

QUEENSLAND

COMMISSIONS OF INQUIRY ACT 1950

QUEENSLAND PUBLIC HOSPITALS COMMISSION OF INQUIRY

ADDENDUM STATEMENT OF JUSTIN EDWARD COLLINS

1. I, **Justin Edward Collins**, Manager, Measured Quality Services, c/- Queensland Health, Floor 4, Queensland Health Building, 147-163 Charlotte Street, Brisbane QLD 4000, acknowledge that this written statement by me is true to the best of my knowledge and belief. It is made without prior knowledge of any evidence or information held by the Inquiry which is potentially adverse to me and in the expectation that I will be afforded procedural fairness should any adverse allegation be raised against me.
2. I have previously provided a statement to the Commission dated 19 September 2005 ("my earlier statement"). In addition to my earlier statement, I say:

Plans for Dissemination of Data

3. Since early in my involvement with the MQS, my opinion has been that the purposes for the Measured Quality process are (not in order of priority):
 - a) To inform clinicians and managers in a HSD about problems that may exist. The MQS then provides HSDs with assistance to interpret the analysis of the indicators for their hospital and provide direction to other areas that may help with their improvement activities;
 - b) To assist cross-hospital learning about safety and quality improvement activities. That is, to inform hospitals about improvement activities in other QH hospitals that have been shown to be effective through the results of the Measured Quality analysis;
 - c) To advise the public about the quality and safety of the services provided by QH and the improvement strategies being implemented by QH to address quality and safety issues. As is clearly stated in paragraph 21 of the submission by QH to Cabinet included in attachment 'JEC9' to my earlier statement, one of the purposes of reporting this data publicly was to promote better accountability for the performance of QH; and
 - d) To inform QH as an organisation to enable it to develop organisational quality improvement strategies.

4. However, there is a potential conflict in the methods needed to achieve purpose (c) and those required to achieve the other purposes. Numerous international and Australian studies have demonstrated that in order to meaningfully and effectively engage clinicians in quality and safety improvement processes, it is necessary to foster a blame free environment. This is because it has been shown there is a greater tendency to “hide” mistakes if there is a culture of blame. ATTACHMENT ‘JEC27’ is copies of safety and quality literature referring to a number of studies that have reached these findings.
5. The accountability for responding to issues flagged through the Measured Quality process with particular clinicians and hospitals rests with Zonal Management.
6. In late 2001 and 2002, other members of the Measured Quality Board and myself were concerned it would be difficult to foster a blame free environment to engage clinicians in the Measured Quality process if hospital reports or the data contained within them were released to the public without first allowing investigation.
7. Concerns were also held that the data in the hospital reports could be misleading to the public because they were drafted based on the data, before the hospitals have had an opportunity to investigate the results and an analysis can be made of the data in the light of the results of those investigations. This concern was raised by Dr Youngman at the Measured Quality Board meeting on 7 December 2001. ATTACHMENT ‘JEC28’ is a copy of the minutes of the Measured Quality Sponsor meeting on 7 December 2001.
8. A further consideration was that to achieve the purposes of the Measured Quality program, the format and manner in which information is provided to clinicians and managers is different to the way in which it needs to be provided to the public. For example:
 - a) Clinicians and hospital managers need to be provided with:
 - i. Indicator data about their hospitals performance with respect to specific indicators. The clinicians interpret that data with the assistance of the Technical Manual (attachment ‘JEC5’ to my earlier statement) and trained staff within the HSD or Zonal Management unit; and
 - ii. Information about successful strategies that have been adopted in other HSDs and quality improvement process guidelines from other health services.
 - b) The public needs to be provided with a more thorough explanation of what the data means and the context to the performance indicator.
9. It was never intended to “hide” the hospital reports. However, taking into account the considerations referred to in paragraphs 4 to 8, in mid 2002, the Measured Quality Board members intended to try to meet the needs of clinicians and managers as well as the public by:

- a) Developing hospital reports for each selected hospital that identified problems and the resources (both within and outside of QH) that may be able to assist them to address those problems. It was also considered that it would be left to the relevant HSD to determine whether or not to release the hospital reports for their HSD publicly. It was recognised at meetings that the hospital reports may have to be released to the media or the general public through a Freedom of Information (“FOI”) application and as a result it was decided to develop a strategy to assist HSDs if that occurred.
- b) Produce a public report providing analysed data comparing the relative quality and safety performance between peer groups at a statewide level and also comparing QH with the rest of Australia.

10. **ATTACHMENT ‘JEC29’** is a copy of the minutes of the Measured Quality Board meeting on 21 May 2002 and a submission to the Director-General dated 31 May 2002.

Decision to refer the 2002 Measured Quality hospital reports (“the Phase 1 hospital reports”) and the public report to Cabinet

- 11. In paragraphs 23 to 25 of my earlier statement, I described how I came to give a presentation to the Minister and Director-General on 13 August 2002.
- 12. Between the time I was asked by Drs Filby and Youngman to provide the presentation to Ms Edmond and Dr Stable and the presentation itself, I had a discussion with my line manager, Dr Glenn Cuffe, then Manager of the Procurement Strategy Unit, about the possible outcomes from the presentation. Dr Cuffe raised the possibility that Ms Edmond and/or Dr Stable may ask that the Measured Quality Phase 1 public and hospital reports be sent to Cabinet and that this would restrict our ability to disseminate the reports to HSDs and effectively kill the Measured Quality Program. Both Dr Cuffe and I agreed that this was not desirable from the perspective of safety and quality as well as overall improvement within QH.
- 13. I have located copies of handouts 1, 2, 6 and 8 from my presentation on 13 August 2002, which has previously been attached as ‘JEC8’ to my earlier statement. I have not been able to locate handouts 3, 4, 5 and 7. **ATTACHMENT ‘JEC30’** is a copy of handouts 1, 2, 6 and 8.
- 14. Attachment ‘JEC8’, including my handwritten notes, shows that the issue of the dissemination of the public report and Phase 1 hospital reports were discussed by Lisa Crawford, Senior Media and Communication Advisor for the Quality Improvement Evaluation Program, at the presentation on 13 August 2002.
- 15. A draft communication strategy for the Phase 1 hospital reports was handout 8 during the presentation (copy in attachment ‘JEC30’). The key components of the draft communication strategy were that the Phase 1 hospital reports would not be automatically released publicly but because it was possible that they could be released through a FOI application a management strategy for such a scenario

would be developed, which included assisting HSDs to answer questions on the Phase 1 hospital reports. Although I do not have a copy, to the best of my recollection, a sample hospital report and communication strategy for the report was also handed out during the presentation.

16. Both during and after Ms Crawford's presentation, Ms Edmond asked a number of questions and showed a great deal of interest in the communication strategy.
17. During the discussion following the presentation, Dr Cuffe suggested that MQS work with Ms Crawford and Bruce Picard of Ms Edmond's office to develop the communication strategy for the public report.
18. There was never any strategy on my part to take the Phase 1 hospital reports to Cabinet. To the best of my knowledge, it is only the Minister who can determine whether or not a matter is put before Cabinet.
19. I did not suggest at any time during the presentation or subsequent discussion on 13 August 2002 that the Phase 1 hospital reports should be sent to Cabinet. The issue was raised by Ms Edmonds during the discussion at the presentation.
20. **ATTACHMENT 'JEC31'** is a printout of an email I sent to Dr Filby on 26 August 2002 in which I summarised the outcome of the presentation on 13 August 2002.

Cabinet Submission – Phase 1 Hospital Reports

21. Attachment 'JEC9' to my earlier statement includes a Cabinet Submission from Ms Edmonds that was ultimately considered by Cabinet on 11 November 2002 ("the first Cabinet submission").
22. I drafted the first Cabinet Submission in consultation with personnel from Ms Edmond's office, the Department of Premier and Cabinet ("DPC"), Queensland Treasury and QH.
23. **ATTACHMENT 'JEC32'** is copies of early drafts of the first Cabinet submission, including handwritten amendments. Some of the handwritten amendments are in my writing while others are not my handwriting. I do not recognise the handwriting that is not mine.
24. **ATTACHMENT 'JEC33'** is printouts of emails about the first Cabinet submission between myself and:
 - a) Brad Smith, Manager of the Parliamentary and Ministerial Services unit;
 - b) Various personnel from the DPC about the public report;
 - c) Ms Crawford, including her advice about discussions with Mr Picard;
 - d) Helen Little, Senior Department Liaison Officer.

25. **ATTACHMENT 'JEC34'** is a printout of my email to Nicole Cunningham of the QH Parliamentary and Ministerial Services unit dated 21 October 2002 that attaches a draft of the first Cabinet submission.
26. I received feedback from Mr Smith regarding the Minister's comments about the draft of the first Cabinet submission in 'JEC33'. **ATTACHMENT 'JEC35'** is a printout of an email I received from Mr Smith on 31 October 2002 advising me of Ms Edmond's comments together with my correspondence with Dr Cuffe and Mr Smith about the response to Ms Edmond's comments.
27. The draft of the first Cabinet submission in 'JEC33' was altered as a result of further consultation with Lynne Rodgers of the DPC.
28. **ATTACHMENT 'JEC36'** is a printout of my email to Mr Smith dated 4 November 2002 enclosing an amended draft of the first Cabinet submission.
29. **ATTACHMENT 'JEC37'** is a printout of my email to Mr Smith dated 7 November 2002 attaching a draft of the first Cabinet submission.
30. I do not recall when or who decided but sometime during the drafting of the first Cabinet Submission, it was decided to advise Cabinet that it was not intended to release the Phase 1 hospital reports publicly.
31. Various emails passed between Mr Smith and myself on 11 November 2002 in relation to the effect of the Cabinet decision on the release of the public report and the Phase 1 hospital reports. **ATTACHMENT 'JEC38'** is a printout of the emails.

Submission to the Minister dated 10 March 2003

32. To avoid any uncertainty, the strategy to disseminate the 2003 public report was called the "Communication Strategy" while the strategy to disseminate the Phase 2 hospital reports was called the "Dissemination Strategy".
33. The submission to the Minister dated 10 March 2003 is attachment 'JEC13' to my earlier statement.
34. With respect to attachment 'JEC13' to my earlier statement, I say:
 - a) I was never advised that the instructions contained in the email from Brad Smith dated 12 November 2002 (attachment 'JEC11' to my earlier statement) were no longer applicable. As such, at all times, I endeavoured to act in accordance with those instructions.
 - b) My actions were influenced by the 11 November 2002 Cabinet decision and particularly the instructions received from Brad Smith on 12 November 2002 (attachment 'JEC11') that I interpreted as meaning Cabinet was very nervous about the existence of the hospital reports and who would end up seeing them.

- c) I felt that the decision made by Cabinet on 11 November 2002 would impact upon the release of any further phase of hospital reports until Cabinet or the Minister advised otherwise.
- d) The issue of the FOI exemption for Cabinet documents had arisen during the discussions about the preparation of attachment 'JEC9' and the development of the communication and dissemination strategies. I do not recall who first raised this issue. However, Ms Crawford advised me that she had discussed the issue with Mr Picard (see email from Ms Crawford dated 18 September 2002 in attachment 'JEC33').
- e) I drafted the Agenda for the Measured Quality Sponsor meeting on 6 February 2003 (ATTACHMENT 'JEC39'). One of the key issues to be discussed at the 6 February 2003 meeting was the dissemination strategy. At the time, the MQS were close to finalising the analysis of the data for the Phase 2 hospital reports. I wanted to ensure that the Phase 2 hospital reports were sent to the HSDs as soon as possible so that the data in them was as recent as possible. This intention is indicated in the handwritten draft of the agenda that forms part of attachment 'JEC39':

"Q. DO WE NEED TO GO TO CABINET BEFORE OUR DISSEMINATION PROCESS IS COMMENCED IN APRIL.

NO. RISK IS NOT FOI-EXEMPT

YES. RISK IS THAT WE WILL BE DELAYED AND CABINET MAY DECIDE NOT TO RELEASE THE INFO."

- f) As the 11 November 2002 Cabinet decision had such a significant effect on the plans for disseminating the Phase 1 hospital reports, I wanted to raise the issue of whether the Phase 2 hospital reports needed to go to Cabinet at an early stage so that if they did have to go to Cabinet, we could plan for it through the dissemination strategy.
- g) I raised the issue of the FOI exemption in attachment 'JEC39' as a consideration that needed to be taken into account if the decision was made by the Minister that the Phase 2 hospitals reports should go to Cabinet. I never thought that either myself or the Sponsors had any influence over whether or not the Phase 2 hospital reports went to Cabinet.
- h) To the best of my recollection, I attended the Measured Quality Sponsor meeting with Dr Steve Buckland, Norelle Deeth and Dr Cuffe on 6 February 2003. However, I have not been able to locate the minutes of that meeting.
- i) The draft dissemination strategy attached to 'JEC39' was approved at the meeting on 6 February 2003.

j) I do not recall exactly what prompted it, however, on 26 February 2003, I sent emails to:

- i. Mr Smith about Cabinet dates (**ATTACHMENT 'JEC40'**).
- ii. Ms Little to enquire whether the Minister or Director-General would like to submit the Phase 2 hospital reports to Cabinet. **ATTACHMENT 'JEC41'** is a copy of my email to Helen Little dated 26 February 2003. Based on the fact that his name is at the top of the printout of the email, I believe this email was printed by Brad Smith. The only handwritten note on that document that is mine is the following note which is located at the bottom of the document:

"JANINE FARR TO SETUP TIME IN MIN + DG DIARY"

k) I do not recognise the other handwriting on attachment 'JEC39'. However, the following handwriting appears below the final paragraph of my email "Yes" and "7/3/03 Justin notified" followed by what appear to be the initials HL.

l) I believe I received a copy of attachment 'JEC39' with an "Issues Briefing Request Form" for a briefing to the Minister dated 7 March 2003 (**ATTACHMENT 'JEC42'**).

m) Attachment 'JEC13' was prepared by me in response to attachments 'JEC38' and 'JEC39'.

n) The last paragraph under the heading 'Key Issues' states:

"The Phase 1 Hospital reports and Public report were considered by Cabinet on 11 November 2002. It is recommended that the Phase 2 Hospital reports also be considered by Cabinet, as an information submission, to afford it the same consideration for FOI exemption."

The underlined portion of this paragraph was added to the submission at the request of my line manager, Dr Cuffe.

o) In light of the matters I have referred to in sub-paragraphs 31(a) to (c), both I and my supervisors were concerned to put forward a dissemination strategy for the Phase 2 hospital reports that would be accepted by the Minister, Premier and Cabinet.

Cabinet Submission - 2003 Measured Quality hospital reports (“the Phase 2 hospital reports”)

35. Attachment ‘JEC15’ to my earlier statement is a Cabinet Submission in relation to the Phase 2 hospital reports (“the second Cabinet Submission”). It was prepared in consultation with personnel from the DPC and QH.

Public Report

36. I did not draft the public report. It was originally drafted by Adele Thomas, then Principal Project Officer, MQS. Ms Thomas went on leave from late 2002 until about early April 2004. During that period, I took over responsibility for finalising the public report. Prior to that time, I had been involved in some discussions with the DPC and QH personnel about the public report.

37. While Ms Thomas was on leave, I was involved in further discussions with personnel from the DPC, Ms Edmond’s office and QH regarding the amendment of the draft of the public report that went to Cabinet (contained in attachment ‘JEC9’ of my earlier statement).

38. **ATTACHMENT ‘JEC43’** is copies of correspondence between myself and Ros Walker and Lynne Rodgers of DPC in relation to the public report.

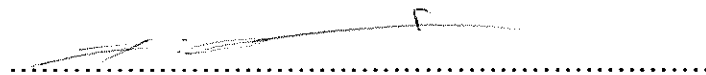
39. The document that forms part of attachment ‘JEC12’ to my earlier statement that is headed “*Justin’s notes*” was prepared by me prior to the meeting on 11 March 2003 for use during discussion at the meeting. The notes under the heading “*Summary of Issues*” at the bottom of page one and the top of page two are a summary of the feedback I received from the DPC in relation to the draft public report.

40. Page 3 of attachment ‘JEC14’ also summarises the steps that were taken to finalise the public report.

41. I have been shown an extract of a letter from the Angus Scott, Law Clerk to the Queensland Public Hospitals Commission of Inquiry, to Peter Dwyer of Crown Law dated 22 September 2005. The letter asks me to address three points. The third point relates to the public report and specifically lists changes that were made to the public report. I have no record of and do not specifically recall why the changes listed in Mr Scott’s letter in relation to pages 19, 20, 21, 22 or 48 were made or on whose suggestion.

42. In about early 2003, I did have a discussion with Mr Picard about the nursing retention rates reported in the draft public report. He raised the issue that the rates reported in the draft public report were different to information previously supplied publicly through Ms Edmond's office. He asked me to provide greater context to the nursing retention rates reported in the public report and remove the state median retention rates from the graph on page 48. However, I do not recall whether it was as part of this discussion that it was decided to delete the paragraph on page 48 that is extracted in Mr Scott's letter.

Signed at **Brisbane in the State of Queensland on 23 September 2005.**



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JUSTIN EDWARD COLLINS
Manager, Measured Quality Services
Queensland Health