

DEPARTMENT OF HEALTH — ALLEGATIONS OF MISCONDUCT

151. Mrs L.M. HARVEY to the Attorney General:

I refer to the Corruption and Crime Commission report headed “Misconduct Handling Procedures in the Western Australian Public Sector: WA Health”, which looks at the period between 2007 and 2009. Could the Attorney General please inform the house of the action he will be taking?

Ms M.M. Quirk: Have you read it?

Mr C.C. PORTER replied:

I am aware that the member for Scarborough has read the report cover to cover and in detail, as I have this morning. It is a very good question. A number of matters were raised by the report. The first is that I do not think there would be a better report for everyone in this house to read to gain an understanding of how the CCC works and what its roles and responsibilities are. The member for Perth has made the point on a number of occasions, in the context of being a member of the Joint Standing Committee on the Corruption and Crime Commission, that the CCC does not exist exclusively for the purpose of investigating individuals and producing reports on those individuals for the purpose of conducting prosecutions with the hope, of course, of securing convictions. That is an important part of what the CCC does but it is not the only thing it does. It is always the case that when a prosecution does not succeed for whatever reason, the first question that is asked is whether this is evidence of the CCC having failed or being a failed body. This question is often asked of me and it was a question asked on a great number of occasions of the former Attorney General. Before I talk about this report, I will outline why it is unfortunate to simply measure the effectiveness of the CCC on the basis of this or that prosecution either succeeding or failing. This report goes far beyond the notion of a prosecution. In any event, it is interesting to note that since the CCC was brought into being by the now opposition, 68 charges have been laid against individuals and 42 convictions gained, which is a conviction rate by person of about 82 per cent. Many of those have involved very serious matters. It is interesting to note that there has been a high success rate for prosecutions, but it is always the case that the question of whether the CCC is succeeding is put in the context of a failed prosecution. No-one ever interviews anyone about a successful prosecution. The report shows that there is far more to the CCC than simply the production of reports investigating individuals and the prosecution of those individuals.

Mr E.S. Ripper: There is far more to the Department of Health than we imagine, too.

Mr C.C. PORTER: It does make for some interesting and colourful reading. It is interesting that a whole section in the report is designed simply to relay anecdotes. Anecdotes will never be the basis of evidence for a prosecution. We do not know to what extent they can be verified or are truthful, but they obviously disclose the point that the report seeks to make, which is that the Department of Health and all our hospitals and health facilities are prime targets for individuals who engage in misconduct. The report also makes the point that a large reason for that is the drugs of addiction and prescription drugs that sit under schedules 4 and 8 of the Poisons Act. This review was conducted by the Corruption and Crime Commission, based on its ability under sections 17 and 18 of the Corruption and Crime Commission Act to look at misconduct management systems and whether those systems are coping appropriately with identifying misconduct. There are a number of very colourful case studies in this report, including the use of drugs by hospital staff. Again, these matters will not end up being prosecuted; they are meant to demonstrate the difficulties in running a hospital. The report points out that the Department of Health has 37 000 employees, a \$4 billion annual budget and workplaces across the state. I am obviously not the Minister for Health, but having looked through this I can see that real problems have been identified. My preference is to agree with the CCC that although something has been done and very positive measures have been taken, there is a great deal more to do in this area. It is interesting that the findings were, at least in part, disputed by the Department of Health. Under the natural justice provisions of the act, the draft report was provided to the Department of Health and it had an opportunity to respond. These matters go back to June 2007. The review was carried out between June 2007 and December 2009. The anecdotes, samples and surveys —

Mr E.S. Ripper: Is it not embarrassing that the Department of Health has made so little progress in dealing with these issues?

Mr C.C. PORTER: It depends on what one says that progress should be. I say that because the Department of Health disputes whether it accepts some of the findings about how much progress has been made. However, the Department of Health does accept all the recommendations, which, in my view, is appropriate. When we get to the heart of the matter, the CCC has said that the department will not take the next step to solve these problems—there will never a perfect solution—unless it has a misconduct management mechanism. That would involve a formal mechanism that can be the basis for a procedure involving executive management for every conceivable type of misconduct that could occur in the hospital system. That will be very difficult to achieve,

Leader of the Opposition. As far as I am able, I am very keen to work with the Minister for Health and assist him to do that, but it will be very difficult to achieve.

If we want to assess whether sufficient progress has been made to date—the CCC believes that it has not been—we must go to the end note of the report because that refers to the dispute between the Department of Health and the CCC about the CCC’s findings and how much progress has occurred. Despite the dispute about how much progress has been made, everyone, including the Department of Health, agrees that there has not been enough progress. It is important to establish a misconduct mechanism that will apply across the entire department. That will be a near Herculean task, but is one about which I am very excited about helping the Minister for Health achieve.