EX 416

Queensland Public Hospitals
Commission of Inquiry

STATEMENT OF DEBORAH FAYE MILLER

I Deborah Faye MILLER of an address known to the Commission of Inquiry in the State of Queensland SWORN:

1. I am currently employed by Queensland Health in the position of Chief Operations Liaison Officer. I have been an employee of Queensland Health since 1989. I have been in my current position since November 2000. Attached and marked **"DFM-1"** is a copy of my Resume and a summary of the Primary Duties associated with the position of Chief Operations Liaison Officer.

My Role

2. When I first started in my current role the name of the position was the Principal Project Officer to the General Manager of Health Services ("GMHS"). At that time I reported directly to Dr. John YOUNGMAN GMHS. My role was operational and task orientated in general I dealt with minor emergent issues that came up on a day to day basis. An example of an emergent issue is a complaint that had not been resolved at a Health Service District ("HSD") level and needed urgent definitive attention that was redirected to the GMHS's Office from the Departmental Liaison Officer in the Minister's Office. I also prepared correspondence on behalf of the GMHS at his direction and coordinated responses to a number of activities or issues that required a Statewide response including Possible Parliamentary Questions, Questions of Notice and Estimate Committee Hearing Briefs.

3. I continued in this role when Dr. Steve BUCKLAND was appointed as the GMHS and also when Dr John SCOTT was later appointed as GMHS.

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4. My role changed significantly when Dr Buckland became GMHS largely reflecting the different ways that Drs Youngman and Buckland worked. I took a much more active role in managing the Office of the GMHS including:

   a. I managed the majority of correspondence received including reading most of the correspondence going to the GMHS.

   b. Where possible, and appropriate due to amount of correspondence received, I would initiate action on items before discussing with the GMHS.

   c. In the case of Briefings and Submissions I would read them before meeting with the GMHS, to ensure that the information provided was accurate and to allow appropriate discussion.

   d. In a number of cases I spoke to departmental officers to clarify information provided in Briefs and Submissions. Often it required Briefings and Submissions to be revised.

   e. As my role had a Statewide focus and because I worked across the corridor from the Officer undertaking a similar role for the Deputy Director Policy and Outcomes I was often able to advise Officers of associated activities that may have impacted on the content of their briefings, submissions and correspondence.

   f. Dr. Buckland and I would meet daily to discuss Submissions and Briefings and other correspondence. At this time I would brief him on actions I had initiated with respect to the documents. Where I was aware of information that I knew would impact on a decision in relation to correspondence I would provide him with advice from my perspective. We would then discuss the most appropriate action to be taken. I would then put the correspondence into 2 piles – one that required my action and one that the Executive Support Officer in the GMHS's Office ("ESO") would action. I would often note on the document or a post-it note what the required action was. Due to the amount of correspondence I

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often didn't get an opportunity to go through the actions required with the ESO. Where the ESO was unclear with the direction she would come and seek further advice.

Correspondence to the GMHS from the SAS

5. It has been suggested to me that the direction that documents from the SAS should only come to the GHMS Office following consultation with an approval from the Zones/Districts, only related to submissions that had financial implications. I say that the direction applied to all documents coming from the SAS to the GHMS Office that related to Elective Surgery Program activity and funding.

6. To the best of my recollection, on a number of occasions prior to the 30 July 2003 submission, Dr Buckland had instructed Mr Cuffe and Mr Walker that documents in relation to elective surgery activity and funding should be cleared by the Zonal Managers and/or District Managers before being provided to Dr Buckland. The majority of documents received from SAS related to these issues. This instruction was given as a result of conflicting advice (relative to the advice provided from other often operational services) being provided on a number of occasions by the SAS.

7. In addition, the SAS was required to clearly document and include in any Submission or Briefing any conflicting advice provided by Zones or HSDs. This was to ensure that the GMHS could make decisions based on the best possible advice whilst being formally briefed of any conflicting views. Attached and marked **"DFM-2"** are file notes of Zonal and Statewide Managers Meetings on 25 October 2002, 17 June 2003, 21 July 2003 and 13 October 2003 at which the issue of Zonal and HSD consultation was discussed.

The 30 July 2003 Submission

8. On 30 September 2005 I have been shown a document entitled "Submission to: General Manager (Health Services)" dated 30 July 2003 ("the 30 July 2003

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submission"), prepared by Col ROBERTS, Principal Project Officer, Surgical Access Service ("SAS").

9. I recognize the 30 July 2003 submission as I had recently provided the original copy of that document to the Queensland Health Document Manager for the Commission of Inquiry ("COI"). The original of this document had been on the SAS file in the office of the GMHS (Attached and marked **"DFM-3"**).

10. The notation on the 30 July 2003 submission "ES3 1.8.03" indicates that the ESO in the GMHS office, did not track this document onto Recfind (the Queensland Health Document Management System) in fact it was tracked onto that system by the Executive Services Unit within Queensland Health.

11. It has been suggested to me that the signatures and accompanying dates on that document are of Gary WALKER, Manager of SAS, and Glenn CUFFE, Manager of the Procurement Strategy Unit ("PSU"). I recognize the signatures and accompanying dates as Mr Walker's and Mr Cuffe's.

12. It has been suggested to me that the handwritten notations *"15/8"* and *"12MD"* on the 30 July 2003 submission are in the handwriting of Ms Cheryl BRENNAN, who at the time was ESO. I am reasonably sure the notes are Ms Brennan's handwriting. The note *"15/8"* also aligns with notes I took of a meeting on 15 August 2003 between Dr Buckland, Dr Cuffe, Mr Walker and Mr Roberts. The *"12MD"* was the likely time of the meeting.

13. I recognize the other handwriting appearing on the front page of the 30 July 2003 submission as my own.

14. I recall first reading the 30 July 2003 submission some time ago. I believe it would have been around the beginning of August 2003 because the stamp marking that it was received in the GMHS's Office on 1 August 2003, the notes on the front of the submission and my notes of the meeting on 15 August 2003.

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15. I cannot recall exactly what I did with the 30 July 2003 submission upon its receipt. However, as detailed in paragraph 4(f) above, my usual practice was to review and sort the correspondence that arrived in the GMHS's Office. If I was concerned about the contents of a briefing, I would either contact the author or if the problems with the briefing were significant, I would discuss them with Dr Buckland. As I do not recall and have no record of contacting Mr Walker or Mr Roberts in relation to the 30 July 2003 submission, I believe I had significant concerns about the content of the submission and discussed them with Dr Buckland. My key concerns at the time were:

a. The issue was being presented as "new" when in fact it was well known to Dr Buckland, the DG, the previous GMHS, District Managers, Zonal Managers and a number of Corporate Office Managers because of a KPMG Audit report into clinical coding finalised in about May 2002 (attached and marked **"DFM-4"**).

b. The background did not include activities undertaken by the SAS since the KPMG Audit, including training relevant HSD staff and ensuring standard protocols were being utilised in HSDs to ensure appropriate classification was being undertaken. Therefore the background was not comprehensive.

c. There was no indication that Zonal Managers or relevant District Manager's had been consulted to validate the data contained within the submission. Without validation of the data from the HSDs, there was no way of knowing whether the data was accurate.

16. Shortly after I read the 30 July 2003 submission, I discussed this briefing with Dr Buckland. I believe I raised the concerns listed in paragraph 15 above at that time.

17. When I initially discussed the 30 July 2003 submission with Dr Buckland, he took particular interest in Table 1 page 4 of the document. I recall we discussed whether or not the figures in Table 1 were a true reflection of what in fact was occurring particularly as some increases were likely to have been as a result of the SAS working with HSDs to improve their process of classification of patients in the wake of the

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KPMG Audit. There were however a couple of HSDs that I recall Dr Buckland being concerned about. Based on my notes from 15 August 2003 meeting, I believe the HSDs were Fraser Coast and Nambour.

18. I recall being concerned that the content of the document was such that I felt it should be removed from Recfind (QH Documents Management System) until such time as the information could be validated by the HSDs and Zones. I conveyed that concern to Dr Buckland during our meeting. My advice was based on previous experience with having to prepare Departmental correspondence. Departmental Officers often use Recfind as a tool to identify relevant source documents to inform correspondence being prepared and as background in Briefings and Submissions. Once the document is registered on Recfind the information is often viewed as authorised and validated. In the case of the Submission dated the 30 July 2003 there were significant concerns with the validity of the data and therefore the potential that use of this document in generating responses would mislead. There was also a concern within the senior executive of Queensland Health about providing inaccurate or misleading information to either the Minister or Government, partly because it is an offence an a breach of the code of conduct.

19. I do not now specifically recall whether Dr Buckland gave the instruction to remove the Submission from Recfind. However, it was usual practice to write Dr Buckland's instructions in relation to a particular piece of correspondence on the front of the correspondence or a post-it note stuck to the front of the correspondence. Based on the notes I have made on the front of the 30 July 2003 submission, I believe that I followed this process with this submission and that he agreed that the submission should be removed from Recfind.

20. I am not aware whether documents were removed from Recfind during the period Dr Youngman was GMHS. However, the Office of the GMHS under both Dr Buckland and Dr Scott had a process to manage documents that were removed from Recfind, particularly documents that would be resubmitted where requests for revisions had been made. That process was:

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a. In cases where there were only minor revisions required or there was the need to consider further work being done in another area of the department, the Clearing Officer would be the officer contacted, or if they were unavailable, the departmental officer who prepared the document would be contacted and informed of the changes required.

b. If there were significant concerns with the accuracy of the content of the document, the GMHS would often meet with the relevant departmental officers to discuss the issues directly with the departmental officers concerned. The document would be removed from Recfind and in most instances the copy would be held until such time as revisions were made and the document was tracked back onto the system. In some cases following further consultation the document would be returned with very different recommendations or advice.

21. In the case of the 30 July 2003 submission, I wrote a note on the front page of the submission requesting that *"Cheryl = delete from system"*. By "the system", I meant Recfind. I also wrote a note asking Ms Brennan to *"organise meeting [with] Glenn & Col & Gary"*. That note was a reference to Dr Cuffe, Mr Walker and Mr Roberts.

22. I also wrote on a post-it note that the document was to be *"for pull up at next meeting as they are doing work on this"*. By "pull up" I meant that the submission was to be placed in the "pull up" file. The "pull up" file was where documents were placed that were due to be discussed at a meeting, required validation or revision and could be tracked back onto the system (Recfind). Both Ms Brennan and I used the "pull up" file.

Meeting on 15 August 2003

23. From the notebook I kept at the time, I say a meeting took place on 15 August 2003. I only vaguely recall the meeting.

24. My notes from the meeting on 15 August 2003 (attached and marked **"DFM-5"**) are as follows:

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"15 August 2003 Elective Surgery Meeting

1. *"Bundy, Fraser Coast, Nambour, Toowoomba, QEII, PAH – data suggests shift between Emergency and Elective*
   - *Memo to be prepared by Gary and sent out - let Districts know they will be contacted under GMHS authority by the Manager SAS to discuss the changes in data - include Zonal reps (shift of $4 5M)*
   - *Gary to feedback to GMHS the reasons for the shift in a fortnight*

   Business rules
   - *to stay the same*
   - *Continue to monitor reclassification of Emergency to Elective*
   - *Discuss what should be given to Nambour this year – needs to be flagged in a conversation with the District Manager.*
2. *Emergency Departments*
   - *Want the latest data on RBH and Nambour*
     - *Total presentations*
     - *Waiting times*
     - *Access block*
     - *All performance across 2 years*
3. *$3M*
   - *increases in payments to Elective Surgery*
   - *look at areas with major exposure – eyes, ortho*
   - *need to review changes in options for payment to see if we can attract more doctors into the system*
   - *focus on specialty or sub speciality - look at hospital profile*
4. *$50 Million - Access to Elective Surgery paper to be submitted for mid year review*
   - *GMHS questioned whether a comment had been put into previous Cabinet Submission regarding the $50M"*

25. I do not recall who was present at the meeting on 15 August 2003. However, based on the note written on the submission dated 30 July 2003 in my handwriting, *"Organise meeting Glenn & Col & Gary"*, I believe that Glenn Cuffe, Col Roberts, and Gary Walker would have been present at that meeting. From my notes at the meeting, I am reasonably sure that Mr Walker, Dr Buckland and I were present at the meeting.

26. As a result of the meeting on 15 August 2003, Mr Walker was asked to consult with HSDs and Zonal representatives with regard to the findings in the 30 July Submission.

27. I have been shown part of the 30 July Submission under the heading "Four Point Proof of Intent", with the sub-headings "Detailed Audits" and "Opportunity for Response". It has been suggested to me that whilst the document itself does not contain on its face

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evidence of consultation with, and approval from, the Zones/Districts the document contemplates such consultation and approval will occur in the future. In respect to this suggestion I say that the GMHS had instructed that all documents coming from SAS to the GMHS office related to the Elective Surgery Program activity and funding should be endorsed by the appropriate Zonal Manager and/or District Manager.

28. It has been suggested to me that at no stage was the lack of consultation with, and approval from, the Zones/Districts on the face of the submission dated 30 July 2003 raised at the 15th August 2003 meeting. While I do not specifically recall the issue being raised and I have not documented it in my notes, I would have thought that Dr Buckland would have raised the lack of consultation with and approval from the Zonal Managers as an issue as it had been a major discussion point in why the information had been considered potentially inaccurate and unacceptable.

29. It has been suggested to me that at that meeting Dr. Buckland said, "Why the fuck did you put this in writing?" I do not recall that being said.

30. It has also been suggested to me that at that meeting or at another meeting Dr. Buckland expressed concern that the 30 July 2003 submission might be accessed under Freedom of Information legislation. I do not recall Dr. Buckland expressing such a concern and I did not document it in my notes of the meeting on the 15 August 2003 or at subsequent meetings if it was said. I believe this is an issue I would have documented in my notes if it had been raised.

31. It has been suggested to me that following the meeting on 15 August 2003, Dr. Cuffe communicated to Mr Walker and Mr Roberts a direction that all hard copies of the 30 July 2003 submission be destroyed and that it be removed from the Queensland Health network. I do not recall such a direction being given by anyone from the Office of the GMHS. To my knowledge the only restrictions placed on this document were that it be removed from Recfind as discussed previously in this statement.

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32. It is not possible to remove all record of a document that has been saved to the Queensland Health network because the network is backed up on tape on a daily basis. I understand those tapes are then accessible through direction by the Director-General.

33. In any event, reclassification of emergency surgery to elective surgery was an issue that had already been well documented on departmental records as a result of the KPMG Audit and the briefings leading up to it. It was also the subject of a number of briefings to Dr Buckland, which were also tracked on Recfind, following the meeting on 15 August 2003. In those briefings, HSDs and Zones raised concerns about the methodology used to analyse the original information, conclusions and recommendations included in the 30 July 2003 submission. I recognise Dr Buckland's handwriting on the front page of each of the following briefs:

    a. *"Noted"* on brief 019345, dated 4 September 03, cleared by A/District Manager at the QEII Hospital (attached and marked **"DFM-6"**).

    b. *"No further action required – no change in funding base or surgical payments"* on brief 019346, dated 8 September 03, cleared by the A/District Manager of the Toowoomba Hospital (attached and marked **"DFM-7"**).

    c. *"Glenn Cuffe – Does the assertion that the business rules do not include source of referral code have substance? If it is true then SAS have no legitimate call Advice please"* on brief 019449, dated 26 September 03, cleared by Zonal Manager Central Zone (attached and marked **"DFM-8"**).

34. A brief from the SAS dated 8 October 2003 was also received by the GMHS's office in response to the brief from the Zonal Manager Central Zone referred to in paragraph 33(c) above. I recognise the following handwriting dated 15 October 2003 on the front of this brief as Dr Buckland's:

    "This Brief does not answer
    the question asked
    The question is

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"Does the assertion that the 02/03
Business rules do NOT include
source of Referral Code have substance?
If this is true, then SAS
has no legitimate call.
Please advise."

Submission dated 11 September 2003

35. I have been shown a document on 30 September 2005 which is entitled "Submission to: General Manager (Health Services)" dated 11 September 2003, prepared by Mr. Col ROBERTS, Principal Project Officer, SAS ("the 11 September 2003").

36. I have no recollection of seeing the 11 September 2003 prior to being shown it last week, shortly prior to meeting with Commission staff on 30 September 2005.

37. Some of the content of the submission is similar to the HSD and Zonal briefings in relation to this issue in September 2003 as the document summarises SAS findings following discussion with the District Managers.

38. The copy of the 11 September 2003 submission that I have been shown does not have any signatures or comments on it.

39. Although the 11 September 2003 submission states that it has been prepared following consultation with HSDs, it does not have signatures from relevant District Managers or Zonal Managers to confirm the SAS interpretation of the consultation. Notably, some information and advice contained in the 11 September 2003 submission conflicts with the individual Briefs provided by HSDs and/or Zones referred to in paragraph 33 above.

40. It has been suggested to me that the 11 September 2003 submission was hand delivered to Dr. Buckland by Mr Roberts. I say that this could have been the case as Dr Buckland had an open door policy for all staff. However, I would have expected that

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Dr Buckland would have discussed the new submission with me due to our previous discussions about the issues raised in it. I do not recall Dr Buckland ever discussing the 11 September 2003 submission with me.

41. It has also been suggested to me that the hand delivery of the 11 September 2003 submission explains the lack of notations on the face of it. I say that while I accept that the document could have been hand delivered, there is still an expectation that it will be cleared by the appropriate line managers before it is submitted to the GMHS. It should have been cleared by both Mr Walker and Dr Cuffe, and included approval of the content by the Zonal and/or District Managers to validate SAS interpretation of the meetings where consultation was undertaken. I consider it unlikely that Dr Buckland would have accepted such a document without being assured of it having been cleared in this manner.

42. It has been suggested to me, assuming it had the necessary signatures from the Zonal Managers, that the 11 September 2003 submission contained the necessary consultation with the HSDs and Zones to validate the earlier 30 July 2003 submission. I do not agree with that suggestion as the submission still does not provide an accurate interpretation of the information provided in the earlier briefs from HSDs and/or Zones referred to in paragraph 33 above. The majority of briefings received separately by Dr Buckland from each of the Zonal Managers still claimed that the reclassification was appropriate in the majority of cases. In particular the briefing by Toowoomba BR019346 (attachment "DFM-6") provides a valid explanation which is not clearly translated in the 11 September 2003 submission.

43. In addition, the 11 September 2003 submission still does not detail the work that was undertaken by the SAS to assist HSDs in improving reclassification practices and the effect these initiatives may have had on the numbers of emergency surgery being reclassified to elective surgery.

44. It has also been suggested, that the receipt of the 11 September 2003 submission would be sufficient to justify the replacement of the 30 July 2003 submission onto Recfind,

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with the necessary revisions in the light of the 11 September 2003 submission. I do not agree with this suggestion based on the matters set out in paragraph 43 above.

Meeting on 13 October 2003

45. On 13 October 2003, Dr Cuffe and some members of the SAS, I do not now recall who from the SAS, attended the weekly Zonal and Statewide Managers Meeting to discuss issues in relation to Elective Surgery. Attached and marked **"DFM-9"** are the minutes of that meeting.

46. My personal notes of the meeting (attached and marked **"DFM-10"**) are:

> *"13 October 2003 Zonal Managers / Health Services Meeting*
> *(Transcribed from notes taken)*
>
> 1. *Elective Surgery*
>   - *Meet with Zones re. reclassification and coding issues*
>   - *Business Rules*
>   - *Made one change which will effect ES funding*
>   - *any case claimable must be planned otherwise similar to previous year*
>   - *Met with elective surgery co-ordinators overall impact will be insignificant*
>   - *Questioned whether ES coordinators were the right people to talk to - should be DM's, Directors of Surgery*
>   - *SAS must go through the DM's so they know what is going on*
>   - *Medical Superintendents meeting Friday for consideration – intent needs to be stated (Manager PSU to be involved once a month)*
>   - *$10M to get out*
>   - *$3M needs to go to areas that require supplementation - Hips etc*
>   - *Business rules to go back for further work involving the Zones and other key stakeholders inc Deb Podbury & Richard Olley (Action by end of month)*
>   - *SAS process was flawed and could have resulted in significant exposure*
>   - *SAS teams role is to monitor not to buy or negotiate*
>   - *Business rules need to state how SAS do business with Districts and Zones due to issues with their processes*
>   - *Surgical coordination report to DM's*
> 2. *IBNR*
> 3. *AMAQ*
> 4. *Urological Society*

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5. *Pathologists*
6. *CIS"*

Briefing dated 15 October 2003

47 I have also been shown on 30 September 2005 a document entitled "A Briefing to the General Manager (Health Services)" dated 15 October 2003, prepared by Mr. Gary WALKER, Manager SAS ("the 15 October 2003 briefing").

48. I have been shown the 15 October 2003 briefing only after the matter was raised at the Commission of Inquiry and prior to that occasion I do not recall having seen it.

49. I say I was surprised when I saw a copy of the 15 October 2003 briefing, which was submitted as an attachment to Mr Walker's Statement. At the time the 15 October 2003 briefing was supposedly written and submitted I read the majority of documents going into Dr Buckland's Office. My comments on the supposed preparation and presentation of the 15 October 2003 briefing are as follows:

a. There is no date stamp or signature that would suggest that it was submitted to Dr Cuffe for endorsement and clearance.

b. There is no evidence that it was submitted to the Executive Support Unit or the ESO as there is no official Recfind number on the document.

c. I don't recall having seen any documents prior to the 15 October 2003 briefing with a stamp stating "Confidential Brief for GMHS. This document has been removed from the Queensland Health Network".

d. No document saved to the Queensland Health Network to my knowledge is ever entirely removed off the network as the Queensland Health Network is backed up on a daily basis.

e. The 15 October 2003 briefing was on the issue of *"Reclassification of Emergency Surgery"* it addressed issues that had been identified in the Submission dated 30 July 2003, 10 weeks earlier and were known by the

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GMHS and by Zonal and District Managers. A number of endorsed briefs had also been received on this issue from Zonal Managers.

f. At a meeting attended by members of the SAS only 2 days earlier on 13 October 2003, there had been general endorsement of a way forward in relation to the issue of reclassification in consultation with the Zonal Managers and District Managers from the two major Tertiary Hospitals in Brisbane. The agreement was to consult with the Zones and HSDs about the revision of the elective surgery business rules for 2003/2004 to address the reclassification issue.

g. Further it surprises me that again Mr Walker had supposedly prepared a briefing on operational issues specifically referencing data from HSDs (including Nambour, Princess Alexandra, Toowoomba and Hervey Bay Hospital), mentioned in the 30 July 2003 submission (and apparently in the 11 September 2003 submission) with no consultation, validation of data or sign off from Zonal Managers or District Managers. Dr Buckland had given instructions about consultation by SAS with Zones and HSDs on a number occasions in the weeks prior to this brief, including at the meeting 2 days earlier, on 13 October 2003.

h. It also did not state in the background that briefings had been received as recently as 4 weeks earlier from Toowoomba, Nambour, Bundaberg, Fraser or RBH on the issue of reclassification.

i. In addition the Manager of SAS had not referenced the earlier Audit undertaken by KPMG that had reported on findings in relation to reclassification and proposed recommendations to address the issues of which SAS was implementing and Mr Walker was oversighting.

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Zonal Managers Meeting on 27 October 2003

50. At the regular meeting of Zonal Managers on the 27 October 2003, I made the following notes (attached and marked **"DFM-11"**):

"27 October 2003 Zonal Managers and Health Services Meeting

1 *Elective Surgery*
- *Business Rules*
  - *All negotiation to occur before final draft going to GMHS*
  - *No more behind door bidding it must be through the District Managers*
- *Issue with how to deal with Growth Funds*
  - *Base target*
- *Finalisation of activity 02/03*
  - *Nambour $1.4M*
  - *Bundaberg $365,000*
  - *Fraser $400,000*
  - *Nambour needs to know GMHS is not prepared to settle – it needs to be sorted out- strong message there will be no more consideration if Districts can't get it right – that's why there are the Business Rules*
  - *Data must be cleansed at the point of entry*
  - *Redcliffe – Ophthalmology is sorted out*
  - *South Burnett - $200,000*
  - *North Burnett $140,000*
  - *Mackay less 200 wt separations*
  - *$3M still not sure what we will but discussion needs to occur with Zonal Managers. Then Submission needs to be sent up to the GMHS*

2. *District Manager positions advertised*
3. *SSI*
4. *Budget*
5. *Healthy Hearing*
6. *ED Physicians*
7. *Training Course"*

51. Following this meeting, Dr Buckland signed off on the 2003/2004 Elective Surgery Business Rules on 29 October 2003. The Business Rules were adjusted from the previous years' rules to attempt to address the issue of reclassification from emergency surgery to elective surgery.

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Management of the 30 July 2003 submission

52. Responsible management of copies of the 30 July 2003 submission would have been to keep copies of it in a file so that there was no risk of another departmental officer picking it up and transcribing the inaccurate information.

53. Sometime towards the end of 2003, I was preparing to go on annual leave. The two officers relieving me had worked in the SAS. I'm not sure exactly when, however, I was informed that a copy of the 30 July 2003 submission had been seen on a desk in the SAS area. I was concerned that having established that the information was not endorsed by the GMHS, Zonal Managers and District Managers and that a resolution to the issue had been achieved through the revised Elective Surgery Business Rules, the contents of the submission might be used in other documents being prepared by SAS or other areas of the department. I was concerned it was just lying around unsecured on an officer's desk. I recall mentioning it to Dr Buckland (the then Acting Director General) in the event that he was again provided with more documents on this issue whilst I was on leave. I asked if he would like me to follow it up with Mr Walker. Dr Buckland told me that he would speak to the Dr Cuffe when they met next.

54. It has been suggested to me that following on from my communications of those concerns Dr. Buckland spoke to Gary Walker. I say I was not privy to those discussions nor do I recall any further discussions with Dr Buckland on the issue.

Affidavit SWORN on 4 October 2005

at Brisbane in the presence of:

Deborah Faye MILLER

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