

The Hon Ryan Park MP

Minister for Health
Minister for Regional Health
Minister for the Illawarra and the South Coast



Your Ref: 2021/235863

Our Ref: COR24/16

The Hon. Michael Daley, MP
Attorney General
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Coronial inquest into the death of Ricky Hampson

Dear Attorney General

A handwritten signature in blue ink that reads "Michael".

I write in relation to the findings and recommendations made on 20 August 2024 by Deputy State Coroner Erin Kennedy in the inquest into the death of Ricky Hampson.

Ricky Hampson was a 36-year-old First Nations man, who died on 16 August 2021 at Dubbo, NSW, less than 24 hours after being discharged from Dubbo Base Hospital. His cause of death was a perforated duodenal ulcer. Deputy State Coroner Kennedy concluded that Mr Hampson's death was preventable, after hospital staff failure to diagnose and treat the duodenal ulcer and discharged him home.

On the 14 August 2021, Mr Hampson presented to Dubbo Base Hospital Emergency Department (ED) with severe abdominal pain. The ED consultant misdiagnosed Mr Hampson with Cannabinoid Hyperemesis Syndrome and Mr Hampson was administered morphine and the sedative Droperidol. He was discharged the morning of 15 August 2021. Mr Hampson was found unresponsive the next morning in his friend's home and declared deceased shortly thereafter.

Deputy State Coroner Kennedy found there were deficiencies in the care and treatment of Mr Hampson at Dubbo Hospital, including: missed diagnosis of duodenal ulcers, inappropriate diagnosis and treatment of cannabinoid hyperemesis syndrome, lack of medical review prior to a premature discharge, failure to undertake further imaging and lack of communication of abnormal vital signs.

While the Deputy State Coroner did not find evidence of specific racial bias contributing to Mr Hampson's death, her Honour noted Aboriginality was an important factor to consider in delivering healthcare.

The Deputy State Coroner made five recommendations to WNSWLHD and one recommendation to NSW Health. All recommendations are supported with implementation actions underway.

Recommendation 1 is supported by WNSWLHD, with actions underway

1. *That the Western NSW Local Health District (LHD) consider establishing a standing First Nations consultation and advisory group in liaison with the local Aboriginal community controlled health organisations, such as Dubbo Regional Aboriginal Health Service, to be consulted from time to time.*

The District supports the intent of this recommendation, advising on existing and planned actions:

- Continuing to engage, collaborate and seek advice on service planning and care delivery through established Aboriginal community engagement structures at a District level.
- Continue to seek advice from established First Nations consultation and advisory groups with service planning, design and delivery of culturally appropriate and competent health services for to address the health needs of Aboriginal people and communities within WNSWLHD's footprint.
- Memorandums of Understanding or partnership agreements are in place with local decision making bodies and a number of Aboriginal Community Controlled Health Services (ACCHS).
- Continued active engagement between the District and local community elders.
- The Director of Aboriginal Health, WNSWLHD, advises the District will review existing committees and engagement structures to ensure alignment with the recently published NSW Aboriginal Health Plan 2024-2034 and NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework (the Framework).

NSW Health actions underway to support this recommendation

- On 18 October 2024, the Health Secretary formally launched the NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework.
- The purpose of the Framework is to embed Aboriginal peoples at all levels of decision-making across the NSW Health system to improve health outcomes.
- This Framework coincides with the recent launch of the NSW Aboriginal Health Plan 2024-2034, providing a tangible way to consider and implement the vision of 'sharing power in system reform' to achieve the highest levels of health and wellbeing for Aboriginal people.
- The Aboriginal Health Plan aims to guiding how health systems are planned, delivered, and monitored by elevating the focus on Aboriginal expertise to drive shared decision-making and innovative collaborations, influencing the redesign of health services to achieve health equity, and provide direction for elimination of racism in all aspects of health care.
- Closing the Gap Priority Reforms are embedded throughout both documents.
- Both the Framework and the Aboriginal Health Plan were developed in close partnership with the Aboriginal Health and Medical Research Council of NSW and informed by voices of Aboriginal people across NSW Health. Framework consultation also included Aboriginal Community Controlled Health Sector, NSW Health Aboriginal Staff, Senior NSW Health Executives including Chief Executives and senior Aboriginal staff across government agencies.
- Implementation of the Framework has commenced with an initial session at the NSW Health Senior Executive Forum, attended by health executives from all local health districts and specialty health networks, including WNSWLHD, in September 2024.

Recommendation 2 is supported by WNSWLHD, with actions underway

2. *That the LHD refer its training programs to that consultation group for review and recommendation for revision or additional modules if required.*
- The District supports this recommendation and acknowledge the importance of collaboration with Aboriginal communities to develop meaningful and informed training programs.
 - The District advises the newly revised WNSWLHD *Respecting the Difference Training Program* was developed in collaboration with local Aboriginal communities across the District. The District will continue local community consultation and leverage existing collaborative partnerships in the development of such programs.

Recommendation 3 is supported by WNSWLHD, with actions underway

3. *That the LHD ensure that cultural induction and recurrent training to medical and nursing staff at Dubbo Base Hospital involve face to face engagement with First Nations people from the community of Dubbo and the wider catchment area for the LHD.*

- a. The LHD ensure that cultural induction training, including information specific to the local Aboriginal and Torres Strait Islander community, is provided to all medical and nursing staff who will be employed at the hospital for 6 weeks or more, including staff on a locum basis, as close to the start of their commencement as possible. This training should preferably include face to face engagement with Aboriginal and Torres Strait Islander people from the catchment area of the LHD.
- b. That the LHD consider whether recurring face to face training in the areas of cultural competence, responsiveness, awareness, humility and safety, can be provided to LHD staff regularly, preferably annually.
- c. That consideration be given to improving and enhancing mandatory training for staff in respect of:
 - i. why First Nations patients are a high-risk, vulnerable community;
 - ii. the scope of practice of Aboriginal Health Workers and Aboriginal Health Practitioners, including the ability of staff to make referrals to Aboriginal Health Workers and Practitioners; and
 - iii. how Aboriginal Health Workers and Practitioners can be integrated into the clinical practice of doctors and nurses to improve patient experiences.

The District supports the intent of this recommendation, outlining actions underway:

- Recent commencement of face-to-face training for the redesigned *Respecting the Difference* programme. Dubbo is being prioritised for completion.
- The District supports making annual refresher training available to staff, noting this may be impacted by staff availability and the cultural load on *Respecting the Difference* trainers.
- The District advises efforts will be made to provide training to all staff employed in WNSWLHD for six weeks or more, where this is practicable and achievable, noting staff availability and other practical logistics will mean that this will not always be able to be achieved.
- The District will continue to collaborate with local Aboriginal communities and encourage their participation in training, depending on local community member availability.

Advice sought from Workforce Planning and Talent Development Branch, NSW Ministry of Health

The Workforce Branch advise the following regarding *Respecting the Difference* training:

- Respecting the Difference: Aboriginal Cultural Training (PD2022_028) is an initiative set by Aboriginal Workforce and NSW Health. The program aims to significantly improve the health status of Aboriginal people and reverse impacts of racism as there is an immediate and ongoing need for organisations to provide more respectful, responsive and culturally sensitive services.
- In 2019, an evaluation report was delivered by independent consultants engaged by NSW Health to review the original *Respecting the Difference* training framework. The report found while training content was useful, there was limited change evident in practice.
- NSW Health engaged two Aboriginal consultants to review the framework for eLearning and face-to-face training. Following this, the refreshed *Respecting the Difference* program was launched on 19 August 2022 and included two components of **mandatory training**:
 - eLearning *Know the Difference* (2 hours)
 - Face-to-face *Be the Difference* (4 hours)
- The governing policy, Aboriginal Cultural Training (PD2022_028), confirms completion of this training is **mandatory for all NSW Health staff**, explicitly including all medical officers and Visiting Medical Officers.
- The policy directive mandates target completion rates are 90% for both components.

- A recent NSW Health Senior Executive Forum addressed by the Health Secretary and attended by the Deputy Secretaries and Chief Executives was dedicated to Aboriginal Health, including training, workforce challenges and opportunities to improve care for Aboriginal people.

Recommendation 4 is supported by WNSWLHD, with actions underway

4. *That consideration be given to including the following information as mandatory when documenting a plan of management as referred to in Appendices A and C to Local Operating Protocol D23/11137:*
 - a. *what outstanding investigations are to occur;*
 - b. *whether there is a need for medical review;*
 - c. *who is required to undertake the medical review; and*
 - d. *when the medical review should be conducted during the patient's stay.*

The District supports this recommendation, advising:

- The WNSWLHD Local Operating Protocol D23/11137, *Emergency Department Short Stay Unit* was updated following the Serious Adverse Event Review investigation that took place shortly after Mr Hampson's death.
- The updated Protocol has been in use at Dubbo Health Service since November 2023.
- The Protocol remains current, outlining the admission (including a documented provisional diagnosis and plan of management, any outstanding results, investigations, treatments or reviews that are required) and discharge process, including senior medical officer review prior to discharge for all patients admitted overnight to Dubbo Health Service's Short Stay Unit, within the ED.

Recommendation 5 is supported by WNSWLHD, with actions underway

5. *That consideration be given to amending Appendix B of Local Operating Protocol D23/11137 to say: "A discharge from the EDSSU must be approved by a senior medical officer."*

The District supports this recommendation, advising:

- The current Local Operating Protocol D23/11137, *Emergency Department Short Stay Unit*, specifies that in relation to discharge, "All patients admitted overnight in the EDSSU require review by a senior medical officer prior to discharge."
- The Protocol stipulates patients admitted to the ED Short Stay Unit must have a completed admission checklist signed by the admitting medical officer (a FACEM or delegate), and the senior nurse-in-charge.
- In relation to discharge, the Protocol mandates that patients must have a full set of vital observations documented within 1 hour of discharge, and patients must be provided with a completed Discharge Summary, prepared by a medical officer, before they are discharged.

Recommendation 6 was not directed to NSW Health

6. *That Dr Sokol Nushaj is referred to the Health Care Complaints Commission for investigation and review as to whether he engaged in unsatisfactory professional conduct under the Health Practitioner Regulation National Law (NSW) No 86a in relation to his treatment of Mr Hampson including the diagnosis of cannabinoid hyperemesis syndrome on 14 August 2021.*

Recommendation 7 is supported by NSW Ministry of Health, with actions underway

7. *That NSW Health consider whether it should amend NSW Health Policy Aboriginal and Torres Strait Islander – Recording of Information of Patients and Clients PD2012_042 to ensure that all medical and nursing clinicians are advised of the Aboriginal or Torres Strait Islander status of a patient to ensure that it is considered in the treatment of such patients.*

The Centre for Aboriginal Health are the author branch of the NSW Health policy directive *Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients* (PD2012_042). The Branch advised:

- The policy directive is currently under review by the Centre for Aboriginal Health. The amendment recommended by the Deputy State Coroner will be considered as part of the review.
- The Centre for Aboriginal Health agree NSW Health treating clinicians should be aware if a patient is Aboriginal and/or Torres Strait Islander to support treatment for the patient and ensure culturally safe care.
- The current policy directive PD2012_042 requires Aboriginal and/or Torres Strait Islander status to be recorded in a patient information system, which is available to all treating clinicians.
- The Centre for Aboriginal Health notes policy changes to improve identification of Aboriginal and/or Torres Strait Islander people will be strengthened by education and training, improved staff handover processes, etc.

NSW Health existing policy on clinical handover includes reference to Aboriginal status

- NSW Health's current policy directive *Clinical Handover* (PD2019_020) mandates key principles and minimum standards for NSW Health staff in patient care handovers, to enhance patient safety.
- The policy defines clinical handover as “the effective transfer of professional responsibility and accountability for some or all aspects of care for a patient/s to another person or professional group on a temporary or permanent basis.”
- The first of the seven key principles for safe and effective clinical handover in the policy directive is patient/family/carer involvement, including:
 - *Ensure there is a system for the **early identification of Aboriginal and Torres Strait Islander patients** and a process in place for including the Aboriginal Liaison Support Officer or Aboriginal Health Worker (where appropriate) (see PD2019_020, page 2).*

Actions to elevate Aboriginal Health across the NSW Health system

NSW Health is committed to improving the health outcomes for Aboriginal people and communities across NSW. As outlined by the Health Secretary in the launch of the NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework on 18 October 2024, it is the responsibility of all NSW Health staff to move beyond aspiring and towards achieving these results. Recent initiatives by NSW Health to improve Aboriginal health outcomes includes:

- Launch of the NSW Aboriginal Health Plan 2024-2034 on 26 August 2024.
- Launch of the NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework on 18 October 2024.

Governance

- The most senior Aboriginal Health executives in each local health district and specialty health network have been elevated to report directly to the Chief Executive.

Safety and culture policy guidance to support culturally safe high quality care

- *Aboriginal Cultural Training – Respecting the Difference*, NSW Health policy directive (PD2022_028), to assist increasing cultural competencies and promote greater understanding of the processes and protocols for delivering health services to Aboriginal people.
- *Communicating Positively: A Guide to Appropriate Aboriginal Terminology*, NSW Health guideline (GL2019_008) aims to support a culturally safe health system for Aboriginal patients, clients and staff. Information and guidance on appropriate word usage is given for collaborating with Aboriginal people and communities, and when developing policy and programs.

- *Aboriginal Cultural Activities Policy*, NSW Health policy directive ([PD2019_025](#)) provides a summary of cultural activities including Welcome to Country, Acknowledgment of Country, displaying flags and smoking ceremonies. Engagement in Aboriginal cultural activities ensure Aboriginal values, strengths and differences are recognised, respected and celebrated. All NSW Health staff are required to adhere to this policy and incorporate Aboriginal cultural activities into their business.
- *NSW Aboriginal Health Transformation Agenda* – outlines NSW Health’s response to the Priority Reform Areas from the National Agreement on Closing the Gap, the Agenda is a key strategic workplan for Aboriginal health across the NSW Health system.
- Establishment of an *Aboriginal Torres Strait Islander Patient and Community Serious Incident Review Sub Committee* in June 2024: in alignment with the *NSW Aboriginal Health Plan* and the National Closing the Gap Reform priorities, this Serious Incident Review sub-committee was established with majority Aboriginal membership. This sub-committee will review incidents involving Aboriginal and/or Torres Strait Islander patients to provide advice to the Clinical Risk Action Group (CRAG) on state-wide safety risks.
- Creation of an *Aboriginal Patient Safety Project Officer* position and *Aboriginal Patient Safety Project Support Officer* position within the Patient Safety Directorate, Clinical Excellence Commission (CEC). These two positions work closely together, provide expert advice in relation to clinical safety issues and have created extensive networks across NSW Health with a view to improving patient safety for Aboriginal people and communities.

Workforce

- *Aboriginal Workforce Composition*, NSW Health policy directive ([PD2023_046](#)), provides direction to local health districts and specialty health networks and other NSW Health organisations to grow and develop their Aboriginal Workforce. The policy sets out the Aboriginal workforce development priorities, targets and Key Performance Indicator's for NSW Health.
- *Aboriginal Talent Pool Creation*, NSW Health guideline ([GL2024_009](#)), establishes a standard practice to enable the implementation of talent pools which boost the recruitment and retention of Aboriginal and Torres Strait Islander people in the NSW Health workforce.

I trust this response affirms NSW Health’s commitment to continuous improvement and provision of safe, high-quality care for all people receiving care by the NSW health system.

For more information, please contact Joanne Edwards, Executive Director, System Management Branch, NSW Ministry of Health at moh-systemmanagementbranch@health.nsw.gov.au.

Yours sincerely



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CC: NSW Coroner’s Court

Encl. Coroner’s report – *Inquest into the death of Ricky Hampson*