



Queensland Health

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Mr Geoff Wilson MP
Chairman
Parliamentary Crime and Misconduct Committee
Parliament House
George Street
BRISBANE QLD 4000

Dear Mr Wilson

Re: Queensland Health Submission for Review of the Crime and Misconduct Commission

I refer to your letter dated 7 March 2006 regarding the Parliamentary Crime and Misconduct Committee's three year review of the Crime and Misconduct Commission (CMC).

Thank you for the opportunity to put forward a submission for consideration during your review.

I have consulted with Michael Schafer, the Department's CMC Liaison Officer and his Ethical Standards Unit (ESU) who have assisted in compiling the following comments for your consideration. Queensland Health's Ethical Standards Unit (ESU) is primarily responsible for the operational management of suspected official misconduct allegations within the Department.

1. Receipt of Complaints

ESU has observed an increase in the number of anonymous telephone complaints received by the CMC. The information communicated during these telephone calls appears to be subsequently recorded in a file note and forwarded for assessment.

Often these file notes contain limited information in relation to a complaint and on occasions, do not identify the main issues of concern for the complainant, which leads to difficulty in productively investigating the complaint.

ESU has observed that often these complaints are recorded by officers who do not always have any experience and/or expertise in issues relating to Health and as such, information (particularly in relation to clinical complaints) is often confused or misconstrued.

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ESU would suggest that the Parliamentary Crime and Misconduct Committee (PCMC) reviews the qualifications and experience of staff receiving such telephone complaints and/or the skill set required to effectively elicit the necessary information from complainants, in order to assist the Department in productively dealing with the complaint.

2. Assessment Process

- **Threshold test**

ESU has observed an apparent decrease in the threshold required for an allegation to fall within the definition of suspected official misconduct under the *Crime and Misconduct Act 2001*. Specifically, there appear to be many issues now being assessed as suspected official misconduct which would likely not have been assessed in this manner in the past. In addition to clinical complaints (which are dealt with below) ESU has also observed many complaints involving bullying/harassment and general HR and workplace issues which are being assessed as suspected official misconduct.

ESU recommends that the PCMC review the threshold levels currently being applied by the CMC and compare these with past practices, perhaps in an attempt to identify if all complaints being accepted by the CMC do actually constitute suspected official misconduct, or if they could be more appropriately dealt with by another agency.

- **Matters Assessed Reports (MARs)**

ESU has experienced some difficulties with endorsement comments contained within MARs. Specifically, it has been noted that endorsement comments for similar matters often differ dramatically and occasionally contain “one off” recommendations for actions which have never previously been undertaken to manage a complaint. For example, ESU recently received an endorsement comment which suggested that the Department discuss a potential for compensation with a victim of an alleged (unsubstantiated) assault. Such action has never been undertaken previously and obviously raises issues in relation to the role of a respondent agency in any future action discussing opportunities for compensation with a potential claimant. ESU was of the view that this was an example of a situation where some initial consultation with the Department prior to formulating the endorsement comment may have meant a more appropriate approach could be taken.

This issue has been previously discussed with officers from the Monitoring and Support Unit who have indicated a similar view.

ESU would suggest that the PCMC review the processes surrounding the formulation of MARs and specifically the development of endorsement comments.

3. Management of Clinical Complaints

Prior to the events in Bundaberg during 2005 it was widely agreed that standard clinical complaints did not amount to suspected official misconduct on face value and should first be the subject of clinical review. However, in recent times the CMC has altered its assessment procedures such that all clinical complaints, irrespective of the gravity of the complaint, are assessed as suspected official misconduct in the first instance. A general example of the type of matters being assessed as suspected official misconduct would include a complaint that a doctor did not perform a certain type of test during an examination.

The Department currently deals with clinical complaints through a separate, defined, process, including local resolution wherever possible and does not recognise these complaints as suspected official misconduct. The Department's complaints management policies do not require that these complaints are referred to the ESU, or directly to the CMC. This has the effect that theoretically, the Department is not effectively fulfilling its duty to report all official misconduct to the CMC.

ESU has had numerous discussions with CMC in relation to the CMC developing an assessment process for such complaints and has been advised that the Commissioners would form a final view as to how these complaints should be managed in the future.

ESU is of the view that this should be a key issue for the PCMC to review.

4. Health Quality and Complaints Commission

ESU has been advised that Dr John Youngman, Chairman of the Health Quality and Complaints Commission, has met with the CMC to discuss how the Commission and the CMC should interact in the future.

Given that the PCMC is conducting its review at a time when the Commission is being established, it is recommended that the arrangements between the Commission and the CMC are considered during the review.

Lastly, ESU has advised that the publications issued by the CMC continue to be of great assistance to the Department. The "Facing the Facts" document has been incorporated into ESU's procedures and is utilised as an effective information resource around the Department. Other publications such as the Conflict of Interest Toolkit and the Fraud and Corruption Control guidelines have also been of great use to various areas within Queensland Health.

Should officers from the PCMC require further information Queensland Health's contact is Mr Michael Schafer, on telephone (07) 3234 0835.

Yours sincerely

[Original Signed]

Uschi Schreiber
Director-General

7/5/2006