

**SUBJECT: Release of the final report and recommendations following the Office of the Health Ombudsman systemic investigation into service provision at Gidgee Healing**

<input type="checkbox"/> Approved	Signed..... Date..... Hon Shannon Fentiman MP, Minister for Health, Mental Health and Ambulance Services and Minister for Women Comments: <i>prepare come to Gidgee + Chaw of NWHHS</i>
<input type="checkbox"/> Not approved	
<input checked="" type="checkbox"/> Noted	
<input type="checkbox"/> Further information required (see comments)	

**ACTION REQUIRED BY** – There is no specific timeframe required for this brief, however, the Office of the Health Ombudsman (OHO) published its final report and recommendations following the systemic investigation into service provision at Gidgee Healing (OHO Gidgee report) on 2 May 2023.

**RECOMMENDATION**

It is recommended the Minister:

- **Note** the final OHO Gidgee report (Attachment 1) has been published.

**ISSUES**

1. Gidgee Healing is the main provider of primary health care to residents of Doomadgee. This is in partnership with the North West Hospital and Health Service (NWHHS) who provides emergency care through the Doomadgee Hospital.
2. Between September 2021 and March 2022, the OHO received a number of complaints regarding Gidgee Healing and undertook a systemic investigation focused on Gidgee services between July to December 2021. The investigation focused on deficiencies in systems and processes during this period and not on individual health service staff.
3. The OHO, apart from providing Queensland Health with a draft copy of OHO Gidgee report in November 2022, has not further engaged with Queensland Health regarding the report and recommendations, as the services in scope for the system review did not include Queensland Health services.
4. To date, Gidgee Healing has not engaged with NWHHS in relation to progressing actions in response to the draft OHO Gidgee Report. Gidgee Healing will be required to provide an update on the progress of the recommendations to the OHO on a quarterly basis.
5. While the OHO Gidgee Healing report and recommendations were provided to Gidgee Healing for action, successfully embedding some of the actions and effecting sustainable change will be dependent upon ongoing cooperation and collaboration with all care providers including NWHHS, Western Queensland Primary Health Network, the Doomadgee Aboriginal Shire Council and the Doomadgee community.
6. The OHO Gidgee Healing report recognises that sustaining the commitment to the tripartite agreement has been challenging, due to multiple changes, with multiple changes in senior leadership at Gidgee and the NWHHS executive and Board since the signing of the Tripartite Agreement in 2017.
7. The OHO Gidgee Healing report indicates a lack of clear understanding and documented agreements outlining how primary health care services connect with other health service providers, including NWHHS, in the community to ensure coordination and communication of patient care. The report also indicates ad hoc process for escalation and notification to the community, hospital and council regarding staffing deficits or service delivery changes. The recently released NWHHS Equity Strategy 2022-2025 outlines strategies to address and support this.
8. NWHHS is working with Gidgee Healing to provide integrated care for the people of Doomadgee by:
  - 8.1. undertaking weekly case conferences between Doomadgee Hospital, Gidgee Healing and NWHHS RHD team to provide coordinated care for RHD patients and to ensure all care providers are aware of their responsibilities;
  - 8.2. patient clinical information is shared between NWHHS and Gidgee Healing via a copy of the care plan saved into Communicare and a hard copy printed and filed in the patients physical notes, with a copy sent to Gidgee Healing. A copy of the cardiology review letter is also filed in the NWHHS chart and provided to Gidgee Healing;
  - 8.3. a monthly Clinical Governance Group meeting between Gidgee Healing and NWHHS with the object of coordinating care, managing matters of clinical importance to the group, and sharing learnings; and
  - 8.4. development of a local service agreement between NWHHS and Gidgee Healing has not yet commenced. However early discussions continue between the two parties, with a focus on workplace accommodation of NWHHS staff working in the Doomadgee Community Health building, which is owned by Gidgee Healing.



<b>Author</b> Name: Cristina Mears Position: Director Unit: CPOT, Clinical Excellence Queensland Tel No: (07) [REDACTED] Date Drafted: 4/5/2023	<b>Cleared by</b> Name: Sean Birgan Position: A/Chief Executive Branch: North West HHS Tel No: [REDACTED] Date Cleared: 4/5/2023 <i>*Note clearance contact is also key contact for brief queries*</i>	<b>Content verified by (DDG/CE)</b> Name: Dr Helen Brown Position: DDG Division: Clinical Excellence Queensland Tel No: [REDACTED] Date Verified: 4/5/2023	<b>Director-General Endorsement</b> Name: Shaun Drummond  NOT REQUIRED  Date ...../...../.....
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Reviewed in ESU 4 May 2023  
Reviewed in SDLO 4 May 2023  
Re-reviewed in ESU 29 May 2023  
\*Reviewed in SDLO – 30 May 2023

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## BACKGROUND

9. Mount Isa Aboriginal Community Controlled Health Services Ltd (trading as Gidgee Healing) is funded by the Commonwealth and Queensland Governments and provides a range of primary health care services to Aboriginal and Torres Strait Islander peoples in the North West region including Mount Isa, Normanton, Mornington Island and Doomadgee.
10. Gidgee Healing has been experiencing organisational governance challenges over the last two years.
11. Queensland Health, through the Community Services Funding Branch, provides a total funding of \$8,252,915 (GST exclusive) from 1 July 2021 to 30 June 2024, to Gidgee Healing with an option to extend funding for a further two years. These funds are a contribution towards the three primary health care services that Gidgee Healing delivers at:
  - 11.1. Pioneer (Mount Isa): \$4,660,793;
  - 11.2. Mornington Island: \$2,899,146; and
  - 11.3. Doomadgee: \$692,976.
12. In 2020-21, of the total revenue earned by Gidgee Healing from Queensland Health funding represented approximately 7 per cent, with Commonwealth and other State funding as the main funding source for Gidgee Healing at approximately 75 per cent.
13. Under the funding agreement between Queensland Health and Gidgee Healing, Gidgee Healing is required to submit regular reports to the Department of Health. During 2020-21 and 2021-22, despite regular support provided by Queensland Health, Gidgee Healing had a number of outstanding performance and financial reports. Gidgee Healing was also required to re-submit a number of reports due to inconsistencies and gaps in the information provided.
14. During 2022-23, Gidgee Healing engaged the peak body Queensland Aboriginal and Islander Health Council for support with their contract and funding obligations. Gidgee Healing has since caught up with all deliverables except for the 2021-22 Annual Financial Report which is being prepared by Queensland Aboriginal and Islander Health Council for Gidgee Healing approval to submit to Queensland Health.
15. In addition, the Commonwealth Government has appointed McGrathNicol Advisory Partnership as administrator and business advisor in relation to Commonwealth Department of Health and Aged Care investment at Gidgee Healing, to conduct an in-depth financial, governance and operational review, and provide advice to Gidgee Healing on sustainable financial operating and business models.
16. Queensland Health has also appointed McGrathNicol from 28 February to 30 November 2023 to undertake a financial review, corporate governance review and organisational and service delivery review of the Queensland Health funding and Service Agreements.
17. Queensland Health representatives are planning to attend a meeting in Mount Isa with the Gidgee Healing Chairperson and CEO during May 2023, to discuss status of the organisation's governance and service delivery and progress of the McGrathNicol business advisor activities.
18. Gidgee Healing, Western Queensland Primary Health Network, and NWHHS are signatories to a Tripartite Agreement, signed in 2017, which aims to use state and Commonwealth resources in a shared manner to improve health outcomes by delivering comprehensive primary care. A review of the Tripartite Agreement was undertaken in 2021.
19. On 25 November 2022, Ms Haylene Grogan, Chief Aboriginal and Torres Strait Islander Health Officer was advised by the OHO that they were commencing a systemic investigation into the health services provided by Gidgee Healing.
20. On 30 November 2022, Mr Shaun Drummond, Director-General, Queensland Health was informed a systemic investigation into the quality of primary health services provided to the Doomadgee community by Gidgee Healing during the period July to December 2021 had been completed and was provided a copy of the draft report.

## RESULTS OF CONSULTATION

21. The NWHHS Chief Executive, Clinical Excellence Queensland, Community Services Funding Branch and the Office of the Chief First Nations Health Officer contributed to the development of this brief.

## RESOURCE/FINANCIAL IMPLICATIONS

22. There are no resource or financial implications associated with this brief.

## HUMAN RIGHTS

23. Relevant human rights are the right to health services and the cultural rights of Aboriginal and Torres Strait Islander peoples. The issues raised in the OHO Gidgee report relate to these rights not being supported.

## SENSITIVITIES/RISKS

24. There is likely to be significant media attention on the issues raised in the OHO Gidgee report.

## ATTACHMENTS

25. Attachment 1. OHO Gidgee Healing investigation Report.

Author	Cleared by	Content verified by (DDG/CE)	Director-General Endorsement
Name: Cristina Mears Position: Director Unit: CPOT, Clinical Excellence Queensland Tel No: (07) [REDACTED] Date Drafted: 4/5/2023	Name: Sean Birgan Position: A/Chief Executive Branch: North West HHS Tel No: [REDACTED] Date Cleared: 4/5/2023 <i>*Note clearance contact is also key contact for brief queries*</i>	Name: Dr Helen Brown Position: DDG Division: Clinical Excellence Queensland Tel No: [REDACTED] Date Verified: 4/5/2023	Name: Shaun Drummond  NOT REQUIRED  Date ...../...../.....

Reviewed in ESU 4 May 2023  
Reviewed in SDLO 4 May 2023  
Re-reviewed in ESU 29 May 2023  
\*Reviewed in SDLO – 30 May 2023

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**SUBJECT: Payments for the Review into Townsville University Hospital audiology services**

<input checked="" type="checkbox"/> Approved	Signed
<input type="checkbox"/> Not approved	
<input type="checkbox"/> Noted	
<input type="checkbox"/> Further information required (see comments)	
	Date: 7 / 11 / 2023
	Michael Walsh, A/Director-General, Queensland Health
	Comments:

**ACTION REQUIRED BY** - 7 November 2023, as it is anticipated the Chief Executive, Townsville Hospital and Health Service (THHS) will announce the ex-gratia payment approach and outcomes of the Health Service Investigation of the Townsville University Hospital Audiology and Cochlear Implant Mapping Services (the Health Service Investigation) on 8 November 2023.

**RECOMMENDATION**

It is recommended the Director-General:

- **Approve** the program which is a combination of an ex-gratia payments and a streamlined claims process to compensate patients harmed as a result of audiology services provided at THHS.
- **Approve** that ex-gratia payments are not subject to deduction from the *Personal Injury Proceedings Act 2002* (PIPA) claim damages.
- **Approve** the transfer of funds from the Centrally Managed Budget (CMB) to the Purchasing Pool to be provided to THHS through the Service Agreements of approximately \$2,441,323, for the approximate cost of the ex-gratia payments of \$2,285,000 and for the two additional temporary full time equivalent staff members at AO6 level for a period of at least six months to assist families in completion of the relevant forms of \$156,323.
- **Note** the ex-gratia amount is expected to increase as further individual patient reviews are completed.
- **Note** the Health Service Investigation report was provided to the THHS Chief Executive on 3 November 2023.
- **Note** the Health Service Chief Executive of THHS will be the delegate to make the ex-gratia payments under the program.

**ISSUES**

1. The primary options for compensating patients harmed as a result of audiology services provided at THHS are by ex-gratia payments and personal injury claims processes.
2. It is an option to provide an ex-gratia payment to patients impacted by the THHS audiology services. The amount could be determined by the Severity Assessment Code (SAC) classification of harm, confirmed by the clinical review process. It is proposed that confirmed patients be eligible for an ex-gratia payment as follows:
  - 2.1. Patients experiencing clinical harm (for example, SAC 1, 2 or 3) \$50,000 payment; and
  - 2.2. Patients recalled for follow-up assessment resulting in no identified clinical harm to-date, \$5,000 payment.
3. Patients who receive an ex-gratia payment are still entitled to proceed with a claim for compensation under PIPA. This is important because outcomes for patients vary and the same payment under an ex-gratia scheme may not be considered equitable or sufficient,

particularly for patients who have experienced greater harm, with economic loss and ongoing care needs.

4. It is an option to develop targeted information for impacted patients and their families about the process for making a claim for compensation under PIPA. While the PIPA process is designed to facilitate timely resolution of injury claims and damages awards, THHS could work with the Queensland Health Insurance Fund (QGIF) to develop an expedited claims process for this cohort.
5. An ex-gratia payment is generally separate to and not part of any future award for compensation under PIPA. It is possible to make the payments subject to deduction from future PIPA damages awards. This may be an option for adult claimants but is not appropriate for ex-gratia payments to minors where personal injury damages awards are subject to Supreme Court sanction. Where most claimants are minors, or adults who suffered harm when they were a minor, making the ex-gratia payments subject to deduction is not recommended.
6. Any ex-gratia payments would need to be funded from the Queensland Health budget. Awards of damages under PIPA is funded through QGIF under insurance arrangements.

## **BACKGROUND**

### Clinical Review of Townsville Audiology Patients

7. In December 2022, THHS was alerted to a pattern of 'unexpected findings' in the assessment of babies referred by Healthy Hearing Program for diagnostic audiological testing.
8. Since 2020, there have been about 9,000 births at Townsville University Hospital with no concerns raised about routine newborn screening through the Healthy Hearing Program. The concerns relate to patients referred for follow-up diagnostic audiological testing.
9. Healthy Hearing Queensland conduct quality assurance audits into the testing which is undertaken by individual health services. This was last performed in 2020 with a report completed in February 2021 raising a number of concerns. This report was provided to the Townsville University Hospital Director of Audiology in March 2021. These concerns were never escalated.
10. In December 2022, THHS was alerted to a pattern of 'unexpected findings' in the assessment of babies referred by Healthy Hearing Queensland for diagnostic audiological testing.
11. A Healthy Hearing Audit undertaken by Children's Health Queensland identified five cases of 'unexplained findings'.
12. This prompted THHS to seek assurance around local services and to seek support from Children's Health Queensland HHS.
13. Queensland Children's Hospital conducted a clinical review of children in the diagnostic and Cochlear Implant programs at THHS (born after 1 January 2020) which was finalised on 19 June 2023, requiring the following:
  - 13.1. 59 of the 341 cases of the healthy hearing diagnostic assessment group requiring follow up assessment; and
  - 13.2. 20 of the 59 children in the Cochlear Implant group requiring follow-up assessment.
14. All children requiring follow-up assessment have been seen.
15. As of 3 November 2023, THHS has confirmed the following outcomes of the children reviewed:
  - 15.1. 341 cases of the healthy hearing diagnostic assessment group:
    - 15.1.1. SAC 1s (permanent harm, not reasonably expected);
    - 15.1.2. SAC 2s (temporary harm, not reasonably expected);
    - 15.1.3. SAC 3s (minimal harm, not reasonably expected); and
    - 15.1.4. patients recalled for follow-up assessment resulting in no identified clinical harm to-date.

- 15.2. 59 children in the Cochlear Implant group:
  - 15.2.1. 7 SAC 1s;
  - 15.2.2. 5 SAC 2s;
  - 15.2.3. 1 SAC 3s; and
  - 15.2.4. 7 patients recalled for follow-up assessment resulting in no identified clinical harm to-date.
16. Note that whilst those patients recalled for follow-up assessment may have no identified clinical harm to-date, it may become evident in future that harm has been incurred given not all harm may be recognised through initial assessments.
17. THHS Legal Department are currently processing three requests through QGIF.
18. Most recently, after routine follow up by audiologists, and as of 3 November 2023, 20 patients outside of the original audit cohorts and in other audiology steams have been referred to Patient Safety for review with the following confirmed clinical incidents:
  - 18.1. 2 SAC 1s (permanent harm, not reasonably expected);
  - 18.2. 12 SAC 2s (temporary harm, not reasonably expected); and
  - 18.3. 4 x SAC 3s
19. An approach to further auditing of paediatric and adults receiving audiology services at THHS is being developed.
20. There are clinical practice concerns in at least one practising audiologist at Townsville University Hospital. This clinician had their contact of employment terminated [REDACTED]
21. [REDACTED]
22. A notification was made to the Office of the Health Ombudsman, as audiology is not an Australian Health Practitioner Regulatory Agency registered professional group.
23. [REDACTED]

#### Health Service Investigation

24. The THHS Chief Executive commissioned a Part 9 Health Service Investigation of the Townsville University Hospital Audiology and Cochlear Implant Mapping Services, which has now been finalised.
  25. The investigative team of audiologist experts included a consumer representative.
- #### South Australian Paediatric Cochlear Implant Program
26. In late March 2023, THHS became aware of the South Australian external investigation into paediatric cochlear implant services, after children had their implant programmed incorrectly by audiologists, resulting in them not being able to hear and develop speech and language.
  27. Two reviews of the South Australia (SA) Paediatric Cochlear Implant Program at the Women's and Children's Hospital were commissioned by SA Health after several children had potential issues with implant mapping. The Department for Health and Wellbeing commissioned an external review to understand the issues that caused the under mapping to occur, to identify measures to strengthen the current systems and processes within the cochlear implant program, and to make sure it does not happen again in the future. The Report was released on 21 August 2023, which included 59 recommendations all of which have been accepted and will be implemented.
  28. As a result of this external review, SA Health announced that all children (total 208) who had been a part of the program since 2006 would be eligible for a payment.
  29. Children who have been under-mapped have been offered \$50,000, via an on-line application process which does not replace a family's right to pursue compensation.
  30. Families whose children have not been under-mapped are entitled to \$5,000, given all families who had audiology services were advised their care would be reviewed. Children and families may have experienced undue expenses, as well as significant stress and

inconvenience due to the possibility they could have been under mapped. This payment is in recognition of the impact on these families.

31. 30 to 40 of those 208 individual children are eligible to receive the \$50,000 payment, with the remaining children eligible to receive the \$5,000 payment.
32. Additional families to those identified as being eligible for the \$50,000 have submitted an application for the \$50,000. These will be assessed externally.
33. SA Health have confidentially divulged [REDACTED]

## **RESULTS OF CONSULTATION**

34. Patient Safety and Quality, Clinical Excellence Queensland have consulted with following in relation to the content of this brief:
  - 34.1. SA Health;
  - 34.2. QGIF;
  - 34.3. THHS;
  - 34.4. THHS Board; and
  - 34.5. Department of Health's Legal Branch and Insurance Services Team.

## **RESOURCE/FINANCIAL IMPLICATIONS**

35. QGIF is resourced to manage and pay personal injury (PIPA) claims consistently and effectively.
36. The approximate cost of ex-gratia payments will be \$2,285,000. This is based on a current assessment 9 SAC 1s, 19 SAC 2s, 12 SAC 3s and 57 patients recalled for follow-up assessment resulting in no identified clinical harm to-date.
37. If it is identified in future that patients who receive the \$5,000 payment have incurred clinical harm, they would be offered a further \$45,000 ex-gratia payment.
38. This amount would be expected to increase as further individual patient reviews are completed. Further clinical incidents may also be identified through the proposed further auditing.
39. The ex-gratia payments would require approval through a CBRC submission or through CMB as these payments are not covered by QGIF. Ex-gratia payments may also invite an influx of claims outside the intended scope of the review.
40. The ex-gratia payments will be managed through THHS.
41. Based on information shared by SA Health and the potential claimants, it is anticipated that two additional temporary full time equivalent staff members at AO6 level would be required for a period of at least six months to assist families in completion of the relevant forms, assess and process the ex-gratia payments. The approximate cost of engaging 2 x AO6 FTE for 6 months is \$156,323.

## **HUMAN RIGHTS**

42. A decision to offer ex-gratia payments and a streamlined claims process is considered compatible with the human rights protected under the *Human Rights Act 2019*.

## **SENSITIVITIES/RISKS**

43. The following concerns have been raised around the offer of an ex-gratia payment:
  - 43.1. The outcomes of those affected varies significantly and applying the same payment via an ex-gratia payment scheme would not be considered equitable, particularly for patients who have experienced greater harm and will incur ongoing care needs.

However, if a one-off payment compensation scheme was progressed, patients are still entitled to proceed with the PIPA approach.

- 43.2. Funding for a compensation scheme would need to be sought within the Queensland Health budget as opposed to the PIPA path which is funded via QGIF under our insurance arrangements,
- 43.3. Ex-gratia payments are likely to create a precedence for other clinical reviews undertaken across Queensland Health (including HHSs) where affected patients may expect an ex-gratia payment.
- 44. If ex-gratia payments are approved, consideration would need to be given as to how the payments are made taking into consideration situations such as split families, legal and associated financial guardianship, including State guardianship and child trusts.
- 45. SA Health indicated [REDACTED]
- 46. On 3 July 2023, Mr Stephen Andrews, MP (State Member for Mirani) wrote to the Townsville University Hospital Audiology Department requesting clinical practice guidelines relating to cochlear implant mapping for adults and children.

<b>Author</b> Name: Kirstine Sketcher-Baker Position: Executive Director, Patient Safety and Quality Unit: Clinical Excellence Queensland Tel No: [REDACTED] Email address: [REDACTED] [REDACTED]@health.qld.gov.au Date Drafted: 7 November 2023	<b>Cleared by (Dir/Snr Dir)</b> Name: Kirstine Sketcher-Baker Position: Executive Director Branch: Patient Safety and Quality Tel No: [REDACTED] Email address: [REDACTED] [REDACTED]@health.qld.gov.au Date Cleared: 7 November 2023 <i>*Note clearance contact is also key contact for brief queries*</i>	<b>Content verified by (DDG/CE)</b> Name: Dr Helen Brown Position: Deputy Director-General Division: Clinical Excellence Queensland Tel No: [REDACTED] Email address: [REDACTED] [REDACTED]@health.qld.gov.au Date Verified: 7 November 2023
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**SUBJECT: Investigation Sunshine Coast University Hospital - 17 breaches of the Act following a ruling by the Federal Circuit Court**

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Noted <input type="checkbox"/> Further information required (see comments)	Signed.....  Date...../...../.....  Hon Shannon Fentiman MP, Minister for Health, Mental Health and Ambulance Services and Minister for Women  Comments:
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**ACTION REQUIRED BY** - There is no specific timeframe required

**RECOMMENDATION**

It is recommended the Minister:

- **Sign** the letter to Mr Jarrod Bleijie MP, Member for Kawana (Attachment 1).

**ISSUES**

1. On 3 August 2023 Mr Jarrod Bleijie MP, Member for Kawana sent an email to the Honourable Shannon Fentiman MP, Minister for Health, Mental Health and Ambulance Services and Minister for Women, in relation to identified breaches of the *Disability Discrimination Act* at Sunshine Coast University Hospital (SCUH).
2. On 14 May 2019, [REDACTED] a [REDACTED] patient of the Sunshine Coast Hospital and Health Service (SCHHS), lodged an application in the Federal Circuit Court alleging indirect disability discrimination on the basis that ~~Sunshine Coast Hospital and Health Service (SCHHS)~~ failed to make reasonable adjustments to accommodate his requirements at SCUH.
3. On 4 August 2021, the Federal Circuit Court released its ruling containing 27 areas to be addressed at SCUH.
4. Although the COVID pandemic has impacted delivery timelines, the SCHHS has completed 11 activities required by the Court ruling ([Attachment 2](#)), ~~in the following including areas:~~
  - 4.1. installing directional Tactile Ground Surface Indicators (TGSI) in various areas including from the bus stop, taxi rank and drop off zone to the main entrance;
  - 4.2. amending existing TGSI to ensure more than 30 per cent luminance contrast with adjacent areas;
  - 4.3. installing warning TGSI adjacent to the emergency vehicle exclusion zone;
  - 4.4. installing missing visual glazing strips to all windows and doors to Hospital Street, Main Hospital Building;
  - 4.5. installing contrasting strip to base of walls and columns Level 1, Main Hospital Building;
  - 4.6. painting/amending safety bollards adjacent to the emergency vehicle exclusion zone to ensure more than 30 per cent luminance contrast;
  - 4.7. applying pavement words and chevrons to identify emergency vehicle exclusion zones;
  - 4.8. deglazing vinyl flooring, introducing new cleaning products and regime proposed by the flooring vendor; and
  - 4.9. painting wall between the exit doors at Level 1 entrance to ensure more than 30 per cent luminance contrast.
5. To achieve compliance with the Court ruling and best outcomes for patients and visitors, SCHHS engaged wayfinding experts, ID LAB, who advised the remaining sixteen

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Queensland Health  
**MINISTERIAL BRIEFING NOTE**

C-ECTF-23/9780  
SCHHS

activities be addressed as an integrated package of works. The works include the following:

5.1. Replacing directories and direction signs between the two lift doors in lift lobbies (Ground to Level 5) with compliant Braille signage;

5.2. Amending ground floor and Level 1 lift totem information and map to rectify contrast;

5.3. Replacing all directional signs, lift totems, ward identification and room identification signage with compliant Braille signage;

5.4. Installing external compliant directional Braille signage in the public forecourt;

5.5. Replacing the stainless steel handrail on Level 1 balustrade with a timber handrail; and

Painting walls and columns in all corridors to address luminance contrast requirements.

~~5-5.6.~~

6. ID LAB facilitated interviews and workshops with over 100 stakeholder representatives, advocacy groups including Vision Australia, SCHHS staff and volunteers.

7. Based on stakeholder feedback, the scope of works has been expanded to ensure both compliance with the Court ruling and also development of a wholistic and highly functional wayfinding solution to;

7.1. accommodate people with differing abilities;

7.2. align internal and external wayfinding elements; and

7.3. ensure consistency of electronic wayfinding information disseminated to patients.

8. ID LAB have commenced request for information market sounding:

8.1. tenders will be released through the Public Private Partnership via a selective offer arrangement in October 2023; and

8.2. the required 1,526 signs will be manufactured and installed over a 24 week period with a forecast completion date for the fully compliant enhanced wayfinding solution being June 2024.

~~8-2.9.~~ Implementation timelines for the final wayfinding solution have had to be extended to accommodate the logistics of the installation and associated make good works occurring in an operational hospital whilst ensuring that users are not unduly impacted.

**BACKGROUND**

~~9-10.~~ On 8 August 2016, independent building certifier [redacted] certified that SCUH was designed and constructed to the Building Code of Australia *Disability Discrimination Act 1992* requirements.

~~10-11.~~ In the period between lodging his Application and the Court ruling the plaintiff passed away and the matter was progressed by his estate.

~~11-12.~~ Tender documentation for the expanded wayfinding solution was completed on 30 June 2023.

**RESULTS OF CONSULTATION**

~~12-13.~~ No consultation was required for this brief.

**RESOURCE/FINANCIAL IMPLICATIONS**

~~13-14.~~ Funding for the design phase has been allocated from the SCUH Capital Project budget.

**HUMAN RIGHTS**

~~14-15.~~ Equitable access to healthcare facilities is a fundamental human right and the basis of the Court ruling. The SCHHS acknowledges its obligations and has diligently pursued an enhanced wayfinding solution to ensure equity of access for all users of SCUH.

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Queensland Health  
**MINISTERIAL BRIEFING NOTE**

C-ECTF-23/9780  
SCHHS

**SENSITIVITIES/RISKS**

~~45-16~~ There has been a recent media focus on this issue with ABC News and 7NEWS both running stories.

~~46-17~~ [REDACTED] has written to the Health Service [REDACTED].

**ATTACHMENTS**

~~47-18~~ Attachment 1. ~~MIN-LTR~~ Minister response letter to Jarod Bleijie MP

~~48-~~ Attachment 2. — Court Order status

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<b>Author</b> Name: Peter Sanderson Position: Act. Snr Director Capital Assets and Infrastructure Unit: SCHHS Tel No: [REDACTED] Email address: [REDACTED]@health.qld.gov.au Date Drafted: 7 August 2023	<b>Cleared by (Dir/Snr Dir)</b> Name: Tanya Grant Position: A/Chief Operating Officer Branch: SCHHS Tel No: [REDACTED] Email address: [REDACTED]@health.qld.gov.au Date Cleared: 8 August 2023 <i>*Note clearance contact is also key contact for brief queries*</i>	<b>Content verified by (DDG/CE)</b> Name: Joanne Shaw Position: A/Chief Executive Division: SCHHS Tel No: [REDACTED] Email address: [REDACTED]@health.qld.gov.au Date Verified: 16 <sup>9</sup> August 2023	<b>A/Director-General Endorsement</b> Name: Michael Walsh Signed <u>Not required</u> Date ...../...../.....
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ESU Received 10 AUG 2023

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Minister for Health, Mental Health and Ambulance  
Services  
Minister for Women

1 William Street Brisbane Qld 4000  
GPO Box 48 Brisbane  
Queensland 4001 Australia  
Telephone +61 7 3035 6100

C-ECTF-23/9780

Mr Jarrod Bleijie MP  
Member for Kawana  
PO Box 1200  
BUDDINA QLD 4575

15 SEP 2023

Email: [kawana@parliament.qld.gov.au](mailto:kawana@parliament.qld.gov.au)

Dear Mr Bleijie

*Jarrod*

Thank you for your email in relation to identified breaches of the *Disability Discrimination Act 1992*, at Sunshine Coast University Hospital.

I am advised that after the Federal Circuit Court handed down its ruling, the Sunshine Coast Hospital and Health Service engaged widely with stakeholders, including disability groups.

Incorporating stakeholder advice, the scope of the rectification works has been expanded to ensure not only full compliance with the Court ruling, but delivery of a wholistic and functional wayfinding solution to accommodate people with differing abilities, align internal and external wayfinding elements, and ensure consistency of electronic information disseminated to patients.

The Court ruling contained 27 areas to be addressed and I am advised that work is well underway to implement these orders, with a tender expected to be released to the market later this year.

The enhanced scope and quality of rectification works has impacted delivery timelines, however, a range of required rectifications have already been completed including:

- installation of Tactile Ground Surface Indicators, including between the bus stop, taxi rank and drop off zone, and the main hospital entrance, and amendments to existing Tactile Ground Surface Indicators to improve luminance contrast;
- installation of visual glazing and contrasting strips; and
- painting/amending safety bollards adjacent to the emergency vehicle exclusion zone and walls between the exit doors at Level 1 entrance, to improve luminance contrast.

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I trust this information is of assistance. Should you require further information in relation to this matter, I have arranged for Mr Andrew Leggate, Senior Director Capital Assets and Infrastructure, Sunshine Coast Hospital and Health Service, on telephone 5202 0012, to be available to assist you.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Shannon Fentiman', written in a cursive style.

**Shannon Fentiman MP**

Minister for Health, Mental Health and Ambulance Services

Minister for Women

Member for Waterford

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**SUBJECT: Torres and Cape HHS – Health Service Investigation and Taskforce**

<input type="checkbox"/> Approved	Signed.....  Date...../...../.....  Hon Shannon Fentiman MP, Minister for Health, Mental Health and Ambulance Services and Minister for Women  Comments:
<input type="checkbox"/> Not approved	
<input type="checkbox"/> Noted	
<input type="checkbox"/> Further information required (see comments)	

**ACTION REQUIRED BY - 21 September 2023**

**RECOMMENDATION**

It is recommended the Minister:

- **Note** the information contained in this brief to support meeting discussions with the Minister and Torres and Cape Executives scheduled on 23 September 2023.

**ISSUES**

Health Service Investigation

1. Queensland Health has commenced an independent investigation into Torres and Cape Hospital and Health Service (HHS). Four First Nations professionals with vast experience in health received their letters of appointment on 30 August 2023.
2. The investigation was commissioned by Michael Walsh, Acting Director-General, Queensland Health and will be conducted in accordance with Part 9 of the *Hospital and Health Boards Act 2011*.
3. The Investigation will thoroughly review the HHSs performance and delivery of healthcare services to all people living in the Torres Strait and on Cape York. This includes assessing trends over the last 40 years (where quantitative or qualitative data is available) of the health status of Aboriginal and Torres Strait Islander people through examination of key health status indicators including potentially avoidable deaths.
4. It will include examination of the cultural safety of the services provided by Torres and Cape HHS.
5. The investigators will also work with key stakeholders to identify the strengths of previous Torres and Cape First Nations models of care not currently being used to deliver services and assess the benefits and achievability of implementing them.
6. The Investigation report will be provided to the Acting Director General, as the appointer for the Investigation. He will then determine what action can be taken in relation to the matters identified in the report.
7. Due to the confidential nature of the investigation and to ensure it remains independent, the only updates that can be provided though the duration of the investigation are regarding the timing of completion of the Investigation.
8. The Investigation is considered commenced as of the date of the appointment letter, which was 30 August 2023.
9. Initial briefing meeting with investigators was held on 11 September 2023, with three of the four investigators attending. Dr Wenitong was unable to attend the briefing meeting as [REDACTED] but has confirmed that he has accepted the appointment as an investigator. The Investigation Plan was discussed at the briefing meeting and is due 3 October 2023, based upon availability of the investigators.

Data sources for mortality rates

10. A key component of drafting the investigation plan will be to outline the quantitative and qualitative data elements to inform the final report. As the draft investigation plan is not finalised by the Invesgitors – confirmation of data elements or sources is yet to be confirmed.

Communication with staff

- 11. HHS staff can be advised that the investigation has commenced as at 30 August 2023, following letters being sent to the investigators.
- 12. To maintain the independence of the review, Queensland Health will not be able to provide any updates on progress or timeframes at this stage.
- 13. Clinical Excellence Queensland will support the Investigators with making travel and accommodation plans for when they are doing face to face consultation with the community.
- 14. Assistance will also be provided in arranging meetings if required.

Torres and Cape Ministerial and Community Health Taskforce (the Taskforce)

- 15. The Minister has written to the proposed members of the joint Taskforce seeking their commitment. Conversations are still occurring to confirm membership and acceptances still pending.
- 16. A representative from NPA Family & Community Services will be invited to become a member of the Taskforce in the coming weeks.
- 17. The First Nations Health Office (as the Taskforce Secretariat) will confirm the inaugural Taskforce meeting date proposed for week beginning 23 October 2023 in Brisbane.
- 18. Location and frequency of future Taskforce meetings with be discussed at the first meeting (proposed to be held in late October) and agreed by the taskforce members.

**BACKGROUND**

19. The Minister is visiting Thursday Island on 23 September 2023 and is taking the opportunity to meet with any TCHHS Board or Executives who are available at the Thursday Island Hospital.

**RESULTS OF CONSULTATION**

20. No consultation was required for this brief.

**RESOURCE/FINANCIAL IMPLICATIONS**

21. There are no resource or financial implications associated with this brief.

**HUMAN RIGHTS**

22. Human rights are not engaged by this proposed matter.

**SENSITIVITIES/RISKS**

23. There are no sensitivities associated with this brief.

<p><b>Author</b>                  Name: Michelle Wilson                  Position: Director                  Unit: Clinical Excellence Qld                  Tel No: [REDACTED]                  Email address: [REDACTED]@health.qld.gov.au                  Date 21/0/9/2023</p>	<p><b>Cleared by (Dir/Snr Dir)</b>                  Name: Michelle Wilson                  Position: Director                  Branch: Clinical Excellence Qld                  Tel No: [REDACTED]                  Email address: [REDACTED]@health.qld.gov.au                  Date Cleared: 21 September 2023  <i>*Note clearance contact is also key contact for brief queries*</i></p>	<p><b>Content verified by (DDG/CE)</b>                  Name: Dr Helen Brown                  Position: Deputy Director-Genera                  Division: Clinical Excellence Queensland                  Tel No: [REDACTED]                  Email address: [REDACTED]@health.qld.gov.au                  Date Verified: 21 September 2023</p>	<p><b>A/Director-General Endorsement</b>                  Name: Michael Walsh                   Signed                   NOT REQUIRED                   Date ...../...../.....</p>
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**SUBJECT: Health Service Investigation commissioned into Voluntary Assisted Dying Unit, Queensland Health; Queensland Voluntary Assisted Dying Support and Pharmacy Service, Metro South Hospital and Health Service; [REDACTED] Hospital and Health Service**

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input checked="" type="checkbox"/> Noted <input type="checkbox"/> Further information required (see comments)	<p>Signed.....  .....</p> <p>Date...../...../.....</p> <p>Hon Shannon Fentiman MP, Minister for Health, Mental Health and Ambulance Services and Minister for Women</p> <p>Comments:</p>
---	--

**ACTION REQUIRED BY** - There is no specific timeframe required.

### RECOMMENDATION

It is recommended the Minister:

- **Note** a Health Service Investigation, commissioned by Dr David Rosengren, former Acting Director-General, has been undertaken into the Voluntary Assisted Dying Unit (VAD Unit), Queensland Health; Queensland Voluntary Assisted Dying Support and Pharmacy Service (QVAD SPS), Metro South Hospital and Health Service (MSHHS); and [REDACTED] Hospital and Health Service ([REDACTED]).

### ISSUES

1. On 7 July 2023, the former Acting Director-General commissioned a Health Service Investigation (HSI) under section 190 of the *Hospital and Health Boards Act 2011* (the Act) to undertake an investigation and report (Investigation Report) on matters relating to clinical governance, management, administration or delivery of public sector health services provided by the VAD Unit, Queensland Health, QVAD-SPS, MSHHS, and [REDACTED] HHS in relation to access to voluntary assisted dying under the *Voluntary Assisted Dying Act 2021* (the VAD Act) (Investigation) (Attachment 1).
2. Under section 190 (1) of the Act, five individuals have been appointed as Health Service Investigators:
  - 2.1. [REDACTED]
  - 2.2. [REDACTED]
  - 2.3. [REDACTED]
  - 2.4. [REDACTED]
  - 2.5. [REDACTED]
3. The final Health Service Investigation Report (the Final Report) with recommendations was provided to Mr Michael Walsh, A/Director-General, Queensland Health, on 25 September 2023 for his consideration and action. The VAD report is provided in confidence and is not for further distribution without Director-General permission (Attachment 2).
4. The Director-General has provided the Final Report to the VAD Review Board, VAD Unit and QVAD SPS and has directed that:
  - 4.1. QVAD-SPS develop an action plan, in conjunction with the VAD Unit, addressing all recommendations within the Final Report and provide it to the VAD Review Board for endorsement; and
  - 4.2. provide a quarterly progress report in conjunction with the VAD Unit against each of the recommendations, until all actions have been completed and provide the first quarterly progress report to the Director-General.

5. The matter is also being investigated by the Coroner (Central Region). The Coroner has been informed of the HSI and has been provided a copy of the Final Report. Any disclosure or public release of the Final Report prior to the finalisation of the coronial investigation may interfere with the coronial investigation. It is not known yet whether the Coroner intends to hold a public inquest.
6. If the Coroner is satisfied the matter has been appropriately investigated, the Coroner may close their file and make findings "on the papers". In that case, the matter will not be made public through the coronial process.
7. The family has been contacted to seek support in releasing the Final Report publicly. The family is not in support of this request [REDACTED]
8. Given the HSI has arisen following a single clinical incident it is not recommended that the HSI be reported publically so as to maintain patient confidentiality and the associated publicity may cause further distress and harm for the family involved given the likely significant media attention and public scrutiny that would result from any public release of these findings.
9. Release of the Final Report may also compromise the VAD scheme. [REDACTED]
10. The VAD Review Board is required to provide an Annual Report within three months of the end of the financial year reporting statistics on individuals that entered the VAD process by undertaking any of the legislated steps for VAD. The first Queensland Voluntary Assisted Dying Review Board Annual Report was tabled in Parliament on 25 September 2023.
11. [REDACTED]
12. In relation to this incident, the Annual Report states: *The Review Board is aware of an incident that has separately been referred to the coroner. While the coronial investigation is ongoing it is not appropriate for the Review Board to comment further.*
13. In line with the release of the VAD Review Board Annual Report, the media has reported on the incident, but the location of the individual has not been made public.
14. Upon receipt of the final Investigation Report, the Director-General has the ability to consider if there are matters that are in the public interest for other jurisdictional VAD Boards. The Director-General may notify the Boards of key findings from the HSI and share relevant information so that the Boards can take steps to manage the risk of a similar event. The Department of Health will consider how best to release the relevant key findings and recommendations to other jurisdictions.

## BACKGROUND

15. On 16 May 2023, QVAD-SPS, Metro South HHS advised the Department of the following incident:
  - 15.1. [REDACTED]
  - 15.2. [REDACTED]
  - 15.3. [REDACTED]
  - 15.4. [REDACTED]

15.5.

15.6.

15.7.

15.8.

15.9.

15.10. on [REDACTED] 2023, [REDACTED] was found deceased [REDACTED];

15.11. [REDACTED]'s death has been reported to the Central Coroner who is investigating the matter; and

15.12. the Central Coroner has confirmed that [REDACTED] cause of death was due to ingestion of the voluntary assisted dying substance.

16. On 25 May 2023, officers from across Queensland Health met to consider a systemwide collaborative approach to supporting the family as well as to review the incident and respond to the Coroner, including:

16.1. Department of Health: Patient Safety and Quality (Ms Kirstine Sketcher-Baker, Executive Director), VAD Unit (Ms Caitlin Lock, Director; Sally Stubbington, Executive Director; Ms Catherine Mc Dougal, Chief Medical Officer), Legal Services (Cosmo Cater & Nicola Lord, Senior Principal Lawyers; Megan Fairweather, Chief Legal Counsel);

16.2. MSHHS: QVAD Support Service ([REDACTED], Director) and Clinical Governance (Ms Chris Thorburn, Executive Director); and

16.3. [REDACTED] HHS: Clinical Governance ([REDACTED], Director Medical Services), Oncology Services ([REDACTED] Clinical Director).

17. [REDACTED]

18. The VAD Review Board has been advised of the death and the request from the Coroner to provide information regarding the death.

19. The VAD Act requires the VAD Review Board to retrospectively review every case to determine if practitioners, suppliers and contact persons complied with the Act.

20. The Review Board may refer matters arising from its review to the Health Ombudsman, Queensland Police, the Coroner or the Director-General and has its own information gathering powers under the Act.

## RESULTS OF CONSULTATION

21. Legal Branch was consulted in the preparation of this brief and on the commissioning of the HSI and appointment of investigators.

22. Voluntary Assisted Dying Unit, Clinical Excellence Queensland was consulted in the preparation of this brief.

## RESOURCE/FINANCIAL IMPLICATIONS

23. Total estimated costs for the external investigators are \$60,000. Costs incurred are being funded by the VAD Unit, Clinical Excellence Queensland.

## HUMAN RIGHTS

24. A decision to appoint the Investigators to conduct this Investigation may limit the right of an individual to not have their privacy unlawfully or arbitrarily interfered with under section 25 of the *Human Rights Act 2019*. However, the appointment of health service


investigators in accordance with Part 9 of the HHB Act is not incompatible with this human right.

### SENSITIVITIES/RISKS


25. It is not intended to disclose the findings of this HSI. The matter is extremely sensitive for the family involved and may cause significant further distress.
26. The media has reported on the incident, but the location of the individual has not been made public. There may potentially be further media or other interest if additional information is publicly released on this matter given this is the first unexpected death that has been notified to the department as associated with the recent commencement of the VAD Act on 1 January 2023, which provided access to voluntary assisted dying in Queensland.

### ATTACHMENTS

- Attachment 1. Copy of former DG BA – C-ECTF-23/8346  
Attachment 2. Final VAD Investigation Report

<p><b>Author</b> Name: Karissa Burley Position: Manager, OED Unit: PSQ Tel No: [REDACTED] Email address: [REDACTED]@health.qld.gov.au Date Drafted: 9 August 2023</p>	<p><b>Cleared by (Dir/Snr Dir)</b> Name: Kirstine Sketcher-Baker Position: Executive Director Branch: PSQ Tel No: [REDACTED] Email address: [REDACTED]@health.qld.gov.au Date Cleared: 18 August 2023 <i>*Note clearance contact is also key contact for brief queries*</i></p>	<p><b>Content verified by (DDG/CE)</b> Name: Dr Helen Brown Position: DDG Division: CEQ Tel No: [REDACTED] Email address: [REDACTED]@health.qld.gov.au Date Verified: 21 August 2023 Updated: 26 October 2023</p>	<p><b>A/Director-General Endorsement</b> Name: Michael Walsh  Signed  Date: 27 November 2023</p>
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**SUBJECT: Appointment of Health Service Investigators to undertake a Health Service Investigation into Voluntary Assisted Dying Unit, Queensland Health; QVAD Support and Pharmacy Service, Metro South Hospital and Health Service; [REDACTED] Hospital and Health Service**

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Noted <input type="checkbox"/> Further information required (see comments)	 Signed  Date 7/07/2023  Dr David Rosgenren, A/Director-General, Queensland Health  Comments:
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**ACTION REQUIRED BY** – 7 July 2023, to enable information to be provided to the Health Services Investigators (Investigators) for their consideration upon commencement of the Health Service Investigation (Investigation).

**RECOMMENDATION**

It is recommended the Director-General:

- **Approve** the appointment of [REDACTED] and [REDACTED] as Health Service Investigators ('Investigators') under section 190 of the *Hospital and Health Boards Act 2011* ('HHB Act').
- **Approve** the Health Service Investigation Terms of Reference (Attachment 1).
- **Sign** the Instruments of appointment for all Investigators (Attachment 2a to 2e).
- **Sign** the attached letters of appointment for all Investigators (Attachment 3a to 3e).
- **Sign** the Instrument of Indemnity for [REDACTED] and [REDACTED] (Attachments 3a.2, 3b.2, 3c.2, 3d.2 and 3e.2).
- **Sign** the attached letter to Ms Noelle Cridland, Acting Chief Executive, Metro South Hospital and Health Service (HHS), regarding the appointment of the Investigators (Attachment 4)
- **Sign** the attached letter to Ms Janine Walker AM, Chair, Metro South Hospital and Health Board (HHB), regarding the appointment of the Investigators (Attachment 5).
- **Sign** the attached letter to [REDACTED] Chief Executive, [REDACTED] HHS, regarding the appointment of the Investigators (Attachment 6)
- **Sign** the attached letter to [REDACTED] Chair, [REDACTED] HHB, regarding the appointment of the Investigators (Attachment 7)

**ISSUES**

1. The Director-General may appoint:
  - 1.1. Investigators under section 190 of the HHB Act to investigate and report on matters relating to the management, administration and delivery of Queensland public sector health services provided by the Voluntary Assisted Dying Unit, Queensland Health (VAD Unit), QVAD Support and Pharmacy Service, Metro South HHS (QVAD SPS)

and [REDACTED] HHS in relation to access to voluntary assisted dying under the *Voluntary Assisted Dying Act 2021* (VAD Act) (Investigation).

2. This brief seeks approval to appoint [REDACTED] and [REDACTED] as Investigators, to consider the Terms of Reference for the Investigation, and to agree to a draft plan within seven days (or otherwise agreed) of receiving the appointment, relating to the timeframes for the undertaking of the Investigation.
3. By approving this appointment, the Director-General must be satisfied the appointees are qualified for this appointment because they have the necessary expertise and experience, and no conflict or perceived conflict of interest, regarding the matters under Investigation and Review (Attachments 8a to 8e).

## BACKGROUND

4. On [REDACTED] 2023, QVAD Support and Pharmacy Service (QVAD SPS), Metro South HHS advised the Department of the following incident:
  - 4.1. A patient was assessed as eligible for voluntary assisted dying in accordance with the VAD Act on [REDACTED] 2023.
  - 4.2. [REDACTED]
  - 4.3. [REDACTED]
  - 4.4. [REDACTED]
  - 4.5. [REDACTED]
  - 4.6. [REDACTED]
  - 4.7. [REDACTED]
  - 4.8. [REDACTED]
  - 4.9. [REDACTED]
  - 4.10. On [REDACTED] 2023 [REDACTED] was found deceased in his home.
  - 4.11. [REDACTED] death has been reported to the Central Coroner who is investigating the matter.
  - 4.12. The Central Coroner has confirmed that [REDACTED] cause of death was due to ingestion of the voluntary assisted dying substance
5. On 25 May 2023, officers from across Queensland Health met to consider a system-wide collaborative approach to supporting the family as well as to review the incident and respond to the Coroner, including:
  - 5.1. Department of Health: Patient Safety and Quality, VAD Unit, Legal Services
  - 5.2. Metro South: QVAD Support Service and Clinical Governance
  - 5.3. [REDACTED] HHS: Clinical Governance, Oncology Services.
6. [REDACTED]
7. The VAD Review Board has been advised of the death and the request from the Coroner to provide information regarding the death.
8. The Act requires the VAD Review Board to retrospectively review every case to determine if practitioners, suppliers and contact persons complied with the Act.

9. The Review Board may refer matters arising from its review to the Health Ombudsman, Queensland Police, the Coroner or the Director-General and has its own information gathering powers under the Act.

## RESULTS OF CONSULTATION

10. Legal Branch was consulted [REDACTED]
11. The Central Coroner has been advised of QH's intention to conduct the Investigation and asked to confirm whether there are any issues with the Investigation proceeding. Queensland Health is currently awaiting a response from the Central Coroner to this request. If concerns are raised by the Central Coroner about the scope of the Investigation, there may be a need for an amendment to be made to the Terms of Reference.

## RESOURCE/FINANCIAL IMPLICATIONS

12. Travel, accommodation, meals and incidentals expenses will be incurred if the team need to travel.
13. Legal advice will be managed in-house.
14. Total estimated total costs for the external investigators are \$50,000. Queensland Health VAD Unit, Clinical Excellence Queensland has sufficient funds to fund the investigation.
15. An indemnity will be provided to the Investigators on the same terms as the Queensland Government Indemnity Guideline. The cost of this indemnity may not be covered by Queensland Health's policy of insurance with QGIF. However, section 280 of the *Hospital and Health Boards Act 2011* provides that an investigator is not civilly liable for an act done, or omission made, honestly and without negligence under the Act and that any civil liability will instead attach to the State in any event.

## SENSITIVITIES/RISKS

16. There may be media or other interest in this matter given that this is the first unexpected death that has been notified to the department as associated with the recent commencement of the VAD Act on 1 January 2023 which provided access to voluntary assisted dying in Queensland.

## ATTACHMENTS

17. Attachment 1 – Health Service Investigation Terms of Reference
- Attachment 2a – Instrument of Appointment for Investigator – [REDACTED]
  - Attachment 2b – Instrument of Appointment for Investigator – [REDACTED]
  - Attachment 2c – Instrument of Appointment for Investigator – [REDACTED]
  - Attachment 2d – Instrument of Appointment for Investigator – [REDACTED]
  - Attachment 2e – Instrument of Appointment for Investigator – [REDACTED]
  - Attachment 3a.1 – DG Letter of appointment to Investigator – [REDACTED]
  - Attachment 3a.2 – Instrument of Indemnity for Investigator – [REDACTED]
  - Attachment 3b.1 – DG Letter of appointment to Investigator – [REDACTED]
  - Attachment 3b.2 – Instrument of Indemnity for Investigator – [REDACTED]
  - Attachment 3c.1 – DG Letter of appointment to Investigator – [REDACTED]
  - Attachment 3c.2 – Instrument of Indemnity for Investigator – [REDACTED]
  - Attachment 3d.1 – DG Letter of appointment to Investigator – [REDACTED]
  - Attachment 3d.2 – Instrument of Indemnity for Investigator – [REDACTED]
  - Attachment 3e.1 – DG Letter of appointment to Investigator – [REDACTED]
  - Attachment 3e.2 – Instrument of Indemnity for Investigator – [REDACTED]
  - Attachment 3f – Conditions of Appointment (attachment to all letters)
  - Attachment 3g – Directive No. 9/11 Domestic Travelling and Relieving Expenses (attachment to all letters)

- Attachment 4 – Letter to Ms Noelle Cridland, Acting, Chief Executive, Metro South HHS
- Attachment 5 – Letter to Ms Janine Walker AM, Chair, Metro South HHB
- Attachment 6 – Letter to [REDACTED] Chief Executive, [REDACTED] HHS
- Attachment 7 – Letter to [REDACTED] Chair, [REDACTED] HHB
- Attachment 8a – Resume AHPRA Referee – [REDACTED]
- Attachment 8b – Resume AHPRA Referee – [REDACTED]
- Attachment 8c – Resume AHPRA Referee – [REDACTED]
- Attachment 8d – Resume Referee – [REDACTED]
- Attachment 8e – Resume Referee – [REDACTED]

Author	Cleared by (Dir/Snr Dir)	Content verified by (DDG/CE)
Name: Carolyn James Position: Principal Project Officer Unit: Support Tel No: [REDACTED] Date Drafted: 6/7/23	Name: Kirstine Sketcher-Baker Position: Executive Director Branch: Patient Safety Tel No: [REDACTED] Date Cleared: 6/07/2023 <i>*Note clearance contact is also key contact for brief queries*</i>	Name: Dr Catherine Mc Dougall Position: A/Deputy Director-General Division: Clinical Excellence Queensland Tel No: [REDACTED] Date Verified: 6/7/23

Received in ESU 6 July 2023  
Progressed to SDLO 6 July 2023

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