The Hon Ryan Park MP
Minister for Health
Minister for Regional Health

Minister for the Illawarra and the South Coast

Your Ref: 2018/17393
Our Ref: COR24/10

The Hon. Michael Daley, MP
Attorney General
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Coronial inquest into the death of Finlay James Browne

Dear ~~Attorney General~~ Michael

I write in relation to the findings and recommendations made on 10 May 2024 by Deputy State Coroner Erin Kennedy regarding the death of Finlay James Browne.

Finlay died on 10 December 2016 at The Children's Hospital at Westmead. He was 16 years of age. The Deputy State Coroner determined Finlay's cause of death to be mid-gut volvulus and bowel obstruction, leading to ischaemic bowel and related complications.

The Deputy State Coroner explored a range of issues at inquest, including whether Finlay's care at Bathurst Base Hospital was adequate and appropriate; whether communications involving the Newborn and Paediatric Transport Service (NETS) for Finlay's retrieval from Bathurst Base Hospital were adequate and appropriate; and finally, what steps have been taken by Bathurst Base Hospital, Western NSW Local Health District (WNSWLHD) and NETS in relation to any lessons learned from Finlay's death.

The Deputy State Coroner made 3 recommendations to NSW Health. Recommendation 1 has four components (a – d). WNSWLHD supports 1a, 1c and 1d, while 1b is partially supported, with alternative actions to meet its intent.

Recommendations 2 and 3 are supported by WNSWLHD and the Sydney Children's Hospitals Network (SCHN).

Recommendation 1 – Directed to Western NSW Local Health District (WNSWLHD)

Recommendation 1a

a. *That the WNSWLHD consider the provisions of formal training to clinical staff on unconscious bias and how it influences clinical judgment, including as to persons with disabilities;*

WNSWLHD has made significant changes to the education provided to clinical staff since Finlay's tragic passing, including:

- **Establishment of the Aged, Disability, and Palliative Care Division, WNSWLHD**: This includes the appointment of a Disability District Manager. This Division now plays a key role in leading and driving the WNSWLHD Disability Strategy. A formal governance structure was established to

provide input to the District Clinical Council and engage clinicians in the organisation's responsibilities under the Disability Inclusion Act.

- **Establishment of the Specialist Intellectual Disability Health Team, WNSWLHD**: this Team provides consultation for people with intellectual disability and complex health conditions within the LHD. Services include offering advice, support, and capacity-building to mainstream health clinicians in caring for people with intellectual disability. The Team has a Clinical Nurse Consultant (CNC) delivered education on caring for people with intellectual disability to the Bathurst Perioperative team, Bathurst ED staff, and the Nursing Management meeting.
- **Staff training in targeted HETI education modules**: specifically the 25 modules in the 'My Health Learning' catalogue that promote inclusive care in the context of intellectual disability and unconscious bias, specifically: *'Let's Talk Disability,'* assists healthcare workers to meet the diverse needs of people with disability; and *'Intellectual Disability: Communication Essentials'* focuses on recognising and applying communication adjustments for better care of people with intellectual disabilities.
- **All staff 'Unconscious Bias' info sheet published on the intranet**: In 2023, WNSWLHD published an information sheet outlining the risks associated with unconscious bias, which includes a link to Harvard University's *'Implicit Bias Test'* for clinicians to self-test personal biases.
- **Successful EOI in the 'Get Skilled Access' disability inclusion training program**: Get Skilled Access is an organisation targeting disability inclusion through consulting. The training program includes policy and procedure review, staff resources, online training for up to 800 staff at the Dubbo and Bathurst health services, and in-person Disability Inclusion Officer training for up to 30 staff across the LHD.

The NSW Ministry of Health sought additional advice from the Health Education and Training Institute (HETI), who advise there is a catalogue of resources in My Health Learning and the HETI higher education courses for NSW Health staff to support their care of people with disabilities. The courses include many with reflective exercises and guided personal reflections and activities that provide opportunities for staff to reflect on their practice.

HETI consulted the Council for Intellectual Disability, a disability rights organisation led by people with intellectual disability, to develop a series of nine (9) eLearning modules designed for health professionals to support inclusive healthcare. The suite of modules *`Just Include me - Inclusive Health Care'* shine the light on person-centred care for people with intellectual disability. The modules available on My Health Learning for all NSW Health staff.

HETI provides high quality training and education to support clinical and non-clinical staff across the NSW health system.

Further, on 4 October 2024 the Clinical Excellence Commission is running four days of reflective practice workshops on unconscious bias, to build capability in reflective practice across NSW. The workshop invitation went to all local health districts and specialty health networks for relevant staff to attend.

Recommendation 1b

> b. *Related to (1)(a) above, that the WNSWLHD consider the potential utility of Exhibit 3: the Australian and New Zealand College of Anaesthetists & Faculty of Pain Management – Unconscious bias toolkit for the purposes of such training, and consider preparing a similar 'toolkit' for use by clinicians within the Local Health District;*

The WNSWLHD supports recommendation 1b, noting alternate actions are in place to address the recommendation. The 'ANZCA Toolkit' includes links to information which is available to staff in suite of resources on unconscious bias on the WNSWLHD intranet. The 'ANZCA Toolkit' is primarily

designed to support Anaesthetists understanding of unconscious bias in managing and educating trainees, rather than in patient care.

Recommendation 1c

c. *That the WNSWLHD liaise with the Ministry of Health as to the review and revision process relating to the Policy Directive PD2017_001 Responding to Needs of People with Disability during Hospitalisation (January 2017) in relation to cognitive bias (noting the issues highlighted in these coronial proceedings); and*

The Ministry of Health completed a review of the policy directive *Responding to Needs of People with Disability during Hospitalisation* (PD2017_001) in May 2024. All local health districts, including WNSWLHD, were consulted, as well as the NSW Health Intellectual Disability Health Service Advisory Committee. Carers NSW, National Disability Services, Cerebral Palsy Alliance, and the Council for Intellectual Disability Insurance Scheme leads.

Extensive resources are available to support high-quality person-centred care, including people with disability. The revised policy includes extensive links to relevant policies and resources to support delivery of care. Examples include the Easy English version of the Australian Charter of Health Care Rights, NSW Health Consent to Medical and Healthcare Treatment Manual , Management of patients with Acute Severe Behavioural Disturbance in Emergency Departments, Communicating positively: A guide to appropriate Aboriginal terminology, Easy Read Guides for People who have been sexually assaulted, Teach Back, My Care Board.

Recommendation 1d

d. *That as a matter of priority, the General Manager of Bathurst Base Hospital formalise a clear escalation pathway for on-call executive hospital support in circumstances of a major clinical incident within that hospital (including where there are two urgent, competing surgical cases after hours).*

In response to this recommendation, WNSWLHD developed a Local Operating Protocol for Whole of Health Governance and Access to Care-Governance Framework and flow chart. The protocol outlines the governance structure, escalation pathway and processes in place at Bathurst Health Service to support the right care, in the right place, at the right time, efficient patient flow and access to timely, high-quality contemporary care, outlining the following:

- Governance Structure and meetings throughout the facility
- Escalation pathways
- Roles and responsibilities
- Processes and procedures
- Patient flow Essentials

WNSWLHD also developed the *Bathurst Health Service Process Flow: Second Emergency OT Required* (July 2024). This flow chart aligns with current practices at Bathurst Health Service and other facilities outside WNSWLHD for after-hours and weekend emergencies.

Recommendation 2 – Jointly directed to Western NSW LHD and Sydney Children's Hospitals Network

a. *That the WNSWLHD collaborate with SCHN and NETS to ensure there is appropriate training for emergency department clinicians on an ongoing basis (given transient staffing arrangements), regarding:*

   i. *Policy Directive PD2023_019 NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements (August 2023); and*

   ii. *The general availability of NETS to provide expert clinical advice and medical assistance for:*

1. *very sick or injured babies, children and adolescents up to the age of 16 years; or*
2. *patients aged 16 to 18 years with chronic or complex conditions who have not completed transition to adult health services;*

iii. *The benefits of early contact with NETS in relation to very sick babies, children or adolescents;*

The NSW Health '*NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements*' (PD2023_019) mandatory policy directive was published in August 2023 and describes how local health districts and specialty health networks are to establish local arrangements for clinical consultation to support paediatric care (including mental health care) for infants, children and adolescents delivered locally as well as escalation of care involving inter-hospital transfer.

WNSWLHD supports this recommendation in principle, recognising that NETS is a well understood resource within the LHD, outlining the following actions taken:

- ED orientation documents reference to NETS, and a NETS calculator is prominently placed on the WNSWLHD intranet for staff to readily access.
- Virtual Care has strong working relationships with NETS, established after Finlay's death in 2016.
- In September 2023, WNSWLHD emailed all WNSWLHD staff the 21st issue of 'The Digest – *WNSWLHD Policy, Procedure and Guideline Monthly Update*'. 'The Digest' provides an overview of all relevant local and state policy, procedure and guideline updates. Policy Directive '*NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements*' (PD2023_019) was featured.
- It is an expectation at a LHD level that *The Digest* is tabled at staff and patient safety meetings, and local implementation requirements are considered for all policy documents.

SCHN support this recommendation, noting the responsibility to ensure specific training to emergency departments lies with the LHD. SCHN advised of the following actions:

- NETS is available for advice on the timing and interaction between staff during calls.
- SCHN provides several educational activities which may benefit WNSWLHD clinicians.
- SCHN and NETS are collaborating with HETI to develop educational models on making effective NETS call for paediatric patients requiring urgent medical assistance.

SCHN will partner with WNSWLHD to provide educational opportunities for these clinical areas.

Recommendation 3 – Directed toward Sydney Children's Hospitals Network

That there be liaison with the Ministry of Health as to the following matters being issues that deleterious on the provision of critical care services in children in New South Wales:

a. *Arrangements to ensure that NETS have priority access to a helicopter and fixed-wing aircraft; and*

b. *NETS to be resourced to provide sufficient teams to address the need of the child population noting that presently, five NETS teams rotate over a 24 hour period, compared to the previously instructed rotation of six NETS teams in a 24 hour period.*

SCHN support this recommendation and is currently working with NSW Ambulance and the Ministry of Health on a project led by the Deputy Secretary, System Sustainability and Performance, aimed at enhancing NETS timely access to these aviation services.

SCHN note that in order to provide quality care to children in NSW, NETS requires teams comprised of skilled and competent multi-disciplinary staff, rather than a specific number of teams. SCHN

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spends approximately $23.5 million per annum on the NETS service. In 2023/24, The Ministry of Health allocated SCHN $2.8 million in additional recurrent funding for the NETS service. Any further proposed enhancements to NETS funding can be raised by SCHN with the Ministry of Health, including through the annual Service Agreement and budget negotiation process.

I trust that this response confirms NSW Health's commitment to a process of continuous improvement and delivering safe and high-quality care to all patients of the NSW health system.

For more information, please contact Joanne Edwards, Executive Director, System Management Branch, NSW Ministry of Health at moh-systemmanagementbranch@health.nsw.gov.au.

Yours sincerely

Ryan Park MP
Minister for Health
Minister for Regional Health
Minister for the Illawarra and the South Coast

CC: NSW Coroner's Court

Encl. Coroner's report – *Inquest into the death of Finlay James Browne*