



# ***LEGAL AFFAIRS AND COMMUNITY SAFETY COMMITTEE***

## **Members present:**

Mr PS Russo MP (Chair)  
Mr JP Lister MP  
Mrs MF McMahon MP  
Ms CP McMillan MP  
Mrs LJ Gerber MP

## **Staff present:**

Ms R Easten (Committee Secretary)  
Ms M Westcott (Assistant Committee Secretary)

## **PUBLIC BRIEFING—QUEENSLAND AUDIT OFFICE REPORT 21: 2018-19—*DELIVERING FORENSIC SERVICES***

### **TRANSCRIPT OF PROCEEDINGS**

**MONDAY, 7 SEPTEMBER 2020**

**Brisbane**

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### **The committee met at 8.50 am.**

**CHAIR:** Good morning. I declare open this public briefing on report No. 21 for 2018-19 titled *Delivering forensic services* prepared by the Queensland Audit Office. My name is Peter Russo. I am the member for Toohey and chair of the committee. With me here today are: James Lister, the member for Southern Downs and deputy chair; Laura Gerber, the member for Currumbin; Melissa McMahon, the member for Macalister; and Corrine McMillan, the member for Mansfield.

Today's public briefing will form part of the committee's consideration of the report. Only the committee and invited witnesses may participate in the proceedings. Witnesses are not required to give evidence under oath, but I remind them that intentionally misleading the committee is a serious offence. These proceedings are similar to parliament and are subject to the Legislative Assembly's standing rules and orders. In this regard, I remind members of the public that, under the standing orders, the public may be admitted to or excluded from the meeting at the discretion of the committee. The proceedings are being recorded by Hansard and broadcast live on the parliament's website. Media may be present and will be subject to my direction at all times. The media rules endorsed by the committee are available from committee staff if required. All those present today should note that it is possible you might be filmed or photographed during the proceedings. I ask everyone to turn mobile phones off or to silent mode.

**BROWN, Mr Darren, Senior Director, Queensland Audit Office**

**FLEMMING, Mr Patrick, Assistant Auditor-General, Queensland Audit Office**

**JOHNSON, Ms Karen, Acting Auditor-General, Queensland Audit Office**

**CHAIR:** Ms Johnson, I invite you or one of your colleagues to brief the committee on report No. 21 for 2018-19 titled *Delivering forensic services*, after which committee members will have some questions.

**Ms Johnson:** Thank you for the opportunity to brief the committee on this report. *Delivering forensic services* was tabled in June 2019. In this report we assessed whether the Queensland Police Service, Queensland Health and the Department of Justice and Attorney-General were delivering forensic services efficiently and effectively in investigating crime and prosecuting offenders. We assessed a range of forensic services, focusing on fingerprints, DNA, illicit drug analysis and forensic medical examinations.

This report and our earlier report on delivering coronial services, which we tabled in October 2018, complement one another. They collectively provide insights into the strengths, challenges and opportunities these agencies experience in delivering vital forensic and coronial services for Queenslanders. You may recall that we briefed this committee on the coronial services report in April 2019. In both cases we found that the governance arrangements for coordinating and managing cross-agency performance and the delivery of these services were largely non-existent. This not only impacted the efficiency and effectiveness of these services but, most importantly, directly impacted some vulnerable Queenslanders.

In *Delivering forensic services* we reported on examples of some victims of sexual assault, including children, experiencing long waits, unnecessary travel between hospitals and refusals by medical staff to conduct forensic medical examinations. In our conclusion we said that this is not the standard of service that the government or the community expects and made recommendations aimed at addressing these issues. I am happy to say that the agencies have made some commitments to implement reforms to address our recommendations.

We also found that the Queensland Police Service was not effectively coordinating how it collects, transports, prioritises and destroys illicit drugs. This results in unnecessary delays and costs, health and safety risks, and a growing backlog of drugs for analysis, which impacts on the courts. We found resourcing to be insufficient for both addressing the backlog and meeting any future increase in demand.

We did, however, find some significant advances and improvements. Most notable are the development of the forensic registrar and the automation of and advances in fingerprint services. We also saw some coordination of DNA services which provided some efficiency gains and demonstrated the benefits of effective cross-agency coordination.

In this report we made four recommendations on improving governance, coordination, processes and services for victims. Some of the seven recommendations that we made in the earlier report on coronial services complement those that we made in this report such as evaluating the merits of establishing an independent statutory body to deliver forensic medical services. We will be seeking a progress update from the agencies later this year. That forms part of our annual planning process. That completes my opening statement and I welcome any questions.

**Mr LISTER:** I note you talked about your reports into forensic services and coronial services being complementary, and I would agree with that. In parliament when I spoke about the other report, I talked about the case of a local person who was awaiting coronial services. Can you see how any inefficiencies or lack of accountabilities in the delivery of forensic services feed across into the growing delays in the delivery of coronial services to Queenslanders?

**Ms Johnson:** I am going to pass that to Darren. Darren delivered both reports so he has an expert knowledge of that.

**Mr Brown:** We made recommendations in the coronial services report specifically aimed at trying to better coordinate those services. There are very strong parallels between the two because forensic services for criminal investigations and forensic services for coronial investigations rely on that relationship between coordinating the services provided by Queensland Health and the information and services provided by the Queensland Police Service and then feeding that into the court system.

We made a recommendation in coronial services, which equally applies to forensic services, around the government evaluating the merits of establishing a forensic medical institute similar to that which exists in Victoria. Obviously, there are some differences between Victoria and Queensland in the sense of the geographical size of the state, the disperse population and so forth in Queensland.

We did note in both audits that the focus for delivering forensic services within Health is competing with other requirements within the health system. Because it is not delivering medical outcomes but more delivering court outcomes, the focus is slightly different. Therefore, it is competing against what is considered core business within Health for funding, resources and so forth and quite often comes out second best.

**Mr LISTER:** Am I right in saying that those at the coalface are having to make value judgements about the relative priority of cases based on the facts such as they are a criminal matter or an investigative matter for a coronial purpose?

**Mr Brown:** In some cases there will be crossover. Some coronial matters will also be a criminal matter—for example a homicide case—but in other cases they will be pure coronial matters. There is always that tension within Health in terms of prioritising the forensic services they need to deliver. It can depend on the particular case in terms of what types of forensic services are needed. If a pathologist is needed, that is a specific skill set. In other cases toxicology, for example, might be needed in a coronial matter but it might also be balancing toxicology services for criminal matters. It is a judgement call for the operational staff at Health on a case-by-case basis.

**Mrs McMAHON:** My question relates to the interface between the Queensland Police Service and Queensland Health—getting two rather large government departments with their own operating IT systems and databases to work together without having to duplicate work and thereby decreasing efficiency. Where those two government departments work together, do you have any feedback or recommendations on how they can manage data and information and not reduce the efficiency of the whole system?

**Ms Johnson:** That was not a specific line of inquiry we pursued in this report. Darren will have some insights because he was across both reports, and they do complement and blend together.

**Mr Brown:** We mentioned the forensic register as a good example. It provides a source where both agencies can access information about forensic material and so forth. We did highlight a lack of ability to track where matters are within the court system. We identified a number of examples where our data analysis showed that there was some unnecessary analysis occurring: matters had been sent to forensic services for analysis, the matter had since been resolved through a plea of guilty but that information had not been fed back to Health and, subsequently, analysis occurred that was not necessary. Obviously that creates a delay, because other matters that still need to be processed are taking a back seat to those matters that are being analysed that do not necessarily need to be analysed.

**Mrs McMAHON:** Whenever there are two completely different IT systems and databases, trying to get them to talk to each other usually involves the creation of a new IT linkage which, in my experience, does not necessarily increase efficiency.

**Mr Brown:** That is correct. The way around that that we saw and what we were particularly looking for—we come across that issue quite regularly in our audits, with two different systems that were never designed to talk to one another—was more about the transfer and communication of information across the systems or providing access to the other agency's systems to the right people so that they can access that system in a timely manner. One of the biggest issues around that is that in this case you are also looking at the court system. You are actually looking at systems across three agencies trying to coordinate.

**Ms McMILLAN:** In your research and deliberations, did you come across any Australian jurisdictions where the delivery of forensic medical examinations was being conducted particularly well? Were there any stand-outs?

**Ms Johnson:** We made a trip to Victoria to evaluate theirs. We also looked at best practice in New Zealand and the United Kingdom. Darren was on that trip to Victoria to evaluate, so I will let him talk about the findings.

**Mr Brown:** There are pros and cons in all systems. What was quite regularly communicated to us was that the Victorian Institute of Forensic Medicine was seen as the better practice example within Australia for a number of reasons. Its focus and purpose is on serving the justice system rather than on medical outcomes, so there is separation of that function between medical outcomes and justice outcomes. It performs another function around being a centre for research and innovation in the forensic space. In that sense, it can provide training across the agencies—police forensic medical officers, scenes of crime officers and so forth. That tended to be considered to be the better practice example. As Karen said, we went to Victoria to look at how that model worked. There were some examples where it worked a lot more efficiently than here. As I said, there are some challenges here because of the size of Victoria compared to the size of Queensland. Whether a similar model here would require a hub, a number of hubs and so forth would need to be evaluated.

**Ms McMILLAN:** A place like New Zealand is far more decentralised than Victoria, similar to Queensland. Were there some stand-out practices in New Zealand that you were able to identify in your readings?

**Mr Brown:** New Zealand has the benefit of not being a federation of states, as are we, so its system was able to be a lot more coordinated across the jurisdiction. We did not go into as much detail in terms of the system in New Zealand compared to Victoria because we had the opportunity to go to Victoria and speak to people there, whereas we did not have that opportunity with New Zealand.

**CHAIR:** In relation to the management of illicit drug services, you raise a number of issues which have led to delays in the processing of illicit drugs. What key practical changes should be implemented to improve those services?

**Mr Brown:** Probably the biggest that we could see that could be quite easy and inexpensive to make would be putting in a coordinating officer within QPS to manage the transportation and prioritisation of analysis of illicit drugs. We mention in the report that for DNA services the QPS appointed a commissioned officer as the coordinator for DNA services, with a small unit or office to help coordinate that. That was able to identify cases where sending certain types of DNA for analysis was not necessarily productive until a certain point in the process and those sorts of things. It was able to help in prioritisation and reduce some of the demand on Queensland Health. There is no similar process in place for illicit drugs. We found cases, for example, where at some police stations outside of South-East Queensland an officer would transport drugs for analysis and the next day another officer would travel with more drugs, rather than coordinating that process and getting the efficiency of sending it all down at once. They need first to make an assessment as to whether those drugs actually need to be sent down at that particular point in time or whether there is value in waiting until a plea of not guilty had been entered and so forth.

**CHAIR:** Isn't one of the issues for police that they need some sort of continuity in the exhibit?

**Mr Brown:** Yes.

**CHAIR:** The arresting officers gets it and he logs it. You just talked about different officers bringing it down. Is that situation brought about by the police wanting that continuity?

**Mr Brown:** Not in most cases, because the continuity is maintained. For example, if police seize illicit drugs at a scene, from a warrant and so forth, more often than not they will go back to the station and log it into the station's property facility. Then at some point down the track it would be transported.

You maintain the chain of custody of that exhibit by the officer who is transporting those drugs providing statements. Continuity is maintained. The officer who seizes the drugs does not necessarily need to be the officer who takes it to the forensic centre.

**Mrs McMAHON:** You identified in your report in relation to fingerprint services and DNA work that there have been some improvements and efficiencies. Can you outline what practical things those services have done to increase their efficiency? I particularly note in relation to DNA that the Queensland Police Service and Queensland Health won the Prime Minister's Silver Award for Excellence. It would be good to hear some good news.

**Mr Brown:** As I mentioned earlier, police and Queensland Health put in place a coordinating function around the forensic services. That has enabled them to coordinate when DNA samples need to be sent to forensic services for analysis, to control that flow and the demand on the analysts. In terms of the fingerprint unit, most of the efficiencies gained were around applying technology and digitising the analysis of fingerprints. We have data in the report which shows how quickly, on average, fingerprint analysis is being turned around in terms of information getting back out to the investigators so they can then act on that information. We did find some very good examples where the agencies had tried to break some of those barriers and coordinate some of their effort.

**Mrs McMAHON:** What is required to address the backlog in relation to drug testing and other analysis?

**Mr Brown:** I think it is two-pronged. Firstly, the existing backlog probably needs to be audited to see whether there are things in there that are still required. As part of that, there needs to be some resourcing focused at reducing that backlog without reducing the ability to address what is coming in. That is probably one element of it. The other element is strengthening that coordination process up-front so that things that do not need to come in for analysis are not getting into the queue and are not putting other things back in the queue. The real-time transfer of information in terms of where particular court matters are at is very important, because if you can reduce doing unnecessary analysis you will reduce that backlog growing.

**CHAIR:** The second-last paragraph on page 9 of the report states—

Queensland Health and the Queensland Police Service originally demonstrated a commitment to improve—

For me, the interesting part states—

Better cross-agency planning, communication, coordination, and resourcing between Queensland Health and the Queensland Police Service, with input from the Department of Justice and Attorney-General, is needed ...

Do you have any suggestions on how the three organisations can put their heads together?

**Mr Brown:** This is similar to a finding in relation to coronial services. In that report we made a recommendation around the agencies establishing a governance board, which they have since done. The idea behind that was so that there was leadership across all agencies getting together and being able to identify how the system is functioning—whether there are barriers or hold-ups in the system, where there is good performance and poor performance across the system—and then having a sufficient level of authority to make decisions, act and see those decisions through to overcome those blockages. We saw in the coronial services audit that they have implemented a governance body. We have not audited the outcomes at this point but we have had updates from the three agencies around that governance body. They tell us that that is working quite well. In terms of the coronial services governance board, we also suggested that that should include the State Coroner, which it does.

**CHAIR:** The audit revealed that there was no mechanism linking a number of databases within the Queensland Police Service and Queensland Health systems—I know you have spoken about it, so forgive me—that could have helped communicate information in a timely manner, especially in the context of police investigations or court cases. Did the audit identify a possible resolution to the issue?

**Mr Brown:** As it currently stands, individual investigators are responsible for updating forensic services as to what stage a particular matter is at in the court process and whether they still require analysis. That can fall through the cracks where an investigator happens to be on leave or forgets or they have other priorities they are trying to deal with. The simple and easy solution, at least in the short term given that systems integrations can be quite difficult, quite complex and expensive, is establishing that coordination function within QPS.

There is an element within the forensic register for both Police and Health to know where particular forensic exhibits are at a particular point in time, but that forensic register does not necessarily have a live feed from the court's QWIC system to identify where the court matters are and linkages to the court matters. That tends to be a significant gap.

**CHAIR:** As there are no further questions, is there anything you would like to add before we conclude?

**Mr Brown:** We highlight in the report that it is a very complex and difficult area. Particularly we highlight that Police and Health have made some gains in terms of robotics to try to speed up some of their analysis. Then other things eventuate which work against that, such as some of the complexity and some of the different drug types that hit the market that require different types of analysis, different technology and so forth. Where they make some gains, sometimes they get put back because of the changing environment they operate in. It is a constantly changing environment with new drugs coming onto the market and so forth. It is not an easy area to operate in.

**CHAIR:** There being no further questions, I thank you very much for attending and providing evidence in relation to report No. 21 of 2018-19 titled *Delivering forensic services*. I now declare this briefing closed.

**The committee adjourned at 9.19 am.**