

HOSPITALS AND HEALTH CAMPUSES — CORRUPTION AND CRIME COMMISSION REPORT

137. Hon Tjorn Sibma to the parliamentary secretary representing the Minister for Health:
- (1) In relation to the Corruption and Crime Commission (CCC) report on the supply of schedule 8 controlled drugs at certain public hospitals in Western Australia, what management and control mechanisms are in place now to prevent the repeat of the CCC assessment in respect of previous control mechanisms that, “were inadequate and easy to circumvent without detection”?
 - (2) Is the Auditor General providing input to the new management and control mechanisms?
 - (3) If no to (2), why not?
 - (4) Will the Minister list the number of cases of misconduct and corruption at public hospitals over the past two years?
 - (5) Can the Minister identify the nature of those misconduct and corruption allegations over the past two years?
 - (6) In relation to (4) and (5), which public hospitals have been the subject of misconduct and corruption allegations, and what action has been taken against the individuals concerned?
 - (7) The CCC report indicated that “no statutory declarations had been made about most missing records despite a legal requirement to do so”. How did this occur, and what procedures and processes have been put in place to ensure public hospitals meet their legal obligations?
 - (8) Is the Auditor General providing input to and oversight of the new procedures and processes?
 - (9) If no to (8), why not?

Hon Alanna Clohesy replied:

- (1) Workflow redesign targeting the specific breaches identified at Sir Charles Gairdner Osborne Park Health Care group has been implemented. This includes further segregation of duties and more extensive manual audit. These measures are not sustainable and will remain temporary solutions until comprehensive systems reforms enable the use of automated closed loop systems to design out further opportunities for breach (Corruption and Crime Commission [CCC] report recommendations 8–10).

[See tabled paper no 534.]

- (2) Yes. The NMHS Diversion Prevention Program (DPP) Project plans to engage the Office of the Auditor General (OAG) for input into the new management and control mechanisms.
- (3) Not applicable.
- (4)–(6) [See tabled paper no 534.]

Allegations of misconduct and corruption are managed in accordance with the WA Health Discipline Policy and the *Health Services Act 2016*. Since 1 July 2016 action taken for a breach of discipline can include a reprimand, imposition of a fine, a transfer to another or within a Health Service Provider, reduction in monetary remuneration, reduction in the level of classification, alteration of the scope of practice or duties, or dismissal. Prior to 1 July 2016 action taken for a breach of discipline was in accordance with the industrial instrument applicable to the individual at the time.

- (7) Sir Charles Gairdner Hospital produced a statutory declaration about the single missing register as documented in the CCC report (refer to point 19). NMHS MH has a process in place to record the location of drug registers from distribution through to archive including access for investigation. Missing registers would be reported and investigated.

The statutory declaration was a requirement under previous legislation. The Child and Adolescent Health Service (CAHS) has procedures in place for reporting the Loss or Discrepancy of Schedule 8 (S8) medication.

In circumstances where there is a medication discrepancy in the East Metropolitan Health Service (EMHS), this is reported and investigated in accordance with WA Health policy.

In order to ensure appropriate governance of the recommendations contained within the CCC report, the South Metropolitan Health Service (SMHS) Ethical Conduct Review Committee has been tasked with the oversight and governance of the agreed CCC recommendations. This Committee has oversight across SMHS and will consider the implementation of recommendations across all SMHS sites including all

legislative requirements required under the *Medicines and Poisons Act 2014* (the Act). This Committee reports directly to the SMHS Chief Executive.

A review of WA Country Health Service (WACHS) processes completed in February 2017 indicated compliance with minimum standards for the management and handling of S8 and Schedule 4R medications as outlined within the Act.

- (8) The NMHS DPP Project plans to engage the OAG for input into the new management and control mechanisms. OAG is not providing input or oversight of procedures and processes at SMHS, EMHS, CAHS and WACHS.
- (9) In regards to medicine discrepancies, CAHS liaises directly with key stakeholders including the Medicines and Poisons Regulations Branch and the CCC. The CCC have oversight over medication discrepancies with reasonable suspicions of misconduct.

A number of EMHS committees have already been established to monitor S8 medication discrepancies and are overseen by the EMHS Ethical Conduct Review Committee which reports to the EMHS Area Executive Group.

A review of WACHS processes completed in February 2017 indicated compliance with minimum standards for the management and handling of S8 and Schedule 4R medications as outlined within the Act. No further review has been identified as being required.