

Independent Child Safe Governance Review of the Launceston General Hospital and Human Resources



A Message from the Co-Chairs

It is now almost four months since the Governance Advisory Panel embarked on an extensive examination of Child Safe Governance at the Launceston General Hospital (LGH) and Human Resources.

The work has been forensic and productive. More importantly, the work has moved beyond the 'why' to 'how' – a focus on implementation that will be judged as successful when recommendations are 'patient care as usual' to ensure the safety of children and young people using LGH, and Tasmanian health services more broadly

Patients, parents/guardians, families, consumers and the community trust clinicians and health service organisations to provide safe, high-quality health care.

All children and young people have the right to feel and be safe in all health care settings.

The LGH had the institutional responsibility to ensure the safety and wellbeing of children and young people, and clearly failed in that responsibility. Individual and community trust was violated when children and young people were sexually abused at the LGH resulting in pain and suffering and the enduring impact of trauma on survivors and their loved ones.

A Commission of Inquiry into the Tasmanian Government's responses to Child Sexual Abuse in Institutional Settings was established on 15 March 2021 by Order of the Governor of Tasmania. The Commission is inquiring into the adequacy and appropriateness of the Tasmanian Government's responses to allegations and incidents of child sexual abuse in institutional contexts generally and including by the Tasmanian Health Service and the Department of Health to allegations of child sexual abuse, particularly in the matter of James Geoffrey Griffin.

Following confronting evidence given to the Commission of Inquiry by survivors, victims and health officials in August 2022, Premier Jeremy Rockliff and Health Secretary Kathrine Morgan-Wicks determined it was critical to act immediately to ensure that there is a culture of accountable leadership for child safety in hospitals by establishing a Child Safe Governance Review (the Review) into the LGH and Human Resources.

An Independently Co-Chaired Governance Advisory Panel (Panel) was established to focus on resetting the organisational structure of the Launceston General Hospital and Human Resources, with a priority focus on the handling of serious misconduct such as institutional child sexual abuse and make recommendations on matters including the LGH's organisational structure, management and leadership, and mandatory training including mandatory notifications and how to recognise grooming behaviour.

On 16 August 2022, in a Ministerial Statement, the Premier announced the appointment of additional highly credentialed experts, health clinicians, union representatives and Department of Health staff to the Governance Advisory Panel for the Child Safe Governance Review.

The Review has heard how, since 2019, there has been significant work by the Department of Health aimed at strengthening child safety. Leading by example, the Secretary of Health, the Department of Health Executive and the Tasmanian Health Service Executive have all signed a Statement of Commitment in relation to keeping children and young people safe and improving the way we work with children and young people.

The Child Safe Organisation Project is currently underway and is part of the Tasmanian Government's response to the National Principles for Child Safe Organisations and associated child safe standards. The Project aims to achieve systemic change to enhance the way those working in the Department of Health who work with vulnerable people, with a specific focus on children and young people.

Staff are able to report matters relating to child sexual abuse to a centralised Statewide Complaints Oversight Unit established within the Office of the Secretary of the Department of Health. This unit is operational and will ensure concerns do not need to be raised with immediate supervisors or local management. [Inappropriate behaviour by a health staff member, volunteer or contractor can be reported to the Office of the Secretary by using a simple online form](#)¹.

The Review found exemplary policy frameworks and incident reporting systems, as well progress in implementing best practice models for complaints management, and the commencement of significant human resource management reforms by the Secretary of the Department.

Despite these State led changes, we found a level of inertia present in the engagement of the senior executive management team at the LGH in making changes locally, and with the Review itself. From our perspective, there appeared to be a lack of the responsive leadership necessary to drive change at the local level.

At the LGH we found poor governance systems and responses, ill-defined executive and clinician accountabilities, an absence of strong organisational leadership, clinical leaders struggling to deliver necessary reforms such as implementing patient safety and quality systems, inadequate risk management and complaints management, some loss of confidence in the incident management system and failure to escalate and adequately deal with serious complaints.

Early on in the Review the Co-Chairs formed a view that leadership renewal at LGH and a sharpening of the management accountability focus at LGH should not be delayed, a view with which the Governance Advisory Panel concurred. Consequently, interim recommendations were made to split the executive structure for the North and North/West and establish a dedicated senior executive team for Hospitals North / LGH.

At the same time, it was also concluded there was no time to waste in boosting specific child safety resources at LGH and communicating in a simple, clear and concise manner the child safety reporting obligations of staff. Interim recommendations in this regard were also made.

We recommended immediate changes to the LGH management structure – these recommendations were supported by the Secretary of the Department and implemented within a week.

Our work continued as we examined and made recommendations concerning institutional and individual accountability for child safety and well-being, the LGH organisational structure, human resource management, organisational culture, patient feedback and complaints management, incident reporting, open disclosure and mandatory training.

¹ <https://forms.health.tas.gov.au/221008315290040>

We have recommended that the executive and clinical leadership team of the LGH join with the Secretary and executive of the Department by collectively and individually committing to improving the safety of children and young people. This will include:

- (i) local implementation of the Child Safety and Wellbeing Framework
- (ii) LGH executive and clinical leadership team signing the Statement of Commitment
- (iii) undertaking an annual review of child safety and wellbeing status confirmed through a publicly reported attestation statement.

There have been many outstanding people across the Tasmanian health system who have assisted the Review. Members of the Panel, clinical leaders and senior managers at the LGH, senior executives at the Department of Health, colleagues from industrial organisations, the University of Tasmania and experts from other Australian jurisdictions. Alyssa Burgess, Tom Gunner, Mel Hinkley and Shan White, the Review Secretariat, were tireless in their assistance, meeting our numerous requests for information and coordination of our activities.

The Review could not have undertaken its work without the support of the Secretary, Kathrine Morgan-Wicks. Despite the challenging environment her steadfast commitment to push forward with the necessary governance and cultural changes both at the LGH, and statewide, has been clear and unequivocal. Her leadership has been instrumental in achieving real improvements in child safety and governance across the Tasmanian health system.

Finally, we want to thank the courageous and committed survivors. We thank Dr Maria Harries for her collaboration with survivors and their loved ones who participated in the Lived Experience: Expert Reference Group. Through sharing their experiences and insights into what they think needs to change to ensure children and young people are safe when accessing health services in Tasmania, have made vital contributions towards this Report and Recommendations. The Co-Chairs felt deeply privileged to meet with survivors and their loved ones to discuss the Recommendations.

It has also been a privilege to work with dedicated and highly skilled professionals at the LGH and the Tasmanian health system and we are in no doubt of their commitment to meeting the healthcare needs of their patients.

This investment in child safety, governance reform and cultural change at the LGH matters. While the new management structure has been in place for only a short period of time, already staff have commented on the palpable and positive change at the LGH.

Ultimately the success of this Review will be judged by the extent to which these Recommendations are embedded into the daily operations of the LGH and become part of “patient care as usual”. That will require everyone at LGH to play their part in achieving the recommended changes and giving the community they serve confidence in the LGH to deliver safe and effective care for their children and other loved ones.



Adjunct Professor Debora Picone AO



Adjunct Professor Karen Crawshaw PSM

Governance Panel Membership

Experts

Adjunct Professor Debora Picone AO (Co-Chair)

Adjunct Professor Karen Crawshaw PSM (Co-Chair)

Professor Erwin Loh

Adjunct Professor Ann Maree Keenan

Robyn Burley

Dr Maria Harries AM

Union Representatives

Dr Helen McArdle (Australian Medical Association)

Emily Shepherd (Australian Nursing and Midwifery Federation)

Tim Jacobson (Health and Community Services Union)

Thirza White (Community and Public Sector Union)

Department of Health Staff Members

Professor Tony Lawler (Chief Medical Officer)

Catherine Graham (Clinical Nurse Consultant)

Dr Lucy Reed (Director of Emergency Medicine)

Ashleigh Miller (Assistant Director of Nursing N/NW)

Paul Eagar (Chaplain, THS-LGH)

Dr Emma-Jane McCrum (Senior Psychologist)

Amanda Duncan (Registered Nurse)

Sam Beattie (Nurse Unit Manager)

William Gordon (Registered Nurse)

Child Safe Governance Review Project Team / Secretariat

Alyssa Burgess (Project Manager)

Tom Gunner (Assistant Project Manager)

Mel Hinkley (Project Support Officer)

Shan White (Project Support Officer)

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1. Executive Summary

Introduction

- 1.1 In response to the evidence raised through the Commission of Inquiry into Tasmanian Government Responses to Child Sexual Abuse in Institutional Settings (Commission of Inquiry), on 3 July 2022 the Premier, together with the Secretary of the Department of Health, announced that the Tasmanian Government would immediately establish a Child Safe Governance Review (Review) of the LGH and Human Resources.
- 1.2 The Review was supported by a Governance Advisory Panel comprising independent co-chairs and other subject matter experts, staff of LGH and other parts of the Tasmanian Health Service who had expressed interest in being part of this important work, Department of Health staff and representatives of industrial organisations.
- 1.3 The Secretary was committed to giving victim-survivors a voice in the Review, and to that end established a Lived Experience: Expert Reference Group. Survivors, victims and their loved ones who have participated in the Lived Experience: Expert Reference Group, through sharing their experiences and insights into what they think needs to change to ensure children and young people are safe when accessing health services in Tasmania, have made vital contributions towards the Recommendations in this Report.
- 1.4 The Review focused on making important and necessary changes which will reset the organisational structure and governance of the LGH and Human Resources, with a priority focus on the management of serious misconduct such as institutional child sexual abuse.
- 1.5 The Review recommendations when implemented will drive change and improvement not only at LGH, but across all levels of Tasmanian health services.
- 1.6 Through the process of the Review the Panel considered that the immediate interests of good governance and child safety at the LGH required interim recommendations to be made ahead of the final recommendations of the Review.
- 1.7 On 27 September 2022, the Co-Chairs wrote to the Secretary of the Department of Health and provided her with 7 Interim Recommendations from the Governance Advisory Panel.
- 1.8 On 30 September 2022, the Secretary of the Department of Health responded to the Co-Chairs and advised that she had accepted all of the interim recommendations.
- 1.9 The Panel has now made a total of 92 recommendations (which includes the 7 interim recommendations).

Key Observations

The Panel has made a number of key observations. They are as follows:

Governance of the LGH

- 1.10 Significant governance failures at the LGH were identified including ill-defined executive and clinician leadership accountabilities, lack of cohesion across the executive team, an imbalance within the executive leadership team which was weighted too heavily to longevity and status quo and insufficiently to renewal and change, ineffective and unwieldy internal communication and decision-making structures and ineffective performance management.
- 1.11 Whilst there are well-established patient safety systems available at the LGH, the governance failures have led to a lack of confidence in the effectiveness of those systems and the effectiveness of their practical application.
- 1.12 Since 2013, LGH had been the subject of frequent restructuring which contributed to some confusion around management roles, responsibilities and accountabilities, statements of duties which did not keep pace with revised structures and a level of restructuring “fatigue” across the organisation.
- 1.13 Complaints management at LGH was inconsistent and immature, and there was a lack of clarity in the escalation pathways for the handling of serious complaints, which the establishment of a centrally based complaints oversight system within the Department of Health should help address.
- 1.14 There was inconsistency locally in implementing and adhering to statewide policies and frameworks.
- 1.15 The approach to organisational culture assessment and improvement is immature and lacking in effective staff engagement.

Human Resources Management

- 1.16 Child safeguarding, and patient safety, is not embedded in the generalist HR skills base, culture and processes at the LGH leading to a lack of understanding or recognition of risks to patients, staff and health services and mitigation of those risks.
- 1.17 There is confusion about the respective roles and accountabilities of the HR and clinical operational managers. Clinical operational managers considered their responsibilities for escalating and/or reporting professional conduct issues largely complete once reported to HR or the Executive Director of Medical Services.
- 1.18 Executive hospital management have not interrogated local HR advice to the level expected and serious and complex matters have been left to local HR management rather than being escalated for more expert multi-disciplinary management.
- 1.19 Current staff culture and engagement surveys have low participation rates and limited release of results.
- 1.20 There has been insufficient understanding of how locally HR business partners need to operate within a Statewide Service model, and HR staff at Hospitals North need further support in achieving the capabilities required to operate effectively in this model.

Child Safety at the LGH

- 1.21 Unlike the Department of Health, where the Secretary has taken full responsibility for ensuring a child safe organisation and allocating executive accountability for oversight of child safety, no clearly designated executive has oversight responsibilities for the effective functioning of child safety at LGH.
- 1.22 Although there has been significant work undertaken by the Department of Health in recent years to strengthen child safety systems across the Tasmanian Health Service, and this work continues, a level of confusion about individual mandatory reporting obligations both to Tasmanian child protection authorities and to the Australian Health Practitioner Regulatory Agency (Ahpra) remains at LGH.
- 1.23 The role of the part-time Child Safety Liaison Officer at the LGH was not widely understood and was insufficient to effectively support staff in understanding and executing their reporting obligations.

Complaints Management

- 1.24 The Secretary has established a Statewide Complaints Oversight Unit in the Office of the Secretary which will have responsibility for the review of all reports of inappropriate behaviour or misconduct by an employee, in particular child sexual abuse or grooming behaviours
- 1.25 The LGH has a siloed approach to complaints management, with each health service having their own documented policies and procedures, with no consistent methodology applied across all. In addition, there is a differentiated approach taken when managing complaints depending on where and how a complaint is made.
- 1.26 There is no clear guidance provided to staff on escalation pathways to senior staff or executives when dealing with serious complaints or complaints which become more complex during review or investigation.
- 1.27 The current complaints management system relies on the good performance of its employees rather than the presence of consistent processes or systems.
- 1.28 Escalation pathways for, and expert investigation and oversight of, serious complaints are unclear.

Quality and Safety Frameworks, Systems and Data - Incident Management and Open Disclosure

- 1.29 There is confusion around what should be reported in the Safety Reporting and Learning System.
- 1.30 Little feedback (if any) is provided to staff (or complainants) and investigations and conclusions are often reached without any consultation with the initial reporter.
- 1.31 There is not enough training being provided to frontline staff on the use of the Safety Reporting and Learning System.
- 1.32 No standard training is available on how to respond to or investigate an incident.
- 1.33 Incident reports are often sent to a staff member who has a real or perceived conflict of interest in the matter.

Recommendations

The Governance Advisory Panel made the following recommendations:

Governance with a Child Safety Lens

It is recommended that:

1. The executive and clinical leadership team of the LGH join with the Secretary and executive of the Department by collectively and individually committing to improving the safety of children and young people. This will include:
 - (i) local implementation of the Child Safety and Wellbeing Framework
 - (ii) LGH executive and clinical leadership team signing the Statement of Commitment
 - (iii) undertaking an annual review of child safety and wellbeing status confirmed through a publicly reported attestation statement.

Organisation Structure

It is recommended that:

2. The position of Chief Executive Hospitals North / North West be replaced by two distinct senior executive roles being the Chief Executive Hospitals North Region encompassing the LGH and primary and community services and smaller facilities in the northern region, and a similar position of Chief Executive Hospitals for the North West region. *(Interim Recommendation - Approved by the Tasmanian Government on 30 September 2022)*
3. The position of Chief Executive Hospitals North be created, advertised, and filled on merit, with a key focus of the recruitment being organisational renewal and the ability to lead organise wide cultural change. *(Interim Recommendation - Approved by the Tasmanian Government on 30 September 2022)*
4. The Director of Allied Health sit at the second tier of the LGH executive structure. *(Interim Recommendation - Approved by the Tasmanian Government on 30 September 2022)*
5. The Executive Director of Nursing position be retitled Executive Director Nursing and Midwifery to properly reflect its professional accountabilities. *(Interim Recommendation - Approved by the Tasmanian Government on 30 September 2022)*
6. The attached revised structure be adopted with a second tier operationally responsible to the Chief Executive, including for all aspects of the performance of the Hospital.
7. The Director of Improvement be re-titled to Executive Director of Clinical Governance and that the statement of duties for this position reflect a focus on implementation of NSQHS Standards.
8. A new Sub-Acute, Ambulatory and Community Care clinical stream be established in Hospitals North.

9. A well-publicised Hospitals North internal governance and communication plan be developed that includes the following components:
- (i) an Executive Group, comprising the Chief Executive Hospitals North and second tier executives, which will meet at least weekly and be responsible for operational management, planning and strategy, and which will regularly (at least quarterly) communicate to staff on progress of local culture improvement action plans and implementation of the Child Safe Organisation Framework at LGH.
 - (ii) a Clinical Council comprising the Chief Executive Hospitals North, second tier Executive Directors, stream nursing and clinical directors, which will meet at least monthly, and be focussed on clinical operations, clinical safety and quality and service planning.
 - (iii) management accountability meetings for each of the domains of Performance and Operations, Medical Services, Nursing and Midwifery Services, Allied Health Services and Clinical Governance, initially to be held at least weekly, comprising the Chief Executive Hospitals North, second and third tier staff.

Management and Leadership – Roles and Accountabilities

It is recommended that:

- 10. The Executive Director of Nursing and Midwifery's position be revised to reflect operational and professional responsibility for nursing and midwifery services and standards within all clinical streams, consistent with any Statewide frameworks and policies - supported by a nursing and midwifery workforce unit which is responsible for local workforce planning, rostering, recruitment and retention, career development and education and training.
- 11. The Executive Director of Medical Services' position be revised to reflect operational and professional responsibility for medical services and standards within all clinical streams, consistent with any Statewide frameworks and policies – supported by a medical workforce unit which is responsible for local workforce planning, rostering, recruitment and retention, career development and education and training.
- 12. The position of Executive Director of Operations be re-titled Executive Director of Performance and Operations and the position be revised:
 - (i) to reflect responsibility for patient access and flow performance, pathology and hotel services
 - (ii) to provide day-to-day local oversight of the delivery of Shared Services including finance and budget, data management and reporting, Human Resources (including Workplace Health and Safety) and engineering services, consistent with any Statewide frameworks and policies
 - (iii) to provide local oversight of the delivery of Statewide Services including Hospital Pharmacy Services, Mental Health, Oral Health and Forensic Medical Services within Hospitals North, consistent with any Statewide frameworks and policies
 - (iv) to reflect responsibility for contract management of outsourced Radiology services.

13. The Director of Allied Health position be re-titled to Executive Director of Allied Health (North) and that the position be revised to reflect operational and professional responsibility for allied health services, consistent with any Statewide frameworks and policies.
14. The Nursing Director Primary Health position be incorporated into the Sub-Acute, Ambulatory and Community Care clinical stream.
15. New positions of Nursing Director/s and Clinical Director of Sub-Acute, Ambulatory and Community Care be created to manage the Sub-Acute, Ambulatory and Community Care clinical stream, consistent with any Statewide frameworks and policies.
16. Clear communication mechanisms such as email / newsletters / intranet are in place to ensure decision-making by executives and managers is well communicated within the organisation.
17. Reporting templates are developed which provide executives and managers with regular performance reports (at least quarterly) on the operations of the hospital.
18. Tasmanian Health support the ongoing engagement of the Launceston General Hospital (LGH) with the Studer program for a minimum of three years and that it be embedded within the day-to-day business of the LGH.
19. Hospitals North implement valid and reliable performance review processes (including staff conduct) that are conducted annually and expressly stated in LGH policies, protocols, and statement of duties.
20. Hospitals North senior executive and manager performance agreements include performance measures relating to child safety, culture, workplace safety and patient safety, and be reviewed at least annually.
21. That until such time as the new Chief Executive Hospitals North has been appointed, the Deputy Secretary Hospitals and Primary Care has oversight of new appointments (including internal redeployments and transfers) to clinical management, child and patient safety positions at the LGH, to ensure demonstrated capability in child safeguarding is properly considered in determining such appointments.

Management and Leadership – Development and Training

LGH Specific

It is recommended that:

22. The One Health Leadership and Management Training, including people management training on how to have difficult conversations and manage staff grievances, be prioritised for those frontline and middle managers at the LGH who have not yet undertaken any structured leadership or management training.

Statewide

It is recommended that:

23. The continued Statewide rollout of leadership and management training through the *One Health Cultural Improvement Program* be supported, ensuring that the Programs retain a multi-disciplinary focus rather than a siloed approach involving different professional cohorts.
24. For those undertaking One Health leadership and management programs the Department of Health explore:
 - (i) obtaining accreditation for the One Health leadership and management programs to count as Continuing Professional Development (note -this should not impact on existing Continuing Professional Development budgets at the LGH)
 - (ii) receiving credit by way of Recognition of Prior Learning, in undertaking further formal external management qualification courses such as those offered through the University of Tasmania.
25. Further consideration be given to framing the Leadership and Management Development and Training programs as a supportive and enabling opportunity for staff and a benefit for the organisation rather than through a compliance frame. There should also be an assessment of the resourcing available to enable the effective delivery of these programs.

Human Resources Governance

LGH Specific

It is recommended that:

26. Locally based HR Business Partners support the development of a culture improvement strategy sponsored by the CE Hospitals North including a baseline assessment of culture using available data from the People Matters survey and the Child Safe Organisation survey at LGH, complemented by any local survey data and additional pulse surveys as required.
27. Baseline assessment results and corresponding local action plan/s be disseminated to all staff.
28. A LGH Culture Improvement Advisory Group be established which includes staff and managers, chaired by Chief Executive Hospitals North, and supported by HR Business Partner. Regular progress reports on implementation of local action plans be provided to staff from the Group. This should occur at least bi-annually. Membership of the LGH Culture Improvement Advisory Group to include First Nations and Diversity Inclusion identified positions.
29. Locally based HR staff be upskilled to effectively perform the HR Business Partner role, including ensuring staff are able to interpret and use HR data and trends. Individual Annual Performance Development Plans and Performance Reviews are necessary to ensure the staff stay up to date with obligations, HR Strategic Direction and strengthen their capabilities.
30. Locally based HR Business Partners participate in and understand the enterprise risk management system, plans and other risk management activities of LGH.
31. Locally based HR Business Partners pro-actively encourage and support incident reporting, including self-reporting where relevant, and the timely escalation of more serious matters.

32. Hospital North Executive continuously monitor staff safety and well-being through regular reports on HR matters such as work-related injuries, grievances number and type, completion of mandatory training, vacancy rates and workplace culture measures.
33. Given the split of the North and North West, a senior business partner for each locally based HR Business Partner team be established.

Statewide HR Services

It is recommended that:

34. Statewide Human Resources (HR) continue the transition to a Business Partner Model and provide a standard service charter for each health service. The service charter should clearly set out functions and expected service levels of the HR service streams including the locally based Human Resource Business Partners.
35. There be a well-designed statewide implementation and consultative program to complement the development and rollout of governance reforms and system improvements for HR. This should include an assessment of the required resources for both transition to, and the end-state, HR structure.
36. Statewide HR ensure its Risk Management activities in respect of the management and delivery of its services are aligned with, and embedded within, the Department's Enterprise Risk Management Framework.
37. In future, Statewide HR Services be responsible for coordination and oversight of the conduct of the public service wide People Matters Survey for Tasmanian Health to ensure:
 - (i) it is designed within a strategic and operational framework that optimises engagement of Tasmanian Health staff
 - (ii) that the survey results are disseminated to (at a minimum) hospital level and
 - (iii) local action plans are developed in response to the Survey.
38. An overarching Change Plan be developed that strategically integrates the One Health Culture Program and Child Safe Organisation project with oversight provided by a People and Culture Sub-committee, supported by effective project management and communication plans.
39. The new Human Resource Information System and new rostering system enable automatic notification of changes to health professional registration status by Ahpra.
40. As part of implementing the statewide HR reforms, including the new Human Resources Information System, a capability review is conducted to enable any necessary training and upskilling of statewide HR staff.
41. Audits of staff records be undertaken to identify gaps in record keeping practice.

Child Safeguarding

LGH Specific

It is recommended that:

42. The size and complexity of the LGH warrants full-time resources for Child Safety Liaison and the establishment of a dedicated Child Safe unit to support the reporting and training in child safety at the LGH under the Child Safe Organisation Framework and to provide expert advice to staff where needed. (Interim Recommendation - Approved by the Tasmanian Government on 30 September 2022)
43. A simple, concise protocol and flow chart, preferably one page, communicating relevant contact points and details for the reporting of child safety concerns be immediately developed to give patients, carers, families, and staff at the LGH clarity around how to report child safety concerns under current arrangements. (Interim Recommendation - Approved by the Tasmanian Government on 30 September 2022)
44. The key executive management responsibility for ensuring oversighting child safeguarding at the LGH be clarified as a matter of urgency and the Child Safe unit report to this executive position. (Interim Recommendation - Approved by the Tasmanian Government on 30 September 2022)
45. As part of the Statewide Child Safety and Wellbeing Service within the Community, Mental Health and Wellbeing Group, the Child Safety Unit within the LGH have a direct day-to-day operational reporting line to the Chief Executive Hospitals North, as well as a professional reporting line to the Statewide Service.
46. Reports from the Child Safety Unit be routinely provided to the regular Hospitals North Executive meetings.
47. All leaders and managers at the LGH prioritise child safety as part of broader patient safety. Managers should be accountable through their performance agreements and reviews for the timely completion of mandatory training on child safety and reporting requirements by their staff.
48. Mandatory Training (including course content and frequency of training) for all LGH staff be reviewed as soon as possible to streamline and ensure an optimum environment for the implementation of child safety mandatory training.

Statewide

It is recommended that:

49. The Secretary of the Department of Health write to all staff in Tasmanian Health as soon as possible to advise them that they must undertake the Child Safety mandatory training by 30 June 2023.
50. The Department of Health develop an online form for children and young people to report concerns about their safety (in real time).
51. All staff in Tasmanian Health undertake the Child Safety mandatory training by 30 June 2023 and regular refresher training is provided to all staff at appropriate intervals (noting that appropriate intervals will differ depending on the role of the staff member and their interaction with children in the workplace).

52. Child Safe mandatory training be undertaken during paid working hours and there be no expectation that it be undertaken in an employee's own time.
53. All HR Business Partners complete Child Safety mandatory training by the end of February 2023.
54. Children and young people who are provided with health care within the Tasmanian Health Service be provided with the opportunity to complete a survey of their patient experience.
55. The Chaperone – Intimate Examinations – THS Statewide Protocol that is currently under review by the Department of Health be broadened to include all examinations of vulnerable or at-risk patients.
56. Onboarding training for all new Tasmanian Health Service staff provide practical steps that frontline staff can take to safeguard children.
57. The information pack that is provided to all Tasmanian Health Service patients / carers / family members be updated to include the offer of the presence of an additional staff member during examinations or during episodes of care where no family member or carer is able to be present. Patients under the age of 18 must have a family member, carer or support person present during all examinations or episodes of care. If a family member, carer or support person cannot be present then an additional staff member must be present.
58. Statements of Duties for all Tasmanian Health positions, including those at the LGH and in Statewide Human Resource Services, include a statement outlining the relevant position holder's responsibilities and accountabilities for Child Safeguarding and Workplace Health and Safety. These responsibilities include staying up to date with the mandatory training in child safety relevant and appropriate to the position.
59. Every patient should be approached with the understanding that they may have experienced previous traumas. Trauma aware care should be part of the standard level of care required to be provided. Trauma informed or trauma aware training should be available to all health professional staff, and they should be encouraged to undertake the training.
60. For the victim-survivors who experienced trauma at the LGH, carefully developed and trauma sensitive assistance be made available if they need to access further healthcare at the LGH.

Record Keeping

It is recommended that:

61. All current and historic family violence / sexual assault (including child sexual assault) medical records are digitised as soon as possible and are included on a patient's digital medical record so that there is one medical record for each patient (rather than one patient having multiple patient records).
62. Family violence / sexual assault medical records should be secured with access provided only to approved clinicians. Access permissions should be audited regularly.

Complaints Management

LGH Specific

It is recommended that:

63. On a regular basis, the Northern Consumer and Community Engagement Council (CCEC) receive a clear, concise and well-targeted summary of the complaints made in relation to the LGH, as well as other useful reports. Specifically, it is recommended that dashboard reports on complaints management, SRLS data and Hospital Acquired Complications should be provided routinely to the CCEC.
64. A patient advocate role for the LGH be explored within the consumer and community engagement framework for Tasmanian Health and include members of the Lived Experience: Expert Reference Group who are willing to be involved.

Statewide

It is recommended that:

65. The LGH implement all policies and protocols arising from the Statewide Complaints Oversight Unit in the Office of the Secretary which will have responsibility for the review of all reports of inappropriate behaviour or misconduct by an employee, in particular child sexual abuse or grooming behaviours.
66. The Statewide Complaints Oversight Unit describe the complaints approach to ensure a consistent alignment with better practice complaints management and provide a one-page flow chart that explains the processes to staff.
67. The Statewide Complaints Oversight Unit develop a single form for patients / carers / next of kin and/or family members to use to report concerns to lodge a complaint or report a concern, including about any child safety issue or boundary violation. The complaints form be accompanied by an information sheet that describes what complainants can expect in terms of the management and resolution of their complaints.
68. Tasmanian Health review the Feedback and Complaints Management Framework and Policy, to ensure a consistent, whole of Health complaints management function and ensure regular review and approval going forward.
69. The feedback and complaints management framework for Tasmanian Health should ensure:
 - (i) serious or complex reporting obligations are outlined - this will include but not be limited to:
 - a. matters of a sexual or criminal nature
 - b. matters involving allegations of serious performance issues, misconduct or impairment of a staff member
 - c. complaints about clinical practice or a clinician requiring mandatory reporting to the Australian Health Practitioner Regulation Authority
 - d. matters relating to incidents where there has been a serious adverse outcome (SAC 1 or SAC 2)

- e. concerns about a previous complaint process, requiring a review of the complaint management process or outcome
 - (ii) respectful treatment of the person making the complaint and aim to preserve the relationship between the complainant and the health organisation
 - (iii) a person receiving a complaint aims to manage the complaint at the point of first contact, and to resolve the concern in the same interaction if possible
 - (iv) a prompt and sincere apology is offered at an early opportunity
 - (v) it is easy and accessible for people to make a complaint and provide clear information about the right to complain, how to make a complaint, and how complaints will be managed
 - (vi) complaints are acknowledged within 5 business days of receipt of the complaint
 - (vii) a person making a complaint is provided with a contact person or team
 - (viii) the complaint is managed as quickly as possible with the aim of resolving complaints, with the majority of complaints resolved within 35 business days from the date complaint is received.
70. The Department of Health lead the embedding of a strong and committed culture where all staff within Tasmanian Health understand the value of complaints and are committed to a high quality and patient safety focussed culture.
71. The Department provide training to all staff relevant to their role to uplift capability and embed roles and responsibilities for complaints resolution.
72. The Department explore and progress the delivery of technology upgrade projects to enhance end to end complaints management handling.
73. The Department of Health strengthen the linkages between the future Complaints Management System and the Safety Reporting and Learning System so that it is clear to staff and patients, carers and community where to report incidents and complaints, what will happen with the reports and how they will get feedback.
74. There is a dedicated room(s) within the Royal Hobart Hospital, Launceston General Hospital, the Mersey Community Hospital and the North West Regional Hospital where patients / carers / next of kin and/or family members can be taken to make complaints or raise concerns about staff or hospital services.

Incident Management and Open Disclosure

It is recommended that:

75. Tasmanian Health use the Safety Reporting and Learning System Replacement Project, including functional specifications for the new system and the underpinning revised Policy Framework for the new system to continue to build on the strengths of the SRLS as the organisation-wide incident management reporting and learning system, by incorporating the following features:
- (i) ensuring management of conflicts of interest in investigating incident reports

- (ii) ensuring that the incident reporter is provided regular feedback on the review of the incident including any proposed changes to the original SAC rating or changes to the incident as originally recorded – this process should be the subject publicly reported annual audit
 - (iii) a protocol to describe the method to manage a disagreement between the original reporter and the clinical governance team
 - (iv) assignment of file owner
 - (v) description of SAC risk rating algorithm
 - (vi) training and access to quick fact sheets (additional functions including dashboards, actions, risk register, QI register, Alerts)
 - (vii) improving the reporting of SAC1 and SAC2 patient safety events including, but not limited to, improvements to capture information around SAC1 and SAC2 open disclosure processing occurring at the hospital level, complaints management linkages, feedback to staff who have reported an event and ways to integrate sharing of lessons learned
 - (viii) regularly reviewing and acting to improve the effectiveness of the incident management and open disclosure systems.
76. Tasmanian Health continue to build on organisation-wide incident management and investigation systems and:
- (i) support the workforce to recognise and report incidents and undertake open disclosure
 - (ii) support patients, carers, and families to communicate concerning incidents
 - (iii) involve the workforce and consumers in the review of incidents
 - (iv) provide timely feedback on the analysis to the Department, THS, local LGH executive and clinical leadership group, clinicians and consumers
 - (v) use the information from the analysis of incidents to improve the safety and quality of care.
77. Hospitals North participate in a staff Patient Safety Culture survey annually.
78. Additional training / orientation be provided to understand incident reporting and open disclosure accountabilities and obligations.
79. Consideration be given to how clinical managers can be optimally supported to manage their SRLS workload.
80. The Hospitals North Clinical Governance Unit undertake further development of a just reporting culture at the LGH as part of the broader Culture Improvement Strategy.
81. An incident reporting and open disclosure communication strategy be developed and implemented by mid-2023.
82. Root Cause Analysis (RCA) teams are provided with an improved understanding of the system they are investigating and ensure their investigations are sufficiently broad in scope and supported by specialist advice.

83. Tasmanian Health continues to monitor events initially reported as SAC1 and SAC2 patient safety events as part of the continuous audit process currently in place.
84. The Department of Health Internal Audit Unit conducts an annual review of randomly sampled patient safety events to ensure that the final ratings are appropriate based upon the agreed likelihood and consequence table.
85. For transparency, public reporting of information on SAC1 and SAC2 patient safety events, including Key Performance Indicators, continues. This information should also be regularly reviewed by the peak hospital executive committees and peak Department of Health executive committees.
86. The responsibilities of staff for reporting information from the safety event management system be clearly documented including where the report should be lodged.
87. Resources are invested in including a business improvement tool within the new safety event management system program and that a standardised tool for reporting is deployed. In conjunction, this will require employing business improvement staff at the local level to assist clinicians and executives to understand the data and to develop improvement plans.

Clinician Performance

It is recommended that:

88. The current Tasmanian Health Service protocol titled *Complaint or Concern about Health Professional Conduct* issued in 2020 be reviewed and include a focus on practical guidance for staff in managing and responding to these issues.
89. A concise document is developed summarising patient safety reporting obligations safety (including clinical incidents, child safety issues and health professional conduct and performance) for different categories of staff (eg all staff, registered health professionals, clinical staff, different levels of management etc) defined by threshold and pathway.
90. Induction and mandatory training for registered health professionals working within the Tasmanian Health Service include their reporting obligations to the Australian Health Practitioner Regulation Agency in addition to their reporting obligations in respect of child safety.

Report Implementation

It is recommended that:

91. There be independent oversight, including regular monitoring of progress, on the implementation of the outcomes of this Review.
92. An assessment of the resources that are required to effectively implement these recommendations be undertaken as an integral part of the implementation process.

2. The Child Safe Governance Review

Background to the Review

- 2.1 Over the period from July 2004 until August 2019, a number of complaints were made in relation to the behaviour of a Registered Nurse by the name of James Geoffrey Griffin (also known as Jim Griffin) who was working on the Women's and Children's Ward (Ward 4K) at the Launceston General Hospital (LGH).
- 2.2 The complaints were reported to senior staff at the LGH and in some instances, to staff who worked in Human Resources.
- 2.3 Despite numerous complaints being made, the complaints were routinely dismissed as "Jim just being Jim".
- 2.4 In 2017, a co-worker made a complaint about the inappropriate behaviour of Mr Griffin. Shortly after the complaint was made, Mr Griffin was transferred to Ashley Youth Detention Centre for a period of approximately five months.
- 2.5 In 2018 he returned to his substantive position as a Registered Nurse on the Women's and Children's Ward at the LGH.
- 2.6 In 2019, a former staff member of the LGH made a statement to Tasmania Police in relation to the sexual abuse she had been subjected to as a child by a family friend, Mr Griffin.
- 2.7 On 31 July 2019, Mr Griffin's registration for Working with Vulnerable People was suspended. He was stood down from his role as Registered Nurse on the Women's and Children's Ward on the same day.
- 2.8 In August 2019, Mr Griffin resigned.
- 2.9 On 3 September 2019, Mr Griffin was charged with a number of criminal offences involving repeated sexual abuse of a child.
- 2.10 By October 2019, four other females had come forward to Tasmania Police and made similar historic complaints of sexual abuse perpetrated by Mr Griffin. The abuse took place from the late 1980s through to 2012.
- 2.11 A Police search of Mr Griffin's home located a significant amount of child exploitation material including indecent images of children that had apparently been taken at the Launceston General Hospital when Mr Griffin was working as a Paediatric Nurse.
- 2.12 On 3 October 2019, Mr Griffin was arrested and charged with additional child sexual abuse crimes.
- 2.13 On 14 October 2019, Mr Griffin was found unresponsive at his residence in Launceston. He did not regain consciousness and died at the LGH on 18 October 2019.
- 2.14 On 18 May 2020, the Coroner concluded that Mr Griffin died as a result of a self-inflicted overdose of prescription medication.

- 2.15 In October 2020, an Independent Inquiry was established at the request of the Department of Health. At that time, the Secretary of the Department of Health took senior staff offline to commence examining the systems (including legislation, policies, practices and procedures) of the Tasmanian Health Service and the Department of Health in relation to the management of historical allegations of child sexual abuse.
- 2.16 On 23 November 2020, the then Premier announced his intention to recommend to Her Excellency, the Governor that she establish a Commission of Inquiry under the *Commissions of Inquiry Act 1995*, to investigate the responses of Tasmanian Government Agencies in relation to the management of historical allegations of child sexual abuse.
- 2.17 The Commission of Inquiry was established on 15 March 2021 by Order of the Governor of Tasmania. The Commission is independent of the Tasmanian Government and is equivalent to a royal commission with the power to call witnesses at hearings and compel the production of documents, including from the Tasmanian Government.
- 2.18 Under its Terms of Reference, the Commission was asked to inquire into what the Tasmanian Government should do to:
- (i) better protect children against child sexual abuse in institutional contexts in the future
 - (ii) achieve best practice in the reporting of, and responding to reports or information about, allegations, incidents or risks of child sexual abuse in institutional contexts
 - (iii) eliminate or reduce problems that currently prevent appropriate responses to child sexual abuse in institutional contexts, including addressing failures in, and barriers to, reporting, investigation and responding to allegations and incidents of abuse and
 - (iv) address or alleviate the impact of past and future child sexual abuse in institutional contexts, including, in particular, ensuring justice for victims through processes for referrals for investigation and prosecution and support services.
- 2.19 On 27 June 2022, the Commission of Inquiry held its first public hearings into child sexual abuse at the LGH.
- 2.20 The Commission of Inquiry concluded its hearings in September 2022 and will submit its report and recommendations to the Governor of Tasmania by 1 May 2023.

Establishment of the Governance Review

- 2.21 On 3 July 2022, in response to evidence provided to the Commission of Inquiry, the Tasmanian Government announced the immediate establishment of a Child Safe Governance Review of the LGH and Human Resource, with a focus on the handling of serious misconduct such as institutional child sexual abuse.
- 2.22 The Terms of Reference for the Child Safe Governance Review are detailed under Section 2 of this report.
- 2.23 On 13 July 2022, the Premier announced that two independent Co-Chairs had been appointed to lead the Governance Advisory Panel for the Child Safe Governance Review.
- 2.24 On 16 August 2022, in a Ministerial Statement, the Premier announced the appointment of additional highly credentialed experts, union representatives and Department of Health staff to the Governance Advisory Panel for the Child Safe Governance Review. The full membership of the Governance Advisory Panel is detailed at Appendix 1.

Terms of Reference

- 2.25 The Review examines the governance of the Launceston General Hospital and Human Resources, in particular with a focus upon the handling of serious misconduct such as institutional child sexual abuse.
- 2.26 The Review will specifically examine the governance structure of the Launceston General Hospital and Human Resources through a child safety lens, to ensure public confidence in the safety of the service and make recommendations as to changes required to improve:
- (i) organisational structure
 - (ii) management and leadership including roles, responsibilities and accountabilities
 - (iii) implementation of mandatory training in leadership and management, through the *One Health Cultural Improvement Program*, including a focus on accountable leadership and management (already underway)
 - (iv) implementation of mandatory training in Child Safety, including grooming behaviours and mandatory notifications, through the Child Safe Organisation Project (already underway)
 - (v) implementation of the Department of Health Child Safe Organisation Framework and establishment of the Child Safety Panel (already underway)
 - (vi) establishment of an independent Central Complaints Management Unit in the Office of the Secretary, responsible for the review of all reports of inappropriate behaviour or misconduct by an employee, in particular child sexual abuse or grooming behaviours, separate from Human Resources and
 - (vii) policies, procedures, protocols, Quality and safety frameworks, systems and data as they relate to the above.

- 2.27 The Review will consider changes currently in progress or implemented since 2019 to strengthen governance and protect the safety of children in our health service, including the work underway in the Department's Child Safe Organisation Project. This includes the continued implementation of the National Principles for Child Safe Organisations and associated child safe standards to provide all Department of Health staff, volunteers and contractors, the tools to safeguard the health and wellbeing of all children.
- 2.28 The Review will complement the recently established One Health Cultural Improvement Program that is focussed on improving the following critical cultural change priorities:
- (i) Leadership and Accountability
 - (ii) Leadership and Management Capability
 - (iii) Workplace Values and Behaviours
 - (iv) Health, Safety and Wellbeing
 - (v) Systems and processes to help reinforce our One Health Cultural Improvement Program.
- 2.29 The Governance Advisory Panel will report its recommendations to the Secretary, Department of Health by November 2022.
- 2.30 The Governance Review may also extend its recommended child safety organisational improvements if relevant to the organisational structure of all public Tasmanian health services.
- 2.31 The Secretary will personally lead the implementation of the recommendations, with a commitment that the change will be implemented across the entire Department of Health, including all health services and corporate areas.

Governance Advisory Panel

- 2.32 The Governance Advisory Panel Membership consisted of two independent Co-Chairs; experts in child trauma / child safety, governance, hospital administration and human resources; union representatives from the Australian Medical Association, the Australian Nursing and Midwifery Federation, the Health and Community Services Union and the Community and Public Sector Union; and representatives from the Department of Health.
- 2.33 The Governance Advisory Panel was established under Section 13 of the *Tasmanian Health Service Act 2018*.
- 2.34 Additional information in relation to the membership of the Governance Advisory Panel is at Appendix 1 – Membership of the Governance Advisory Panel.

Lived Experience: Expert Reference Group

- 2.35 It was vitally important that victim-survivors were provided with an opportunity to participate in the Review.
- 2.36 Victim-survivors were invited to participate in a Lived Experience: Expert Reference Group for the Governance Advisory Panel.
- 2.37 Victim-Survivors who expressed an interest in participating met with Dr Maria Harries, one of the independent experts on the Governance Review Panel and shared their experiences and thoughts on what needs to be done to keep children and young people safe when accessing health services in Tasmania.
- 2.38 Attached at Appendix 2 is Dr Harries addendum outlining the approach and range of views of the members of the Reference Group. An extract from Dr Harries Addendum appears below:

“The Governance Panel recommendations are welcomed and endorsed. There are a few key points that victims-survivors wish to highlight:

- The integrity and thoroughness of the Governance Panel work is acknowledged. Participants who remained involved felt their voices had been heard and that the recommendations reflect this. Those who wished to do so, met with the Co-Chairs of the Panel and were pleased to be able to express their views directly and felt they had been well-heard and acknowledged.*
- Some changes in the sensitivities and workings of the hospital have already been experienced and this has provided some hope for change.*
- The significance of recommendations to comprehensively change the complaints system cannot be underestimated. Victim-survivors’ experiences over many years have been that of meeting roadblocks at their every attempt to report concerns.*
- The public apologies were generally welcomed and received although an ongoing worry is that the risk is that the public see this as a successful resolution of the past traumas.*
- The biggest risk / concern for members of the group is that, despite all the energy, commitment, and recommendations, “nothing will change”. Participants are keen to believe there is an ongoing review of implementation of recommendations that provides a feedback loop about effectiveness and success.*
- Cultural change cannot occur without some significant staff changes / removals – particularly relevant for staff who appeared before the Commission of Inquiry. The conundrum is also acknowledged by the group that due process must be followed as the Commission of Inquiry findings have yet to be finalised and reported.*

- *As well as the members of this group, there is a very large number of members of the public using Tasmanian health services who have experienced the trauma of sexual abuse as well as other abuses. Some are survivors of recent such abuse and others are suffering long term consequences of historic abuse. Most, if not all, will need to access health / hospital services at some time. All need to be able to access facilities that are at best trauma informed and at least trauma aware. “Literally, anyone walking in could be a victim-survivor and every member of staff needs to be alert to that and to be careful”. Trauma sensitivity is integral to the work of all health staff.*
- *An ongoing independent mechanism that sustains a voice for consumers / patients in the hospital is vital and needs to continue to be informed by lived experience.*
- *For victim-survivors who have experienced trauma at LGH, it is imperative there be some form of trauma sensitive assistance for them when and if they need to access further healthcare at LGH. Their trauma is ongoing.*

In summary, the most important issue is that the recommendations made by the Governance Panel address the identified history of failure to respond immediately and effectively to complaints made by children, youth, families, patients, and staff. Members of the Lived Experience: Expert Reference Group are hopeful and are keen to be advised of progress and positive outcomes of changes that have been recommended by the Panel. “

Review Methodology

- 2.39 The scope of the Review involved an examination of the governance systems and processes at LGH bringing a specific child safety lens to bear in undertaking that examination. The examination of individual cases and culpability such as the James Griffin case, was not within scope, being properly a matter for the Commission of Inquiry.
- 2.40 The Review therefore focussed its attention on the governance and organisational structures, as well as the management and leadership roles, responsibilities and accountabilities within the Launceston General Hospital and Statewide Human Resources, and the various systems and processes to support child safety, and patient safety more broadly, at the LGH.
- 2.41 The Governance Advisory Panel established to support the Review met a total of nine times over a period of four months. The work of the Panel was intensive involving meetings of at least a half day each time. The meetings were held either face to face in Launceston or online. Details of the Governance Advisory Panel meetings including the meeting dates, the general subject and outline of the meetings and the related terms of reference are provided at Appendix 3. A range of detailed presentations by both Department and Hospitals North executives, as well as external experts, formed an important part of the Panel’s examination of the subject matters outlined in the Terms of Reference.

- 2.42 Following each meeting of the Governance Advisory Panel, the Co-Chairs released a Communique summarising the discussions and outcomes of the meetings. The Communiques that were released following each meeting are available on the Department of Health's Child Safe Governance Review webpage.
- 2.43 Whilst the Governance Advisory Panel itself had a number of significant stakeholder representatives and staff members, the Co-Chairs also engaged with a broad range of other key stakeholders and staff from the LGH and the Department of Health, as well as having discussions with individual Panel members to ensure their perspectives and ideas were fully explored. A list of the interviews conducted by the Co-Chairs is provided at Appendix 4.
- 2.44 Some expert members on the Panel were individually assigned to undertake more intensive examinations of individual subject areas including the governance and operation of Statewide HR Services and the executive roles within Nursing and Midwifery. Where necessary the Co-chairs also enlisted external expertise including senior health management expertise. The Review also examined examples of best practice in other jurisdictions such as in the area of complaints management and professional performance and conduct management.
- 2.45 Sub-groups of, and individual, Panel members also considered specific issues such as how to assess the organisational culture at LGH, the format and content of a one-pager on mandatory reporting and how to garner the experience of child patients.
- 2.46 Panel meetings, presentations, interviews and working groups were complemented by a site visit to Ward 4K (the paediatric ward) at LGH and the opportunity to chat with both frontline management and staff during the visit.
- 2.47 The role of the Child Safety / Child Trauma expert on the Panel, Dr Maria Harries, was invaluable in maintaining contact between the Review and members of the Lived Experience: Expert Reference Group, with regular reporting to the Panel on the range of views of those victim-survivors who wished to contribute to the Review. Some victim-survivors also expressed interest in direct discussions with the Co-Chairs and this also took place.
- 2.48 The format of the contact and meetings with the victim-survivors was entirely at the discretion of the individuals concerned. To protect the privacy of the victim-survivors, no details relating to these meetings are contained within this report. The Lived Experience: Expert Reference Group were also provided with the draft recommendations to enable their feedback to shape the final form of the recommendations.

3. Interim Recommendations

Making of Recommendations

- 3.1 Early on in the Review the Co-Chairs formed a view that leadership renewal at LGH and a sharpening of the management accountability focus at LGH should not be delayed, a view with which the Governance Advisory Panel concurred. Consequently, interim recommendations were made to split the executive structure for the North and North/West and establish a dedicated senior executive team for Hospitals North / LGH.
- 3.2 At the same time it was also concluded there was no time to waste in boosting specific child safety resources at LGH and communicating in a simple, clear and concise manner the child safety reporting obligations of staff, and interim recommendations in this regard were also made.
- 3.3 Following a Governance Advisory Panel meeting on 20 September 2022, the Co-Chairs wrote to the Secretary of the Department of Health on 27 September 2022 and provided the Secretary with the Interim Recommendations from the Governance Advisory Panel as follows:

Interim Recommendations – Executive Structure at the LGH

It is recommended that:

- 2 The position of Chief Executive Hospitals North / North West be replaced by two distinct senior executive roles being the Chief Executive Hospitals North Region encompassing the LGH and primary and community services and smaller facilities in the northern region, and a similar position of Chief Executive Hospitals for the North West region.
- 3 The position of Chief Executive Hospitals North be created, advertised, and filled on merit, with a key focus of the recruitment being organisational renewal and the ability to lead organise wide cultural change.
- 4 The Director of Allied Health sit at the second tier of the LGH executive structure.
- 5 The Executive Director of Nursing position be retitled Executive Director Nursing and Midwifery to properly reflect its professional accountabilities.

Interim Recommendations – Safeguarding Children at the LGH

It is recommended that:

- 42 The size and complexity of the LGH warrants full-time resources for Child Safety Liaison and the establishment of a dedicated Child Safe unit to support the reporting and training in child safety at the LGH under the Child Safe Organisation Framework and to provide expert advice to staff where needed.
- 43 A simple, concise protocol and flow chart, preferably one page, communicating relevant contact points and details for the reporting of child safety concerns be immediately developed to give patients, carers, families, and staff at the LGH clarity around how to report child safety concerns under current arrangements.
- 44 The key executive management responsibility for ensuring oversighting child safeguarding at the LGH be clarified as a matter of urgency and the Child Safe unit report to this executive position.

Government Response

- 3.4 On 30 September 2022, the Secretary of the Department of Health responded to the Co-Chairs and advised that she had accepted all of the interim recommendations.
- 3.5 In relation to the recommendation that the position of Chief Executive Hospitals North/North West be replaced by two distinct senior executive roles, the Secretary advised the following:
 - Commencing immediately, Ms Jennifer Duncan, LGH Director of Operations will act in the new role of Chief Executive Hospitals North while a nation-wide recruitment process is undertaken for the new Northern position.
 - Commencing immediately, Mr Eric Daniels will perform the role of Chief Executive Hospitals North West prior to his retirement, while a nation-wide recruitment process is undertaken for the new North West position and a handover is completed.
- 3.6 In addition to the changes resulting from the interim recommendations, the Secretary advised that there were a number of other changes that would be implemented to underline the commitment to a significant reset of the Executive culture at the LGH through the lens of child safety including:
 - While a recruitment process is completed, the North West Executive Director of Medical Services, Dr Kathleen Atkinson, will act in the role of the Executive Director of Medical Services at the LGH for a period of six months.
 - A new permanent role of Deputy Executive Director of Medical Services will be created in the North and a recruitment process will be undertaken to permanently fill this role. An expression of interest process will be undertaken to appoint someone to the role in the interim.

- The role of the Executive Director of Nursing will be re-titled to Executive Director of Nursing and Midwifery. This position will be advertised and a recruitment process will be completed, including a handover from the retiring Executive Director of Nursing.
 - The role of Director of Improvement for the North / North West will be split into two roles, with one in the North and one in the North West to ensure a dedicated local focus for each region. Ms Morag McPherson will continue in the role in the North while a recruitment process is undertaken for the role in the North West.
- 3.7 A new position of Deputy Secretary Hospitals and Primary Care will be created to support the significant governance, reform and cultural change program underway and provide a strategic focus including access and patient flow and the primary / acute care interface. Mr Dale Webster will act in the role while a recruitment process is undertaken.
- 3.8 New Child Safeguarding Officers will be recruited and be based at the four major public hospitals in Tasmania to support the implementation of the Child Safety and Wellbeing Framework, including education on mandatory reporting and identifying grooming and professional boundary breaches.
- 3.9 These positions will work with the Hospital's executive to support child safeguarding and will complement the Department of Communities Child Safety Liaison Officer positions located in the hospitals.

4. Governance of the Launceston General Hospital

Defining Governance in Health Services

- 4.1 Patients, consumers and the community trust clinicians and health service organisations to provide safe, high-quality health care. Fundamental to this is good governance, including clinical governance, which ensures safety and quality is a joint organisational and clinical responsibility.
- 4.2 Definitions of governance vary depending on context and emphasis, for example whether dealing with a company in a commercial environment or dealing with a public sector organisation or a hybrid of the two., but the common threads are how an organisation or enterprise (as distinct from an individual) is controlled and held to account within the prevailing legal and regulatory environment. The Governance Institute of Australia¹ defines governance in the following terms:
- “Governance encompasses the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements of governance.”*
- 4.3 Within health service organisations, clinical governance is a critical aspect of overall governance. Clinical governance comprises the set of relationships and responsibilities established by a health service organisation between its state or territory department of health, governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes. Clinical governance ensures that everyone from frontline clinicians to managers and members of governing bodies (such as boards) are accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.



¹ Governance Institute of Australia website, [What is governance? \(governanceinstitute.com.au\)](http://governanceinstitute.com.au)

The Utility of Organisational Structures

- 4.4 A sound organisational structure is essential to the execution of good governance. An organisational structure should describe the elements that are essential for leaders of health service organisations to implement integrated corporate and clinical governance systems through which organisations and individuals are accountable to the community for continuously improving the safety and quality of their services.
- 4.5 Organisational structures have six key elements that are the building blocks that executive management, clinician managers, managers and staff must use in developing and structuring organisational hierarchy:
- accountabilities
 - departmentalisation
 - established reporting relationships
 - distributing authority
 - coordinating activities and
 - providing leadership.
- 4.6 Organisational charts are visual representations of an organisation's structure. These charts should clearly outline the hierarchy within an organisation and indicate the who is responsible to whom. Organisational charts also provide an overview of service provision for internal and external stakeholders and explain the inter-relationships between services. Organisational charts also assist staff to understand what they are to do, what they are responsible for and what action needs to be taken under what circumstances. They support:
- accountabilities
 - policies and procedures
 - delegation manuals and
 - rules and regulations.

Observations about LGH Governance

- 4.7 Child safety accountabilities were not reflected in the organisational structure nor expressly defined or embedded within the LGH governance.
- 4.8 There was a strong preponderance of opinion expressed to the Review that there was a lack of individual leadership accountability, within the Hospital's organisation, as well as an absence of dynamism and fresh perspectives. Executive leadership was viewed as operating within discrete professional silos rather than working as a team to take collective responsibility and accountability for effective service delivery, performance and culture both at the LGH and across Hospitals North / North West.

- 4.9 It was also noted that since 2013, the organisational structure of the LGH had undergone a significant number of restructures and that the constant restructuring contributed to both confusion around management roles, responsibilities and accountabilities, and a loss of confidence by staff in the effectiveness of governance structures. This “restructure fatigue” was exacerbated by the revelations of the James Griffin case and was followed by a period of immense pressure on staff arising from the COVID pandemic. The combined result has contributed to a deterioration in organisational culture that needs to be urgently addressed.
- 4.10 There was a preponderance of opinion that there was a need for substantial leadership renewal and reinvigoration, as well as the need for an intense focus by LGH management on delivering of the required reforms articulated in the Child Safety and Wellbeing Framework, the *One Health Cultural Improvement Program* and this Review. It was felt that Hospitals North / LGH needed a dedicated senior executive team, rather than the existing more diffuse focus and accountability across both the North and North West regions of the Tasmanian Health Service. A dedicated Chief Executive Hospitals North position would be responsible for driving accountability within a revised organisation structure and leading the implementation of good governance arrangements including cultural change at the LGH and more broadly across Hospitals North.
- 4.11 The current organisational structure of the Launceston General Hospital / Hospitals North (Appendix 5) did not clearly articulate the reporting relationships between the Chief Executive, the Executive and the Clinical Stream Directors. This has resulted in responsibilities and accountabilities being unclear. Accountability of executives and managers for routine management of staff conduct and performance through professional and operational reporting lines also needed to be expressly stated in relevant policies, protocols and statements of duties.
- 4.12 The relationships and interactions between the LGH executive structure and the Statewide Services supporting LGH were not properly reflected in the LGH organisational structure and management roles and accountabilities.
- 4.13 Governance structures and internal communication and decision-making pathways at LGH were in parts, unclear or incoherent. Concerns were raised about the effectiveness of the Hospital’s numerous Committees, Sub-Committees and Working Parties. Of particular note, was the Health Care Quality Executive Committee which was unwieldy and ineffective as a decision-making body given it comprised around 35 members.
- 4.14 Statements of duties of senior executive staff were poorly designed, vague and overly general in articulating accountabilities and had not kept pace with the various iterations of the organisational structure.
- 4.15 Performance management both at an individual and organisational level was often inconsistent, unclear or in some cases non-existent.
- 4.16 Executive leadership of Allied Health was not accorded the same level of recognition and accountability in the LGH organisation structure as medical and nursing/midwifery services, being on a lower tier, which was inconsistent with an integrated multi-disciplinary approach to health care management and delivery.

- 4.17 The establishment of the clinical stream structures at LGH, whilst consistent with contemporary practice, has been implemented in a way that has not taken account of the relative size and complexity of LGH as a mid-size regional hospital. The relationship between the Clinical Stream Directors and the Launceston General Hospital / Hospitals North Executive was unclear and there was no clear delineation between professional and day-to-day operating responsibilities.
- 4.18 The way the clinical streams were structured was generally sound but some adjustment to incorporate the primary health services within the sub-acute and ambulatory services stream was desirable.
- 4.19 Whilst the medical stream was broad in scope, encompassing emergency medicine, intensive care as well as acute medical, this was appropriate for the size and complexity of the hospital and facilitated a patient access and flow. However, the management of this stream needed strengthening to improve the effectiveness of its operations.
- 4.20 The approach to organisational culture assessment and improvement was immature and ad hoc, lacking in effective staff engagement. A more strategic and pro-active approach to culture assessment and improvement was required.
- 4.21 The Studer accountability framework at the LGH is an important step in clarifying and embedding accountable management principles and practices at LGH and, if implemented consistently and diligently, will help build a sustainable culture, foster innovation, ensure quality outcomes and importantly, deliver improved patient experiences.

Recommendations – Governance with a Child Safety Lens

It is recommended that:

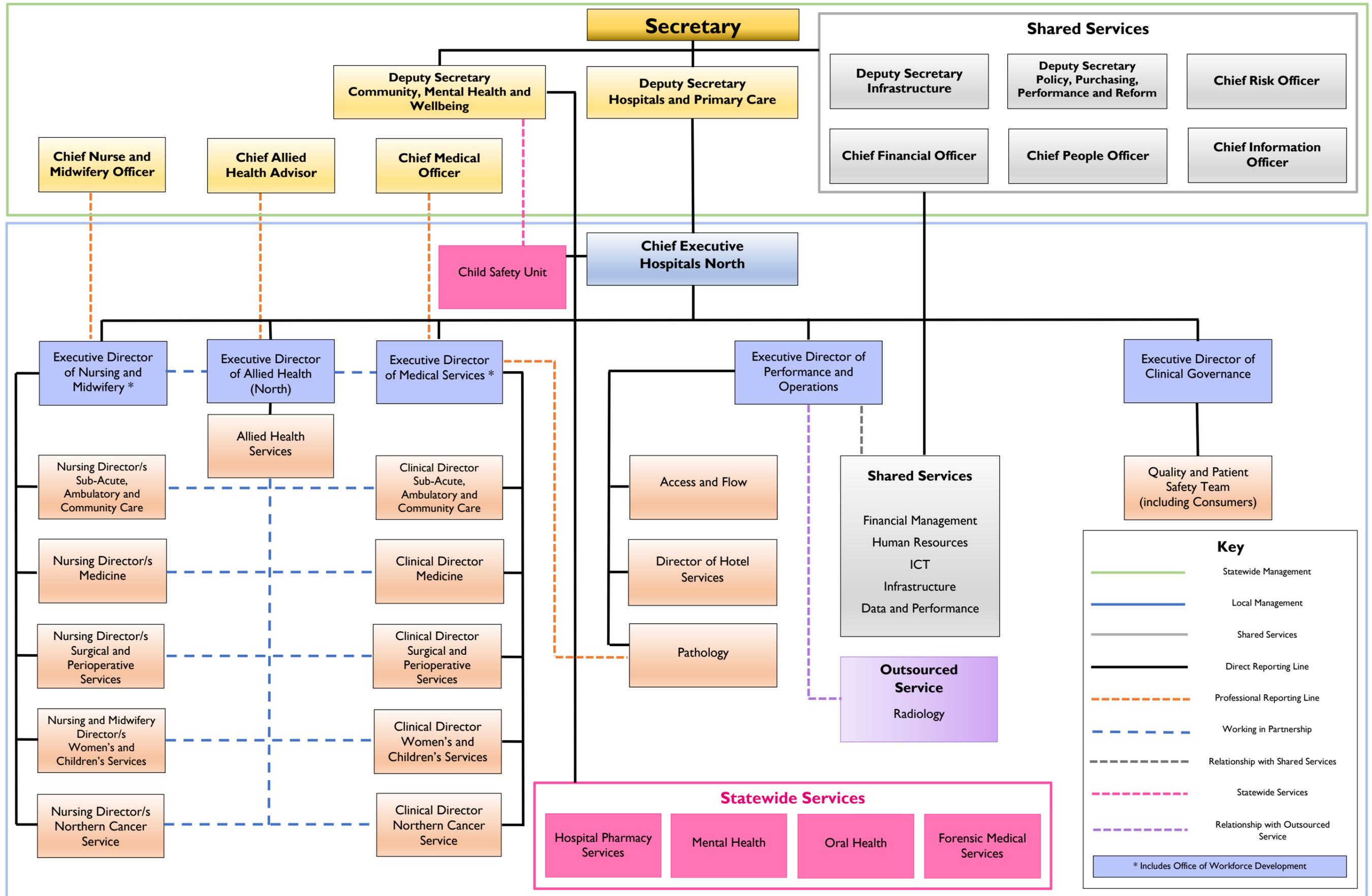
- 1 The executive and clinical leadership team of the LGH join with the Secretary and executive of the Department by collectively and individually committing to improving the safety of children and young people. This will include:
 - (i) local implementation of the Child Safety and Wellbeing Framework
 - (ii) LGH executive and clinical leadership team signing the Statement of Commitment
 - (iii) undertaking an annual review of child safety and wellbeing status confirmed through a publicly reported attestation statement.

Recommendations – Organisational Structure

It is recommended that:

- 2 The position of Chief Executive Hospitals North / North West be replaced by two distinct senior executive roles being the Chief Executive Hospitals North Region encompassing the LGH and primary and community services and smaller facilities in the northern region, and a similar position of Chief Executive Hospitals for the North West region. (Interim Recommendation – Approved by the Tasmanian Government on 30 September 2022)
- 3 The position of Chief Executive Hospitals North be created, advertised, and filled on merit, with a key focus of the recruitment being organisational renewal and the ability to lead organise wide cultural change. (Interim Recommendation - Approved by the Tasmanian Government on 30 September 2022)
- 4 The Director of Allied Health sit at the second tier of the LGH executive structure. (Interim Recommendation - Approved by the Tasmanian Government on 30 September 2022)
- 5 The Executive Director of Nursing position be retitled Executive Director Nursing and Midwifery to properly reflect its professional accountabilities. (Interim Recommendation - Approved by the Tasmanian Government on 30 September 2022)
- 6 The attached revised structure be adopted with a second tier operationally responsible to the Chief Executive, including for all aspects of the performance of the Hospital.
- 7 The Director of Improvement be re-titled to Executive Director of Clinical Governance and that the statement of duties for this position reflect a focus on implementation of NSQHS Standards.
- 8 A new Sub-Acute, Ambulatory and Community Care clinical stream be established in Hospitals North.
- 9 A well-publicised Hospitals North internal governance and communication plan be developed that includes the following components:
 - (i) an Executive Group, comprising the Chief Executive Hospitals North and second tier executives, which will meet at least weekly and be responsible for operational management, planning and strategy, and which will regularly (at least quarterly) communicate to staff on progress of local culture improvement action plans and implementation of the Child Safe Organisation Framework at LGH.
 - (ii) a Clinical Council comprising the Chief Executive Hospitals North, second tier Executive Directors, stream nursing and clinical directors, which will meet at least monthly, and be focussed on clinical operations, clinical safety and quality and service planning.
 - (iii) management accountability meetings for each of the domains of Performance and Operations, Medical Services, Nursing and Midwifery Services, Allied Health Services and Clinical Governance, initially to be held at least weekly, comprising the Chief Executive Hospitals North, second and third tier staff.

Diagram I Proposed Organisational Structure – Launceston General Hospital / Hospitals North



Recommendations – Management and Leadership Roles and Accountabilities

It is recommended that:

- 10 The Executive Director of Nursing and Midwifery's position be revised to reflect operational and professional responsibility for nursing and midwifery services and standards within all clinical streams, consistent with any Statewide frameworks and policies - supported by a nursing and midwifery workforce unit which is responsible for local workforce planning, rostering, recruitment and retention, career development and education and training.
- 11 The Executive Director of Medical Services' position be revised to reflect operational and professional responsibility for medical services and standards within all clinical streams, consistent with any Statewide frameworks and policies – supported by a medical workforce unit which is responsible for local workforce planning, rostering, recruitment and retention, career development and education and training.
- 12 The position of Executive Director of Operations be re-titled Executive Director of Performance and Operations and the position be revised:
 - (i) to reflect responsibility for patient access and flow performance, pathology and hotel services
 - (ii) to provide day-to-day local oversight of the delivery of Shared Services including finance and budget, data management and reporting, Human Resources (including Workplace Health and Safety) and engineering services, consistent with any Statewide frameworks and policies
 - (iii) to provide local oversight of the delivery of Statewide Services including Hospital Pharmacy Services, Mental Health, Oral Health and Forensic Medical Services within Hospitals North, consistent with any Statewide frameworks and policies
 - (iv) to reflect responsibility for contract management of outsourced Radiology services.
- 13 The Director of Allied Health position be re-titled to Executive Director of Allied Health (North) and that the position be revised to reflect operational and professional responsibility for allied health services, consistent with any Statewide frameworks and policies.
- 14 The Nursing Director Primary Health position be incorporated into the Sub-Acute, Ambulatory and Community Care clinical stream.
- 15 New positions of Nursing Director/s and Clinical Director of Sub-Acute, Ambulatory and Community Care be created to manage the Sub-Acute, Ambulatory and Community Care clinical stream, consistent with any Statewide frameworks and policies.
- 16 Clear communication mechanisms such as email / newsletters / intranet are in place to ensure decision-making by executives and managers is well communicated within the organisation.

Recommendations – Management and Leadership Roles and Accountabilities

It is recommended that:

- 17 Reporting templates are developed which provide executives and managers with regular performance reports (at least quarterly) on the operations of the hospital.
- 18 Tasmanian Health support the ongoing engagement of the Launceston General Hospital (LGH) with the Studer program for a minimum of three years and that it be embedded within the day-to-day business of the LGH.
- 19 Hospitals North implement valid and reliable performance review processes (including staff conduct) that are conducted annually and expressly stated in LGH policies, protocols, and statement of duties.
- 20 Hospitals North senior executive and manager performance agreements include performance measures relating to child safety, culture, workplace safety and patient safety, and be reviewed at least annually.
- 21 That until such time as the new Chief Executive Hospitals North has been appointed, the Deputy Secretary Hospitals and Primary Care has oversight of new appointments (including internal redeployments and transfers) to clinical management, child and patient safety positions at the LGH, to ensure demonstrated capability in child safeguarding is properly considered in determining such appointments.

- 4.26 The following Management and Leadership Programs are also in the development stage, with the LGH identified as a location for the initial roll-out:
- (i) Mid-Career Leadership Program which is specifically designed for nurses and midwives and is focussed on harnessing emerging leadership potential, exploring leadership styles and traits, and building an understanding of working within broader healthcare contexts including influencing policy and strategy across the public health system. This program is a collaboration between the Department of Health and the University of Tasmania.
 - (ii) Inspire Management Program which is being developed to enhance the management skills of staff. Modules in the Inspire Management Program will include Patient Safety and Clinical Governance; People Management; Communication and Engagement; Finance and Procurement; Government and Policy; and Work Health and Safety and Wellbeing.
- 4.27 It is important that there is cohesion and synergy between the governance reforms at LGH and the design and content of the leadership and management programs which support these reforms. Specifically, when approaching leadership and management development for those working within health service organisations, understanding and capability in clinical governance are essential components.

Recommendations – Management and Leadership Development and Training

LGH Specific

It is recommended that:

- 22 The One Health Leadership and Management Training, including people management training on how to have difficult conversations and manage staff grievances, be prioritised for those frontline and middle managers at the LGH who have not yet undertaken any structured leadership or management training.

Statewide

It is recommended that:

- 23 The continued Statewide rollout of leadership and management training through the *One Health Cultural Improvement Program* be supported, ensuring that the Programs retain a multi-disciplinary focus rather than a siloed approach involving different professional cohorts.
- 24 For those undertaking One Health leadership and management programs the Department of Health explore:
- (i) obtaining accreditation for the One Health leadership and management programs to count as Continuing Professional Development (note -this should not impact on existing Continuing Professional Development budgets at the LGH)
 - (ii) receiving credit by way of Recognition of Prior Learning, in undertaking further formal external management qualification courses such as those offered through the University of Tasmania.

Statewide

It is recommended that:

- 25 Further consideration be given to framing the Leadership and Management Development and Training programs as a supportive and enabling opportunity for staff and a benefit for the organisation rather than through a compliance frame. There should also be an assessment of the resourcing available to enable the effective delivery of these programs.

5. Human Resources Governance

Context

- 5.1 In Tasmanian Health, Human Resources (HR) has been established as a Statewide Service delivering a comprehensive range of HR services to health service organisations, including LGH. In principle the model is unexceptional with a number of jurisdictions both in Australia and internationally adopting a shared services model for HR related services. Implementing such models often involve teething issues such as resistance to change and local concern about a loss of control. Highly sophisticated change management strategies, realistic transition times and a level of investment in underpinning technology and information systems, as well as upskilling of staff, is essential to the success of these models.
- 5.2 This is acknowledged by those within the Department responsible for Statewide HR services, who also recognise that the business transformation process underway is yet to fully mature. Nonetheless, the benefits of such a transformation program, delivered successfully, can be significant in terms of improved capability and service levels, staff and customer satisfaction and productivity and efficiency improvements.
- 5.3 The Review Terms of Reference specifically include HR governance noting some of the issues that have emerged out of the James Griffin case, and the need to ensure that the transformation program underway ultimately delivers excellent HR services.
- 5.4 Irrespective of the business model adopted to deliver HR services, the key elements of good HR practice encompass the following:
- (i) Human Resources is both strategic and transactional, providing a suitably qualified health workforce to meet the diverse and complex health services needs. The workforce must have the right qualifications, skills and supervision to provide safe, high-quality health care to patients, which underpins all health services (Clinical Governance Standard NSQHS).
 - (ii) Human Resources should be a strategic partner for the Department of Health and the Tasmanian Health Service that understands the business to assist the development and growth of the workforce in line with the strategic direction and service standards.
 - (iii) Human Resources should have transactional experts that undertake people related business-as-usual for all employees, managers and the executive.
 - (iv) Human Resources should be a change agent connecting with leaders and managers to lead and facilitate change for improved health care services and a high standard of professional practice.
 - (v) Human Resources should be an employee advocate supporting a healthy culture, processes and practices that ensure safeguarding, and help to ensure employee wellbeing and safety.
 - (vi) Human Resources should provide independent expert advice for the executive and managers on workforce needs and staff management.
 - (vii) Human Resources should understand and operate within the scope of the HR role (i.e. does not provide legal advice and does not substitute for effective frontline management and team leadership).

- 5.5 Because HR operates as a Statewide Service the Review examined HR both from a Statewide governance perspective, and from the perspective of how these services operate at LGH and what contribution HR can make to the overall LGH governance and child safeguarding reforms proposed by this Review.

Observations

- 5.6 The Governance Advisory Panel noted that a number of reform initiatives are already underway in Human Resources. These include:
- (i) a strategic HR and improvement function has now been established in the structure.
 - (ii) transition underway to a new Statewide HR functional model - better alignment of HR strategic initiatives with Health's priorities along with more effective, responsive transactional services.
 - (iii) implementation of a statewide HR information system (HRIS) has commenced that will provide employee self-service and streamline HR business reporting to support managers and executive
 - (iv) the *One Health Cultural Improvement Program* (a 5-year program) has been established building leadership and management capability and accountability, respectful value-based culture with both an external advisory group and internal reference group; and leadership and frontline manager training is commencing.
 - (v) the Child Safe Organisation Project commenced which will integrate with the *One Health Cultural Improvement Program* ensuring a child and young person culture of safeguarding is part of the culture improvements, as well as leadership and management training.
 - (vi) the complaints management system is being re-modelled providing stronger oversight and processes for employee complaints including a clearer role for HR staff.
 - (vii) Nursing and Midwifery workforce improvements have commenced with the Pathways to Excellence program.
- 5.7 However significant issues must be addressed as part of the continuing transformation program. Statewide HR needs to move to an end-state model as set out in Diagram 2 below with the following elements:
- (i) a one-stop-shop for transactional HR services available to staff through a central phone number and internet chat. This removes these tasks from the local HR Advisors / Consultants enabling them to increase advisory and expertise services to managers and staff on conduct and performance matters and support effective staffing strategies.

- (ii) strengthened statewide expertise functions with clear procedures and thresholds for referrals and escalations of HR matters. The continuation and maturing of case conferences and other joint communication and development activities between the expert units and local HR business partners is essential.
 - (iii) HR business partners that support managers to effectively manage their teams, assist with employee issues, as well as provide workforce metrics on performance and trends.
- 5.8 Child safeguarding and patient safety is not embedded in the generalist HR skills base at the LGH and this could result in HR staff not understanding or recognising risks to patients.
- 5.9 At the local level there appears to be some confusion about the respective roles and accountabilities of the HR and clinical operational managers. Clinical operational managers seem to have considered their responsibilities for escalating and/or reporting professional conduct issues largely complete once reported to HR or the Executive Director of Medical Services.
- 5.10 Senior hospital management do not appear to have interrogated local HR advice to the level expected and more complex and sensitive matters have been left to local HR management rather than being escalated for more expert multi-disciplinary management. In some instances, HR and Executive Director of Medical Services advice has been substituted for legal advice.
- 5.11 Expectations of staff performance and their roles in child safeguarding are variable across services and are not well understood. Hospital / service performance accountability measures do not routinely incorporate measures of culture, quality and safety.
- 5.12 The North / North West, South and Statewide generalist HR services are siloed from each other with limited information sharing, and resistance to change in the North/North West. In addition, the North / North West HR team does not appear to be operating at the level of expertise required of a HR Business partner model.
- 5.13 There is no routine practice of regular performance reviews of locally based HR staff, adversely impacting on their roles in supporting key strategic directions, organisational priorities and training and development needs of the broader workforce. Mandatory training completion is not followed up systematically.
- 5.14 Statements of Duties for leaders and managers vary as to when they were last revised and may not reflect current priorities or individual position accountabilities. They also do not include the flexibility for annual variation through performance agreement processes.
- 5.15 A risk management approach in HR advice is not evident resulting in a limited understanding of matters requiring timely escalation and inconsistent processes for managing complex staff issues.

- 5.16 There are inconsistent induction and orientation practices across the Department of Health and the Tasmanian Health Service, and the completion of training during induction is not equipping new starters with the knowledge required to undertake their roles. In addition, orientation resources for new staff and managers do not reflect the range of Tasmanian Health Service commitments.
- 5.17 There has been a multiplicity of change projects both statewide and locally without an overarching strategy and common governance, planning and prioritisation. Well-targeted and executed communication plans are lacking both statewide and locally to support the changes and gain staff buy-in. Communication plans should be issued for each major initiative and the tone and messaging of change communication within the Department of Health and the Tasmanian Health Service needs uplifting.
- 5.18 HR business reporting is difficult and limited as systems are not joined up and there is no statewide document management system enabling HR records to be linked and staff patterns of behaviour identified.
- 5.19 There is a limited release of results for staff culture and engagement surveys and no systemic action plans to address any issues identified through the surveys.
- 5.20 As part of effective operation of statewide HR services, they need to be properly integrated into the governance of LGH, well-targeted and relevant HR reports should be provided for both the LGH Executive and frontline managers to support their roles in workforce management and understanding of workforce trends. These reports should include details on:
- Workplace Injuries
 - Workplace Grievances (including number and type)
 - Mandatory Training (including completion rates broken down by work areas)
 - Vacancy Rates (broken down by work areas) and
 - Workplace Culture Measures (to drive workplace safety and staff wellbeing).
- 5.21 In addition, the Senior HR Business Partner should attend the weekly LGH Executive meetings to provide regular reporting on progress of local culture improvement action plan/s and implementation of the Child Safe Organisation Framework. Locally based HR Business Partners should coordinate the development and monitoring of local action plans for the LGH Culture improvement strategy.
- 5.22 As part of a Statewide Service, locally based HR Business Partners are accountable for the performance of their services through the statewide HR reporting line to the Chief People Officer in the Department of Health. Concomitantly, senior HR Business Partners should be accountable on a day-to-day basis Hospitals North executive for the delivery of HR services in accordance with a well-articulated service charter and statewide service catalogue.

Statewide Human Resources Model

Chief People Officer (CPO) has overall leadership of the Human Resource (HR) functions and works with the Service Heads to identify expected services levels

Statewide Human Resources Services

Statewide HR Strategy

- * HR Strategy and Policy
- * *One Health Culture* Program including leadership and talent development
- * Communication service to support change management
- * People Development - orientation resources, mandatory training including child safety training
- * HR Projects and innovation
- * Roster Strategic Design and Innovation

Statewide HR Expertise

- * Recruitment Strategy
- * Job Design
- * Employee Relations including performance, conduct and complaints
- * Industrial Relations
- * Employee health and wellbeing
- * Injury Management
- * WHS
- * HR Reporting and Business Analytics
- * HR Project management office
- * HR Business Systems oversight

HR Service Centre

One-stop shop for employees and managers.

- * Provides transactional services to all Tasmanian Health employees including payroll, leave, performance development and mandatory training records.
- * HR administrative services underpinned by statewide HRIS and other workforce management systems.
- * Manage on-boarding administration including right to work processes including Criminal Record Check (CRC) and Working with Vulnerable People (WWVP) checks.

Locally based HR Business Partners (HRBP)

- * Highly skilled HR business partners - work with Chief Executive Hospitals North (CEHN), Launceston General Hospital (LGH) executive and managers.
- * Advise on local culture change, workforce recruitment and retention, performance development.
- * Advise on conduct and performance issues within the local remit. Complex and sensitive matters to be escalated to the statewide HR executive.
- * HRBP builds a deep understanding of health professions and organisational standards for delivering safe quality healthcare to patients including child safeguarding.

Local Human Resources Services

CEHN and Executive

- * Snr HRBP accountability on day-to-day basis to Executive Director of Performance and Operations and CEHN for Service Charter functions.
- * Senior HRBP advise on complex staff issues, workforce metrics, LGH culture program and HR strategies.
- * Executive clear that each has accountabilities as reporters and to ensure matters are followed through appropriately.

LGH Directorate and Unit Managers

- * HRBP advise on performance review cycles, staffing issues, recruitment and retention strategies, support culture improvement.
- * Operational Managers are accountable through professional reporting line for general staff management.

LGH Staff

- * HRBP assist with staff issues, eg team culture, grievances, injury, reporting boundary violations.

- 5.23 Current HR business reporting is difficult and limited as information systems are not joined up and there is no statewide document management system enabling HR records to be linked and staff patterns of behaviour identified. Without these regular HR reports managers and executive are limited in their ability to manage workforce demand, workforce mix, and identify concerning patterns of individual staff behaviour.
- 5.24 It is important to continue the timely implementation of new systems to support statewide management of HR matters, employee self service, HR records keeping and HR reporting and analytics. The HRIS and new rostering system must integrate with Ahpra registration status to ensure automatic notification of changes to health professional registration status. These systems are enablers of the HR Model and until these are in place the recommended HR structure will not be fully achievable.

Recommendations – Human Resources Governance

LGH Specific

It is recommended that:

- 26 Locally based HR Business Partners support the development of a culture improvement strategy sponsored by the CE Hospitals North including a baseline assessment of culture using available data from the People Matters survey and the Child Safe Organisation survey at LGH, complemented by any local survey data and additional pulse surveys as required.
- 27 Baseline assessment results and corresponding local action plan/s be disseminated to all staff.
- 28 A LGH Culture Improvement Advisory Group be established which includes staff and managers, chaired by Chief Executive Hospitals North, and supported by HR Business Partner. Regular progress reports on implementation of local action plans be provided to staff from the Group. This should occur at least bi-annually. Membership of the LGH Culture Improvement Advisory Group to include First Nations and Diversity Inclusion identified positions.
- 29 Locally based HR staff be upskilled to effectively perform the HR Business Partner role, including ensuring staff are able to interpret and use HR data and trends. Individual Annual Performance Development Plans and Performance Reviews are necessary to ensure the staff stay up to date with obligations, HR Strategic Direction and strengthen their capabilities.
- 30 Locally based HR Business Partners participate in and understand the enterprise risk management system, plans and other risk management activities of LGH.
- 31 Locally based HR Business Partners pro-actively encourage and support incident reporting, including self-reporting where relevant, and the timely escalation of more serious matters.

Recommendations – Human Resources Governance

LGH Specific

It is recommended that:

- 32 Hospital North Executive continuously monitor staff safety and well-being through regular reports on HR matters such as work-related injuries, grievances number and type, completion of mandatory training, vacancy rates and workplace culture measures.
- 33 Given the split of the North and North West, a senior business partner for each locally based HR Business Partner team be established.

Statewide

It is recommended that:

- 34 Statewide Human Resources (HR) continue the transition to a Business Partner Model and provide a standard service charter for each health service. The service charter should clearly set out functions and expected service levels of the HR service streams including the locally based Human Resource Business Partners.
- 35 There be a well-designed statewide implementation and consultative program to complement the development and rollout of governance reforms and system improvements for HR. This should include an assessment of the required resources for both transition to, and the end-state, HR structure.
- 36 Statewide HR ensure its Risk Management activities in respect of the management and delivery of its services are aligned with, and embedded within, the Department's Enterprise Risk Management Framework.
- 37 In future, Statewide HR Services be responsible for coordination and oversight of the conduct of the public service wide People Matters Survey for Tasmanian Health to ensure:
 - (i) it is designed within a strategic and operational framework that optimises engagement of Tasmanian Health staff
 - (ii) that the survey results are disseminated to (at a minimum) hospital level and
 - (iii) local action plans are developed in response to the Survey.
- 38 An overarching Change Plan be developed that strategically integrates the One Health Culture Program and Child Safe Organisation project with oversight provided by a People and Culture Sub-committee, supported by effective project management and communication plans.
- 39 The new Human Resource Information System and new rostering system enable automatic notification of changes to health professional registration status by Ahpra.
- 40 As part of implementing the statewide HR reforms, including the new Human Resources Information System, a capability review is conducted to enable any necessary training and upskilling of statewide HR staff.
- 41 Audits of staff records be undertaken to identify gaps in record keeping practice.

6. Child Safeguarding at the LGH

Context

- 6.1 The National Principles for Child Safe Organisations endorsed by the Council of Australian Governments in February 2019 state:
- (i) *Child safety and wellbeing is embedded in organisational leadership, governance, and culture.*
 - (ii) *Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.*
 - (iii) *Families and communities are informed and involved in promoting child safety and wellbeing.*
 - (iv) *Equity is upheld and diverse needs respected in policy and practice.*
 - (v) *People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.*
 - (vi) *Processes to respond to complaints and concerns are child focused.*
 - (vii) *Staff and volunteers are equipped with the knowledge, skills, and awareness to keep children and young people safe through ongoing education and training.*
 - (viii) *Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.*
 - (ix) *Implementation of the national child safe principles is regularly reviewed and improved.*
 - (x) *Policies and procedures document how the organisation is safe for children and young people.*
- 6.2 These principles have underpinned the Review's thinking on changes in governance at both the LGH and Statewide HR Services, consistent with the requirement in its Terms of Reference to apply a child safety lens to its deliberations and recommendations.

Child Safe Organisation Project

- 6.3 Since 2019 there has been significant work by the Department of Health aimed at strengthening child safety within Tasmanian Health. Leading by example, the Secretary of Health, the Department of Health Executive and the Tasmanian Health Service Executive have all signed a Statement of Commitment in relation to keeping children and young people safe and improving the way we work with children and young people.
- 6.4 The Child Safe Organisation Project is currently underway and is part of the Tasmanian Government's response to the National Principles for Child Safe Organisations and associated child safe standards. The Project aims to achieve systemic change to enhance the way those working in Tasmanian Health work with vulnerable people, with a specific focus on children and young people.

6.5 As part of the Project the Department of Health released the Child Safety and Wellbeing Framework in September 2022. The Framework aims to minimise any risks that may impact the safety and wellbeing of children and young people and strengthen the Department of Health's capacity to detect and respond effectively to harm in line with the principles of trauma-informed care.

6.6 The Framework:

- (i) Promotes a child safe culture where the Department works collectively to improve the safety and wellbeing of all children and young people in its care.
- (ii) Enables the Department to empower and better anticipate the diverse needs of children, young people, their families and caregivers and universally adapt environments, communication and ways of working to ensure equitable, inclusive practice.
- (iii) Outlines the requirements the Department must meet in relation to the National Principles, statutory obligations, and relevant standards and accreditation processes.
- (iv) Details structures, systems and processes that enable compliance with the principles and accountability for child safety and wellbeing to be demonstrated.
- (v) Requires prevention and risk mitigation strategies, monitoring and continuous quality improvement systems and processes to be embedded and supported at all levels to improve the wellbeing of children and young people.

6.6 The Review was advised that the Child Safety and Wellbeing Service within the Department are currently developing a Child Safe Behaviours Policy to support the Child Safety and Wellbeing Framework.

6.7 Another important component of the Project is the implementation of universal mandatory training in Child Safety across Tasmanian Health, which is currently being rolled out.

6.8 The Department is also establishing a Child Safety Panel. The Child Safety Panel will be made up of child safety and health system experts, a consumer representative, a member of the Department of Health's Executive and the Chief People Officer. The role of the Panel includes, but is not limited to:

- (i) reviewing and assessing all serious child safeguarding events referred by the Secretary, including through completing a root cause analysis of the event.
- (ii) conducting defined research, reviews, inspections and/or evaluations, providing independent advice and evidence-based solutions to the Secretary to assist the Department in quality and safety decision-making in relation to child safeguarding.
- (iii) advising the Secretary on options for quality improvement in structures, systems, processes, and tools in relation to child safety.

- (iv) advising the Secretary on options for systematic management of safety and quality learnings from serious child safeguarding events.
- (v) advising the Secretary in relation to the appropriate escalation of risks relating to trends identified through the review of investigation findings.

Improvements to the Safety Reporting and Learning System (SRLS)

- 6.9 One of the issues staff have raised since the James Griffin case are their concerns that the Safety Reporting and Learning System is slanted to the reporting of adverse clinical incidents as distinct from the reporting of incidents raising child safety issues and concerns. This is currently being addressed through the development of a new module for the SLRS specifically designed to facilitate the reporting of child safety incidents and issues.
- 6.10 A demonstration on the operation of the new Child Safety Module of the Safety Reporting and Learning System was provided to the Governance Advisory Panel. Panel members were able to interrogate how the new module will work by questioning the Project Manager for the Child Safe Organisation Project and raising a number of scenarios around the reporting of child safety concerns.
- 6.11 The Review was advised that:
- (i) All concerns or complaints entered into the Child Safety Module of the Safety Reporting and Learning System will go directly to Child Safety and Wellbeing Services in the first instance.
 - (ii) The concern or complaint will then be triaged.
 - (iii) If the concern or complaint is serious or if there is a pattern starting to emerge, Child Safety and Wellbeing Services will make a determination as to which of the following bodies the concern or complaint needs to be referred to:
 - (a) the investigation unit
 - (b) the Statewide Complaints Oversight Unit
 - (c) the Australia Health Practitioner Regulation Agency (if it is about a registered health practitioner)
 - (d) Human Resources (if it is about a staff member or a volunteer)
 - (e) the Child Safeguarding Officer in the Hospital (if it is about a staff member or a volunteer working in a hospital setting or if the child or young person is a patient at the hospital)
 - (f) the Tasmanian Government Strong Families, Safe Kids Advice and Referral Line (the Advice and Referral Line)
 - (g) Tasmania Police.
 - (iv) The staff member who has made the initial report will be notified that the report has been received and is being assessed.

- (v) Reporting the concern or complaint in the Child Safety Module of the Safety Reporting and Learning System **does not** remove the requirement for Mandatory Reporting. If the concern or complaint is about a registered health practitioner, then staff **must** also report their concerns to the Australian Health Practitioner Regulation Agency. Similarly, if they are concerned about the safety of a child or young person, staff also **must** report their concerns to the Advice and Referral Line (and Tasmania Police if they believe there is an imminent threat to the child or young person).

6.12 Training for the Child Safety Module has now been developed and includes “how to guides” which are supported by in-service sessions. The new Child Safety Module is expected to go live in mid-December 2022.

Identifying and Reporting Child Safety Concerns

6.13 The Review has been advised that in relation to mandatory reporting of child safety issues, the role of the Strong Families, Safe Kids Advice and Referral Line is to:

- (i) assess the risks to the child based on the information that is provided to it. The relevant Agency will also rely on any other information that it may have available (for example, where a concern for a particular child’s welfare or a person’s behaviour has previously been raised)
- (ii) provide advice to the person reporting their concerns as to what action is required of them (i.e. next steps).

6.14 The Review was advised that the role of the person reporting a concern (the reporter) is to:

- (i) Report their concerns to the Advice and Referral Line. While the reporter does not need to provide corroborating evidence, it is vitally important to provide the Advice and Referral Line with as much information as possible so that an informed decision about the next steps can be made.
- (ii) Request advice if they are unsure.
- (iii) Ask the Advice and Referral Line what the next steps will be (both for the reporter and for the Advice and Referral Line).
- (iv) Make notes about the relevant incident/s (including in the Patient’s Medical record) and record details about who the incidents were reported to and when.
- (v) Advise management if the concern is about the behaviour of another employee or a volunteer.

6.15 The Review was advised that it is NOT the role of the reporter to undertake a risk assessment of the incident, determine the need for escalation to Child Safety Services, consider the history or patterns of behaviour, interview other staff or collect any evidence.

Complaints Management

- 6.16 The Department is establishing a complaints management system where in future there will be no “wrong door” for making a complaint or registering a concern. Whether someone wants to raise a concern about child safety or make a complaint of a clinical nature, or inadequate service, they can use a standard Online Complaint Form send an email or fill in a paper form or complain in person to a staff member who will log the complaint. However the patient complaint is received, it will be referred to the newly established Statewide Complaints Oversight Unit for appropriate action, and if the complaint raises a child safety issue then, it will also be referred to the Child Safety and Wellbeing Service within the Department. The new complaints management system is discussed in further detail in section 7 of this Report.
- 6.17 The Child Safety and Wellbeing Service in conjunction with the Statewide Complaints Oversight Unit will ensure that all concerns or complaints involving child safety are triaged, reviewed, monitored (including monitoring for patterns and trends) and referred, as appropriate, to Tasmania Police, the Australian Health Professionals Registration Agency (if the complaint or concern is about a registered health professional) and Child Safety Services. Feedback will also be provided to the person who has raised the complaint.

Mandatory Training

- 6.18 The Review was advised that mandatory child safety training was now being implemented across the Department of Health and the Tasmanian Health Service. On 17 November 2022, the Secretary announced that the “Foundations on Child Safeguarding” e-learning module was now available on the Department’s Tasmania Health Education Online website.
- 6.19 The aim of the training is to ensure that staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe while accessing health services. The training will vary in its depth depending on whether a staff member has a role involved in the direct care of children. Staff who provide direct health care to children and young people will be required to attend face-to-face Child Safety Mandatory Training while other staff will be able to complete their training online through the Department’s Tasmania Health Education Online website.
- 6.20 The child safety education and development for staff and volunteers will include:
- (i) training and information that will help staff and volunteers to recognise indicators of child harm (including harm caused by other children and young people)
 - (ii) training and information to respond effectively to issues of child safety and wellbeing and to support colleagues who disclose harm
 - (iii) training and information on how to build culturally safe environments for children and young people and
 - (iv) training and support to effectively implement the Department of Health’s Child Safety and Wellbeing policy.

- 6.21 The Review was advised that Child Safety Mandatory Training at the LGH has now begun with priority given to those staff that provide direct health care to children and young people. The first group to complete their training at the LGH was the staff from the Paediatric Ward.
- 6.22 The next priority group to receive their training at the LGH will be Paediatric Outpatients and the Emergency Department.
- 6.23 As at 9 December 2022, 359 staff members who work at the LGH have now undertaken the Child Safety Mandatory Training.

Improvements in the Paediatric Ward (4K) at LGH

- 6.24 Some Panel members had the opportunity for a site visit to ward 4K and were impressed by the recent refurbishment that has been undertaken to make the ward an uplifting, comfortable and attractive environment for children and their families. In discussions with staff during the visit it was clear that the refurbishment, together with a fresh constructive approach by new frontline management, had significantly improved the working environment for staff and was contributing to recovery from the trauma and distress caused by the James Griffin case.

Observations

- 6.25 As noted earlier in this Report, child safety accountabilities were not reflected in the organisational structure nor expressly defined or embedded within the LGH governance. No senior executive at LGH could be identified as having executive responsibility for child safety oversight within their portfolio.
- 6.26 Clarifying responsibilities and accountabilities for Child Safety both at the Executive level and also for other staff working within the Department of Health and the Tasmanian Health Service.
- 6.27 Given the criticality of the child safe reforms the Review determined at this point in the implementation cycle the Chief Executive Hospitals North should have direct day-to-day oversight of the Child Safety Unit and that the Hospital North Executive receive regular reports on Child Safety issues at the LGH, including progress in implementing the reforms.
- 6.28 Some staff members on the Governance Advisory Panel expressed their concerns around the culture of reporting incidents and staff conduct issues at the LGH. In particular, staff expressed their views that:
- when raising concerns around the behaviour of other staff, their concerns were sometimes downplayed or ignored by management
 - no feedback was provided to staff on further action when they did report an incident or raise a concern.

- 6.29 There was little awareness amongst staff that there is a part-time Child Safety Liaison Officer at the LGH and what the role of this position was, if any, in providing advice to staff on child safety issues. The part-time nature of the role at the LGH and its status as a Department of Education, Children and Young Person position rather than a Department of Health position, further constrained a clear understanding of the role's purpose. The role and functions of this position, and how it can most effectively be deployed at LGH, needs further examination by the Department of Education, Children and Young People in consultation with the Department of Health and the LGH Executive.
- 6.30 Apart from the part-time child safety liaison role, there was nothing in the way of dedicated resources to advise and support staff in dealing with child safety concerns, and understanding and discharging their mandatory reporting obligations.
- 6.31 For those staff who were not routinely involved with the child safeguarding systems, and for which the need to report child safety concerns was rare, simplicity and ease of access to a reporting protocol was essential.
- 6.32 Consequently, the Panel supported interim recommendations to provide full-time dedicated child safeguarding resources to LGH and a simple one-pager for staff succinctly setting out when and to whom they should make mandatory child safety reports.
- 6.33 On 30 September 2022, the Secretary of the Department of Health responded to the Co-Chairs and advised that the interim recommendations had been accepted and that:
- (i) New Child Safeguarding Officers will be recruited and be based at the four major public hospitals in Tasmania to support the implementation of the Child Safety and Wellbeing Framework, including education on mandatory reporting and identifying grooming and professional boundary breaches.
 - (ii) These positions will work with the Hospital's executive to support child safeguarding and will complement the Department of Communities Child Safety Liaison Officer positions located in the hospitals.
- 6.34 The Child Safety and Wellbeing Service has now prepared a one-page summary on reporting child safety concerns (see Appendix 7) with an accompanying case scenario, which has been user tested with staff Panel members. It is now being disseminated to staff at the LGH for display in wards and units and more broadly across the LGH campus.
- 6.35 There is already a significant impost in terms of mandatory training requirements for the staff at LGH. As child safety training is key to ensuring child safety and any impediments to staff accessing child safety training, including refreshers, must be removed, and staff work time prioritised to attend and undertake the training.
- 6.36 The Review was advised that at LGH survivors and victims of sexual assault and/or family violence have a completely separate medical record to their digital medical record (which is supposed to record all of their health data). It is understood that the practice of keeping separate records was intended to preserve the privacy of patients. However, in effect, it often means that continued abuse is not picked up by staff providing care, or a victim of sexual assault or family violence has to continually re-tell their story (and thereby re-live their trauma) to staff providing their care.

- 6.37 The Review identified that there was no means for children or young people to report concerns that they may have in relation to their safety (in real time) other than in person with a staff member.
- 6.38 Through the work of the Lived Experience: Expert Reference Group, Dr Maria Harries raised the issue of staff and volunteers working for the Department of Health and Tasmanian Health Service needing to provide care in a trauma informed / trauma aware way. Trauma informed care must be the basic standard of care and every patient should be approached with the understanding that they may have experienced previous trauma. This issue was one of great importance to members of the Lived Experience: Expert Reference Group who met with the Co-Chairs.
- 6.39 The Governance Advisory Panel discussed the Tasmanian Health Service Chaperoning Policy for Intimate Examinations which it noted is currently under review. The Panel were advised that there are no other policies, procedures or guidelines in the Department of Health or the Tasmanian Health Service in relation to chaperoning for children and young people (or other vulnerable people) when accessing health services in Tasmania.
- 6.40 Members of the Lived Experience: Expert Reference Group who remain members of the community serviced by the LGH discussed with the co-Chairs the challenges of receiving ongoing care at LGH. Some survivors perceived staff interactions with them, albeit well intentioned, as making them feel treated as “victims” in a notorious case of serial child abuse rather than as members of the community attending for health care.

Recommendations – Child Safeguarding

LGH Specific

It is recommended that:

- 42 The size and complexity of the LGH warrants full-time resources for Child Safety Liaison and the establishment of a dedicated Child Safe unit to support the reporting and training in child safety at the LGH under the Child Safe Organisation Framework and to provide expert advice to staff where needed.
- 43 A simple, concise protocol and flow chart, preferably one page, communicating relevant contact points and details for the reporting of child safety concerns be immediately developed to give patients, carers, families, and staff at the LGH clarity around how to report child safety concerns under current arrangements.
- 44 The key executive management responsibility for ensuring oversighting child safeguarding at the LGH be clarified as a matter of urgency and the Child Safe unit report to this executive position.
- 45 As part of the Statewide Child Safety and Wellbeing Service within the Community, Mental Health and Wellbeing Group, the Child Safety Unit within the LGH have a direct day-to-day operational reporting line to the Chief Executive Hospitals North, as well as a professional reporting line to the Statewide Service.

Recommendations – Child Safeguarding

LGH Specific

It is recommended that:

- 46 Reports from the Child Safety Unit be routinely provided to the regular Hospitals North Executive meetings.
- 47 All leaders and managers at the LGH prioritise child safety as part of broader patient safety. Managers should be accountable through their performance agreements and reviews for the timely completion of mandatory training on child safety and reporting requirements by their staff.
- 48 Mandatory Training (including course content and frequency of training) for all LGH staff be reviewed as soon as possible to streamline and ensure an optimum environment for the implementation of child safety mandatory training.

Statewide

It is recommended that:

49. The Secretary of the Department of Health write to all staff in Tasmanian Health as soon as possible to advise them that they must undertake the Child Safety mandatory training by 30 June 2023.
- 50 The Department of Health develop an online form for children and young people to report concerns about their safety (in real time).
- 51 All staff in Tasmanian Health undertake the Child Safety mandatory training by 30 June 2023 and regular refresher training is provided to all staff at appropriate intervals (noting that appropriate intervals will differ depending on the role of the staff member and their interaction with children in the workplace).
- 52 Child Safe mandatory training be undertaken during paid working hours and there be no expectation that it be undertaken in an employee's own time.
- 53 All HR Business Partners complete Child Safety mandatory training by the end of February 2023.
- 54 Children and young people who are provided with health care within the Tasmanian Health Service be provided with the opportunity to complete a survey of their patient experience.
- 55 The Chaperone – Intimate Examinations – THS Statewide Protocol that is currently under review by the Department of Health be broadened to include all examinations of vulnerable or at-risk patients.
- 56 Onboarding training for all new Tasmanian Health Service staff provide practical steps that frontline staff can take to safeguard children.

Recommendations – Child Safeguarding

Statewide

It is recommended that:

- 57 The information pack that is provided to all Tasmanian Health Service patients / carers / family members be updated to include the offer of the presence of an additional staff member during examinations or during episodes of care where no family member or carer is able to be present. Patients under the age of 18 must have a family member, carer or support person present during all examinations or episodes of care. If a family member, carer or support person cannot be present then an additional staff member must be present.
- 58 Statements of Duties for all Tasmanian Health positions, including those at the LGH and in Statewide Human Resource Services, include a statement outlining the relevant position holder's responsibilities and accountabilities for Child Safeguarding and Workplace Health and Safety. These responsibilities include staying up to date with the mandatory training in child safety relevant and appropriate to the position.
- 59 Every patient should be approached with the understanding that they may have experienced previous traumas. Trauma aware care should be part of the standard level of care required to be provided. Trauma informed or trauma aware training should be available to all health professional staff, and they should be encouraged to undertake the training.
- 60 For the victim-survivors who experienced trauma at the LGH, carefully developed and trauma sensitive assistance be made available if they need to access further healthcare at the LGH.

Record Keeping

It is recommended that:

- 61 All current and historic family violence / sexual assault (including child sexual assault) medical records are digitised as soon as possible and are included on a patient's digital medical record so that there is one medical record for each patient (rather than one patient having multiple patient records).
- 62 Family violence / sexual assault medical records should be secured with access provided only to approved clinicians. Access permissions should be audited regularly.

7. Complaints Management

Context

- 7.1 The Australian Charter of Healthcare Rights (the Charter) is mandated by all Australian governments and applies to all people where health care is provided. The Charter describes what a patient/guardian/carer can expect when receiving health care.
- 7.2 The patient/guardian/carer has a right to provide feedback or make a complaint without it affecting the way care is provided, have concerns addressed in a transparent and timely way and share experiences to improve the safety and quality of health care.
- 7.3 While there have been significant improvements in feedback and complaints management at a statewide level this has yet to be implemented at the local LGH level.

Statewide

- 7.4 The Review was advised that as part of strengthening the oversight and response to serious complaints, including those raising child safety concerns, the Department of Health has established a specialised unit within the Office of the Secretary (to be known as the Statewide Complaints Oversight Unit) at arms-length from the Tasmanian Health Service. The Review's Terms of Reference expressly require a consideration of this unit.
- 7.5 The Review was advised that the key objectives of this unit are to ensure complaints are appropriately enabled, addressed and resolved and key insights are shared across Tasmanian Health. In addition, the Statewide Complaints Oversight Unit will provide support to the local Hospitals and health services by:
 - (i) Providing improved access and increased avenues for complaints. This includes a front door for complaints which is easily accessible to all patients / their carers and families as well as staff. This will be especially important for vulnerable individuals and communities.
 - (ii) Triaging and making an initial assessment of all complaints (irrespective of the type of complaint and how the complaints entered the organisation).
 - (iii) Acting as an independent escalation point for highly complex or sensitive complaints or the suspected misconduct of staff.
 - (iv) Undertaking the complaints management process for the serious complex complaints.
 - (v) Undertaking analysis and reporting of statewide complaints data and providing a quality assurance function.
 - (vi) Creating a complaints management community of practice to support skill development and innovation in complaints management handling by providing tools and support for staff on the complaints management system and framework.

- 7.6 It is noted there is a comprehensive Department of Health policy for Complaints Management which is under review.
- 7.7 The Review was briefed on the approach of the Statewide Complaints Management Review Team to developing best practice complaints management as follows:
- (i) Putting the patients and consumers at the centre of the process.
 - (ii) Ensuring that the Department of Health / Tasmanian Health Service responds to any disclosures of abuse in a way that focusses on the needs of the victim survivor, with support and reflective of trauma informed practice principles.
 - (iii) A focus on the first point of contact resolution.
 - (iv) Proactive identification and management – prevent vulnerable patients and consumers from reaching a state of risk.
 - (v) Organisational transparency of complaints – driving accountability throughout the Department of Health from frontline staff through to the Executive.
 - (vi) Using root cause analysis to drive continuous improvement (ie identify and fix complaint drivers).
 - (vii) Recruiting complaints management team members for attitudes, not just technical proficiencies – recruiting team members with an aptitude for empathy, problem solving and a willingness to challenge the status quo.
 - (viii) Encouraging innovation and adopting new technologies – improve the patient and consumer experience and drive efficiency using innovative technologies.
 - (ix) To establish a consistent statewide foundation for good complaints handling, the Department of Health / Tasmanian Health Service will establish, maintain and monitor a statewide framework, policies and procedures for complaints management in line with contemporary best practice and evolving regulations which will include:
 - (a) Establishing clear roles and responsibilities for all staff.
 - (b) Establishing clear requirements around the escalation of severe complaints or complaints which have become more complex during a review or investigation.
 - (c) Establishing minimum requirements for complaints management handling within the Department of Health / Tasmanian Health Service including:
 - How, where and to whom complaints can be made.
 - How the complaint will be handled, and the steps involved.
 - Mechanisms for the review of complaints.
 - Key Performance Indicators including response times.

- Details on external bodies that may provide assistance or can review the complaints and the complaints management process.
- Statutory or regulatory requirements.

LGH

- 7.8 The Quality and Patient Safety Unit for Hospitals North / North West is responsible for complaints management and resolution at the LGH.
- 7.9 The Review received a briefing on the local approach to complaints management, and also discussed complaints management with the local Community and Consumer Engagement Council, (CCEC) and its role in complaints management at LGH.
- 7.10 It is noted that the CCEC is directly involved in the complaints process both as a conduit for patient and consumer complaints and also through their involvement in the management of health care complaints. Members of the CCEC have also been trained to participate in Root Cause Analysis teams in investigating the systemic issues arising from more serious complaints.

Observations

- 7.11 The LGH complaints management process appeared to rely heavily on the individual corporate knowledge of the complaints co-ordinators and did not appear to be underpinned by a comprehensive and clearly articulated and consistent set of protocols or quality standards.
- 7.12 Raising complaints early and resolving them in a timely way at the local level where possible is optimal. However, it can be difficult and confronting for patients or their families to raise complaints in real time with frontline managers, and there is inconsistency in the capabilities of frontline managers to effectively deal with complaints, including open disclosure processes. More was required to support patients/families and frontline managers in these circumstances, a fact emphasised by members of the Lived Experience: Expert Reference Group in their meeting with the Co-Chairs.
- 7.13 The observations in relation to LGH complaints management processes appear to be similar across the Tasmanian Health Service. The observations of the statewide complaints management review team provided to the Review were as follows:
- (i) A siloed approach exists within the complaints management function, with each service having their own documented policies and procedures, with no consistent methodology applied across all. In addition, there is a differentiated approach taken when managing complaints depending on where and how a complaint is made.
 - (ii) There is no clear guidance provided to staff on escalation pathways to senior staff or executives when dealing with severe complaints or complaints which become more complex during review or investigation.
 - (iii) There is no organisational wide oversight of complaints management within the Department of Health / Tasmanian Health Service.
 - (iv) There is currently no transparency for the complainant throughout the complaints process.

- (v) Whilst some individual complaints may appear to be handled well, there are examples of poor processes impacting patient and consumer outcomes across the function.
- (vi) Roles and responsibilities are unclear. There is potential for confusion with other functions and requirements including child safety, incidents and safety issues. There needs to be clarity around individual roles and responsibilities in regards to complaints management, mandatory reporting obligations and reporting of behaviours of concerns.
- (vii) There is an absence of quality assurance when responding to complaints. In addition, there are there are no formally established controls in place to regularly conduct an internal review of processes or review the quality of outcomes in relation to complaints.
- (viii) The current system relies on the good performance of its employees, rather than the presence of consistent processes or systems, particularly across functional areas where the system is mostly relationship based. The Department of Health / Tasmanian Health Service should provide training to all staff dealing with complaints and include their roles, responsibilities and accountabilities and how to manage complaints.
- (ix) There are two disparate and conflicting cultures that result in staff and consumer complaints being reported to differing extents. To facilitate staff raising complaints or behaviours of concern and to reduce the perceived barriers to reporting, there needs to be a psychologically safe and supportive culture around reporting.
- (x) There is limited integration / cross-functionality across the multiple systems in place for the management of complaints / consumer feedback, employee (HR) complaints and safety issues.
- (xi) A number of projects are currently being undertaken by various areas of Department to uplift the complaints management process. However, there is a lack of common understanding about the intersection of these projects in practice, governance structures, desired outcomes / benefits and the linkage back to the Department of Health / Tasmanian Health Service Strategic Direction.

7.14 The Review supports the strategic directions of the statewide complaints management review, including the establishment of a Statewide Complaints Oversight Unit. The Review considers that such a unit has a critical role in overseeing more serious complaints and ensuring that such complaints are escalated appropriately, and the necessary multidisciplinary expertise (not available at a local level) is applied to manage such complaints.

- 7.15 The community engagement model in Tasmanian Health is well-established and mature. At the LGH level the Northern Consumer and Community Engagement Council provides a strong consumer voice and is well embedded within the Hospitals North governance through their involvement on a number of executive committees, involvement in the Root Cause Analysis process and through their contribution to ongoing hospital accreditation processes. However, the format of reports to the CCEC on complaints were not well-targeted or comprehensive, compromising their usefulness to the Council.

Recommendations – Complaints Management

LGH Specific

It is recommended that:

- 63 On a regular basis, the Northern Consumer and Community Engagement Council (CCEC) receive a clear, concise and well-targeted summary of the complaints made in relation to the LGH, as well as other useful reports. Specifically, it is recommended that dashboard reports on complaints management, SRLS data and Hospital Acquired Complications should be provided routinely to the CCEC.
- 64 A patient advocate role for the LGH be explored within the consumer and community engagement framework for Tasmanian Health and include members of the Lived Experience: Expert Reference Group who are willing to be involved.

Statewide

It is recommended that:

- 65 The LGH implement all policies and protocols arising from the Statewide Complaints Oversight Unit in the Office of the Secretary which will have responsibility for the review of all reports of inappropriate behaviour or misconduct by an employee, in particular child sexual abuse or grooming behaviours.
- 66 The Statewide Complaints Oversight Unit describe the complaints approach to ensure a consistent alignment with better practice complaints management and provide a one-page flow chart that explains the processes to staff.
- 67 The Statewide Complaints Oversight Unit develop a single form for patients / carers / next of kin and/or family members to use to report concerns to lodge a complaint or report a concern, including about any child safety issue or boundary violation. The complaints form be accompanied by an information sheet that describes what complainants can expect in terms of the management and resolution of their complaints.
- 68 Tasmanian Health review the Feedback and Complaints Management Framework and Policy, to ensure a consistent, whole of Health complaints management function and ensure regular review and approval going forward.

Recommendations – Complaints Management

Statewide

It is recommended that:

- 69 The feedback and complaints management framework for Tasmanian Health should ensure:
- (i) serious or complex reporting obligations are outlined - this will include but not be limited to:
 - a. matters of a sexual or criminal nature
 - b. matters involving allegations of serious performance issues, misconduct or impairment of a staff member
 - c. complaints about clinical practice or a clinician requiring mandatory reporting to the Australian Health Practitioner Regulation Authority
 - d. matters relating to incidents where there has been a serious adverse outcome (SAC 1 or SAC 2)
 - e. concerns about a previous complaint process, requiring a review of the complaint management process or outcome
 - (ii) respectful treatment of the person making the complaint and aim to preserve the relationship between the complainant and the health organisation
 - (iii) a person receiving a complaint aims to manage the complaint at the point of first contact, and to resolve the concern in the same interaction if possible
 - (iv) a prompt and sincere apology is offered at an early opportunity
 - (v) it is easy and accessible for people to make a complaint and provide clear information about the right to complain, how to make a complaint, and how complaints will be managed
 - (vi) complaints are acknowledged within 5 business days of receipt of the complaint
 - (vii) a person making a complaint is provided with a contact person or team
 - (viii) the complaint is managed as quickly as possible with the aim of resolving complaints, with the majority of complaints resolved within 35 business days from the date complaint is received.
- 70 The Department of Health lead the embedding of a strong and committed culture where all staff within Tasmanian Health understand the value of complaints and are committed to a high quality and patient safety focussed culture.

Recommendations – Complaints Management

Statewide

It is recommended that:

- 71 The Department provide training to all staff relevant to their role to uplift capability and embed roles and responsibilities for complaints resolution.
- 72 The Department explore and progress the delivery of technology upgrade projects to enhance end to end complaints management handling.
- 73 The Department of Health strengthen the linkages between the future Complaints Management System and the Safety Reporting and Learning System so that it is clear to staff and patients, carers and community where to report incidents and complaints, what will happen with the reports and how they will get feedback.
- 74 There is a dedicated room(s) within the Royal Hobart Hospital, Launceston General Hospital, the Mersey Community Hospital and the North West Regional Hospital where patients / carers / next of kin and/or family members can be taken to make complaints or raise concerns about staff or hospital services.

8. Quality and Safety Frameworks, Systems and Data

Incident Management Systems and Open Disclosure

- 8.1 The primary aim of the National Safety and Quality Healthcare Standards (NSQHS Standards) is to protect the public from harm and to improve the quality of health service provision. They outline safety and quality outcomes that a health service organisation must achieve, while allowing health service organisations the flexibility to decide how to achieve these outcomes in a way that is appropriate for their context.
- 8.2 All hospitals and day procedure services are required to implement the NSQHS Standards. They must implement organisation-wide safety and quality processes and a comprehensive clinical governance framework.
- 8.3 Measurement is fundamental to improving safety. Australia has implemented a mandated reporting system where clinical incidents, their causes and any relevant contextual information are systematically recorded in a central repository. The information is then analysed and deployed to improve deficient processes where relevant, share lessons across related settings, improve safety for patients and prevent similar incidents from happening again.
- 8.4 The NSQHS Standards Clinical Governance Standard 1.11 states that the health service organisation must have an organisation-wide incident management and investigation system that:
- (i) Supports the workforce to recognise and report incidents.
 - (ii) Supports patients, carers and families to communicate concerns or incidents.
 - (iii) Involves the workforce and patients, carers and families in the review of incidents.
 - (iv) Provides timely feedback on analysis of incidents to improve safety and quality.
 - (v) Incorporates a risk management approach.
 - (vi) Regularly reviews and acts to improve the effectiveness of the incident management system and investigation systems.
- 8.5 The Standards are complemented by the Australian Charter of Healthcare Rights (which is consistent with NSQHS Standard 2 relating to healthcare rights and informed consent) and the requirement for Open Disclosure with patients, carers and families following adverse events that result in harm to patients while receiving health care.
- 8.6 The Tasmanian Health system for reporting and managing clinical incidents is known as the Safety Reporting and Learning System and is generally regarded within the safety and quality practitioners as a very sound system.
- 8.7 However, in the course of the Review a number of key themes emerged about the Safety Reporting and Learning System in place in Tasmanian Health for reporting and managing adverse clinical incidents. They were:
- (i) There is no system to manage conflicts of interest for example, a staff member could investigate a clinical incident arising from the work of a close colleague without disclosing that relationship.

- (ii) There is confusion around what should be reported in the SRLS. The general consensus was that work health and safety issues and concerns about the behaviour of staff being are under reported in the SRLS.
- (ii) Severity Assessment Code (SAC) ratings are changed without any consultation with the initial reporter and/or staff felt that they were bullied or pressured into downgrading the SAC ratings.
- (iii) Little (if any) feedback is provided to staff (or patients) and investigations and conclusions are often reached with no consultation with the initial reporter.
- (iv) There is not enough training being provided to frontline staff on the use of the SRLS and how to get the most out of it.
- (v) The system is not being effectively used as a “Learning System” because staff aren’t provided with feedback after incidents occur (particularly serious incidents) to ensure that the incidents don’t re-occur.
- (vi) Staff can sometimes be overwhelmed by the sheer number of SRLS reports that they have to deal with (particularly at the Nurse Unit Manager or Director level).

8.8 As a result of the concerns raised by staff about the SRLS, the Co-Chairs a meeting dedicated to discussing and addressing these issues.

8.9 The Panel had a special meeting to discuss these themes and how to address them. Staff members on the Panel provided their views on the benefits and deficiencies they perceived with the system.

8.10 The reported positive insights about the SRLS included that:

- (i) The SRLS training is available to all staff via the Tasmanian Health Education Online (THEO) e-learning system
- (ii) All staff have access to the SRLS.
- (iii) It is relatively easy to record a safety event in the SRLS.
- (iv) The SRLS dashboard is accessible and useful (once you know how to use it).

8.10 The negative insights included that:

- (i) No standard training is available on responding to or investigating an incident
- (ii) The initial reporter is often not being kept in the loop or provided with feedback, including in instances where a SAC rating has been changed
- (iii) Investigations and conclusions can occur without engagement with the initial reporter.
- (iv) Incident reports ending up with a person who has a real or perceived conflict of interest in the matter.
- (v) The algorithm for determining SAC ratings isn’t understood by many staff.
- (vi) The SRLS can sometimes be slow to operate.

- 8.11 It was noted by the Governance Advisory Panel that most of the issues raised are about the people using the system rather than being about the SRLS system itself. The SRLS is easy to use but there needs to be improved transparency, accountabilities and an ability for the initial reporter to monitor progress of SRLS record.
- 8.12 It was the consensus of the Governance Advisory Panel that with an improved training package, the SRLS could be utilised better by more staff.
- 8.13 Hospital Acquired Complications (a nationally consistent data set) are discussed at monthly accountability meetings and issues are escalated to Health Quality Executive Meetings. The Governance Advisory Panel noted that Hospital Acquired Complications data has not been made readily available to all clinical staff and that if the data was made available, it could help drive real improvements in patient safety and care outcomes.
- 8.14 The Panel was also advised on the audit trail available within the system to track every change to the information on a reported an incident, including changes in severity assessment. An audit history is contained within any record in the SRLS that shows when the record has been accessed or modified and by whom.
- 8.15 It was noted that senior Department of Health staff are involved in the safety event review process, with an individual review of every incident accorded a Severity Assessment Code 1 when first entered in the system.
- 8.16 The Governance Advisory Panel agreed that the SRLS appears to be a functional system. However, communication and feedback around its functionality and the processes for review and update of incident reports needs to be stronger to avoid any perception that SAC ratings and report details are being changed surreptitiously.

Recommendations – Incident Management Systems and Open Disclosure

It is recommended that:

- 75 Tasmanian Health use the Safety Reporting and Learning System Replacement Project, including functional specifications for the new system and the underpinning revised Policy Framework for the new system, to continue to build on the strengths of the SRLS as the organisation-wide incident management reporting and learning system, by incorporating the following features:
- (i) ensuring management of conflicts of interest in investigating incident reports
 - (ii) ensuring that the incident reporter is provided regular feedback on the review of the incident including any proposed changes to the original SAC rating or changes to the incident as originally recorded – this process should be the subject publicly reported annual audit
 - (iii) a protocol to describe the method to manage a disagreement between the original reporter and the clinical governance team
 - (iv) assignment of file owner
 - (v) description of SAC risk rating algorithm
 - (vi) training and access to quick fact sheets (additional functions including dashboards, actions, risk register, QI register, Alerts)
 - (vii) improving the reporting of SAC1 and SAC2 patient safety events including, but not limited to, improvements to capture information around SAC1 and SAC2 open disclosure processing occurring at the hospital level, complaints management linkages, feedback to staff who have reported an event and ways to integrate sharing of lessons learned
 - (viii) regularly reviewing and acting to improve the effectiveness of the incident management and open disclosure systems.
- 76 Tasmanian Health continue to build on organisation-wide incident management and investigation systems and:
- (i) support the workforce to recognise and report incidents and undertake open disclosure
 - (ii) support patients, carers, and families to communicate concerning incidents
 - (iii) involve the workforce and consumers in the review of incidents
 - (iv) provide timely feedback on the analysis to the Department, THS, local LGH executive and clinical leadership group, clinicians and consumers
 - (v) use the information from the analysis of incidents to improve the safety and quality of care.

Recommendations – Incident Management Systems and Open Disclosure

It is recommended that:

- 77 Hospitals North participate in a staff Patient Safety Culture survey annually.
- 78 Additional training / orientation be provided to understand incident reporting and open disclosure accountabilities and obligations.
- 79 Consideration be given to how clinical managers can be optimally supported to manage their SRLS workload.
- 80 The Hospitals North Clinical Governance Unit undertake further development of a just reporting culture at the LGH as part of the broader Culture Improvement Strategy.
- 81 An incident reporting and open disclosure communication strategy be developed and implemented by mid-2023.
- 82 Root Cause Analysis (RCA) teams are provided with an improved understanding of the system they are investigating and ensure their investigations are sufficiently broad in scope and supported by specialist advice.
- 83 Tasmanian Health continues to monitor events initially reported as SAC1 and SAC2 patient safety events as part of the continuous audit process currently in place.
- 84 The Department of Health Internal Audit Unit conducts an annual review of randomly sampled patient safety events to ensure that the final ratings are appropriate based upon the agreed likelihood and consequence table.
- 85 For transparency, public reporting of information on SAC1 and SAC2 patient safety events, including Key Performance Indicators, continues. This information should also be regularly reviewed by the peak hospital executive committees and peak Department of Health executive committees.
- 86 The responsibilities of staff for reporting information from the safety event management system be clearly documented including where the report should be lodged.
- 87 Resources are invested in including a business improvement tool within the new safety event management system program and that a standardised tool for reporting is deployed. In conjunction, this will require employing business improvement staff at the local level to assist clinicians and executives to understand the data and to develop improvement plans.

Clinician Performance

- 8.17 There are four concerns which, under the National Law, registered health practitioners, employers of registered health practitioners, and health education providers are required to make a mandatory notification. They are:
- (i) impairment
 - (ii) intoxication while practicing
 - (iii) significant departure from accepted professional standards or
 - (iv) sexual misconduct.
- 8.18 The Governance Advisory Panel were also advised that:
- (i) There are different thresholds that trigger a mandatory notification depending on whether the notification is being made by a treating practitioner, non-treating practitioner, employer or education provider.
 - (ii) Before making a notification, a notifier must form a reasonable belief that the incident or behaviour that led to a concern actually occurred and that a risk to the public exists.
 - (iii) Even if the threshold for mandatory notification is not reached, the registered health practitioner, on consideration of the risk of harm to the public, may elect to make a voluntary notification.
- 8.19 The current Tasmanian Health Service protocol titled Complaint or Concern about Health Professional Conduct, which was issued in 2020, complements and supports these reporting obligations. The protocol is now due to be reviewed.

Recommendations –Clinician Performance

It is recommended that:

- 88 The current Tasmanian Health Service protocol titled Complaint or Concern about Health Professional Conduct issued in 2020 be reviewed and include a focus on practical guidance for staff in managing and responding to these issues.
- 89 A concise document is developed summarising patient safety reporting obligations safety (including clinical incidents, child safety issues and health professional conduct and performance) for different categories of staff (eg all staff, registered health professionals, clinical staff, different levels of management etc) defined by threshold and pathway.
- 90 Induction and mandatory training for registered health professionals working within the Tasmanian Health Service include their reporting obligations to the Australian Health Practitioner Regulation Agency in addition to their reporting obligations in respect of child safety.

9. Report Implementation

- 9.1 As can be seen there is already significant reform underway to make Tasmanian health services safer for children and other vulnerable people, ensure both patients and staff are easily able to raise safety concerns and have them effectively dealt with, to uplift staff wellbeing and capability and improve organisational culture.
- 9.2 The Secretary of the Department of Health has provided exemplary leadership and practical actions to ensure child safety and wellbeing and improved governance and clinical governance for the Tasmanian health system. She has demonstrated her commitment to necessary reforms at the LGH with the acceptance in their entirety of the interim recommendations, and the commencement of their implementation supported by appropriate resources. This should instill a level of confidence in both staff and the community at LGH that implementation of the Recommendations of this Review will be underpinned by leadership by the Secretary and Health Executive and the necessary resources to support them.
- 9.3 However real and sustained change can only be achieved with the support and commitment of the staff. The Panel's clear advice is that independent scrutiny that the Review outcomes are being implemented, and that there is adequate resourcing available for their implementation, are essential to engender the necessary trust in the staff of LGH and enliven their commitment to, and participation in, the reform journey.
- 9.4 Most importantly ongoing independent review of progress in achieving the Review outcomes was something members of the Lived Experience: Expert Reference Group considered critical. As outlined by Dr Harries: "The biggest risk/concern for members of the group is that, despite all the energy, commitment, and recommendations, "nothing will change". Participants are keen to believe there is an ongoing review of implementation of recommendations that provides a feedback loop about effectiveness and success."
- 9.5 The Review generated significant momentum for change and capitalising on the motivation and accountability for change early in the process has secured important wins and demonstrates commitment. Establishing visible and transparent structures and processes to support change is also a critical part of successful implementation.
- 9.6 The measure of success will be when all recommendations are implemented and embedded as patient care as usual.

Recommendations – Review Implementation

It is recommended that:

- 91 There be independent oversight, including regular monitoring of progress, on the implementation of the outcomes of this Review.
- 92 An assessment of the resources that are required to effectively implement these recommendations be undertaken as an integral part of the implementation process.

Appendix 1 Membership of the Governance Advisory Panel

Co-Chairs

Adjunct Professor Debora Picone AO

Adjunct Professor Picone is the CEO of the Australian Commission on Safety and Quality in Health Care, a position she has held since 2012. She is a highly respected leader in public administration, with extensive operating and leadership experience in the provision of healthcare services, governance, and hospital administration. In her current role,

Adjunct Professor Picone has led the development and implementation of a series of national system-wide safety and quality programs. Professor Picone was formerly the NSW Health Director-General from 2007-2011.

Adjunct Professor Picone holds a Bachelor of Health Administration from the University of New South Wales; is a registered General Nurse (1978) and holds a certificate in Renal Nursing (1984).

She was awarded a Member of the Order of Australia for service to public administration in New South Wales and is an Officer of the Order of Australia which was awarded for distinguished service to the community through the coordination of improvements to the safety and quality of health care.

Adjunct Professor Karen Crawshaw PSM

Adjunct Professor Crawshaw has held several senior executive positions within the NSW Public Service, including as NSW Health's Director Legal and General Counsel for 17 years. She also worked as Deputy Secretary Governance, Workforce and Corporate until 2017, with responsibility for a broad range of policy areas including health system governance, regulation, legal services, workplace relations and human resources.

Adjunct Professor Crawshaw had key responsibilities for implementing NSW Health's response to the Garling Inquiry into Acute Care Services and the Wood Royal Commission which resulted in major reforms of the NSW child protection system.

She continues to provide strategic policy and legal advice to governments and health organisations, including state health departments and the Australian Commission on Safety and Quality in Health Care and has just completed her third term as a member of the Australian Health Practitioner Regulatory Agency's Governance body (AHPRA).

Expert Panel Members

Professor Erwin Loh

Professor Erwin Loh is national Chief Medical Officer and Group General Manager Clinical Governance for St Vincent's Health Australia, the nation's largest not-for-profit health and aged care provider, including 6 public hospitals, 10 private hospitals and 23 aged care facilities in Queensland, New South Wales and Victoria, along with three co-located research institutes – the Victor Chang Cardiac Research Institute, the Garvan Institute of Medical Research, and St Vincent's Institute of Medical Research.

Prior to that he was the Chief Medical Officer of Monash Health, Victoria's largest health service, where he worked for almost ten years. Before that he was the Deputy Chief Medical Officer at the Peter MacCallum Cancer Centre for three years. And immediately prior to that, he worked as a full-time lawyer at Sparke Helmore for two years.

He is qualified in both medicine and law, with general and specialist registration as a medical practitioner (medical administration specialty) and is a barrister and solicitor of the Supreme Court of Victoria and High Court of Australia. He also has an MBA, Master of Health Service Management, and PhD.

He is currently a director on the board of the St Vincent's Institute and the Aikenhead Centre for Medical Discovery. He has previously been a director on the boards of the Hudson Institute of Medical Research, Monash Health Research Precinct Pty Ltd, Australian Medical Association (Victoria) and Law Institute of Victoria. He is a Graduate and Fellow of the Australian Institute of Company Directors.

He is Vice President and Board Member of the Royal Australasian College of Administrators. He is Professor at Monash University, where he leads the Clinical Leadership and Management Unit at the Monash Centre for Health Research and Implementation. He is Honorary Clinical Professor with the title of Professor at the Department of Medical Education, University of Melbourne. He is Honorary Professor at Macquarie University at the Centre for Health Systems and Safety Research.

He teaches and carries out research in health law, health management and clinical leadership. He has been an invited speaker at local and international conferences, published on health law, medical management, and health technology, and is a member of the Association of Professional Futurists, with an interest in medical futurology.

He received the Distinguished Fellow Award from RACMA in 2017 for "commitment to governance, research and publication".

Adjunct Professor Ann Maree Keenan

Adjunct Professor Keenan is a highly respected health leader who has led significant healthcare reforms, workforce development changes, quality and safety reviews and statewide improvement initiatives. She has significant experience in professional leadership, tertiary health service provision, corporate and clinical governance, and public administration.

She held the position of Chief Nurse and Midwifery Officer and Deputy CEO at Safer Care Victoria for six years until July 2022. She was a founding member of Safer Care Victoria and in 2021 she acted in the Chief Executive Officer role.

Prior to commencing with Safer Care Victoria, Adjunct Professor Keenan spent 12 years as the Executive Director of Ambulatory and Nursing Services at Austin Health.

Adjunct Professor Keenan holds post graduate nursing qualifications, is a Fellow of the Williamson Community Leadership Program, is a graduate of the Australian Institute of Company Directors and has a Master of Enterprise through University of Melbourne. She is a non-executive Director at The Institute for Health Transformation (Deakin University) and Sexual Health Victoria where she chairs the Quality and Risk Board Sub-Committee.

Robyn Burley

Robyn Burley has had an extensive professional career in health workforce policy, strategy and education, including leading significant changes and improvements for the workforce in NSW Health for more than 15 years.

On behalf of the COAG Health Council, Robyn managed the Review of Intern Training in Australia resulting in the annual workplace surveys of junior doctors' training and a revised transition to practice program for medical graduates which is currently being implemented. Robyn also led the national harmonisation of medical intern selection, distribution and reporting processes for COAG Health Council to ensure COAG guaranteed places were effectively allocated.

Addressing the changes to healthcare provision and the varying demands to better align health professional roles has been a key focus of Robyn's work and she has led significant improvements in the NSW Health Workforce strategic planning, expansion of Enrolled Nursing and Allied Health Assistant roles in acute services, rural preferential allocations for medical internships, expansion of tertiary places and roles of small but critical health professions such as radiopharmaceutical scientists and the introduction of Aboriginal Health Worker roles in NSW Health.

She has broad project sponsorship experience, having led Statewide workforce software implementations covering the entire clinical employment cycle, and has also devised and delivered strategies to address workforce shortages, cultural diversity awareness and workforce cultural change initiatives.

Robyn holds a Master of Education and a Bachelor of Arts in Education and Psychology and a Diploma in Teaching (Technical). She is also a Graduate of the Australian Institute of Company Directors and has held non-Executive Director roles on Education Sector Boards.

Dr Maria Harries AM

Dr Harries is a nationally and internationally recognised social work practitioner, researcher and scholar who has worked in the areas of child and family wellbeing, child protection/maltreatment, family violence and mental health in a career spanning fifty years.

She has undertaken multiple reviews of services, conducted inquiries into child deaths and incidents of serious malpractice, and has led and been engaged in re-designs of child and youth safety services across Australia.

Dr Harries has been particularly active in establishing and supporting services for vulnerable populations including survivors of abuse, including sexual abuse. She has always pursued an evidence-base that links academic research to teaching, policy development and practice excellence.

Dr Harries is an Associate Professor and Senior Honorary Research Fellow at the University of Western Australia where she has taught and undertaken research for twenty-five years and is an Adjunct Professor at Curtin University. She continues to supervise PhD candidates whose research focuses primarily on understanding and addressing the needs of children, youth and families who are experiencing vulnerabilities and adversities.

Union Representatives

- Dr Helen McArdle (Australian Medical Association)
- Emily Shepherd (Australian Nursing and Midwifery Federation)
- Tim Jacobson (Health and Community Services Union)
- Thirza White (Community and Public Sector Union)

Department of Health Staff Members

- Professor Tony Lawler (Chief Medical Officer)
- Catherine Graham (Clinical Nurse Consultant)
- Dr Lucy Reed (Director of Emergency Medicine)
- Ashleigh Miller (Assistant Director of Nursing N/NW)
- Paul Eagar (Chaplain, THS-LGH)
- Dr Emma-Jane McCrum (Senior Psychologist)
- Amanda Duncan (Registered Nurse)
- Sam Beattie (Nurse Unit Manager)
- William Gordon (Registered Nurse)

Child Safe Governance Review Project Team / Secretariat

- Alyssa Burgess (Project Manager)
- Tom Gunner (Assistant Project Manager)
- Mel Hinkley (Project Support Officer)
- Shan White (Project Support Officer)

Appendix 2 Lived Experience: Expert Reference Group

Terms of Reference

A Child Safe Governance Review – Governance Advisory Panel (the GAP) has been established under Section 13 of the *Tasmanian Health Service Act 2018* to provide advice to the Secretary.

The Governance Review will specifically examine the governance structure of the Launceston General Hospital and Human Resources through a child safety lens, to ensure public confidence in the safety of the service and make recommendations as to changes required.

The Lived Experience: Expert Reference Group will provide advice to the GAP based on their lived experience within the system and will be supported to share their thoughts and ideas about how things can be improved in order to protect and keep children safe in our health services.

For the purpose of this review, the GAP is focussed on the Launceston General Hospital and Human Resources, however the Governance Review may also extend its recommended child safety organisational improvements, if relevant, to all public Tasmanian health services.

The purpose of the Lived Experience: Expert Reference Group is for members to provide advice and information based on the reality of their lived experience and expertise to the GAP with a focus on the handling of serious misconduct such as institutional child sexual abuse.

The group will be open and full support will be available to all members.

Members will be involved from the start in designing how to best proceed in contributing their ideas for child safe organisational improvements.

Individual identity will be respected but the collective information and ideas shared by the group will be heard by the GAP and form a crucial part of the review and final report of the panel. Personal confidentiality will be guaranteed.

Principles for the Lived Experience: Expert Reference Group

The Principles for the Lived Experience: Expert Reference Group were as follows:

- The process of meeting the purposes and achieving the outcomes required is survivor led including developing the agenda and format of any meetings.
- The purpose of survivor involvement is clearly articulated in an understandable way and continues to be clarified as the need arises.
- The primary goal of the group is to ensure the analysis of current processes, cultures and environments focuses on improvements in culturally appropriate practice and person-centred psychosocial, emotional and physical health outcomes.
- There is clear and friendly communication with participants before and after the process of engagement.
- Participation and engagement are constantly informed by an appreciation of and respect for the impacts of trauma.
- All participants can choose additional ways of communicating such as written material etc.

- Public anonymity and confidentiality are ensured so that participants feel secure enough to participate.
- The group environment and all communications are respectful, protective, and supportive.
- Ongoing support is available for all participants.

Approach to the Review

Dr Harries initial focus was in building a trustful relationship with participants. Participants needed to understand what the Panel was trying to achieve, what their role would be, why the timelines were set, and that the Panel was committed to hearing what participants had to say.

One of the critical components of establishing the reference group was to demonstrate to victim-survivors that their input would be meaningful to the work of the Panel.

Dr Harries engagement with victim-survivors was through several different approaches, including face to face catch ups, phone conversations or via written word.

Participants in the Lived Experience: Expert Reference Group spent time with Dr Harries talking about their experiences, the affect it has had on their lives and their views on what needed to change to make the hospital safer for children.

Observations

Participants felt strongly about several areas being critical to making real change, these included:

- Accountability at the executive level of the hospital, and a change of leadership being crucial to that.
- Improvements to the complaints management system to make it easier to make a complaint, transparency in how it is being handled and what the outcome is.
- Child safety awareness, all staff should be trained in how to identify concerning behaviour.

Some other overarching observations of the Lived Experience: Expert Reference Group which have been communicated previously in the Communique's of the GAP were:

- Most were pleased with the public apologies to victim-survivors. Some were worried about the implications of the apologies being seen as a solution. The apology was generally seen to be heartfelt and authentic, but it is vitally important that real action is now demonstrated.
- Powerful statements from two victim-survivors of their sense of hope following their experience of what felt like “a sea change” of attitudes.
- Generally, victim-survivors see themselves as patients (or family members of patients) rather than as “consumers or customers”. The language that is used is important - patients are vulnerable and there is a duty to ensure their safety.

- The participants noted with interest the decision to rename Ward 4K and there are mixed views about this decision. Feedback is largely that victim-survivors aren't focused on a name change but on a change of practice and culture. There is a sense from some that if such a change works for the staff and helps patients in the future then that is a goal worth pursuing.
- All victim-survivors are focused on the need for there to be a trustworthy, independent access point for patient complaints - such as a patient advocate. There is also a need for people who have been traumatised to have someone they know they can access to ensure their safety from repeated traumatic triggering. Trauma informed care must be the standard level of care and every patient should be approached with the understanding they may well have experienced previous traumas.

Appendix 3 Governance Advisory Panel - Meeting Outline

Child Safe Governance Review

Terms of Reference

The Governance Review will specifically examine the governance structure of the Launceston General Hospital (LGH) and Human Resources through a child safety lens, to ensure public confidence in the safety of the service and make recommendations as to changes required to improve:

- Organisational structure
- Management and leadership including roles, responsibilities and accountabilities
- Implementation of mandatory training in leadership and management, through the *One Health Cultural Improvement Program*, including a focus on accountable leadership and management (already underway)
- Implementation of mandatory training in Child Safety, including grooming behaviours and mandatory notifications, through the *Child Safe Organisation Project* (already underway)
- Implementation of the Department of Health Child Safe Organisation Framework and establishment of the Child Safety Panel (already underway)
- Establishment of an independent Central Complaints Management Unit in the Office of the Secretary, responsible for the review of all reports of inappropriate behaviour or misconduct by an employee, in particular child sexual abuse or grooming behaviours, separate from Human Resources
- Policies, procedures, protocols, Quality and safety frameworks, systems and data as they relate to the above.

Child Safe Governance Advisory Panel – Meeting Plan

The Child Safe Governance Advisory Panel Meetings were held -

- online via Microsoft Teams and
- in person (Face-to-Face) including online attendees allowing maximum attendance. These meetings were held at 39 Frankland Street, Launceston, Tasmania.

The following items were included as ‘standing agenda items’ at each Governance Advisory Panel meeting –

- Acknowledgement of Country
- Welcome, Attendance and Apologies
- Actions List
- Lived Experience: Expert Reference Group Report
- Other Business

Date / Meeting Format / Subjects	Outline / Presenters	Related Terms of Reference
23 August 2022 (Face-to-Face)		
Terms of Reference	<ul style="list-style-type: none"> • Introduction • Meeting Protocols and Procedures • Context of the Review • Review Recommendations 	
Child Safe Organisation Project and Framework	<ul style="list-style-type: none"> • Presentation on Child Safe Organisation Project and Framework. <i>Dale Webster, Deputy Secretary, Community Mental Health and Wellbeing</i> 	<ul style="list-style-type: none"> • Implementation of Mandatory Training in Child Safety, including Grooming Behaviours and Mandatory Reporting, through the Child Safe Organisation Project • Implementation of the Department of Health Child Safe Organisation Framework and Establishment of the Child Safety Panel
One Health Cultural Improvement Program	<ul style="list-style-type: none"> • Presentation on <i>One Health Cultural Improvement Program</i>. <i>Michelle Searle, Chief People Officer</i> 	<ul style="list-style-type: none"> • Implementation of Mandatory Training in Leadership and Management, through the One Health Cultural Improvement Program, including a focus on Accountable Leadership and Management

Date / Meeting Format / Subjects	Outline / Presenters	Related Terms of Reference
6 September 2022 (Online)		
Baseline Culture Assessment Group	<ul style="list-style-type: none"> Report of the Working Group – Baseline Culture Assessment of the Launceston General Hospital (LGH). <p><i>Robyn Burley, HR Expert, Governance Advisory Panel</i></p>	
Reporting Incidents and Concerns with a Child Safety Lens	<p>Experience of the Reporting Culture and Systems at LGH including use of the Safety Reporting and Learning System (SRLS).</p> <p>Reporting Boundary Violations and other Child Safety Concerns – the Role of the SRLS and Other Mechanisms.</p> <p>The Role of the Child Safety Liaison Officer – What are the Functions of this Role and how is it Working.</p> <ul style="list-style-type: none"> Presentation on the Safety Reporting and Learning System including function, purpose and application to reporting child safety concerns. <p><i>Jodi Glading, Deputy Chief Medical Officer</i> <i>Kath Cooper, Statewide Manager – Safety Learning System</i></p> <ul style="list-style-type: none"> Presentation on Mandatory Reporting to Tasmanian Child Protection Authorities – how this will look at the LGH and other hospitals under the new Framework <p><i>Frances Hall, Project Manager - Child Safe Organisation Framework</i></p> <ul style="list-style-type: none"> Discussion on Current Issues at the at LGH, the Role of the Child Safety Liaison Officer and what can be done to Improve the Reporting Culture at the LGH. <p><i>Ingrid Els, Head of Paediatrics, LGH</i> <i>Helen Bryan, Executive Director of Nursing and Midwifery, LGH</i></p>	<ul style="list-style-type: none"> Policies, procedures, protocols, quality and safety frameworks, systems and data. Implementation of Mandatory Training in Child Safety, including Grooming Behaviours and Mandatory Reporting, through the Child Safe Organisation Project Implementation of the Department of Health Child Safe Organisation Framework and Establishment of the Child Safety Panel

Date / Meeting Format / Subjects	Outline / Presenters	Related Terms of Reference
20 September 2022 (Face-to-Face)		
Consumer and Community Engagement Council (CCEC)	<ul style="list-style-type: none"> Report from the meeting with the Chair of the CCEC. <i>Professor Deb Picone, Co-Chair of the Governance Advisory Panel</i> 	
Organisational Structure, Leadership, Roles and Accountability Framework	<p>Current LGH Structure including Committee Structures and Functions</p> <p>Proposed Changes to LGH Structure including Committee Structures, Leadership Roles and Responsibilities.</p> <ul style="list-style-type: none"> Presentation on Governance and Organisational Structures, Leadership Roles and Accountability Framework. Including Recommended Structure and Potential Recommendations. <i>Michael Wallace, Principal Adviser, Australian Commission on Safety and Quality in Health Care (ACSQHC)</i> <i>Eric Daniels, Chief Executive Hospitals North / North West</i> <i>Jen Duncan, Director LGH Operations</i> <p>Accountability Framework (including Reporting Framework)</p> <ul style="list-style-type: none"> Report from Child Safe Organisation Project working group. <i>Frances Hall, Project Manager, Child Safe Organisation Framework</i> <i>Morag McPherson, Director of Improvement North / North West</i> 	<p>Governance Review of the LGH:</p> <ul style="list-style-type: none"> Organisational Structure Management and Leadership including Roles, Responsibilities, and Accountabilities

4 October 2022 (Online)

Complaints Management

- Presentation on Reporting Complaints and Concerns about Clinicians to Ahpra – what is required and how can the LGH Governance better support it?

Professor Tony Lawler, Chief Medical Officer

- Presentation on Current LGH Complaints Management System including from the Consumer Perspective

Janine Bennett, Senior Complaints Manager, LGH

An Example of Complaints Management System in another jurisdiction including how Child Safety Complaints are dealt with.

- Presentation - Sydney Local Health District Complaints Management (NSW Health)

Andrew Hallahan, EDMS, Clinical Governance and Risk

Sharon Campbell, Director Clinical Governance

Complaints Management Project Outline and discussion from the Office of the Secretary.

- Update on Establishment of the Independent Central Complaints Management Unit

Tracey Sargent, Head of Internal Audit

Stefanie Johnston, Director KPMG

Establishment of an Independent Central Complaints Management Unit in the Office of the Secretary, responsible for the review of all reports of inappropriate behaviour or misconduct by an employee, in particular child sexual abuse or grooming behaviours, separate from Human Resources

Date / Meeting Format / Subjects	Outline / Presenters	Related Terms of Reference
18 October 2022 (Face-to-Face)		
Consumer and Community Engagement Council (CCEC)	<ul style="list-style-type: none"> Report from the Co-Chair regarding the Meeting with the Northern Consumer and Community Engagement Council. <p><i>Professor Deb Picone, Co-Chair of the Advisory Panel</i></p> <p><i>Professor Karen Crawshaw, Co-Chair of the Advisory Panel</i></p>	
Human Resources Governance and Organisational Arrangements	<ul style="list-style-type: none"> Presentation on Recommended Changes to the Human Resources Functional Mode, Structure and Governance focussed on Role Clarity, Local Reporting Lines and Available Expertise <p><i>Robyn Burley, HR Expert, Governance Advisory Panel</i></p> <p><i>Michelle Searle, Chief People Officer</i></p>	<p>Governance Structure of Human Resources through a Child Safety Lens</p> <ul style="list-style-type: none"> Organisational Structure Management and Leadership including Roles, Responsibilities and Accountabilities
Implementation of Mandatory Training in Leadership and Management, through the <i>One Health Cultural Improvement Program</i>	<ul style="list-style-type: none"> Implementation of Leadership and Management Training through the <i>One Health Cultural Improvement Program</i> at the LGH including an Inventory of Currently Available Leadership and Management Training at the LGH <p><i>Michelle Searle, Chief People Officer</i></p> <p><i>Jen Duncan, Acting Chief Executive Hospitals North</i></p>	<ul style="list-style-type: none"> Implementation of Mandatory Training in Leadership and Management, through the <i>One Health Cultural Improvement Program</i>, including a focus on Accountable Leadership and Management

Date / Meeting Format / Subjects	Outline / Presenters	Related Terms of Reference
8 November 2022 (Online)		
Extraordinary Meeting – Incident Management Systems and Open Disclosure	<ul style="list-style-type: none"> • National Standards and Consumer Rights in Healthcare • Incident Management Systems and Open Disclosure • Feedback and Complaints Management <p><i>Professor Deb Picone, Co-Chair of the Advisory Panel</i></p>	<ul style="list-style-type: none"> • Policies, Procedures, Protocols, Quality and Safety Frameworks, Systems and Data.
	<ul style="list-style-type: none"> • Presentation - Experiences of Frontline Department of Health Staff Members using the SRLS System <p><i>Dr Lucy Reed, Acting Deputy Executive Director of Medical Services</i> <i>Emma-Jane McCrum, Acting Director Allied Health</i></p>	
	<ul style="list-style-type: none"> • Presentation on LGH Hospital Acquired Complication (HAC) data. <p><i>Jen Duncan, Acting Chief Executive Hospitals North</i></p>	
	<ul style="list-style-type: none"> • Presentation on the Incident Reporting, Management and Monitoring – SRLS Demonstration via case studies including – <ul style="list-style-type: none"> ○ Operation and Governance ○ Demonstration via Case Studies ○ Demonstration of new Child Safety Module in SRLS <p><i>Morag McPherson, Director of Improvement North / North West</i> <i>Jodi Glading, Deputy Chief Medical Officer</i> <i>Kath Cooper, SRLS Statewide Manager</i></p> <ul style="list-style-type: none"> • Analysis of Incidents – showing Actual Feedback including Open Disclosure – 2020-2021 <ul style="list-style-type: none"> ○ Statewide ○ LGH Level Reports ○ Reporter and Patient and Families <p><i>Jodi Glading, Deputy Chief Medical Officer</i> <i>Jen Duncan, Acting Chief Executive Hospitals North</i></p>	

15 November 2022 (Face-to-Face)

Child Safe Organisation Framework
– Local Implementation

- Whole of Government, Statewide Health, Health Service Organisation and Individual Accountability for Child Safety.

Dale Webster, Deputy Secretary, Community Mental Health and Wellbeing

LGH Governance of Implementation of Child Safe Organisation Framework

- Presentation on the Child Safe Organisations Framework and how it will be implemented at the LGH including:
 - Implementation of Mandatory Training in Child Safety at the LGH
 - Medical Records for Victims of Family Violence / Sexual Assault (particularly children) being Treated at the LGH

Mandatory Training in Child Safety at the LGH

- Statewide Implementation Plan for Mandatory Training including the Number of Staff Currently Trained
- Local Mandatory Training Framework and Practice at LGH including the Number of Staff Currently Trained.
- Inventory of Current Mandatory Training Requirements at the LGH
- What Changes to current Local Framework are required to Effectively deliver Mandatory Child Safety Training, including Refresher Training, at the LGH

*Dale Webster, Acting Deputy Secretary Hospitals and Primary Care
Frances Hall, Project Manager, Child Safe Organisation Project
Jen Duncan, Acting Chief Executive Hospitals North*

Governance of LGH through a Child Safety Lens

Implementation of Mandatory Training in Child Safety, including Grooming Behaviours and Mandatory Reporting, through the Child Safe Organisation Project

Date / Meeting Format / Subjects	Outline / Presenters	Related Terms of Reference
29 November 2022 (Online)		
Draft Final Recommendations	LGH / Hospitals North Organisational Structure, including Clinical Streams Governance Advisory Panel Meeting to discuss and Endorse the Final Recommendations.	All Terms of Reference

Appendix 4 Outline of Meetings with Key Stakeholders and Staff from the Launceston General Hospital and the Department of Health

Date	Meeting Type	Attendees	Meeting Topics
9 August 2022	Meeting with Co-Chairs	Prof Tony Lawler Chief Medical Officer (Governance Advisory Panel Member) Project Manager Assistant Project Manager Project Support Officer	<ul style="list-style-type: none"> • Introductory Meeting
9 August 2022	Meeting with Co-Chairs	Prof Tony Lawler Chief Medical Officer (Governance Advisory Panel Member)	<ul style="list-style-type: none"> • Introductory Meeting
16 August 2022	Meeting with Co-Chairs	AMA Representative ANMF Representative CPSU Representative HACSU Representative	<ul style="list-style-type: none"> • Introductory Meeting with Union Representatives on the Governance Advisory Panel
16 August 2022	Meeting with Co-Chairs	Dale Webster Deputy Secretary Community, Mental Health and Wellbeing	<ul style="list-style-type: none"> • Introductory Meeting • Child Safe Organisations Project and Framework
16 August 2022	Meeting with Co-Chairs	Clinical and Complaints Expert Governance Expert Child Safety / Child Trauma Expert HR Expert	<ul style="list-style-type: none"> • Introductory Meeting with Experts on the Governance Advisory Panel
16 August 2022	Meeting with Co-Chairs	Eric Daniels Chief Executive Hospitals North / North West	<ul style="list-style-type: none"> • Introductory Meeting • LGH Organisational Structure • Management and Leadership (including Roles, Responsibilities and Accountabilities) • Child Safety • Culture at the LGH

Date	Meeting Type	Attendees	Meeting Topics
16 August 2022	Meeting with Co-Chairs	Michelle Searle Chief People Officer	<ul style="list-style-type: none"> • Introductory Meeting • HR Organisational Structure • One Health Cultural Improvement Program
16 August 2022	Meeting with Co-Chairs	DoH Staff Representatives (Governance Advisory Panel)	<ul style="list-style-type: none"> • Introductory Meeting with DoH Staff Representatives on the Governance Advisory Panel
22 August 2022	Meeting with Co-Chairs	Jen Duncan Director LGH Operations	<ul style="list-style-type: none"> • LGH Organisational Structure • Management and Leadership including Roles, Responsibilities and Accountabilities • Culture of the LGH • Complaints Management System • Child Safety
22 August 2022	Meeting with Co-Chairs	Michelle Searle Chief People Officer	<ul style="list-style-type: none"> • HR Organisational Structure • Management and Leadership including Roles, Responsibilities and Accountabilities • Case Management • Complaints Management System • Mandatory Training
22 August 2022	Meeting with Co-Chairs	Jen Duncan Director LGH Operations Morag McPherson Director of Improvement North / North West	<ul style="list-style-type: none"> • LGH Organisational Structure • Management and Leadership including Roles, Responsibilities and Accountabilities • Culture of the LGH • Complaints Management System • Child Safety
22 August 2022	Meeting with Co-Chairs	Dr Peter Renshaw Executive Director Medical Services	<ul style="list-style-type: none"> • LGH Organisational Structure • Management and Leadership including Roles, Responsibilities and Accountabilities • Culture of the LGH • Complaints Management System • Child Safety

Date	Meeting Type	Attendees	Meeting Topics
22 August 2022	Meeting with Co-Chairs	<p>Helen Bryan Executive Director of Nursing, LGH</p> <p>Judy Parish Nursing and Midwifery Director Women's and Children's Services, LGH</p>	<ul style="list-style-type: none"> • LGH Organisational Structure • Management and Leadership including Roles, Responsibilities and Accountabilities • Culture of the LGH • Complaints Management System • Child Safety
22 August 2022	Meeting with Co-Chairs	<p>Ingrid Els Head of Paediatrics, LGH</p>	<ul style="list-style-type: none"> • LGH Organisational Structure • Management and Leadership including Roles, Responsibilities and Accountabilities • Culture of the LGH • Complaints Management System • Child Safety
23 August 2022	Governance Advisory Panel	<p>Governance Advisory Panel Members</p> <p>Guests:</p> <p>Dale Webster Deputy Secretary Community, Mental Health and Wellbeing</p> <p>Michelle Searle Chief People Officer</p>	<ul style="list-style-type: none"> • Acknowledgement of Country • Attendance and Apologies • Introductions • Meeting Protocols and Procedures • Context of the Review • Expert Reference Group • Presentation on the <i>Child Safe Organisation Project and Framework</i> • Presentation on the <i>One Health Cultural Improvement Program</i> • Submissions to the Governance Advisory Panel
29 August 2022	Meeting with Co-Chairs	<p>Lisa Howes Director, Office of the Secretary</p> <p>Debby Crespan Manager - Commission of Inquiry</p> <p>Tracey Sargent Head of Internal Audit</p>	<ul style="list-style-type: none"> • Complaints Management • Delegations

Date	Meeting Type	Attendees	Meeting Topics
30 August 2022	Meeting with Co-Chairs	Eric Daniels Chief Executive Hospitals North / North West Jen Duncan Director LGH Operations	<ul style="list-style-type: none"> • LGH Organisational Structure • Management and Leadership (including Roles, Responsibilities and Accountabilities) • Governance Committees at the LGH • Accountability Framework
30 August 2022	Meeting with HR Expert	James Bellinger Human Resources Manager	<ul style="list-style-type: none"> • HR Structure and Processes • Reflections on ways to strengthen the Child Safe Culture • Gaps in the Incident Reporting Process • How to Clarify / Strengthen the approach for Staff Grievances and Incident Reporting • Child Safety
31 August 2022	Working Group of Governance Advisory Panel	HR Expert ANMF Representative DoH Staff Representatives	<ul style="list-style-type: none"> • Baseline Survey of the LGH
5 September 2022	Meeting with Co-Chairs	Eric Daniels Chief Executive Hospitals North / North West Jen Duncan Director LGH Operations	<ul style="list-style-type: none"> • LGH Organisational Structure • Management and Leadership (including Roles, Responsibilities and Accountabilities) • Governance Committees at the LGH
5 September 2022	Meeting with Co-Chairs	Robyn Burley HR Expert Michelle Searle Chief People Officer	<ul style="list-style-type: none"> • HR Support for the Governance Advisory Panel • Presentation for Governance Advisory Panel regarding HR Organisational Structure, Leadership Roles and Management Accountabilities

Date	Meeting Type	Attendees	Meeting Topics
6 September 2022	Governance Advisory Panel	<p>Governance Advisory Panel Members</p> <p>Guests:</p> <p>Dr Jodi Glading Deputy Chief Medical Officer</p> <p>Kath Cooper Statewide Manager Safety Learning System</p> <p>Frances Hall Project Manager – Child Safe Organisation</p> <p>Helen Bryan Executive Director of Nursing, LGH</p> <p>Ingrid Els Head of Paediatrics, LGH</p>	<ul style="list-style-type: none"> • Acknowledgement of Country • Attendance and Apologies • Actions List • Forward Meeting Plan • Report – Lived Experience: Expert Reference Group • Report – Baseline Culture Assessment • Reporting Incidents and Concerns with a Child Safety Lens • Presentation on the Safety Reporting and Learning System • Current Issues with the Reporting Culture at the LGH • Child Safety Liaison Officer at the LGH
8 September 2022	Meeting with Co-Chairs	<p>Dr Maria Harries Child Safety /Child Trauma Expert</p> <p>Robyn Burley HR Expert</p>	<ul style="list-style-type: none"> • Format for Lived Experience: Expert Reference Group
12 September 2022	Meeting with Co-Chairs	<p>Ann Maree Keenan Governance Expert</p> <p>Francine Douce Chief Nurse and Midwifery Officer</p>	<ul style="list-style-type: none"> • Management of Nurses at the LGH and other Hospital and Health Services • Observations in relation to the Culture of the Nursing Staff at the LGH • What can be done to improve the Culture of the Nursing Staff at the LGH

Date	Meeting Type	Attendees	Meeting Topics
12 September 2022	Meeting with Co-Chairs	Kathrine Morgan-Wicks Secretary Lisa Howes Director, Office of the Secretary	<ul style="list-style-type: none"> Briefing following Governance Advisory Panel Meeting
13 September 2022	Meeting with Co-Chairs	Dr Helen McArdle AMA Representative (Governance Advisory Panel Member)	<ul style="list-style-type: none"> LGH Organisational Structure Management and Leadership (including Roles, Responsibilities and Accountabilities) Observations in relation to the Culture of the LGH
13 September 2022	Meeting with Co-Chairs	Eric Daniels Chief Executive Officer North / North West Jen Duncan Director LGH Operations	<ul style="list-style-type: none"> LGH Organisational Structure Management and Leadership (including Roles, Responsibilities and Accountabilities) Governance Committees at the LGH
13 September 2022	Meeting with Co-Chairs	Dr Maria Harries Child Safety / Child Trauma Expert Robyn Burley HR Expert	<ul style="list-style-type: none"> Establishment of the Lived Experience: Expert Reference Group
13 September 2022	Meeting with Co-Chairs	Peter O'Sullivan Chair Consumer and Community Engagement Council	<ul style="list-style-type: none"> Consumer Engagement at the LGH
15 September 2022	Meeting with Co-Chairs	Paul Eagar Chaplain, LGH (Governance Advisory Panel Member)	<ul style="list-style-type: none"> LGH Organisational Structure Management and Leadership Culture at the LGH Child Safety

Date	Meeting Type	Attendees	Meeting Topics
15 September 2022	Meeting with Co-Chairs	Dr Emma-Jane McCrum Acting Director Allied Health, LGH (Governance Advisory Panel Member)	<ul style="list-style-type: none"> • LGH Organisational Structure • Management and Leadership (including Roles, Responsibilities and Accountabilities) • Culture at the LGH • Child Safety
19 September 2022	Meeting with Co-Chairs	Catherine Graham Clinical Nurse Consultant (Governance Advisory Panel Member)	<ul style="list-style-type: none"> • Safety Reporting and Learning System • Medical Records • Child Safety
20 September 2022	Governance Advisory Panel	<p>Governance Advisory Panel Members</p> <p>Guests:</p> <p>Mike Wallace Australian Commission on Safety and Quality in Health Care</p> <p>Eric Daniels Chief Executive Hospitals North / North West</p> <p>Jen Duncan, Director LGH Operations</p> <p>Frances Hall Project Manager, Child Safe Organisations Project</p> <p>Morag McPherson Director of Improvement</p>	<ul style="list-style-type: none"> • Acknowledgement of Country • Welcome and Apologies • Actions List • Report - Lived Experience: Expert Reference Group • Report - Consumer and Community Engagement Council • Senior Executive Structure at the LGH including a presentation on the recommended structure and discussion and potential recommendations • Reporting Framework for Child Safety Concerns including a presentation on reporting to Tasmanian health and child protection authorities • Presentation from the Child Safe Organisation Project Working Group
23 September 2022	Meeting with Co-Chairs	<p>Kathrine Morgan-Wicks Secretary</p> <p>Lisa Howes Director, Office of the Secretary</p>	<ul style="list-style-type: none"> • Briefing following Governance Advisory Panel Meeting

Date	Meeting Type	Attendees	Meeting Topics
26 September 2022	Meeting with Co-Chairs	Ashleigh Miller Assistant Director of Nursing (Governance Advisory Panel Member)	<ul style="list-style-type: none"> • Safety Reporting and Learning System • Child Safety
26 September 2022	Meeting with Co-Chairs	Dr Stuart Day Director of Surgery, LGH	<ul style="list-style-type: none"> • LGH Organisational Structure • Management and Leadership (including Roles, Responsibilities and Accountabilities) – including general management and clinical management • Culture at the LGH • Complaints Management System (including its use at the LGH) • Child Safety
26 September 2022	Meeting with Co-Chairs	Robyn Burley HR Expert Michelle Searle Chief People Officer Nikki Curtin Director – Strategic HR, Policy and Innovation	<ul style="list-style-type: none"> • Governance Structure of Human Resources • Child Safety • Implementation of Mandatory Training in Leadership and Management through the One Health Cultural Improvement Program (including at the LGH) • Baseline Assessment of the Organisational Culture at the LGH
26 September 2022	Meeting with Co-Chairs	Dr Lucy Reed Director – Emergency Medicine, LGH (Governance Advisory Panel Member)	<ul style="list-style-type: none"> • LGH Organisational Structure • Culture at the LGH (including Reporting Culture) • Child Safety
27 September 2022	Meeting with Co-Chairs	Dr Kath Atkinson Acting Executive Director of Medical Services, North	<ul style="list-style-type: none"> • Role of the Executive Director of Medical Services • Systemic Issues at the LGH • Culture at the LGH • Child Safety
27 September 2022	Meeting with Co-Chairs	Susan Ballard Discipline Lead Social Work, LGH	<ul style="list-style-type: none"> • Role of the Child Safety Liaison Officer • Reporting of Child Safety Concerns at the LGH • Culture of the LGH

Date	Meeting Type	Attendees	Meeting Topics
28 September 2022	Meeting with Co-Chairs	Morag McPherson Director of Improvement	<ul style="list-style-type: none"> • Complaints Management at the LGH
3 October 2022	Meeting with Co-Chairs	Robyn Burley HR Expert Michelle Searle Chief People Officer Nikki Curtin Director – Strategic HR, Policy and Innovation	<ul style="list-style-type: none"> • Governance Structure of Human Resources • Child Safety • Implementation of Mandatory Training in Leadership and Management through the One Health Cultural Improvement Program (including at the LGH) • Baseline Assessment of the Organisational Culture at the LGH
4 October 2022	Governance Advisory Panel	Governance Advisory Panel Members Guests: Janine Bennett Senior Advisor – Patient Safety Launceston General Hospital Andrew Hallahan Executive Director Medical Services Clinical Governance and Risk Sydney Local Health District Sharon Campbell Director Clinical Governance Sydney Local Health District Tracey Sargent Head of Internal Audit Office of the Secretary Stefanie Johnston Director KPMG	<ul style="list-style-type: none"> • Acknowledgement of Country • Welcome and Apologies • Actions List • Lived Experience: Expert Reference Group Report • Reporting of Complaints and Concerns about Clinicians to the Australian Health Practitioner Regulation Agency (Ahpra) • Complaints Management, including: <ul style="list-style-type: none"> ○ Complaints Management processes at the Launceston General Hospital ○ Complaints Management Processes at the Sydney Local Health District and ○ Update on the Establishment of a Central Complaints Management Unit in the Department of Health.

Date	Meeting Type	Attendees	Meeting Topics
4 October 2022	Meeting with Co-Chairs	Ann Maree Keenan Governance Expert (Governance Advisory Panel Member)	<ul style="list-style-type: none"> • Executive Director of Nursing and Midwifery at the LGH (including Role, Responsibilities and Accountabilities) • Nursing Structure at the LGH (including Nursing Streams)
4 October 2022	Meeting with Co-Chairs	Dr Amanda Dennis Clinical Director Women's and Children's Services, LGH	<ul style="list-style-type: none"> • LGH Organisational Structure • Management and Leadership (including Roles, Responsibilities and Accountabilities) – including general management and clinical management • Culture of the LGH • Complaints Management System (including its use at the LGH) • Child Safety
5 October 2022	Meeting with HR Expert	Michelle Searle Chief People Officer Nikki Curtin Director – Strategic HR, Policy and Innovation Kerrie Mazengarb Director and Strategic Change Advisory GSD Advisors	Proposed Models for HR
6 October 2022	Meeting with Co-Chairs	Amanda Duncan Registered Nurse / Midwife, LGH (Governance Advisory Panel Member)	<ul style="list-style-type: none"> • Retention of UTas Students in Tasmania • Safety Reporting and Learning System • Cultural Issues at the LGH and more broadly across the Health Sector in Tasmania • Open Disclosures of Issues at the LGH • Performance Development and Assessment • Training of Staff in Grooming and Family Violence
6 October 2022	Meeting with Co-Chairs	Sam Beattie Nurse Unit Manager, LGH (Governance Advisory Panel Member)	<ul style="list-style-type: none"> • Cultural Issues at the LGH • Pathways to Excellence • Complaints Management at the LGH • Safety Reporting and Learning System

Date	Meeting Type	Attendees	Meeting Topics
10 October 2022	Meeting with Co-Chairs	Project Manager Project Support Officer	<ul style="list-style-type: none"> • Governance Advisory Panel – Forward Meeting Plan
11 October 2022	Meeting with Co-Chairs	Will Gordon Registered Nurse, LGH (Governance Advisory Panel Member)	<ul style="list-style-type: none"> • Statement Made to the Commission of Inquiry • Safety Reporting and Learning System • Management and Leadership (including Roles, Responsibilities and Accountabilities) • Culture at the LGH • Performance Development Agreements • Education for New Staff
12 October 2022	Meeting with Co-Chair	Project Manager Project Support Officer	<ul style="list-style-type: none"> • Extraordinary Governance Advisory Panel Meeting on the Safety Reporting and Learning System
13 October 2022	Meeting with Co-Chairs	Dr Helen McArdle AMA Representative (Governance Advisory Panel Member)	<ul style="list-style-type: none"> • Format of Governance Advisory Panel Meetings
13 October 2022	Meeting with Co-Chairs	Robyn Burley HR Expert Michelle Searle Chief People Officer Nikki Curtin Director – Strategic HR, Policy and Innovation	<ul style="list-style-type: none"> • Presentation on Organisational Structure and Governance of Human Resources • Implementation of Mandatory Leadership and Management Training at the LGH (through the One Health Cultural Improvement Program)

Date	Meeting Type	Attendees	Meeting Topics
14 October 2022	Meeting with Co-Chairs	Consumer and Community Engagement Council Peter O'Sullivan (Chair) Robin McKendrick (Member) Paul Dare (Member) Christine Beswick (Member) Tony Deane-Shaw (Member)	<ul style="list-style-type: none"> • Interim Recommendations made by the Governance Advisory Panel in September 2022 • Implementation of Statewide Policies at the LGH • Public Perception and Consumer Confidence in the LGH • Culture at the LGH • Staff Morale at the LGH • Community Forums • Complaints Management at the LGH • Safety Reporting and Learning System
17 October 2022	Meeting with Co-Chairs	Dr Jodi Glading Deputy Chief Medical Officer Kath Cooper Statewide Manager Safety Learning System Morag McPherson Director of Improvement North / North West	<ul style="list-style-type: none"> • Reporting Culture at the LGH • Safety Reporting and Learning System • Charter of Health Care Rights • Case Studies
18 October 2022	Governance Advisory Panel Meeting	Governance Advisory Panel Members Guests: Michelle Searle Chief People Officer Jen Duncan Acting Chief Executive Hospitals North	<ul style="list-style-type: none"> • Acknowledgement of County • Welcome and Apologies • Actions List • Report - Lived Experience: Expert Reference Group • Report - Consumer and Community Engagement Council • Recommended Changes to the Organisational and Governance Structure of Human Resources • Leadership and Management Training at the LGH under the One Health Cultural Improvement Program (including details of Leadership and Management Training Programs that are already available at the LGH) • Accountability Framework Being Implemented at the LGH.

Date	Meeting Type	Attendees	Meeting Topics
24 October 2022	Meeting with Co-Chairs	Dr Emma-Jane McCrum Acting Director Allied Health, LGH (Governance Advisory Panel Member)	<ul style="list-style-type: none"> Allied Health Issues at the LGH
24 October 2022	Meeting with Co-Chairs	Paul Eagar Chaplain, LGH (Governance Advisory Panel Member)	<ul style="list-style-type: none"> Reporting of Child Safety Concerns – Flow Chart Developed by Child Safe Organisations Project Team
25 October 2022	Meeting with Co-Chairs	Dale Webster Acting Deputy Secretary Hospitals and Primary Care Paula Hyland Acting Deputy Secretary Community, Mental Health and Wellbeing Brad Wheeler Executive Director Recovery and Child Safeguarding	<ul style="list-style-type: none"> Reporting of Child Safety Concerns Child Safe Organisations Framework - how it will be implemented at the LGH Children with Mental Health Issues – Treatment Options at the LGH (including Eating Disorders) Medical Records for Family Violence / Sexual Assault Victims Child Safeguarding Unit at the LGH Governance Issues (including Delegations)
25 October 2022	Meeting with Co-Chairs	Prof Tony Lawler Chief Medical Officer (Governance Advisory Panel Member)	<ul style="list-style-type: none"> Governance Issues (including Delegations) Policy Implementation at the LGH Safety Reporting and Learning System
25 October 2022	Meeting with HR Expert	Michelle Searle Chief People Officer	<ul style="list-style-type: none"> HR Records and Personnel Files
27 October 2022	Meeting with Co-Chairs	Kathrine Morgan-Wicks Secretary, Department of Health Lisa Howes Director, Office of the Secretary	<ul style="list-style-type: none"> Briefing following Governance Advisory Panel Meeting

Date	Meeting Type	Attendees	Meeting Topics
27 October 2022	Meeting with Co-Chairs	<p>Prof Tony Lawler Chief Medical Officer (Governance Advisory Panel Member)</p> <p>Jen Duncan Acting Chief Executive Hospitals North</p> <p>Michelle Searle Chief People Officer</p> <p>Mike Wallace Principal Advisor ACSQHC</p>	<ul style="list-style-type: none"> • LGH Leadership and Management (including Roles, Responsibilities and Accountabilities) • Statements of Duties
27 October 2022	Meeting with Co-Chairs	<p>Dr Alasdair McDonald Director Department of Medicine, LGH</p>	<ul style="list-style-type: none"> • LGH Organisational Structure including Governance • Management and Leadership including Roles, Responsibilities and Accountabilities • Culture of the LGH • Complaints Management System (including its use at the LGH) • Child Safety
28 October 2022	Meeting with Co-Chair Representative	<p>Mike Wallace Principal Advisor ACSQHC</p> <p>Jen Duncan Acting Chief Executive Hospitals North</p>	<ul style="list-style-type: none"> • LGH Organisational Structure
31 October 2022	Meeting with Co-Chairs	<p>Mike Wallace Principal Advisor ACSQHC</p>	<ul style="list-style-type: none"> • Proposed LGH Organisational Structure

Date	Meeting Type	Attendees	Meeting Topics
31 October 2022	Meeting with Co-Chairs	<p>Francine Douce Chief Nurse and Midwifery Officer</p> <p>Ann Maree Keenan Governance Expert</p> <p>Helen Bryan Executive Director of Nursing and Midwifery – North</p>	<ul style="list-style-type: none"> Nursing and Midwifery Organisational Structure at the LGH
1 November 2022	Governance Advisory Panel Meeting	<p>Governance Advisory Panel Members</p> <p>Guests:</p> <p>Mike Wallace Principal Advisor ACSQHC</p> <p>Jen Duncan Acting Chief Executive Hospitals North</p> <p>Morag McPherson Director of Improvement – North</p> <p>Lisa Howes Director, Office of the Secretary</p> <p>Tracey Sargent Head of Internal Audit</p> <p>Stefanie Johnston Director KPMG</p>	<ul style="list-style-type: none"> Acknowledgement of County Welcome and Apologies Actions List Report - Lived Experience: Expert Reference Group Proposed LGH Organisational Structure Management and Leadership (including Roles, Responsibilities and Accountabilities) Accountability Framework Central Complaints Management Unit
2 November 2022	Meeting with Co-Chairs	<p>Kathrine Morgan-Wicks Secretary</p> <p>Lisa Howes Director, Office of the Secretary</p>	<ul style="list-style-type: none"> Briefing following Governance Advisory Panel Meeting

Date	Meeting Type	Attendees	Meeting Topics
3 November 2022	Meeting with Co-Chairs	<p>Prof Tony Lawler Chief Medical Officer (Governance Advisory Panel Member)</p> <p>Dr Jodi Glading Deputy Chief Medical Officer</p> <p>Morag McPherson Director of Improvement – North</p> <p>Jen Duncan Acting Chief Executive Hospitals North</p> <p>Kath Cooper Safety Learning System – Statewide Manager</p>	<ul style="list-style-type: none"> Preparation for Extraordinary Governance Advisory Panel Meeting on the Safety Reporting and Learning System
3 November 2022	Meeting with Co-Chairs	<p>Dr Lucy Reed Director of Emergency Medicine</p> <p>Emma Jane McCrum Senior Psychologist</p>	<ul style="list-style-type: none"> Preparation for Extraordinary Governance Advisory Panel Meeting on the Safety Reporting and Learning System
4 November 2022	Meeting with HR Expert	<p>Jen Duncan Acting Chief Executive Hospitals North</p> <p>Robyn Burley HR Expert</p>	<ul style="list-style-type: none"> HR Systems and Processes at the LGH

Date	Meeting Type	Attendees	Meeting Topics
8 November 2022	Governance Advisory Panel Members	Governance Advisory Panel Members Guests: Dr Jodi Glading Deputy Chief Medical Officer Morag McPherson Director of Improvement – North Jen Duncan Acting Chief Executive Hospitals North Kath Cooper Safety Learning System – Statewide Manager	<ul style="list-style-type: none"> • Safety Reporting and Learning System (including its use at the LGH) • National Standards and Consumer Rights in Healthcare • LGH Hospital Acquired Complication (HAC) Data • Incident Reporting, Management and Monitoring • Analysis of Incidents • Open Disclosure
9 November 2022	Meeting with Co-Chairs	Dr Kath Atkinson Acting Executive Director of Medical Services, LGH	<ul style="list-style-type: none"> • LGH Organisational Structure including Clinical Streams • Executive Director of Medical Services – Role • Access and Flow
9 November 2022	Meeting with Co-Chairs	Dr Amanda Dennis Clinical Director Women’s and Children’s Services, LGH	<ul style="list-style-type: none"> • LGH Organisational Structure including Clinical Streams • Child Safety Unit at the LGH • Medical Records • Access and Flow

Date	Meeting Type	Attendees	Meeting Topics
11 November 2022	Meeting with Co-Chairs	<p>Dr Alisdair MacDonald Director - Department of Medicine, LGH</p> <p>Sukhpal Kaur Nursing Director – Sub-Acute and Ambulatory Care Services, LGH</p> <p>Lorinda Upton-Greer Nursing Director Critical and Acute Inpatient Services. LGH</p> <p>Carolyn Woll Business Manager – Department of Medicine, LGH</p>	<ul style="list-style-type: none"> • LGH Organisational Structure including Clinical Streams • Access and Flow
11 November 2022	Meeting with Co-Chairs	<p>Jen Duncan Acting Chief Executive Hospitals North</p> <p>Dr Emma-Jane McCrum Acting Director Allied Health (Governance Advisory Panel Member)</p> <p>Mike Wallace Principal Advisor ACSQHC</p>	<ul style="list-style-type: none"> • Allied Health Staffing at the LGH
14 November 2022	Co-Chair Site Visit	<p>Robyn Burley HR Expert - Governance Advisory Panel</p> <p>Dr Maria Harries Child Safety / Child Trauma Expert</p> <p>Judy Parish Nursing and Midwifery Director Women's and Children's Services, LGH</p>	<ul style="list-style-type: none"> • Meet and greet with the members of the Governance Advisory Panel and staff on Ward 4K.

Date	Meeting Type	Attendees	Meeting Topics
15 November 2022	Governance Advisory Panel Meeting	<p>Governance Advisory Panel Members</p> <p>Guests:</p> <p>Kathrine Morgan-Wicks Secretary</p> <p>Dale Webster Acting Deputy Secretary, Hospitals and Primary Care</p> <p>Frances Hall Project Manager – Child Safe Organisation</p> <p>Jen Duncan Acting Chief Executive Hospitals North</p> <p>Paula Hyland Acting Deputy Secretary, Community, Mental Health and Wellbeing</p>	<ul style="list-style-type: none"> • Acknowledgement of County • Welcome and Apologies • Actions List • Report - Lived Experience: Expert Reference Group • Organisational and Individual Accountability for Child Safety • Implementation of Child Safe Organisation Framework at the LGH • Implementation of Mandatory Training in Child Safety at the LGH and Statewide • Medical Records • Mandatory Training Framework and Practice at the LGH
15 November 2022	Meeting with Co-Chairs	<p>Dr Stuart Day Director of Surgery</p> <p>Elizabeth Gadsbey Nursing Director – Surgery</p> <p>Jonathan Pradel Acting Business Manager – Department of Surgery</p>	<ul style="list-style-type: none"> • LGH Organisational Structure including Clinical Streams

Date	Meeting Type	Attendees	Meeting Topics
17 November 2022	Meeting with Co-Chairs	<p>Robyn Burley HR Expert</p> <p>Professor Erwin Loh Hospital Administration Expert</p> <p>Dr Maria Harries Child Safety / Child Trauma Expert</p> <p>Ann Maree Keenan Governance Expert</p>	<ul style="list-style-type: none"> Governance Advisory Panel - Draft Recommendations
17 November 2022	Meeting with Co-Chairs	<p>Kathrine Morgan-Wicks Secretary, Department of Health</p> <p>Dale Webster Acting Deputy Secretary Hospitals and Primary Care</p> <p>Prof Tony Lawler Chief Medical Officer (Governance Advisory Panel Member)</p> <p>Lisa Howes Director – Office of the Secretary</p>	<ul style="list-style-type: none"> Briefing following Governance Advisory Panel Meeting
22 November 2022	Meeting with Co-Chairs	<p>Robyn Burley HR Expert</p> <p>Professor Erwin Loh Hospital Administration Expert</p> <p>Dr Maria Harries Child Safety / Child Trauma Expert</p> <p>Ann Maree Keenan Governance Expert</p>	<ul style="list-style-type: none"> Governance Advisory Panel - Draft Recommendations

Date	Meeting Type	Attendees	Meeting Topics
24 November 2022	Meeting with Co-Chairs	Kathrine Morgan Wicks Secretary Lisa Howes Director – Office of the Secretary	<ul style="list-style-type: none"> • Governance Advisory Panel - Draft Recommendations
29 November 2022	Governance Advisory Panel Meeting	Governance Advisory Panel Members	<ul style="list-style-type: none"> • Acknowledgement of County • Welcome and Apologies • Actions List • Report - Lived Experience: Expert Reference Group • LGH / Hospitals North Organisational Structure including Clinical Streams • Governance Advisory Panel Recommendations
1 December 2022	Meeting with Co-Chairs	Dr Maria Harries Child Safety / Child Trauma Expert Lived Experience: Expert Reference Group	<ul style="list-style-type: none"> • Governance Advisory Panel - Draft Recommendations
1 December 2022	Meeting with Co-Chairs	Kathrine Morgan Wicks Secretary Lisa Howes Director – Office of the Secretary	<ul style="list-style-type: none"> • Briefing following Governance Advisory Panel Meeting

Hospitals North Operational Governance Structure

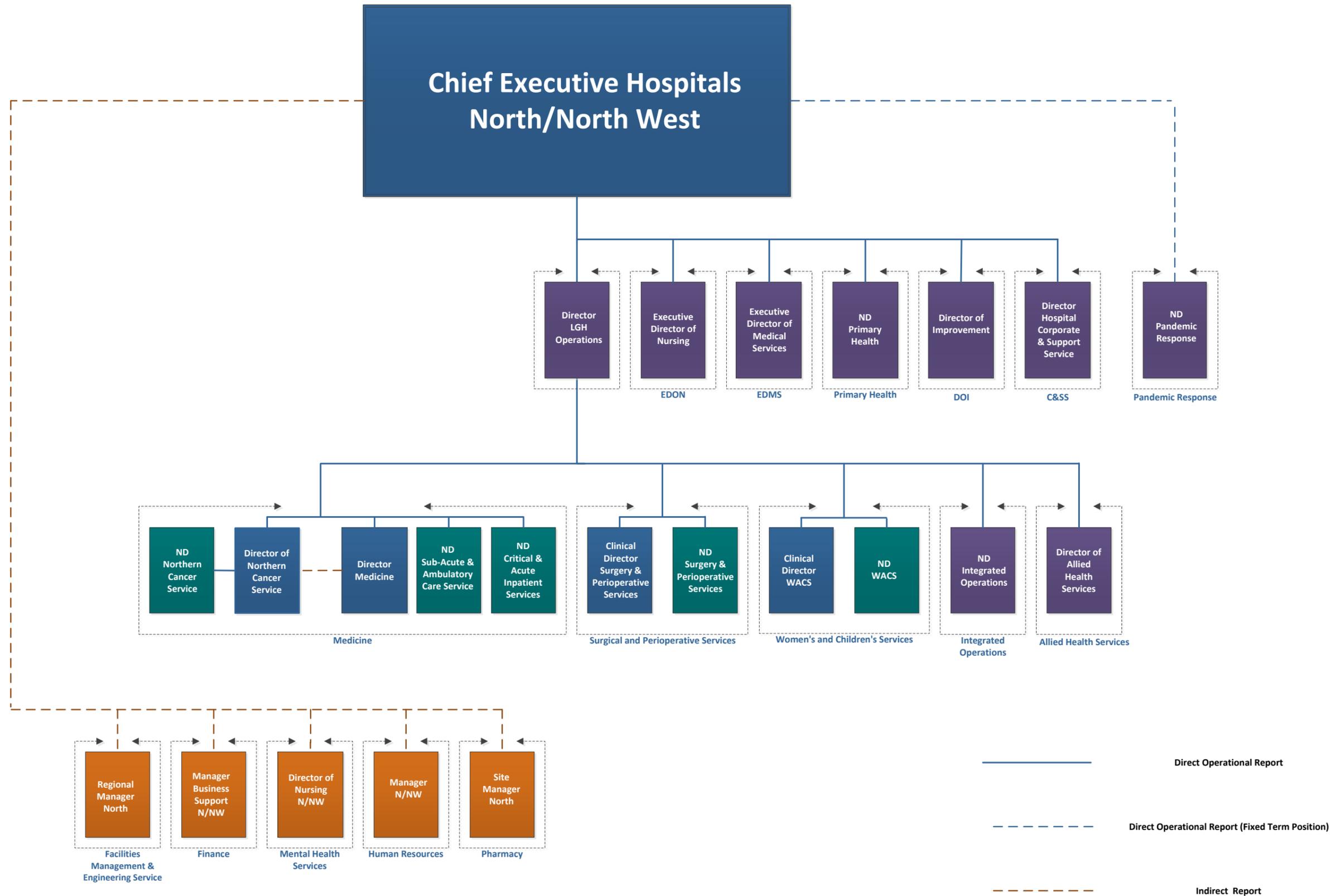
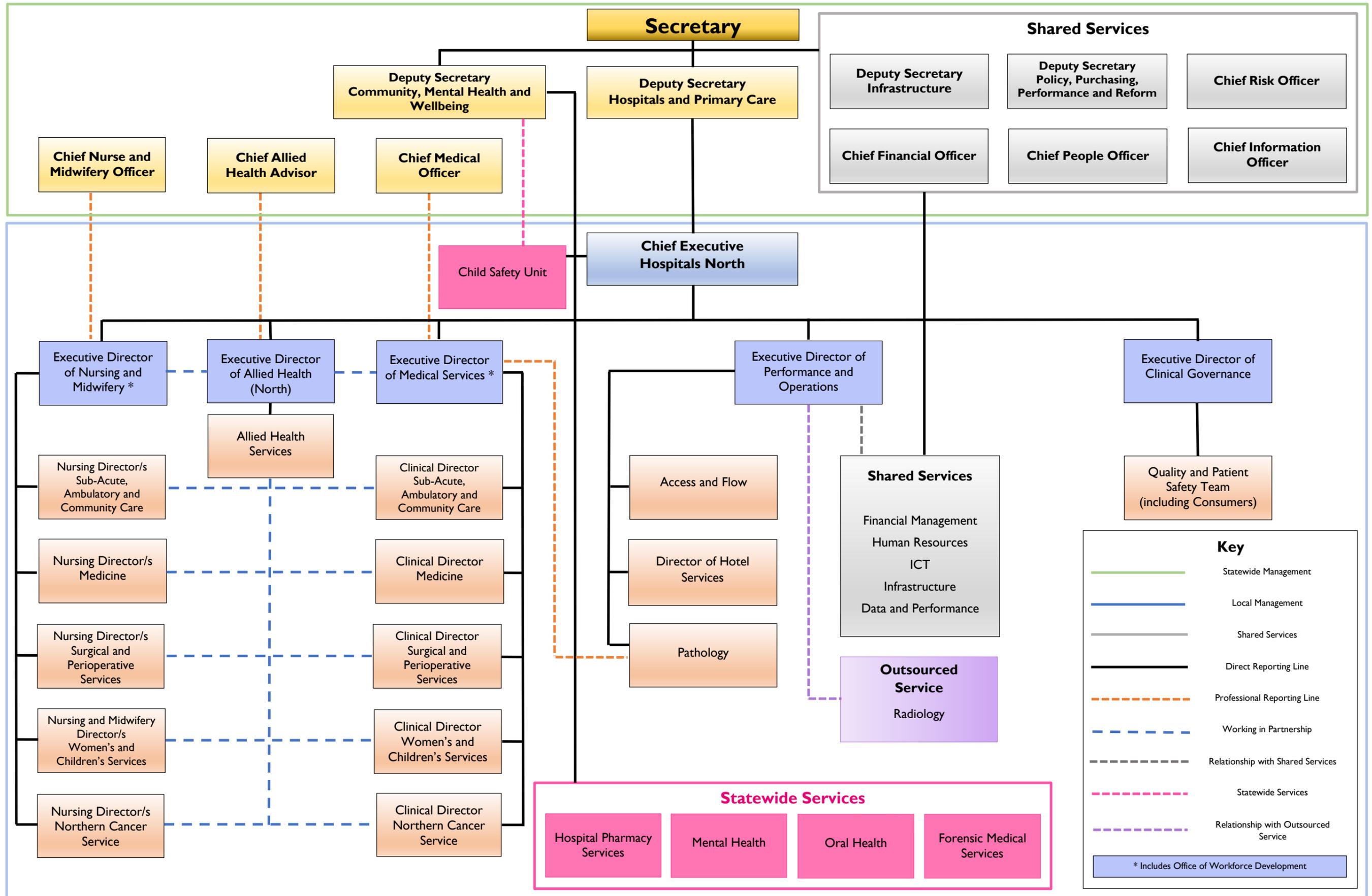


Diagram I Proposed Organisational Structure – Launceston General Hospital / Hospitals North



Key

- Statewide Management
- Local Management
- Shared Services
- Direct Reporting Line
- Professional Reporting Line
- Working in Partnership
- Relationship with Shared Services
- Statewide Services
- Relationship with Outsourced Service

* Includes Office of Workforce Development



Reporting Child Safety Concerns

For advice and reporting related to child safety contact Advice and Referral Line (ARL) on 1800 000 123

If in doubt, call the Advice and Referral Line



Advise: Nurse Unit Manager (NUM), After Hours NUM, Manager or Director

Document: Digital Medical Record (DMR), progress notes or Safety Reporting and Learning System as required

If a concern involves inappropriate behaviour by an employee, report via www.health.tas.gov.au/child-safety-and-wellbeing

What to report

- Grooming**
- Sexual abuse**
- Physical abuse**
 - Restrictive practices
- Emotional abuse**
 - Exposure to family violence or suspected family violence
- Neglect:** isolated incidents or a pattern of failure over time, to provide the development and wellbeing of the child or young person in one or more of these areas
 - Health
 - Education
 - Emotional development
 - Nutrition
 - Shelter and safe living conditions

Support

A list of external supports is available on the Department of Health's website for children, families, and staff. Employees can access the Employee Assistance Program (EAP) 24 hours a day, seven days a week. Use the search term 'mandatory reporting'

More information

Go to www.health.tas.gov.au/child-safety-and-wellbeing



Case scenario

A 6-year-old is admitted on ward for 3 days with unexplained acute abdomen pain. The parents have been alternating between day and nights shifts, and in the evenings, mum goes home to care for the other children.

The 6-year-old initially presents as talkative and happy.

Mum presents as flustered, but calm and softly spoken. She wears baggy clothing, and long sleeves and long pants despite the warmer weather.

Dad is reserved but abrupt and avoids eye contact.

Mum and dad only interact minimally, and mum does not maintain eye contact with dad. She focuses all her attention on the 6-year-old when dad is in the same room.

When mum leaves the 6-year-old becomes noticeably withdrawn, quiet and stops all activities.

On your evening round when you check on the patient, they are on the far side of the bed, appear to be distressed and clutching their blankets.

During your routine check you notice that the 6-year-old has red marks on their abdomen, arms and wrists. When you ask dad about these marks, dad advises they were 'thrashing about the bed like a ratbag- hitting the side rails'.

You notice that the bed rails are down, and the 6-year-old looks scared.

The following morning you notice that the red marks on the 6-year-old have turned into bruises, when you ask mum about the bruises, she 'throws a look' at the 6-year-old, quickly covers them up and brushes off your concern/questions. The 6-year-old is due to be discharged.

Action:

Contact the Advice and Referral Line on 1800 000 123.

You don't need to wait until you have evidence. Staff at the Advice and Referral Line will always want to hear from you if you're worried about a child's safety or wellbeing.

Discuss:

-  Suspected family violence - talk about the behaviours you have seen of all family members and the interactions between mum and dad
-  Physical abuse – the unlikely explanation/unexplained bruising on the 6-year-old
-  Emotional abuse – the 6-year-old cowering in the corner of their bed, and noticeable behaviour change
-  Health – the unexplained acute abdominal pain

Document:

Record as much detail as you can in progress notes, Digital Medical Record (DMR) or Safety, Reporting and Learning System (SRLS).

Advise:

If appropriate advise your Nurse Unit Manager, After Hours NUM, Manager or Director of your contact with ARL and all your other actions.

