And I think that's the difficulty with regards to making commentary on it as well. So I'm not quite sure the purpose of when that was prepared. I don't recollect seeing that, but, certainly, the broader issues in there I'm very, very familiar with.

10

15

Alright?---The consultation process, I – I can't elucidate on that. But I can indicate the broad issues around it, yes.

20

Can I suggest to you that this is likely to be an attachment, attachment 6, to the briefing note that you signed?---It is – it is possible, but I have no independent recollection of seeing it, and it doesn't necessarily mean that it found its way to me.

I understand?---And as I said, Mr Freeburn, I'm not sure when it was generated or how it was generated or the purpose it was generated.

25

Okay. But let's just assume that it's accurate for the moment and assume that you're right, that you have no recollection of there being any consultation with either West Moreton or Metro South.

30

MR O'SULLIVAN: I think his evidence was he has no recollection of being informed of any consultation. Whether there was or not, he just can't help the Commission.

COMMISSIONER WILSON: Mr Freeburn.

35

MR FREEBURN: Thank you. So your evidence that you have no recollection of being informed of there being any consultation?---No, but the broader issues in that, Mr Freeburn, I'm very, very familiar with. Not the minute detail of the various projects, but the broader issues, yes. But that document there around consultation: I don't believe I've – I've seen that document before.

40

Right. And there are some things in there that I – I would say that a range of other people would probably be best to explain why there would be consultation around a number of those projects, considering that they're in – in places that are not directly – maybe indirectly – affected by the HHS, where that project is located.

45

Mr Springborg, can I just – can we, sort of, do a helicopter view of this?---Yes.

We've seen that there has been some consultation with the 12 rural – sorry – the health services for the 12 rural hospitals.

5 MR O'SULLIVAN: No, that wasn't his evidence either. His evidence was he didn't know. It might have been the 300 million, it might have been the 12 hospitals. He doesn't know. He was speculating about that line in the briefing note. So it's not fair to put him in those circumstances what it was.

10 COMMISSIONER WILSON: Mr Freeburn, your response?

MR FREEBURN: I'm not even sure I got to the point of putting anything, but I'll rephrase the question. Mr Springborg, in the briefing note there's a note of some consultation with the hospital service districts that were – that had these 12 rural hospitals; correct?---There – there would have been consultations. The extent of
15 that consultation is not something that a Minister would normally involve themselves in other than having discussions from time to time as a way of meeting with the executive and the board chairs. Once matters would have been identified and solutions been identified, there would have been consultation between the chief executive of those health service and the appropriate division within the Department,
20 and, possibly, if they had their own independent structure people as well. Further to that, there was also discussions, as I understand, that some of the hospital and health services, whilst they appreciated this needed to be fixed, but they may need a better overall solution to actually some of the emergent problems that necessitated new
25 builds as well. So the 41 or 51 million dollars was about emergent, urgent issues that had to be dealt with. The \$300 million, not wishing to confuse anyone, related to other maintenance issues that were identified that needed to be addressed that didn't have the same level of immediate urgency. And I would have imagined that that consultation process should have started at that stage. To the level of it who was spoken to I wouldn't have that level of detail. I doubt any minister would.

30 Alright. I won't ask you about the level of detail?---Mmm.

But let's just accept there was some consultation with the rural hospital boards?---Yes.

35 But was there – or at least you don't recall there being any consultation with Metro South or West Moreton Hospital Board?---If the question – okay. No, I don't. And it's not that level of detail that I would normally have, but there may have been consultation that has happened at various levels below me.

40 Outside your knowledge?---Mmm.

If there had been no consultation with those two boards, would that be surprising?---Again, it depends on when this – when this had been generated. I need
45 to understand when this document was actually generated, because those Hospital and Health Boards came into being some time early – well, towards – well, just after the middle of 2012.

Mr Springborg - - -?---Okay. And there was Hospital and Health Services before, so we would need to have some context around that. Hospital and Health Services did exist, but the boards came into being a little later on. Those appointments were progressively made so, again, I would need to understand – if I knew when this document was generated, I would be able to provide, I believe, a better context – a more helpful context around it, but in the absence of that, it’s very, very difficult.

Okay. Are there reasons why you or the department would not consult with the Hospital and Health Services that are affected by these decisions?---Mr Freeburn, the difficulty in speculating on this is not knowing when that document was generated. Was that document generated prior to the final appointment of the Hospital and Health Boards when the department may have had a higher level of central responsibility around this? And also if the – when – was it after the decision had been made quite independent of myself by the Director-General acting on the advice of the Chief Health Officer and Dr Kingswell to cease the likes of the Redlands project. And, again, I just say that in the absence of any further information around that – like when it was generated, the context it was generated – I’m unable to provide you with the assistance that you would like and I think that I could genuinely provide beyond speculation. And that is, I think, not helpful to – to any of us, because we don’t know – that changes the context of things.

Mr Springborg, I don’t want you to speculate, but what I’m asking is about your office and your department’s practices. Is there a practice that you would talk to a health service – like West Moreton or Metro South in this case – about the fact that funding for projects that were proceeding in their district was going to be withdrawn?---I come back to my original answer on that. And in the absence of knowing when that was generated, then – if – if there had been a decision made by the Director-General acting on the advice of the Chief Health Officer and Dr Kingswell that, for example, the Redlands project was no longer the contemporary model of care and should be ceased, that would have been made prior to the appointment of the Hospital and Health Boards that happened at least – well, probably a couple of months or more after that particular time. It is also possible, Mr Freeburn, that some of the projects around capital funding is money that directly comes into the department from the Commonwealth. There’s no recurrent funding identified, so therefore the decision is to postpone the rollout of that. The linkages around the consultation in the absence of any further information about when that was generated is difficult for me to be able to assert, and that’s all I’m trying to say. But the normal process that I encouraged as we matured our Hospital and Health Services and they gained greater autonomy was no surprises for them and no surprises for myself as we matured that process and a process of consultation. But I have no context around when this was actually generated, and that’s the difficulty that we have with it – is to be able to give you the answer that – that meets your requirement, because I just don’t have that information.

Mr Springborg, you realise, don’t you, that my question was really directed to the practices of your office and your department? In a situation like this where services – where a project is being withdrawn, is there a reason why you would not talk to

that service?---I – I would go back to my previous answer where I tried to outline what I thought the circumstances could be. But in the absence of any other information around that, I think it's very, very difficult. The normal process is to try – depending upon the – when this document was generated, a process of consultation – again, as we can see there, I don't have a context around – so the first project – because it was in another precinct or another Hospital and Health Service. The same with regards to the Sunshine Coast Health Precinct. We've got an asterisk there. So it's very difficult to ascertain from that why that would be the case. And that's why I'm asking for further context around the document, which I don't have.

10

Alright. Well, let's look at the further context. Can we go to paragraph 37 of your affidavit. Now, Mr Springborg, it's the first page of the Director-General's part of that briefing note?---Sorry. Which page is that, again, Mr Freeburn?

15 Hopefully it's numbered 0037 in your version. There it is on the screen. Now, I want to direct you to about the middle of the page. There's a heading: Urgency. See there:

Urgent as proposed announcement by the Minister on 19 August 2012.

20

?---Yes. I can see that.

Do you recollect that: that you were going to make an announcement about these 12 rural hospitals shortly after this briefing note?---Mr Freeburn, I certainly can recollect having to make an announcement, because it was an important issue. The dates of which that announcement were made don't just come to my mind at the moment, but it would have been around about that time.

25

Alright. So – but you would agree with me, wouldn't you, that this decision that's in this briefing note – it was requested on 10 August. It was – action was required by 17 August and it was proposed that you make an announcement on 19 August; is that right?---That is certainly the case. Yes.

30

I want to take you to the announcement. At least there's a – no doubt you do press interviews and things like that?---Yes.

35

But there's actually a published press release, isn't there, when you do these things?---There usually is, Mr Freeburn. Yes.

Alright. Hopefully you have it. It should be tab 10 in your bundle?---I have it, Mr Freeburn. Yes.

40

And we can see from – we can all read it, but we can see from that document – sorry. I need to give you the reference. Sorry. It should be COI.020.0001.0001?---Mmm.

45

We can all read it, and we can see that you took the opportunity to take the previous Health Ministers to task. But if you have a look at – if we scroll down to about the third-last paragraph, we should see that figure of \$51.58 million. Yes?---Yes, I do.

5 So this – that same figure is the figure we see in the briefing note, isn't it? It comprises two elements – the \$41 million from the cancellation or deferment of those four projects?---Yes.

And the 10.58 from the closing the gap - - -?---Yes.

10 - - - funding?---Yes.

Just looking back at it now, does it look as if – do you agree with me that this decision recorded in the briefing note that we've been looking at originated in your office?---If I understand that, Mr Freeburn, the decision to do something about addressing the areas of urgent repair in those 12 hospitals, the need to get that done, absolutely. The report that underpinned them had been concluded two years earlier.

20 Yes?---I – I'm not going to into judging why that didn't happen. That's - - -

Yes?---That's for other others to decide. My issue is to assist you with the information – what I did with the information when I received it.

25 I'm interested in were there any documents or reports produced at the time you signed the August briefing note – and I'm sorry, let's establish one thing first. It's got a date on it that's either 25 or 28 August. Do you know which it is?---Off the top of my head, I – I wouldn't know but given that this process had started with the discovery of that document around those 12 hospitals sometime earlier than August then there would have been a need to start the process. The most important thing to me is that something was being done about it.

35 Okay. But what I'm getting at is this: were there any documents or reports produced at the time you signed this briefing note in August which addressed the consequences of the decision to cancel three projects and to defer another?---Mr Freeburn, I don't remember specific documents but I can certainly give a broader context around it.

40 Well, I'm asking you about the documents. Do you recall there being any documents or reports produced at this time – August 2012 – which addressed the consequences of the decision to cancel three projects and defer a fourth?---No. But there was certainly information available to us beforehand that assisted us in making this decision.

45 So information available meaning information that you got orally by talking to people, conversations?---Mr Freeburn, as we now know if we go back to the Director-General's briefing note in early May where he made a decision to cease the Redlands – Redlands project and also subsequent advice to that that this is no longer the appropriate model – safe appropriate model of care for adolescents providing – or

needed to be provided with this, then that is good background information which was no doubt provided orally and may have been in written form beyond the – the briefing note that we now have here. Also the issue of the deferral of that other facility is something that had been discussed given the absence of recurrent funding.

5 So they were matters that we knew of that assisted us along the way but I'm not aware of any subsequent report to that information that's available – that was available to me at the time. But – but then again I say to you that we're looking at something that's probably close to four years ago now.

10 I understand that. If there had been an oral briefing to you about the consequences of this decision there'd be some note, some – one of your officers or somebody would have a note of it. Correct?--Well, if – if we make decisions the most critical thing was always about patient care and, as I said to my department all the way through, it's not my role to actually advise you on clinical decisions. That's your role. It's
15 my – my role is a different role. Here I don't want any gap in services and I don't want decisions made that are going to in any way adversely impact upon the care that we provide. So given that was a caveat on everything that I said and may have been testified as such by others before this Commission, I would have expected to have received orally or written advice to that effect and if it had of been then we would
20 have made different decisions. But no one advised me differently.

At the time of this decision were you concerned about the consequences of the cancellation or deferment of these four projects?--Well, if we can go back to the projects that we're talking about there, the project, I think, for north Queensland
25 subsequently came online once recurrent funding had been identified/. And also if the issue is around the replacement for Barrett the decision around that was based on clinical advice and evidence and made by clinicians, not myself. I finally approved it but it was their advice around that. If they had provided contrary advice – if they had provided contrary advice then or contrary advice in the subsequent time of which I
30 was Minister then, Mr Freeburn, I have no doubt that we would have been able to source the funding internally or through the normal process of – of the Cabinet budget review to reinstate that institutional model of care. I have absolutely no doubt but, no, I was not in possession of any contrary information or evidence at the time and I always said that where patient safety and the best outcomes are the most critical
35 things and it's up to clinicians to advise me.

You see, I just want to talk about for a moment the decision-making process. You know what I mean by that – the process that you arrive at this decision. Now, I think we agreed before that the decision-making process in your difficult job involves
40 balancing the competing demands for, in this case, \$41 million of taxpayers' money. How can you perform that balancing exercise without having in front of you not just information about the 12 rural hospitals but also information in relation to the consequences of cancelling or deferring four projects?--Mr Freeburn, we tried to make those decisions made on the best of available information to us. I don't
45 recollect if there were other reports that were made available at the time. As I said, it was three to four years. It is possible that there was other information. I'm just giving you the context around a range of other decisions that were made before that.

We always try to make it based on what the emergent and urgent need is at the time and that was the basis of this decision.

5 I'm going to take you now to paragraph 32 of your written statement, please. It's page 7 of your affidavit. Thirty-two – you see there you say that the Barrett Centre was under the control of West Moreton. And that's the case effectively from 1 July 2012?---Mr Freeburn, there was a progressive process of handling – handing over autonomy. The *Hospital and Health Boards Act* basically established autonomy and there was progressive process of handing over ownership of those assets.

10

Okay. And then if we go back to paragraph 27 on page 6 of your affidavit. Twenty-seven – I want to focus on – about three lines down there's a word "accordingly" so you talk about this change in structure. And then you say:

15 *Accordingly, in relation to the Barrett Centre decisions as to when to close the Centre, what services would be provided in its place and how they would be provided lay primarily with West Moreton Hospital and Health Service as the HHS with responsibility for the Centre.*

20 Is that your – that's your evidence?---Yes, it is, Mr Freeburn.

You see the problem, don't you: if I'm right in what I put to you before – and I agree – you may not agree with it – but if it happened that there was no consultation with West Moreton prior to this decision, then it's odd, isn't it, that they – you're saying
25 they have control over the Barrett Adolescent Centre but they're not consulted in relation to that decision?---Can I - - -

MR O'SULLIVAN: [indistinct] because he has been talking about a decision - - -

30 COMMISSIONER WILSON: Speak up, would you?

MR O'SULLIVAN: I'm so sorry. I say, with respect, he's confusing the witness because he has been asking a series of perfectly proper questions - - -

35 COMMISSIONER WILSON: I still can't hear you.

MR O'SULLIVAN: With respect, he's confusing the witness because he's been asking a series of perfectly proper questions about closing the Redlands facility and the witness has been, in his own way, trying to – sorry – ceasing the Redlands
40 Project, and the witness has been trying his way to assist. But he's now going to a different topic, which his closing the Barrett Centre, and he's – which is the subject matter of paragraph 27, and he's putting to him, well, there was no consultation in relation to the cessation of the Redlands facility, which he has been putting to the witness by reference to the document at tab 8. And he's now putting to the witness
45 that, well, there's a problem because you weren't consulting with them about closing the Barrett Centre. They're two different issues, the cessation of Redlands and the closing of Barrett, and it has a high likelihood of confusing the witness because he's

moving from one topic to another and putting to him something which is inapposite, with respect.

COMMISSIONER WILSON: Your response, Mr Freeburn?

5

MR FREEBURN: I'm sorry if I confused the witness. I'll clarify my question. Mr Springborg, your position in your affidavit is that the West Moreton Board had control, had some control over the Barrett Adolescent Centre; correct?---Yes, it did, Mr Freeburn. But, again, if I can go back to my previous answer, if that's okay, I would need to know when this document was generated.

10

Which document?---The – sorry – that other document that we referred to, about when – about the processes of consultation and control.

15 I see, attachment 6?---Okay, attachment 6.

Okay. I understand?---If I can - - -

MR O'SULLIVAN: I'm sorry, but part of the problem, if I may, is just – I'm sorry to interrupt – part of the problem is the document that the witness has been shown we were given this morning for the first time. We had not been provided with it before and the witness' evidence in relation to this briefing note doesn't attach it. So he's got the briefing note but no attachments. That's the form it came to us from the Commission; that's been exhibited to his statement. What's happening this morning is for the first time we're given one of the attachments, but it's not evidence whether it was attached. It's not evident whether the witness ever saw it.

20

25

So what we've tried to do to assist is show the witness this morning, and the trouble he's having, with respect, is that there's no evidence he saw it at the time, there's no evidence it ever was part of the briefing note, and he's trying to get some context around it, in our respectful submission. So there's a level of unfairness which comes by reason of the fact that the document was only provided to us this morning, Commissioner.

30

COMMISSIONER WILSON: I will ask Mr Freeburn about it only being supplied to you this morning, but can I say this: as I understand Mr Freeburn's questions, he has moved away from questioning about that particular document. The witness made it clear that he didn't know whether it had come up to him as a physical attachment

35

40

MR O'SULLIVAN: That's right.

COMMISSIONER WILSON: - - - to the briefing note or not - - -

45 MR O'SULLIVAN: That's right.

COMMISSIONER WILSON: - - - because it was expressed as being – and document with a name similar to or the same as that one was expressed as being an attachment to the briefing note to the DG.

5 MR O’SULLIVAN: That’s right. Exactly right, Commissioner.

COMMISSIONER WILSON: Mr Freeburn, what’s the position about this document being supplied to Mr Freeburn’s lawyers only this morning?

10 MR FREEBURN: Mr O’Sullivan’s lawyers?

COMMISSIONER WILSON: Sorry.

15 MR FREEBURN: I’m not sure about that. It certainly was a document that I identified last night, so it may well be my fault. And – but I don’t think, in a sense, the witness is confused. The witness has stated quite clearly that he’s not sure about that document, and I’ve accepted that. And as you’ve said, I’ve moved on to another point, which is, first of all, is there – does he say that there is control, and next, if there was no consultation, doesn’t that – isn’t that at odds with that.

20 COMMISSIONER WILSON: Alright. I accept that explanation as to how Mr Springborg’s lawyers have only just received the document from the Commission. But can I ask you, Mr O’Sullivan: do you need to have the matter stood down - - -

25 MR O’SULLIVAN: No.

COMMISSIONER WILSON: - - - so you can take some instructions?

30 MR O’SULLIVAN: No.

COMMISSIONER WILSON: Because I’m perfectly willing to give you time.

35 MR O’SULLIVAN: No, no. We’ve taken instructions, and we’ve – in the half an hour we’ve had this morning, I’m satisfied – I’m only attempting to create a level of fairness by making it clear that the witness has had a look at it for the first time this morning, and, critically, the exhibit to his statement, Commissioner, that has been provided to you as ordered in January has the briefing note, but no attachments. And the reason for that, Commissioner, is that’s the form in which we were given it, and the PDF document that we’ve been given has no attachments. So I only draw it to
40 your attention – I apologise for interrupting – because it has the tendency to both confuse and create unfairness in the circumstances.

45 COMMISSIONER WILSON: Well, I don’t know whether it came to the Commission as a separate physical document - - -

MR O’SULLIVAN: Yes, of course.

COMMISSIONER WILSON: - - - from the briefing note. That may well be the explanation; I don't know.

5 MR O'SULLIVAN: That may be. If it did, it was never provided to us.

COMMISSIONER WILSON: Alright. Yes, Mr Freeburn.

10 MR FREEBURN: Thank you. Mr Springborg, as I understand your evidence – forget for the moment about attachment 6 – you say that West Moreton had control over this facility; correct?---They progressively gained control over that facility. And, Mr Freeburn, if I can just go back to my original explanation, when the original decision was made by the Director-General on the advice of the Chief Health Officer and also the Director of Mental Health, that was prior to the establishment of hospital boards in Queensland. There was no the level of autonomy and ownership that
15 existed subsequent to that time, and that's – that's the point that I've been making all the way through with regards to this. So the decision around that: I cannot say what consultation happened between the Director-General, the Executive Director of Mental Health as exists now and the Chief Health Officer at the time. So we're dealing with potential different points in time, and in the absence of that I don't
20 know when the document was generated in the – and that's what I would – that's what I would say. So that original decision was made at that time.

COMMISSIONER WILSON: Mr Springborg, I want to be clear in my own mind as to what you're saying. The document which you signed was signed in late August of
25 2012?---Yes, it was.

Working back in time, it was on 1 July 2012 that the West Moreton Hospital and Health Service Board assumed at least some control - - -?---Yes.

30 - - - for the Barrett Adolescent Centre. Are you saying that the advice you had received – I think you said it came from Dr Kingswell, Dr Young - - -?---Yes.

- - - through the Director-General to you, and that that advice was that it was no longer a temporary model of care - - -?---Yes.

35 - - - was given to you before 1 July?---It was probably around about that time, maybe subsequent to 1 July, because we did have discussions in CBRC, as other documents indicate. But it – that originally – original decision was made prior to it being relayed to me. So being able to identify exactly when it would have been, it would
40 have been somewhere around about that time in June, July, August, Commissioner.

I see. And you have told the Commission that until this Inquiry got underway you hadn't seen the May briefing note - - -?---No.

45 - - - which resulted in the Director-General approving the cessation of Redlands?---No. I do not recollect seeing that, Commissioner; that is true.

Thank you.

MR O’SULLIVAN: And, Commissioner, his written statement – in paragraph 4, he just says June 2012, so he gives no date at all. So I think the evidence you’ve just
5 heard gives greater clarity to his written statement.

COMMISSIONER WILSON: Thanks, Mr O’Sullivan. Yes, Mr Freeburn.

MR FREEBURN: I want to deal with a different topic now, Mr Springborg. I think
10 you’ve said in your evidence that from the very beginning, when you were appointed Minister, you knew that the Barrett Adolescent Centre was scheduled to close; correct?---Yes.

And this decision in late August 2012 cancels its replacement; correct?---Yes, it
15 does. But the decision around the cessation of it relating to new models of care had been made earlier - - -

I understand that?--- - - - than that independent of any formalisation of that which
20 was made in August.

Did you consider where, once that decision had been made and you know that the Barrett Adolescent Centre is scheduled to close and there’s a decision to cancel its replacement. Did you consider where the adolescents in the Barrett Adolescent Centre might go?---Regarding that, Mr Freeburn, there – the decision to close the Barrett Centre had been made around about 2008. The consideration that then
25 needed to be made by the department or West Moreton as it gained more autonomy was when that would happen and the transitional services – the transitional support services which were critical for those young people requiring care and also the – the progressive rollout of new and enhanced services around Queensland because there were significant gaps right across the – the state.
30

So I take it from that answer that it was a – you’re sure in your mind or your recollection that it was West Moreton’s responsibility to go and investigate where these adolescents might go and to what services they might go?---Principally, Mr
35 Freeburn – can everyone hear – principally, Mr Freeburn, that that is the case. And then Children’s Health Queensland became involved in the overall design of the – the new statewide services. If I can just give some – an understanding, Commissioner, to the – to the Inquiry – the first time I became aware around Barrett and the issues of Redlands was when a colleague of – a Federal colleague of mine
40 raised it sometime in – in – around about the middle of 2012 expressing concerns that Barrett was to close and that there was a new proposed facility which was running behind time at Redlands and concern about people moving from a familiar environment to another environment. That was probably around about that June/July, possibly late May and then I had indicated my concern to the department
45 about making sure that as it – and if it were to close that there should be that range of services with no gap. So that was around – that was my first induction to issues around Barrett and Redlands.

Mr Springborg, I want to deal with the period from the time when you made this decision in late August 2012 and November 2012 so that latter half of that year. In that period, were you aware whether anybody in your office or in the department was investigating what was to become and where these young people were to go?---Not
5 directly. But - - -

Well, who in your office was responsible for it?---But Mr Freeburn, could I just say that my – my reasonable expectation would have been that when you’re provided with advice and a decision had been made to cease a model of care because it was no
10 longer contemporary, the expectation of any minister is that those responsible would be working on the model of care that needs to transition and replace that. And I think subsequent to that I did have a meeting with West Moreton. So that is the ministerial expectation. So – but it is not the role of a ministerial office to work on the alternative clinical models of care. That is for the clinicians and some of them
15 have a statutory responsibility which is quite independent as is the case with the Chief Health Officer and the Executive Director of Mental Health and Alcohol and Drugs to work that through in consultation with those other experts that they wish to engage.

20 Did you know who was working on the alternative model?---Not directly. But as I indicated, the people that make these decisions are senior clinicians within the department working in consultation with potentially other people internally and externally on those models of care. The ultimate decision, of course, to close it came later on on the advice of West Moreton – when to close it, I should say.

25 Now, I want – Commissioner, I want to show the witness a Cabinet-in-Confidence document. Can I say a few things about that document. It’s pages 24 and 25 only. I’m going to make clear to the witness that I don’t want him to venture into discussions of Cabinet which would be matters subject to privilege. I merely want to
30 ask him about the actual document. And I also would propose that we deal with this document in a confidential way in the sense that I propose to hand a copy to the witness but not have it on the screen. And I was going to ask the operator not to put it up on the screen. There have been some discussions between Mr O’Sullivan, Ms Wilson and I about – and actually, Mr Dunning, as well, about the manner in which
35 this document should be approached. So there’s some caution because of the Cabinet-in-Confidence nature of the document.

COMMISSIONER WILSON: Ms Wilson.

40 MS WILSON: Thank you, Commissioner. Yes, there has been some discussions this morning and they have involved the Solicitor-General. And just in a general sort of overlay and taking a cautious approach that clearly as Mr Freeburn stated no questions can be asked about any Cabinet deliberations or discussions and nor should
45 any answers if they need to traverse there they should also not be provided because that would breach Cabinet privilege. And no questions or answers should be asked about that could refer to other Cabinet documents or other Cabinet deliberations. Beyond that it’s based on a question-by-question basis. Life is not always black and white and there might be some grey and there may be some – if there is a bit of grey

I would ask for some time just to consider the position. And we also agree that the document should be tendered on a confidential basis. Thank you, Commissioner.

5 COMMISSIONER WILSON: Mr O'Sullivan, do you wish to say anything?

MR O'SULLIVAN: No. Only that it's tab 1 of the witness's bundle so he has a copy. It may be convenient that you, Commissioner, are given a hard copy.

10 MR FREEBURN: Now - - -

COMMISSIONER WILSON: I have been supplied with a working copy this morning.

15 MR O'SULLIVAN: Thank you, Commissioner.

COMMISSIONER WILSON: Yes, Mr Freeburn.

20 MR FREEBURN: Mr Springborg, you obviously heard that exchange?---Yes, I did, Mr Freeburn. Yes.

25 You understand I don't want any of your answers – you've been fulsome in your answers and I don't the answers to this part of it to venture into what happened subsequent to the document. Alright. Now, you have a copy of pages 24 and 25 in front of you?---Yes. Yes, I do, Mr Freeburn.

And can we agree that this document was – the full version of this document was signed by you as Health Minister?---Yes, we can, Mr Freeburn.

30 And it was dated 19 June 2012?--- I don't have the other part with me here but that does seem about right with my recollection.

35 And these pages 24 and 25 are part of a wider document which we discussed earlier where Queensland Health was attempting to find savings throughout its broad portfolio?---Yes. We were asked to balance our budget, that is true, Mr Freeburn.

Now, I gather, too, Mr Springborg, to be fair about it that the words in the document are probably not written by you but they're signed off by you?---That is true, Mr Freeburn. Yes.

40 Now, there's part of the document that deals with stage 1 of the Queensland Plan for Mental Health and if you focus on that part, particularly the paragraph that talks about:

45 *To abolish or defer this investment.*

?---Yes.

I gather that's saying we really want to continue with the Queensland Plan for Mental Health and then the paragraph deals with Redlands specifically?---The -- the way that I read that, Mr Freeburn, is that that first sentence relates to the two paragraphs above.

5

I see. Yes. That's right. And then from the word:

However, deferring Redland Bay --

10 Etcetera --

is an option.

15 That's in effect a savings option. Correct?---That, as I indicated before, Mr Freeburn, it appears to be a savings option. It's related to what was immediately happening. The project was not going to be completed that year -- it was not even started -- and even the subsequent year. And as I indicated, if there was advice subsequent to that that we needed to reinstate it I'm very, very sure we would have been able to do that. So it was identifying the fact that the project wasn't happening
20 that year and unlikely next year because of the hurdles that it had anyway.

You see, the terminology used there is that the deferring of the -- at this point, June 2012, the proposal was to defer the project rather than cancel it; is that right?---On this paper, that is -- that is true, Mr Freeburn.

25

Alright. And then you explain the reason for the deferment, that is, it's recommended due to the capital program having encountered multiple delays to date, an estimated budget overrun of \$1.4 million etcetera. So we're dealing specifically with Redlands, and these are the reasons in your document as to why Redlands
30 should be deferred; is that right?---As I indicated before, Mr Freeburn, it was, at that stage, as we know, no prospect of being constructed in the immediate future because of the planning and other issues.

35 Okay. And we can see that those three reasons are very similar to the reasons in the briefing note from May. I realise you don't recall it, but you've seen it in the course of this Commission; correct?---Yes, Mr Freeburn. But if I can indicate also I've said all the way through that I had not seen that note where the Director-General had made the decision to cancel Redlands on the advice of the Chief Health Officer and Dr Kingswell. And I think that this -- this document would show consistency on that,
40 because we were still working on the basis of deferral. They had made an earlier decision based on clinical advice to actually cancel that or defer that particular project. At which stage this document was written and prepared I don't have that information here.

45 Are you aware -- is there -- sorry, I'll start again -- in the course of preparing this document -- it'll be you and your staff - - -?---And Departmental officers - - -

And - - -?--- - - - as a general rule, yes.

5 Is there a document which underpins this – I don’t want you to mention cabinet – but
is there a document that underpins this when you prepared it which explains in more
detail the reasons for the proposed deferment?---There – there may be attachments in
documents; I don’t recall having those particular attachments. But this was a quite
substantive document that met the objectives of what we were required to do to
maximise our focus on patients, and also meet our financial expectations. I have no
independent recollection of other documents that may have been attached to this, and
10 I – I am not able to indicate how this links in with the decision that was probably
made around about the same time as this document was being prepared by the
Director-General to cease the project.

15 Alright?---But if I can just say that subsequent to any of that, if the advice to me was
that a Redlands-type facility was the best way to ensure that adolescents that had that
need – which we should seriously consider – should be put forward, then I have no
doubt that it would have been able to be delivered. But no such advice came.

20 Right. Can I deal with paragraph 40 of your affidavit; it’s on page 9. Now, I want
you to – about six lines down is a sentence that commences “During 2012”; Mr
O’Sullivan referred to it earlier?---Yes

25 Just read for yourself those – that – the rest of that paragraph?---I’ve read it, Mr
Freeburn. Yes.

Now, there, you say – and I think you said earlier in your evidence today – that
senior clinicians expressed these views. Do I take it from what you’ve said that
those – the views of those senior clinicians influenced your thinking and your
decision-making about the Barrett Adolescent Centre?---Absolutely, Mr Freeburn,
30 because that’s why we do have people who have qualifications in areas that are very,
very complex, that have to provide advice based on the best contemporary models of
care. And it is my role to consider that as I balance the resources and the overall
policy considerations of the Department; absolutely. And I should be influenced by
those most senior clinicians who are employed to provide that advice.

35 So who were they?---I think that if you look at those senior clinicians, we had a
number of people who were statutory officers within the Department – and I can’t
remember specifically, but there are a range of people in there – who reinforce this
particular point to me. Even Dr O’Connell, the then-Director-General, was a
40 clinician. Dr Cleary – well, they’re both clinicians, I should say. And then, of
course, under that, we have – well, it was apart of it in separate and statutory – we
have Dr Kingswell and also Dr Young. And I have no doubt, as a part of those
people singularly or collectively as part of the overall process through 2012, there
would have been even other discussions more broadly than that.

45 Mr Springborg, are you able to identify who the senior clinicians are that you
referred to in that paragraph?---I would certainly, as I indicated in my statement, that

it's highly likely that Dr O'Connell was one of those, because we used to have a whole range of broad discussions around the policy decisions that we made. And we used to have formal and informal meetings around that, so that certainly would have been one of the people. And I became increasingly aware that Dr Kingswell had
5 those particular views, and as I indicated there are other people – and I regularly used to meet with Dr Cleary – because of the focus – the principal focus of the Department on clinical services. And I would imagine that he would have raised those issues as well, because we're talking about four years ago. You assimilate and accumulate information based on the sources and the advice that you receive. It's
10 very, very difficult, three to four years later, to say exactly when and where. I'm just saying that it was well-known and well-relayed to me by those officers, and I've indicated in my statement that Dr O'Connell would have been one of those.

Did you get the advice of any child or adolescent psychiatrists?---Independently, I don't recollect, but the advice that comes in comes from a number of sources, which are then properly considered and relayed to me by those expert senior clinicians that are employed in the Department to look at things such as contemporary models of care and how they should be implemented. And, also, you will have variations – I've indicated – I may not have, sorry – there are variations, as I've indicated to others,
20 when I've talked about my job as Health Minister, and even discussions between clinicians about appropriate models of care.

Now, you knew that the Barrett Adolescent Centre had the most serious cases of adolescents with mental illness?---Yes, I did know that. Yes.

25 And at any given time, some of those adolescents were going to need inpatient care, weren't they?---That is true, yes.

And you talk about the move or the trend away from longer-term institutional care. Not everybody was going to be carried away by that trend; is that – do you accept that?---It depends upon the individual circumstances, and it wasn't for me to judge that. The thing for me to do was to make sure and have assurances that there were appropriate transition plans in place at the time of the closure of the Barrett Centre – and that should not happen until that was the case – and rolling out a whole new
35 range of services across the state, as it happened prior to that with Toowoomba and Townsville, because they also had inpatient capability overnight and bed capability, and also to make sure we could build our regional capacity, because Barrett, as it – as it existed, was not able to assist all children in Queensland and – all adolescents, I should say – who had those needs.

40 Mr Springborg, did you think that you ought to ask these senior clinicians to give you a report or something in writing?---Mr Freeburn, I constantly asked the likes of Dr Kingswell and in our – sorry, Dr Cleary – and in my meetings with West Moreton Hospital and Health Service and Children's Health Services Queensland for an
45 update and reports. And, indeed, there was no closure of Barrett until the expert clinicians had put the services around the young people who – who were required to

have those services in transition, and that was something that I said from day 1. And I did get reports on that.

5 Commissioner, is that – do you wish to take a morning break? Is that an appropriate time?

COMMISSIONER WILSON: Yes, Mr Freeburn.

10 MR O’SULLIVAN: Commissioner, may I say one just thing? There was an hour allowed for this witness, but it’s clearly going to go longer, and it’s not the fault of Mr Freeburn; he’s got some very, very long answers. It may be partly my fault; I told the witness he was to assist the Commission. I might just tell him over the break that he should be try and be more responsive in his answers, if that’s acceptable to you, Commissioner.

15 COMMISSIONER WILSON: Well, you’ve said it now. You probably don’t need to say it again over the break.

20 MR O’SULLIVAN: Yes.

COMMISSIONER WILSON: We’ll adjourn until half past 11.

25 **WITNESS STOOD DOWN**

ADJOURNED [11.07 am]

30 **RESUMED** [11.30 am]

LAWRENCE JAMES SPRINGBORG, CONTINUING [11.30 am]

35 **EXAMINATION BY MR FREEBURN** [11.30 am]

40 COMMISSIONER WILSON: Yes, Mr Freeburn.

MR FREEBURN: Mr Springborg, I’m going to fast-forward a little to December 2012?---Yes.

45 And you’ll have seen the briefing note. It’s LJS4 in your bundle – in your affidavit. You attended a meeting with Ms Dwyer and Ms Corbett – sorry – Dr Corbett and Ms Kelly?---Yes. I certainly remember Dr Corbett and Ms Dwyer. And Ms Kelly may have been there. Yes.

Alright. I was going to ask you that. Do you have any specific recollection of that meeting?---I do have a recollection of meeting with the board chairman and other representatives. Yes.

5 Alright. Can I just take you to a specific document. This is WMS.0012.0001.16451. It should be tab 3 of your bundle, Mr Springborg. Now – sorry. I’ll just wait till you get it up?---Yes. Sorry, Mr Freeburn. I have that document if it is the letter that I wrote to Dr Corbett.

10 No. The one before that?---Oh, no. I have the one. Yes.

It’s about a – it’s headed Meeting with Minister for Health 14 December 2012?---Yes.

15 Now, I appreciate – quite appreciate that this is not your document. It’s not your notes of that meeting. It’s one of the other attendees’. But I just want to ask you about whether you recall some things happening at that meeting. If we scroll down – so you’ve obviously discussed a number of topics concerned with West Moreton. And one of those was the Barrett Adolescent Centre. So if we scroll down to page 3
20 of the document?---Yes.

You should see a heading – number 4: Barrett Adolescent Centre?---Yes.

25 Now, just familiarise yourself with that. You’ll see that it says – talks about the Redlands project being – having ceased in the first dot point?---Yes.

And it says in that first dot point:

30 *An alternative temporary state-wide model of care must be developed to replace the services currently provided by BAC.*

Now, does that accord with your recollection of the meeting?---I certainly know that it was discussed, along with a number of those other issues.

35 And the next dot point talks about:

40 *An expert clinical reference group consisting of experienced multi-disciplinary child and youth mental health clinicians has been formed to recommend alternative models.*

?---Yes.

45 Does that accord with your recollection that at this meeting you were told of the involvement of an expert clinical reference group?---Yes – either at this time or very close to it. Yes.

And in the third-last dot point on that page, there’s a statement:

Services currently provided by BAC will not remain on the campus of The Park post June 2013.

?---Yes.

5

What I want to do is just to – I can probably short-circuit this. If you turn over to the next heading, number 5, there's a discussion of what's known as EFTRU. Do you see that heading number 5?---Yes.

10 And you see actually in the heading extended – the EFTRU opening early 2013 – new 20-bed limit?---Mmm.

And then the later dots discuss what the features of that facility will be. I want to ask you about the timing. You'll see that when we go back to the Barrett Adolescent
15 Centre there's services – there's a statement there:

Services currently provided by Barrett Adolescent Centre will not remain on the campus post June 2013.

20 And then this one says about EFTRU – it's opening early 2013. Do you recall any discussion either on this occasion or any other occasion where those two things were linked?---Yes.

Do you understand the question?---Yes.

25

You do recall those things being linked?---Yes, I do.

On this occasion or some subsequent occasion?---It would have been very close. If it wasn't on that occasion, it would be either leading up to it or subsequent to that. But
30 I think it was on that occasion. Yes.

And what do you recall about that discussion?---If I can give a response around that. Barrett was to close. I've said that previously. The – The Park facility was being repurposed around adult mental health care for a range – and going towards more of
35 a – for some people more of a residential-type model in there – lower security. And that, of course, compounded some of the safety issues there so therefore led to some of the other considerations around the closure of the Barrett Adolescent Centre. And I'll just finalise by saying that that meeting also reinforced that there should be no
40 closure of BAC until such time as the transition services had been properly delivered to the patients who were there.

Right. So there were two considerations about Barrett Adolescent Centre?---Yes.

There was the consideration that – concern about EFTRU?---Mmm.

45

And the concern about making sure you had enough time to put transition plans in place?---Yes.

5 You see, though, that the dates don't quite coincide. There looks to be something of an overlap if you interpret opening early 2013 as January/February/March and Barrett as closing post-June, there's going to be some overlap. Is that right?---There would have been some overlap. I understand that the adult facility started to come online towards the end of that 2013. Yes.

Yeah. In fact, EFTRU - - -?---But I didn't set those dates.

10 Yes. But, in fact – I think you're right. EFTRU didn't start until about August 2013?---Yes.

15 Okay. Now, can I take you to a document QHD.029.001.6748. Hopefully, Mr Springborg, you've seen this letter in the course of your preparation for today?---Yes, I have, Mr Freeburn. Yes.

20 Now, it's accurate, isn't it, that that letter – in that letter, you ask Dr Corbett as the chair of the West Moreton Board what specific cuts to programs, reductions in services or other strategies were available. And you asked to be notified what they would be?---Yes.

25 And was this something you had discussed with Dr Corbett back on 14 January – sorry – 14 December two thousand - - -?---No, not that I can recollect, Mr Freeburn. This was an emerging issue following retrospective funding realignments from the Commonwealth Government that we had to deal with in the department. It was generally unrelated to any other discussions. I have no recollection of that being discussed.

30 But you'd obviously written to Dr Corbett before, if you look at the second paragraph of that letter – sorry – the Director-General's written to Dr Corbett about this potential reduction in funding. So, generally, the – what West Moreton were being asked to do was to cut programs so far as they could do it; correct?---I indicated the reasons a moment ago. We – the focus, of course, around this is to make sure that they are projects or programs that don't impact on the need to provide proper patient care and the urgent treatment that is required by people.

35 Are you able to say whether the decision to close the Barrett Adolescent Centre was a response to your request for cuts to services?---It – it was not. It was totally unrelated. As I've indicated in my evidence this morning, that decision was made maybe eight, nine months before this letter - - -

40 I see?--- - - - the initial from the Director-General.

45 You see, your evidence, as I understood it, is that you weren't aware of any lack of money being available to provide adolescent mental health services; correct?---That is – that is correct.

But at the same time, we have a letter to the board saying we want you to look at the prospect of cutting services?---This is unrelated to that, absolutely unrelated to that.

5 Okay. Now, I want to fast forward again another six months, to July 2013. You'll remember you received a briefing note – sorry – your office received a briefing note from Ms Dwyer; it's LJS5. I just want to ask you a few questions about that briefing note?---Mr Freeburn, yes.

10 Now, as I understand your evidence, that briefing note certainly came into your briefing office, but you may not have seen it; is that right?---That is correct.

And who's PPA? There's an initial, chief of staff, PPA?---That's my principal policy advisor, and that stage, I think, would have been Mr Wood.

15 Right?---May have been – I think it would have been Mr Wood at that stage. Yes.

I see. And this briefing note is asking you to note that they're going to have a meeting with you on 15 July 2013?---That is true.

20 And it also asks you to note that the West Moreton Board had considered the recommendations of the expert clinical reference group?---That is true, yes.

25 And that on 24 May the – that board had approved the closure of Barrett dependent on alternative, appropriate care provisions?---That is true, yes.

Do you recall whether you personally received or read this briefing note?---No. I don't believe that I personally saw or received that briefing note, but the issues were relayed to me by West Moreton at the meeting.

30 At the meeting of the 15th?---The 15th, as I can remember. Yes.

Okay. Did you actually read the ECRG report?---No, I did not, but subsequent to that, since I've seen I have read through it. Yes.

35 When you say subsequent to that, do you mean - - -?---In preparation - - -

For this Commission?--- - - - for this Commission.

40 I see. Can you just give me a little bit of an explanation as to why it is – and it may be to do with processes in your office or in the Department – but are you able to explain why that document wouldn't have been brought to your attention or made it through the filtering process I assume you have?---Mr Freeburn, it may be very difficult to second-guess people, but lots of information comes into the office. If that document had been there at the time with my principal policy advisor, he may have
45 made that decision to note it himself and wait for the representatives to relay the information to me.

At the meeting?---Sorry, at the meeting.

You see though, it's a hot topic at this time, isn't it?---This had been an issue for some time, yes.

5

And we've heard a term in this Commission called ministerials, meaning letters were written to the Minister by concerned citizens and clinicians and all sorts of people. You were aware that that was happening at the time?---Yes, I was.

10 Alright. Do you know what the staff member – what Mr Wood did with the ECRG report or what did you do once you had the meeting?---No. No, I do not know what – what he did with it. I said, Mr Freeburn, the issues in it I'm broadly familiar with, because they have been raised. And I was in the hospital and health board, and the executive updated me on their meeting and what they proposed.

15

Alright. I may be able to speed through this a little bit, Mr Springborg, but there is a transcript of an interview you did with the ABC on 6 August 2013, and you've probably seen the - - -?---Yes.

20 - - - transcript. When you read that transcript, you get the impression – actually, I better take you to it, just quickly. Now, Commissioner, there's actually two versions of this document, of the transcript. One has a few typographical errors and the other doesn't. The typo-free version is COI.008.0001.0002, but the version I'm going to take the witness to – because we've given notice of this one – is QHD.006.001.0222, and it's - - -?---Sorry, did you say 222, Mr Freeburn? I have 223, sorry, but I think it's the same document.

25

Think it's the same one?---Unless I misheard, I'm sorry; same document, I assume.

30 We can probably work from the two - - -?---I'm happy with the document on the screen.

Yes. Alright.

35 COMMISSIONER WILSON: Are differences between the two clearly just typographical?

40 MR FREEBURN: Yes. What I propose, if the other counsel agree, is that the version that goes into evidence will be the correct, typo-free version, but I can take the witness to the passages which – and the passages I'm going to take him to don't have any of those problems. Now, in the very first paragraph there, if you – about two-thirds of the way down you talk about an expert clinical panel will be made up of clinicians from within Queensland and also outside of the state, plus a resident and resident's parent will be providing advice to us. And you talk a couple of times
45 about that panel. Now, what I'm wondering is does that demonstrate that you did not have – you had not read the ECRG report at the time you did this interview on 6 August 2013?

MR O'SULLIVAN: Not a fair question to ask him whether - - -

COMMISSIONER WILSON: Would you speak up, please.

5 MR O'SULLIVAN: It's not a fair question, with respect, to ask him whether this passage demonstrates that he had not read the ECRG report.

COMMISSIONER WILSON: That seems correct, Mr Freeburn. Would you rephrase the question, please.

10

MR FREEBURN: Refresh your memory from that?---Yes.

Having refreshed your memory from that document, are you able to say whether you read the ECRG report at the time of this interview?---I don't believe I had done, no.

15

And it's even – and are you able to say whether you knew that the ECRG report existed at the time of this interview?---This is going back, I think, around about two and a-half years ago, this interview, so it's very hard to remember all the context around it. Certainly there were discussions about the group – its establishment and its reporting to a planning group. The exact chronology is difficult to remember some two and a-half years down the track.

20

Okay?---Yeah. I think it's about two and a-half - - -

25 You appreciate now that – and you may not have appreciated then, but the ECRG had said a tier 3 service was essential for the Barrett cohort?---I understand that from reading their report now. Yes. Sorry. Can I just – did you say service or facility?

I think I said service?---Okay.

30

You want to make a distinction between a tier 3 service and a tier 3 facility?---No. I just asked for clarification, Mr Freeburn.

35 COMMISSIONER WILSON: Mr Freeburn, it may be fair if you would explain to the witness what it is you really want to know from him.

MR FREEBURN: Yes. Specifically, the ECRG reported that:

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

If you'd read that at the time, prior to 6 August 2013, would you have continued with the announcement?---well, I did not read it at the time, so that's very difficult to answer that question. But there were subsequent events, of course, which addressed many of those concerns.

45

Alright. You see, there's a disconnect, isn't there? And I'll try and explain it. In paragraph 141 of your statement, you say:

5 *There was no difficulty with funds being made available if they were needed to provide the services that the ECRG and the PG recommended be provided.*

?---Yes.

10 But, in fact, in May 2013, the ECRG had said that a tier 3 was essential, correct?---I understand when that document – that document was generated about that time. Yes. I do know from reviewing the material which is now before the Commission. Yes.

15 You see the disconnect that I'm putting to you, don't you, that, in fact, you say that if you'd been advised there was an ECRG report to the effect that a tier 3 was necessary, there would have been the funds available.

20 MR O'SULLIVAN: With great respect, in fairness, if he wants to put paragraph 141 and question him about it, he should take the witness to paragraph 141 and ask questions, because 141 does not say what it's asserted the witness has already said, with respect.

MR FREEBURN: Happy to take the witness to paragraph 141?---Yes.

25 Have you got that, Mr Springborg?---Yes, I do, Mr Freeburn. Yes.

It's at paragraph 26 of your – sorry – page 26 of your affidavit?---Yes.

So to read it:

30 *My understanding in 2012, 2013 and 2014 was that there was no difficulty with funds being made available if they were needed to provide the services that the ECRG and PG –*

35 meaning the planning group –

recommended be provided.

MS McMILLAN: I think it's clear PG means planning group.

40 WITNESS: Yes.

MR FREEBURN: You understand that?---Yes, I do, Mr Freeburn. Yes.

45 So what I'm trying to get to the bottom of is you're the Minister and you don't get to read the ECRG report until preparing for this Commission, correct?---I had not seen it until preparation for this. That is true.

So - - -?---I was aware that there was an ECRG, and I was aware of the issues that were broadly in there, but the report – no.

5 Right. I see. But nobody made you aware that there was some – something essential about what the ECRG were saying?---If - - -

MR O’SULLIVAN: With respect, how can the witness answer a question like this?

10 COMMISSIONER WILSON: Rephrase it, please, Mr Freeburn.

MR FREEBURN: Did anybody make you aware that the ECRG – sorry. I’ll start again. Did anybody summarise the contents of the ECRG report for you?---At which stage, Mr Freeburn?

15 Any time before 6 August 2013?---The discussion that I – if I can just – I had a discussion with the West Moreton Hospital and Health Board in about July. They indicated that they were working to – with their planning group to have an appropriate process of implementation that addressed all issues that would be necessary for the transition of those patients. And I now know that they considered
20 those matters in helping to make that decision.

Can I just very briefly deal with the transition and that issue that you just raised. In the ABC interview, you talk about the Barrett Adolescent Centre closing sometime in early 2014 as we actually come up with a range of new options to actually deliver
25 those services to people closer to their own home?---Mmm.

So was it the case that you had instructed somebody in the department or that you were aware that West Moreton or somebody else was providing those range of new service options?---Yes.
30

And who was organising that?---Principally through West Moreton in consultation with Children’s Health Queensland and also more broadly in the department, as well.

35 Were you aware of the transition – the actual transition period? So you made the announcement on 6 August 2013. Were you aware of when patients started to be transitioned out of the Barrett Adolescent Centre?---At that stage, the indication would be some time in early 2014, as I remember it. But that actually started late 2013. This interview was given early in the stage to update people.

40 Yes?---Because there was interest in it, and so there should have been. And we gave the information that was best available at the time.

45 Yes. But you, I gather, at your position, didn’t have direct knowledge of those transition processes that were occurring after you made that announcement on 6 August?---The – not direct knowledge. The individual clinical plans was a matter for – but that it should happen. Yes.

Right. Can I take you to paragraph 56 of your statement, please?---Yes, Mr Freeburn.

It's on page 11 of the document?---Yes.

5

You say there that your concern in July 2013 was that if the Barrett Adolescent Centre was to be closed then adequate replacement services had to be in place from that time onward?---Yes.

10 And you told Ms Kelly and Ms Dwyer that, correct?---I think it was Dr Corbett and Ms Dwyer at that meeting.

At that meeting?---Yes.

15 Yes?---I don't remember anyone else being there. There may have been from the staff but I'd have to check the record.

Okay. And as I understood your evidence, it was not only a matter for West Moreton Health Service. It was also a matter that involved Children's Health Queensland – the transition - - -?---Yes. Ultimately, with the range of new statewide services, yes.

20

Alright?---That would subsequently happen.

MS McMILLAN: Sorry, I should think to correct it, he also said and the Department of Health more broadly?---Yes.

25

MR FREEBURN: Thank you. And - - -?---That is true.

And then in 57 you say that with Dr Corbett and Ms Dwyer:

30

We discussed and agreed that the Barrett Centre should not close until adequate replacement services were provided.

Was anybody to report to you about that – about when adequate services – adequate replacement services were provided?---Those reports did come to me and Dr Corbett and Ms Dwyer were two excellent individuals who always kept me up to date in the meetings that I had with them. I was subsequently informed through the department as those transition services came online and also as they worked collectively on the suite of new services.

35

40

We've seen some – you exhibit in your statement some briefing notes where you were informed about - - -?---Yes.

- - - progress. Are there other reports other than the briefing notes that you recall?---Not that I directly recollect, no.

45

Now, can I take you to one more document – QHD.008.001.3837. It should be tab 7 in your bundle, Mr Springborg. Now this is – I think this is one of those briefing notes that you referred to.

5 MR O’SULLIVAN: No, it’s not.

MR FREEBURN: Sorry, this is a briefing note – can I just ask you about it. It doesn’t have your signature but it has a signature of AW?---Yes.

10 That’s on page 3840. Who is AW?---Can I just ask for your assistance, Mr Freeburn, in making sure that I’m – I’m looking at that document but the briefing note that has my – that was for me. Which – okay. No, I’ve found it here now.

15 It should - - -?---AW would be Anthony Wood who worked in our office who was seconded from the department.

Right?---Sorry, Anthony West, I should say.

20 Anthony West. And I take it that you – you may not have received this briefing note. Do you recall whether you received it or not?---No. I – I did not receive that briefing note.

Alright. Thank you. Thank you, Commissioner. That’s all I have.

25 COMMISSIONER WILSON: Very well. Now, who wishes to cross-examine? Mr Diehm?

MR DIEHM: Yes, Commissioner.

30

EXAMINATION BY MR DIEHM

[12.04 pm]

35 MR DIEHM: Mr Springborg, I act for, with respect to the questions that I’m about to ask you, Dr O’Connell. As a Minister and in particular in the important role of Minister for Health it would be right to suppose that it was your practice that if you became aware of a decision that had been made, for instance, by the Director-General about a significant matter that you disagreed with that you would be prepared to overrule the decision?---That is – that is correct.

40

Alright. And in that respect one of the things that you, to fulfil your responsibilities, expected was that you would be briefed by the Director-General about significant decisions that he proposed or had made?---Yes.

45 If the witness can be taken, then, to the exhibit to his statement LJS2, please. Now, this you will be familiar, Mr Springborg, with is the briefing note for approval that

was signed by Dr O'Connell in May of 2012 concerning the termination of the Redlands project?---Yes.

5 Now, that was a decision that Dr O'Connell was entitled, exercising his responsibilities, to make, was it not?---Absolutely. Dr O'Connell was an excellent Director-General.

And it though also was a significant decision, was it not?---Yes, it was.

10 One of the sorts of decisions that you would expect to be informed about?---Yes. I – I would.

Thank you. And so the provision of a briefing note for approval to you would be consistent with what you would expect to happen in those circumstances?---Yes, it
15 would be.

But in this instance you have no actual recollection of having seen the document?---No, I do not.

20 It's possible that you did see, is it, but you just don't recall?---It – it – it in no ways enlivens any of my recollections but, no.

Alright. Is another prospect that it was received by your office but just not provided to you?---It – it is possible and it is possible in that early stage of transition that that
25 could have happened, yes.

Alright. Now that you have seen the document you would agree with me, I'd suggest, that it deals with, in a sense, two distinct decisions one of which is to terminate the Redlands project and the other being to allocate the funding that
30 otherwise would have gone towards that project to some other project?---One would imagine that would be the – the case, yes. Yes.

In that respect it seems to speak, does it not, of there being some particular projects regarding regional mental health that would benefit by the decision, if you see in
35 paragraph 2 under headline issues in the second dot point?---Yes. Paragraph 2.

Whether you had ever seen this document - - -?---Yes.

- - - or been told of its contents or from other sources, at around these times you were
40 aware of the views of the Department of Health reflected in this document about the Redlands project?---I – I subsequently became aware of that and I accept them absolutely because of the expert clinical nature of that advice.

Alright. The Commission has before it – and I won't take you to it because it's not a
45 document that you ever – that you authored or it's suggested that you ever saw. But a document that would indicate that there were persons in the infrastructure department – or infrastructure section of the department who as 25 June 2012 were

noting that they were still awaiting ministerial approval on the decision to terminate the Redlands project. Now, if that be the case – I ask you to accept that for the moment – that’s not of any particular surprise to you because you hadn’t given ministerial approval to the termination of the project as at that date?---No. That is true.

If the witness can then be taken to LJS3. Now, this, again, Mr Springborg, you will be well familiar with this document certainly by now. It’s the briefing note for approval that you signed that formally terminated the Redlands project from a ministerial point of view?---Yes.

And authorised a reallocation of funds generated thereby to certain other projects?---Yes.

So in that respect, it was a document that was dealing, again, with two distinct issues of a like nature to that involved in the May briefing note?---Can you please explain that.

In that sense that it is terminating the Redlands project and then, as a second issue that it’s dealing with, authorising those funds to be reallocated to another set of projects?---That is true.

On that first issue, the documents are the same. Each of them contain recommendations - - -?---Yes.

- - - provided to you for your information or approval, as the case may be?---Yes.

About the termination of the Redlands project for similar reasons?---Yes.

The difference between the two documents is that there are a different set of projects that are the subject of the reallocation?---Yes.

Again, assuming what I raised with you earlier about another document before the Commission that shows departmental officers awaiting information about ministerial approval of the briefing note from May at the end of June 2012, I want to invite you to consider whether this inference might be drawn from these circumstances: that the Director-General made the decision as reflected in his briefing note in May of 2012 to terminate the project?---Yes, yes.

Step 1. Step 2 – it was provided to your office or intended to be provided to your office – whatever came to pass with the document – for amongst, perhaps, other reasons, at least, to give you the opportunity to veto the decision if that was what you were to choose to do?---The – I hadn’t seen the document, as I indicated beforehand. But my indication, as I said before, was that I respected Dr O’Connell and Dr Young and Dr Kingswell. And these are clinical decisions and likely to be clinical decisions that I would have supported their recommendations of.

But your position at the time was that if you were to receive notice of a decision that had been made by the Director-General that you disagreed with about a significant matter - - -?---That's right.

5 - - - that you retained the right to veto such a decision?---Yes, Mr Diehm. I said that in relation to your first question. That is true.

Yes. And it may well be the case that you would often accept the advice – almost always accept the advice provided to you, but you reserved that right to
10 yourself?---Absolutely.

And you certainly made it known to the Director-General and other senior staff within the Department of Health that that was the position?---Absolutely.

15 The inference that I wanted to invite you to comment upon if you're able that might be drawn is that whether by action of somebody in your office or otherwise, the May briefing note was not progressed not because of a concern on the part of your office that the decision to terminate the Redlands project was inappropriate but rather because it was intended to reflect upon where the moneys would be allocated once
20 saved?---I – I don't accept that inference.

That inference might be drawn by the fact that Dr O'Connell's briefing note mentioned a reallocation to one set of purposes but the note that you signed in August of 2012 accepted the recommendation about the Redlands project in
25 whatever form it came to you but determined to allocate the moneys elsewhere?---I don't believe that's a reasonable inference. I respect Dr O'Connell enormously. We – there was one suggested – as I know now, a suggested course of action. It subsequently became a different course of action on emergent issues and, of course, within a department and a ministerial office, you reserve those particular rights. It
30 may have been very reasonable for Mr – Dr O'Connell to put that forward initially.

And my question doesn't involve any implication that there was any wrongdoing if it were the case that your office made a determination for the moneys to be allocated elsewhere. But I suggest that the inference might be open to the Commission given
35 that the request for the August briefing note came from your office?---Yes, it did, and I doubt in May when Dr O'Connell signed that briefing note we knew about those 12 emergent issues – those emergent issues in those 12 hospitals.

Mr Springborg, it's a perfectly reasonable thing, is it not, for you and those in your office to give consideration to what are the most pressing issues – where such money
40 should be allocated?---Yes, it is.

That's the exercise of your ministerial responsibility?---Yes, it is.

45 And so there would be nothing odd about the circumstance of in May Dr O'Connell commending the reallocation of the moneys to one lot of projects but by August your office recognising that there was some other greater need as far as your office was

concerned for the moneys to go to another set of projects?---That is right. It may have even happened in concert with the department, because we all discovered these emergent issues. That is true.

5 Quite so. And by the time that a request is coming from your office for the preparation of a briefing note in August, it would be an unremarkable thing that the officers of your office know where it is that they want those moneys to go?---I would imagine that would be true. Absolutely.

10 Thank you. Thank you, Commissioner.

COMMISSIONER WILSON: Mr Mullins.

15 **EXAMINATION BY MR MULLINS** **[12.17 pm]**

MR MULLINS: Thank you, Commissioner.

20 Mr Springborg, the statement that you have provided identifies in paragraph 6 that the Health portfolio is a very challenging portfolio for a Minister. That's right?---That is true, Mr Mullins. Yes.

25 There's many wide-ranging decisions that impact upon people, particularly those who may be very vulnerable. That's correct?---That is true, Mr Mullins. Yes.

Any alteration in services that are provided to patients throughout the community may have a catastrophic impact upon those individual patients, mightn't they?---In the Health portfolio, that is true.

30

And in this instance in the Health portfolio, we were dealing with a group of children who were very vulnerable, correct?---That is true. That is why I constantly sought assurances from our expert clinicians. Absolutely. And I took a real interest in that.

35 And it wasn't just the children; it was the parents and carers that were very concerned about the future of the Barrett Centre and the future of the care of their children?---Absolutely, Mr Mullins. And as I referenced earlier, that's why one of my federal colleagues had raised it with me earlier on.

40 In late 2012, you say at paragraph 41 of your statement that you visited the Barrett Centre with, I think, Mr Kingswell. That's correct?---I think it was Dr Cleary. Maybe Dr Kingswell was there. I'm sorry – trying to remember everyone who was in the party there. But Dr Cleary certainly was there, as was the then opposition leader and the then Shadow Minister for Health. And I'm sorry if I don't recollect

45 Dr Kingswell, but he may very well have been there.

And you had a discussion with some of the patients and their carers about the future?---Yes, I did. Absolutely.

5 And it's the case, isn't it, that at that stage the ECRG report had not been completed to your knowledge?---No, it had not been. That is true.

10 Now, the ECRG report appears to have been finalised in or about May of 2013?---That is true. On what I understand to be the case now, that is true, Mr Mullins. Yes.

And can I just understand your evidence correctly. The ECRG report was sent to your office and noted in July 2013. That's right?---I have answered that question before as to my knowledge around that. Yes.

15 And it's the case that at a meeting at about – on about 15 July – sorry – 15 July 2013 – that's right – you had a discussion about the ECRG with Dr Corbett and others?---That is true, yes.

20 And what did they tell you that the ECRG recommended during the course of that discussion?---As I indicated in an earlier answer, Mr Mullins, they had indicated that the professional and experts and – and also community representatives that were a part of that – that process, a very important process about the transition and new models of care that may come subsequent to that had made – or were making recommendations, and they had been considered by the – by the board, and
25 transitional models of care were being planned around that.

You used the term were making representations. The report was complete, wasn't it?---As I understand – as I said before in answer to a previous question, as I understand that that is the case, from the information I've reviewed now. Yes.
30

Are you saying at the time you didn't believe it was complete?---At the time it was indicated to me, as I said, that the expert group worked through issues, made recommendations. Those recommendations had been considered, and the board had adopted a position to move towards the closure of BAC based on that.
35

May the witness please see document QHD.006.001.0222 or 223, whichever's the operative Delium. You see the document that's on the screen - - -?---Yes, I do.

40 - - - Mr Springborg?---Yep.

In about the sixth or seventh line - - -?---Yes, I do.

- - - you see:

45 *And also, an expert clinician panel will be made up of - - -*

?---Yes.

Continuing:

...clinicians from within Queensland - - -

5 ?---Yes, I do.

Continuing:

...and also outside of the State - - -

10

?---Yes.

Continuing:

15 *...plus a resident and resident's parent or a former resident's parent will be providing advice to us.*

?---Yes.

20 Were those your words on 6 August 2013?---That is certainly in the transcript of my words, that is true.

Well, you knew at the time you made that statement that the recommendations had, in fact, been made, did you?---What I knew at the time that I made that statement
25 was that there were a group of experts who had been put together to consider the concerns that were being raised and also how that was going to be implemented. And I think the word around that, of course, is the – is the will. And the context should have been that they have been and they were considering that on an ongoing
30 basis, around the implementation of those recommendations.

30

Isn't it the case that had you said the recommendations had been provided the next question from the interviewer would have been to the effect can that document be publicly disclosed?---I don't think we can speculate on what the next question what the interviewer would be.

35

Is the reason you said will be providing was an attempt to indicate that you didn't have the final report at the time?---No. The reason that I made those comments was that I agreed to be interviewed based on the best information and knowledge that I had available to me at the time, given that this was significant public interest and
40 rightfully so to assure people that there would be no closure around BAC until appropriate transition care had been put in place, and we started significantly redesigning services.

See, after 6 August 2013 you were aware that there was a great deal of public
45 concern about the closure of the Barrett Centre, weren't you?---Absolutely, and that concern pre-dated – pre-dated that time as well.

You're aware of the Save the Barrett website?---I was aware of people who were concerned about this, and that the very legitimate issues that – that they were entitled to raise, yes, through any means.

5 Well, your office had received many letters and emails expressing concerns about the lack of information about the closure and transition arrangements, hadn't it?---Absolutely, and that is the thing that happens in ministers' offices regularly, yes.

10 The local member, who is the current Premier, supported a position of 1000-plus signatures to keep the centre open; isn't that right?---There was a petition. I cannot remember the numbers, but there certainly was a petition. And all of that information, when it came in, was taken seriously and actioned and formed a part of the – the ultimate decision-making around BAC.

15 And there were many media reports of parents expressing concerns about the welfare of the children, weren't there?---Absolutely. And I – and I think anyone with a semblance of human compassion and understanding would appreciate that that was a legitimate people for those parents to do, absolutely – and friends and – and – and extended family members, absolutely. And we always took them very seriously.

20 You had many meetings with people – senior officers from Queensland Health in respect of these matters; that's correct?---There were significant – there were a significant number of meetings with the hospital and health services, and they all shared a similar view, that there should be no closure until such time as adequate transition services were in place for BAC patients, and also – and I think I may have stated this before – and work on the – the new services as well. And that was always a caveat.

30 You met with the AMA during the course of these discussions post-6 August 2013?---I had regular meetings with the AMA and other interest groups, I would necessarily say specifically on this issue, but they did raise their concerns either orally or in writing. Yes.

35 And you gave many interviews, didn't you, to the ABC and other media outlets about these issues?---I'm not so sure if it's many, but I certainly gave interviews. This is one of the interviews which I cautiously gave because it was still being worked through, but because of the public interest I thought that there was a need for people to be informed directly by me as the Minister of where the current considerations around BAC was and also that the parents and carers were able to get some assurances from that based on the best information we had available at the time.

45 And as you said in the last answer, the key to your approach to this was that you were going to be the front person and you were going to be the person providing the communication and information; that's correct?---I – on this, because there was requests that people wanted to talk to me, I agreed that – with that. I think the issue

of communication's around the detail. There were many people who were involved in that.

5 When you say communications around the detail, some of your briefing notes make reference to a comprehensive communication plan. What exactly is that?---Well, there should always be a plan so that people can receive the best and the most updated information, particularly on issue that's rightly as sensitive as this for so many people. That's unremarkable.

10 But what does the comprehensive communication plan involve? Does it involve media outlets or - - -?---It can involve – it would principally be focused on addressing the concerns that have been raised very genuinely by people. So communications is communicate with families, patients, the more broad community who is interested and concerned about this issue, as they should be.

15 Now, after August 2013 you received, did you not, many requests to meet with the parents or the carers of these children who had concerns over the closure of Barrett?---I did certainly receive requests; that is true.

20 You never attended once?---I discussed those matters with my Director-General at the time, Mr Maynard, and others, and we felt that it was best that they worked through professionally to address those particular concerns. And I think that some of – that there were those meetings between those involved in the decision and those parents and concerned people.

25 Mr Springborg, you as the front man, after many requests, did not agree to meet the parents or the carers after 6 August 2013 once, did you?---That is true. And as I indicated, Mr Mullins, all the way through, all their issues I referred, and I always asked that the issues were addressed and that there should be no final action taken
30 against BAC until concerns had been addressed, and that there was appropriate transition plans.

And from your view, it was adequate that their concerns would be addressed not by the front man, but by the comprehensive communication plan; is that
35 correct?---Well, on this, as I indicated before, these are serious clinical issues, and clinicians who have experience in those areas are the ones that are most appropriate to provide the information and the assurances.

I have put this final question because it reflects my client's perceptions: were you
40 more concerned about the broader public perception relating to the closure of the Barrett Centre than the individual patients and families?---Absolutely not; the contrary is the case or the reverse is the case.

Nothing further. Thank you, Commissioner?---Thank you.

45 COMMISSIONER WILSON: Is there anyone else wishing to cross-examine Mr Springborg? No? Mr O'Sullivan, do you have any questions?

MR O'SULLIVAN: No, Commissioner.

COMMISSIONER WILSON: Do you have anything in response, Mr Freeburn?

5 MR FREEBURN: No, Commissioner.

COMMISSIONER WILSON: Can Mr Springborg, be stood down?

MR FREEBURN: Yes, please.

10

COMMISSIONER WILSON: Thank you - - -

MR O'SULLIVAN: Unless you, Commissioner, wish to ask questions.

15

COMMISSIONER WILSON: No, I don't. Thank you very much, Mr Springborg. You can stand down.

WITNESS STOOD DOWN

[12.30 pm]

20

MR FREEBURN: Commissioner, that's all we have for today.

COMMISSIONER WILSON: Very well. Does anyone wish to raise anything?

25

MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: Mr O'Sullivan.

30

MR O'SULLIVAN: You asked for submissions by today on the parliamentary privilege point.

COMMISSIONER WILSON: Yes, I did.

35

MR O'SULLIVAN: And we have done what we've said; we identified the problem and how we see the solution best being addressed in the interests of the Commission. And may I hand up a copy of – a hard copy – we will provide to the executive director of the Commission a PDF copy - - -

40

COMMISSIONER WILSON: Thank you.

MR O'SULLIVAN: - - - and with your permission it can be distributed by Mr Hill or my solicitors to those having leave to appear before you.

45

COMMISSIONER WILSON: Alright. Thank you. It will be done.

MR O'SULLIVAN: The only other housekeeping matter is in relation to one of the tender lists there was a document that we had thought that we tendered, but it has fallen off the list. It was the hard copy document Rebuilding Intensive Mental Healthcare for Young People. It's the election commitment document. It's fallen off
5 the list. I think, your Honour, you have a hard copy, but can I just hand up another copy and ask for it to be - - -

COMMISSIONER WILSON: I seem to recall that that – I don't have the Delium reference here or – there's one written on this.

10 MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: I recall that that is in Delium.

15 MR O'SULLIVAN: Yes.

COMMISSIONER WILSON: It would be – would it be satisfactory to you that the Delium copy - - -

20 MR O'SULLIVAN: Yes, Commissioner.

COMMISSIONER WILSON: Alright. Well, there should be added to the list of exhibits document QHD0060028924, which is a document entitled Rebuilding Intensive Mental Healthcare for Young People.

25 MR O'SULLIVAN: Thank you, Commissioner. The only other matter is in relation to what you have described as the transition point, upon which you require some submissions.

30 COMMISSIONER WILSON: Yes.

MR O'SULLIVAN: You indicated that you required a consolidated document that would be easy to understand what the issues were and the submissions.

35 COMMISSIONER WILSON: Yes.

MR O'SULLIVAN: There had been some confusion, which is our fault. We had thought Monday, but we have since understood you required it today. The plan is that that would be provided this afternoon, if that's convenient?

40 COMMISSIONER WILSON: That'll be satisfactory. I think I said close of business, so that's fine.

MR O'SULLIVAN: Thank you.

45 COMMISSIONER WILSON: More than satisfactory. Is there anything else anyone else wishes to raise?

MR FREEBURN: No.

COMMISSIONER WILSON: No. Well, on that basis, the public hearings can be adjourned until 9.30 on Monday morning.

5

MATTER ADJOURNED at 12.33 pm UNTIL MONDAY, 29 FEBRUARY 2016