
Child Safeguarding Reforms and Recommendations

Implementation Plan 2024-2029



Acknowledgements

In recognition of the deep history and culture of this island, we acknowledge and pay our respects to all Aboriginal people, the traditional owners of this Country, and recognise their continuing connection to Land, Sea, Waterways and Sky. We pay our respect to Elders past and present, and acknowledge and value their contribution and cultural knowledge.

We recognise all people in Tasmania affected by child sexual abuse. In particular, children and young people, who have a lived experience of child sexual abuse within our care and those who spoke on your behalf - your bravery in speaking out is commended. You are the voices of change, and we hear you. We also acknowledge those who have not shared their stories. If you change your mind and chose to share your story, it is important you know we are listening and there is support available.

The Department would like to thank everyone who has contributed in some way to help bring child safety to the forefront. Our work will not stop after the final recommendation is completed. Keeping our children and young people safe will continue to be a priority for our community.

Citation

To cite this document:

Department of Health Tasmania. Child Safeguarding Reforms and Recommendations Implementation Plan 2024-29.

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Version 1.0

May 2024

Contact

Department of Health, Tasmania

Email: childsafe.governancereview@health.tas.gov.au

www.health.tas.gov.au

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Recommendations of the Commission of Inquiry

In September 2023, the *Commission of Inquiry into the Tasmanian Government’s Responses to Child Sexual Abuse in Institutional Settings* (the Commission), tabled

a final report in the Tasmanian Parliament containing 191 recommendations. The Department of Health is the lead agency for 24 of these recommendations.

The Department Health is committed to implementing all child safety recommendations, including the 94 recommendations of the Independent Child Safe Governance Review and the 8 recommendations of the Launceston General Hospitals Community Recovery Initiative.

Purpose

The purpose of the Implementation Plan is to outline the Department's delivery of all Commission recommendations where DoH is the lead agency, along with any other child safety related recommendations.

The Implementation Plan will be reviewed and updated throughout the implementation of COI recommendations which is 2024 to 2029.

Our Framework

The *Child Safeguarding Reforms and Recommendations Framework 2024-29* prioritises the recommendations and related timeframes which have come from the Commission of Inquiry.

The Implementation Plan should be read together with the Framework which is available at health.tas.gov.au

Health Executive

The Department of Health Executive acts as the Steering Committee providing direction and oversight while also monitoring progress of the implementation of COI recommendations.

All child safety related recommendations have been allocated to a member of the Health Executive who is responsible for ensuring the recommendations are delivered.

Health Executive members

- Secretary, Department of Health
- Associate Secretary
- Deputy Secretary, Community Mental Health and Wellbeing
- Deputy Secretary, Hospitals and Primary Care
- Deputy Secretary, Infrastructure
- Deputy Secretary, Policy Purchasing Performance and Reform
- Deputy Secretary, Clinical Quality Regulation and Accreditation
- Chief Risk Officer
- Chief People Officer
- Chief Information Officer
- Chief Financial Officer
- Chief Nurse and Midwifery Officer
- Chief Executive Ambulance Tasmania
- Chief Executive Public Health Services
- Director, Office of the Secretary

- Chief Executive Hospitals North
- Chief Executive Hospitals North West
- Chief Executive Hospitals South

Timeframes

The COI report has recommended a six-year reform agenda which priorities recommendations into three phases:

- **Phase 1 by July 2024 (short term)**
Representing the most immediate actions which can be taken to keep children and young people safe
- **Phase 2 by July 2026 (medium term)**
Recommendations which need a
- **Phase 3 by June 2029 (long term)**
Complex recommendations and interdependent upon the delivery of other recommendation requiring a longer delivery timeframe

Implementing the recommendations

What we will do

We will implement all Department of Health Commission of Inquiry recommendations, along with recommendations from other child safety related reviews.

We will collaborate with Department of Health employees, stakeholders, community organisations and the Tasmanian people to continually improve and adapt our health care services and keep our children and young people safe.

What we have done

The Department of Health took immediate action after the Commission hearings and commissioned independent reviews of policies, procedures throughout the Department. As a result, we have delivered improvements on child safety including already delivering on elements of the recommendations of the Commission.

View the progress status:

- [COI Recommendations – short term](#)
- [COI Recommendations – medium term](#)
- [COI Recommendations – long term](#)
- [Child Safe Governance Review Recommendations \(including LGH Community Recovery Initiative\)](#)

Reporting on our progress

Throughout the time of the Commission of Inquiry, the Department has reported to the public through various platforms including the public website (health.tas.gov.au), social and mainstream media, communiques and regular updates for staff via the DoH intranet (including the digital newsletter – Reach).

We will continue to update on progress as recommendations are implemented and completed.

In line with Recommendation 22.1, we will provide information to the independent Child Sexual Abuse Reform Implementation Monitor as required.

Phase 1 Recommendations - Short Term Priorities with completion timeframe: 1 July 2024

Recommendation 15.01

The Department of Health should develop and communicate a policy framework and implementation plan for reforms to improve responses to child sexual abuse in health services. The policy and implementation plan should:

- a. set out the purpose and need for the reforms
- b. set out the role, responsibilities and interactions of bodies the Department has set up as part of the reforms
- c. explain how reforms, including departmental reforms and those recommended by the Child Safe Governance Review, Community Recovery Initiative and this Commission of Inquiry, will work together to respond to child sexual abuse in health services
- d. outline how the reforms are being prioritised for implementation and who is responsible for their implementation
- e. set out the expected timeframes for implementation
- f. be published on the Department's website.

Lead Health Executive: Chief Risk Officer

Primary theme: Accountability and integrity

Secondary theme: Child safe cultures and awareness-raising

Child safe standard: Standard 10: Policies and procedures document how the organisation is safe for children and young people

Recommended timeframe: By 1 July 2024

Completion status: Complete

Recommendation: 15.03

The Department of Health should ensure its cultural improvement program embeds a safety culture in health services by:

- a. requiring clear organisational values be observed across all levels of health services, including in relation to staff conduct
- b. establishing strong governance arrangements to address staff practices that place children at risk of abuse, and complementing established patient safety governance structures
- c. ensuring all levels of management demonstrate a commitment to a safety culture, including by addressing poor staff conduct
- d. clarifying roles and responsibilities among staff when there is a suspicion that child sexual abuse has occurred or that safety policies are not observed
- e. ensuring there are processes that hold senior managers and executives accountable to respond appropriately to the conduct of their staff, including through performance agreements and role descriptions
- f. establishing measures of a strong organisational culture that indicate an organisation
 - i. welcomes concerns about staff and sees them as an opportunity to improve safety for staff and patients
 - ii. empowers staff to feel safe and supported to raise concerns about colleagues with their leaders and gives them confidence in the ability of leaders to respond to concerns and take disciplinary actions (including termination) where appropriate
 - iii. ensures staff are clear about the process for raising concerns, how these concerns will be addressed and what feedback they can expect to receive
- g. providing progress reports to the Child Sexual Abuse Reform Implementation Monitor to demonstrate how these principles have been translated into policy and practice (Recommendation 22.1)

Lead Health Executive: Chief People Officer

Primary theme: Child safe cultures and awareness-raising

Secondary theme: Workforce expertise and capability

Child Safe Standard 6: Processes to respond to complaints and concerns are child focused.

Recommended timeframe: By 1 July 2024

Completion status: Complete

Recommendation: 15.04

1. The Department of Health should consider integrating features of the St Vincent's Health Australia's Ethos Program into its cultural improvement program.
2. The Department of Health should ensure, in adopting its cultural improvement program, professional boundary breaches by staff towards a child are always formally reported, responded to and recorded in centralised records for future reference.

Lead Health Executive: Chief People Officer

Primary theme: Child safe cultures and awareness-raising

Secondary theme: Accountability and integrity

Child Safe Standard 6: Processes to respond to complaints and concerns are child focused.

Recommended timeframe: By 1 July 2026

Variation timeframe: By 1 July 2024

Completion status: Complete

Recommendation: 15.05

The Department of Health should make health leadership accountable for embedding child safety as a priority, including by:

- a. ensuring that all relevant health leaders have an obligation to act consistently with the National Principles for Child Safe Organisations (reflected in Tasmania's Child and Youth Safe Standards) in their role descriptions and performance agreements, with compliance with this obligation to be reviewed annually
- b. ensuring that the role descriptions and performance agreements of all staff providing services to children require them to protect child safety, with compliance with this obligation to be considered as part of annual performance reviews.

Lead Health Executive: Chief Risk Officer

Primary theme: Accountability and integrity

Secondary theme: Child safe cultures and awareness-raising

Child Safe Standard 1: Child Safety and Wellbeing is embedded in organisational leadership, governance and culture

Recommended timeframe: By 1 July 2024

Completion status: Complete

Recommendation: 15.07

1. The Department of Health should establish a health services young people's advisory group. The advisory group should:
 - a. have a clear purpose and objectives
 - b. be guided by clear terms of reference developed in consultation with children and young people
 - c. comprise young people with significant lived experience of health services, including young people of different ages, from diverse backgrounds and with different care needs
 - d. enable young people to contribute to decision making in a safe and meaningful way about issues that affect them
 - e. allow young people to have a say in departmental strategies, policies, procedures and protocols that affect them
 - f. be adequately funded and resourced.
2. Summaries of the health services young people's advisory group meetings should be prepared and distributed to all senior executive teams in the Department.
3. The Department should report on the activities of the health services young people's advisory group and on other engagement with children and young people through its annual report.
4. The Department should undertake other age-appropriate engagement with children to ensure as many children and young people as possible can take part in shaping health services.

Lead Health Executive: Chief Risk Officer

Primary theme: Participation and empowerment

Secondary theme: Child safe cultures and awareness-raising

Child Safe Standard 3: Families and communities are informed and involved in promoting child safety and wellbeing.

Recommended timeframe: By 1 July 2024

Completion status: Complete

Recommendation: 15.08

1. The Department of Health should ensure consistent information is provided to patients, including suitable age-appropriate resources for children and young people and their families and carers, across its health services. These resources should include information on:
 - a. requirements and expectations of a child safe organisation
 - b. patient rights when receiving health care, including the rights of children and young people
 - c. expected standards of behaviour for health service staff
 - d. processes for raising concerns and making complaints internally and externally
 - e. roles of health regulatory bodies in receiving complaints.
2. This information should be provided in formats that meet community needs, especially for those with less capacity to comprehend complex written text.

Lead Health Executive: Deputy Secretary, Hospitals and Primary Care

Primary theme: Participation and empowerment

Secondary theme: Child safe cultures and awareness-raising

Child Safe Standard 2: Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.

Recommended timeframe: By 1 July 2024

Completion status: Complete

Recommendation: 15.11

1. The Department of Health should review and consolidate its policies, procedures and protocols. This review should prioritise identifying gaps in relation to safeguarding children and should inform the development and implementation of consistent statewide policies, procedures and protocols on child safety.
2. The Department's safeguarding policies should include implementing the National Principles for Child Safe Organisations and other recommended policy changes (namely, policies on reporting obligations, professional conduct and providing a chaperone (Recommendations 15.12, 15.13 and 15.14).
3. The Department should undertake regular scheduled reviews of its policies, procedures and protocols for child safety to ensure they continue to reflect best practice and organisational changes.
4. The Department should publish its policies, procedures and protocols for child safety on its website to promote transparency and ensure accessibility to staff, patients and their families.

Lead Health Executive: Chief Risk Officer

Primary theme: Prevention and protection

Secondary theme: Child safe cultures and awareness-raising

Child Safe Standard 10: Policies and procedures document how the organisation is safe for children and young people

Recommended timeframe: By 1 July 2024

Completion status: Complete and ongoing

Recommendation: 15.12

1. The Department of Health should ensure there are up-to-date policies on mandatory and voluntary reporting obligations, including for concerns about staff conduct, and that these are effectively communicated to staff. These policies must not require that reporting be formally authorised.
2. The Department's review of the Tasmanian Health Service Protocol – Complaint or Concern about Health Professional Conduct and associated documents should include:
 - a. a description of external reporting requirements in relation to child safety, including voluntary reporting pathways, and reporting to Tasmania Police, Child Safety Services, the Registrar of the Registration to Work with Vulnerable People Scheme, the Independent Regulator under the Child and Youth Safe Organisations Act 2023 and the Australian Health Practitioner Regulation Agency
 - b. guidance on when it is appropriate to acquit mandatory reporting obligations by reporting concerns to a superior (for example, to avoid multiple notifications). This should make clear that a person is always entitled to make a notification to an external agency if they wish to do so
 - c. a list of internal contacts for staff who have questions about child safety concerns and their reporting obligations.

Lead Health Executive: Director, Office of the Secretary, Department of Health

Primary theme: Prevention and protection

Secondary theme: Child safe cultures and awareness-raising

Child Safe Standard 10: Policies and procedures document how the organisation is safe for children and young people

Recommended timeframe: By 1 July 2024

Completion status: Complete

Recommendation: 15.13

1. The Department of Health, in developing a professional conduct policy (Recommendation 20.2), should ensure:
 - a. there is a separate professional conduct policy for staff who have contact with children and young people in health services
 - b. the professional conduct policy for health services, in addition to the matters set out in Recommendation 20.2
 - i. specifies expectations outlined in other relevant Department of Health policies and procedures
 - ii. refers to other professional obligations of registered health practitioners, including those developed by the Australian Health Practitioner Regulation Agency and the National Boards
 - iii. reflects the specific risks that arise in health services, particularly the sometimes intimate and invasive nature of health services, and the significant trust and power afforded by patients and the broader community to those providing health services
 - c. the professional conduct policy for health services spells out expected standards of behaviour for volunteers, contractors and sub-contractors
 - d. the Department uses appropriate mechanisms to ensure compliance by volunteers, contractors and sub-contractors with the professional conduct policy for health services.
2. The professional conduct policy for health services should be reinforced through professional development requirements (Recommendation 15.15).

Lead Health Executive: Chief People Officer

Collaborating Agency: Department of Premier and Cabinet

Primary theme: Workforce expertise and capability

Secondary theme: Prevention and protection

Child Safe Standard 10: Policies and procedures document how the organisation is safe for children and young people.

Recommended timeframe: By 1 July 2024

Completion status: Complete

Recommendation: 15.14

The Department of Health's chaperone (or Accompanying Person/Observer) policy should be updated to require the presence of an extra staff member during examinations or episodes of care where no family member or carer can be present.

Lead Health Executive: Deputy Secretary, Hospitals and Primary Care

Collaborating Agency: Department of Treasury and Finance

Primary theme: Prevention and protection

Secondary theme: Child safe cultures and awareness-raising

Child Safe Standard 2: Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.

Recommended timeframe: By 1 July 2024

Completion status: Complete

Recommendation: 15.16

1. The Department of Health should have a specific policy on responding to complaints and concerns about staff conduct. The policy should establish a complaints escalation, management and investigation process that is informed by the following principles:
 - a. complaints processes should be well-understood, trusted and accessible to staff, patients and others.
 - b. complaints processes should have clear escalation processes, internal and external reporting requirements within specific timeframes, and address immediate risks to children's safety.
 - c. there should be appropriate scrutiny and oversight of how complaints about child safety are escalated to senior staff, managed and recorded.
 - d. complaints about child safety should be recorded comprehensively and stored securely in incident management (such as the Safety Reporting and Learning System) and human resources systems.
 - e. complaints about unprofessional conduct and boundary breaches with child patients should be recognised as indicating a patient safety issue and treated as serious.
 - f. complaints data should support decision making and inform system improvements.
 - g. there should be appropriate communication and supports provided to those making complaints or affected by the alleged conduct, including through open disclosure processes (Recommendation 15.18).
2. The policy should include a diagram showing the complaints escalation, management and investigation pathways for child safety concerns and associated governance and review arrangements. It should also outline the roles and responsibilities of the various bodies involved in responding to child safety concerns.
3. This policy and diagram should be available to health service users and the public.

Lead Health Executive: Director, Office of the Secretary, Department of Health

Primary theme: Prevention and protection

Secondary theme: Accountability and integrity

Child Safe Standard 10: Policies and procedures document how the organisation is safe for children and young people.

Recommended timeframe: By 1 July 2024

Completion status: Complete

Recommendation: 15.18

The Department of Health should ensure open disclosure processes for patients who experience child sexual abuse in health services and their families and carers that:

- a. create a safe, trauma-informed pathway for victim-survivors, or others affected by an event, to receive clear and personalised information in response to their questions or concerns
- b. facilitate appropriate notifications including to Tasmania Police, Child Safety Services, the Registrar of the Registration to Work with Vulnerable People Scheme, the Independent Regulator under the Child and Youth Safe Organisations Act 2023 and the Australian Health Practitioner Regulation Agency
- c. make appropriate supports available to affected people, including victim-survivors, their immediate family and carers, where abuse is connected to the Department's health services, including warm referrals, with the person's consent, to trained and experienced child sexual abuse counsellors.

Lead Health Executive: Deputy Secretary, Hospitals and Primary Care

Primary theme: Workforce expertise and capability

Secondary theme: Child safe cultures and awareness-raising

Child Safe Standard 6: Processes to respond to complaints and concerns are child focused.

Recommended timeframe: By 1 July 2024

Completion status: Complete

Recommendation 15.20

1. The Department of Health, Launceston General Hospital and Tasmania Police should make clear that they will continue to assist, on an ongoing basis, known and as yet unknown victim-survivors of child sexual abuse by James Griffin related to the hospital and should nominate a contact person for people who have enquiries.
2. Assistance should include:
 - a. outlining what is known about Mr Griffin's offending at the hospital
 - b. taking steps to ascertain whether a person is or may be a victim-survivor of Mr Griffin's offending or clearly explaining why this cannot be done.
3. The Department and Launceston General Hospital's communications with known and as yet unknown victim-survivors of Mr Griffin and their families and carers and the broader community should be informed by the principles of open disclosure.
4. Launceston General Hospital should ensure victim-survivors and their families and carers who do not receive individual open disclosure (Recommendation 15.18) still receive a warm referral to trained child sexual abuse counsellors if desired.

Lead Health Executive: Chief Executive, Hospitals North

Collaborating Agency: Department of Police, Fire and Emergency Management

Primary theme: Participation and empowerment

Secondary theme: Accountability and integrity

Child Safe Standard 1: Child Safety and Wellbeing is embedded in organisational leadership, governance and culture

Recommended timeframe: By 1 July 2024

Completion status: Complete and ongoing

Phase 2 Recommendations - Medium Term Priorities

Completion timeframe: 1 July 2026

Recommendation: 9.24

1. The Tasmanian Government should increase funding for specialist trauma therapy services for children in care to ensure their needs are met.
2. The Tasmanian Government should ensure the Child and Adolescent Mental Health Service's new specialist mental health service for children in out of home care is resourced to meet demand.

Lead Health Executive: Deputy Secretary, Community, Mental Health and Wellbeing

Collaborating Agencies: Department for Education, Children and Young People (DECYP); Department of Premier and Cabinet (DPAC)

Primary theme: Collaboration and Integration

Secondary theme: Workforce expertise and capability

Child safe standard 2: Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously

Recommended timeframe: By 1 July 2026

Completion status: In progress

Recommendation: 12.21

The Tasmanian Government should ensure children and young people in detention (including on remand):

- a. receive a mental and physical health assessment on admission to the detention facility, and when needed while in detention
- b. have access to 24/7 medical care
- c. have a say in their mental and physical health care.

Lead Health Executive: Deputy Secretary, Community, Mental Health and Wellbeing

Collaborating Agency: Department for Education, Children and Young People

Primary theme: Prevention and protection

Secondary theme: Workforce expertise and capability

Child Safe Standard 2: Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously

Recommended timeframe: By 1 July 2024

Variation timeframe: By 1 July 2025

Completion status: In progress

Recommendation: 15.02

1. The Tasmanian Government and Department of Health should continue to implement the National Principles for Child Safe Organisations across all health services.
2. The Tasmanian Government should advocate at a national level for compliance with the National Principles for Child Safe Organisations to be a mandatory requirement for accrediting health services against the National Safety and Quality Health Service Standards under the Australian Health Service Safety and Quality Accreditation Scheme.

Lead Health Executive: Chief Risk Officer
Deputy Secretary, Policy, Purchasing, Performance and Reform

Primary theme: Accountability and integrity

Secondary theme: Child safe cultures and awareness-raising

Child Safe Standard 9: Implementation of the Child and Youth Safe Standards is regularly reviewed and improved

Royal Commission: Recommendation 7.12 (reportable conduct scheme)

Recommended timeframe: By 1 July 2026

Completion status: In progress

Recommendation: 15.06

The Department of Health, to support health services become child safe organisations, should ensure:

- a. child safety, including safety from abuse in health services, is overseen by the governance and leadership structures established through the cultural improvement program
- b. child safety is built into the safety and quality systems of health services
- c. staff responsible for providing care to children have the knowledge and skills to respond to child safety concerns in line with the expectations of a child safe organisation and relevant health service policies, including being equipped to identify and respond to indicators of child sexual abuse
- d. staff act consistently with the National Principles for Child Safe Organisations (reflected in Tasmania's Child and Youth Safe Standards) when performing their work, including in discussions between health practitioners, health workers and children about care planning and treatment.

Lead Health Executive: Chief Risk Officer

Primary theme: Workforce expertise and capability

Secondary theme: Child safe cultures and awareness-raising

Child Safe Standard 7: Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.

Royal Commission: 7.12 (reportable conduct scheme)

Recommended timeframe: By 1 July 2026

Completion status: In progress

Recommendation: 15.10

The Department of Health should work with relevant stakeholders to consider the needs and backgrounds of children and young people using health services, including Aboriginal children, children from culturally diverse backgrounds, children with disability, children with mental illness and children who identify as LGBTQIA+. The Department should consult with Aboriginal communities on how it can provide culturally safe spaces for Aboriginal children across its health services.

Lead Health Executive: Chief Risk Officer

Primary theme: Participation and empowerment

Secondary theme: Collaboration and integration

Child Safe Standard 3: Families and communities are informed and involved in promoting child safety and wellbeing

Recommended timeframe: By 1 July 2026

Completion status: Complete

Recommendation: 15.15

1. The Department of Health should identify minimum requirements for professional development on child safety for different levels of staff, including staff, volunteers and contractors, as well as leadership. Professional development should cover, at a minimum:
 - a. understanding child sexual abuse (including grooming and boundary breaches)
 - b. the requirements and expectations of a child safe organisation
 - c. mandatory and voluntary reporting obligations, including the role and function of Tasmania Police, Child Safety Services, the Registrar of the Registration to Work with Vulnerable People Scheme, the Independent Regulator under the Child and Youth Safe Organisations Act 2023 and the Australian Health Practitioner Regulation Agency
 - d. relevant child safeguarding policies and procedures.
2. The Department should have appropriate processes in place to ensure leaders have the knowledge, skills, aptitude and core capability requirements to effectively manage people and to lead a child safe organisation
3. The Department should develop outcomes-based measures of the effectiveness of child safety professional development initiatives for all categories of staff, volunteers, and contractors, including management, leadership, human resources, and professional and non-professional staff.
4. These outcomes-based measures should be reviewed annually and the results used to inform further professional development initiatives and leadership selection.

Lead Health Executive: Chief Risk Officer

Primary theme: Workforce and expertise capability

Secondary theme: Prevention and protection

Child Safe Standard 7: Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.

Recommended timeframe: By 1 July 2026

Completion status: In progress

Recommendation: 15.17

1. The Department of Health should establish a separate Health Services Child Related Incident Management Directorate or partner with the Child-Related Incident Management Directorate (Recommendation 6.6) to respond to allegations of child sexual abuse and related conduct by staff, breaches of the State Service Code of Conduct and professional conduct policies, and reportable conduct (as defined by the Child and Youth Safe Organisations Act 2023) in health services.
2. If the Department partners with the Child-Related Incident Management Directorate, it should ensure the directorate has access to specialised advice to inform investigations against health services staff, particularly where allegations have arisen in the context of provision of health care.
3. If the Department establishes a new Health Services Child-Related Incident Management Directorate, it should mirror the functions and manner of operation reflected in the Child-Related Incident Management Directorate, including having three distinct roles and skill sets covering incident response management, investigations, and misconduct and disciplinary advice.

Lead Health Executive: Director, Office of the Secretary, Department of Health

Primary theme: Prevention and protection

Secondary theme: Workforce expertise and capability

Child Safe Standard 6: Processes to respond to complaints and concerns are child focused

Recommended timeframe: By 1 July 2026

Completion status: In progress

Recommendation 15.19

The Department of Health should develop and implement a critical incident response plan for human-caused traumatic events where numerous staff and patients are affected, including serious child-related incidents. The response plan should:

- a. identify who is responsible for leading the response to a critical incident and set out the applicable reporting arrangements
- b. identify the steps to responding to a human-caused traumatic event (including incidents relating to child safety)
- c. provide for external assistance from experts with training and expertise in crisis management
- d. be based on best practice responses to traumatic events
- e. provide for early communication of information about the event
- f. provide psychological first aid to affected people
- g. provide extra support from skilled psychologists on an 'as needed' basis to affected people
- h. provide for information about other support services that can assist affected people
- i. facilitate communication and support among affected people as a means of social support
- j. provide for critical incident debriefing run by a neutral and trained expert where appropriate
- k. provide for a review of the Department's response to the critical incident
- l. provide for an evaluation of any actions to be implemented as part of the Department's response to the critical incident
- m. provide for any lessons from a review or an evaluation of the Department's response to the critical incident, to be shared with the Secretaries Board to further inform responses to critical incidents across the whole-of-government.

Lead Health Executive: Chief People Officer

Primary theme: Workforce expertise and capability

Secondary theme: Accountability and integrity

Child Safe Standard 10: Policies and procedures document how the organisation is safe for children and young people.

Recommended timeframe: By 1 July 2026

Completion status: In progress

Recommendation: 16.06

1. The Department of Health should increase the availability of forensic medical examination services for child victim-survivors of sexual abuse to ensure all child victim-survivors can access an examination with minimal delay. To achieve this, the Department should:
 - a. train existing adult sexual assault forensic medical examination services to examine child victim-survivors
 - b. ensure, in areas of Tasmania where no sexual assault forensic medical examination services exist, suitably qualified local health professionals are trained and supported to conduct forensic medical examinations for child sexual abuse.
2. At a minimum, the training should include:
 - c. an external, recognised qualification in forensic medical examinations
 - d. external recognised training in sexual abuse care for children.

Lead Health Executive: Deputy Secretary, Hospitals and Primary Care

Primary theme: Workforce expertise and capability

Secondary theme: Child safe cultures and awareness-raising

Child Safe Standard 7: Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.

Recommended timeframe: By 1 July 2026

Completion status: In progress

Phase 3 Recommendations - Long Term Priorities

Completion timeframe: 1 July 2029

Recommendation: 12.20

The Tasmanian Government should ensure:

- a. there are appropriate mechanisms and pathways for children in contact with the criminal justice system to be diverted to the mental health system for assessment and treatment
- b. the proposed Youth Forensic Mental Health Service provides timely referral and access to mental health treatment, care and support for children and young people when appropriate, whether they are under community-based supervision, in detention or not yet sentenced (including on remand)
- c. children and young people in detention have daily access to an onsite child and adolescent psychologist and fortnightly access to an onsite child and adolescent psychiatrist
- d. the proposed mental health inpatient unit for children and adolescents in Hobart provides for children and young people in detention.

Lead Health Executive: Deputy Secretary, Community, Mental Health and Wellbeing

Collaborating Agencies: Department of Justice, Department for Education, Children and Young People

Primary theme: Collaboration and integration

Secondary theme: Workforce expertise and capability

Child Safe Standard 8: Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

Recommended timeframe: By 1 July 2026

Variation timeframe: Long-term priority – by 1 July 2029

Completion status: In progress

Recommendation: 15.09

The Department of Health should require its health services to undertake regular and ongoing monitoring of children and young people's sense of safety in health services to inform continuous improvements to child safety, including in the safety of the physical environment.

Lead Health Executive: Chief Risk Officer

Primary theme: Prevention and protection

Secondary theme: Child safe cultures and awareness-raising

Child Safe Standard 3: Families and communities are informed and involved in promoting child safety and wellbeing

Recommended timeframe: By 1 July 2029

Completion status: In progress

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

In December 2022, the Governance Advisory Panel submitted the Child Safe Governance Review of the Launceston General Hospital and Human Resources report containing 92 recommendations. The LGH Community Recovery Initiative also submitted a report with further 8 recommendations which have been included in this schedule and are numbered 93-100.

CSG Review Recommendation	Responsible Health Executive	Completion status
<p>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:</p> <ul style="list-style-type: none"> 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. 	Chief Executive Hospitals North	Complete
<p>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.</p>	Chief People Officer	Complete
<p>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.</p>	Deputy Secretary Hospitals and Primary Care	Complete
<p>4. The Director of Allied Health sit at the second tier of the LGH executive structure.</p>	Chief Executive Hospitals North	Complete
<p>5. The Executive Director of Nursing position be retitled Executive Director Nursing and Midwifery to properly reflect its professional accountabilities.</p>	Chief Executive Hospitals North	Complete
<p>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.</p>	Deputy Secretary Hospitals and Primary Care	Complete

CSG Review Recommendation	Responsible Health Executive	Completion status
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.	Deputy Secretary Hospitals and Primary Care	In progress
8. A new Sub-Acute, Ambulatory and Community Care clinical stream be established in Hospitals North.	Deputy Secretary Hospitals and Primary Care	In progress
<p>9. A well-publicised Hospitals North internal governance and communication plan be developed that includes the following components:</p> <ul style="list-style-type: none"> 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. 	Chief Executive Hospitals North	Complete
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	Chief Executive Hospitals North	Complete

CSG Review Recommendation	Responsible Health Executive	Completion status
<p>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.</p>	Chief Executive Hospitals North	Complete
<p>12. The position of Director of Operations be re-titled to Executive Director of Performance and Operations and the position be revised:</p> <ul style="list-style-type: none"> 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. 	Chief Executive Hospitals North	Complete
<p>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.</p>	Chief Executive Hospitals North	Complete
<p>14. The Nursing Director Primary Health position be incorporated into the Sub-Acute, Ambulatory and Community Care clinical stream.</p>	Chief Executive Hospitals North	This recommendation will not be implemented as agreed with former GAP co-chairs
<p>15. New positions of Nursing Director/s and Clinical Director of Sub-Acute, Ambulatory and Community Care be created to manage the Sub-Acute,</p>	Chief Executive Hospitals North	In progress

CSG Review Recommendation	Responsible Health Executive	Completion status
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.	Chief Executive Hospitals North	Complete
17. Reporting templates are developed which provide executives and managers with regular performance reports (at least quarterly) on the operations of the Hospital.	Chief Executive Hospitals North	Complete
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.	Chief Executive Hospitals North	Complete
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.	Chief Executive Hospitals North	Complete
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.	Chief Executive Hospitals North	In progress
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.	Deputy Secretary Hospitals and Primary Care	Complete
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.	Chief People Officer	Complete

CSG Review Recommendation	Responsible Health Executive	Completion status
<p>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.</p>	Chief People Officer	Complete
<p>24. For those undertaking One Health leadership and management programs the Department of Health explore:</p> <ul style="list-style-type: none"> 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. 	Chief People Officer	Complete
<p>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.</p>	Chief People Officer	Complete
<p>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.</p>	Chief People Officer	Complete
<p>27. Baseline assessment results and corresponding local action plan/s be disseminated to all staff.</p>	Chief People Officer	Complete
<p>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</p>	Chief Executive Hospitals North	Complete

CSG Review Recommendation	Responsible Health Executive	Completion status
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.	Chief People Officer	Complete
30. Locally based HR Business Partners participate in and understand the enterprise risk management system, plans and other risk management activities of LGH.	Chief People Officer	In progress
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.	Chief People Officer	Complete
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.	Chief Executive Hospitals North	Complete
33. Given the split of the North and North West, a senior business partner for each locally based HR Business Partner team be established.	Chief People Officer	Complete
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.	Chief People Officer	In progress
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.	Chief People Officer	In progress
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.	Chief People Officer	Complete

CSG Review Recommendation	Responsible Health Executive	Completion status
<p>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:</p> <ul style="list-style-type: none"> 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. 	Chief People Officer	Complete
<p>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.</p>	Chief People Officer	Complete
<p>39. The new Human Resource Information System and new rostering system enable automatic notification of changes to health professional registration status by AHPRA.</p>	Project Director HRIS	Complete
<p>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.</p>	Chief People Officer	Complete
<p>41. Audits of staff records be undertaken to identify gaps in record keeping practice.</p>	Chief People Officer	Complete
<p>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).</p>	Deputy Secretary Community Mental Health and Wellbeing	Complete
<p>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</p>	Chief Executive Hospitals North	Complete

CSG Review Recommendation	Responsible Health Executive	Completion status
current arrangements. (Interim Recommendation – Approved by the Tasmanian Government on 30 September 2022).		
44. The key executive management responsibility for ensuring overseeing 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).	Secretary, Department of Health	Complete
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.	Deputy Secretary Community Mental Health and Wellbeing	Complete
46. Reports from the Child Safety Unit be routinely provided to the regular Hospitals North Executive meetings.	Deputy Secretary Community Mental Health and Wellbeing	Complete
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.	Chief Executive Hospitals North	Complete
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.	Chief People Officer	Complete
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.	Secretary, Department of Health	Complete
50. The Department of Health develop an online form for children and young people to report concerns about their safety (in real time).	Deputy Secretary Community Mental Health and Wellbeing	Complete

CSG Review Recommendation	Responsible Health Executive	Completion status
<p>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).</p>	<p>Deputy Secretary Community Mental Health and Wellbeing</p>	<p>Initial mandatory training of all staff completed by June 2023. Ongoing refresher training commenced in January 2024.</p>
<p>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.</p>	<p>Chief People Officer</p>	<p>Complete</p>
<p>53. All HR Business Partners complete Child Safety mandatory training by the end of February 2023.</p>	<p>Chief People Officer</p>	<p>Complete</p>
<p>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.</p>	<p>Deputy Secretary Community Mental Health and Wellbeing</p>	<p>Complete</p>
<p>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.</p>	<p>Deputy Secretary Community Mental Health and Wellbeing</p>	<p>Complete</p>
<p>56. Onboarding training for all new Tasmanian Health Service staff provide practical steps that frontline staff can take to safeguard children.</p>	<p>Deputy Secretary Community Mental Health and Wellbeing</p>	<p>Complete</p>
<p>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.</p>	<p>Chief Risk Officer</p>	<p>In progress</p>
<p>58. Statements of Duties for all Tasmanian Health positions, including those at the LGH and in Statewide Human Resource Services, include a statement</p>	<p>Chief People Officer</p>	<p>Complete</p>

CSG Review Recommendation	Responsible Health Executive	Completion status
<p>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.</p>		
<p>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.</p>	<p>Chief People Officer Chief Executive Hospitals North</p>	<p>Initial implementation of recommendation is complete and continues with an ongoing status</p>
<p>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.</p>	<p>Chief Executive Hospitals North</p>	<p>Complete</p>
<p>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).</p>	<p>Chief Information Officer</p>	<p>Complete</p>
<p>62. Family violence / sexual assault medical records should be secured with access provided only to approved clinicians. Access permissions should be audited regularly.</p>	<p>Chief Information Officer</p>	<p>Complete</p>
<p>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.</p>	<p>Deputy Secretary Clinical Quality Regulation and Accreditation in collaboration with Director, Office of the Secretary</p>	<p>Complete</p>
<p>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.</p>	<p>Deputy Secretary Hospitals and Primary Care</p>	<p>Complete</p>

CSG Review Recommendation	Responsible Health Executive	Completion status
<p>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.</p>	<p>Chief Executive Hospitals North in collaboration with Director, Office of the Secretary</p>	<p>Complete</p>
<p>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.</p>	<p>Director, Office of the Secretary in collaboration with the Chief People Officer</p>	<p>Complete</p>
<p>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.</p>	<p>Director, Office of the Secretary</p>	<p>Complete</p>
<p>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.</p>	<p>Director, Office of the Secretary</p>	<p>Complete</p>
<p>69. The feedback and complaints management framework for Tasmanian Health should ensure:</p> <ul style="list-style-type: none"> i. serious or complex reporting obligations are outlined – this will include but not be limited to: <ul style="list-style-type: none"> 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 	<p>Director, Office of the Secretary</p>	<p>Complete</p>

CSG Review Recommendation	Responsible Health Executive	Completion status
<ul style="list-style-type: none"> 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. 		
<p>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.</p>	Director, Office of the Secretary in collaboration with the Chief People Officer	Complete
<p>71. The Department provide training to all staff relevant to their role to uplift capability and embed roles and responsibilities for complaints resolution.</p>	Director, Office of the Secretary	Complete
<p>72. The Department explore and progress the delivery of technology upgrade projects to enhance end to end complaints management handling.</p>	Chief Information Officer in collaboration with Director, Office of the Secretary	In progress
<p>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.</p>	Chief Risk Officer	In progress

CSG Review Recommendation	Responsible Health Executive	Completion status
<p>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.</p>	<p>Chief Executives Hospitals North, North-West and South</p>	<p>Complete</p>
<p>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:</p> <ul style="list-style-type: none"> 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. 	<p>Chief Risk Officer</p>	<p>In progress</p>

CSG Review Recommendation	Responsible Health Executive	Completion status
<p>76. Tasmanian Health continue to build on organisation-wide incident management and investigation systems and:</p> <ul style="list-style-type: none"> 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. 	<p>Deputy Secretary Clinical Quality Regulation and Accreditation</p>	<p>Complete</p>
<p>77. Hospitals North participate in a staff Patient Safety Culture survey annually.</p>	<p>Chief Executive Hospitals North</p>	<p>Complete</p>
<p>78. Additional training / orientation be provided to understand incident reporting and open disclosure accountabilities and obligations.</p>	<p>Deputy Secretary Hospitals and Primary Care</p>	<p>Complete</p>
<p>79. Consideration be given to how clinical managers can be optimally supported to manage their SRLS workload.</p>	<p>Deputy Secretary Hospitals and Primary Care</p>	<p>Complete</p>
<p>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.</p>	<p>Chief Executive Hospitals North</p>	<p>Complete</p>
<p>81. An incident reporting and open disclosure communication strategy be developed and implemented by mid-2023.</p>	<p>Chief Executive Hospitals North</p>	<p>Complete</p>
<p>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.</p>	<p>Deputy Secretary Clinical Quality Regulation and Accreditation</p>	<p>Complete</p>
<p>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.</p>	<p>Deputy Secretary Clinical Quality Regulation and Accreditation</p>	<p>Complete</p>

CSG Review Recommendation	Responsible Health Executive	Completion status
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.	Director, Office of the Secretary	Complete
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.	Deputy Secretary Clinical Quality Regulation and Accreditation	Initial implementation of recommendation is complete and continues with an ongoing status
86. The responsibilities of staff for reporting information from the safety event management system be clearly documented including where the report should be lodged.	Deputy Secretary Clinical Quality Regulation and Accreditation	Complete
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.	Deputy Secretary Clinical Quality Regulation and Accreditation (Part a) Deputy Secretary Hospitals and Primary Care (Part b)	Complete
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.	Deputy Secretary Clinical Quality Regulation and Accreditation	Complete
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.	Chief Risk Officer	In progress
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.	Chief People Officer	Complete

CSG Review Recommendation	Responsible Health Executive	Completion status
91. There be independent oversight, including regular monitoring of progress, on the implementation of the outcomes of this Review.	Director, Office of the Secretary	Complete
92. An assessment of the resources that are required to effectively implement these recommendations be undertaken as an integral part of the implementation process.	Director, Office of the Secretary	Complete
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.	Deputy Secretary Hospitals and Primary Care	Complete
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.	Chief Executive Hospitals North	Complete
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.	Chief Executive Hospitals North	Initial implementation of recommendation is complete and continues with an ongoing status
96. Communicate regularly and transparently with staff. Have avenues for two-way communication.	Chief Executive Hospitals North	Initial implementation of recommendation is complete and continues with an ongoing status
97. Senior Managers visit workplaces regularly.	Chief Executive Hospitals North	Initial implementation of recommendation is complete and continues with an ongoing status
98. Minister and Secretary to visit LGH Childrens' ward at an appropriate time.	Chief Executive Hospitals North	Complete

CSG Review Recommendation	Responsible Health Executive	Completion status
<p>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.</p>	<p>Chief People Officer</p>	<p>Complete</p>
<p>100. The Co-Chairs of the LGH Community Recovery Initiative approach the Launceston City Council and the Launceston Chamber of Commerce to consider:</p> <ul style="list-style-type: none"> i. Welcome to Launceston City for annual intakes of student doctors and interns. ii. Celebration of significant events such as the completion of Nurse Practitioner course. iii. Consider placing representatives of the new senior management team on the invitee lists for special occasions. 	<p>Deputy Secretary Hospitals and Primary Care</p>	<p>Complete</p>



Department of **Health**
GPO Box 125
Hobart TAS 7001

1300 135 513

www.health.tas.gov.au