

14 April 2022

Deputy State Coroner English
Coroner's Court of Victoria
65 Kavanagh St, Southbank 3006
team4@courts.vic.gov.au

Dear Coroner,

Coroner Recommendations – Findings from Inquest into the Death of NB delivered on 4 August 2021

We sincerely apologise for the delay in our response to your Recommendations following your Inquest Findings in this matter. Our administrative resources have been consumed by Covid-19 related demands and so co-ordination of the response to the Recommendations did not occur in a timely manner. The RCH hopes that you will belatedly accept our responses to your Recommendations in this matter.

We wish to respond to each Recommendation as follows:

Recommendation 1

To the Royal Children's Hospital: Where the Royal Children's Hospital provides advice as to the healthcare needs of a child subject to Children's Court orders, that advice should be communicated in writing to the Department of Families, Fairness and Housing and recorded in the Department of Families, Fairness and Housing's CRIS system and provided in writing to those people providing for the immediate care and welfare of the child, as well as to the Children's court, the parties and their legal representatives, including where relevant, the Court appointed independent children's lawyer.

The RCH has implemented the following measures in response to the Coroner's recommendations:

1. Development of a key contact (Nursing and social worker) within RCH to liaise with DFF&H for patients under DFF&H care;
2. Development of monthly meetings with DFF&H key contacts and RCH staff;
3. Internal meeting structure developed to support decision making and information sharing in respect of patients under the care of DFF&H including long stay meetings, case meetings; and
4. Strong Social Worker support with all DFF&H patients and communication to DFF&H of psychosocial care needs.

The RCH will communicate with lawyers and any ICL where there is a matter to which it is a party in legal proceedings however if the RCH is not a party, it can only provide this information if there is a legal basis to do so, such as with the consent of the patient or their parents/legal guardians. In most cases the patient medical record will be subpoenaed and the information will be provided to lawyers this way. In other cases where the RCH doesn't have a permitted basis, the RCH provides the information directly to the DFFH and is reliant upon the DFFH communicating that information to lawyers, as is appropriate, depending on the circumstances of the proceedings.

Accepted in Full

Recommendation 2

To the Royal Children's Hospital, the Department of Families, Fairness and Housing and the Department of Health: That the Royal Children's Hospital, Department of Families, Fairness and Housing, and the Department of Health consider, develop and expand models for the embedding of healthcare knowledge within Child Protection, including a wider roll out of the Vulnerable Children's Health Project.

The RCH Vulnerable Children's Health Clinical Nurse Consultant position (previously known as the Vulnerable Children's Health project) remains externally funded by the Department of Health until August 2022. The position continues to provide clinical secondary consultation and education to CP staff. We continue to advocate for the role to be broadened to other hospital/CP office partnerships. Further rollout of the Vulnerable Children's Health Strategy would need to be funded and implemented by Department of Health or DFF&H, not the RCH.

Accepted in Full

Recommendation 3

To the Royal Children's Hospital and the Department of Families, Fairness and Housing: To review the current memorandum of understanding in place between the two organisations in light of this Finding to strengthen relationships and clarify ambiguities, particularly to ensure it reflects the importance in discharge planning to delineate each of the roles and responsibilities of care between DFF&H and RCH where a third-party agency is involved in care provision. This should be sufficient to clarify, if a similar situation were to arise in the future, for example, whose responsibility it is to ensure adequate training for staff caring for a patient with a tracheostomy at home, and whose responsibility it is to ascertain the capacity of attending staff to assess and manage an evolving tracheostomy emergency in the setting of a home environment.

The current MOU between Child Protection, Victorian Aboriginal Child Care Agency and the RCH is overdue for review having been delayed owing to Covid-19 demands, and the review will recommence in late April/early May 2022. The RCH has begun work on its part of this review and will seek to ensure that the Coroner's requirements in this Recommendation are reflected in that updated version.

In parallel, a State-wide MOU template is under development by the DFF&H and the Child Health and Wellbeing Reform Unit of the Department of Health in collaboration with the RCH and other Victorian hospitals. This is currently being finalised by the Child Health and Wellbeing Reform Unit. The RCH has been advised that in light of the Coroner's Recommendation 3, additional wording has been added to the template to include responsibility for third-party training for management of complex medical needs in the home environment however the RCH has only just been provided with this draft and has not, to the best of my knowledge, been consulted on whether it is acceptable. The RCH is of the view that the MOU requires further nuancing and it will work with the Child Health and Wellbeing Reform Unit to fully implement the Coroner's Recommendation 3.

Accepted in Full

The RCH welcomes the Coroner's Recommendations identifying opportunities to work with DFF&H to improve the co-ordination and management of children under our care.
Please let me know if you require any further information.

Sincerely



Jane Widdison
Operations Support Manager
The Royal Children's Hospital
50 Flemington Road
Parkville Victoria 3052
Telephone (03) 9345 4829
Email jane.widdison@rch.org.au