

General Manager CSS Brief for Noting

Department RecFind No:	
Division/HHS:	
File Ref No:	

SUBJECT: Clinical Forensic Medical Unit Southport

NOTED

HLittle

HELEN LITTLE
General Manager CSS

Date: 14/10/15

Ministerial Brief for Approval required
Ministerial Brief for Noting required

General Manager's comment

Given the ongoing issues + lack of resolution, the different service delivery models, inconsistent performance measures + the unsuccessful resolution please seek expert independent advice on the most appropriate service delivery model for the entire state, a standardised model of care + the most relevant performance metrics. Please advise me asap on who is best placed to provide the expert advice and the estimated duration of engagement + the approximate cost.

14/10/15

Issues

- The Clinical Forensic Medicine Unit (CFMU) within Forensic and Scientific Services (FSS) operates in Brisbane and Southport.
- CFMU Southport currently works independently of CFMU Brisbane and operates from commercial premises in Southport with lease renewal due in November 2015.
- CFMU Southport has similar staffing and workload mix to CFMU Brisbane but data analysis demonstrates that Southport CFMU productivity is has significantly lower than CFMU Brisbane.
-
-
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- In addition, local HHS nurses have recently been engaged by Queensland Police to provide care to the local watch-house which has significantly reduced the level of CFMU support required in the Southport area.
-

Results of Consultation

9.

Department RecFind No:	
Division/HHS:	
File Ref No:	

Author	Cleared by: (SD/Dir)
Adam Griffin	Greg Shaw
Director	Senior Director
CFMU/FSS/HSQ	Forensic & Scientific Services
0734055755	0730009900
12 October 2015	<input type="text"/>

RTI Release

Director-General Brief for Approval

Requested by: A/Chief Executive Health Support Queensland

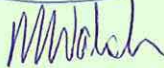
Department RecFind No:	BR062604
Division/HHS:	HSQ/CSS
File Ref No:	IN150638

 Department Minister's office

SUBJECT: Approval to engage a consultant forensic medicine specialist to investigate the Clinical Forensic Medicine Unit
Recommendation

It is recommended that the Director-General **approve** the engagement of Professor David Wells from the Victorian Institute of Forensic Medicine to make recommendations on the Clinical Forensic Medicine Unit service model.

APPROVED / ~~NOT APPROVED~~



MICHAEL WALSH
Director-General

Date: 26 / 10 / 15

Ministerial Brief for Approval required

Ministerial Brief for Noting required

Director-General's comment

Issues

- The Clinical Forensic Medicine Unit (CFMU) within Forensic and Scientific Services (FSS) provides a small statewide service with teams of forensic physicians based in Brisbane and Southport. There is also one forensic physician based in Cairns supplemented by General Practitioner Government Medical Officers throughout the State.
- Service delivery is not integrated and CFMU Southport operates a different model of care and has different performance metrics.
-
- The sustainability of the current CFMU services in Southport is a significant concern particularly given the reduced level of CFMU support required in the Southport area resulting from Queensland Police engaging HHS nurses to provide care to the local watch-house. There is a need for a more integrated model to ensure economies of scale.
- Health Support Queensland (HSQ) seeks to urgently engage Professor David Wells from the Victorian Institute of Forensic Medicine to provide independent expert advice on the most appropriate service delivery model for CFMU by the end of December 2015.
- Professor Wells is a foundation member of Clinical Forensic Medicine at the Victorian Institute and is highly regarded nationally and internationally. He is committed to World Health Organisation goals of fair and established access to forensic services internationally. He has recently worked on establishing forensic procedures for evidence collection for the justice system in Pakistan.
- Director-General approval is sought to engage Professor Wells to undertake the proposed consultancy. Detailed terms of reference for the consultancy are being developed whilst approval is being sought.

Department RecFind No:	BR062604
Division/HHS:	HSQ/CSS
File Ref No:	IN150638

Results of Consultation

8.

Resource Implications (including Financial)

- 9. The cost of the proposed engagement is expected to be up to \$50,000. This will be met from HSQ's 2015-2016 operating budget. If the Director-General approves the proposed consultancy, the Senior Director, Forensic and Scientific Services, will exercise non-recurrent financial delegation to approve the expenditure.
- 10. Following Director-General approval of the proposed consultancy, the General Manager, Community and Scientific Support, HSQ will exercise Type 4 Procurement delegation, to confine the offer to Professor Wells on the basis of expertise and urgency of engagement.

Background

- 11. CFMU treats victims and alleged perpetrators in criminal investigations. Services include:
 - 11.1 collecting and interpreting medical evidence;
 - 11.2 documenting and interpreting injuries;
 - 11.3 providing same day advice to the Coroner on healthcare related deaths; and
 - 11.4 expert evidence in Criminal and Coronial Courts.
- 12. Clinical Forensic physicians also provide clinical advice and care to those detained by police in watch houses across the State.
- 13. The Clinical Forensic Medicine Unit provides all forensic examinations for sexual assault cases (both victim and alleged offender).
- 14. CFMU doctors may attend crime and death scenes to provide medical advice. They provide expert clinical and medico-legal opinions in court relating to: fitness to appear or to be interviewed; traffic medicine; clinical effects and toxicology of alcohol and drugs.
- 15. CFMU accredited General Practitioner Government Medical Officers (GP-GMOs) can be used on a fee-for-service arrangement for the Queensland Police Service and the Department of Justice and Attorney-General.

Attachments

16. N/A

RTI 2015/00000

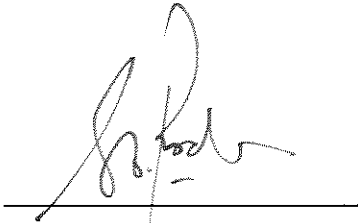
Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Adam Griffin	Greg Shaw	Helen Little
Director Clinical Forensic Medicine Unit	Senior Director Forensic and Scientific Services	A/ Chief Executive (substantive GM Community and Scientific Support)
Health Support Queensland 3405 5755	Health Support Queensland 3000 9900	Health Support Queensland 3166 5200
		
20 October 2015	20 October 2015	20 October 2015

Instrument of Appointment

I, Mr Stuart Rodney, Acting Chief Executive Officer, Health Support Queensland, Department of Health appoint pursuant to Part 9 of the *Hospital and Health Boards Act 2011*, **Professor David Wells** (the appointee) as a Health Service **Investigator** to investigate and report on matters relating to the management, administration or delivery of public sector health services in Health Support Queensland, Department of Health as identified the Terms of Reference **dated:** 26 November 2015

Conditions of Appointment

1. The appointment commences on the date of this Instrument and will end on delivery of the required report.
2. The Investigator is to prepare a report and provide a report to me under section 199 of the *Hospital and Health Boards Act 2011*, and as described in the Terms of Reference.



Mr Stuart Rodney
Acting Chief Executive
Health Support Queensland
Department of Health

25 November 2015

Department of Health, Health Support Queensland

Terms of Reference

Appointed Investigator: Professor David Wells

File Number: HSSA/001421 / CFMU November 2015

Subject: Investigation (Review) of Clinical Forensic Medical Services Model in Queensland.

1. Purpose and scope

The purpose of the Investigation is to undertake a review to consider the current service delivery of Clinical Forensic Medical Unit (CFMU) and recommend a service model for sustainable, high quality, clinical forensic medicine services in Queensland along with any other matter as specified in this Terms of Reference (ToR).

The functions of a Health Service Investigator, as set out in section 189 of the *Hospital and Health Boards Act 2011*, include investigating and reporting on any matters relating to the management, administration or delivery of public sector health services.

The word to 'investigate' for this purpose has its normal meaning to indicate *examining or studying something* (e.g. to review).

Please include as part of your investigation, and report on, the following:

1. Examine the current arrangements for the provision and management of state-wide clinical forensic medicine services including:
 - a. the location and user base of current resources; and
 - b. quality assurance including clinical benchmarking and controls assurance; and
2. Consider trends and anticipated future demand for clinical forensic medicine services in Queensland; and
3. Identify developments/drivers for change that may impact on services in the future, including technical, clinical and ICT developments; and
4. Identify human resource issues (staffing) impacting on services, including vacancies, changing work patterns, training, career progression, continual professional development and skill mix issues, and fatigue management; and
5. Comment on the overall provision, effectiveness, efficiency and economy of CFMU, taking into account the need for state-wide service provision, appropriate benchmarking information and other relevant measures; and
6. Recommend a model for the future provision of clinical forensic medicine services.

As the Investigator, you are to also report to the Chief Executive, HSQ any other relevant aspects identified by you while undertaking the review and draft recommendations, including identified service weaknesses and/or risks, and recommend remedial, preventative or 'best practice' clinically sound or other action.

2. Background

The Clinical Forensic Medical Unit (CFMU) within Forensic and Scientific Services (FSS) treats victims and alleged perpetrators in criminal investigations.

Services include:

- collecting and interpreting medical evidence
- documenting and interpreting injuries
- providing same day advice to the Coroner on healthcare related deaths; and
- expert evidence in Criminal and Coronial Courts

Clinical forensic physicians also provide clinical advice and care to those detained by Police in watch houses across the State. CFMU provides all forensic examinations for sexual assault cases (victim and alleged offender); and attend crime and death scenes to provide medical advice. CFMU accredited General Practitioner Government Medical Officers can be used on a fee-for-service arrangement for the Police and the Department of Justice and Attorney-General.

CFMU operates a state-wide service with offices in Brisbane and Southport and service delivery is not integrated. CFMU Southport currently works independently and under a differing model of care/service to that of CFMU Brisbane. CFMU Southport has similar staffing and workload mix to that of CFMU Brisbane, however data analysis demonstrates that Southport CFMU productivity is significantly lower than CFMU Brisbane.

On 26 October 2015, the Director-General, Department of Health approved the engagement of an independent expert consultant to provide advice and make recommendations on the most appropriate and sustainable state-wide service delivery model for CFMU.

3. Powers of the Investigator

Pursuant to section 190(1) of the *Hospital and Health Boards Act 2011* (HHB Act), following assessment that you have the necessary expertise and experience, I hereby appoint you as a Health Service Investigator (Investigator) to conduct the investigation.

You have the authority pursuant to section 194 of the HHB Act to access any documentation under the control of HSQ / the Department of Health relevant to this investigation which may assist you in the investigation including 'confidential information' as defined in the HHB Act, noting and complying with the confidentiality obligations as a health service investigator pursuant to the HHB Act.

You are authorised to gain access to a public sector HSQ / Department of Health facility, including HSQ facilities, at any time when the facility is open for business or otherwise open for entry to conduct the necessary investigation inquiries.

You may, in the exercise of the your functions, ask an employee of HSQ / Department of Health to give you a document, including a document containing confidential information that is relevant to your functions and is in the possession or control of the employee. That employee must comply with the request.

4. Conduct of the investigation and procedural instructions

You are to investigate and make recommendations, and/or comment where required, on the matters as listed under Section 1 of this ToR.

- a. Please provide to the General Manager, Community and Scientific Support within 7 days (or as otherwise agreed) of receiving the Appointment and these ToR:
 - confirmation in writing of your proposed timeframes including your intended attendance date/s at CFMU Southport and/or CFMU Brisbane;
 - any other arrangements needed at the local level to assist / facilitate the completion of the investigation.
- b. You are to notify the General Manager, Community and Scientific Support about progress at regular intervals, as agreed.
- c. You are to make clear to any person who provides information to you that you been appointed as an independent investigator, through an Instrument of Appointment approved by the Chief Executive, HSQ and **have no conflict or perceived conflict** in respect of the matters you are considering and reporting on.
- d. As the appointed Investigator, you have the authority to:
 - interview any person who may be able to provide information to you which directly assists you reporting on the matters under Section 1 of this ToR;
 - seek to interview persons who are not employees of HSQ/ Department of Health who may be able to directly assist you to reach conclusions and make recommendations consistent with the requirements of this ToR. However, you need only interview persons who can provide information you believe to be relevant and significant to the matters your are investigating; and
 - give appropriate lawful directions which may be required during the investigation. For example: provide a lawful direction to an employee to maintain confidentiality; to attend an interview; provide copies of documents maintained by HSQ / Department of Health.
- e. You must inform the General Manager, Community and Scientific Support of any failure to comply with a direction, for notification to the Chief Executive, HSQ; and for advice of the approach that will be taken.
- f. If requested by any person request to speak with, or interview, or from whom you request information, you must produce your 'Instrument of Appointment'.

- g. You are authorised to make copies of, and take extracts from, any document within HSQ's / Department of Health's possession that is relevant to the matters you have been asked to report on under Section 1 of this ToR.
- h. You must maintain the confidentiality of the investigation and all information provided and acquired in the course of the investigation is to be treated as confidential.
- i. As a minimum, you are to offer to meet with and interview all medical officers of CFMU Brisbane and CFMU Southport.

5. Investigation (Review) Report

- j. At the conclusion of the investigation, please provide a Report of information to the Chief Executive Officer, HSQ, in writing.
- k. The Report should:
 - include a summary of information relied upon by to make recommendations in respect of each as listed under Section 1 of this ToR
 - any other relevant aspects identified by you while undertaking the review
- l. The final Report must be submitted on a date as advised by the General Manager, Community and Scientific Support after receipt and review of the draft report.

6. Terms

- m. Your professional rate for services including expert opinion, drafting of a report and recommendations, administrative actions and time, travel (including airfares and taxi fares), accommodation and meals and reasonable out of pocket expenses is agreed up to \$50,000.00 (plus GST).
- n. A final invoice for services is to be provided with the submission of the final Report. An itemised account/invoice is to be provided to enable payment.
- o. Other unforeseen, out of pocket expenses reasonably incurred in the undertaking of the investigation will be reimbursed by HSQ, when prior approval has been given, at cost.
- p. If at any time during the course of the investigation and drafting the Report, it is anticipated the cost to differ from what is initially advised and agreed, please contact the General Manager, Community and Scientific Support to discuss and for facilitation of approval.

7. Media

While it is not anticipated, but should you be approached by a representative of the media, you are to make no comment but are to refer the media representative to the Media Unit, Integrated Communications, Department of Health on news@health.qld.gov.au. You must also immediately contact the General Manager, Community and Scientific Support to allow for appropriate escalation to the delegate.

.....
 Mr Stuart Rodney
 A/ Chief Executive
 Health Support Queensland

26/11/15.

Clinical Forensic Medical Unit - Southport¹

Interim Report

25 January 2016

PREAMBLE

This Interim Report forms part of a larger review of the Clinical Forensic Medical services in Queensland undertaken by myself at the request of the General Manager Community and Scientific Support, Health Support Queensland (HSQ).

The CFMU Southport is the regional office of the Clinical Forensic Medical Unit for the South East region of Queensland. [REDACTED]

This Interim Report has been prepared so that HSQ are informed of the current status of the office such that strategies for intervention can be developed.

PRELIMINARY COMMENTS

1. The CFMU Southport has 4.1 full time equivalent (FTE) medical officer positions and 1FTE administrative position. One of the medical practitioners resigned late in 2015 and the position has not been filled. [REDACTED]

2. [REDACTED]

3. [REDACTED]

¹ The Clinical Forensic Medical Unit (CFMU) in Southport provides services to the South Eastern region of Queensland. The materials that have been accessed refer to the office as the Clinical Forensic Medicine Unit (SER) or the Southport Office. I will utilise the term CFMU Southport when referring to the office in this document.

² [REDACTED]

-
4. I have had multiple contacts with the incumbents of the CFM Southport over many years. My interactions over this period lead me to believe that their clinical knowledge and skills are of a high order. Nothing I observed during my review challenges this belief.

OFFICE ACTIVITIES

1. Watch-house services

The work of the CFMU Southport is now almost exclusively telephone advice to nurses and police officers in the two Watch-houses: Southport and Beenleigh. Southport Watch-house has 72 beds making it the second largest in the state (Brisbane City has 84 beds).

Since July 2014³, nurses from the Gold Coast Hospital have been contracted by Queensland Police to provide Watch-house services. Initially 10 nurses were trained (by CFMU Southport staff) to provide this service but attrition has resulted in only four nurses remaining. The nurses work at the Watch-house 7 days a week from 0900-1700 hours. On call paramedics stay at the Watch-house on Friday and Saturday evenings (2200-0700 hours) and provide health advice to police over that period. Additionally, the Court Mental Health Liaison Officer and the Gold Coast Mental Health Unit provide some services to prisoners with mental health issues.

In addition to Watch-house services, the nurses undertake biological sampling procedures; Disease Transmission Orders (DTO) and Traffic toxicology samples. They do not perform assessments of sexual assault complainants.

Nurses and police at the Watch-House describe a constructive, beneficial professional relationship with the CFMU Southport staff.

The nurses and paramedics (and police in the absence of health personnel), call the CFMU Southport medical staff for advice on the management of prisoners. In recent months⁴ this service has consisted of an average of 743 telephone calls per month of which approx. two thirds occur in business hours and the remainder after hours. One of the staff recorded numbers of calls received in and after hours and the time spent on the calls. Over a 12

³ Prior to the inception of this service, external agency community nurses provided this role. External agency nurses continue to provide this service at Beenleigh WH.

⁴ The CFMU Southport statistics are drawn from data provided by that office. I have used the figures for the 6-month period June-November 2015.

month period this averaged 145 in hours calls/month consuming 16.5 hours/month. The after hours figures were 51 calls/month and 7.1hours/month.

It was unclear if there are fixed criteria for these calls but they appear to evolve around issues of medications, hospital transfers and active medical conditions. The nurse interviewed suggested that between 2-6 calls were made to the Southport staff each shift. I was able to view for the call registrar for the preceding month and this recorded 2.4 calls/shift. This is in contrast with the nearly 25 calls/day recorded by CFMU Southport staff. It is difficult to reconcile this ten fold variation but explanations might include failure of nurses to record calls, a large number of calls being made by non-nursing staff (e.g. police, paramedics) and calls from the Beenleigh Watch-house.

The presence of the nurses (and paramedics) has greatly reduced the need for the medical staff to attend the Watch-house: approximately one medical practitioner-prisoner consultation per month.

2. Other services.

The other services currently provided by the CFMU Southport include⁵:

- **Biological sampling.** This includes Forensic Procedure Orders (35), Traffic blood samples (14) and Disease Transmission Orders (37). A considerable number of these were performed by a nurse or by a nurse overseen by a medical practitioner.
- **Sexual assaults.** Complainants in cases of sexual assault were provided by a forensic medical service on 58 occasions.
- **Medico-legal statements**⁶. This included Coronial Statements (Reports, [16] and Form 1A, [13]). Additionally, there were a further 102 statements provided to police or the Office of the Public Prosecutor.

3. Quality Assurance (QA)

QA practices are critical to the delivery of forensic medical services. Whilst these were undertaken in the recent past (both internally and jointly with the Brisbane office), such activities appear to have largely ceased within the CFMU Southport. There may be a number of explanations for this:

- QA is not seen as a priority of the service;
- Reduced staffing resulting in an inability to perform the activity;
- Tensions within the office;
- Removal of the key fields of service (e.g. opinion reports) that warrant QA practices.

The issue of QA within the wider CFM service is addressed in the full report.

⁵ 2015 figures provided by CFMU Southport.

⁶ [redacted] the Director transferred all new requests for statements to the Brisbane office, from mid 2015.

4. Professional Development

Every medical practitioner in the office has obtained his or her Masters of Forensic Medicine: perhaps a unique situation in Australia. Further, members of the office have been active in:

- Research including a PhD (a first in Australian CFM);
- Presentation at national and international professional meetings;
- Contributions to the newly developed professional body - RCPA;
- Publications of papers and case reports in forensic related journals.



5. Teaching activities.

There were some ad hoc lectures to perhaps police, custodial nurses and hospital staff.

6. Administrative support

The CFMU Southport has one full-time administrative support position. Tasks allocated to this role include reception, filing, correspondence, data entry, and components of rostering and court appointment. Staff indicated that a greater level of administrative support was recalled for data collection, financials and stocking of supplies.

The issue of data collection (storage, security, consistency and access) and medical records (remote access and electronic storage) will be addressed in the full report.

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COMMENTS

1. The delivery of Watch-house services⁷ in this region appears to run on a very different model than other locations in the state. Queensland Police contracts the nursing service; the nurses are employed by the Gold Coast Hospital and have clinical line responsibility to the CFMU Southport. Health services to prisoners in police custody are variously provided by nurses (Gold Coast Hospital), CFMU practitioners (HSQ), paramedics (Ambulance Service) and prisoner health practitioners (Hospital & Health Service Board). This lack of consistency within the CFM service and the multiplicity of health service providers creates difficulties at managerial level and increases the likelihood of disconnected health services to one of the most vulnerable populations in the community.
2. The quality of nursing and medical service delivery at the Southport Watch-house (and at Brisbane) appears to be of a high order. It should be acknowledged that the client population is a very difficult one and delivery of health services in the settings is particularly challenging.
3. Comparing activities in the Watch-houses at Brisbane and Southport is instructive (See table). The Brisbane Watch-house has 25% greater population and yet appears to provide a high quality health service using roughly half the amount of nursing hours. Further, there were 25% more hospital transfers at Southport, a procedure that is particularly resource intensive for police. Whilst I do not yet have access to the telephone consultation numbers (between nurses and doctors) in Brisbane, preliminary indications are that this is profoundly less in volume and time consumption than in Southport both in hours and after hours.

Comparison of Brisbane and Southport Watch-house activities.

	BRISBANE WATCH-HOUSE	SOUTHPORT WATCH-HOUSE
PRISONER ARRIVALS 2015	14,241	11,373
HOSPITAL TRANSFERS⁸	173	228
NURSING PRESENCE/DAY (Hours)	4 hours	8 hours
PHONE CONSULTATIONS (nurse, paramedic, police) to doctor/month.	60-100	743
DOCTOR VISITS/MONTH	FIGURES AWAITED	1

⁷ Responsibility for Watch-house health service delivery will be addressed in the main report.

⁸ A prisoner is recorded as a 'temporary absence' in the QPRIME system when they are removed from the Watch-house and conveyed to hospital. (Rarely, such an absence may be recorded for a transfer to (and return) from Court.

4.



5. In Australia, it is acknowledged that the incidence of interpersonal violence and in particular, domestic violence, have reached epidemic proportions. The forensic assessment of domestic violence complainants may be a crucial element in the investigation and prosecution of such cases. Surprisingly this does not appear to be a service provided by the CFMU Southport: a missed opportunity to provide an appropriate and beneficial service to complainants, police and the courts.
6. The CFMU Southport continues to provide a number of services that could be more appropriately undertaken by other service providers. Addressing this will result in budget savings and a reduction in after-hours callouts. (See Table below.)

SERVICE	CASES/MONTH ⁹	PROPOSED SERVICE PROVIDER
Forensic Procedure Order ¹⁰	2-5	Watch-house Nurse
Death scene attendance	2-3	Forensic pathology service
Traffic blood samples	1-2	Emergency Department or Watch-house Nurse
Disease Transmission Order	3-4	Watch-house Nurse

7. Objective assessment of work output can be problematic. Applicable to the current activity are:
- A dependence on the accuracy of self collected and reported data;
 - Differing work practices resulting in inconsistent amounts of time spent on similar activities;
 - Quality of the output;
 - Inexperienced practitioners taking considerably longer to perform an activity and requiring supervision - an activity that is often not knowledge within collected data.
 - Absence of data on turnaround times for reports.

⁹ Based on CFMU case numbers over the period June-November 2015.

¹⁰ Only a qualified Forensic Nurse Examiner can undertake this procedure. The current Southport Watch nurses do not have this qualification.

Notwithstanding the above, a preliminary examination of the workload statistics of the Brisbane and Southport offices appears to show a considerable discrepancy in outputs:

- If (as self reported) one hour a day is spent on watch house phone enquiries, then it is difficult to reconcile why the remaining outputs are so low;
- The number of statements produced by each single member of the Brisbane office is equal to or greater than the combined output of the CFMU Southport. This situation was evident before the transfer of statement requests was taken on by Brisbane and is obviously more marked in recent months.

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SUMMARY

The CFMU Southport service has become an increasingly isolated and perhaps dysfunctional component of the Queensland Clinical Forensic Medicine Unit. Resolution of this situation will only occur through direct action by Health Support Queensland (HSQ).

Over more than three years the CFMU Southport:

- services have shrunk to an almost exclusively prisoner health service;
- [REDACTED]
- [REDACTED]
- [REDACTED]
- has functioned as a disconnected element within the Queensland Clinical forensic medical network;
- work practices do not reflect the service model or work outputs delivered by the Brisbane office or other regional centres.

The service is currently functioning with only 50% of its service providers. [REDACTED]

[REDACTED]

OPTIONS

1. Closure of the CFMU Southport.

If the office were to be closed current services would need to be delivered by other providers. For instance:

- Watch-house services could either be:
 - Absorbed by staff at the Gold Coast Hospital. This would be largely confined to Emergency Department staff (registrars or nurse unit managers or nurse practitioners) taking phone calls from the duty Watch-house Nurse or more rarely, police. Or
 - All phone calls are directed to the Brisbane office.
- Watch-house Nurses take responsibility for biological sampling (e.g. Disease Transmission Orders, traffic offences).
- Brisbane CFMU staff provides a medical response to the small number of sexual assault cases with the location of the service delivery negotiated with the complainant, police and support personnel.

Implementing this option will require:

- Negotiations between HSQ and police and the Gold Coast Hospital.
- Development of agreed responses to service requests and an explanation to all service providers.

- Reassigning the medical and administrative staff to the Brisbane office (or possibly another area in the Health Department).

2. Implementation of Brisbane office work practices in Southport.

Under this option, the Director would implement work practices at the CFMU Southport office identical to those practised in the Brisbane office. All staff would be obliged to work to the same model across all services. For instance:

- Communication between the two offices occur at a frequency and means established by the Director;
- Consistent contact phone call criteria for Watch-house nurses;
- Same frequency of after hours on call;
- Similar numbers of opinion and Coronial files allocated to all staff and completed within established turnaround times;
- Participation in quality assurance programs and teaching;
- Consistency and transparency in data collection & medical records;



David Wells

25 January 2016

RTI Release

**Review of
Clinical Forensic Medical
Services
(Health Support Queensland)**

RTI Release

DAVID WELLS

FEBRUARY 2016

RTI Release

SECTION 1

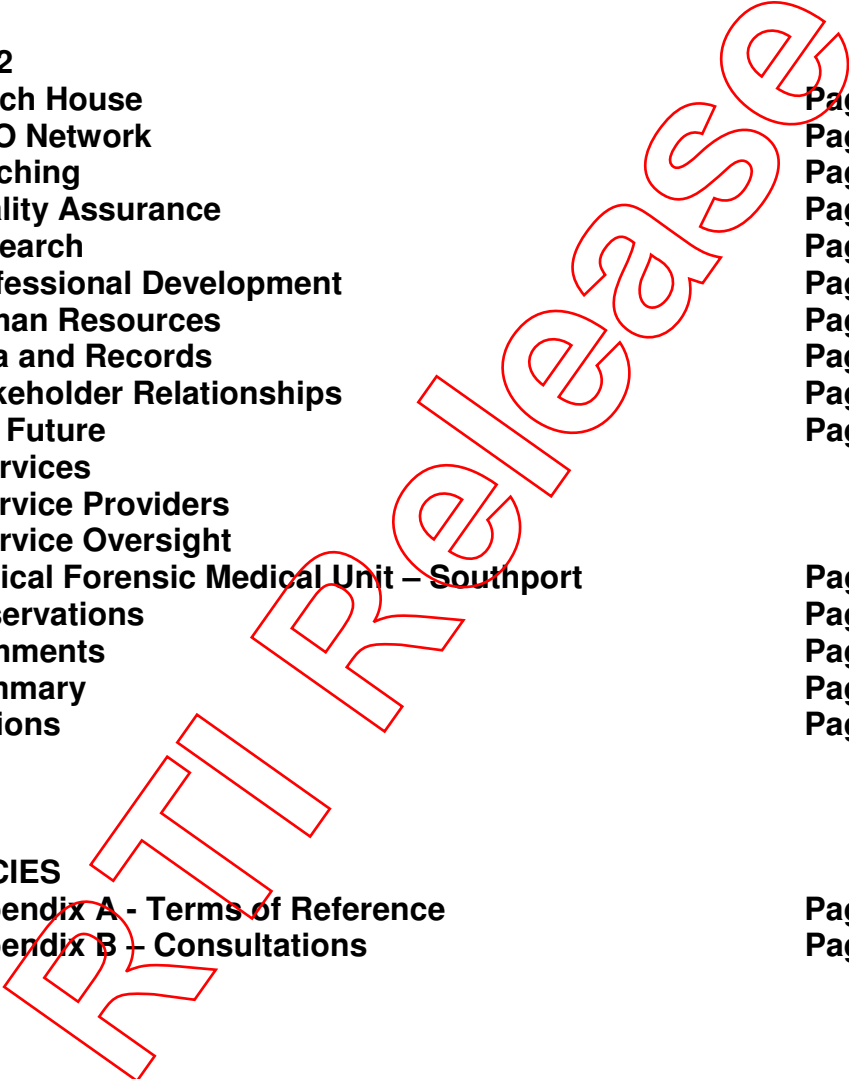
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1.0 SUMMARY

From humble and at times troubled beginnings (post-Fitzgerald enquiry), the Clinical Forensic Medical Unit (CFMU) has developed into an organisation of national standing. Much is owed to the past and current incumbents for these developments.

Like a number of health services, it has grown in a somewhat topsy-turvy fashion over recent years: developments and new services driven by the whim of the office or stakeholders. Critically, many of the throughputs are uncapped (e.g. prisoner numbers, Coronial files) and the CFMU has struggled to deliver in the face of increasing demand on its services. Interestingly there has been no attempt (perhaps through the goodwill of the office or the HSQ) to reign in these services or explore service agreements that could produce income for the office.

Observations and stakeholder feedback of the CFMU services are overwhelmingly positive. Notwithstanding this, it is an opportune time to address some deficiencies, tackle a problematic component and create a blueprint for future service delivery.

Building on the strong foundations that exist, there is a realistic opportunity to further develop a functional, professional and enduring service. Progress on this path will expose a number of challenges including:

- the shedding of non-core business;
- an amalgamation of the clinical and pathology/toxicology services;
- creation of a new management or over-sighting structure;
- development of formal links with a higher education provider and
- utilising the expertise of a small number of practitioners to deliver and monitor state-wide services.

Such changes will not be costly but will improve the efficiency and economy of the service and will address the majority of concerns identified in this review. More critically, it will enhance the delivery of a high quality medico-legal service for the Queensland community.

1.1 RECOMMENDATIONS

- 1. Responsibility for delivery of prisoner health services is removed from CFMU.**
- 2. Use of the GMO network be replaced by forensically trained medical practitioners and nurses contracted and over-sighted by the CFMU, to provide a range of clinical forensic services.**
- 3. The CFMU develop and market a range of awareness and training programs aimed at elements of the medical and legal professions.**
- 4. The CFMU progress strategies to develop projects and research activities.**
- 5. The CFMU develop and implement a comprehensive and robust quality assurance program incorporating all services and practitioners.**
- 6. All medical practitioners employed by the CFMU apply for admission to the RCPA.**
- 7. The CFMU be funded to appoint a senior office manager.**
- 8. The Director CFMU, creates formal links with a range of nursing and medical professional groups such that training rotations can be developed.**
- 9. A review of medical staffing numbers at the Brisbane CFMU be conducted after the actioning of other recommendations that might impact on workload (E.G. Watch-house services, Southport services etc).**
- 10. HSQ retain an IT expert to introduce a secure, accessible and functional records and data storage process.**
- 11. The Director commences discussions with a university medical faculty with the aim of developing an academic unit within the CFMU.**
- 12. HSQ develop Service Level Agreements with the CFMU clients - in particular, police, the Coroner and the Office of Public Prosecutions.**
- 13. HSQ facilitate a working party to explore the feasibility and (if so) the implementation of an amalgamation of the CFMU and the forensic pathology and toxicology services.**
- 14. HSQ expedite intervention to resolve service delivery issues at the CFMU Southport.**

1.2 BACKGROUND

In November 2015, Health Support Queensland (Department of Health) requested a review of its Clinical Forensic Medicine Unit and in particular, the current services of the Unit and a recommendation of a model of future service provision.

The Terms of Reference directed that an offer be made to meet with and interview all medical officers of CFMU Brisbane and CFMU Southport. This was done with the exception of one medical officer at Brisbane who was on maternity leave.

This report has been prepared exclusively for the General Manager, Community and Scientific Support, HSQ. Its subsequent use is at the discretion of that recipient.

Disclaimer and Limitations

I am reliant on information provided during this review.

I have not performed a formal audit on all the data provided but have cross-checked much of the information where that was feasible. Whilst I have attempted to verify the accuracy of the information reported, it is possible that some errors could have occurred in the recording or transcription of this information. I would be happy to have this drawn to my attention and revise where required.

Some written material (reports, statistical data, position descriptions and emails) was provided. When this material is referred to, it is acknowledged in a footnote.

All of this written material has been retained and can be accessed from the author. This material will be held for 3 months from the date of submission of this report and will then be disposed of in a secure fashion.

RTFHS

1.3 OBJECTIVES

The parameters of the Review (APPENDIX A)¹ were defined as:

1. Examine the current arrangements for the provision and management of statewide clinical forensic medicine services including:
 - a. The location and user base of current resources; and
 - b. Quality assurance including clinical benchmarking and controls assurance; and
2. Consider trends and anticipated future demand for clinical forensic medicine services in Queensland; and
3. Identify developments/drivers for change that may impact on services in the future, including technical, clinical and ICT developments; and
4. Identify human resource issues (staffing) impacting on services, including vacancies, changing work patterns, training, career progression, continual professional development and skill mix issues, and fatigue management; and
5. Comment on the overall provision, effectiveness, efficiency and economy of CFMU, taking into account the need for state-wide service provision, appropriate benchmarking information and other relevant measures; and
6. Recommend a model for the future provision of clinical forensic medicine services.

The terms of reference also stipulated a requirement to report any other relevant aspects identified whilst undertaking the review; service weaknesses and/or risks etc

Report structure

This report will not provide a detailed reiteration of the history, structure or function of the CFMU; this is known to the requesting agency and much of this is readily accessible in a range of documents held by the CFMU². The report will however explore and comment on a range of services, other activities, personnel, structures and relationships pertinent to the review and to the development of a new service model.

¹ Department of Health, Health Support Queensland. Terms of Reference.

² For instance see - CFMU-Strategic Business Plan. January 2015 - December 2020.

1.4 FINDINGS and COMMENTS

The CFMU is a component of Forensic and Scientific Services (FSS), which reports to the Health Support Queensland (HSQ), a component of the Queensland Department of Health. Somewhat paradoxically, the majority of CFMU services are provided to other Government departments and agencies; police, OPP and Coroners.

The Brisbane CFMU provides a comprehensive range of forensic services. These include cases of interpersonal violence, custodial medicine and clinical toxicology. The Southport office is largely confined to custodial medicine with a small contribution to other types of cases.

The chief clients of these services are the Queensland police, the Office of Public Prosecutions and the State Coroner. Both the Office of Public Prosecutions and the Coroner have been forthright in their praise of the services provided by the CFMU; both offices praise CFMU for the expertise in the delivery of a timely and robust service. However both Offices noted variously that:

- The human resources of the CFMU were stretched in the delivery of expanding workloads;
- Not all of the CFMU practitioners had the same level of expertise as the Director;
- There was a sometimes inappropriate use of the CFMU service by the courts.

What follows are some comments on a range of services provided activities undertaken, by the CFMU.

2.0 WATCH HOUSE

The provision of health services to prisoners in police custody has been provided by the GMO for many decades. This role continued when the GMO office evolved into the CFMU in 2004.

Prisoner numbers in the Watch-houses have risen steadily in recent years. More arrests, longer stays and slower transits combined with the increasing complexity of the health problems (e.g. drugs, chronic diseases) have stretched the CFMU capacity to deliver such a health service.

Why is forensic medical service providing this general health care to prisoners? Might there be a more appropriate service provider?

Arguments for retaining the Watch-house health services within CFMU:

1. Service delivery infrastructure is currently in place. This includes medical practitioners/nurses at Brisbane, Southport Cairns and Townsville and the GMO network in some other regional centres.
2. The system appears to be working well in Brisbane and Southport albeit largely at the expense of forensic medical services in the latter location.

Arguments for removing the Watch-house service delivery from the CFMU:

1. Delivery of health services to prisoners is an increasingly specialised service to some of the more marginalised and challenging members of the community. It warrants a dedicated health service rather than one whose primary field of endeavour is in another specialty.
2. Health services to prisoners are fragmented within and between service providers. Currently an individual who enters police custody could be managed by hospital staff, CFMU, drug and alcohol services, mental health liaison services and the prisoner health service. Communications, record systems, consistency and quality of care are all compromised in this process.
3. In all other Australian states, prisoner health services are provided by organisations independent of the forensic service; in some states (e.g. Victoria) the transition occurred more recently and successfully.
4. The current model is unsustainable. Watch-house populations have risen steadily in recent years and with this rise a progressively greater need for health services. The CFMU capacity to deliver in the setting has already been reached.
5. Transferring the health service to a dedicated service provider would free the forensic service to expand their forensic medical program into fields more appropriate to the practitioner skills and potentially provide benefits to the wider community. (See The Future.)

Transferring the Watch-house service to a new provider should not be regarded as a quick fix but rather a long-term investment in a critically important health service. The current services are inappropriate, fragmented, expensive (the Southport office alone has a budget of greater than \$1.5 million and most of its activities centre on prisoner health) and outdated. There are a number of interstate models that could be explored.

Recommendation: Responsibility for the delivery of prisoner health services is removed from CFMU.

RTI Release

2.1 GMO NETWORK

Government medical officers (GMO) are medical practitioners utilised by HSQ to provide a range of health services in Queensland. The Director of the CFMU (in conjunction with HSQ) is responsible for assessing their appointment and recommending their range of duties through a 'scope of practice' assessment. The Director of the CFMU has ongoing responsibility for training, support and credentialing.

The number of appointed GMOs has declined significantly over the last decade; from approximately 160 to currently 46. The reasons for the decline are multiple:

- removal of some of the GMO roles (e.g. occupational health assessments, post-mortems);
- Resistance by GMOs to the scope of practice and credentialing process;
- the small workload (and corresponding remuneration) not being seen as a sufficient incentive to undergo the significant training required;
- The nature of the work and in particular the after hours and court commitments.

The decline of interest and involvement is not unique to Queensland; it has been mirrored in other States. In addition to the decline in GMO numbers other issues are identified:

- an ageing workforce-the majority of GMOs are approaching retirement age;
- their role is not covered during periods of leave or other absences;
- the contractual and service relationships are fragmented and potentially problematic-appointed by HSQ, contracted and paid by Queensland police and monitored by CFMU,
- It is generally accepted that forensic service provision should be independent of police. Here however practitioners may be nominated by police to be a GMO and paid a fee for service by the police for their services,
- there is no obligation for GMO is to subject their activities (e.g. reports) for scrutiny or quality assurance – less than 50% of statements are subjected to review;
- The re-credentialing process (required triennially) is essentially a rubberstamp exercise with no review of case numbers, service quality, complaints, timeliness or continuing education involvement.

There is a pressing need to overhaul the GMO service. What is required instead, is a small group of forensically trained and appointed medical practitioners and perhaps nurse examiners who are able to deliver a limited range of services in regional centres.

Ideally there would be at least two forensically trained practitioners in all major regional centres. Their role would be to deliver some forensic medical (nursing) services for which they have been specifically trained (e.g. sexual assault examinations, cases of interpersonal violence, fitness for interview, traffic medicine cases, external inspections of deceased et cetera). In all cases they should have the skills required to document or findings (notes, photography) and be able to seek advice from a senior on-call.

These practitioners:

- should be appointed, contracted and over sighted by the Brisbane CFMU;
- Undergo training as specified by the Director, CFMU. This would be specific to the range of services to be delivered³;
- participate in continuing forensic medical education;
- be obliged to participate in all quality assurance activities initiated by the Director;
- electronically lodge data for every case (identity, date, case type, reports etc) and a copy of their notes and reports with the Brisbane CFMU;
- receive a remuneration (retainer/on-call and fee-for-service) that adequately reflects the nature and complexity of their service;
- Be able to access 24-hour advice and support from the Brisbane CFMU.

Recommendation: Use of the GMO network be replaced by forensically trained medical practitioners and nurses contracted and oversighted by the CFMU, to provide a range of clinical forensic services.

RTI Release

³Such training could be delivered in house by the CFMU or could be delivered through a University based forensic program.

2.2 TEACHING

The Brisbane office (and to a lesser degree the Southport office) provide a range of teaching and training programs. Recipient audiences include health care practitioners in hospitals and other locations, police, and schools. These programs appear to be largely ad hoc and underutilised.

Teaching and the delivery of training programs are important uses of the knowledge and skills of the members of the CFMU. Such programs deliver information to target groups, improve the awareness and profile of the office but particularly amongst its stakeholders and may be an additional source of income, albeit small.

The CFMU should consider bolstering its teaching commitments through the delivery of programs to:

- undergraduate medical and nursing students;
- police both general and specialist units;
- undergraduate law students;
- the legal profession (criminal bar, magistrates and judges);
- medical colleges (e.g. emergency medicine, obstetrics and gynaecology, general practice);
- hospital staff;
- Government departments (e.g. Health and Attorney General) and NGOs (e.g. medical board, ombudsman).

Recommendation: The CFMU develop and market a range of awareness and training programs aimed at elements of the medical and legal professions.

RTI RELEASES

2.3 QUALITY ASSURANCE

Quality assurance (QA) practices underpin the delivery of quality forensic medical services. There are some quality assurance practices occurring in the CFMU; peer review of some statements. Notwithstanding this, quality assurance practices need to be prioritised and acknowledged as a 'front and centre activity' of the office.

There are a range of QA programs that can and have been applied to forensic medical practice. These can be accessed from other forensic medical units or in a modified form from the practices of other specialty fields. QA practices are time-consuming, often laborious and repetitive but if poorly performed or absent are markers of a poor (or worse) service.

Examples of quality assurance practices might include (and these could be random, targeted or applied to some or all of) the following activities:

- reviews of medical notes and photographs;
- reviews of statements prior to submission;
- monitoring of court performances;
- timeliness of responses and outputs;
- Appropriateness and quality of specimens collected.

Such practices should be applied to all practitioners both within and outside the Brisbane CFMU. Reviews can be performed internally or benchmarked against an external service.

Recommendation. The CFMU develop and implement a comprehensive and robust quality assurance program incorporating all services and practitioners.

RTI Release

2.4 RESEARCH

Research informs practice. Without it we would be doomed to continue the same thinking and practices performed by our predecessors.

Traditionally research has been a low priority of forensic medical services internationally. Perhaps because of heavy caseloads, after hour's commitments, lack of research skills and absence of support staff, it has been the last cab off the rank.

It is possible that this situation will continue in the CFMU for the immediate future as there are a number of other more critical activities. Nevertheless if each practitioner committed to undertake 1-2 projects or research activities each year, the outputs would follow.

This activity could be assisted by:

- developing the research skills of one or more of the practitioners-in biostatistics, research methodology, epidemiology etc;
- collaborating with other health or higher education centres to undertake joint projects;
- seeking to understand the (say) three main issues that might better inform practice in this field;
- commencing a journal club;
- Exploring research outputs and related activities of other similar organisations and how this was achieved.

Recommendation. The CFMU progress strategies to develop projects and research activities.

RTI Request

2.5 PROFESSIONAL DEVELOPMENT

This is one of the notably strong suits of the CFMU. Every medical practitioner has obtained (or is studying for) their Master of Forensic Medicine; a task involving considerable study and commitment.

Members of the office regularly attend and participate in a range of other professional activities locally, nationally and internationally. They have a high profile nationally.

Further, members of the office have been active supporters and participants of the two professional bodies in the field; The Australian College of Legal Medicine and the Royal College of Pathologists of Australia (CFM). Of these two organisations, the latter offers particular gains for practitioners of forensic medicine. In particular, the likelihood of specialist recognition and the alignment to a long-standing Royal College and all that such an organisation station has to offer (in particular, Continuing Medical Education).

Additionally, alignment with the College offers a career pathway for potential recruits to the CFMU and allows it to compete on an even footing with the other specialities in this regard.

Recommendation. All medical practitioners employed by the CFMU apply for admission to the RCPA.

RTI Release

2.6 HUMAN RESOURCES

The Brisbane office consists of a Director, two other full time medical practitioners and five 0.5 FTE medical practitioners (one of who is located in Cairns). Additionally there are three full-time nurses and currently three administrative staff (2 FTE). The Southport office currently has 3.1 FTE medical staff and one FTE administrative person. There are two nurses (one FTE) working in Townsville supported by two administrative staff (1 FTE).

I am not in a position to comment on the quality or appropriateness of activities performed by the administrative staff at Brisbane or other locations.

Currently, the Director (and to a lesser degree the other medical practitioners) is spending a considerable amount of time undertaking a range of administrative tasks. There is a strong argument to employ a senior office manager⁴ whose roles might include:

1. Manage all aspects of the business operations and ensure effective performance and compliance with government regulations.
2. Manage improvements to policies, procedures and plans that enhance operational effectiveness, mitigate risk and support delivery of services.
3. Develop and implement strategies to support the operations of the regional service.
4. Provide financial, budgetary and risk management advice to the Director.
5. Manage data including data for KPIs, annual report and other reporting requirements.
6. Represent the CFMU in its interactions with major external stakeholders.
7. Ensure all activities of the CFMU comply with legal requirements, ethical standards and OH&S requirements and that potential risks are identified and managed.

Further, the incumbent could play a significant role in the administrative management of a new state-wide network of practitioners. Such an appointment would allow the Director to focus on his field of expertise.

The workload of the Brisbane office (comments on the Southport office are considered elsewhere in this document) appears appropriate for the current number of appointees in nursing and administration.

The workload of the medical practitioners was generally described as excessive. The current caseload demands are unlikely to be sustainable and need to be addressed by either a reduction in workload or an increase in the number of practitioners. It is unlikely that a number of the recommendations made in this report (for instance quality assurance programs, teaching and research activities, over-sighting of a rural network of service providers etc) can be achieved unless the medical practitioner workload is addressed. A re-allocation of Southport staff might be an alternative pathway to this end.

⁴ I am informed that an office manager position existed until about 4 years ago and it was abolished for 'budgetary reasons'.

The longevity of the service requires the injection of new practitioners; medical and nursing. Whilst the selection of such individuals is appropriately the role of the Director, there is a pressing need to ensure that there is access to a pool of enthusiastic, trained (or in training) and competent individuals. The likely natural attrition within the Brisbane and Southport offices in the near future combined with the proposal to develop a network of forensically trained part-time practitioners, demand that this be a priority.

Raising the profile of the office, developing formal links with the professional colleges (Colleges of Emergency Medicine, General Practice and Nursing), creation of placement positions or registrar rotations⁵ are useful methods of exposing employer and potential employee to each other.

If the development of regional service providers (see GMO network) does occur, then consideration should be given to providing some short-term administrative support and to making one of the Brisbane practitioners responsible for oversight in the training and managing of the network.

Recommendation. The CFMU be funded to appoint a senior office manager.

Recommendation. The Director develops formal links with a range of nursing and medical professional groups such that training rotations can be developed.

Recommendation. A review of medical staffing numbers at the Brisbane CFMU be conducted after the actioning of other recommendations that might impact on workload (E.G. Watch-house services, Southport services etc)

⁵ In Victoria the development of accredited training positions at the Forensic Institute, in conjunction with the Australian College of Emergency Medicine, the Royal Australian College of General Practitioners, the Royal College of pathologists of Australasia, the Chapter of Sexual Health (RA CP), has been a rich source of personnel both short and long term.

2.7 DATA AND RECORDS

The CFMU holds records of all the clinical interactions that are conducted by members of the unit across the state. Regional service providers fax or send their records to the Brisbane office. All records are scanned. Digital records are maintained in the Brisbane office and or hard copies are initially stored at that office for three years and then sent off site to a secure storage facility. Records can only be accessed by authorised personnel.

Currently there is no capacity for regional centres to send their records digitally to Brisbane. Further, regional centres cannot interrogate the data system to check for a patient's past contact with the CFMU. There is no centralised database.

There is a need to develop a streamlined, accessible, integrated and secure records system. Further, the absence of a database impacts on the ability to perform research activities and audits.

Recommendation. HSQ retain an IT expert to introduce a secure, accessible and functional records and data storage process.

RTI Release

2.8 STAKEHOLDER RELATIONSHIPS

The provision a medico-legal service requires the development of a somewhat unique relationship with clients and other providers. On one hand dependence on service requests from the agency (e.g. police, Coroner) and on the other, a necessity of independence from that agency.

A further factor in Queensland is that no formal service arrangements appear to exist between the CFMU (or HSQ) and the agencies that utilise their services; service level agreements, agreed KPI's or payment for services. This impacts on relationships, communications, expectations, service quality and growth and increasingly apparent, service capacity. This situation needs to be addressed.

Two other critically important relationships warrant mention, the forensic pathology service and higher education organisations.

Forensic pathology service.

There is a natural synergy between the forensic pathology and forensic medicine services. Each is the lead agency for the delivery of medico-legal services to the living (CFMU) and deceased (forensic pathology). Further there is a range of similar activities (examinations, court attendance) outputs, ethical boundaries, client relationships, teaching and research programs, quality assurance etc

It is difficult to identify a tangible reason why the two services should not be amalgamated into a single entity. No resistance to such an amalgamation was identified by the stakeholders or service providers spoken to. Further, the joining of forensic medicine and pathology services in Victoria (in 1995) has by all measures, been a resounding success.

The benefits of such a merger might include:

- Integration of service delivery in individual cases; e.g.' victim' and suspect examinations;
- complimentary services in non-clinical fields, in particular teaching and research;
- development of a collegiate and professional relationship across the disciplines;
- Individual and joint QA programs;
- Interactions with toxicology services;
- Joint access to library, IT and other support services;
- Shared administrative staff with the potential for financial savings;

Undoubtedly there would be a number of issues that would need to be addressed. These might include the:

- Type of services and the parameters of those services to be delivered by the individual components of the new service;

- Potential for the CFMU (a relatively small service) to be lost within a much larger organisation whose core business is forensic pathology;
- Location of the service. The benefits of co-location would need to be balanced against the loss of a central Brisbane location. A move to Coopers Plains would need to address the issue of attendance at the Brisbane watch-house (if the watch-house service was to be retained by the CFMU) and attendance at Brisbane hospitals. Further, appropriate space would need to be obtained at the Logan facility.

The potential benefits of a merger of the two services clearly outweigh any relatively minor impediments. Arguably, if the CFMU did not join forces with the forensic pathology and toxicology service, it is quite feasible that it will find itself marginalised academically, professionally and financially in the foreseeable future.

Higher education organisations.

Some initial contact with the University of Queensland has been made but an association between the CFMU and University has not yet been developed. A formal link with the University is of considerable mutual benefit. This might include:

- Delivery of teaching programs to undergraduate medical students. It is difficult to accept that in the 21st century, students are not receiving instruction on a range of medico-legal issues applicable to interpersonal violence, premature death clinical toxicology etc. This is most appropriately provided by practitioners with experience in this field.
- Student placements (electives, Honours) within the CFMU to undertake projects or research.

Such an association exposes the undergraduate student to potential career pathways in clinical forensic medicine. Further and academic association and appointment enhances the development of research programs. Similar associations within the faculties of science, nursing and law would also be of benefit.

Recommendation: HSQ develop Service Level Agreements with the CFMU clients - in particular, police, the Coroner and the Office of Public Prosecutions.

Recommendation: HSQ facilitate a working party to explore the feasibility and (if so) the implementation of an amalgamation of the CFMU and the forensic pathology and toxicology services.

Recommendation. The Director commences discussions with a university medical faculty with the aim of developing an academic unit within the CFMU.

2.9 THE FUTURE

If the recommendations (or a majority of them) made in this report are enacted, then the service will have a very different structure and function into the future. To recap the CFMU:

- Would be a component of a combined forensic service in Queensland consisting of the forensic pathology, forensic toxicology, forensics science and forensic medicine. This service would be over-sighted by a statutory authority would work together collaboratively to provide a holistic service to the Queensland community.
- Would consist of a small group of highly experienced specialist medical practitioners and nurses delivering and managing a 24-hour state-wide service. The services would be underpinned by a comprehensive quality assurance program.
- Services in regional Queensland would be delivered at a small number of centres staffed by 1-2 trained and experienced forensic personnel (medical practitioners or nurses) who have ready access and support from the specialists at the Brisbane office. All of these regional practitioners would be trained, monitored and credentialed to provide the services.
- Health practitioners at the Brisbane centre would be supported by a small team of administrative staff led by an office manager.
- Outputs, in addition to clinical services, would include teaching and research activities. There would be a comprehensive program of teaching to the medical, legal and nursing fraternities. Research projects and publications would provide an important source of information to the health and legal services and the wider community.
- Service provision would be expanded into other fields; the current workload having been reduced by the removal of watch-house services. These new services (and the existing services) would be fully funded by the client.

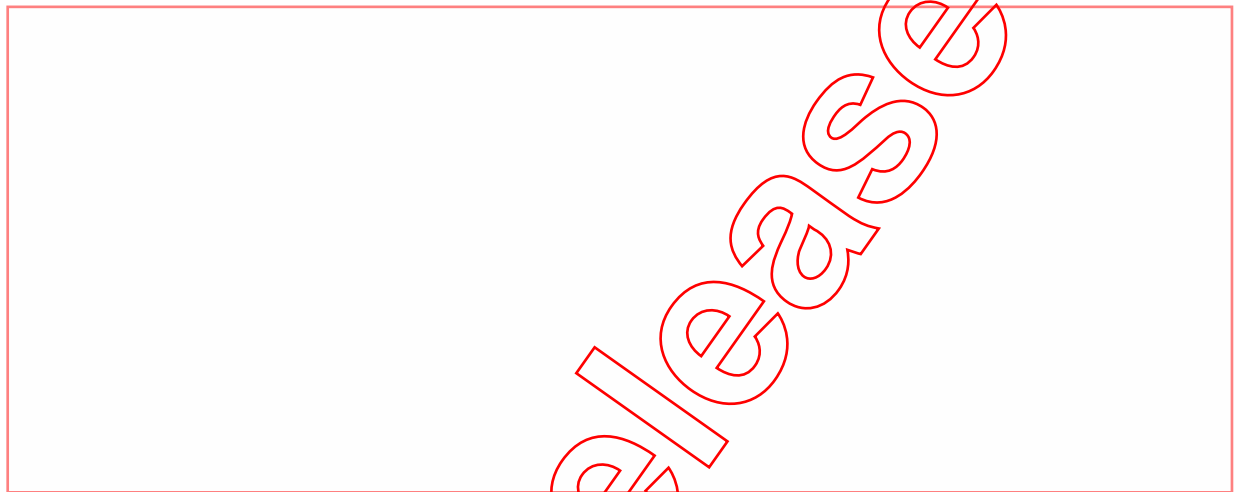
New Service	Client
Interpersonal violence	Police, hospitals, OPP
Expert opinions	Defence lawyers
Insurance reports (e.g. toxicology, injury)	Insurance companies, law firms
Fitness to drive	Driver licensing authorities

A particular argument can be made for involvement in cases of interpersonal violence. It is core forensic work, often poorly performed by other parties and it is an important service for both the courts and the communities.

2.10 CFMU - SOUTHPORT⁶

Within the Terms of Reference for this review, the following information regarding the CFMU Southport⁷ service was provided:

CFMU operates a statewide service with offices in Brisbane and Southport and service delivery is not integrated. CFMU Southport currently works independently and under a differing model of care/service to that of CFMU Brisbane. CFMU Southport has similar staffing and workload mix to that of CFMU Brisbane, however data analysis demonstrates that Southport CFMU productivity is significantly lower than CFMU Brisbane.



The CFMU Southport is the regional office of the Clinical Forensic Medical Unit for the South East region of Queensland.



⁶ This section of the report (Southport specific services) was provided as an Interim Report to HSQ on the 25 January 2016.

⁷ The Clinical Forensic Medical Unit (CFMU) in Southport provides services to the South Eastern region of Queensland. The materials that have been accessed refer to the office as the Clinical Forensic Medicine Unit (SER) or the Southport Office. I will utilise the term CFMU Southport when referring to the office in this document.

2.11 OBSERVATIONS

1. The CFMU Southport has 4.1 full time equivalent (FTE) medical officer positions and 1FTE administrative position. One of the medical practitioners resigned late in 2015 and the position has not been filled.

2.

3.

4. I have had multiple contacts with the incumbents of the CFM Southport over many years. My interactions over this period lead me to believe that their clinical knowledge and skills are of a high order. Nothing I observed during my review challenges this belief.

Watch-house services

The work of the CFMU Southport is now almost exclusively telephone advice to nurses and police officers in the two Watch-houses: Southport and Beenleigh. Southport Watch-house has 72 beds making it the second largest in the state (Brisbane City has 84 beds).

Since July 2014⁹, nurses from the Gold Coast Hospital have been contracted by Queensland Police to provide Watch-house services. Initially 10 nurses were trained (by CFMU Southport staff) to provide this service but attrition has resulted in only four nurses remaining. The nurses work at the Watch-house 7 days a week from 0900-1700 hours. On call paramedics stay at the Watch-house on Friday and Saturday evenings (2200-0700 hours) and provide

⁸

⁹ Prior to the inception of this service, external agency community nurses provided this role. External agency nurses continue to provide this service at Beenleigh WH.

health advice to police over that period. Additionally, the Court Mental Health Liaison Officer and the Gold Coast Mental Health Unit provide some services to prisoners with mental health issues.

In addition to Watch-house services, the nurses undertake biological sampling procedures; Disease Transmission Orders (DTO) and Traffic toxicology samples. They do not perform assessments of sexual assault complainants.

Nurses and police at the Watch-House describe a constructive, beneficial professional relationship with the CFMU Southport staff.

The nurses and paramedics (and police in the absence of health personnel), call the CFMU Southport medical staff for advice on the management of prisoners. In recent months¹⁰ this service has consisted of an average of 743 telephone calls per month of which approx. two thirds occur in business hours and the remainder after hours. One of the staff recorded numbers of calls received in and after hours and the time spent on the calls. Over a 12-month period this averaged 145 in hours calls/month consuming 16.5 hours/month. The after hours figures were 51 calls/month and 7.1 hours/month.

It was unclear if there are fixed criteria for these calls but they appear to evolve around issues of medications, hospital transfers and active medical conditions. The nurse interviewed suggested that between 2-6 calls were made to the Southport staff each shift. I was able to view for the call registrar for the preceding month and this recorded 2.4 calls/shift. This is in contrast with the nearly 25 calls/day recorded by CFMU Southport staff. It is difficult to reconcile this ten fold variation but explanations might include failure of nurses to record calls, a large number of calls being made by non-nursing staff (e.g. police, paramedics) and calls from the Beenleigh Watch-house.

The presence of the nurses (and paramedics) has greatly reduced the need for the medical staff to attend the Watch-house: approximately one medical practitioner-prisoner consultation per month.

Other services.

The other services currently provided by the CFMU Southport include¹¹:

- **Biological sampling.** This includes Forensic Procedure Orders (35), Traffic blood samples (14) and Disease Transmission Orders (37). A considerable number of these were performed by a nurse or by a nurse overseen by a medical practitioner.
- **Sexual assaults.** Complainants in cases of sexual assault were provided by a forensic medical service on 58 occasions.
- **Medico-legal statements**¹². This included Coronial Statements (Reports, [16] and Form 1A, [13]). Additionally, there were a further

¹⁰ The CFMU Southport statistics are drawn from data provided by that office. I have used the figures for the 6-month period June-November 2015.

¹¹ 2015 figures provided by CFMU Southport.

¹² [redacted] the Director transferred all new requests for statements to the Brisbane office, from mid 2015.

102 statements provided to police or the Office of the Public Prosecutor.

Quality assurance (QA)

QA practices are critical to the delivery of forensic medical services. Whilst these were undertaken in the recent past (both internally and jointly with the Brisbane office), such activities appear to have largely ceased within the CFMU Southport.

There may be a number of explanations for this:

- QA is not seen as a priority of the service;
- Reduced staffing resulting in an inability to perform the activity;
- Tensions within the office;
- Removal of the key fields of service (e.g. opinion reports) that warrant QA practices.

The issue of QA within the wider CFM service is addressed in the full report.

Professional Development

Every medical practitioner in the office has obtained his or her Masters of Forensic Medicine: perhaps a unique situation in Australia. Further, members of the office have been active in:

- Research including a PhD (a first in Australian CFM);
- Presentation at national and international professional meetings;
- Contributions to the newly developed professional body - RCPA;
- Publications of papers and case reports in forensic related journals.

These unique outputs are to be lauded. They may reflect a constructive use of allocated professional development time by an energetic and enquiring group of practitioners. Alternatively, it is possible that these activities have been undertaken at the expense of clinical service delivery or that balancing professional development and clinical service delivery have contributed to work stress and fatigue.

Teaching activities.

There were some ad hoc lectures to perhaps police, custodial nurses and hospital staff.

Administrative support

The CFMU Southport has one full-time administrative support position. Tasks allocated to this role include reception, filing, correspondence, data entry, and components of rostering and court appointment. Staff indicated that a greater level of administrative support was recalled for data collection, financials and stocking of supplies.

The issue of data collection (storage, security, consistency and access) and medical records (remote access and electronic storage) will be addressed in the full report.

RTI Release

2.12 COMMENTS

1. The delivery of Watch-house services¹³ in this region appears to run on a very different model than other locations in the state. Queensland Police contracts the nursing service; the nurses are employed by the Gold Coast Hospital and have clinical line responsibility to the CFMU Southport. Health services to prisoners in police custody are variously provided by nurses (Gold Coast Hospital), CFMU practitioners (HSQ), paramedics (Ambulance Service) and prisoner health practitioners (Hospital & Health Service Board). This lack of consistency within the CFM service and the multiplicity of health service providers creates difficulties at managerial level and increases the likelihood of disconnected health services to one of the most vulnerable populations in the community.
2. The quality of nursing and medical service delivery at the Southport Watch-house (and at Brisbane) appears to be of a high order. It should be acknowledged that the client population is a very difficult one and delivery of health services in the settings is particularly challenging.
3. Comparing activities in the Watch-houses at Brisbane and Southport is instructive (See table). The Brisbane Watch-house has 25% greater population and yet appears to provide a high quality health service using roughly half the amount of nursing hours. Further, there were 25% more hospital transfers at Southport: a procedure that is particularly resource intensive for police. Whilst I do not yet have access to the telephone consultation numbers (between nurses and doctors) in Brisbane, preliminary indications are that this is profoundly less in volume and time consumption than in Southport both in hours and after hours.

Comparison of Brisbane and Southport Watch-house activities¹⁴.

	BRISBANE WATCH-HOUSE	SOUTHPORT WATCH-HOUSE
PRISONER ARRIVALS 2015	14,241	11,373
HOSPITAL TRANSFERS¹⁵	173	228
NURSING PRESENCE/DAY (Hours)	4 hours	8 hours
PHONE CONSULTATIONS (nurse, paramedic, police) to doctor/month.	60-100	743
DOCTOR VISITS/MONTH	FIGURES AWAITED	1

¹³ Responsibility for Watch-house health service delivery will be addressed in the main report.

¹⁴ Figures obtained variously from watch-house staff and the Brisbane and Southport CFMU.

¹⁵ A prisoner is recorded as a 'temporary absence' in the QPRIME system when they are removed from the Watch-house and conveyed to hospital. (Rarely, such an absence may be recorded for a transfer to (and return) from Court.

4.

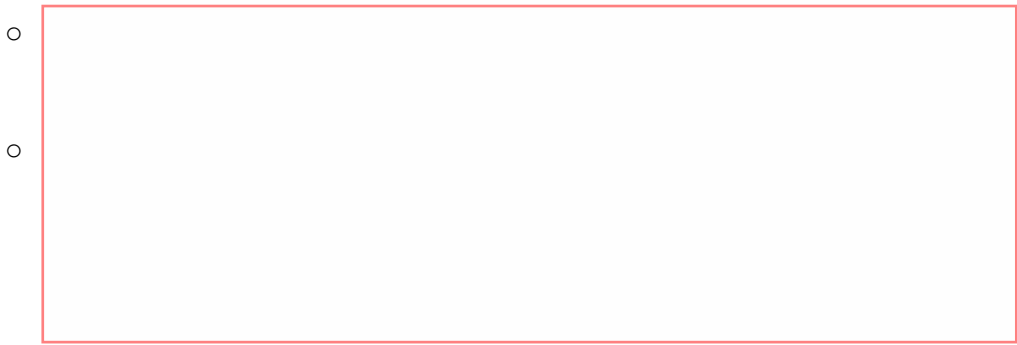
5. In Australia, it is acknowledged that the incidence of interpersonal violence and in particular, domestic violence, have reached epidemic proportions. The forensic assessment of domestic violence complainants may be a crucial element in the investigation and prosecution of such cases. Surprisingly this does not appear to be a service provided by the CFMU Southport: a missed opportunity to provide an appropriate and beneficial service to complainants, police and the courts.
6. The CFMU Southport continues to provide a number of services that could be more appropriately undertaken by other service providers. Addressing this will result in budget savings and a reduction in after-hours callouts. (See Table below.)

SERVICE	CASES/MONTH ¹⁶	PROPOSED SERVICE PROVIDER
Forensic Procedure Order ¹⁷	2-5	Watch-house Nurse
Death scene attendance	2-3	Forensic pathology service
Traffic blood samples	1-2	Emergency Department or Watch-house Nurse
Disease Transmission Order	3-4	Watch-house Nurse

7. Objective assessment of work output can be problematic. Applicable to the current activity are:
- A dependence on the accuracy of self collected and reported data;
 - Differing work practices resulting in inconsistent amounts of time spent on similar activities;
 - Quality of the output;
 - Inexperienced practitioners taking considerably longer to perform an activity and requiring supervision - an activity that is often not knowledge within collected data.
 - Absence of data on turnaround times for reports.

¹⁶ Based on CFMU case numbers over the period June-November 2015.

¹⁷ Only a qualified Forensic Nurse Examiner can undertake this procedure. The current Southport Watch nurses do not have this qualification.



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2.13 SUMMARY

The CFMU Southport service has become an increasingly isolated [redacted] component of the Queensland Clinical Forensic Medicine Unit. Resolution of this situation will only occur through direct action by Health Support Queensland (HSQ).

Over more than three years the CFMU Southport:

- Services have shrunk to an almost exclusively prisoner health service;
- [redacted]
- [redacted]
- [redacted]
- Has functioned as a disconnected element within the Queensland clinical forensic medical network;
- Work practices do not reflect the service model or work outputs delivered by the Brisbane office or other regional centres.

The service is currently functioning with only 50% of its service providers. [redacted]

[redacted]

2.14 OPTIONS

1. Closure of the CFMU Southport.

If the office were to be closed, current services would need to be delivered by other providers. For instance:

- Watch-house services could either be:
 - Absorbed by staff at the Gold Coast Hospital. This would be largely confined to Emergency Department staff (registrars or nurse unit managers or nurse practitioners) taking phone calls from the duty Watch-house Nurse or more rarely, police. Or
 - All phone calls are directed to the Brisbane office.
- Watch-house Nurses take responsibility for biological sampling (e.g. Disease Transmission Orders, traffic offences).
- Brisbane CFMU staff provides a medical response to the small number of sexual assault cases with the location of the service delivery negotiated with the complainant, police and support personnel.

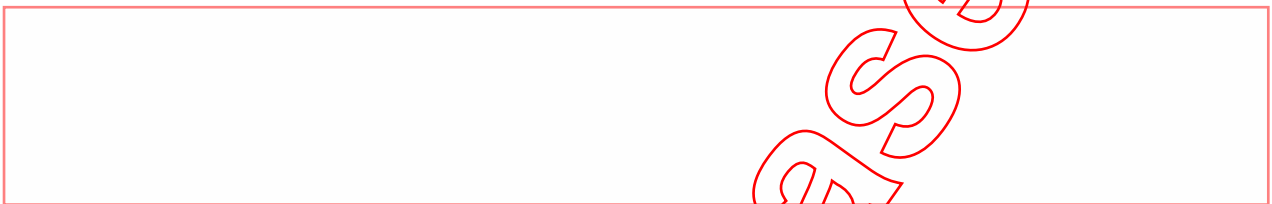
Implementing this option will require:

- Negotiations between HSQ and police and the Gold Coast Hospital.
- Development of agreed responses to service requests and an explanation to all service providers.
- Reassigning the medical and administrative staff to the Brisbane office (or possibly another area in the Health Department).

2. Implementation of Brisbane office work practices in Southport.

Under this option, the Director would implement work practices at the CFMU Southport office identical to those practised in the Brisbane office. All staff would be obliged to work to the same model across all services. For instance:

- Communication between the two offices occur at a frequency and means established by the Director;
- Consistent contact phone call criteria for Watch-house nurses;
- Same frequency of after hours on call;
- Similar numbers of opinion and Coronial files allocated to all staff and completed within established turnaround times;
- Participation in quality assurance programs and teaching;
- Consistency and transparency in data collection & medical records;



Recommendation: HSQ expedite intervention to resolve service delivery issues at the CFMU Southport.

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TERMS OF REFERENCE**Department of Health, Health Support Queensland****Terms of Reference**

Appointed Investigator: Professor David Wells

File Number: HSSA/001421/ CFMU November 2015

Subject: Investigation (Review) of Clinical Forensic Medical Services Model in Queensland.

1. Purpose and scope

The purpose of the Investigation is to undertake a review to consider the current service delivery of Clinical Forensic Medical Unit (CFMU) and recommend a service model for sustainable, high quality, clinical forensic medicine services in Queensland along with any other matter as specified in this Terms of Reference (ToR).

The functions of a Health Service Investigator, as set out in section 189 of the *Hospital and Health Boards Act 2011*, include investigating and reporting on any matters relating to the management, administration or delivery of public sector health services.

The word to 'investigate' for this purpose has its normal meaning to indicate *examining or studying something* (e.g. to review).

Please include as part of your investigation, and report on, the following:

1. Examine the current arrangements for the provision and management of state-wide clinical forensic medicine services including:
 - a. the location and user base of current resources; and
 - b. quality assurance including clinical benchmarking and controls assurance; and
2. Consider trends and anticipated future demand for clinical forensic medicine services in Queensland; and
3. Identify developments/drivers for change that may impact on services in the future, including technical, clinical and ICT developments; and
4. Identify human resource issues (staffing) impacting on services, including vacancies, changing work patterns, training, career progression, continual professional development and skill mix issues, and fatigue management; and
5. Comment on the overall provision, effectiveness, efficiency and economy of CFMU, taking into account the need for state-wide service provision, appropriate benchmarking information and other relevant measures; and
6. Recommend a model for the future provision of clinical forensic medicine services.

As the Investigator, you are to also report to the Chief Executive, HSEQ any other relevant aspects identified by you while undertaking the review and draft recommendations, including identified service weaknesses and/or risks, and recommend remedial, preventative or 'best practice' clinically sound or other action.

2. Background

The Clinical Forensic Medical Unit (CFMU) within Forensic and Scientific Services (FSS) treats victims and alleged perpetrators in criminal investigations.

Services include:

- collecting and interpreting medical evidence
- documenting and interpreting injuries
- providing same day advice to the Coroner on healthcare related deaths; and
- expert evidence in Criminal and Coronial Courts.

Clinical forensic physicians also provide clinical advice and care to those detained by Police in watch houses across the State. CFMU provides all forensic examinations for sexual assault cases (victim and alleged offender); and attend crime and death scenes to provide medical advice. CFMU accredited General Practitioner Government Medical Officers can be used on a fee-for-service arrangement for the Police and the Department of Justice and Attorney-General.

CFMU operates a state-wide service with offices in Brisbane and Southport and service delivery is not integrated. CFMU Southport currently works independently and under a differing model of care/service to that of CFMU Brisbane. CFMU Southport has similar staffing and workload mix to that of CFMU Brisbane, however data analysis demonstrates that Southport CFMU productivity is significantly lower than CFMU Brisbane.

On 26 October 2015, the Director-General, Department of Health approved the engagement of an independent expert consultant to provide advice and make recommendations on the most appropriate and sustainable state-wide service delivery model for CFMU.

3. Powers of the Investigator

Pursuant to section 190(1) of the *Hospital and Health Boards Act 2011* (HHB Act), following assessment that you have the necessary expertise and experience, I hereby appoint you as a Health Service Investigator (Investigator) to conduct the investigation.

You have the authority pursuant to section 194 of the HHB Act to access any documentation under the control of HSQ / the Department of Health relevant to this investigation which may assist you in the investigation including 'confidential information' as defined in the HHB Act, noting and complying with the confidentiality obligations as a health service investigator pursuant to the HHB Act.

You are authorised to gain access to a public sector HSQ / Department of Health facility, including HSQ facilities, at any time when the facility is open for business or otherwise open for entry to conduct the necessary investigation inquiries.

You may, in the exercise of the your functions, ask an employee of HSQ / Department of Health to give you a document, including a document containing confidential information that is relevant to your functions and is in the possession or control of the employee. That employee must comply with the request.

4. Conduct of the investigation and procedural instructions

You are to investigate and make recommendations, and/or comment where required, on the matters as listed under Section 1 of this ToR.

- a. Please provide to the General Manager, Community and Scientific Support within 7 days (or as otherwise agreed) of receiving the Appointment and these ToR:
 - confirmation in writing of your proposed timeframes including your intended attendance date/s at CFMU Southport and/or CFMU Brisbane;
 - any other arrangements needed at the local level to assist / facilitate the completion of the investigation.
- b. You are to notify the General Manager, Community and Scientific Support about progress at regular intervals, as agreed.
- c. You are to make clear to any person who provides information to you that you been appointed as an independent Investigator, through an Instrument of Appointment approved by the Chief Executive, HSQ and **have no conflict or perceived conflict** in respect if the matters you are considering and reporting on.
- d. As the appointed Investigator, you have the authority to:
 - interview any person who may be able to provide information to you which directly assists you reporting on the matters under Section 1 of this ToR;
 - seek to interview persons who are not employees of HSQ/ Department of Health who may be able to directly assist you to reach conclusions and make recommendations consistent with the requirements of this ToR. However, you need only interview persons who can provide information you believe to be relevant and significant to the matters your are investigating; and
 - give appropriate lawful directions , which may be required during the investigation. For example: provide a lawful direction to an employee to maintain confidentiality; to attend an interview; provide copies of documents maintained by HSQ / Department of Health.
- e. You must inform the General Manager, Community and Scientific Support of any failure to comply with a direction, for notification to the Chief Executive, HSQ; and for advice of the approach that will be taken.
- f. If requested by any person request to speak with, or interview, or from whom you request information, you must produce your 'Instrument of Appointment'.

- g. You are authorised to make copies of, and take extracts from, any document within HSQ's / Department of Health's possession that is relevant to the matters you have been asked to report on under Section 1 of this ToR.
- h. You must maintain the confidentiality of the investigation and all information provided and acquired in the course of the investigation is to be treated as confidential.
- i. As a minimum, you are to offer to meet with and interview all medical officers of CFMU Brisbane and CFMU Southport.

5. Investigation (Review) Report

- j. At the conclusion of the investigation, please provide a Report of information to the Chief Executive Officer, HSQ, in writing.
- k. The Report should:
 - include a summary of information relied upon by to make recommendations in respect of each as listed under Section 1of this ToR
 - any other relevant aspects identified by you while undertaking the review
- l. The final Report must be submitted on a date as advised by the General Manager, Community and Scientific Support after receipt and review of the draft report.

6. Terms

- m. Your professional rate for services including expert opinion, drafting of a report and recommendations, administrative actions and time, travel (including airfares and taxi fares), accommodation and meals and reasonable out of pocket expenses is agreed up to \$50,000.00 (plus GST).
- n. A final invoice for services is to be provided with the submission of the final Report. An itemised account/invoice is to be provided to enable payment.
- o. Other unforeseen, out of pocket expenses reasonably incurred in the undertaking of the investigation will be reimbursed by HSQ, when prior approval has been given, at cost.
- p. If at any time during the course of the investigation and drafting the Report, it is anticipated the cost to differ from what is initially advised and agreed, please contact the General Manager, Community and Scientific Support to discuss and for facilitation of approval.

7. Media

While it is not anticipated, but should you be approached by a representative of the media, you are to make no comment but are to refer the media representative to the Media Unit, Integrated Communications, Department of Health on news.health.qld.gov.au. You must also immediately contact the General Manager,

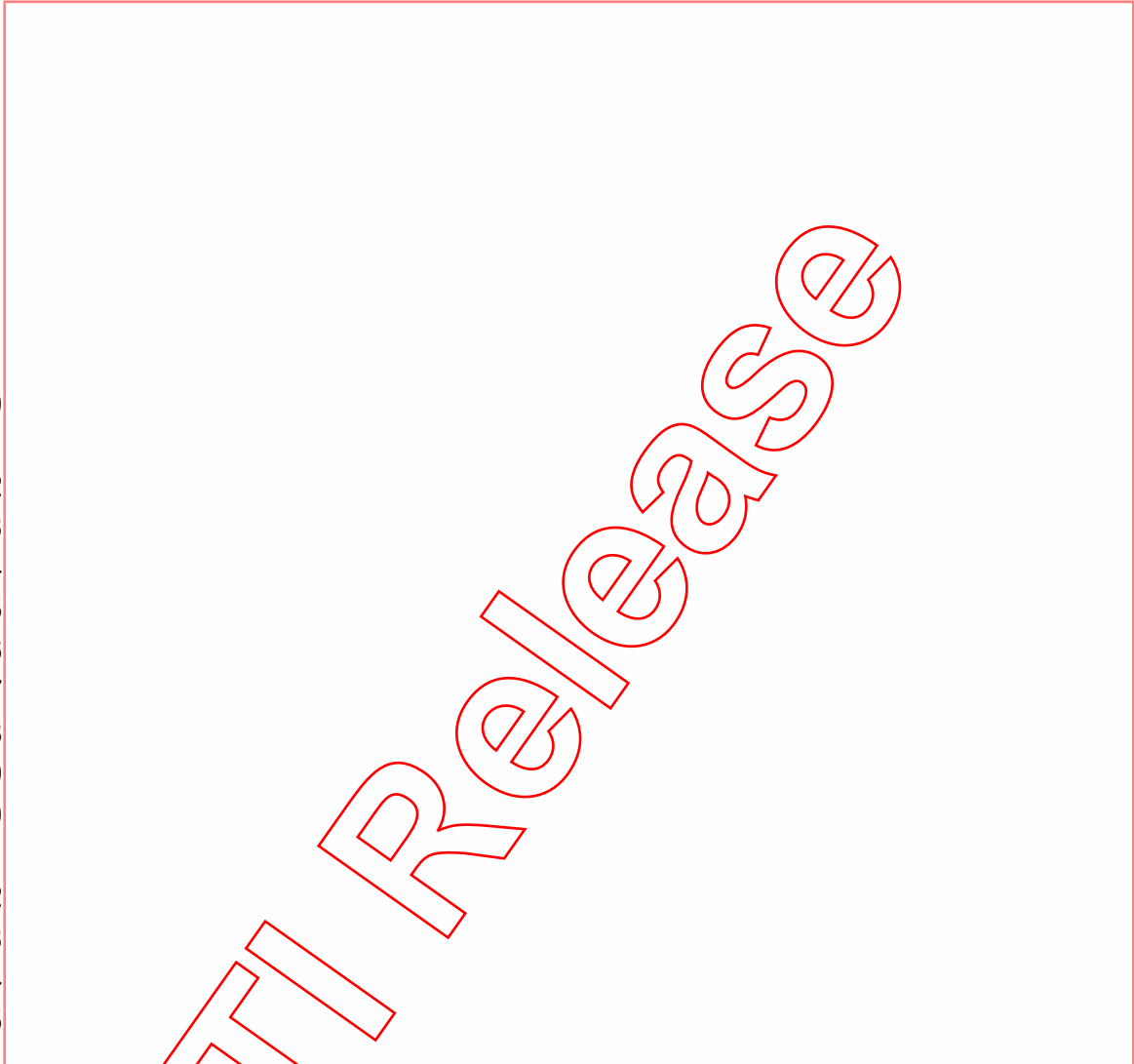
../.|.....
 Mr Stuart Rddney
 AI Chief Executive
 Health Support Queensland
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CONSULTATIONS

Discussions were conducted with the following individuals:

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CFMU Queensland Staff and Contact List

BRISBANE DOCTORS

PHONE: 07 34055755

(3x1.0FTE and 5x0.5FTE)

--	--

BRISBANE NURSES (3x1.0FTE)

Phone: 07 3405 5755

--	--

BRISBANE ADMIN STAFF

Phone: 07 3405 5755

(2x0.8FTE and 1x0.4FTE)

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SOUTHPORT DOCTORS (3x1.0FTE and 1x0.1FTE)	PHONE: 07 5509 7270
SOUTHPORT ADMIN (1.0FTE)	PHONE: 07 5509 7270
TOWNSVILLE NURSES (2x 0.5FTE)	PHONE: 07 4433 2360
TOWNSVILLE ADMIN (2x0.5FTE)	PHONE: 07 4433 2360

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July Dashboard – Clinical Forensic Medicine Unit

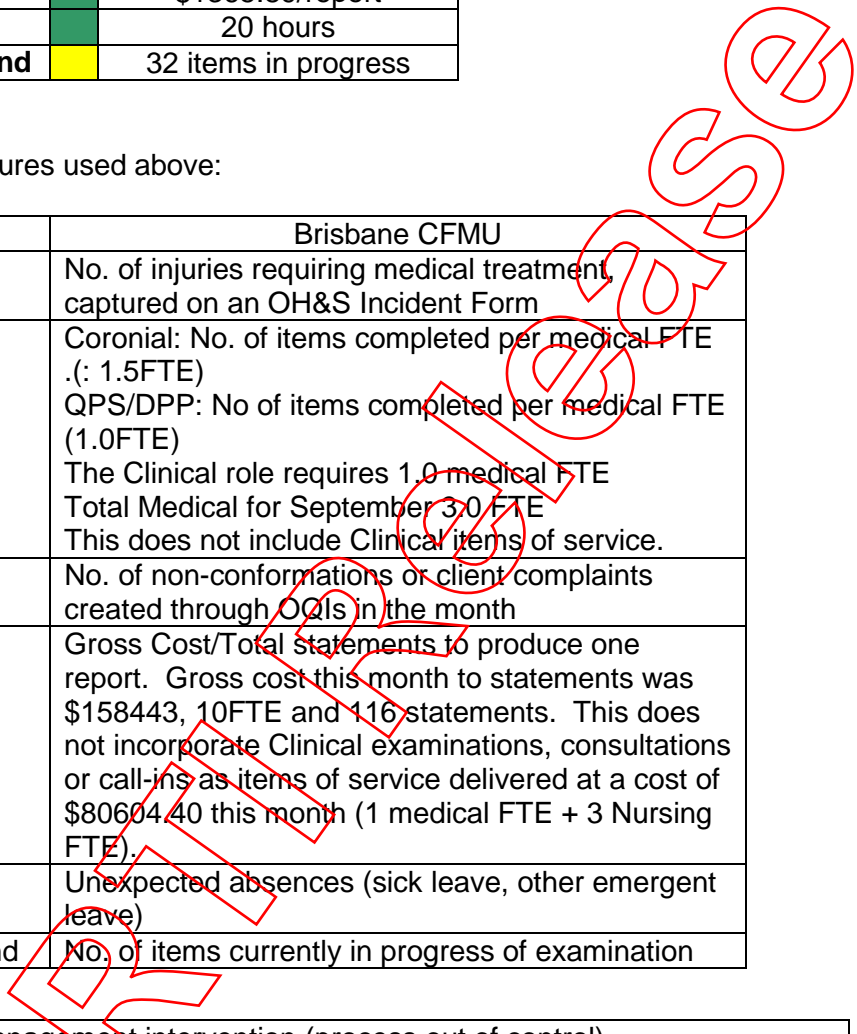
Prepared by: Dr Adam Griffin, Director

Safety		0
Productivity		Coronial: 47/medicalFTE QPS/ODPP: 30/medicalFTE
Quality		0
Cost		\$1365.89/report
Reliability		20 hours
Supply/Demand		32 items in progress

Detail of measures used above:

	Brisbane CFMU
Safety	No. of injuries requiring medical treatment, captured on an OH&S Incident Form
Productivity	Coronial: No. of items completed per medical FTE .: (1.5FTE) QPS/DPP: No of items completed per medical FTE (1.0FTE) The Clinical role requires 1.0 medical FTE Total Medical for September 3.0 FTE This does not include Clinical items of service.
Quality	No. of non-conformations or client complaints created through OQIs in the month
Cost	Gross Cost/Total statements to produce one report. Gross cost this month to statements was \$158443, 10FTE and 116 statements. This does not incorporate Clinical examinations, consultations or call-ins as items of service delivered at a cost of \$80604.40 this month (1 medical FTE + 3 Nursing FTE).
Reliability	Unexpected absences (sick leave, other emergent leave)
Supply/Demand	No. of items currently in progress of examination

	Needs management intervention (process out of control)
	Under close review (process in control but not meeting capability targets)
	No review required (process in control and meeting capability targets)





August Dashboard – Clinical Forensic Medicine Unit

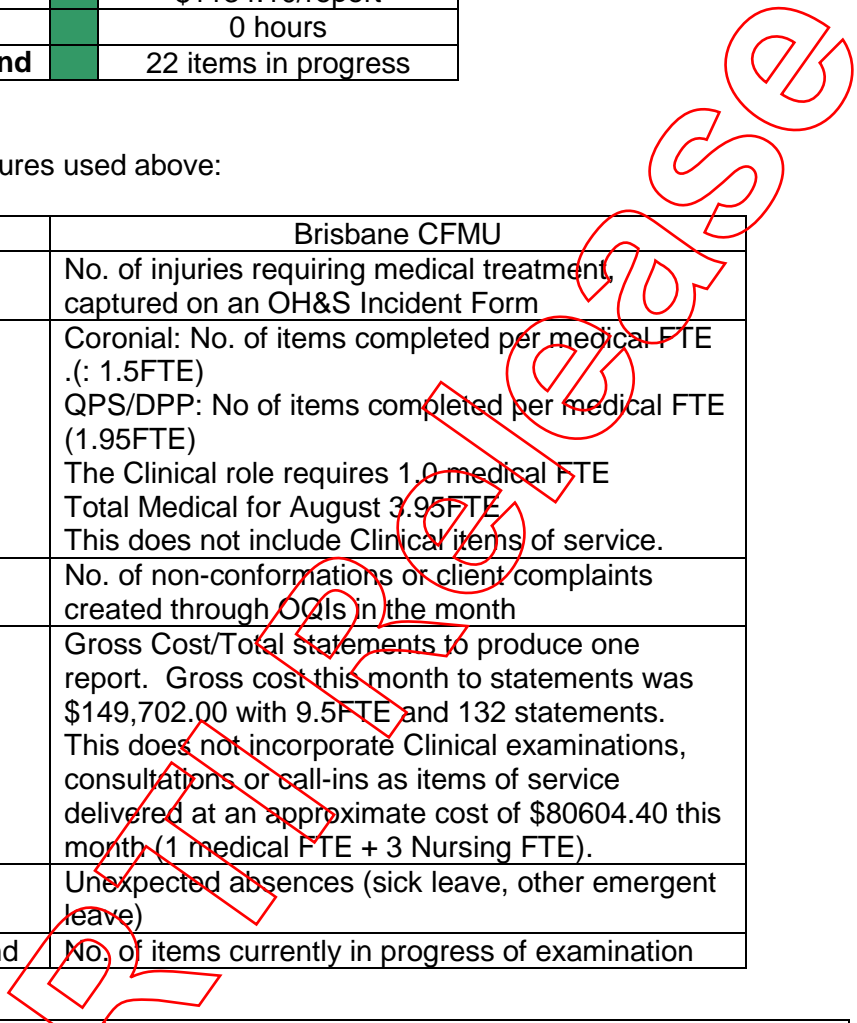
Prepared by: Dr Adam Griffin, Director

Safety		0
Productivity		Coronial: 53/medicalFTE QPS/ODPP: 27/medicalFTE
Quality		0
Cost		\$1134.10/report
Reliability		0 hours
Supply/Demand		22 items in progress

Detail of measures used above:

	Brisbane CFMU
Safety	No. of injuries requiring medical treatment, captured on an OH&S Incident Form
Productivity	Coronial: No. of items completed per medical FTE .: (1.5FTE) QPS/DPP: No of items completed per medical FTE (1.95FTE) The Clinical role requires 1.0 medical FTE Total Medical for August 3.95FTE This does not include Clinical items of service.
Quality	No. of non-conformations or client complaints created through OQIs in the month
Cost	Gross Cost/Total statements to produce one report. Gross cost this month to statements was \$149,702.00 with 9.5FTE and 132 statements. This does not incorporate Clinical examinations, consultations or call-ins as items of service delivered at an approximate cost of \$80604.40 this month (1 medical FTE + 3 Nursing FTE).
Reliability	Unexpected absences (sick leave, other emergent leave)
Supply/Demand	No. of items currently in progress of examination

	Needs management intervention (process out of control)
	Under close review (process in control but not meeting capability targets)
	No review required (process in control and meeting capability targets)





October Dashboard – Clinical Forensic Medicine Unit

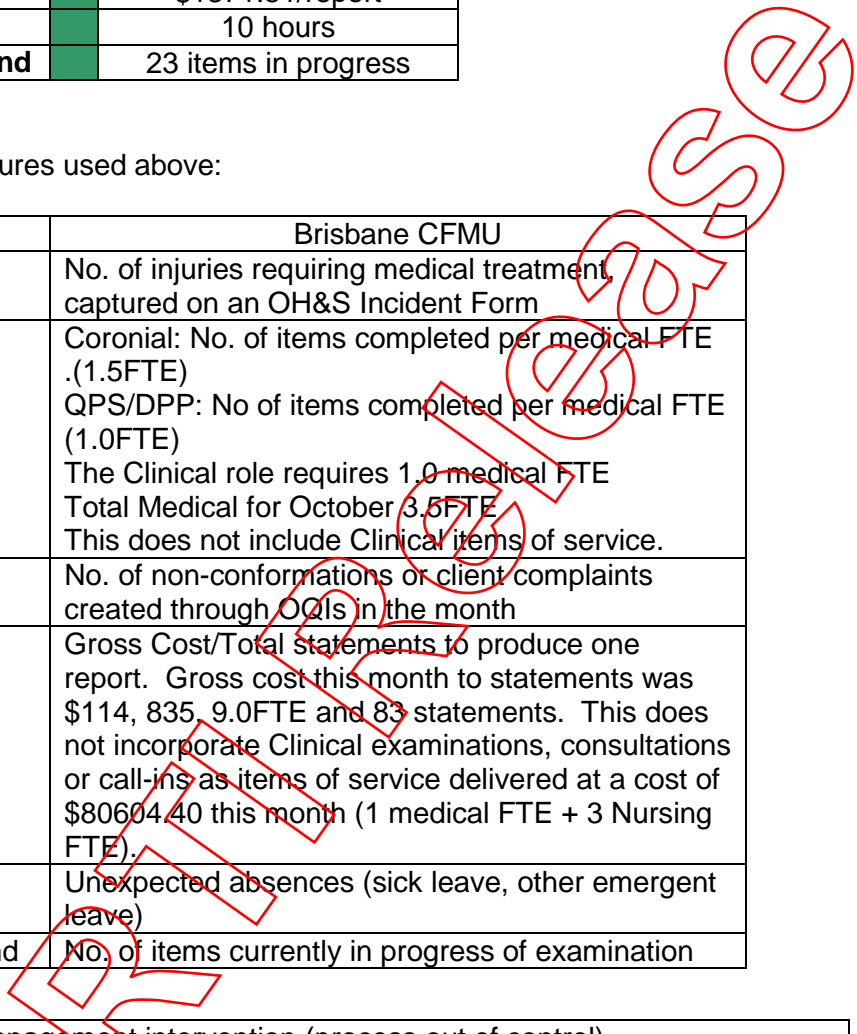
Prepared by: Dr Adam Griffin, Director

Safety		0
Productivity		Coronial: 28/medicalFTE QPS/ODPP: 41/medicalFTE
Quality		0
Cost		\$1371.51/report
Reliability		10 hours
Supply/Demand		23 items in progress

Detail of measures used above:

	Brisbane CFMU
Safety	No. of injuries requiring medical treatment, captured on an OH&S Incident Form
Productivity	Coronial: No. of items completed per medical FTE (1.5FTE) QPS/DPP: No of items completed per medical FTE (1.0FTE) The Clinical role requires 1.0 medical FTE Total Medical for October 3.5FTE This does not include Clinical items of service.
Quality	No. of non-conformations or client complaints created through OQIs in the month
Cost	Gross Cost/Total statements to produce one report. Gross cost this month to statements was \$114, 835. 9.0FTE and 83 statements. This does not incorporate Clinical examinations, consultations or call-ins as items of service delivered at a cost of \$80604.40 this month (1 medical FTE + 3 Nursing FTE).
Reliability	Unexpected absences (sick leave, other emergent leave)
Supply/Demand	No. of items currently in progress of examination

	Needs management intervention (process out of control)
	Under close review (process in control but not meeting capability targets)
	No review required (process in control and meeting capability targets)



**Review of
Clinical Forensic Medical
Services
(Health Support Queensland)**

RTI Release

DAVID WELLS

FEBRUARY 2016

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1.0 SUMMARY

From humble and at times troubled beginnings (post-Fitzgerald enquiry), the Clinical Forensic Medical Unit (CFMU) has developed into an organisation of national standing. Much is owed to the past and current incumbents for these developments.

Like a number of health services, it has grown in a somewhat topsy-turvy fashion over recent years: developments and new services driven by the whim of the office or stakeholders. Critically, many of the throughputs are uncapped (e.g. prisoner numbers, Coronial files) and the CFMU has struggled to deliver in the face of increasing demand on its services. Interestingly there has been no attempt (perhaps through the goodwill of the office or the HSQ) to reign in these services or explore service agreements that could produce income for the office.

Observations and stakeholder feedback of the CFMU services are overwhelmingly positive. Notwithstanding this, it is an opportune time to address some deficiencies, tackle a problematic component and create a blueprint for future service delivery.

Building on the strong foundations that exist, there is a realistic opportunity to further develop a functional, professional and enduring service. Progress on this path will expose a number of challenges including:

- the shedding of non-core business;
- an amalgamation of the clinical and pathology/toxicology services;
- creation of a new management or over-sighting structure;
- development of formal links with a higher education provider and
- utilising the expertise of a small number of practitioners to deliver and monitor state-wide services.

Such changes will not be costly but will improve the efficiency and economy of the service and will address the majority of concerns identified in this review. More critically, it will enhance the delivery of a high quality medico-legal service for the Queensland community.

1.1 RECOMMENDATIONS

1. Responsibility for delivery of prisoner health services is removed from CFMU.
2. Use of the GMO network be replaced by forensically trained medical practitioners and nurses contracted and over-sighted by the CFMU, to provide a range of clinical forensic services.
3. The CFMU develop and market a range of awareness and training programs aimed at elements of the medical and legal professions.
4. The CFMU progress strategies to develop projects and research activities.
5. The CFMU develop and implement a comprehensive and robust quality assurance program incorporating all services and practitioners.
6. All medical practitioners employed by the CFMU apply for admission to the RCPA.
7. The CFMU be funded to appoint a senior office manager.
8. The Director CFMU, creates formal links with a range of nursing and medical professional groups such that training rotations can be developed.
9. A review of medical staffing numbers at the Brisbane CFMU be conducted after the actioning of other recommendations that might impact on workload (E.G. Watch-house services, Southport services etc).
10. HSQ retain an IT expert to introduce a secure, accessible and functional records and data storage process.
11. The Director commences discussions with a university medical faculty with the aim of developing an academic unit within the CFMU.
12. HSQ develop Service Level Agreements with the CFMU clients - in particular, police, the Coroner and the Office of Public Prosecutions.
13. HSQ to review current arrangements and explore better ways for CFMU and forensic pathology and toxicology services to work together to improve collaboration and to strengthen outputs. This will support the ultimate aim of a single institute model.
14. HSQ expedite intervention to resolve service delivery issues at the CFMU Southport.

1.2 BACKGROUND

In November 2015, Health Support Queensland (Department of Health) requested a review of its Clinical Forensic Medicine Unit and in particular, the current services of the Unit and a recommendation of a model of future service provision.

This report has been prepared for the Chief Executive Officer, Health Support Queensland.

In accordance with the Hospital and Health Boards Act 2011, the Chief Executive Officer, after considering the report, may take the action he or she considers appropriate. This includes referring the report to other officers to consider and/ or implement the recommendations within the report.

Disclaimer and Limitations

I am reliant on information provided during this review.

I have not performed a formal audit on all the data provided but have cross-checked much of the information where that was feasible. Whilst I have attempted to verify the accuracy of the information reported, it is possible that some errors could have occurred in the recording or transcription of this information. I would be happy to have this drawn to my attention and revise where required.

Some written material (reports, statistical data, position descriptions and emails) was provided. When this material is referred to, it is acknowledged in a footnote.

All of this written material has been retained and can be accessed from the author. This material will be held for 3 months from the date of submission of this report and will then be disposed of in a secure fashion.

RTI REQUEST

1.3 OBJECTIVES

The parameters of the Review (APPENDIX A)¹ were defined as:

1. Examine the current arrangements for the provision and management of statewide clinical forensic medicine services including:
 - a. The location and user base of current resources; and
 - b. Quality assurance including clinical benchmarking and controls assurance; and
2. Consider trends and anticipated future demand for clinical forensic medicine services in Queensland; and
3. Identify developments/drivers for change that may impact on services in the future, including technical, clinical and ICT developments; and
4. Identify human resource issues (staffing) impacting on services, including vacancies, changing work patterns, training, career progression, continual professional development and skill mix issues, and fatigue management; and
5. Comment on the overall provision, effectiveness, efficiency and economy of CFMU, taking into account the need for state-wide service provision, appropriate benchmarking information and other relevant measures; and
6. Recommend a model for the future provision of clinical forensic medicine services.

The terms of reference also stipulated a requirement to report any other relevant aspects identified whilst undertaking the review; service weaknesses and/or risks etc

Report structure

This report will not provide a detailed reiteration of the history, structure or function of the CFMU; this is known to the requesting agency and much of this is readily accessible in a range of documents held by the CFMU². The report will however explore and comment on a range of services, other activities, personnel, structures and relationships pertinent to the review and to the development of a new service model.

¹ Department of Health, Health Support Queensland. Terms of Reference.

² For instance see - CFMU-Strategic Business Plan. January 2015 - December 2020.

1.4 FINDINGS and COMMENTS

The CFMU is a component of Forensic and Scientific Services (FSS), which reports to the Health Support Queensland (HSQ), a component of the Queensland Department of Health. Somewhat paradoxically, the majority of CFMU services are provided to other Government departments and agencies; police, OPP and Coroners.

The Brisbane CFMU provides a comprehensive range of forensic services. These include cases of interpersonal violence, custodial medicine and clinical toxicology. The Southport office is largely confined to custodial medicine with a small contribution to other types of cases.

The chief clients of these services are the Queensland police, the Office of Public Prosecutions and the State Coroner. Both the Office of Public Prosecutions and the Coroner have been forthright in their praise of the services provided by the CFMU; both offices praise CFMU for the expertise in the delivery of a timely and robust service. However both Offices noted variously that:

- The human resources of the CFMU were stretched in the delivery of expanding workloads;
- Not all of the CFMU practitioners had the same level of expertise as the Director;
- There was a sometimes inappropriate use of the CFMU service by the courts.

What follows are some comments on a range of services provided activities undertaken, by the CFMU.

RTI RELEASE

2.0 WATCH HOUSE

The provision of health services to prisoners in police custody has been provided by the GMO for many decades. This role continued when the GMO office evolved into the CFMU in 2004.

Prisoner numbers in the Watch-houses have risen steadily in recent years. More arrests, longer stays and slower transits combined with the increasing complexity of the health problems (e.g. drugs, chronic diseases) have stretched the CFMU capacity to deliver such a health service.

Why is forensic medical service providing this general health care to prisoners? Might there be a more appropriate service provider?

Arguments for retaining the Watch-house health services within CFMU:

1. Service delivery infrastructure is currently in place. This includes medical practitioners/nurses at Brisbane, Southport Cairns and Townsville and the GMO network in some other regional centres.
2. The system appears to be working well in Brisbane and Southport albeit largely at the expense of forensic medical services in the latter location.

Arguments for removing the Watch-house service delivery from the CFMU:

1. Delivery of health services to prisoners is an increasingly specialised service to some of the more marginalised and challenging members of the community. It warrants a dedicated health service rather than one whose primary field of endeavour is in another specialty.
2. Health services to prisoners are fragmented within and between service providers. Currently an individual who enters police custody could be managed by hospital staff, CFMU, drug and alcohol services, mental health liaison services and the prisoner health service. Communications, record systems, consistency and quality of care are all compromised in this process.
3. In all other Australian states, prisoner health services are provided by organisations independent of the forensic service; in some states (e.g. Victoria) the transition occurred more recently and successfully.
4. The current model is unsustainable. Watch-house populations have risen steadily in recent years and with this rise a progressively greater need for health services. The CFMU capacity to deliver in the setting has already been reached.
5. Transferring the health service to a dedicated service provider would free the forensic service to expand their forensic medical program into fields more appropriate to the practitioner skills and potentially provide benefits to the wider community. (See The Future.)

Transferring the Watch-house service to a new provider should not be regarded as a quick fix but rather a long-term investment in a critically important health service. The current services are inappropriate, fragmented, expensive (the Southport office alone has a budget of greater than \$1.5 million and most of its activities centre on prisoner health) and outdated. There are a number of interstate models that could be explored.

Recommendation: Responsibility for the delivery of prisoner health services is removed from CFMU.

RTI Release

2.1 GMO NETWORK

Government medical officers (GMO) are medical practitioners utilised by HSQ to provide a range of health services in Queensland. The Director of the CFMU (in conjunction with HSQ) is responsible for assessing their appointment and recommending their range of duties through a 'scope of practice' assessment. The Director of the CFMU has ongoing responsibility for training, support and credentialing.

The number of appointed GMOs has declined significantly over the last decade; from approximately 160 to currently 46. The reasons for the decline are multiple:

- removal of some of the GMO roles (e.g. occupational health assessments, post-mortems);
- Resistance by GMOs to the scope of practice and credentialing process;
- the small workload (and corresponding remuneration) not being seen as a sufficient incentive to undergo the significant training required;
- The nature of the work and in particular the after hours and court commitments.

The decline of interest and involvement is not unique to Queensland; it has been mirrored in other States. In addition to the decline in GMO numbers other issues are identified:

- an ageing workforce-the majority of GMOs are approaching retirement age;
- their role is not covered during periods of leave or other absences;
- the contractual and service relationships are fragmented and potentially problematic-appointed by HSQ, contracted and paid by Queensland police and monitored by CFMU;
- It is generally accepted that forensic service provision should be independent of police. Here however practitioners may be nominated by police to be a GMO and paid a fee for service by the police for their services;
- there is no obligation for GMO is to subject their activities (e.g. reports) for scrutiny or quality assurance – less than 50% of statements are subjected to review;
- The re-credentialing process (required triennially) is essentially a rubberstamp exercise with no review of case numbers, service quality, complaints, timeliness or continuing education involvement.

There is a pressing need to overhaul the GMO service. What is required instead, is a small group of forensically trained and appointed medical practitioners and perhaps nurse examiners who are able to deliver a limited range of services in regional centres.

Ideally there would be at least two forensically trained practitioners in all major regional centres. Their role would be to deliver some forensic medical (nursing) services for which they have been specifically trained (e.g. sexual assault examinations, cases of interpersonal violence, fitness for interview, traffic medicine cases, external inspections of deceased et cetera). In all cases they should have the skills required to document or findings (notes, photography) and be able to seek advice from a senior on-call.

These practitioners:

- should be appointed, contracted and over sighted by the Brisbane CFMU;
- Undergo training as specified by the Director, CFMU. This would be specific to the range of services to be delivered³;
- participate in continuing forensic medical education;
- be obliged to participate in all quality assurance activities initiated by the Director;
- electronically lodge data for every case (identity, date, case type, reports etc) and a copy of their notes and reports with the Brisbane CFMU;
- receive a remuneration (retainer/on-call and fee-for-service) that adequately reflects the nature and complexity of their service;
- Be able to access 24-hour advice and support from the Brisbane CFMU.

Recommendation: Use of the GMO network be replaced by forensically trained medical practitioners and nurses contracted and oversighted by the CFMU, to provide a range of clinical forensic services.

³Such training could be delivered in house by the CFMU or could be delivered through a University based forensic program.

2.3 QUALITY ASSURANCE

Quality assurance (QA) practices underpin the delivery of quality forensic medical services. There are some quality assurance practices occurring in the CFMU; peer review of some statements. Notwithstanding this, quality assurance practices need to be prioritised and acknowledged as a 'front and centre activity' of the office.

There are a range of QA programs that can and have been applied to forensic medical practice. These can be accessed from other forensic medical units or in a modified form from the practices of other specialty fields. QA practices are time-consuming, often laborious and repetitive but if poorly performed or absent are markers of a poor (or worse) service.

Examples of quality assurance practices might include (and these could be random, targeted or applied to some or all of) the following activities:

- reviews of medical notes and photographs;
- reviews of statements prior to submission;
- monitoring of court performances;
- timeliness of responses and outputs;
- Appropriateness and quality of specimens collected.

Such practices should be applied to all practitioners both within and outside the Brisbane CFMU. Reviews can be performed internally or benchmarked against an external service.

Recommendation. The CFMU develop and implement a comprehensive and robust quality assurance program incorporating all services and practitioners.

RTI REQUESTS

2.4 RESEARCH

Research informs practice. Without it we would be doomed to continue the same thinking and practices performed by our predecessors.

Traditionally research has been a low priority of forensic medical services internationally. Perhaps because of heavy caseloads, after hour's commitments, lack of research skills and absence of support staff, it has been the last cab off the rank.

It is possible that this situation will continue in the CFMU for the immediate future as there are a number of other more critical activities. Nevertheless if each practitioner committed to undertake 1-2 projects or research activities each year, the outputs would follow.

This activity could be assisted by:

- developing the research skills of one or more of the practitioners-in biostatistics, research methodology, epidemiology etc;
- collaborating with other health or higher education centres to undertake joint projects;
- seeking to understand the (say) three main issues that might better inform practice in this field;
- commencing a journal club;
- Exploring research outputs and related activities of other similar organisations and how this was achieved.

Recommendation. The CFMU progress strategies to develop projects and research activities.

RTI Review

2.5 PROFESSIONAL DEVELOPMENT

This is one of the notably strong suits of the CFMU. Every medical practitioner has obtained (or is studying for) their Master of Forensic Medicine; a task involving considerable study and commitment.

Members of the office regularly attend and participate in a range of other professional activities locally, nationally and internationally. They have a high profile nationally.

Further, members of the office have been active supporters and participants of the two professional bodies in the field; The Australian College of Legal Medicine and the Royal College of Pathologists of Australia (CFM). Of these two organisations, the latter offers particular gains for practitioners of forensic medicine. In particular, the likelihood of specialist recognition and the alignment to a long-standing Royal College and all that such an organisation station has to offer (in particular, Continuing Medical Education).

Additionally, alignment with the College offers a career pathway for potential recruits to the CFMU and allows it to compete on an even footing with the other specialities in this regard.

Recommendation. All medical practitioners employed by the CFMU apply for admission to the RCPA.

RTI Release

2.6 HUMAN RESOURCES

The Brisbane office consists of a Director, two other full time medical practitioners and five 0.5 FTE medical practitioners (one of who is located in Cairns). Additionally there are three full-time nurses and currently three administrative staff (2 FTE). The Southport office currently has 3.1 FTE medical staff and one FTE administrative person. There are two nurses (one FTE) working in Townsville supported by two administrative staff (1 FTE).

I am not in a position to comment on the quality or appropriateness of activities performed by the administrative staff at Brisbane or other locations.

Currently, the Director (and to a lesser degree the other medical practitioners) is spending a considerable amount of time undertaking a range of administrative tasks. There is a strong argument to employ a senior office manager⁴ whose roles might include:

1. Manage all aspects of the business operations and ensure effective performance and compliance with government regulations.
2. Manage improvements to policies, procedures and plans that enhance operational effectiveness, mitigate risk and support delivery of services.
3. Develop and implement strategies to support the operations of the regional service.
4. Provide financial, budgetary and risk management advice to the Director.
5. Manage data including data for KPIs, annual report and other reporting requirements.
6. Represent the CFMU in its interactions with major external stakeholders.
7. Ensure all activities of the CFMU comply with legal requirements, ethical standards and OH&S requirements and that potential risks are identified and managed.

Further, the incumbent could play a significant role in the administrative management of a new state-wide network of practitioners. Such an appointment would allow the Director to focus on his field of expertise.

The workload of the Brisbane office (comments on the Southport office are considered elsewhere in this document) appears appropriate for the current number of appointees in nursing and administration.

The workload of the medical practitioners was generally described as excessive. The current caseload demands are unlikely to be sustainable and need to be addressed by either a reduction in workload or an increase in the number of practitioners. It is unlikely that a number of the recommendations made in this report (for instance quality assurance programs, teaching and research activities, over-sighting of a rural network of service providers etc) can be achieved unless the medical practitioner workload is addressed. A re-allocation of Southport staff might be an alternative pathway to this end.

⁴ I am informed that an office manager position existed until about 4 years ago and it was abolished for 'budgetary reasons'.

The longevity of the service requires the injection of new practitioners; medical and nursing. Whilst the selection of such individuals is appropriately the role of the Director, there is a pressing need to ensure that there is access to a pool of enthusiastic, trained (or in training) and competent individuals. The likely natural attrition within the Brisbane and Southport offices in the near future combined with the proposal to develop a network of forensically trained part-time practitioners, demand that this be a priority.

Raising the profile of the office, developing formal links with the professional colleges (Colleges of Emergency Medicine, General Practice and Nursing), creation of placement positions or registrar rotations⁵ are useful methods of exposing employer and potential employee to each other.

If the development of regional service providers (see GMO network) does occur, then consideration should be given to providing some short-term administrative support and to making one of the Brisbane practitioners responsible for oversight in the training and managing of the network.

Recommendation. The CFMU be funded to appoint a senior office manager.

Recommendation. The Director develops formal links with a range of nursing and medical professional groups such that training rotations can be developed.

Recommendation. A review of medical staffing numbers at the Brisbane CFMU be conducted after the actioning of other recommendations that might impact on workload (E.G. Watch-house services, Southport services etc)

⁵ In Victoria the development of accredited training positions at the Forensic Institute, in conjunction with the Australian College of Emergency Medicine, the Royal Australian College of General Practitioners, the Royal College of pathologists of Australasia, the Chapter of Sexual Health (RA CP), has been a rich source of personnel both short and long term.

2.7 DATA AND RECORDS

The CFMU holds records of all the clinical interactions that are conducted by members of the unit across the state. Regional service providers fax or send their records to the Brisbane office. All records are scanned. Digital records are maintained in the Brisbane office and or hard copies are initially stored at that office for three years and then sent off site to a secure storage facility. Records can only be accessed by authorised personnel.

Currently there is no capacity for regional centres to send their records digitally to Brisbane. Further, regional centres cannot interrogate the data system to check for a patient's past contact with the CFMU. There is no centralised database.

There is a need to develop a streamlined, accessible, integrated and secure records system. Further, the absence of a database impacts on the ability to perform research activities and audits.

Recommendation. HSQ retain an IT expert to introduce a secure, accessible and functional records and data storage process.

RTI Release

2.8 STAKEHOLDER RELATIONSHIPS

The provision a medico-legal service requires the development of a somewhat unique relationship with clients and other providers. On one hand dependence on service requests from the agency (e.g. police, Coroner) and on the other, a necessity of independence from that agency.

A further factor in Queensland is that no formal service arrangements appear to exist between the CFMU (or HSQ) and the agencies that utilise their services; service level agreements, agreed KPI's or payment for services. This impacts on relationships, communications, expectations, service quality and growth and increasingly apparent, service capacity. This situation needs to be addressed.

Two other critically important relationships warrant mention, the forensic pathology service and higher education organisations.

Forensic pathology service.

There is a natural synergy between the forensic pathology and forensic medicine services. Each is the lead agency for the delivery of medico-legal services to the living (CFMU) and deceased (forensic pathology). Further there is a range of similar activities (examinations, court attendance) outputs, ethical boundaries, client relationships, teaching and research programs, quality assurance etc

It is difficult to identify a tangible reason why the two services should not be amalgamated into a single entity. No resistance to such an amalgamation was identified by the stakeholders or service providers spoken to. Further, the joining of forensic medicine and pathology services in Victoria (in 1995) has by all measures, been a resounding success.

The benefits of such a merger might include:

- Integration of service delivery in individual cases; e.g.' victim' and suspect examinations;
- complimentary services in non-clinical fields, in particular teaching and research;
- development of a collegiate and professional relationship across the disciplines;
- Individual and joint QA programs;
- Interactions with toxicology services;
- Joint access to library, IT and other support services;
- Shared administrative staff with the potential for financial savings;

Undoubtedly there would be a number of issues that would need to be addressed. These might include the:

- Type of services and the parameters of those services to be delivered by the individual components of the new service;

- Potential for the CFMU (a relatively small service) to be lost within a much larger organisation whose core business is forensic pathology;
- Location of the service. The benefits of co-location would need to be balanced against the loss of a central Brisbane location. A move to Coopers Plains would need to address the issue of attendance at the Brisbane watch-house (if the watch-house service was to be retained by the CFMU) and attendance at Brisbane hospitals. Further, appropriate space would need to be obtained at the Logan facility.

The potential benefits of a merger of the two services clearly outweigh any relatively minor impediments. Arguably, if the CFMU did not join forces with the forensic pathology and toxicology service, it is quite feasible that it will find itself marginalised academically, professionally and financially in the foreseeable future.

Higher education organisations.

Some initial contact with the University of Queensland has been made but an association between the CFMU and University has not yet been developed. A formal link with the University is of considerable mutual benefit. This might include:

- Delivery of teaching programs to undergraduate medical students. It is difficult to accept that in the 21st century, students are not receiving instruction on a range of medico-legal issues applicable to interpersonal violence, premature death, clinical toxicology etc. This is most appropriately provided by practitioners with experience in this field.
- Student placements (electives, Honours) within the CFMU to undertake projects or research.

Such an association exposes the undergraduate student to potential career pathways in clinical forensic medicine. Further academic association and appointment enhances the development of research programs. Similar associations within the faculties of science, nursing and law would also be of benefit.

Recommendation: HSQ develop Service Level Agreements with the CFMU clients in particular, police, the Coroner and the Office of Public Prosecutions.

Recommendation: HSQ to review current arrangements and explore better ways for CFMU and forensic pathology and toxicology services to work together to improve collaboration and to strengthen outputs. This will support the ultimate aim of a single institute model.

Recommendation: The Director commences discussions with a university medical faculty with the aim of developing an academic unit within the CFMU.

2.9 THE FUTURE

If the recommendations (or a majority of them) made in this report are enacted, then the service will have a very different structure and function into the future. To recap the CFMU:

- Would be a component of a combined forensic service in Queensland consisting of the forensic pathology, forensic toxicology, forensics science and forensic medicine. This service would be over-sighted by a statutory authority would work together collaboratively to provide a holistic service to the Queensland community.
- Would consist of a small group of highly experienced specialist medical practitioners and nurses delivering and managing a 24-hour state-wide service. The services would be underpinned by a comprehensive quality assurance program.
- Services in regional Queensland would be delivered at a small number of centres staffed by 1-2 trained and experienced forensic personnel (medical practitioners or nurses) who have ready access and support from the specialists at the Brisbane office. All of these regional practitioners would be trained, monitored and credentialed to provide the services.
- Health practitioners at the Brisbane centre would be supported by a small team of administrative staff led by an office manager.
- Outputs, in addition to clinical services, would include teaching and research activities. There would be a comprehensive program of teaching to the medical, legal and nursing fraternities. Research projects and publications would provide an important source of information to the health and legal services and the wider community.
- Service provision would be expanded into other fields; the current workload having been reduced by the removal of watch-house services. These new services (and the existing services) would be fully funded by the client.

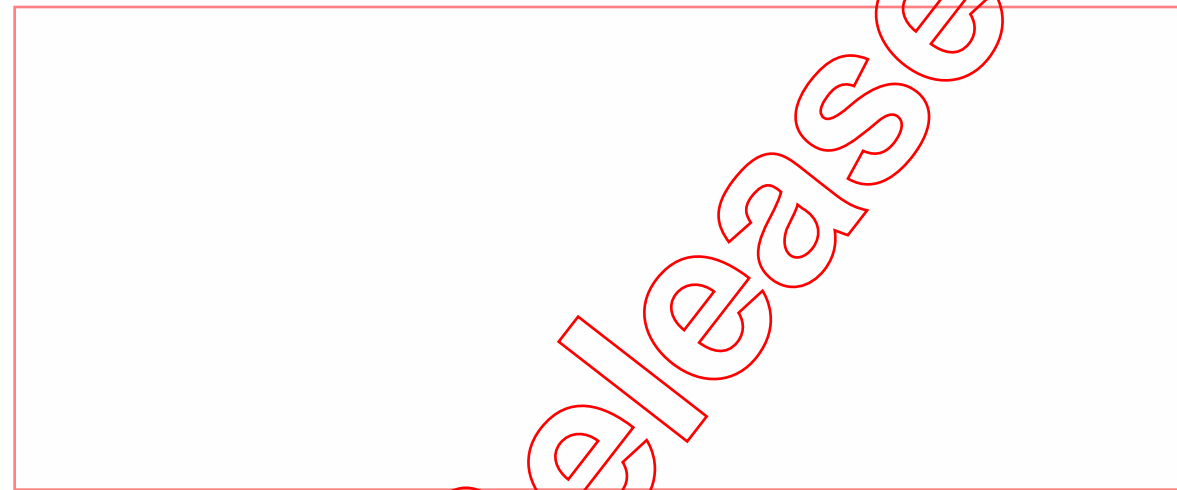
New Service	Client
Interpersonal violence	Police, hospitals, OPP
Expert opinions	Defence lawyers
Insurance reports (e.g. toxicology, injury)	Insurance companies, law firms
Fitness to drive	Driver licensing authorities


A particular argument can be made for involvement in cases of interpersonal violence. It is core forensic work, often poorly performed by other parties and it is an important service for both the courts and the communities.

2.10 CFMU - SOUTHPORT⁶

Within the Terms of Reference for this review, the following information regarding the CFMU Southport⁷ service was provided:

CFMU operates a statewide service with offices in Brisbane and Southport and service delivery is not integrated. CFMU Southport currently works independently and under a differing model of care/service to that of CFMU Brisbane. CFMU Southport has similar staffing and workload mix to that of CFMU Brisbane, however data analysis demonstrates that Southport CFMU productivity is significantly lower than CFMU Brisbane.



The CFMU Southport is the regional office of the Clinical Forensic Medical Unit for the South East region of Queensland. 



⁶ This section of the report (Southport specific services) was provided as an Interim Report to HSQ on the 25 January 2016.

⁷ The Clinical Forensic Medical Unit (CFMU) in Southport provides services to the South Eastern region of Queensland. The materials that have been accessed refer to the office as the Clinical Forensic Medicine Unit (SER) or the Southport Office. I will utilise the term CFMU Southport when referring to the office in this document.

2.11 OBSERVATIONS

1. The CFMU Southport has 4.1 full time equivalent (FTE) medical officer positions and 1FTE administrative position. One of the medical practitioners resigned late in 2015 and the position has not been filled.

2.

3.

4. I have had multiple contacts with the incumbents of the CFM Southport over many years. My interactions over this period lead me to believe that their clinical knowledge and skills are of a high order. Nothing I observed during my review challenges this belief.

Watch-house services

The work of the CFMU Southport is now almost exclusively telephone advice to nurses and police officers in the two Watch-houses: Southport and Beenleigh. Southport Watch-house has 72 beds making it the second largest in the state (Brisbane City has 84 beds).

Since July 2014⁹, nurses from the Gold Coast Hospital have been contracted by Queensland Police to provide Watch-house services. Initially 10 nurses were trained (by CFMU Southport staff) to provide this service but attrition has resulted in only four nurses remaining. The nurses work at the Watch-house 7 days a week from 0900-1700 hours. On call paramedics stay at the Watch-house on Friday and Saturday evenings (2200-0700 hours) and provide health advice to police over that period. Additionally, the Court Mental Health

⁸

⁹ Prior to the inception of this service, external agency community nurses provided this role. External agency nurses continue to provide this service at Beenleigh WH.

Liaison Officer and the Gold Coast Mental Health Unit provide some services to prisoners with mental health issues.

In addition to Watch-house services, the nurses undertake biological sampling procedures; Disease Transmission Orders (DTO) and Traffic toxicology samples. They do not perform assessments of sexual assault complainants.

Nurses and police at the Watch-House describe a constructive, beneficial professional relationship with the CFMU Southport staff.

The nurses and paramedics (and police in the absence of health personnel), call the CFMU Southport medical staff for advice on the management of prisoners. In recent months¹⁰ this service has consisted of an average of 743 telephone calls per month of which approx. two thirds occur in business hours and the remainder after hours. One of the staff recorded numbers of calls received in and after hours and the time spent on the calls. Over a 12-month period this averaged 145 in hours calls/month consuming 16.5 hours/month. The after hours figures were 51 calls/month and 7.1 hours/month.

It was unclear if there are fixed criteria for these calls but they appear to evolve around issues of medications, hospital transfers and active medical conditions. The nurse interviewed suggested that between 2-6 calls were made to the Southport staff each shift. I was able to view for the call registrar for the preceding month and this recorded 2.4 calls/shift. This is in contrast with the nearly 25 calls/day recorded by CFMU Southport staff. It is difficult to reconcile this ten fold variation but explanations might include failure of nurses to record calls, a large number of calls being made by non-nursing staff (e.g. police, paramedics) and calls from the Beenleigh Watch-house.

The presence of the nurses (and paramedics) has greatly reduced the need for the medical staff to attend the Watch-house: approximately one medical practitioner-prisoner consultation per month.

Other services

The other services currently provided by the CFMU Southport include¹¹:

- **Biological sampling.** This includes Forensic Procedure Orders (35), Traffic blood samples (14) and Disease Transmission Orders (37). A considerable number of these were performed by a nurse or by a nurse overseen by a medical practitioner.
- **Sexual assaults.** Complainants in cases of sexual assault were provided by a forensic medical service on 58 occasions.
- **Medico-legal statements**¹². This included Coronial Statements (Reports, [16] and Form 1A, [13]). Additionally, there were a further 102 statements provided to police or the Office of the Public Prosecutor.

¹⁰ The CFMU Southport statistics are drawn from data provided by that office. I have used the figures for the 6-month period June-November 2015.

¹¹ 2015 figures provided by CFMU Southport.

¹² [REDACTED], the Director transferred all new requests for statements to the Brisbane office, from mid 2015.

Quality assurance (QA)

QA practices are critical to the delivery of forensic medical services. Whilst these were undertaken in the recent past (both internally and jointly with the Brisbane office), such activities appear to have largely ceased within the CFMU Southport. There may be a number of explanations for this:

- QA is not seen as a priority of the service;
- Reduced staffing resulting in an inability to perform the activity;
- Tensions within the office;
- Removal of the key fields of service (e.g. opinion reports) that warrant QA practices.

The issue of QA within the wider CFMU service is addressed in the full report.

Professional Development

Every medical practitioner in the office has obtained his or her Masters of Forensic Medicine: perhaps a unique situation in Australia. Further, members of the office have been active in:

- Research including a PhD (a first in Australian CFM):
- Presentation at national and international professional meetings;
- Contributions to the newly developed professional body - RCPA;
- Publications of papers and case reports in forensic related journals.

These unique outputs are to be lauded. They may reflect a constructive use of allocated professional development time by an energetic and enquiring group of practitioners. Alternatively, it is possible that these activities have been undertaken at the expense of clinical service delivery or that balancing professional development and clinical service delivery have contributed to work stress and fatigue.

Teaching activities.

There were some ad hoc lectures to perhaps police, custodial nurses and hospital staff.

Administrative support

The CFMU Southport has one full-time administrative support position. Tasks allocated to this role include reception, filing, correspondence, data entry, and components of rostering and court appointment. Staff indicated that a greater level of administrative support was recalled for data collection, financials and stocking of supplies.

The issue of data collection (storage, security, consistency and access) and medical records (remote access and electronic storage) will be addressed in the full report.

2.12 COMMENTS

1. The delivery of Watch-house services¹³ in this region appears to run on a very different model than other locations in the state. Queensland Police contracts the nursing service; the nurses are employed by the Gold Coast Hospital and have clinical line responsibility to the CFMU Southport. Health services to prisoners in police custody are variously provided by nurses (Gold Coast Hospital), CFMU practitioners (HSQ), paramedics (Ambulance Service) and prisoner health practitioners (Hospital & Health Service Board). This lack of consistency within the CFM service and the multiplicity of health service providers creates difficulties at managerial level and increases the likelihood of disconnected health services to one of the most vulnerable populations in the community.
2. The quality of nursing and medical service delivery at the Southport Watch-house (and at Brisbane) appears to be of a high order. It should be acknowledged that the client population is a very difficult one and delivery of health services in the settings is particularly challenging.
3. Comparing activities in the Watch-houses at Brisbane and Southport is instructive (See table). The Brisbane Watch-house has 25% greater population and yet appears to provide a high quality health service using roughly half the amount of nursing hours. Further, there were 25% more hospital transfers at Southport: a procedure that is particularly resource intensive for police. Whilst I do not yet have access to the telephone consultation numbers (between nurses and doctors) in Brisbane, preliminary indications are that this is profoundly less in volume and time consumption than in Southport both in hours and after hours.

Comparison of Brisbane and Southport Watch-house activities¹⁴.

	BRISBANE WATCH-HOUSE	SOUTHPORT WATCH-HOUSE
PRISONER ARRIVALS 2015	14,241	11,373
HOSPITAL TRANSFERS¹⁵	173	228
NURSING PRESENCE/DAY (Hours)	4 hours	8 hours
PHONE CONSULTATIONS (nurse, paramedic, police) to doctor/month.	60-100	743
DOCTOR VISITS/MONTH	FIGURES AWAITED	1

¹³ Responsibility for Watch-house health service delivery will be addressed in the main report.

¹⁴ Figures obtained variously from watch-house staff and the Brisbane and Southport CFMU.

¹⁵ A prisoner is recorded as a 'temporary absence' in the QPRIME system when they are removed from the Watch-house and conveyed to hospital. (Rarely, such an absence may be recorded for a transfer to (and return) from Court.

4.

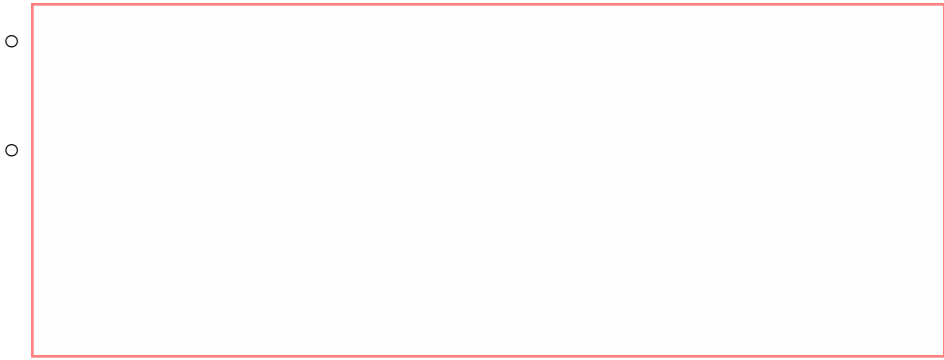
5. In Australia, it is acknowledged that the incidence of interpersonal violence and in particular, domestic violence, have reached epidemic proportions. The forensic assessment of domestic violence complainants may be a crucial element in the investigation and prosecution of such cases. Surprisingly this does not appear to be a service provided by the CFMU Southport: a missed opportunity to provide an appropriate and beneficial service to complainants, police and the courts.
6. The CFMU Southport continues to provide a number of services that could be more appropriately undertaken by other service providers. Addressing this will result in budget savings and a reduction in after-hours callouts. (See Table below.)

SERVICE	CASES/MONTH ¹⁶	PROPOSED SERVICE PROVIDER
Forensic Procedure Order ¹⁷	2-5	Watch-house Nurse
Death scene attendance	2-3	Forensic pathology service
Traffic blood samples	1-2	Emergency Department or Watch-house Nurse
Disease Transmission Order	3-4	Watch-house Nurse

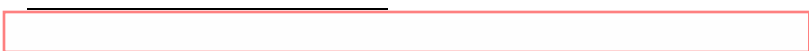
7. Objective assessment of work output can be problematic. Applicable to the current activity are:
- A dependence on the accuracy of self collected and reported data;
 - Differing work practices resulting in inconsistent amounts of time spent on similar activities;
 - Quality of the output;
 - Inexperienced practitioners taking considerably longer to perform an activity and requiring supervision - an activity that is often not knowledge within collected data.
 - Absence of data on turnaround times for reports.

¹⁶ Based on CFMU case numbers over the period June-November 2015.

¹⁷ Only a qualified Forensic Nurse Examiner can undertake this procedure. The current Southport Watch nurses do not have this qualification.



RTI Release



2.13 SUMMARY

The CFMU Southport service has become an increasingly isolated [redacted] component of the Queensland Clinical Forensic Medicine Unit. Resolution of this situation will only occur through direct action by Health Support Queensland (HSQ).

Over more than three years the CFMU Southport:

- Services have shrunk to an almost exclusively prisoner health service;
- [redacted]
- [redacted]
- [redacted]
- Has functioned as a disconnected element within the Queensland clinical forensic medical network;
- Work practices do not reflect the service model or work outputs delivered by the Brisbane office or other regional centres.

The service is currently functioning with only 50% of its service providers. [redacted]

2.14 OPTIONS

1. Closure of the CFMU Southport.

If the office were to be closed current services would need to be delivered by other providers. For instance:

- Watch-house services could either be:
 - Absorbed by staff at the Gold Coast Hospital. This would be largely confined to Emergency Department staff (registrars or nurse unit managers or nurse practitioners) taking phone calls from the duty Watch-house Nurse or more rarely, police. Or
 - All phone calls are directed to the Brisbane office.
- Watch-house Nurses take responsibility for biological sampling (e.g. Disease Transmission Orders, traffic offences).
- Brisbane CFMU staff provides a medical response to the small number of sexual assault cases with the location of the service delivery negotiated with the complainant, police and support personnel.

Implementing this option will require:

- Negotiations between HSQ and police and the Gold Coast Hospital.
- Development of agreed responses to service requests and an explanation to all service providers.
- Reassigning the medical and administrative staff to the Brisbane office (or possibly another area in the Health Department).

2. Implementation of Brisbane office work practices in Southport.

Under this option, the Director would implement work practices at the CFMU Southport office identical to those practised in the Brisbane office. All staff would be obliged to work to the same model across all services. For instance:

- Communication between the two offices occur at a frequency and means established by the Director;
- Consistent contact phone call criteria for Watch-house nurses;
- Same frequency of after hours on call;
- Similar numbers of opinion and Coronial files allocated to all staff and completed within established turnaround times;
- Participation in quality assurance programs and teaching;
- Consistency and transparency in data collection & medical records;

Previous attempts at intervention by the Director of CFMU and by HSQ have not succeeded and there can be no basis to believe that another attempt at conciliation could be successful. Decisions as to the type of intervention warranted sit with HSQ but delay or cosmetic changes will not assist either the Southport or Queensland services.

Recommendation: HSQ expedite intervention to resolve service delivery issues at the CFMU Southport.

RTI Release

TERMS OF REFERENCE**Department of Health, Health Support Queensland****Terms of Reference**

Appointed Investigator: Professor David Wells

File Number: HSSA/001421/ CFMU November 2015

Subject: Investigation (Review) of Clinical Forensic Medical Services Model in Queensland.

1. Purpose and scope

The purpose of the Investigation is to undertake a review to consider the current service delivery of Clinical Forensic Medical Unit (CFMU) and recommend a service model for sustainable, high quality, clinical forensic medicine services in Queensland along with any other matter as specified in this Terms of Reference (ToR).

The functions of a Health Service Investigator, as set out in section 189 of the *Hospital and Health Boards Act 2011*, include investigating and reporting on any matters relating to the management, administration or delivery of public sector health services.

The word to 'investigate' for this purpose has its normal meaning to indicate *examining or studying something* (e.g. to review).

Please include as part of your Investigation, and report on, the following:

1. Examine the current arrangements for the provision and management of state-wide clinical forensic medicine services including:
 - a. the location and user base of current resources; and
 - b. quality assurance including clinical benchmarking and controls assurance, and
2. Consider trends and anticipated future demand for clinical forensic medicine services in Queensland; and
3. Identify developments/drivers for change that may impact on services in the future, including technical, clinical and ICT developments; and
4. Identify human resource issues (staffing) impacting on services, including vacancies, changing work patterns, training, career progression, continual professional development and skill mix issues, and fatigue management; and
5. Comment on the overall provision, effectiveness, efficiency and economy of CFMU, taking into account the need for state-wide service provision, appropriate benchmarking information and other relevant measures; and
6. Recommend a model for the future provision of clinical forensic medicine services.

As the Investigator, you are to also report to the Chief Executive, HSEQ any other relevant aspects identified by you while undertaking the review and draft recommendations, including identified service weaknesses and/or risks, and recommend remedial, preventative or 'best practice' clinically sound or other action.

2. Background

The Clinical Forensic Medical Unit (CFMU) within Forensic and Scientific Services (FSS) treats victims and alleged perpetrators in criminal investigations.

Services include:

- collecting and interpreting medical evidence
- documenting and interpreting injuries
- providing same day advice to the Coroner on healthcare related deaths; and
- Expert evidence in Criminal and Coronial Courts.

Clinical forensic physicians also provide clinical advice and care to those detained by Police in watch houses across the State. CFMU provides all forensic examinations for sexual assault cases (victim and alleged offender); and attend crime and death scenes to provide medical advice. CFMU accredited General Practitioner Government Medical Officers can be used on a fee-for-service arrangement for the Police and the Department of Justice and Attorney-General.

CFMU operates a state-wide service with offices in Brisbane and Southport and service delivery is not integrated. CFMU Southport currently works independently and under a differing model of care/service to that of CFMU Brisbane. CFMU Southport has similar staffing and workload mix to that of CFMU Brisbane, however data analysis demonstrates that Southport CFMU productivity is significantly lower than CFMU Brisbane.

On 26 October 2015, the Director-General, Department of Health approved the engagement of an independent expert consultant to provide advice and make recommendations on the most appropriate and sustainable state-wide service delivery model for CFMU.

3. Powers of the Investigator

Pursuant to section 190(1) of the *Hospital and Health Boards Act 2011* (HHB Act), following assessment that you have the necessary expertise and experience, I hereby appoint you as a Health Service Investigator (Investigator) to conduct the investigation.

You have the authority pursuant to section 194 of the HHB Act to access any documentation under the control of HSQ / the Department of Health relevant to this investigation which may assist you in the investigation including 'confidential information' as defined in the HHB Act, noting and complying with the confidentiality obligations as a health service investigator pursuant to the HHB Act.

You are authorised to gain access to a public sector HSQ / Department of Health facility, including HSQ facilities, at any time when the facility is open for business or otherwise open for entry to conduct the necessary investigation inquiries.

You may, in the exercise of the your functions, ask an employee of HSQ / Department of Health to give you a document, including a document containing confidential information that is relevant to your functions and is in the possession or control of the employee. That employee must comply with the request.

4. Conduct of the investigation and procedural instructions

You are to investigate and make recommendations, and/or comment where required, on the matters as listed under Section 1 of this ToR.

- a. Please provide to the General Manager, Community and Scientific Support within 7 days (or as otherwise agreed) of receiving the Appointment and these ToR:
 - confirmation in writing of your proposed timeframes including your intended attendance date/s at CFMU Southport and/or CFMU Brisbane;
 - any other arrangements needed at the local level to assist / facilitate the completion of the investigation.
- b. You are to notify the General Manager, Community and Scientific Support about progress at regular intervals, as agreed.
- c. You are to make clear to any person who provides information to you that you been appointed as an independent Investigator, through an Instrument of Appointment approved by the Chief Executive, HSQ and **have no conflict or perceived conflict** in respect if the matters you are considering and reporting on.
- d. As the appointed Investigator, you have the authority to:
 - interview any person who may be able to provide information to you which directly assists you reporting on the matters under Section 1 of this ToR;
 - seek to interview persons who are not employees of HSQ/ Department of Health who may be able to directly assist you to reach conclusions and make recommendations consistent with the requirements of this ToR. However, you need only interview persons who can provide information you believe to be relevant and significant to the matters your are investigating; and
 - give appropriate lawful directions , which may be required during the investigation. For example: provide a lawful direction to an employee to maintain confidentiality; to attend an interview; provide copies of documents maintained by HSQ / Department of Health.
- e. You must inform the General Manager, Community and Scientific Support of any failure to comply with a direction, for notification to the Chief Executive, HSQ; and for advice of the approach that will be taken.
- f. If requested by any person request to speak with, or interview, or from whom you request information, you must produce your 'Instrument of Appointment'.

- g. You are authorised to make copies of, and take extracts from, any document within HSQ's / Department of Health's possession that is relevant to the matters you have been asked to report on under Section 1 of this ToR.
- h. You must maintain the confidentiality of the investigation and all information provided and acquired in the course of the investigation is to be treated as confidential.
- i. As a minimum, you are to offer to meet with and interview all medical officers of CFMU Brisbane and CFMU Southport.

5. Investigation (Review) Report

- j. At the conclusion of the investigation, please provide a Report of information to the Chief Executive Officer, HSQ, in writing.
- k. The Report should:
 - include a summary of information relied upon by to make recommendations in respect of each as listed under Section 1 of this ToR
 - any other relevant aspects identified by you while undertaking the review
- l. The final Report must be submitted on a date as advised by the General Manager, Community and Scientific Support after receipt and review of the draft report.

6. Terms

- m. Your professional rate for services including expert opinion, drafting of a report and recommendations, administrative actions and time, travel (including airfares and taxi fares), accommodation and meals and reasonable out of pocket expenses is agreed up to \$50,000.00 (plus GST).
- n. A final invoice for services is to be provided with the submission of the final Report. An itemised account/invoice is to be provided to enable payment.
- o. Other unforeseen, out of pocket expenses reasonably incurred in the undertaking of the investigation will be reimbursed by HSQ, when prior approval has been given, at cost.
- p. If at any time during the course of the investigation and drafting the Report, it is anticipated the cost to differ from what is initially advised and agreed, please contact the General Manager, Community and Scientific Support to discuss and for facilitation of approval.

7. Media

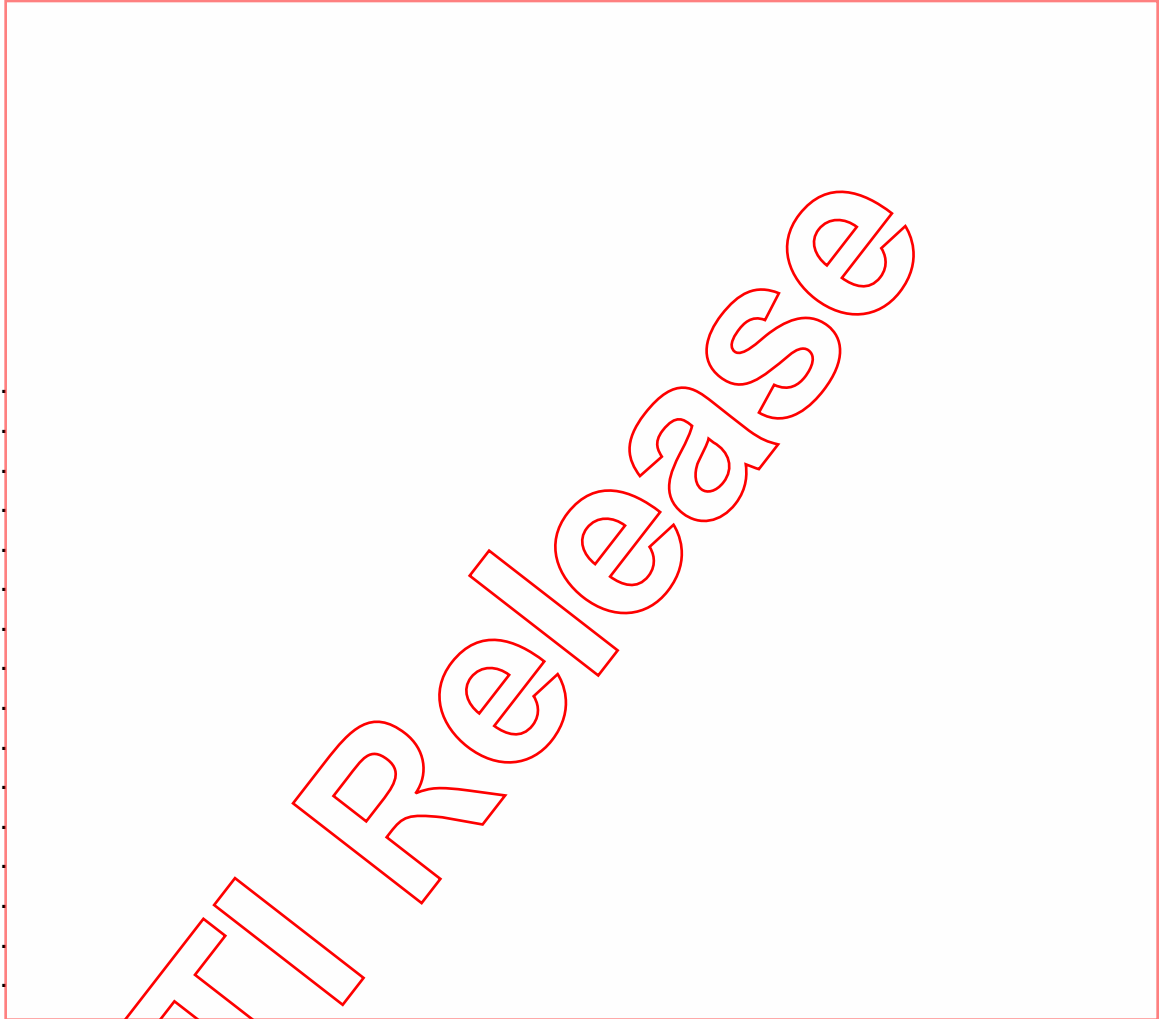
While it is not anticipated, but should you be approached by a representative of the media, you are to make no comment but are to refer the media representative to the Media Unit, Integrated Communications, Department of Health on news health.d.qv.au. You must also immediately contact the General Manager,

Mr Stuart Rodney
A/Chief Executive
Health Support Queensland

CONSULTATIONS

Discussions were conducted with the following individuals:

- 1.
- 2.
- 3.
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- 25.



Monthly CFMU Southport statistics			
FMO	ALL	Month/year	August 2015
		Office hours	After hours
			Total
Forensic			
FPO/by consent		0	1
Sexual assault complainant		3	3
Other complainant examination		0	0
Death scene		1	1
Traffic blood (nurse supervised by FMO)		1	0
Traffic blood (FMO)		0	0
Advice without call-out or statement		5	2
Statements (QPS, DPP)		7	
Coronial reports		1	
Coronial Form 1As		0	
Court (attendance, AVL or phone)		2	
Court notified not required <24hrs		4	
Medical			
Prisoner telephone consults		453	324
Prisoner face-to-face consults		1	0
DTOs (nurse/lab/ED supervised by FMO)		4	0
DTO (FMO at same time as FPO)		0	1

Average no of FMOs per weekday for 20 office days in August = 2.5

RTI RELEASED

Monthly CFMU Southport statistics			
FMO	ALL	Month/year	July 2015
		Office hours	After hours
			Total
Forensic			
FPO/by consent		0	3
Sexual assault complainant		1	3
Other complainant examination		0	0
Death scene		0	2
Traffic blood (nurse supervised by FMO)		0	1
Traffic blood (FMO)		0	0
Advice without call-out or statement		13	4
Statements (QPS, DPP)			
		7	7
Coronial reports		3	3
Coronial Form 1As		0	0
Court (attendance, AVL or phone)		0	0
Court notified not required <24hrs		3	3
Medical			
Prisoner telephone consults		435	218
Prisoner face-to-face consults		0	0
DTOs (ED/nurse/lab supervised by FMO)		3	0
DTO (FMO at same time as FPO)		0	0

Average no of FMOs per weekday for 23 office days in July 2015 = 2.44

RTI RELEASED

Monthly CFMU Southport statistics			
FMO	All	Month/year	JUNE 2015
		Office hours	After hours
Total			
Forensic			
FPO/by consent		0	2
Sexual assault complainant		1	4
Other complainant examination		0	0
Death scene		1	2
Traffic blood (supervised by FMO)		2	0
Traffic blood (FMO)		0	0
Advice without call-out or statement		18	3
Medical			
Statements (QPS, DPP)		13	
Coronial reports		1	
Coronial Form 1As		0	
Court (attendance, AVL or phone)		3	
Court notified not required <24hrs		3	
Prisoner telephone consults		497	211
Prisoner face-to-face consults		3	0
DTOs (supervised by FMO)		4	0
DTO (FMO at same time as FPO)		0	0

Average no of FMOs per weekday for 21 office days in June = 2.1
 No admin officer 5 days

RTI RELEASED

Monthly CFMU Southport statistics			
FMO	ALL	Month/year	September 2015
		Office hours	After hours
Total			
Forensic			
FPO/by consent		2	3
Sexual assault complainant		2	1
Other complainant examination		0	1
Death scene		1	0
Traffic blood (nurse supervised by FMO)		1	0
Traffic blood (FMO)		0	0
Advice without call-out or statement		8	5
Statements (QPS, DPP)			
Statements (QPS, DPP)		6	
Coronial reports		1	
Coronial Form 1As		0	
Court (attendance, AVL or phone)		2	
Court notified not required <24hrs		1	
Prisoner telephone consults			
Prisoner telephone consults		426	165
Prisoner face-to-face consults			
Prisoner face-to-face consults		0	0
DTOs (nurse/lab/ED supervised by FMO)			
DTOs (nurse/lab/ED supervised by FMO)		3	0
DTO (FMO at same time as FPO)			
DTO (FMO at same time as FPO)		0	0

Average no of FMOs per weekday for 22 office days in September = 2.2

RTI RELEASED

Monthly CFMU Southport statistics			
FMO	ALL	Month/year	October 2015
		Office hours	After hours
		Total	
Forensic			
FPO/by consent		2	0
Sexual assault complainant		0	5
Other complainant examination		0	0
Death scene		0	0
Traffic blood (nurse supervised by FMO)		0	0
Traffic blood (FMO)		0	0
Advice without call-out or statement		14	0
Statements (QPS, DPP)			
Statements (QPS, DPP)		0	0
Coronial reports		0	0
Coronial Form 1As		0	0
Court (attendance, AVL or phone)		2	2
Court notified not required <24hrs		0	0
Prisoner telephone consults			
Prisoner telephone consults		550	314
Prisoner face-to-face consults		2	0
DTOs (nurse/lab/ED supervised by FMO)			
DTOs (nurse/lab/ED supervised by FMO)		4	0
DTO (FMO at same time as FPO)		0	0

Average no of FMOs per weekday for 21 office days in October = 2.07
 No admin officer 3.5 office days

RTI RELEASED

Monthly CFMU Southport statistics				
FMO	all	Month/year	November 2015	
		Office hours	After hours	Total
Forensic				
FPO/by consent		1	1	2
Sexual assault complainant		0	5	5
Other complainant examination		0	0	0
Death scene		0	0	0
Traffic blood (nurse supervised by FMO)		0	0	0
Traffic blood (FMO)		0	1	1
Advice without call-out or statement		11	4	15
Statements (QPS, DPP)				
Statements (QPS, DPP)		6		6
Coronial reports		0		0
Coronial Form 1As		0		0
Court (attendance, AVL or phone)		1		1
Court notified not required <24hrs		2		2
Prisoner telephone consults				
Prisoner telephone consults		593	270	863
Prisoner face-to-face consults				
Prisoner face-to-face consults		0	0	0
DTOs (nurse/lab/ED supervised by FMO)				
DTOs (nurse/lab/ED supervised by FMO)		4	0	4
DTO (FMO at same time as FPO)				
DTO (FMO at same time as FPO)		0	0	0

Average no of FMOs per weekday for 21 office days in November = 2.1

RTI RELEASED

Monthly Jobs SER 2015

	SAE	FPO	Death Scenes	Traffic Blood	DTO
June	5	2	3	2	4
July	4	3	2	1	3
August	6	1	2	1	5
September	3	5	1	1	3
October	5	2			4
November	5	2		1	
December					
Total	28	15	8	6	19

Total forensic examinations 43

Monthly Jobs Brisbane 2015

	SAE	FPO	Death Scenes	Traffic Blood	DTO	Hair Sample
June	5	1	0	1	2	1
July	4		0		3	
August	8	1	0	2	1	
September	7	4	0	2	2	
October	1	1	0			
November	7(10)	2		1		
December						
Total	32(35)	9	0	5	8	1

Total forensic examinations 41 (44)

12 Monthly Comparison Jobs CFMU Brisbane & CFMUSER

	CFMU Brisbane June-Nov 2015 From CFMU Register	CFMU Brisbane Projected 12 Months	CFMU SER 12 Months Dec 2014 – Nov 2015
Sexual Assault	35(1 called incest)	70	59
FPO	9	18	37
SAE + FPO	44	88	96
Traffic Blood	5	10	14
SAE+FPO+Traffic	49	98	110
DTO	8	16	33
Hair Sample	1	2	0
Death Scene	0	0	12

Collated information from CFMU register and individual CFMUSER FMO registers

Comparison of QPS Crime Statistics 2010/11 -2014/2015
For Brisbane & South East Region (Logan & Gold Coast)
Number of Reported Relevant Offences Per Financial Year

nb – these are the likely offences which ‘drive’ the clinical forensic examinations.

	SER 10/11	Bris 10/11	SER 11/12	Bris 11/12	SER 12/13	Bris 12/13	SER 13/14	Bris 13/14	SER 14/15	Bris 14/15
Homicide (murder)	10	3	12	12	10	8	11	9	7	9
Other Homicide ¹	8	18	18	20	16	23	10	24	15	19
Attempted Murder	3	15	9	15	11	17	7	23	11	15
Manslaughter	0	0	3	0	0	2	0	0	1	1
Driving Causing Death	5	3	6	4	4	3	2	0	0	3
Assault ²	2961	4461	3021	4362	3172	4019	2837	3794	2775	3687
Grievous Assault	173	206	179	154	178	142	188	171	152	131
Serious Assault	1389	1969	1434	1865	1504	1689	1365	1643	1410	1726
Serious Assault (other)	306	467	403	534	436	653	446	652	427	529
Sexual Offences ³	694	1106	645	995	908	981	882	1003	1030	1250
Rape & Attempted Rape	181	317	215	261	233	276	229	313	356	317

1. Attempted murder, conspiracy to murder, manslaughter (excl. by driving) & driving causing death.
2. Grievous assault, serious assault, serious assault (other) & common assault.
3. Rape & attempted rape, & other sexual offences.

REDACTED

Comparison of QPS Crime Statistics 2010/11 -2014/2015
For Brisbane & South East Region (Logan & Gold Coast)
Number & Ratios of Reported Relevant Offences Per Financial Year

	Ratio SER/Bris 10/11	Ratio SER/Bris 11/12	Ratio SER/Bris 12/13	Ratio SER/Bris 13/14	Ratio SER/Bris 14/15	Ratio SER/Bris 10/15
Homicide (murder)	10/3 = 3.3	12/12 = 1	10/8 = 1.1	11/9 = 1.2	7/9 = 0.78	50/41 = 1.22
Other Homicide ¹	8/18 = 0.44	18/20 = 0.9	16/23 = 0.7	10/24 = 0.42	15/19 = 0.79	67/104 = 0.64
Attempted Murder	3/15 = 0.2	9/15 = 0.6	11/17 = 0.65	7/23 = 0.3	11/15 = 0.73	41/85 = 0.48
Manslaughter	0/0	3/0	0/2	0/0	1/1	4/3 = 1.33
Driving Causing Death	5/3 = 1.67	6/4 = 1.5	4/3 = 1.33	2/0	0/3	17/13 = 1.31
Assault ²	2961/4461= 0.66	3021/4362= 0.69	3172/4019= 0.79	2837/3794= 0.75	2775/3687= 0.75	14766/20303= 0.73
Grievous Assault	173/206 = 0.84	179/154 = 1.16	178/142 = 1.25	188/171 = 1.1	152/131 = 1.16	870/804 = 1.08
Serious Assault	1389/1969= 0.71	1434/1865= 0.77	1504/1689= 0.89	1365/1643= 0.83	1410/1726= 0.82	7102/8892= 0.8
Serious Assault (other)	306/467= 0.66	403/534= 0.75	436/653= 0.67	446/652= 0.68	427/529= 0.81	2018/2835= 0.71
Sexual Offences ³	694/1106= 0.63	645/995= 0.65	908/981= 0.93	882/1003= 0.88	1030/1250= 0.82	4159/5335= 0.78
Rape & Attempted Rape	181/317 = 0.57	215/261= 0.82	233/276= 0.84	229/313= 0.73	356/317= 1.12	1214/1484= 0.82

RTI

Comparison of QPS Crime Statistics 2010/11 -2014/2015
For Brisbane & South East Region (Logan & Gold Coast)
Ratios of Reported Relevant Offences Per Financial Year

nb – these are the likely offences which ‘drive’ the clinical forensic examinations.

	Ratio SER/Bris 2010/15	Range
Homicide (murder)	1.22:1	0.78:1 - 3.3:1
Other Homicide ¹	0.64:1	0.42:1 - 0.9:1
Attempted Murder	0.48:1	0.2:1 - 0.73:1
Manslaughter	1.33:1	0.2 - 3.0
Driving Causing Death	1.31:1	0.3 - 2.0
Assault ²	0.73:1	0.66:1 - 0.79:1
Grievous Assault	1.08:1	0.84:1 - 1.25:1
Serious Assault	0.8:1	0.71:1 - 0.89:1
Serious Assault (other)	0.71:1	0.66:1 - 0.81:1
Sexual Offences ³	0.78:1	0.63:1 - 0.93:1
Rape & Attempted Rape	0.82:1	0.57:1 - 1.12:1

1. Attempted murder, conspiracy to murder, manslaughter (excl. by driving) & driving causing death.
2. Grievous assault, serious assault, serious assault (other) & common assault.
3. Rape & attempted rape, & other sexual offences.