PARLIAMENTARY CRIME AND CORRUPTION COMMITTEE

Members present:

Mr SW Davies MP (Chair)
Mrs JR Miller MP (Deputy Chair)
Miss VM Barton MP
Mr MJ Pucci MP
Mr IP Rickuss MP
Ms J Trad MP
Mr PW Wellington MP

Staff present:

Ms A Honeyman (Research Director)
Ms K Christensen (Principal Research Officer)

PUBLIC MEETING WITH THE MINISTER FOR HEALTH

TRANSCRIPT OF PROCEEDINGS

TUESDAY, 26 AUGUST 2014

Brisbane

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Committee met at 6.42 pm

HODGSON, Mr Travis, Senior Director, Health System Engagement, Queensland Health

SPRINGBORG, The Hon. Lawrence, Minister for Health, Queensland Government

THOMSON, Ms Natalie, Manager, Conduct Advisory Service, Queensland Health

CHAIR: Thank you, Minister, for attending today. We appreciate it. Mr Springborg, the committee sought a meeting following repeated advice from the Crime and Misconduct Commission, now the Crime and Corruption Commission, that it held concerns over the reduction in complaints reported to it by the hospital and health services since their establishment in 2012. The Crime and Corruption Commission provided information in this regard to the committee in July which was forwarded to the minister's office to allow him to prepare for the meeting tonight. Minister, do you want to make an opening statement?

Mr Springborg: No, I am fine. I will just answer your specific questions if at all possible.

CHAIR: Jo-Ann, do you have any questions?

Mrs MILLER: Yes, I do. Thank you for being here, Minister. Minister, having been made aware of the leaking of confidential information in relation to former Queensland Health employee Dr Anthony Lynham, did you refer this matter to the CMC, as it was then called, for an investigation?

CHAIR: I do not think that is relevant to what we are here for today, Jo-Ann. I really do not.

Mrs MILLER: I think the minister might like to answer it.

CHAIR: Minister, it is up to—

Mr Springborg: It was not on the script, Mr Chairman, but I am happy to answer any question asked to me by a committee member. I think if you go back to the estimates committee process, you can see that the honourable member for Bundamba seemed to be more aware of what would have been on the member for Stafford's pay details or letters from HR than anyone else because she referred to quite specific details about ticking boxes or whatever.

Mrs MILLER: I know a bit more than you about it.

Mr Springborg: Maybe she even leaked it herself.

Mrs MILLER: Nice try.

Mr Springborg: Mr Chairman, I am not aware that the honourable member has made a complaint himself. However, a complaint has been made on behalf of—well, a complaint has been referred by the Leader of the Opposition; I do not know whether it has got the support or otherwise of the member for Stafford. It has found its way to the Director-General of the Department of the Premier and Cabinet and I assume that they are dealing with it. If the honourable member wants me to intervene in a proper process like that, I do not think that would be appropriate.

Mrs MILLER: So it has not been referred?

Mr Springborg: I do not—

CHAIR: Excuse me, Jo-Ann, we need to get back on track. We are here for a short time to talk about the health services in relation to the complaints process with the CCC. Does someone have a question on that?

Mrs MILLER: Yes, I have got another question. Minister, are the pecuniary interests registers of HHS board members published? If not, why not?

CHAIR: Again, I can class that question out of order.

Mr Springborg: I do not know. I noticed in the honourable member's pecuniary interests register that she did not actually put on there that she was supported by the CFMEU and a member of that. She thought it was like the boy scouts—a community organisation that was about benevolence. I think that would have been novel.

CHAIR: Thank you, Minister.

Miss BARTON: Minister, to get to the heart of the matter that we are here to discuss this evening, are you confident that there are appropriate procedures in place in the local health and hospital boards for them to be able to appropriately determine whether a complaint needs to be referred to the Crime and Corruption Commission or whether it should be dealt with internally?

Mr Springborg: The short answer is yes. When the hospital and health boards were established in 2012, there was certainly a process of interaction with the CMC where they informed them of their particular obligations. It has also been further informed of other HHS personnel around the state. Of course, as honourable members of the committee would be aware, there is a principal obligation on the HHSs to make sure they deal with a lot of those particular issues now locally and escalate issues which are significantly important.

The thing that I find a little bit challenging is that, whilst we have had certain matters that have been raised by the CMC, the previous iteration with your committee, giving an indication of their concerns about the reduction in the numbers of matters which were reported, we would specifically like to know what the categories of those particular matters are—whether they are minor issues or whether they are major issues which might be in the official misconduct area, as it was prior to the new changes in legislation, or in the corruption area. I suspect a lot of minor matters have been dealt with competently locally.

We have actually gone from a situation where a number of years ago any matter was virtually referred to the CMC. Those matters would then routinely be returned to the department or wherever for the direct employer for their consideration. With the establishment of audit and risk committees locally and also a requirement that the HHSs deal with HR and a range of other complaints locally, I suspect that is why these issues have not been escalated, but I have seen no evidence that serious matters have not been referred to the CMC.

CHAIR: Thank you, Minister. Mr Rickuss has a question.

Mr RICKUSS: Minister, there have been a number of information sessions delivered by the CMC to the HHSs. Have you got any feedback from the HHSs on whether they felt they were beneficial? Have they been successful in delivering those around the state?

Mr Springborg: A number of those were initiated by the CMC and facilitated by the department and also by local HHSs. I think others may have followed requests as well from HHSs. The information I have is that they have been well received and well understood. The boards that oversee the HHSs are independent statutory organisations. They understand their obligations. I understand that there are moves afoot to ensure that, when the hospital and health board chairs come together next time, they are informed of the recent changes as well and provided with information around that. I understand that the chief executives similarly are very much aware of their obligations under the most recent changes and what needs to be done there.

I receive pretty positive feedback. I would like to say that, from the trail of matters that I am aware of—and I am only aware of some, and that is the way it should be if it needs to be escalated through me—there is a very clear understanding around the obligations to report matters and escalate accordingly.

CHAIR: Thank you, Minister.

Ms TRAD: Good evening, Minister. Minister, have you got a copy of this document, which is a compilation of the report provided by the CMC to the PCMC?

Mr Springborg: I do not have it in front of me, but I will see if I can refer to that particular page.

Ms TRAD: It is a compilation. It is in the landscape table format and it is titled 'Table of PCMC reports'. It starts from 1 December 2012. Minister, while your staff are finding the relevant document, I want to draw your attention to page 5 of the document and specifically the last paragraph which states that, 'The Ethical Standards Unit of the Department of Health has advised Integrity Services within the CMC at the time that they have been directed not to provide assistance and/or training to officers in the health and hospital services with respect to the assessment of suspected official misconduct or the management of ongoing matters.' Minister, why did your department direct Integrity Services not to provide assistance?

Mr Springborg: I did not give any such direction—

Ms TRAD: But why would your department have done that, Minister?

Mr Springborg: I do not know. I might ask Natalie to answer that.

Ms Thomson: I can give some clarification of that comment. I work in what was formerly known as the Ethical Standards Unit for the department. That information there is actually relevant to ESU providing advice to hospital and health services post 1 July 2012. The CMC had asked us not to provide direct advice or assistance to the hospital and health services on a formal basis because they wanted the hospital and health services to report directly to the CMC. That was purely from the legislative change of 1 July 2012 when the hospital and health services became their own units of public administration.

CHAIR: Thank you, Ms Thomson.

Ms TRAD: As a further question, Minister, in relation to your response to the member for Broadwater's question, where you stated that you were interested in the different categories that were being reported on and you were interested in the decline in the various categories, page 9 of the document that I have been referring to states, 'As noted above, the CMC remains concerned about the decline in the referral of complaints by health services generally and the referral of serious allegations of suspected official misconduct specifically.' Minister, obviously the CMC at the time, and that is from a report of 1 April last year to 31 July, was concerned specifically with the decline in the referral of serious allegations of suspected official misconduct. Are you suggesting that serious official misconduct is just not happening?

Mr Springborg: No. What I am suggesting is that I do not think we should actually use an input process of just judging our performance as a way of being able to judge where we are today. Of course, if you look at the escalation of issues over a period of time, it was not unusual for matters to be routinely referred to the CMC, with many of those matters coming back to the department to be dealt with or to be dealt with within the HHSs.

What I would say to the honourable member is that I am not aware of any issues of serious misconduct which have not been referred and actually dealt with. If you look at the culture that exists within Queensland Health, we probably have more whistleblowers than any other organisation, we have more people challenging the authority of the minister and the department than any other organisation, and they do it publicly and without retribution—and I am not aware of any other minister who ends up debating their own staff on radio, as I have had to—and we have more propensity within the organisation, if there are issues and challenges, to make public interest disclosures than probably any other unit of public administration in the state.

So what I am saying is that there has been a significant cultural change as well within Queensland Health. A lot of that has been around issues arising out of the fake Tahitian prince. There was a spike after that with regard to various reporting, but there is also a greater awareness. I think there is also an issue where there has been a significant cultural change in how things are dealt with and not necessarily escalated. If there are matters of serious misconduct, I would have expected that they would have been escalated, but it does not necessarily mean that they should have been at the same level as previous, because there has been a major change in the way that the organisation takes responsibility for itself and staff interact with it. No-one has been able to tell me or tell anyone if there are any examples of failure. That would have actually come through to the department or to me because people have absolutely no reticence about sending de-identified letters to me, and when we get them we refer. So anything we get, we refer. I am not aware of anything which would give cause for concern. Again, we have asked for specifics and we have not necessarily been able to get those specifics.

Mr RICKUSS: Really, what it sums up is that Queensland Health is now operating more appropriately within its parameters of delivering a good health service. Is that—

Ms TRAD: I am sorry, Chair, what is that question?

Mrs MILLER: I have a question, Chair.

CHAIR: Let me rule on it.

Ms TRAD: Okay.

CHAIR: I do not think that is really within the—

Mr RICKUSS: Well, Dr Levy highlighted that there was a drop-off in the number of health complaints. If there is a drop-off in the number of health complaints—and that is in some of the briefing notes we have here—surely that means that the system must be working.

Ms TRAD: I am sorry—

Mr Springborg: There have been a number of imputations made. I will leave it up to people to decide whether the health system is infinitely better at delivering for people today than it was a couple of years ago. People can discuss that.

From our perspective, on the issue of job satisfaction, the latest Working for Queensland survey indicated that 56 per cent of our staff out of 80,000—who were not forced to go online and respond—showed a significant increase in their satisfaction within their workplace. The issue here is that there has been a greater delegation of responsibility to ensure that proper serious matters are escalated and that minor matters of HR and those sorts of things—where workplace disputes were routinely escalated to the CMC, where somebody would automatically refer someone if there was a wrong line put in a time sheet, rather than actually checking whether there was a pattern of behaviour or whether there was a mistake involved—are routinely dealt with. If there is a pattern of behaviour, those sorts of things have been escalated. There is all of that sort of stuff.

So there has been a significant change in the way that matters are dealt with appropriately by local managers and escalated from there. If there is an issue, as I said, given the propensity, then public interest disclosures and all those sorts of things do not stop people making complaints and concerns to me or to anyone else or to the opposition in a de-identified nature. The fact that they have not been able to get on to anything proves that there is not the issue out there.

CHAIR: Thank you, Minister. Do you feel that the training that is provided to HHS managers and so forth to deal with minor misconduct or even serious misconduct or corruption is adequate?

Mr Springborg: I feel that it is. We will always endeavour to change to meet particular circumstances. I went to the Auditor-General just after I became minister and I said, 'Auditor-General, I am very concerned about the vulnerability of our organisation to fraud post fake Tahitian prince.' Obviously, we had a whole range of matters that were investigated out of that, and we also had other recommendations around improvements within our system. There were recommendations made prior to that, and we had already started to see some changes as well. You always have to be vigilant, particularly when you are a large organ of public administration dealing with so much taxpayers' money.

Mrs MILLER: Just as a follow-up question, because the minister brought it up about the Auditor-General, can you tell the committee whether the doctors identified by the Auditor-General's investigation in the right to private practice are still under investigation for possible prosecution?

Mr Springborg: Mr Chairman, again, I do not hold that information. That information was actually forwarded, as I understand it, to the appropriate authorities, and where it is up to I do not know. I do not interfere and deal with that matter. If it is an issue that obviously requires action ultimately against those individuals or anything, then the CMC or other agencies that may be investigating that will deal with it.

Mrs MILLER: I have another question. Minister, are you, your department, any HHS, the CMC or the CCC aware if any complaints have been made, either internally or externally, or even to the Auditor-General, about health services being contracted out to board members—that is, hospital board members—their families or associated companies?

CHAIR: That is—

Mrs MILLER: I think the minister would like to answer that.

CHAIR: That is a hypothetical.

Ms TRAD: It is not a hypothetical.

Mr RICKUSS: Name some names.

Mr Springborg: Mr Chairman, people will make allegations about things from time to time. That does not mean allegations are proven or even substantive in any way.

Mrs MILLER: That is right; it is about complaints.

Mr Springborg: Again, those sorts of matters are dealt with and referred appropriately. But if we are dealing with an issue of an HR dispute, if we are dealing with an issue where someone has an allegation around a time sheet or the fact that the system used to be totally frozen when there was an escalation previously of a minor matter to the ESU and a decision could never be made, that is what we used to deal with. If it is a serious matter which escalates to the department, it is dealt with appropriately and referred to the CMC previously or if it enlivens the jurisdiction of the CCC or whomever it may be.

CHAIR: Thank you, Minister.

Mrs MILLER: Just a follow-up—

CHAIR: No. You have had your chances. Mr Pucci has a question and that will be the last one.

Mr PUCCI: We have heard talk and discussion about these information sessions to the health and hospital service boards on reporting misconduct and the like. I want to confirm what kind of training has been conducted there. Has there been training done in dealing with suspected official misconduct, misconduct risks, awareness and management, and ethical issues? Has that type of training been conducted?

Mr Springborg: What I can indicate to the honourable member is that after the establishment of the hospital boards there was certainly education of the hospital board chairs and with CEs arising from that as well. I understand, as the material indicates before you, there has certainly been information and assistance provided by the PCMC. As you would know with the changes to legislation recently, there are different responsibilities now for the CCC, unless things still enliven their jurisdiction.

As I indicated, when the hospital board chairs come together next, I understand that they will be having a session around what their obligations are given that they are chairmen of independent statutory organisations. Also the chief executives have been made aware of what their obligations are, and they have to inform themselves and of course they need to put in place processes.

The other thing, as I understand it, is that many of these hospital and health services have actually established within their organisations people who are appropriately responsible for dealing with issues of conduct locally, and they have been delegated with that responsibility—some of these people by their chief executive, as principally responsible for that, raising awareness and being the go-to person.

Mr WELLINGTON: Mr Chairman, I have another commitment, if I can be excused.

CHAIR: You can. We are going to wrap it up, actually.

Mrs MILLER: But we have not had our half an hour, Chair. You were eight minutes late. It was supposed to start at 6.30.

CHAIR: We have more business to do here.

Mrs MILLER: But we were supposed to have half an hour with the minister.

Mr Springborg: To satisfy the honourable member, I am very happy to take another question from her.

CHAIR: Well, I have got another appointment and I think a few other people here have, too. We had a division which caused a delay. Thank you, Minister, for giving us your time here today. We do appreciate your forthrightness. We know you are busy.

Mr Springborg: Thank you.

CHAIR: The meeting will now close and we will move into a private session for a few minutes.

Committee adjourned at 7.04 pm