



Dear 

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Wednesday 21 December 2022**.

This application requested access to:

The following ministerial brief:

- *MCHS22/665 Initiated Advisory Note: (Minister for Health) Number of paediatric deaths over last three years that have been reviewed - August 2022.*

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Monday 23 January 2023**.

I have identified one document holding the information within scope of your access application.

Decisions on access

I have decided to grant partial access to the one document.

My access decisions are detailed further in the following statement of reasons and the document released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Partial Access

The document is also partially comprised of information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act regarding personal information.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the redacted information contains the personal information of non-ACT Government employees. Therefore, I determined the information identified is contrary to the public interest and I have decided not to disclose this information. I have decided that with the redaction of this information the remaining Government information can be disclosed.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman

GPO Box 442

CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au

Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely



Cathie O'Neill
Chief Operating Officer
Canberra Health Services

10 January 2023

ADVISORY NOTE

Minister for Health

| | |
|--------------------------------|---|
| TRIM Ref: MCHS22/665 | Number of paediatric deaths over last three years |
| Critical Date | Not applicable |
| Chief Executive Officer | Dave Peffer /...../..... |

Minister's question/s:

To provide you with advice about the number of paediatric deaths that have been reviewed over the last three years

Canberra Health Services' response:

| SEX | AGE | CARE TYPE | LOS | UNIT | WARD | CRC Review | M&M Review | Outcome | Referral to coroner |
|-----|-----|-----------------|-----|------|------|------------|--|---|---|
| | | Acute | 2 | PAE | ICU | Yes | ICU, Paediatrics, Rapid Response Committee | Expected | Not referred to the Coroner as cause of death deemed natural, current personal injury claim, active, investigation underway |
| | | Palliative Care | 17 | HAE | 14B | | Haematology | Expected outcome - Palliative Care | Not referred to the Coroner |
| | | Acute | 33 | NEO | NIC | | NICU | Expected - Neonatal death - extreme prematurity with heart disease - sepsis | Not referred to the Coroner |
| | | Acute | 3 | STS | ICU | | ED, ICU | Expected - Motor Vehicle Accident | Referred to the Coroner - CHS is not aware of an active investigation |
| | | Acute | 2 | STS | ICU | | ICU [REDACTED] | Expected - suspected suicide | Referred to the Coroner - CHS is not aware of an active investigation |
| | | Acute | 6 | RES | ICU | | ED, ICU, Respiratory | Expected - Out of hospital cardiac arrest | Not referred to the Coroner |
| | | Acute | 1 | PAE | PW11 | | Paediatrics | Expected outcome - Palliative Care | Not referred to the Coroner |
| | | Acute | 0 | PAE | ICU | Yes | ED, ICU, Paediatrics | Under coronial investigation | Referred to the Coroner, current Coroners matter, active, investigation underway |

NB: Patients 0-16 years old (excluding newborns) from June 2019 – July 2022

All deaths at Canberra Health Services (CHS) are screened and/or reviewed by the specialty area. This expectation includes both examination of the clinical treatment and care, and the quality of death care provided. Cases are reviewed through specialty morbidity and mortality committees.

Two patients in the above table were presented and considered by the CHS Clinical Review Committee (CRC). One review is completed and one is in progress. These two cases were reviewed as they were notified through the Riskman Clinical Incident Register as a potential high level clinical incident. A clinical incident is defined as *"an event or circumstance that did result in unintended harm or could have resulted in unintended harm (near miss) to a patient resulting from, or contributed to, by health care provided by Canberra Health Services and outside the natural disease process"*

The reviews were undertaken on behalf of the CHS CRC which is established as a Quality Assurance Committee (QAC) under the *Health Act 1993 (the Act)*. As a result, sharing of the information (protected information) obtained by or on behalf of the committee is strictly limited under the Act which must be complied with. Protected information is any information about a person that is disclosed to, or obtained by, a QAC. However, not all information reviewed, discussed or generated during a comprehensive investigation is protected information.

As such, below is a summary of the recommendations from the CRC reviewed case:

- establishes a training program in Paediatric Sepsis Recognition and Management;
- develop a CHS Clinical Pathway for Diagnosis and Management of Unexplained Fever;
- CHS Guideline for the Recognition and Escalation of Care for the Deteriorating Child;
- modification of paediatric handover tool and audit Clinical Handover and Written Documentation Audit;
- enhance compliance for all clinical staff working in paediatrics to have completed COMPASS Paediatric training.;
- regular audit of Paediatric Early Warning Score compliance; and
- paediatrics reviews the implementation of the Patient and Family Escalation Process – CARE.

These recommendations have all been completed.

Noted / Please Discuss

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**Rachel Stephen-Smith MLA
Minister for Health**

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Signatory Name: Susan Frieberg

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Action Officer: Samantha Lang

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