



Decision and Reasons for Decision

Citation: **Z35 and Cairns and Hinterland Hospital and Health Service [2025] QICmr 93 (11 December 2025)**

Application Number: **317864**

Applicant: **Z35**

Respondent: **Cairns and Hinterland Hospital and Health Service**

Decision Date: **11 December 2025**

Catchwords: **ADMINISTRATIVE LAW - RIGHT TO INFORMATION - REFUSAL OF ACCESS - CONTRARY TO PUBLIC INTEREST - applicant seeking hospital records relating to deceased father - clinical incident review reports - records of board safety and quality committee - transparency and accountability of public health system - disclosure prohibited by an Act - whether disclosure of information would, on balance, be contrary to the public interest - section 47(3)(b) of the *Right to Information Act 2009* (Qld)**

REASONS FOR DECISION

Summary

1. The applicant applied to Cairns and Hinterland Hospital and Health Service (**CHHHS**) under the *Right to Information Act 2009* (Qld) (**RTI Act**) to access a range of hospital records relating to her late father including clinical incident reports and records held by the CHHHS Board and various subcommittees, the Chief Executive, Internal Audit/Risk, Clinical Governance, Patient Safety, Quality and Improvement Service and named individuals.¹
2. CHHHS did not make a decision within the statutory timeframe prescribed under the RTI Act² and the applicant subsequently sought external review of the deemed decision by the Office of the Information Commissioner.³
3. On external review, CHHHS located 2,588 documents⁴ and agreed to release some of these to the applicant.⁵ The applicant also agreed to narrow the scope of documents on

¹ Access application dated 15 January 2024.

² CHHHS notified the applicant of the deemed decision (under section 46 of the RTI Act) by letter dated 20 February 2024.

³ External review application dated 1 March 2024.

⁴ CHHHS provided two separate bundles of documents, one comprising 1259 documents and one comprising 1329 documents.

⁵ Documents were released on 2 August 2024, 11 November 2024 and 6 August 2025.

external review which further reduced the scope of pages for determination.⁶ As at the date of this decision, 1233 full pages and parts of 30 pages remain in issue.⁷

4. On external review, CHHHS submitted⁸ that access to the remaining information in issue should be refused on the basis that:
 - certain documents comprise 'coronial documents' and in accordance with schedule 1, section 8 of the RTI Act, while the Coroner is investigating the death to which the documents relate, the RTI Act does not apply to those documents; and
 - disclosure would be contrary to the public interest because section 87 of the *Hospital and Health Boards Act 2011* (Qld) (**HHB Act**) prohibits disclosure of a report or other document created by, or for, a quality assurance committee.
5. Throughout the review, the applicant maintained her position that CHHHS should release the remaining information and provided submissions in support of her case in contesting the grounds for refusing access.⁹
6. In reaching my decision, I have taken into account evidence, submissions, legislation and other material referred to in these reasons (including footnotes). I have had regard to the *Human Rights Act 2019* (Qld) (**HR Act**), particularly the right to seek and receive information¹⁰ and have acted in accordance with section 58(1) of the HR Act.¹¹
7. For the reasons set out below, I vary CHHHS' decision and find that disclosure of the remaining information in issue, would, on balance, be contrary to the public interest and access to it may therefore, be refused under section 47(3)(b) of the RTI Act.

Information in issue

8. The remaining information in issue in this review¹² falls into the following categories:

- Information relating to the clinical review into the applicant's father's care and treatment at CHHHS including the associated correspondence between the patient safety unit and the various health teams, and information presented to the CHHHS Executive Leadership Committee and Board Safety and Quality Committee including safety and quality reports and clinical audit reports, Board meeting notes, email communications between Committee members and draft copies of the reports (together the **Clinical Review and Board documents**)¹³; and
- Information concerning other individuals including identifying information, personal opinions, non routine personal work information of public sector employees and direct contact details (**Third Party Information**).¹⁴

⁶ The applicant agreed to narrow the scope on 13 February 2025, and this was later confirmed by OIC on 10 March 2025.

⁷ Some pages are duplicated throughout primarily due to documents forming part of email chains.

⁸ Submissions dated 3 July 2025 and 15 July 2025.

⁹ The applicant provided a formal submission to OIC on 17 October 2025 (**applicant's submissions**).

¹⁰ Section 21 of the HR Act.

¹¹ OIC's approach to the HR Act set out in this paragraph has been considered and endorsed by the Queensland Civil and Administrative Tribunal in *Lawrence v Queensland Police Service* [2022] QCATA 134 at [23].

¹² That is, the information in 1233 pages and certain information in 30 pages.

¹³ 1233 pages. Some of these documents formed part of CHHHS' response to the coronial investigation into the death of the applicant's father.

¹⁴ 30 part pages.

Issue for determination

9. The issue for determination is whether access may be refused to the Clinical Review and Board documents and the Third Party information under the RTI Act, on the basis that disclosure of that information would, on balance, be contrary to the public interest.¹⁵
10. While CHHHS relied, in part, on Schedule 1, Part 8 of the RTI Act, I have not examined the application of that provision in these reasons due to the findings I have made on section 47(3)(b) of the RTI Act. In adopting this approach, I have also had regard to the fact that Schedule 1, Part 8 of the RTI Act will only apply while the coroner is investigating the death to which the documents relate, ie. *during* the investigation. While it may be arguable that this exclusion applies to certain documents in issue while the death remains under investigation¹⁶, the exclusion provision will not apply once the investigation is finalised. However, the contrary to public interest refusal of access ground in section 47(3)(b) of the RTI Act has ongoing application. Given the context in which the documents were created, I consider it preferable to determine the application of that provision in the circumstances of this case.

Relevant law

11. The RTI Act provides a person with a general right to access documents held by a Queensland government agency.¹⁷ The right of access is subject to certain limitations, including grounds for refusing access. However, it is Parliament's intention that the RTI Act is to be administered with a pro-disclosure bias¹⁸ and that the grounds for refusing access to information are interpreted narrowly.¹⁹
12. Access to information may be refused where its disclosure would, on balance, be contrary to the public interest.²⁰ The term '*public interest*' refers to considerations affecting the good order and functioning of the community and government affairs for the well-being of citizens. This means that in general, a public interest consideration is one which is common to all members of, or a substantial segment of, the community, as distinct from matters that concern purely private or personal interests. There are, however, some recognised public interest considerations that may apply for the benefit of an individual.
13. The RTI Act explains the steps that the decision-maker must take in deciding the public interest.²¹ It also identifies a non-exhaustive list of factors in Schedule 4 that may be relevant to deciding the balance of the public interest. I have considered all these factors, together with other relevant information in reaching my decision, and examine relevant factors below.
14. External review by the Information Commissioner is merits review, i.e., an administrative reconsideration of a case which can be described as '*stepping into the shoes*' of the primary decision-maker to reach the correct and preferable decision. The Information Commissioner has the power to decide any matter in relation to an application that could have been decided by the agency, under the RTI Act.²² After conducting an external review of a decision, the Information Commissioner must make a decision affirming,

¹⁵ Sections 47(3)(b) and 49 of the RTI Act.

¹⁶ As at the date of this decision, I have not been provided with any information to indicate the investigation has been completed.

¹⁷ Section 23 of the RTI Act.

¹⁸ Section 44 of the RTI Act.

¹⁹ Section 47(2)(a) of the RTI Act.

²⁰ Sections 47(3)(b) and 49 of the RTI Act.

²¹ Section 49(3) of the RTI Act.

²² Section 105 of the RTI Act.

varying, or setting aside and making a decision in substitution for, the decision under review.²³

Submissions

15. The applicant provided extensive submissions to OIC to support her position that further information should be released.²⁴ With respect to relevant public interest factors, the applicant put forward comprehensive reasoning to support her case, including the following:²⁵

Significant public-interest factors favour disclosure of the information I have requested. With respect to RTI Act Schedule 4, Part 2, release of the requested documents would:

- *Promote open discussion of public affairs and enhance government accountability (Items 1 and 3), by demonstrating how CHHHS investigates and responds to unexpected deaths, and whether statutory patient-safety obligations are met.*
- *Inform the community of government operations (Item 5), particularly regarding clinical-incident management, internal governance, and risk-mitigation practices within Queensland Health.*
- *Reveal reasons for decisions that directly affect an individual (Item 11), including decisions about the investigation into my father's death, the findings reached, and any remedial actions implemented.*
- *Contribute to the administration of justice for an individual (Item 17), by allowing independent assessment of whether the investigation was thorough, accurate, and procedurally fair.*
- *Advance public health and safety (Item 10), by enabling broader learning from systemic failings or missed opportunities for improvement.*

...

Disclosure would also promote procedural fairness and uphold the principles of natural justice, allowing affected persons to understand and respond to findings concerning their family member's death.

Transparency in clinical-incident management is essential to public confidence in Queensland's healthcare system. The community reasonably expects that investigations into unexpected deaths are robust, impartial, and subject to scrutiny.

...

There is no persuasive evidence that disclosure would inhibit candour or compromise future incident reporting. Clinicians and staff are already bound by legal, professional, and employment duties to participate honestly in patient-safety investigations. These statutory obligations outweigh speculative concerns about a "chilling effect."

16. CHHHS submitted²⁶ that the documents:

"...are part of the Quality Assurance process, with reports and recommendations presented for health service improvements. As such, the documents could be considered protected under s87 of the Hospital and Health Boards Act".

²³ Section 110(1) of the RTI Act.

²⁴ The applicant's submissions comprise 18 pages. While I have read those submissions thoroughly in reaching my decision in this matter, these reasons do not expressly refer to the specifics of each argument made by the applicant.

²⁵ Applicant's submissions pages 14-16.

²⁶ On 3 and 15 July 2025.

Findings

17. I have not taken any irrelevant factors²⁷ into account in reaching my decision.

Clinical Review and Board documents

Factors favouring disclosure

18. I accept the applicant's submission that the public interest will be served by the community understanding how CHHHS deals with a reportable/unexpected death, including the actions taken to investigate and review decisions made in relation to a patient's care, and how it has reviewed the appropriateness of its patient care policies and procedures.²⁸ As the Information Commissioner has previously recognised, there is a broad public interest in transparency of the public health system.²⁹ I am also satisfied, given that the documents concern operations of a public hospital, and a clinical safety review into patient treatment, the public interest in revealing measures relating to public health and safety also applies and afford it significant weight.³⁰
19. I am satisfied that disclosure of the Clinical Review and Board documents would enhance the transparency and accountability of CHHHS in terms of outlining its review processes and associated decision making,³¹ as well as revealing any identified learnings and background/contextual information which informed final decisions and recommendations.³² I have taken into account that the applicant has received a copy of the final Clinical Review report into the death of her father, some CHHHS emails which detail the care and treatment provided and certain medical records and I consider that disclosure has advanced these factors to some degree. However, in the circumstances of this matter I still consider these factors warrant significant weight.
20. I acknowledge the applicant is genuine in her desire to ensure the review undertaken by CHHHS was '*thorough, accurate, and procedurally fair*'.³³ I have, accordingly, considered the public interest factor with respect to the administration of justice and revealing possible deficiencies in agency conduct.³⁴ I recognise that the applicant remains concerned about the actions taken by CHHHS both in relation to her father's treatment, and during the clinical incident review process. To the extent disclosure of the information would provide the applicant with more comprehensive information about her father's treatment and the CHHHS review process to assist her in determining further avenues to pursue, I consider these factors apply. In attributing weight to these factors, I have taken into account that the coronial investigation is a mechanism of the justice system which contributes to the administration of justice and preventing similar deaths in the future.³⁵ I consider that process has served these public interest factors to a significant degree and therefore, afford them low weight.
21. Another factor favouring disclosure is where the information is the personal information of an individual who is deceased and the applicant is an eligible family member of the

²⁷ Schedule 4, Part 1 of the RTI Act.

²⁸ Schedule 4, Part 2, items 1, 3, 5, 10, 11 and 14 of the RTI Act.

²⁹ Summers and Department of Health; Hintz (Third Party) (1997) 3 QAR 479 (**Summers**).

³⁰ Schedule 4, Part 2, item 14 of the RTI Act.

³¹ Schedule 4, Part 2, items 1, 3 and 10 of the RTI Act.

³² Schedule 4, Part 2, items 11 and 14 of the RTI Act.

³³ Applicant's submissions page 14.

³⁴ Schedule 4, Part 2, item 17 and item 5 of the RTI Act.

³⁵ One of the objects of the *Coroners Act 2003* (Qld) set out in section 3(d) is to help to prevent deaths from similar causes happening in the future by allowing coroners at inquests to comment on matters connected with deaths, including matters related to (i) public health or safety; or (ii) the administration of justice.

deceased person.³⁶ The Information Commissioner has previously recognised that where a family member is seeking the medical records of a deceased family member, disclosure would promote wellbeing of the community in terms of closure and the grieving process.³⁷ In affording weight to this factor I have taken into account that the applicant has received access to some information from CHHHS, including medical records and the final clinical review report and I consider this discharges the factor to some degree. I afford it moderate weight.

Factors favouring nondisclosure

22. A factor favouring nondisclosure will arise where the disclosure of the information is prohibited by an Act.³⁸ I consider this factor is relevant to consider in relation to the Clinical Review and Board documents, for the reasons that follow.
23. Part 6, Division 1 of the *Hospital and Health Boards Act 2011* (Qld) (**HHB Act**) provides for the establishment and operation of quality assurance committees. The purpose of the division is '*to improve the safety and quality of health services by providing protections for quality assurance committees established under this division*'.³⁹
24. I am satisfied that CHHHS Board Safety and Quality Committee was established under the HHB Act⁴⁰ to review and improve the safety and quality of health services within CHHHS.
25. The HHB Act also provides for limitations on disclosure and protection of documents and information of those committees.⁴¹ These protections include restrictions on the disclosure of reports or other documents created by or for a committee or information contained in a report or other document created by or for a committee. Relevantly, sections 84, 85 and 87 of the HHB Act provide:

84 Disclosure of information

- (1) *A person who is or was a member of a committee must not disclose to someone else information acquired by the person as a member of the committee, other than—*
 - (a) *for the purpose of exercising the functions of a member of the committee; or*
 - (b) *to members of another committee if the information is relevant to the functions of the other committee; or*
 - (c) *to a prescribed patient safety entity under section 85; or*
 - (ca) *to the chief executive under section 85A; or*
 - (d) *if the person is a registered health practitioner—for notifying the health ombudsman about information in relation to a reasonable belief of the person that another registered health practitioner has behaved in a way that constitutes public risk notifiable conduct; or*

³⁶ Schedule 4, Part 2, item 9 of the RTI Act. The applicant is an adult child of the deceased and therefore, falls within the definition of eligible family member. I have no evidence to indicate the spouse of the deceased is reasonably available.

³⁷ *Keogh and Department of Health* (Unreported, Queensland Information Commissioner, 31 August 2010) at [12]-[22]; *Lowe and Department of Health* (Unreported, Queensland Information Commissioner, 25 November 2010) at [16]-[19]; *WEU27L and Darling Downs Hospital and Health Service* [2017] QICmr 45 (11 September 2017) at [24].

³⁸ Schedule 4, Part 3, item 22 of the RTI Act.

³⁹ Section 81 of the HHB Act.

⁴⁰ Section 82 and Schedule 1, section 8 of the HHB Act.

⁴¹ Sections 83-89 of the HHB Act.

- (e) *to comply with a requirement of an inspector made of the person under this Act, if the requirement relates to an offence under this division; or*
- (f) *under a regulation made under section 91.*

(2) *Also, a person who is or was a relevant person for a committee must not disclose to someone else information acquired by the person as a relevant person for the committee, other than—*

- (a) *for the purpose of helping the committee to perform its functions; or*
- (b) *to comply with a requirement of an inspector made of the person under this Act, if the requirement relates to an offence under this division.*

85 Giving of reports and documents to patient safety entity

- (1) *A committee may give a copy of a report or other document to a prescribed patient safety entity for an authorised purpose for the entity.*
- (2) *A person who performs functions for the entity—*
- (a) *must not give a copy of the report or other document to anyone else; and*
- (b) *must not disclose any information contained in the copy of the report or other document to anyone else other than for the authorised purpose for which the copy of the report or document was given; and*
- (c) *must not use the copy of the report or document, other than for the authorised purpose for which the copy of the report or document was given.*

87 Protection for documents and information

- (1) *This section applies to—*
- (a) *a report or other document created by or for a committee; or*
- (b) *information contained in a report or other document created by or for a committee; or*
- (c) *information acquired by a person as a member of the committee or as a relevant person for the committee.*

(2) *The document or information—*

- (a) *can not be accessed under any order, whether of a judicial or administrative nature; and*
- (b) *is not admissible in any proceeding, other than a proceeding for an offence under this division.*

(3) *A person must not, and can not be compelled to, produce the document or information, or give evidence relating to the document or information—*

- (a) *in any proceeding, other than a proceeding for an offence under this division; or*
- (b) *in compliance with a requirement under an Act or legal process.*

26. I am satisfied the purpose of the above sections of the HHB Act is to promote and protect open, transparent and honest communication between the members of a quality assurance committee and staff of the HHS who provide information to a committee, and in turn to protect the reports prepared by a quality assurance committee.
27. A clinical review process necessarily involves robust, and sometimes speculative, discussion between participants and committee members, around the factors that may have to lead to, or contributed to, an incident or adverse event within the health system. I am satisfied that sections 84, 85 and 87 of the HHB Act are intended to protect the views and contributions of clinical review participants from public disclosure and that Parliament intended to create an environment where participants could provide full and frank information leading to a better understanding of what occurred in a particular event and more comprehensive and effective recommendations for improvements.
28. While not directly applicable in this case, I would also observe that the RTI Act specifically lists a quality assurance committee established under section 82 of the HHB Act as an '*entity to which this Act does not apply*'.⁴² This, in my view, demonstrates that it was Parliament's intention to exclude those committees from the operation of the RTI Act. In this case however, the Clinical Review and Board documents are in the *possession* of CHHHS and for that reason, are captured by the RTI Act as CHHHS is an agency under the RTI Act. However, in determining the weight of the nondisclosure factor where disclosure is prohibited by an Act⁴³, I consider it is relevant to have regard to the broader legislative framework, and the clear intent of Parliament to exclude those committees from the operation of the RTI Act.
29. For the reasons set out in paragraphs 23-29, and taking into account the collective operation of the relevant provisions of the HHB Act outlined in these reasons, I afford significant weight to the relevant public interest factor because disclosure is prohibited by another Act, ie. the HHB Act.⁴⁴
30. I am also satisfied that the highly sensitive nature of the information in committee reports and associated communications raises a further factor favouring nondisclosure in terms of prejudicing CHHHS's ability to obtain confidential information.⁴⁵ I am satisfied that people who participate in a quality assurance committee/clinical review process do so with an expectation of confidentiality. The very nature of the information in the Clinical Review and Board documents is such that it is sensitive and provided for the purpose of ensuring a quality assurance committee can undertake its functions, with necessary protections, under the HHB Act. I am satisfied that disclosure of information obtained by a committee during that process could reasonably be expected to discourage fulsome contributions, thereby hindering future clinical review processes. In the circumstances, I afford this factor significant weight in favour of nondisclosure.
31. The Clinical Review and Board documents also contain inherently personal information of the applicant's father as they contain details of his medical condition and treatment. Based on my review of the Clinical Review and Board documents, I am satisfied that disclosure would lead to public interest harm by disclosing the applicant's father's medical information.⁴⁶ I acknowledge that the applicant will already have a degree of knowledge of the medical information (and has received access to such information through the RTI Act process), however, I must also take into account that there is no

⁴² Section 17 and schedule 2, part 1, item 6 of the RTI Act.

⁴³ Schedule 4, part 3, item 22 of the RTI Act.

⁴⁴ Schedule 4, part 3, item 22 of the RTI Act.

⁴⁵ Schedule 4, part 3, item 16 of the RTI Act.

⁴⁶ Schedule 4, part 4, item 6 of the RTI Act.

control over further dissemination of information released under the RTI Act.⁴⁷ Accordingly, I afford this factor moderate weight.

32. As recognised above, the applicant is an eligible family member of the deceased and while this raises a factor favouring disclosure, it also raises a competing nondisclosure factor.⁴⁸ I have taken into account that the applicant has demonstrated involvement with her father's care and closeness of relationship and that this serves to reduce the privacy that would usually be associated with an individual's medical records.⁴⁹ However, I still consider that a person's medical information attracts a significant level of privacy, even after their death. I afford this factor moderate weight.

Balancing the public interest

33. In conclusion, with respect to the Clinical Review and Board documents, I have taken into account the pro-disclosure bias⁵⁰ and the public interest factors favouring disclosure as outlined in these reasons. I am satisfied that there is significant weight in open discussion of public health system operations, allowing transparency into clinical review processes and revealing measures relating to public health and safety.⁵¹ I also afford moderate weight the public interest in an eligible family member accessing the personal information of a deceased family member⁵² and the contribution this would have to the wellbeing of the community. While I accept the public interest factors in the administration of justice and allowing inquiry apply,⁵³ I have afforded them low weight taking into account the coronial investigation serving these factors to a significant degree.

34. Balanced against these compelling pro-disclosure factors, I consider that the relevant sections of the HHB Act which operate to protect the records of a quality assurance committee, and the public interest in safeguarding CHHHS's ability to obtain confidential information in future committee and clinical review processes,⁵⁴ carry significant weight against disclosure. I have also afforded moderate weight to the public interest in protecting the personal information of a deceased public health patient,⁵⁵ and to the privacy in a patient's medical information where it is being sought by an eligible family member. I am satisfied that the nondisclosure factors collectively carry higher and determinative weight so as to tip the scales in favour of nondisclosure of the Clinical Review and Board documents.

Third Party Information

35. This category comprises personal views and opinions of individuals other than the applicant, non routine personal work information of public sector employees, and a public sector employee mobile phone number. It does not contain the personal information of the applicant's late father.⁵⁶

36. As discussed above,⁵⁷ there is a public interest in how CHHHS deals with a reportable/unexpected death, including the actions it takes to investigate and review

⁴⁷ *FLK v Information Commissioner* [2021] QCATA 46 at [17] (*FLK*).

⁴⁸ Schedule 4, part 3, item 5 of the RTI Act.

⁴⁹ Summers at [19].

⁵⁰ Section 39 of the RTI Act.

⁵¹ Schedule 4, part 2, items 1, 3, 10, 11 and 14 of the RTI Act.

⁵² Schedule 4, part 2, item 9 of the RTI Act.

⁵³ Schedule 4, part 2, items 17 and 5 of the RTI Act.

⁵⁴ Schedule 4, part 3, items 22 and 16 of the RTI Act.

⁵⁵ Schedule 4, part 3, item 5 of the RTI Act.

⁵⁶ Accordingly, the factor favouring disclosure at schedule 4, Part 2, item 9 of the RTI Act does not apply. To the extent the applicant's father's personal information remains in issue, it appears within the Clinical Review and Board documents and I have considered how the public interest favours disclosure of that information above (see paragraph 21).

⁵⁷ At paragraphs 18 - 20 of these reasons.

CHHHS decisions made in relation to patient care and its review of the appropriateness of its patient care policies and procedures.⁵⁸ I accept that disclosing the Third Party Information would enhance accountability and transparency to some extent as it would provide the applicant with more fulsome versions of communications between CHHHS and other parties. However, I also consider the information already disclosed in the part release pages has served to discharge the relevant public interest factors by providing a significant level of accountability and transparency in relation to those communications. For these reasons, I consider the weight to be afforded to these factors as they relate to the Third Party Information is low.

37. The Third Party Information inherently contains the personal information of other individuals as it would identify them, or is about other individuals.⁵⁹ I am satisfied that disclosing the information could reasonably be expected to prejudice the protection of their right to maintain a level of privacy in a sensitive context of communicating with hospital staff about a reportable death.⁶⁰ I also consider that it would cause a public interest harm by disclosing those individuals' personal information.⁶¹ The majority of the Third Party Information is of a highly sensitive nature⁶² and where it is of such a nature I have afforded significant weight to these two nondisclosure factors. I accept that there is some information of a less sensitive nature⁶³ in the form of non-routine personal work information of public sector employees, eg. leave arrangements. However, I still consider these factors carry moderate weight as the information forms part of the CHHHS' employees' private spheres.
38. With respect to the mobile phone number, I accept it appears in the context of a public sector employee performing their day-to-day work duties and therefore, constitutes their routine personal work information. Such information does not typically attract high privacy considerations and the harm arising from disclosure is considered to be low.⁶⁴ However, it is necessary to consider the circumstances of each case. I have considered the duties, context and nature of the work performed by CHHHS staff. Given the nature of the information (direct contact number), the sensitive environment in which CHHHS staff operate, and the fact that there can be no limitation on further disclosure of information released under the RTI Act⁶⁵, I consider higher than usual weight should be afforded to protecting the CHHHS employee's privacy, to the extent that releasing the mobile number would allow them to be contacted directly and potentially outside of working hours. As such, in this instance I consider that disclosure of the mobile number would reveal some personal/private information about a CHHHS employee. I afford moderate weight to these factors.
39. With respect to the Third Party Information, I have afforded low weight to the public interest in enhancing CHHHS' accountability and transparency in its operations and decision-making.⁶⁶ On the other hand, I have afforded significant weight to safeguarding the personal information and privacy of other individuals to the extent the Third Party Information is of a highly sensitive nature in the form of communications with CHHHS staff, and moderate weight to the extent it constitutes non routine personal work

⁵⁸ Schedule 4, Part 2, items 1, 3, 10 and 11 of the RTI Act.

⁵⁹ 'Personal information' is defined in section 12 of the *Information Privacy Act 2009* (Qld) as 'information or an opinion, including information or an opinion forming part of a database, whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent or can reasonably be ascertained, from the information or opinion'.

⁶⁰ Schedule 4, part 3, item 3 of the RTI Act.

⁶¹ Schedule 4, part 4, section 6(1) of the RTI Act.

⁶² For example within pages 399 and 400 in the bundle of 1329 documents.

⁶³ For example on pages 952, 953, 955 and 956 in bundle of 1259 documents and 1073, 1086 and 1138 in bundle of 1329 documents.

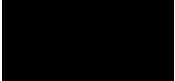
⁶⁴ See, for example, *O52 and Queensland Ombudsman* [2020] QICmr 31 (11 June 2020) at [66].

⁶⁵ FLK at [17].

⁶⁶ Schedule 4, Part 2, items 1, 3, 10 and 11 of the RTI Act.

information and the mobile phone number.⁶⁷ I am satisfied that the nondisclosure factors outweigh the disclosure factors and that the Third Party Information would, on balance, be contrary to the public interest to disclose. Access to it may therefore be refused under section 47(3)(b) of the RTI Act.

DECISION

40. For the reasons set out above, I vary the reviewable decision⁶⁸ and find that disclosure of the Clinical Review and Board documents and Third Party Information, would, on balance, be contrary to the public interest and access to both categories of information may therefore, be refused under section 47(3)(b) of the RTI Act.
41. I have made this decision as a delegate of the Information Commissioner.⁶⁹


Katie Shepherd
Assistant Information Commissioner

Date: 11 December 2025

⁶⁷ Schedule 4, part 3, item 3 and part 4, section 6(1) of the RTI Act.

⁶⁸ Under section 110(1)(b) of the RTI Act.

⁶⁹ Section 145 of the RTI Act