

**COMMISSION OF INQUIRY INTO FORENSIC DNA TESTING
IN QUEENSLAND**

Commissions of Inquiry Act 1950

SUPPLEMENTARY STATEMENT OF LARA JANE KELLER

I, Lara Jane Keller, of 39 Kessels Road, Coopers Plains, Queensland do solemnly and sincerely declare:

1. I have previously provided two statements in this Commission of Inquiry into Forensic DNA Testing in Queensland (**Commission of Inquiry**) dated 9 August and 20 September 2022, and participated in a lengthy interview with Commission Representatives on 17 August 2022.
2. The purpose of this statement is to supplement the evidence I have given to date and to provide clarification in relation to some of my evidence, in light of other evidence that has been given during the Commission of Inquiry hearings.

My secondment to FSS

3. I am the Acting Executive Director (**A/ED**) of Queensland Health (**QH**) Forensic and Scientific Services (**FSS**).
4. I am seconded to the role of A/ED FSS, having first commenced in the role on 4 October 2021. My initial secondment was for a period of less than three months, from 4 October 2021 to 31 December 2021.
5. My secondment has been extended on three separate occasions as follows:
 - (a) on 29 November 2021, my secondment was extended from 1 December 2021 to 1 April 2022;

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- (b) on 25 February 2022, my secondment was extended from 2 April 2022 to 30 June 2022; and
- (c) on 9 June 2022, my secondment was extended from 30 June 2022 to 23 December 2022.

A copy of the documents relating to the extensions of my secondment are attached at **Exhibit LK-106**.

- 6. This week, I have been informally offered a further six month extension of my contract, which I have verbally accepted.
- 7. My substantive position is Pathology Queensland Group Laboratory Manager - Gold Coast.

My qualifications and employment history

- 8. I hold a Bachelor of Applied Science - Medical Laboratory Science and a Graduate Certificate of Health Management. I also have Mental Health First Aider Accreditation, PROSCI Change Management Practitioner Certification, PRINCE2 Project Management Foundation Accreditation, Certificate in Laboratory Quality Management Systems, Practitioners Certificate in Mediation, Certificates in Corporate Investigations and Investigation Report Writing, and Certificate IV in Assessment and Workplace Training.
- 9. After graduating, I worked for Sullivan Nicolaides Pathology from March 1991 to November 2002, as a Medical Laboratory Scientist then as an Assistant Manager, specialising in Haematology. From November 2002 to April 2003, I took a position with QH at The Prince Charles Hospital Pathology Queensland Laboratory as a Medical Laboratory Scientist in Transfusion. In April 2003, I was promoted to Supervising Scientist, Haematology Main Laboratory at Royal Brisbane and Women's Hospital. In July 2005, I was promoted to Core Laboratory Manager, Central Laboratory and held this position until November 2020. In November 2020, I was again

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promoted, this time to Group Laboratory Manager, Gold Coast Group. I took the secondment to FSS in October 2021.

10. I have won a number of awards, including:
 - (a) 2020 Health Support Queensland 'Purpose' Award;
 - (b) 2017 Australian Institute of Managers and Leaders Chartered Manager Recognition (CMgr);
 - (c) 2015 Health Support Queensland 'Customers First' Award;
 - (d) 2010 Clinical and State-wide Services (CaSS) 'Walk the Talk' Leadership Award;
 - (e) 2006 QH Pathology and Scientific Services Quality Award Finalist, QHPS-Central Core Laboratory;
 - (f) 2005 Graduate Certificate of Health Management (QH) Highest Overall Academic Achievement Award, Queensland University of Technology; and
 - (g) 2005 QH Pathology and Scientific Services Staff Excellence Award – Awarded for Excellence in Partnerships.
11. I have not trained in forensic DNA analysis.
12. A copy of my resume is attached at **Exhibit LK-107**.

FSS

13. FSS consists of scientific, forensic and public health laboratories, which are co-located with police units and other agencies.
14. The doctors, scientists, technicians, nurses, counsellors, librarians, administrative and support staff employed at FSS provide expert analysis, advice, teaching and research as

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a vital part of the State Government's response to threats to public health and the environment, epidemics, civil emergencies, criminal investigations, and Coroners' inquiries into reportable deaths.

15. FSS is scientifically diverse and incorporates a number of operational business areas.

16. As from 17 October 2022, there has been a restructure within QH, which included a change to one of the FSS business areas. Prior to this week, FSS comprised of the following operational business areas:

- (a) Forensic Pathology & Coronial Services (approximately 87 employees);
 - (i) Coronial mortuary and autopsy service - approximately 2000 cases/annum;
 - (ii) Family services and support;
 - (iii) Forensic Toxicology, e.g., cause of overdose death;
 - (iv) Forensic Radiology; and
 - (v) Forensic Dentistry (Odontology).
- (b) Clinical Forensic Medicine (CFMU) (approximately 17 employees);
- (c) Public & Environmental Health (approximately 128 employees);
 - (i) Inorganic chemistry, e.g. water testing;
 - (ii) Organic chemistry, e.g., food testing;
 - (iii) Microbiology, e.g., Salmonella outbreaks;
 - (iv) Virology, e.g., COVID, JEV, monkey pox; and
 - (v) Radiation & Nuclear Science, e.g., radioactivity testing for land.
- (d) Police Services (approximately 103 employees);
 - (i) Forensic DNA Analysis; and
 - (ii) Forensic Chemistry, e.g., roadside testing, illicit drugs, trace evidence.
- (e) Campus Services (approximately 20 employees);

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- (i) Warehouse;
 - (ii) Tenancy management—campus tenants include CSIRO, Metro South Public Health;
 - (iii) Records; and
 - (iv) Property and Facilities—7-hectare site, multiple tenants, secure facility.
- (f) Scientific Support Services & Office of the Executive Director (**OED**) (approximately 32 employees);
- (i) Property receipt points (Public Health & Forensic);
 - (ii) Library;
 - (iii) Liaison Unit;
 - (iv) Quality;
 - (v) Skills Development;
 - (vi) Research; and
 - (vii) OED.
17. A copy of the organisational chart for FSS prior to 17 October 2022 is attached to my previous statement at **Exhibit LK-2 [WIT.0017.0005.0001]**.
18. As from 17 October 2022, CFMU now sits within the Clinical Excellence Division of QH. A copy of the organisational chart reflecting this change is attached at **Exhibit LK-108**.
19. The Commission of Inquiry is primarily concerned with the work that falls within the Police Services stream, which includes Forensic DNA Analysis.
20. The Forensic DNA Analysis Unit predominantly serves the Queensland Police Service (**QPS**), although the team also does some work for the Coronial System.
21. All up, there are approximately 70 employees working in the Forensic DNA Analysis Unit. A copy of the organisational chart for the Forensic DNA Analysis Unit is attached at **Exhibit LK-109**.

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Executive Director role

22. The role of Executive Director (**ED**), FSS is to manage, lead and optimise the state-wide multidisciplinary operations of FSS, ensuring the provision of high quality, cost effective and client centred service delivery. A copy of the role description for the ED role is attached to my previous statement at **Exhibit LK-1 [WIT.0017.0004.0001]**.
23. In my role as A/ED, I have had responsibility for Forensic Pathology & Coronial Services, Clinical Forensic Medicine Unit, Public & Environmental Health, Police Services, Campus Services and Scientific Support Services & OED. The order in which I have listed these business areas in this paragraph is the order that has consumed most of my time since commencing work at FSS, with Forensic Pathology & Coronial Services consuming more of my time than the other areas and Scientific Support Services & OED consuming less of my time than the other areas.
24. In listing the areas in this order, I have had regard to the volume of projects, human resources (**HR**) input required, and the need to oversee change and support staff.
25. As the A/ED of FSS, the following officers reported directly to me prior to 17 October 2022:
- (a) Director Clinical Forensic Medicine Unit;
 - (b) Chief Forensic Pathologist;
 - (c) Managing Scientist, Public and Environmental Health Stream;
 - (d) Managing Scientist, Coronial Services Stream;
 - (e) Managing Scientist, Police Services Stream;
 - (f) Scientific Support Services Manager FSS;
 - (g) Campus Support Services Manager FSS; and

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- (h) Principal Advisor FSS.
26. From 17 October 2022, all of the above officers continue to report directly to me, except for the Director Clinical Forensic Medicine Unit, who now reports to the Chief Medical Officer, which is within the Clinical Excellence Queensland division.
27. Overall, there are presently approximately 380 staff employed in FSS, whom I have overall responsibility for. Prior to 17 October 2022, I also had overall responsibility for the approximately 17 staff who worked in CFMU.
28. The ED, FSS role is responsible for an annual budget of approximately \$73,000,000.
29. In my role as A/ED, FSS, I have the following key responsibilities:
- (a) leadership of the FSS campus;
 - (b) advocacy for FSS;
 - (c) risk management and compliance;
 - (d) budget performance;
 - (e) strategic planning;
 - (f) change management;
 - (g) briefing more senior QH representatives—General Manager, Chief Operating Officer, Director-General, Minister;
 - (h) representation of FSS;
 - (i) monthly QPS and FSS meetings;
 - (ii) Coronial Systems Coordination Board and Working Group;
 - (iii) ANZPAA NIFS-Aust NZ Policing Advisory Agency, National Institute of Forensic Sciences;

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- (iv) Department of Health Consultative Forum (Unions and Health);
- (v) IT meetings;
- (vi) AUSLAB Evolution Project Board;
- (vii) state-wide Mortuary Working Party;

- (i) project oversight/Senior Responsible Officer role;
- (j) business improvement activities across campus;
- (k) key performance indicator monitoring;
- (l) complex HR matters; and
- (m) developing, supporting and mentoring others.

30. The current projects I am responsible for, with others, include:

- (a) budget expansion bids;
- (b) mortuary replacement project—minimum expected spend \$70M;
- (c) progression of revised Regional Coronial Services Plan;
- (d) progression of Coronial Counselling Support Plan;
- (e) jurisdictional change—Gold Coast University Hospital Mortuary catchment;
- (f) workforce plan FSS;
- (g) Streamlining Criminal Justice Committee actions—e.g., illicit drugs streamlining, autopsy report turnaround times;
- (h) planning for National Partnership Agreement wind-down of COVID funding;
- (i) actions arising from Women’s Safety and Justice Taskforce recommendations; and

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- (i) Sexual Assault Investigation Kit review;
 - (ii) Memorandum of Understanding development with the QPS; and
- (j) Workplace Harmony surveys.
31. I have no expertise in Forensic DNA testing, and I have not worked in a genetics or DNA laboratory. This is not a requirement for the role of ED, FSS.
32. I understand my predecessor, Mr John Doherty, was similarly not trained in forensic DNA analysis. I understand that he had trained as a Forensic Chemist.
33. Until I commenced work in FSS, I had no understanding of the specific processes used for forensic DNA analysis.
34. Ms Catherine (**Cathie**) Allen, is the Managing Scientist, Police Services Stream within FSS. The role of Managing Scientist is classified as a Health Practitioner, Level 7 (**HP7**). This is the most senior scientific level at FSS. There are currently only three HP7 positions at FSS.
35. When commencing in the role of A/ED, I understood Ms Allen to be a Forensic Biologist who has a Masters in Forensic Science, and that she has been in the Managing Scientist role for more than 10 years. I also recall Ms Allen mentioning to me that she had been a Reporting Scientist, and involved in the Daniel Morcombe case, from the beginning to the end of that case.
36. When I commenced in the role of A/ED, I had no reason to question Ms Allen's competency or expertise in forensic DNA analysis. As far as I knew, she was highly regarded and a true expert in her field.
37. Because of the diverse areas of scientific responsibility within FSS, I need to be able to trust the managing scientists, which is what I did. If there was a concern within the team about scientific issues, such as DNA testing, I expected Ms Allen, as the most senior expert in this field of science, to address those concerns appropriately. Ms Allen

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has two managers reporting to her, namely Mr Justin Howes, Team Leader, Forensic Reporting and Intelligence and Ms Paula Brisotto, Team Leader, Evidence Recovery and Quality.

38. The Forensic DNA Analysis Unit has, at all relevant times, maintained accreditation with the National Association of Testing Authorities (Australia) (NATA) and this provides a level of assurance that the Forensic DNA Analysis services provided by FSS are of an expected standard.
39. Furthermore, quality system elements including, but not limited to, audit and calibration schedules, use of quality control samples (positive and negative controls), peer reviewing of results, external quality assurance participation and a competency-based training program are key components to the Quality System within FSS.

My line management

40. In my role as A/ED, I initially reported to Mr Brett Bricknell, General Manager, Pathology Queensland & FSS. Mr Bricknell ceased in the role on 25 February 2022, and since then, and up until 17 October 2022, I reported to Dr Petra Derrington, Chief Pathologist, Pathology Queensland and FSS. Effective 17 October 2022, following the implementation of the Queensland Department of Health business case for significant organisational change, I now report to Mr Nick Steele, General Manager, Queensland Public Health and Scientific Services (QPHaSS),
41. Mr Bricknell reported to the A/Deputy Director-General, Prevention Division, QH. From 17 October 2022, Dr Derrington also reported to the A/Deputy Director-General, Prevention Division. Since I have been acting in the role of ED, Professor Keith McNeil has held the role of A/Deputy Director-General, Prevention Division.
42. The Deputy Director-General, Prevention Division reports to the Director-General, QH. Since I have been acting in the role of ED, Dr John Wakefield and then Mr Shaun Drummond have held the role of Director-General. Dr David Rosengren has also acted



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in the role of Director-General for a short period in about August 2022 when Mr Drummond was on leave.

On commencement in my role as A/ED

43. As above, I commenced in the role on 4 October 2021.
44. I had no face-to-face handover with Mr Doherty, the former ED, FSS.
45. I understand Mr Doherty finished in the role of ED, FSS on 3 September 2021 and Ms Allen had acted in the ED role for a little more than four weeks prior to my arrival on 4 October 2021.
46. Prior to commencing in the role, I received a hand-over document from Mr Doherty which he referred to as his 'manifesto'. A copy of this document is attached to my previous statement at **Exhibit LK-12.1 [WIT.0017.0016.0001]**. In this handover document, Mr Doherty advised:

Forensic DNA Analysis runs reasonably smoothly, although there are some cultural issues that need to be resolved (management team alignment). Processes are already in train to improve this and realign the management team culture. Work volumes in this area are at capacity, but there are no significant backlogs. This team has innovated and improved processes over the years to remain current.

(my emphasis)

47. In the handover, Mr Doherty did not refer to any scientific concerns about the work of the Forensic DNA Analysis Unit, differing scientific views within the team in relation to DNA analysis or any previous complaints in relation to scientific practice in the Forensic DNA Analysis Unit. He also did not advise me of any specific HR management items.
48. On commencing in the role of A/ED, I also spoke with Ms Allen about the Forensic DNA Analysis Unit. Ms Allen informed me there was mistrust by some staff towards

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management. Ms Allen also said her relationship with Senior Scientist, Kylie Rika was fractured and I should expect Ms Rika to request a meeting with me soon.

49. My management approach to all work units across FSS is to assume we are all equal and that we simply have different jobs. When I first commenced in FSS, I met with each of my direct reports, then their direct reports and team leaders, to understand their services, challenges, and achievements. In the first weeks of my appointment, I also attended two Forensic DNA Analysis Unit Senior Leadership Team meetings. In those early meetings, I informed staff of my management approach. Attached at **Exhibit LK-110** an email I sent to all FSS staff on 5 October 2021, in which I provided some information about who I was, the values that were important to me and my leadership style.
50. Soon after commencing in the role of A/ED, it became clear to me from my initial discussions with staff that one of the challenges the Forensic DNA Analysis Unit faced was that the QPS was requesting shorter turn-around times for DNA testing.
51. I understand in 2005 Treasury allocated funding to the QPS and it commenced block funding of \$3 million per annum to FSS to deliver testing services for crimes against property (but not crimes against persons, which is solely funded by QH). The QPS block funding for crimes against property has remained unchanged at \$3 million per annum, while sample volumes and costs have increased.
52. When I commenced in the role of A/ED, QH was undergoing a Business Case for Significant Change process. There were two phases to the change process. During Phase 1 (which was completed by the time I commenced work with FSS), FSS was realigned under the General Manager for Pathology Queensland (becoming the General Manager of Pathology Queensland & FSS) as an interim arrangement. Phase 2 was yet to be undertaken, and it was intended that phase would provide an opportunity for further analysis of where FSS (and other parts of the QH business) should be aligned.

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53. I had been brought in primarily to prepare a business case for Phase 2. I spent the first weeks working on this as a primary task, as we were to have the draft ready before Christmas. Prior to April 2022, the extensions of my secondment were aligned with the work I had been doing with Phase 2 of the business case for change.
54. In April 2022, Phase 2 of the business case for change was suspended, and was effectively on hold, as there was a broader QH business case to be finalised first. I was involved in the FSS component of this business case, and my colleagues at Pathology Queensland completed their component.

Culture

55. Since commencing in the role of A/ED, FSS, I have observed the morale and culture in the Forensic DNA Analysis Unit to be suboptimal. In particular, I consider that a less hierarchical, more inclusive approach to managing the team may improve morale and this is something I have been working to improve over the past 12 months.
56. I have reached this view about the Forensic DNA Analysis Unit's morale and culture after:
- (a) reading QH's Working for Queensland 2021 Survey results (see **Exhibit LK-12** to my previous statement [**WIT.0017.0015.0001**]). This survey was conducted prior to me commencing in the role of A/ED, FSS, but the results were made available after I commenced in the role. Only 45% of Forensic DNA Analysis Unit staff responded, which in itself is an indication of poor morale. The main themes that emerged from the survey results were fairness, leadership, performance management and professional development; and
 - (b) engaging in informal conversations with, and receiving email communications from, some of the staff in the Forensic DNA Analysis Unit. The informal discussions and email communications I have engaged in with staff have been outlined in my earlier statement dated 20 September 2022 (see **Exhibit LK-11** to my previous statement [**FSS.0001.0083.0067_R**]).

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My receipt of information from staff

57. Since commencing with FSS in October 2021, a number of Scientists and a Senior Scientist in the Forensic DNA Analysis Unit have requested to meet with me, or have sent emails to me, about various concerns. Again, my evidence in relation to these matters formed **Exhibit LK-11** to my previous statement [FSS.0001.0083.0067_R].
58. Through my communications with staff over the last 12 months, it has become apparent that there are two general themes to the staff concerns, being culture/workplace issues and scientific practice (particularly, forensic DNA testing).
59. Initially, the information I received from staff focused on cultural/workplace issues, but from about February 2022, I also received information about scientific issues in addition to cultural/workplace issues.
60. I have treated the information I have received from staff seriously and have acted on the matters raised with me, where appropriate to do so.

Cultural/workplace issues

61. There are a range of cultural/workplace issues that have been raised with me, including, but not limited to the following:
- (a) Flexible Work Arrangements (FWAs);
 - (b) working hours;
 - (c) Christmas Eve staffing arrangements;
 - (d) HR issues;
 - (e) workplace bullying;
 - (f) low morale;

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- (g) reporting requirements for absenteeism within the workplace;
- (h) job security;
- (i) dissatisfaction with leadership, including:
 - (i) an alleged authoritarian leadership style;
 - (ii) no responsibility and accountability by management;
 - (iii) abrupt communications; and
- (j) management engaging in poor communication and consultation practices.

62. I have taken the following action in relation to the information I have received from staff on cultural/workplace issues:

- (a) Clifton Strengths Finder, which I paid for personally for 10 staff;
 - (i) the Clifton Strengths Finder is a web-based assessment of personality from the perspective of positive psychology. It assists to understand a person's positive contributions to the workplace;
 - (ii) on 22 October 2021, I sent an email (see **Exhibit LK-111**) to the Forensic DNA Analysis management team proposing they engage the Clifton Strengths Finder. I did this as a proactive means of positively influencing the internal culture of the department having regard to feedback I had received from Ms Allen, Mr Howes and Ms Allison Lloyd about staff morale, as well as the handover note from Mr Doherty and the Working for Queensland survey results;
 - (iii) on 22 November 2021, I sent an email (see **Exhibit LK-112**) to Forensic DNA Analysis management staff advising I had commenced the Clifton Strengths Finder program with the Forensic DNA Analysis Unit in an attempt to help them work through their trust and misalignment issues. I attached to the email a strengths matrix and advised I had set some homework for the team;

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- (iv) on 20 December 2021, I sent two emails to the Forensic DNA Analysis management staff (see **Exhibit LK-113**). In the first email, I thanked the staff for participating in the most recent conversation about strengths and setting homework for them to complete. In the second email, I sent a table with the strengths of the members of the management team;
- (b) Workplace Harmony survey;
- (i) in March 2022, I proactively started developing a workplace harmony survey within FSS, one of which was for the Forensic DNA Analysis Unit. The intention of the survey was to take a point-in-time snapshot of the culture within the team as the Working for Queensland survey results were not recent;
- (ii) on 16 March 2022, I sent an email to the FSS Management team to seek feedback on a proposal to distribute the team surveys. I then sent a further email on 18 March 2022 to confirm my plan to distribute the surveys to each team within FSS (see **Exhibit LK-114**);
- (iii) on 26 April 2022, I disseminated the FSS Workplace Harmony Survey 2022 to all staff in the Forensic DNA Analysis Unit via email (see **Exhibit LK-115**). I believe the invitation to participate in the survey was sent to 66 members of the Forensic DNA Analysis Unit. A total of 47 staff responded to the survey. This suggests a 71% response rate;
- (iv) I received a copy of the survey results on 17 June 2022, however given the commencement of the Commission of Inquiry in early June 2022, I am still in the process of collating and analysing the responses in consultation with QH's HR team. My actions from the survey responses will likely be to distil them into themes and incorporate an action plan into the Career Success Plan for each of my direct reports. Depending upon the results of the survey, I may also look to implement additional actions. I will then seek to resurvey staff at a future date to confirm the effectiveness of the action plan;

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- (c) when issues were raised with me, I acted on them. For example:
- (i) early on in my role, I observed there was some tension within the Forensic DNA Analysis Unit in relation to FWAs. On 15 October 2021, I attended a regular catch up meeting with Ms Allen, where I requested that in future all FWAs be sent to me. I did this because it appeared to me that Ms Allen was quite strict in her approach to FWAs. Further, I wanted to maintain visibility across FSS and ensure consistency across teams. I had also been advised by the HR Business Partner that the FWAs in Police Services Stream could be managed in a more contemporary manner;
 - (ii) in or around late March 2022, Ms Alicia Quartermain, Scientist, raised a concern with me in a meeting regarding FWAs. During this meeting Ms Quartermain provided me with a copy of notes she had taken during a meeting with Ms Allen and Ms Rika, Senior Scientist about her FWA (see **Exhibit LK-11.2** to my previous statement [FSS.0001.0083.0003_R]). I approved Ms Quartermain's FWA for a period of 12 months. Up until then, her FWAs had been approved for a period of up to six months only;
 - (iii) in April 2022, Ms Cassandra James, Scientist, referred to me a request she had about FWAs. I sent Ms James an email dated 12 April 2022 providing support to her about her request. A copy of my email exchange with Ms James on 12 and 13 April 2022 is at **Exhibit LK-11.12** to my previous statement [FSS.0001.0083.0015_R];
 - (iv) on 23 June 2022, I convened a whole of FSS FWA workshop via Microsoft Teams. I informed the staff that I would do my best to support FWAs and that I trusted people. (see **Exhibit LK-116**);
 - (v) on 28 February 2022, I had a meeting with Ms Rika, where she informed me that Mr Howes had asked her to review a particular file, but he did not want it to be formally recorded that he had requested the review. Ms Rika felt uncomfortable with the request. Therefore, I advised Ms Rika to email Mr Howes requesting he put his request in writing if she were to complete

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it, which she did by email dated 28 February 2022. A copy of my notes of my meeting with Ms Rika and Ms Rika's email to Mr Howes is at **Exhibit LK-11.45** to my previous statement [**FSS.0001.0083.0057_R**] ;

- (vi) in response to feedback I received about staffing in FSS on Christmas Eve, I changed the staffing ratio across FSS so fewer staff were required to be at work on 24 December 2021. I sent an email to staff dated 14 December 2021 titled 'Christmas Eve at FSS- A Thank You' and advised '*we offer you the option of working a half day, i.e. finish by lunchtime. Total team staffing levels will be between 50% and 75%, depending upon expected workloads.*' (see **Exhibit LK-117**) I received positive feedback from several staff thanking me for my approach to staffing levels on Christmas Eve, including comments suggesting this was something staff had been asking for at least five years, and thanking me for '*bringing such welcome changes in culture to FSS*'.

Scientific issues

63. The information I received about scientific matters within Forensic DNA Analysis Unit were raised with me from about February 2022.
64. These matters were raised with me concurrently with adverse media coverage about forensic DNA testing in Queensland. The first media report I became aware of was aired in November 2021.
65. In February 2022 I played a key role in seeking approval for, and contributed to the development of, Terms of Reference for the External Review.
66. I provide further detail about the adverse media attention and External Review in this statement from paragraph 93.
67. I acted on the information I received from staff about the scientific issues in Forensic DNA Analysis Unit. The staff who raised these issues with me also indicated their previous disclosures to the former ED, FSS had not been actioned. In addition to

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seeking approval for the External Review, I referred the information I had received from staff within the Forensic DNA Analysis Unit to QH's Ethical Standards Unit (ESU) for assessment as to whether the information constituted public interest disclosures under the *Public Interest Disclosure Act 2010 (PID Act)* and whether the subject matter of the information could constitute corrupt conduct under the *Crime and Corruption Act 2001 (CC Act)*. While I am not a forensic DNA expert, I do have an understanding of general scientific practice and I was concerned about the information provided to me. In particular, I referred the following to ESU:

- (a) a verbal disclosure and supporting documentation from [REDACTED] on 15 March 2022 and a further written disclosure by [REDACTED] that I received via email dated 17 March 2022;
- (b) a verbal disclosure and supporting documentation from [REDACTED], Scientist, on 17 March 2022; and
- (c) a verbal disclosure and supporting documentation from [REDACTED], Scientist, on 17 June 2022.

A copy of the above referrals are at **Exhibits LK-11.41, LK-11.25 and LK-11.6** to my previous statement [FSS.0001.0083.0049_R]; [FSS.0001.0083.0030_R]; [FSS.0001.0083.0007_R].

68. In relation to the referrals to ESU, I referred all information I received about the disclosures to ESU on the same day the disclosures were received by me. In referring the information, I sent ESU the file notes I had made of my verbal discussions with the scientists who made the disclosures, all evidence the disclosers sent to me about the information and [REDACTED] email dated 17 March 2022.
69. By email dated 18 March 2022, ESU informed me it had been determined that the information from [REDACTED] and [REDACTED] did not raise a reasonable suspicion of corrupt conduct pursuant to section 15(1) of the CC Act or a public interest disclosure

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pursuant to the PID Act (see **Exhibit LK-11.34** to my previous statement **FSS.0001.0083.0042_R**).

70. By email dated 30 June 2022 (see **Exhibit LK-11.7** to my previous statement [**FSS.0001.0083.0008_R**]), ESU informed me that it had been determined the information from [REDACTED] did not raise a reasonable suspicion of corrupt conduct pursuant to section 15(1) of the CC Act or a public interest disclosure pursuant to the PID Act.
71. I understand it has been suggested in the evidence given in this Commission of Inquiry that following receipt of ESU's decisions dated 18 March 2022 and 30 June 2022, I should have taken certain action (which has not been identified) in relation to the information I had received. In response to this suggestion:
- (a) Ms Jess Byrne, Director, ESU was the decision-maker in relation to the subject disclosures. Ms Byrne is the authorised delegate pursuant to the Department of Health Human Resources Delegations Manual to assess the information and determine whether the information referred was capable of being identified as possible corrupt conduct under the CC Act or a public interest disclosure under the PID Act. I do not hold the delegation to make such assessments or determinations;
 - (b) the work associated with assessing information to determine whether it is capable of being identified as possible corrupt conduct under the CC Act or a public interest disclosure under the PID Act is highly specialised and QH has a team, being ESU, that is tasked with that function. I am not specialised in that area, and it is not a function of my role as A/ED, FSS;
 - (c) while ESU forms part of QH, the function it performs in assessing disclosures is independent, so as to ensure the integrity of the assessment process;
 - (d) at the time I received the information in March and June 2022, the work in commissioning the External Review was already well underway. That is, I had

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already prepared a draft brief to the A/Director-General seeking approval for the External Review and Terms of Reference had been prepared in draft (but were not approved until 31 March 2022);

- (e) at the time I received the disclosures in March 2022 and then in June 2022, I understood the External Review was imminent. At this point, I did not appreciate there would be such a delay in QH identifying and engaging a Reviewer to conduct the External Review; or that the External Review would ultimately be superseded by this Commission of Inquiry; and
- (f) at the time the adverse media coverage was being aired, Ms Allen and Mr Howes were repeatedly telling me, words to the effect of, '*there was nothing to worry about*', '*the testing methodology was appropriate*', '*QPS agreed with the processes*' and '*reworks were regularly being performed*'. I think Mr Howes even said FSS's inter-state counterparts were wanting to adopt the same approach. I trusted what Ms Allen and Mr Howes told me. I was under the impression from Ms Allen and Mr Howes that there was no risk to the criminal justice system imposed by the current testing processes, particularly as they regularly emphasised the QPS had the opportunity at any time to request further processing of samples that may be required for their case, given the QPS's knowledge of the whole context of the case. They also reinforced that Forensic DNA Analysis staff could also request additional processing on samples.

72. I understand it has been suggested in the evidence given in this Commission of Inquiry that following receipt of the information received from [REDACTED] [REDACTED] that formed the subject of the referrals to ESU, I should have referred the information to the A/Director-General. I did not refer the information to the A/Director-General, because of the independence of the ESU's functions, as a matter of practice no other information that is the subject of an ESU referral is referred to the A/Director-General and the confidentiality obligations that I understood applied to me by virtue of section 65 of the PID Act.

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73. My work in relation to culture and the scientific issues has been somewhat hampered in that:
- (a) I have come to realise many of the issues that staff have raised with me are long standing and their origins pre-date me commencing in the A/ED role;
 - (b) the scientific issues were raised with me from February 2022, in circumstances where I was seeking approval, or approval had already been provided, for an External Review to be undertaken, in which those issues would be addressed by external scientific experts. I also was of the understanding the External Review would confirm/refute the claims that the science was suboptimal, as was being presented in the media. Specifically, the Terms of Reference provided the External Review was to conduct a broad assessment of the quality of the scientific outputs from the laboratory, and address the issue of thresholds;
 - (c) when the scientific concerns were being aired in the media, I was informed by Ms Allen and Mr Howes that this was the result of information that was being communicated by Dr Kirsty Wright, a former FSS employee who I was told did not get along with Ms Allen, while she was employed by FSS thereby inferring I should not place weight on the information;

Communications with the QPS about a review of scientific data

74. On 16 December 2021, I was copied into a chain of emails between Ms Allen, Inspector Neville and then Superintendent Frieberg of the QPS with the subject line 'Re: Op Tango Amunet' (see **Exhibit LK-118**). This was the first time I became aware of the email exchanges. My interpretation of this email chain, which commenced on 1 December 2021, was that the QPS had a number of concerns in relation to DNA testing thresholds (**Testing Thresholds**). This was the first time I became aware the QPS held concerns of this kind.
75. The chain of emails referred to in paragraph 74 above included the following email exchanges between Ms Allen and Inspector Neville:

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Lara Jane Keller

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- (a) an email dated 1 December 2021 from Inspector Neville to Ms Allen, requesting to be provided with the actual threshold and advice as to whether it needed to be reviewed;
- (b) an email from Ms Allen to Inspector Neville dated 3 December 2021, in which Ms Allen did not provide Inspector Neville with the requested information but offered reassurance about DNA profiling success, stating:

Hi David

Thanks for the additional information on those samples from that particular case. We'll have a look into them and get back to you when we can.

After we had conducted a review of a large dataset, it was found that below a particular quantitation threshold and in line with manufacturer's specifications, a very small percentage of samples may provide some type of DNA profile, if they proceeded through DNA processing. This information was provided to the QPS, and the QPS advised that it would prefer that those samples that didn't exceed the quant threshold were not processed through to a DNA profile. We've monitored this and have found that with a larger dataset, the small percentage didn't vary.

We'll provide advice for this particular case when we're able to.

Cheers

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Cathie

- (c) an email from Inspector Neville to Ms Allen dated 3 December 2021, requesting more information about the threshold and the data set. I was not copied into any response by Ms Allen so am not aware if this email was responded to;
- (d) an email from Inspector Neville to Ms Allen dated 13 December 2021, in which he referenced the 2018 threshold as < 0.008 ng/uL and stated he assumed this was the information he was seeking in his email of 1 December 2021. He also provided information he had discovered in relation to truncation of testing low quant items;

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- (e) an email from Ms Allen to Inspector Neville, three days later, dated 16 December 2021, in which she confirmed a review of scientific data would occur and FSS would provide advice to the QPS in due course; and
- (f) an email from Inspector Neville to Ms Allen, 15 minutes later, advising that his earlier concerns, namely the Testing Thresholds, were of high priority.
76. I subsequently understood the review of the scientific data that Ms Allen had referred to in her email to Inspector Neville dated 16 December 2021 would involve data being extracted from the Forensic Register and that a quote would need to be obtained from the IT vendor, BDNA, prior to requesting the work to be performed. I also understood that once the data had been extracted and reviewed, the findings were to be presented to the QPS in the form of a further report (**Supplementary Report**).
77. In light of the email exchange between Inspector Neville and Ms Allen on 16 December 2021 and earlier, and noting the urgency with which Inspector Neville was requesting the Supplementary Report, I assumed Ms Allen would act promptly in relation to the matter. That is, I expected Ms Allen to prioritise the work involved in requesting the quote, undertaking the review and preparing the Supplementary Report.
78. At a meeting with the QPS on 1 February 2022, I asked Ms Allen to provide an update on the review of scientific data. I recall that Ms Allen advised that there had been slow progress in this work due to COVID-19.
79. On 21 February 2022, I was copied into an email from Inspector Neville and Ms Allen with the subject line 'FW: Testing thresholds', in which Inspector Neville pressed the issue of Testing Thresholds and asked for advice on how the Queensland threshold accorded with other jurisdictions, as well as the outcome of the review of the scientific data referenced in December. Again, Inspector Neville stated that this request was urgent for the QPS.
80. At the time I received this email, I was not aware of the document titled '*A review of the automatic concentration of DNA extracts using Microcon® Centrifugal Filter*

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Devices: Options for QPS consideration’ (**Options Paper**). As Ms Allen was not at work on 21 February 2022, I emailed Mr Howes asking for an update that day on the progress of Inspector Neville’s request. Mr Howes then sent me the 2018 Options Paper and I sent it to Inspector Neville, not realising this was the source of the initial thresholds that was the subject of the concerns he was raising. Mr Howes had assured me the information in that paper would answer Inspector Neville’s questions to a degree.

81. In March 2022, I was aware the Supplementary Report had still not been provided to the QPS. On 1 March 2022 at 1:14pm, I sent an email to Ms Allen with the subject line ‘Quote from bdna re data extraction’ and requested Ms Allen seek an update on the quote for the data extraction (see **Exhibit LK-119**). I did not receive a response to this email on 1 March 2022.

82. On 2 March 2022:

(a) at 12:09pm, I sent a further email to Ms Allen with the subject line ‘RE: Quote from bdna re data extraction’. I asked for a copy of the quote for my records as at that point in time I did not have any evidence before me that a quote had been requested and was hoping I could expedite the process as I was getting concerned about the delay. I further questioned if we could ask the QPS to assist by re-prioritising previously submitted quotes. My intention was to provide the QPS with an idea as to when they could expect a response (see **Exhibit LK-120**);

(b) at 12:28pm, I received an email from Ms Allen with the subject line ‘FW: Request for Quote for Report’ and an attachment titled ‘RE: Quote from bdna re data extraction; Quote from bdna re data extraction’(see **Exhibit LK-121**). It was at this time that I first became aware that despite the Testing Thresholds concerns being raised by the QPS three months earlier, Ms Allen had only requested a quote from BDNA for data extraction on 18 February 2022. This concerned me.

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83. In the time since this matter was raised by the QPS, I had developed a sense that Ms Allen was not prioritising this data analysis, despite my repeated enquiries and the QPS's continued efforts to request a new report. When I did make additional efforts to apply pressure on Ms Allen to progress this data analysis, I was met with a degree of terseness and repeated reasoning of this being a complex data analysis process that would take considerable time and effort to produce.
84. On 3 March 2022, Ms Allen sent an email to Inspector Neville with the subject line 'RE: Testing thresholds'. Ms Allen advised she anticipated the Supplementary Report dealing with concerns regarding the Testing Thresholds would be provided to the QPS in approximately 2 weeks. I was copied into this correspondence (see **Exhibit LK-122**). Inspector Neville responded to Ms Allen's email and raised concerns that she may be misinterpreting the data in the 2018 Options Paper (see **Exhibit LK-123**).
85. On 15 March 2022, and as I still had no draft document, I sent an email to Professor McNeil, Ms Dawn Schofield (an Executive Director within the Office of the Director-General) and A/Chief Legal Counsel, Ms Megan Fairweather, with the subject line 'RE: Independent Review of the Forensic and Scientific Forensic DNA Analysis Unit'. The email advised them of Inspector Neville's concerns, raised since December 2021, regarding Testing Thresholds. I also advised in this email that a quote had been sought from the IT vendor to extract the relevant data to reassess the agreed Testing Thresholds. This was the first time I became concerned to the point of needing to escalate the Testing Thresholds matter as I was becoming increasingly concerned about the delay, having formerly believed Ms Allen would address the issue in an appropriate and timely manner (see **Exhibit LK-124**).
86. On 17 March 2022, I attended a meeting with the QPS. I recall Ms Allen advising the QPS that there had been slow progress regarding the Supplementary Report, however, it would be available in approximately one week's time (see **Exhibit LK-125**).
87. On 5 April 2022, I had not received the Supplementary Report, but mentioned to Superintendent Bruce McNab of QPS that I had received legal advice to hold the

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Supplementary Report until the findings of the External Review were known. This was accepted by Superintendent McNab. I acknowledge now that the holding of the Supplementary Report was not a result of formal legal advice. This was my misunderstanding, and was based upon a conversation with a QH legal representative rather than a formal legal instruction.

88. At this time, I was confident that the External Review was imminent, so the urgency for the Supplementary Report subsided. I thought however that the Supplementary Report was still being progressed by Ms Allen and her team.
89. On 2 June 2022 (after the meeting with the A/DG and Minister), I requested and received an email from Ms Allen, attaching the draft Supplementary Report (see **Exhibit LK-126**). The draft Supplementary Report was sent to the A/DG and Minister, with the accompanying email confirming the following statistics (as advised by Ms Allen):


'2018 options paper : 1.86% were suitable to be uploaded to the National Criminal Investigation DNA database

2022 review paper: 5.3% ' (but note smaller number assessed)'

90. On 3 June 2022:
- (a) at 6:24am, I sent an email to Ms Allen requesting a status update in relation to the final version of the Supplementary Report;
 - (b) at 8:33am, I received an email from Ms Allen advising the Supplementary Report, following re-review, could be shared with the QPS the following week;
 - (c) at 1:27pm, I sent an email to Ms Allen requesting the final version of the Supplementary Report be provided by close of business; on Tuesday, 7 June 2022 as it appeared to me that Ms Allen was being evasive, and I was conscious significant time had lapsed since the Testing Thresholds concerns were first raised by the QPS some 6 months prior (see **Exhibit LK-127**).

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91. By email dated 20 June 2022, Ms Allen sent to me the Supplementary Report in the form of two reports, being a larger report entitled 'Review report_March2022v2 JAH' and Ms Allen's executive summary document entitled 'Assessment of low quant DNA Samples v2' (see **Exhibit LK-128**).
92. I sent a copy of the Supplementary Report to Superintendent McNab on 24 June 2022. I had been assured by Ms Allen that the findings in the Supplementary Report were of no concern. I recall a conversation with Superintendent McNab during which we agreed to meet after the QPS had reviewed the Supplementary Report.

External Review

Approval to conduct the External Review

93. Since November 2021, numerous claims have been made in 'The Australian' newspaper and other media outlets regarding the rigour and validity of processes and results issued by the Forensic DNA Analysis Unit.
94. In particular, it is claimed that significant errors have been made in the testing and conclusions drawn about the forensic samples collected by the QPS in relation to the death of Ms Shandee Blackburn in February 2013. It has been claimed these alleged errors were instrumental in the failure of the prosecution and the alleged errors are indicators of wider systems, governance, and competence issues with the laboratory.
95. On 3 February 2022, the Central Coroner announced the coronial investigation into the Shandee Blackburn case would be re-opened to inquire into issues raised regarding the forensic evidence in the case.
96. On 18 February 2022, I sent a draft Director-General Brief (C-ECTF-22/3751) titled '*Independent Review of the Forensic and Scientific Forensic DNA Analysis Team*' to the office of the Director-General (see **Exhibit LK-129**) (**Brief**). Further iterations of the Brief were sent to the Director-General's office in March 2022.

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97. The recommendations in the various iterations of the Director-General's Brief were to:
- (a) note the serious and ongoing allegations being made in the media about FSS' Forensic DNA Analysis Unit's role in the forensic testing of samples in the unsuccessful 2017 prosecution of the person charged with the murder of Shandee Blackburn; and
 - (b) approve the External Review, which was described in the Brief as an Independent system and processes (non-legislative) review of the systems and processes of the Forensic DNA Analysis Unit within QH's FSS in response to these concerns.
98. An External Review was sought to ensure transparency and ongoing public confidence in DNA testing, as well as to identify any opportunities for improvement.
99. Minister D'Ath announced support for the External Review in Parliament on 29 March 2022.
100. On 4 April 2022, Mr Drummond signed the Brief, in which he gave approval for the External Review to be conducted (see **Exhibit LK-130**).

Identification of a Reviewer

101. QH's Legal Unit engaged MinterEllison to prepare the draft Terms of Reference for the External Review, and I understand they were to oversee the identification and engagement of the independent reviewer for the External Review.
102. Once Director-General approval was obtained, I understood that QH Legal/MinterEllison tried for many weeks to find suitable and available reviewers, however because of the highly specialised set of skills required for the review, there was a limited pool of potential reviewers.
103. On 22 February 2022, which is before approval had even been gained for the External Review, I sent an email to Mr Bricknell, Dr Derrington and QH Legal (see **Exhibit LK-131**) suggesting QH approach a number of facilities to ask them to nominate expert

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reviewers for the External Review, rather than QH suggesting their own. I made this suggestion to ensure independence in the review process.

104. On 24 February 2022, I sent an email to QH Legal, with a copy to Mr Bricknell and Dr Derrington (see **Exhibit LK-132**), advising ‘ANZPAA NIFS is the peak body for forensic science in Australia and NZ.’ I sent this email to provide further assistance for those tasked with identifying and engaging a reviewer to conduct the External Review. It is my understanding the Commission of Inquiry has, of its own accord, drawn upon the expertise of some of those bodies whom I put forward as recommendations to support the External Review.
105. Other than sending the two emails referred to above, I did not have any involvement in identifying a reviewer so as to ensure there was independence in the External Review that was to be conducted.

Terms of Reference

106. On 22 February 2022, I received an email from Ms Nicola Lord, Principal Lawyer, QH (see **Exhibit LK-133**), attaching a draft Terms of Reference for the proposed Systems and Processes Review of FSS.
107. I had input into the Terms of Reference to ensure I was satisfied they would provide for a thorough expert examination of the concerns raised by the QPS regarding thresholds, the recent confidential staff concerns, and the matters raised in the media through The Australian podcast and associated news articles. On 31 March 2022, the Terms of Reference for the External Review were finalised (see **Exhibit LK-134**), and they were approved by Mr Drummond in the brief he approved on 4 April 2022.
108. The scope of the External Review, as provided for in the Terms of Reference, was:

4. Scope of the Review

4.1 The Reviewers are to assess whether the systems and processes in place for forensic DNA testing conducted by FSS are reliable, conducted to an acceptable standard and achieve quality reporting of DNA results and matching.

4.2. In assessing the matters set out in paragraph 4.1 above, the Reviewers are to specifically

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consider and address in their report the following:

- (a) Whether FSS forensic DNA testing adheres to contemporary best practice across all aspects of its systems and processes;
- (b) Whether adequate internal quality assurance is in place, including measures in place to test that the equipment and software is properly functioning to the required level of sensitivity and any validation processes to ensure that reporting is accurate based upon the samples supplied;
- (c) Whether adequate external quality assurance and accreditation is in place, including as assessment of the NATA accreditation outcomes;
- (d) The adequacy and reliability of the equipment and software in use;
- (e) Any issues that can be identified arising from the introduction of PowerPlex 21 and STRmix, and if so, whether these issues have been adequately addressed;
Whether sufficient experienced personnel are in place and any identified gaps in expertise or resourcing constraints;
- (g) Adequacy of the training and continuing professional development program in place relevant to the scope of the Review;
- (h) Sample management, including adequacy of handling, packaging, preservation, transport, storage and security of samples;
- (i) Adequacy of systems and processes in place to generate and match DNA profiles;
- (j) Adequacy of extraction processes for DNA material, including to ensure the quality and quantity of DNA extracted;
- (k) Adequacy of quantification processes to estimate how much DNA is extracted from samples;
- (l) The approach leading up to and reporting of 'No DNA detected' or 'DNA Insufficient for further processing' at the quantification stage, including the apparent approach taken by FSS that samples returning this result do not progress to the amplification or other subsequent stages, with the apparent outcome that the PowerPlex 21 DNA profiling kit and statistical analysis using STRmix software is not utilised in samples where it is reported 'No DNA detected' or 'Insufficient DNA detected'
- (m) The appropriateness of the established limits or thresholds of detection below which samples at a quantification level are reported as 'No DNA detected' or 'DNA Insufficient for further processing', including by reference to other comparable jurisdictions;
- (n) Whether any additional steps ought to be in place prior to reporting 'No DNA detected' or 'DNA Insufficient for further processing', including but not limited to circumstances where it might be expected that DNA would be detected from the samples;
- (o) The approach taken where there is apparent contamination of samples;
- (p) The approach taken where there is an apparent mix of DNA;
- (q) Adequacy of the PCR amplification stage resulting in copies of target DNA to enable detection, including through the use of PowerPlex 21 DNA and STRmix;
- (r) Adequacy of the electrophoresis stage to separate and detect the targeted DNA;
- (s) Systems and processes relating to the interpretation of DNA profiles obtained;
- (t) Systems and processes relating to the comparison and matching of DNA profiles;
- (u) Systems and processes relating to the reporting of DNA profiles;
- (v) Whether there are appropriate systems and processes in place when a report or



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result is amended, such that the rationale and impacts to relevant stakeholders are clearly articulated and understood;

(w) Whether DNA profile information supplied to the QPS is reliable and accurate in accordance with accepted and relevant Australian and International standards; and

(x) In addressing the preceding questions set out in paragraph 4.2 of these Terms of Reference, include in your consideration the matters and concerns raised in paragraph 3.6 of these Terms of Reference.

*4.3. While specific cases may be examined to inform the Scope of the Review set out above, given that the Review is focused on systems and processes and so as not to prejudice any ongoing or future criminal matters, **excluded** from the Scope of the Review is a re-analysis of DNA samples, inclusion of any information in the Review Report about specific cases or inclusion in the Review Report of any issues relating to a specific identifiable case.*

4.4. The Reviewers, taking into account matters identified in 4.1 and 4.2 above, are to make recommendations relating to the ways in which any of these matters or any identified issues may be improved.


4.5. Should the Reviewers identify any other matters outside the Scope of the Review that they consider require further consideration, the Reviewers should seek further instruction from me.'

109. I understand it has been suggested in the evidence given in this Commission of Inquiry that I did not support the External Review. It would be incongruous to suggest that I opposed the External Review when I played a key role in facilitating the External Review, in that:

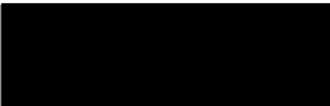
- (a) I prepared the initial briefing note to the then Director-General Dr John Wakefield seeking approval for the External Review, as well as the multiple iterations of the briefing note;
- (b) I had input into the Terms of Reference; and
- (c) I sent emails to QH Legal, Mr Bricknell and Dr Derrington on 22 and 24 February 2022, making suggestions about the identification of a reviewer for the External Review.

Meeting with Minister D'Ath

110. On 1 June 2022 I read the QPS's submission to the Women's Safety and Justice Taskforce (**WSJT**) dated 1 June 2022 (**QPS's Submission**) (see **Exhibit LK-135**).

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(<https://www.womenstaskforce.qld.gov.au/> [REDACTED])
[REDACTED]

111. The QPS's submission was prejudicial to the Forensic DNA Analysis Unit and there was adverse media exposure as a result.
112. On 2 June 2022, I was asked to attend a meeting with the Honourable Minister for Health, Ms Yvette D'Ath and A/Director-General, Mr Shaun Drummond, at 1:00pm that day. I had very limited time to prepare for this meeting.
113. At the meeting, Minister D'Ath asked questions relating to the QPS's Submission. Minister D'Ath's questions, and my responses, were to the following effect:
- (a) when I became aware of the QPS's submission in response to the WSJT Discussion Paper. I became aware of it on 1 June 2022;
 - (b) how the data presented by the QPS in the report was derived. Based upon advice from Ms Allen, I said that this was not known to me, and in a previous meeting with the QPS, it was suggested that as the cases were known sexual assaults, perhaps there had been some 'cherry picking' of cases;
 - (c) is the data in the submission by the QPS accurate? I said that I cannot confirm this as we do not know yet how the data was derived, and we would need to collaborate with the QPS to determine this; and
 - (d) the status of any follow up about thresholds. I said that I understood a follow up report was in draft and that I had been told the findings identified a slightly higher National Criminal Investigation DNA Database upload rate compared with the 1.86% in the 2018 Options Paper. Mr Drummond and Minister D'Ath then requested that after the meeting, I send them a copy of the draft report, data about reworks and a timeline of events.
114. In the meeting with Minister D'Ath and Mr Drummond on 2 June 2022, I recall stating:

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- (a) the key statistic being reassessed in the follow up paper was the 1.86% upload to NCIDD. This had been the figure I had been repeatedly advised by Ms Allen as being the most relevant;
- (b) thresholds may vary across jurisdictions as different laboratories use different equipment and processes;
- (c) FSS was prepared to send the Blackburn casefile to another laboratory for peer review, but the QPS asked us **not to** do that; and
- (d) the process for not further testing below the threshold (introduced in 2018) was not in place at the time of the Blackburn case. I was asked by Mr Drummond if I was 1000% certain that all samples had been fully tested to the end in that case. I said I would need to check with Ms Allen and I called her into the meeting. Ms Allen then said she could 1000% confirm that all samples were fully tested in the Blackburn case.

115. After the meeting, in accordance with Minister D’Ath and Mr Drummond’s request for further information, I sent them two emails with the subject ‘FW: Options Papers – First one and Draft of Second’:

- (a) the first email included the 2018 Options Paper, email confirmation from the QPS that Option 2 was approved, and the draft Supplementary Report (see **Exhibit LK-60D** to my previous statement [WIT.0017.0144.0001]; [WIT.0017.0145.0001]; [WIT.0017.0146.0001]; [WIT.0017.0147.0001]; and
- (b) the second email included the timeline of events, the rework statistics and the working spreadsheet from Ms Allen on the QPS data (see **Exhibit LK-60E** to my previous statement [WIT.0017.0148.0001]; [WIT.0017.0149.0001]; [WIT.0017.0150.0001]; [WIT.0017.0151.0001].

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6 June 2022 decision

116. At about 3pm on 3 June 2022, I received a telephone call on my mobile telephone from Mr Drummond requesting advice by that afternoon.
117. In particular, Mr Drummond requested advice about reverting to workflows in place prior to the 2018 change, and for information about costs and risks.
118. I spoke with Ms Allen immediately after receiving the request from Mr Drummond, and I asked her to put together the proposal in response. I am not sure who, if anyone from the laboratory, Ms Allen consulted in preparing this information. The deadline was very tight.
119. Ms Allen sent me an email at 3:58pm on 3 June 2022 that included options, costs and risks (see **Exhibit LK-61** to my previous statement [WIT.0017.0153.0001]).
120. Ms Allen, Ms Alison Slade (my Principal Advisor) and I finalised wording for the email to Mr Drummond. I subsequently sent the email to Mr Drummond at 5:10pm (see **Exhibit LK-62** to my previous statement [WIT.0017.0154.0001]). The email was prepared in approximately two hours, to meet the timeframe within which Mr Drummond requested the information.
121. In the email dated 3 June 2022 that was sent to Mr Drummond, we did not change the wording that Ms Allen had used in her email to me at 3:58pm to describe the scientific processes. My input into the email dated 3 June 2022 was fine tuning the wording in terms of the risks and costs, but not the science.
122. In reviewing Ms Allen's email that was sent to me at 3:58pm on 3 June 2022 and finalising the email that was sent to Mr Drummond at 5:10pm on 3 June 2022, I took advice from Ms Allen, as the Managing Scientist, Police Services Stream about the reversion to the process in place for samples in that range before 2018. As above, I rely on Ms Allen to provide scientific direction relevant to her profession and expertise, as I am not a Forensic DNA scientist. I am also aware that Ms Allen held the role of Managing Scientist, Police Services Stream during the time when the abovementioned process was changed in 2018

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and I had no knowledge of that matter having only commenced my secondment with FSS in October 2021. At the time, I did not know what the pre-2018 workflow was.

- 123. There were two options included in the email to Mr Drummond dated 3 June 2022. I understood that Option 1 was the proposed preferred option on the basis it may yield a DNA profile, cost less for kits and may reduce the backlog. I understood that Option 2 may result in loss of all remaining sample (which I also understood was something the QPS was not supportive of), that it was more expensive in terms of kits, and would lead to an increase in backlog of cases. My understanding of the two options was based solely upon the advice I received from Ms Allen.
- 124. I believed that Mr Drummond was the decision maker in relation to the options.
- 125. On 6 June 2022 at approximately 12:30pm, I attended a meeting with Mr Drummond, Professor McNeil and Dr Derrington.
- 126. At the meeting, Mr Drummond advised the preferred option was Option 1. I verbally communicated the **6 June Decision** to Ms Allen on 6 June 2022 at a meeting I held with her immediately after my meeting with Mr Drummond, Professor McNeil and Dr Derrington.

Communications about the 6 June Decision and Commission of Inquiry

- 127. On 6 June 2022, Premier Palaszczuk announced a Commission of Inquiry into DNA testing conducted by QH's FSS.
- 128. On the afternoon of 6 June 2022, I visited the staff on duty in the Forensic DNA Analysis Unit, to advise them of the announcement by the Premier that there would be a Commission of Inquiry into DNA testing in Queensland. My intention was to reassure them and offer my support to them.
- 129. On 7 June 2022, I tested positive for COVID-19. I isolated at home for a period of seven days as per the relevant Chief Health Officer Directions at the time. I had limited contact with the workplace during this time as I was unwell.

..... [Redacted Signature]

Lara Jane Keller

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130. Despite being ill, on 8 June 2022, I sent an email to all FSS staff with a message of support, following on from the public announcement of the Commission of Inquiry and ongoing media attention (see **Exhibit LK-136**).
131. I understand it has been suggested in the evidence given in this Commission of Inquiry that I did not communicate with the QPS about the 6 June Decision. That is incorrect. On 9 June 2022, I sent an email to Superintendent McNab of the QPS with the subject line 'RE: Interagency Sexual Assault Response Guidelines Working Group.' This email confirmed the return to pre-threshold processes (see **Exhibit LK-137**).
132. I did not send the email to Superintendent McNab prior to 9 June 2022 because on 6 June 2022 I had the meetings referred to above, including the meeting with staff to discuss the public announcement of the Commission of Inquiry. The following day, on 7 June 2022, I contracted COVID-19 and was unwell. In the last paragraph in my email to Superintendent McNab I said '*Presumably you are aware of the return to pre-threshold processes. FYI, I'm sick with Covid so will not be in until next Wed. Once I'm back I'd like to discuss further.*'
133. Also, prior to my meeting with Professor McNeil and Dr Derrington on 6 June 2022 when Mr Drummond communicated the decision to proceed with Option 1, I emailed Ms Allen enquiring what would be required to implement the decision that was yet to be made. The email exchange on 6 June 2022 between Ms Allen and me about this matter is attached at **Exhibit LK-138**. After communicating the 6 June Decision to Ms Allen, I trusted Ms Allen to make all arrangements to implement Option 1. It was my expectation that Ms Allen would communicate with the QPS, other relevant stakeholders and her staff about the 6 June Decision.

Concerns about the 6 June Decision

134. On 17 June 2022, I received an email from Dr Moeller (see **Exhibit LK-11.27** to my previous statement [FSS.0001.0083.0034_R]), enquiring about the 6 June Decision. I responded to Dr Moeller's email stating '*As you know, I am not an expert in DNA*

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analysis. Have you put this to Justin or Cathie for clarification? They are the people who should confirm this for you, sorry'.

135. I responded to Dr Moeller's email in this manner, as:
- (a) the matter Dr Moeller raised in her email was highly specialised and technical;
 - (b) I did not believe it was appropriate for me to advise on such a matter given it was outside the scope of my area of expertise;
 - (c) if I had provided advice, I would have presented myself as an expert in the area, which I am not; and
 - (d) I did not know what discussions had been taking place in the team following the 6 June Decision. I was not copied into any communications from Ms Allen or Mr Howes about the implementation of the decision.
136. After sending my email to Dr Moeller, she did not raise the matter with me again. I assumed that Dr Moeller went on to engage with Mr Howes and/or Ms Allen about this.
137. I understand it has been suggested in the evidence given in this Commission of Inquiry that I ought to have referred any staff concerns about the 6 June Decision to Mr Drummond. I only received one communication about the decision, and that was from Dr Moeller. I believe I acted appropriately in relation to that communication, in referring it to Ms Allen and Mr Howes to respond to, given their expertise in the field.

19 August 2022 decision

138. On 16 July 2022, I commenced a period of sick leave. Thereafter, from 28 July 2022, I was on recreation leave until 26 August 2022. While my period of recreation leave ended on 26 August 2022, I attended a professional development conference from 29 August 2022 to 31 August 2022 and did not return to my role as A/ED within FSS until 1 September 2022.

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139. Ms Helen Gregg, who holds the substantive position of Manager, Scientific Support Services, FSS acted in the role of A/ED from 16 July to 1 September 2022.
140. On 17 August 2022, Ms Gregg forwarded me an email dated 17 August 2022 that she had sent to Dr David Rosengren, who at the time was acting in the role of Director-General, with the subject line 'FW: Wording to describe pre-2018 thresholds and options' (see **Exhibit LK-67** to my previous statement [WIT.0017.0161.0001]). Ms Gregg's email to Dr Rosengren explained there had been a realisation that the email on 3 June 2022 *'was not sufficiently clear in explaining the 'options' put forward as alternative workflows to the one currently in place for 'DNA insufficient for further processing''*. The email dated 17 August 2022 also stated Ms Allen had made an error in the information she put forward that formed the basis of the email dated 3 June 2022 (see **Exhibit LK-63** to my previous statement [WIT.0017.0155.0001]; [WIT.0017.0156.0001]; [WIT.0017.0157.0001]).
141. As I was on leave when this email was sent to me on 17 August 2022, I did not attend to it on that day. I was not aware of the email or the context until I returned to my role as A/ED on 1 September 2022.
142. On 1 September 2022, I met with Ms Gregg who provided me with a handover document to bring me up to speed on events within FSS during my period of leave (see **Exhibit LK-139**)
143. At that meeting on 1 September 2022, Ms Gregg informed me verbally that there had been a reconsideration of the options put forward in my email dated 3 June 2022 to Mr Drummond and a new decision had been recorded in a memorandum dated 19 August 2022 (**19 August Decision**) (see **Exhibit LK-70** to my previous statement [WIT.0017.0169.0001]). I received a hard copy of the memorandum dated 19 August 2022 at the meeting held on 1 September 2022. In a meeting I attended by Ms Allen and Ms Gregg at 10am on 1 September 2022, Ms Allen verbally advised me she had made an unintended human error in relation to the options proposed on 3 June 2022.

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144. This was the first time I became aware Ms Allen had made an error in relation to the options that had been proposed on 3 June 2022. Ms Allen did not raise any error with me between sending the email on 3 June 2022 and 1 September 2022.
145. I cannot comment on any consultation with other members of staff, DDG or A/DG about the 19 August Decision as I was on sick/recreation leave from 18 July 2022 to 26 August 2022, and then at a conference until 1 September 2022.
146. I cannot comment on how the 19 August Decision was communicated to staff or the QPS as I was on recreational leave from 18 July 2022 to 26 August 2022, and then at a conference until 1 September 2022.
147. On 14 September 2022, Ms Gregg and I did however have a telephone conversation with Inspector Neville regarding the 19 August Decision.
148. I now realise that Option 1 on the email dated 3 June 2022 may have led to misunderstanding. I believed the options were based upon Ms Allen's knowledge and understanding of the standard operating procedures in place in the Forensic DNA Analysis Unit immediately prior to the adoption of the 2018 change.

Request to Pause Testing

149. On 20 September 2022 at 8:47 am, I received an email from Inspector Neville (see **Exhibit LK-140**), requesting an update on the project to assess blanket concentration volumes. In this email, Inspector Neville also requested a temporary pause of testing P1 and P2 samples in the range 0.001 - 0.008 ng/uL until the project was completed.
150. On 20 September 2022 at 8:56 am, I replied to Inspector Neville via email (see **Exhibit LK-141**) asking him to be very specific about the request, and whether this represented a formal request from the QPS. At that time, we were under the direction of the A/DG to auto-microcon.


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151. On 20 September 2022 at 9:55 am, Inspector Neville sent an email to me (see **Exhibit LK-141**) confirming that this represented a formal request from the QPS.
152. We began to plan for this, with the assistance of the QH Commission of Inquiry Taskforce.
153. Over the course of the next two weeks, the pause was enacted, and various consultation activities were undertaken between the QH Commission of Inquiry Taskforce, the QPS and FSS, with the intent to adopt the most appropriate solution moving forward.
154. On 5 October 2022, a meeting was held between the QPS, QH Commission of Inquiry Taskforce and FSS, during which an agreement was reached to consider a revised workflow, which included consideration of software changes to the Forensic Register.
155. On 6 October 2022 at 10:06 am, Ms Gregg sent an email to the Forensic DNA Analysis Unit (see **Exhibit LK-142**), describing the proposed interim solution and requesting feedback. This email requested feedback by close of business Monday 10 October 2022.
156. By email dated 11 October 2022 at 9:11 am, Ms Gregg sent an interim proposal to the QPS relating to the request for pausing testing and subsequent restart. A reply was received from Inspector Neville at 2:25 pm (see **Exhibit LK-143**, confirming the QPS supported the interim proposal of a solution to lift the pause.
157. A subsequent memorandum was issued by the Director General on 19 October 2022 (see **Exhibit LK-144**), repealing the 19 August Decision.

SAIK and Reference DNA Sample Collection

158. In the weeks following my commencement at FSS, I became aware of an ongoing request from the QPS to amend the process for collection of reference DNA samples from victims of sexual assault. The process that the QPS was displeased with was to collect the reference sample from the victim after the initial medical examination – they

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wanted to sample collected at the time of the initial medical examination. I was concerned that the process that was in place at the time was not victim-centric, and consulted with the following QH officers about the matter:

- (a) Ms Allen;
- (b) Dr Adam Griffin, Director, CFMU, FSS;
- (c) Ms Jacqui Thomson, Assistant Director of Nursing, CFMU, FSS, and
- (d) Dr Cathy Lincoln, Forensic Physician, Deputy Director Forensic Medicine, Emergency Department, Gold Coast University Hospital.

159. Neither Dr Griffin nor Ms Allen were in favour of amending the process to have a QH doctor or nurse take the sample at the time of the examination.

160. On a number of occasions, I recall speaking with various QPS stakeholders including Superintendent Freiberg and Superintendent McNab, reinforcing my view that the reference sample should be collected at the time of the examination. I consider that my QPS colleagues understood my intention was to have the Interagency Guidelines amended to facilitate this change.

161. Despite ongoing resistance by Ms Allen, and in particular by Dr Griffin, I subsequently issued a direction to Dr Griffin to enact the change to the Interagency Guidelines document to have the reference sample collected at the time of the examination.

162. As of 19 October 2022, the most recent version of the Interagency Guidelines document (see **Exhibit LK-145**) states: "*The reference sample will be collected at the time of the forensic examination*".

TAKEN AND DECLARED before me at Brisbane in the State of Queensland this 21st day of October 2022.

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Schedule of Exhibits

Exhibit	Document title
LK-106	Documents relating to extension of secondment
LK-107	Resume Lara Keller June 2021
LK-108	New QH Org chart
LK-109	FDNA org chart
LK-110	Hello from Lara Keller A EDFSS
LK-111	20211022 About the Clifton Strengths Finder
LK-112	20211122 FW- Clifton Strengths
LK-113	20211220 Clifton Strengths Homework
LK-114	20220318 re Workplace Harmony Surveys FSS - feedback welcome
LK-115	20220426 Your invitation - Forensic DNA Workplace Harmony Survey
LK-116	Flexible working arrangements workshop
LK-117	20211214 Christmas Eve at FSS - A Thank You
LK-118	Email 16 Dec 2021 DN to CA
LK-119	Email 1 March 2022 LK to CA
LK-120	Email 2 March 2022 LK to CA 1209pm
LK-121	Email 2 March 2022 CA to LK
LK-122	Email 3 March 2022 CA to DN
LK-123	Email 16 March 2022
LK-124	Email 15 March 2022 LK to KMcN etc
LK-125	20220317 LK notes from QPS FSS meeting - thresholds
LK-126	Options papers - first one and draft of second
LK-127	Email 3 June LK to CA 1 27pm
LK-128	Reports for 12.30pm meeting
LK-129	DG Brief for approval
LK-130	C-ECTF-22-6199 DG BA - Forensic DNA Analysis Review
LK-131	Proposed approach to review panel
LK-132	ANZPAA NIFS contact
LK-133	Email 22 Feb 2022 encl TOR as tabled
LK-134	TOR as tabled
LK-135	QPS submission to WSJT
LK-136	Email 8 June LK to FDNA
LK-137	Email 9 June LK to BMcN
LK-138	Email 6 June CA to LK second report
LK-139	Lara Handover notes HG to LK
LK-140	FW FSS SOP draft memo
LK-141	RE FSS SOP draft memo
LK-142	QPS pause - interim proposal for your feedback
LK-143	FW Interim proposal for current pause
LK-144	C-ECTF-2216776 - DG MEMO - from Shaun Drummond Director-General Queensland Health
LK-145	Interagency guidelines October 2022 - tracked

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