April 2024

Implementation Status

Recommendations of the Independent Child Safe Governance Review and the LGH Community Recovery Initiative

Key: Complete ✔ In Progress ● Ongoing ●

Rec. no.	Recommendation	Completion status
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.	✔
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 organisation 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 Nusing and Midwifery to properly reflect its professional accountabilities.	✔
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.	✔

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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 Organisations 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.	✔
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 Director of Operations be re-titled to 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.	✔
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.	This recommendation will not be implemented as agreed with former co-Chairs of the GAP.
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.	✔

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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 statements of duties.	✔
20	Hospitals North senior executive and manager performance agreements including performance measures relating to child safety, 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.	✔
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.	✔
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.	✔
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.	✔

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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.	✔
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.	✔
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.	✔

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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.	✔
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.	✔
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.	✔

Rec. no.	Recommendation	Completion status
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.	✔
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	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.	✔

Rec. no.	Recommendation	Completion status
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.	✔
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.	✔

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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, 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.	✔
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.	✔
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.	✔
93	Tangible and timely actions to be taken to restore public confidence in senior leadership at the LGH. We see the need to put in place a new management team.	✔
94	The immediate work of a new management team at the LGH is cultural change that focusses on patient outcomes in an environment where the committed staff of the LGH are supported to do their best work. The culture must support performance, accountability, safety of staff and patients and an openness to addressing incidents, accidents and near misses.	✔
95	The LGH develop a strong positive presence in the eyes of the public highlighting the many positives of the LGH and its people. Utilise a variety of media platforms. Enhance the feeling of ownership of the LGH by the community.	✔●
96	Communicate regularly and transparently with staff. Have avenues for two-way communication.	✔●
97	Senior Managers visit workplaces regularly.	✔●
98	Minister and Secretary to visit LGH Childrens' ward at an appropriate time.	✔
99	All staff to undergo training in their responsibility to prevent and report incidents of child sexual abuse and more generally in the principles and pillars of the LGH safety culture.	✔
100	The Co-Chairs of the LGH Community Recovery Initiative approach the Launceston City Council and the Launceston Chamber of Commerce to consider: 1. Welcome to Launceston City for annual intakes of student doctors and interns. 2. Celebration of significant events such as the completion of Nurse Practitioner course. 3. Consider placing representatives of the new senior management team on the invitee lists for special occasions.	✔

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