

## Statement of Michael Sherring

**RFS-TAS-063**

Name	<b>MICHAEL ANTHONY SHERRING</b>
Address	C/Launceston General Hospital  274-280 Charles Street  Launceston in Tasmania
Position	Clinical Nurse Educator, Launceston General Hospital

1. This statement is made by me in response to RFS-TAS-063 (**'RFS'**), issued on 30 May 2022 by the President of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (the Commission), the Honourable Marcia Neave AO.
2. My name is Michael Sherring, and I am employed by the Department of Health (DoH) to work at the Launceston General Hospital (LGH) as a Clinical Nurse Educator.
3. I have held various roles whilst employed by the Department of Health. These roles are further described in this statement.

### **Background**

#### **Q1. When did you start working at Launceston General Hospital?**

4. I commenced work at the Launceston General Hospital in August 1990, transferring from, what was, the Mersey General Hospital where I had worked since February 1988.

#### **Q2. Outline the role(s) you have held at the Launceston General Hospital, including in respect of each role a brief description of:**

- (a) the duties and responsibilities of the role**
- (b) the period in which you held the role**

- (c) *whether the role still exists*
- (d) *which area/department of Launceston General Hospital the role operated or operates in*
- (e) *who reports to you and to whom you reported*
- (f) *whether you had any personal performance measures, key performance indicators of financial outcomes in relation to how you or your team responded to child sexual abuse, safeguard children or kept children safe, and*
- (g) *whether you held or were required as part of those roles to hold any qualification or credentials (including any registration to work with vulnerable people).*

5. The following is a list of all relevant roles I have occupied during my employment at the LGH:

- **October 2021 – Present:** *Clinical Nurse Educator - Transition to Practice, Nursing Services, Education and Training and Clinical Nurse Educator – Paediatrics, Women’s and Children’s Services* (see below for description of role) Department of Health, Hospitals North.
  - a) Responsible for co-ordinating recruitment and retention of new nursing staff through the Transition to Practice program Hospitals North, Maintaining training records to meet the required level of completion of the Transition Program and Planning, co-ordinating, evaluation of Education and Training for Graduate nurses enrolled in the transition program.
  - b) October 2021 – Present.
  - c) The roles are current.
  - d) As part of the Nursing Services Unit and as part of Women’s and Children’s Services.
  - e) No-one reports to me. I report to the Nursing Director Education and Training (previously to the Executive Director of Nursing) for Transition to Practice and to the Nursing Director Women’s and Children’s Services for my role in Paediatrics.
  - f) Nil performance measures for these topics for Transition to Practice. For Paediatrics – Mandatory Training records for all education and training including child safety education.
  - g) Working with Children Registration required while maintaining my part-time role in Paediatrics.

- **November 2008 – October 2021:** *Post Graduate Clinical Development Co-ordinator and Clinical Nurse Educator, Paediatric Unit, THO-N/ Clinical Academic, School of Nursing and Midwifery, University of Tasmania (until 2014).*
  - a) Responsible for clinical education and professional development for staff in the Paediatric unit, the Child and Adolescent Outpatient Unit (from 2012) and Project work.
  - b) November 2008 – October 2021.
  - c) The role is now only called Clinical Nurse Educator (since 2021).
  - d) Women's and Children's Services.
  - e) No-one reported to me. I reported to the Nursing Director, Women's and Children's Services.
  - f) Mandatory Training records for all education and training including child safety education.
  - g) Registration as a nurse and holds or working towards post graduate education Working with Children Registration since 2016.
  
- **July 2003 – November 2008:** *Post Graduate Clinical Development Co-ordinator and Paediatric Course Facilitator, Paediatric Unit, Launceston General Hospital and School of Nursing and Midwifery, University of Tasmania.*
  - a) Responsible for clinical education and professional development for staff in the Paediatric unit, Women's and Children's Services and Tasmanian Health Organisation - North. Responsible for clinical education and Curriculum development for the Graduate Certificate in Advanced Nursing Paediatrics until 2008 (School of Nursing and Midwifery, University of Tasmania) and Project work.
  - b) July 2003 – November 2008.
  - c) No - as above.
  - d) Women's and Children's Services.
  - e) No-one reported to me. I reported to the Nursing Director Women's and Children's Services.

f) Mandatory Training records for all education and training including Child safety education.

g) Registration as a nurse and holds or working towards post graduate education.

- **July 2001 – July 2003:** *Conjoint Appointment - Post Graduate Clinical Development Co-ordinator and Paediatric Course Facilitator/Co-ordinator, Paediatric Unit, Launceston General Hospital and The School of Nursing, University of Tasmania.*

a) As above.

b) July 2001 – July 2003.

c) No - as above.

d) Women's and Children's Services.

e) No-one reported to me. I reported to the Co-Director Women's and Children's Services.

f) Mandatory Training records for all education and training including Child safety education.

g) Registration as a nurse and holds or working towards post graduate education.

- **July 2000 – June 2001:** *Post Graduate Clinical Development Co-ordinator and Paediatric Course Facilitator, The School of Nursing, University of Tasmania and Launceston General Hospital.*

a) As above.

b) July 2000 - June 2001.

c) No - as above.

d) Women's and Children's Services.

e) No-one reported to me. I reported to the Co-Director Women's and Children's Services.

f) Mandatory Training records for all education and training including Child safety education.

g) Registration as a nurse and holds or working towards post graduate education.

**Q3. Outline any other qualifications you hold that are relevant to the role(s) you have held at Launceston General Hospital.**

6. I hold the following qualifications:

- a) Registered Nurse, Royal Alexandra Hospital for Children, Camperdown, Sydney - 1983
- b) Paediatric Nursing Certificate, Royal Alexandra Hospital for Children, Camperdown Sydney - 1986
- c) Orthopaedic Nursing Certificate, NSW College of Nursing - 1988
- d) Bachelor of Nursing, Deakin University – 1992
- e) Master of Nursing, University of Tasmania – 1997
- f) Teaching (Stand-alone Unit), University of Tasmania – 2004
- g) Resus4Kids Trainer – 2015
- h) Safewards Trainer – 2018
- i) Working with Children Registration since introduced in 2016. I have met all conviction checks during employment when required.

**Q4. If you no longer work at Launceston General Hospital, but continue to work within the Tasmanian Health Service or Department of Health, please state your current role and provide a brief description of the duties and responsibilities in that role**

- 7. I continue to work at the Launceston General Hospital.

#### **Education and training**

**Q5. Identify whether, at any time during the course of your employment at Launceston General Hospital, you were offered, received, delivered or were involved in delivering training in one or more of the following areas:**

- 8. During 2021, I provided education sessions around safe practices with children for the Department of Surgery. This included the Orthopaedic Clinic, Ward 5B, Short Stay Surgical unit and the Operating room suite. These sessions addressed a number of concerns around working safely with children, consent issues, chaperoning behaviours and working with young people and their families. This covers elements of a), c), e), g) and h) below.

31/3/2021 Orthopaedic clinic

- (i) Nursing staff, plaster technicians
- (ii) Voluntary
- (iii) Once
- (iv) As above
- (v) Arranged via the Nurse Unit Manager and Nursing Director Department of Surgery

21/4/2021 and 4/5/2021 Ward 5B Orthopaedic

- (i) Nursing staff,
- (ii) Voluntary
- (iii) Once
- (iv) As above
- (v) Arranged via the Nurse Unit Manager and Nursing Director Department of Surgery

27/4/2021 Short Stay Surgical Unit

- (i) Nursing staff, plaster technicians
- (ii) Voluntary
- (iii) Once
- (iv) As above
- (v) Arranged via the Nurse Unit Manager and Nursing Director Department of Surgery

6/5/2021 Operating Room Suite

- (i) Nursing staff, plaster technicians
- (ii) Voluntary
- (iii) Once
- (iv) As above
- (v) Arranged via the Clinical Nurse Educators (ORS) and Nursing Director Department of Surgery

***a) mandatory reporting notifications and related information sharing***

***Orientation***

9. Orientation for new staff at the LGH is typically delivered by myself, a delegate or the Nurse Unit Manager.
10. Orientation packs for new staff have always carried information regarding Child Safety, Mandatory reporting and Professional Boundaries and Social Media use. Over time this has been presented in printed and electronic forms (initially on USB and subsequently via email)

supplemented by verbal discussion with either the Nurse Unit Manager, Clinical Nurse Educator or their proxy. This applies to all nursing staff, including undergraduates and Nursing Pool staff. It also applies to all support staff, including Hospital Aides, Administrative staff and, during the period in question, Play Therapy staff. These verbal discussions, for University undergraduates, are usually also attended by their Facilitator.

- I 1. The verbal discussion covers safety culture, reporting concerns, child protection issues, social media use and appropriate Professional boundaries with reference to the relevant NMBA documents and local policies, procedures and guidelines.
- I 2. Below are the details of a new staff orientation presentation for new Ward 4K staff that I prepared:

October 2021 - New staff orientation

- (i) New staff orientating to Ward 4K
- (ii) Required
- (iii) Once
- (iv) Strong Families, Safe Kids, Safety Culture, Child protection reporting, safety and clinical practice
- (v) Presentation prepared by myself and reviewed by 4K CNE

### ***Mandatory Training***

- I 3. Child Safety issues have been a core part of Mandatory WACS training for nurses and midwives during the relevant period and earlier. The education tools used have varied during that time and have been guided by various iterations of Mandatory Education, Training and Assessment Policies and Guidelines (Attachment 1). The focus on this was recognising the types of abuse, signs and risk factors that might lead staff to suspect abuse and pathways for responding including reporting and intervention options available.
- I 4. Initially we used a Victorian training guide, which is now redundant. This outlined their 2 tier child safety structure, similar to the Tasmanian model when Child Safety operated as dual tier service with Gateway. In clinical practice we related the two models but the core theoretical components relating to identification and mandatory reporting were consistent. The learning module had questions based on content interspersed throughout the package.

15. In 2014, we moved to utilising a local produced document published by Women's and Children's Services in conjunction with Child Protection Services, Gateway, Child Health and Parenting Service, Department of Emergency Medicine and the Social Work Department (LGH). I have attached the document which covers Services involved, Mandatory Reporting, Information sharing, Unborn Baby concerns and Concerns for children presenting to Emergency as was written specifically for the clinical context of Acute Care (Attachment 2).
16. This was mandatory reading for all nursing staff working within Paediatrics from 2014 until the Child Safety Service structure changed.
17. Following that, during the updates to the Mandatory Education and Training (META) Policy (2019) WACS have utilised a fact sheet on Mandatory reporting. This document has now been replaced by the Fact Sheet (Attachment 3) with references to the Commission of Inquiry.
  - (i) All staff received this document on commencement or at introduction of the change in training. Assessment of this was staff stating they had read the document
  - (ii) Mandatory
  - (iii) Commencement and with updates
  - (iv) See documents provided
  - (v) Facilitated distribution and recorded completion – completion submitted to ProAct database as part of regular reporting under current requirements at time of reporting. Facilitated discussion with staff where questions are raised or clinical scenarios arise. Consultation with Child Safety Liaison Officer (CSLO) also available.

***Graduate Certificate in Nursing (Paediatrics) Pre-2007***

18. These topics were covered in the Professional Issues and Child protection components of the post graduate course pre 2007. I do not know how these topics are covered during the equivalent course run by UTAS since 2007.
  - (i) Students of Post Graduate Certificate in Nursing (Paediatrics) University of Tasmania
  - (ii) Voluntary
  - (iii) Once
  - (iv) Mandatory reporting, notifications and information sharing related to same. Course Outlines for 2001-2002, when Mr Griffin completed, are attached - Paediatric Nursing



- Practice B (Attachment 4), Paediatric Nursing Studies B (Attachment 5), Paediatric Nursing Practice A (Attachment 6) and Paediatric Nursing Studies A (Attachment 7)
- (v) Unit developed by me and [REDACTED] Adjunct Associate Professor, School of Health Sciences, University of Tasmania) and via [REDACTED] (School of Nursing University of Tasmania)

### ***WACS Professional Development Days***

19. As part of my role as Clinical Nurse Educator, I also arranged the following training and education sessions for WACS staff at the LGH:

#### **2018 WACS Professional Development Day - Child Safety Services**

- (i) As above
- (ii) Mandatory – all staff rostered through year
- (iii) As above
- (iv) Overview of child safety services and processes including mandatory reporting
- (v) [REDACTED] – Child Safety Liaison Officer

#### **2015 WACS Professional Development Day - Vulnerable Child**

- (i) As above
- (ii) Mandatory
- (iii) As above
- (iv) Discussion around attached document, 'A manual for working with vulnerable children and their families' (Attachment 2), which was produced for education and training purposes in WACS at LGH.
- (v) Presented by [REDACTED] Clinical Midwifery Educator (CME) or delegate CME/CNE during the year – arranged through WACS Education and Training Group

20. Whilst conducting searches to refresh my memory on training that I have assisted to deliver, I discovered that pre-2011 data was unavailable. I recall delivering training pre-2011, however, without that data I am unable to accurately specify the detail of those sessions.

### ***Ward In-services***

21. Education records held by the LGH indicated additional training during this period around child safety issues. My various roles have included arranging the following training sessions to be delivered by subject experts and/or clinicians:

23/8/2005 - Child Abuse and Safe at Home.

- (i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service session on ward
- (iv) No documentation available
- (v) Presenter not recorded

4/7/2005 and 11/7/2005 - Child Services.

- (i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service sessions on ward
- (iv) No documentation available
- (v) Presenter not recorded

12/6/2007 - Effects of Child Abuse.

- (i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service
- (iv) No documentation available
- (v) [REDACTED] from Child Safety services

23/6/2010 Child Abuse – Case Study

- (i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service
- (iv) No documentation available
- (v) Presenter not recorded

14/12/2015 – Domestic Violence and SAFE

- (i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service
- (iv) No documentation available
- (v) [REDACTED] RN 4K

1/5/2017 - Child Safety Services CSLO role

- (i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service
- (iv) No documentation available
- (v) [REDACTED] Child Safety Liaison Officer

14/6/2017 – Impact of domestic violence

- (i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service
- (iv) No documentation available
- (v) [REDACTED] Social Work LGH

19/7/2018 – Baptcare

- (i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service
- (iv) No documentation available
- (v) [REDACTED] - Baptcare

27/2/2020, 28/2/2020 and 3/3/2020 – Enterprising Aardvark

- i) Nursing staff Ward 4K
- (ii) Voluntary but all staff offered the opportunity and encouraged to attend and supported to attend in paid time – 95% of staff attended
- (iii) In-service
- (iv) Grooming behaviours, impact on workplace of such disclosures and responses
- (v) Enterprising Aardvark Workers co-ordinated through the office of the Nursing Director Women's and Children's services

6/5/2021 - Women's Legal Service

- i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service
- (iv) Access and services provided
- (v) [REDACTED] Social Work LGH

## 12/5/2021 - Commission of Inquiry

- i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service
- (iv) No documentation available
- (v) Emily [REDACTED] from ANMF

## 3/6/2021 and 16/6/2021 – Trauma Informed Care

- (i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service
- (iv) Trauma informed care, Adverse Childhood Events
- (v) [REDACTED] – Social Work

## 16/7/2021 and 23/7/2021 – Child Safety Liaison Officer

- (i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service
- (iv) Role of CSLO and referral pathways
- (v) [REDACTED] CSLO

## 23/9/2021 – Family support services

- (i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service
- (iv) No documentation available
- (v) Social Work LGH

## 7/12/2021 – Women's Legal Service

- i) Nursing staff Ward 4K
- (ii) Voluntary
- (iii) In-service
- (iv) Access and services provided
- (v) Social Work LGH

**b) Voluntary reporting and notifications**

22. No specific education is recorded. This topic is part of Australian Health Practitioner Regulation Agency (AHPRA) and Nursing and Midwifery Board of Australia (NMBA) documents required to be understood by all nurses at initial registration and on annual renewals. Some of this will have been covered in sessions listed in the next 3 sections (Q5(c), Q5(d) and Q5(e)).

**c) Professional conduct in the workplace/codes of conduct**

**Orientation**

23. Orientation packs for new staff have always carried information regarding child safety, mandatory reporting and professional boundaries. This information applies to all nursing staff, including undergraduates and Nursing Pool staff. It also applies to all support staff, including Hospital Aides, Administrative staff and, during the period in question, Play Therapy staff. I have attached a copy of the Professional boundary guidelines (Attachment 8) for nursing and midwifery staff working with children, young people and their families used as part of the Orientation pack from 2009-2015. This document was developed as a result of the response to the 2009 letter of concern from [REDACTED] related to Mr Griffin (TDOH.0004.0052.0035-0009 - Attachment 20).
24. The Professional boundaries guidelines document (Attachment 8) was not renewed after 2015 following a review by the Nursing Midwifery senior nurses team as the subject matter was covered in NMBA documents.
- (i) Nursing and Midwifery staff LGH
  - (ii) Mandatory
  - (iii) On commencement
  - (iv) As per attached document (Attachment 8)
  - (v) I was the author of the document with approval and review chain as documented. This was a consultative development as per the directions contained in the documents TDOH.0004.0052.0035-0009 and TDOH.0004.0052.0035-0010 (Attachment 20)

**Graduate Certificate in Nursing (Paediatrics) Pre-2007**

25. These topics were covered in the Professional Issues/ Law and Ethics component of the post graduate course pre-2007 (see Course outlines attached under 5(a) above for details of

2001-2002 course – Attachments 4-7). Course Outlines for other years are available but content remained similar with updates.

- (i) Students of Post Graduate Certificate in Nursing (Paediatrics) University of Tasmania
- (ii) Voluntary
- (iii) Once
- (iv) Professional boundaries – identifying and managing risks
- (v) Unit developed by myself and [REDACTED] (Post Graduate course facilitator South) for the University of Tasmania School of Nursing and then School of Nursing and Midwifery.

### ***Mandatory Training***

26. This area has been covered in various ways over the period in question. Most recently the Human Resource Essentials package available as a Mandatory Training through the THEO portal covers the areas of Code of Conduct and Integrity, including Professional Boundaries. These packages have been made available to all staff through the Tasmanian Health Education Online Portal (THEO).

### ***AHPRA and Nursing and Midwifery Board of Australia (NMBA) - Nursing Registration Requirements***

27. All nurses are required to have an understanding of the documents associated with their Registration as Health Professionals. This includes the Policies, Professional Standards and Guidelines published by the Board. This includes, but is not limited to, the NMBA Code of Conduct for Nurses (Attachment 9), the NMBA Enrolled Nurse Standards of Practice (Attachment 10), the NMBA Registered Nurse Standards of Practice (Attachment 11) and the ICN Code of Ethics for Nurses (Attachment 12).
28. I have no knowledge of the specific content in these areas covered as part of undergraduate education via the University of Tasmania or other Universities in Australia.

### ***Delivered Education***

#### ***WACS Professional Development Days***

29. As part of the WACS Education, Training and Learning Group I helped arrange and/or deliver the following training and education sessions for WACS staff:

#### 2021 Human Resources – Positive Workplaces

- (i) To WACS staff – RNs, Midwives
- (ii) Mandatory
- (iii) Part of annual Professional Development Day for all WACS staff
- (iv) Code of conduct, Professional Boundaries
- (v) [REDACTED] Human Resource Consultant, LGH

#### 2021 Human Resources – Positive Workplaces

- (i) To WACS staff – RNs, Midwives
- (ii) Mandatory
- (iii) Part of annual Professional Development Day for all WACS staff
- (iv) Code of conduct, Professional Boundaries
- (v) Various Presenters from Human Resource Unit, LGH

#### 2019 Human Resources – Professional Issues

- (i) To WACS staff – RNs, Midwives
- (ii) Mandatory
- (iii) Part of annual Professional Development Day for all WACS staff
- (iv) Code of conduct, Professional Boundaries
- (v) Mat Harvey, Human Resource Consultant, LGH

#### **Ward In-services**

30. I arranged training on professional boundaries for Ward 4K staff on the following dates:  
10/3/2009, 12/3/2009, 17/3/2009, 20/3/2009 and 30/3/2009.

- (i) Nursing staff Ward 4K
- (ii) Voluntary – but multiple sessions run to enable as many staff to attend as possible. This information was also shared through Unit Meetings
- (iii) Ward in-service – part of response to complaint regarding Mr Griffin and CAMHS concerns
- (iv) Content not recorded but would have been part of the response to the 2009 issues of concern raised by CAMHS in relation to Mr Griffin (TDOH.0004.0052.0035 - Attachment 20). This was arranged in conjunction with the Paediatric nursing management team and Human Resources team at the LGH
- (v) Human resources Team, LGH

31. Other training and education sessions that I arranged for Ward 4K staff include:

28/5/2010 - Commissioner's Direction No I

- (i) Nursing staff 4K
- (ii) Voluntary
- (iii) Ward in-service
- (iv) Employment processes – Merit and due process
- (v) Human Resources – presenter not identified

4/7/2012 - Integrity Commission

- (i) Grade 6 Nurses 4K
- (ii) Required
- (iii) Information session
- (iv) Content not recorded
- (v) Presenter not recorded

6/7/2015 - Recruitment processes

- (i) Nursing staff 4K
- (ii) Voluntary
- (iii) In-service
- (iv) Outline of recruitment processes, merit based selection
- (v) James Bellinger, Human Resources Manager

9/10/2017 – Workplace Diversity

- (i) Nursing staff 4K
- (ii) Voluntary
- (iii) In-service
- (iv) Content not recorded
- (v) Mat Harvey Human Resources Consultant

**d) reporting misconduct or potential misconduct of staff members**

32. See response to Q5 part c).

**e) professional boundaries with patients**

33. See response to Q5 part c).



**f) informed consent processes for paediatric patients and their parents/guardians**

**WACS Pool**

34. I delivered training in June 2017, March 2018, March 2019, February 2020 and November 2020 to the WACS Pool. The WACS Pool is a group of staff who have nominated an interest in further education, training and orientation to the areas of 4K and 4N for coverage of roster shortages due to acuity or sick leave. This is a subset of the generic nursing pool for roster coverage in the LGH. The aim of the project is to ensure staff have familiarity with the major components of paediatric care in both 4K and 4N and are also provided with the standard orientation materials described elsewhere regarding child safety issues.

- (i) Staff orientating to WACS Pool
- (ii) Voluntary – Pool nursing staff wanting to develop additional skills in paediatrics
- (iii) Once
- (iv) Informed consent, mature minor, policy and protocol, referral pathways for complex issues within the LGH
- (v) Presentation prepared by myself and reviewed by 4N CNE

**Orientation**

35. Consent is discussed as above with all new cohorts of staff.

36. Consent is identified as a learning goal in the Nursing Competency matrix shared with all staff through Orientation:

October 2021 - New staff orientation

- (i) New staff orientating to Ward 4K
- (ii) Voluntary
- (iii) Once
- (iv) Informed consent, mature minor, policy and protocol, referral pathways for complex consent issues within the LGH
- (v) Presentation prepared by myself and reviewed by 4N CNE

**Clinical Education**

37. Consent is covered as part of discussions around a variety of other topics, including, but not limited to:

- Procedures including procedural sedation
- Voluntary Mental Health care and care under the *Mental Health Act*

- Searches
- Elective surgery
- Referral for complex consent issues
- Child Protection orders; and
- Guardianship.

***g) chaperoning or guidance relating to intimate care for paediatric patients***

38. As far as I am aware, there is no formal mandatory training component relating to this topic in THS. No specific paediatric policy related to chaperoning exists, but children are identified as one of a group of higher risk patients. The Policy Chaperone – Intimate Examinations is attached (Attachment 13) and is currently under review. Chaperones are discussed as part of general orientation and in relation to specific client contexts. Chaperoning for procedural care has increasingly become part of discussions around models of care and clinical practice both before and especially after July 2019. Families of children are welcomed to stay with patients and this a core tenet of Paediatric Health Care. Facilities are provided to facilitate parents/carers staying with children, including but not limited to, bathroom facilities, toilets, lounge area and meal access. Negotiating care and working with families is central to this aspect of nursing practice.
39. Reviews of models of clinical support for intimate procedures reviewed through 2020/21 led by nursing staff on Ward 4K. This has occurred, as part of wider work, across a variety of forums including Unit Meetings, focus group meetings and through the developments emerging from the Leadership and Change Management Project conducted through 2021 with all staff. This has also included a greater focus on communication and involvement of young people, children and their families and the strategies to support this.
40. Since 2000, the ward has used a Practice Partnership model of nursing care to provide greater clinical support for staff. I have attached a copy of the information given to new staff around this (Attachment 14). The model helped move away from a fully individual nurse/patient allocation model to a negotiated care model that would facilitate individual patient allocation, team nursing models, clinical education support and supported care. This also helped increase the visibility of nursing care delivery amongst clinicians.

***h) provision of health care to a paediatric patient with a disability***

41. No formal training. This is treated on an individual basis in clinical context dependent on care needs, communication tools and parent involvement.

42. There is now a Paediatric Rehabilitation module on THEO (last 12 months only) for nursing staff. Paediatric Rehabilitation is a growing service area in Tasmania with the development of the Tasmanian Paediatric Rehabilitation Service. This service has developed as a model of care through collaboration between service providers both inside and outside the Department of Health and Families of children with disabilities.

43. Some ad hoc training for communicating with children with Autism has also been provided over time. Specific communication tools used by children with disabilities is attended as needed.

**i) *complaint and grievance processes when the complaint was made by a family member of a patient***

44. See above b), c), d) and e) for a discussion of human resources support.

45. Training is available regarding the Safety Reporting and Learning System (SRLS) via the THEO portal.

46. Care Call Training – Care Call project rolled out with education for staff over the last 2 years. This is a hospital wide project providing patients and families and avenue of seeking help if concerned for themselves or family member.

- (i) All staff
- (ii) Mandatory
- (iii) Once and as updated
- (iv) Care Call Processes
- (v) Hospital wide program through Quality and Safety

**j) *complaint and grievance processes when the complaint was made by a staff member***

47. See above b), c), d) and e) above for discussion of Human Resources support.

48. Training is available regarding the Safety Reporting and Learning System (SRLS) via the THEO portal.

**k) *identifying, reporting and responding to child sexual abuse, including grooming behaviours and child exploitation material***

49. As covered in a) above.
50. Sessions with Enterprising Aardvark March 2020 provided information on grooming behaviours, predator behaviours and the effects of child sexual abuse within workplaces.
51. Child Safe Organisations Project developing framework for education with Childwise – strong focus on child safety across all areas especially within institutions and reporting processes. CSOP are developing this in conjunction with clinical staff and other stakeholders for relevance to local settings.
52. Discussions with all new staff, permanent or temporary about safety culture, reporting or raising concerns, professional boundaries and appropriate interactions with children and families. This includes undergraduate student nurses on placement.

***l) storing and dispensing of controlled drugs***

53. Medication Management Safety Committee (MMSC) reviews all Policies, procedures and guidelines for Medication Management including S8 and other restricted drug policies during that time. I have been a member of the MMSC since 2000 and have also participated in S8 and S4 medication audits. Results are communicated to clinical staff via Unit Meetings as are SRLS data or other issues with medication storage. All new staff complete medication assessments in paediatrics and receive medication risk information and paediatric specific medication information. All staff are required to be familiar with Policies, Procedures and guidelines related to Medication management.
54. All staff are required to complete the National Inpatient Medication Chart (NIMC) training, including the Paediatric module once every three years and a medication assessment yearly in between. NIMC training is via a nationally based learning platform through NPS Medicinewise at <https://www.nps.org.au/>. Links are via the THEO portal.
  - (i) All clinical staff depending on role
  - (ii) Mandatory
  - (iii) 3 yearly with yearly reviews. More frequently if performance management indicates
  - (iv) As per learning portal
  - (v) No involvement with design or program. Was a member of MMSC who approved pathway for training

**m) record keeping and information management as it relates to either:**

**(i) Storing auditing and dispensing of drugs**

**(ii) Recording complaints or grievances made by either staff, patients or family members**

**(iii) The Safety Reporting and Learning System**

55. Medication management and training as above and including SRLS training in THEO is mandatory for all new staff. In addition, senior, experienced staff will assist staff when completing and SRLS if requested. Submitted SRLS are reviewed by senior nursing staff and are accessible to NUM, CNE and Practice Development Nurses as well as Nursing Directors. Approval may be given for individual access to others depending on the type of event. Medication errors are also accessible to the Medication Safety Unit.

56. Auditing of S8 and S4 medications is done on a regular basis and the results fed to the MMSC, Pharmacy and ward via Unit Meetings and Unit Meeting minutes. Discrepancies are reported through MMSC or appropriate channels.

57. See attached the Schedule 8 and Declared Schedule 4 Medicines Management Policy (Attachment 15) and the Control and Use of Schedule 8 (S8) and Declared Schedule 4 (S4D) Substances Protocol (Attachment 16) for more information.

**Q6. Outline your role (if any) in developing and/or approving the training identified in your answer to paragraph 5.**

58. For WACS Professional Development Days, all training was approved and co-ordinated by the WACS Education and Training group consisting of the Clinical Nurse Educators (CNEs) and Clinical Midwifery Educators (CMEs), Practice Development Nurses (PDN), Lactation Consultants and reviewed by the senior nurses group (Nursing Director, NUMs, CNE/CMEs, Lactation consultants) at the first session of the year.

59. Orientation materials were reviewed by the CNE, and where for use in a broader clinical space other CNEs or CMEs.

60. Mandatory Training for the Tasmanian Health Service (now Dept of Health) is determined by the Mandatory Education, Training and Assessment Policy PI7/000581 2019 (Attachment 17) and previous versions of the document. None of the identified topic areas for the Commission fall into the Mandatory training sphere of the Policy.

61. The Policy however sets out that 'staff will undertake education, training and assessment relevant to their role' and that 'Department/Services are responsible for determining these Mandatories and documenting them in a Protocol'. Approval for all assessment criteria for department/service criteria rest with the leadership team – for WACS this is the Nursing and Midwifery Leadership Group via the Education and Training group and through the Paediatric Management Committee (where applicable). Some areas of training require other input. I have also attached the Schedule of mandatory education, training and assessment for nurses, midwives and operational staff in WACS for further information (Attachment 18).
62. Sources of training vary, from externally sourced packages, internally sourced training or already available through the THEO portal.
63. Individual ward sessions are developed in consultation with service specialists or developed by the CNE through literature review, current clinical practice consultation with service specialists, clinical resources, Practice guidelines from tertiary clinical facilities (e.g. Royal Hobart or Royal Children's Melbourne) or consultation with national networks of paediatric specialists (e.g. Children's Healthcare Australia, Australian Confederation of Children's Young Peoples Nurses).
64. A full list of my roles in developing and/or approving the training identified in Q5 is as follows:
- 5a) Mandatory Reporting – external document
  - 5b) Voluntary Reporting – Information contained in NMBA Codes of Conduct and Reporting documents
  - 5c) Professional Conduct – developed by Human Resources team
  - 5d) Reporting Misconduct – as above
  - 5e) Professional Boundaries – as above
  - 5f) Consent presentation – developed by me and reviewed by CNE 4N
  - 5g) chaperoning – nil
  - 5h) Disability – nil
  - 5i) Complaint by patient/family – Care call/ Human Resources
  - 5j) complaint by staff – Human Resources
  - 5k) Child sexual abuse – external provider
  - 5l) storing dispensing drugs – Member of MMSC representing WACS and in the last year, Paediatrics. MMSC co-ordinate this area in conjunction with state-wide Medication Safety Committees, the Medication Safety Unit and relevant clinicians

5m) record keeping related to storing auditing dispensing drugs/ recording complaints/SRLS as above

**Q7. How did you determine the competence of nursing staff in relation to the training you provided in your answer to paragraph 5? Include in your answer any key indicators or tools that you would use to undertake any competency assessments.**

65. With the exception of medication management, no competence based tools were attached to any of the other areas identified in Q5. There are competency based tools developed for a number of areas of clinical practice across the Agency, but not for the areas identified. Please see attached the Medication Management Assessment tool for further information (Attachment 19).

**Q8. If you gave or received feedback on the adequacy or otherwise of the training mentioned in your response to paragraph 5, provide a summary of the feedback that you gave or received (and to whom or by whom it was given) and any steps that were taken in response to or as a result of the feedback.**

66. A summary of the feedback I have received on the adequacy of the training I have provided is as follows:

- Human Resources Professional Development Day (PDD) - Feedback good overall – very good to excellent
- Child Protection PDD - Well received – overall rating very good
- Trauma Informed Care WACS PDD - Rated Excellent by almost all participants
- Consent for WACS Pool - Consistently rated excellent and a highlight of the training
- Ward staff orientations - Child Safety - Good to excellent
- Trauma Informed Care - Excellent ratings

**Q9. Outline your role (if any) in developing and/or approving the development of policies, procedures, codes or guidelines in relation to the topic areas listed in paragraph 5.**

67. I authored the Professional Boundaries Guideline document that was a result of the 2009 incident identified above and included in Orientation packs between 2009 and 2015. This was approved through the Paediatric Quality and Clinical Improvement Nurse, NUM and Co-Director Women's and Children's Services and the standard Quality approval chain.

68. Other locally developed policies, procedures, codes and guidelines approved in relation to the topics under discussion would have been approved through one or more of a number of Groups (WACS Nursing and Midwifery Group, Paediatric Management Committee, WACS Education and Training Group) or would have been approved at a higher level locally or approved for state-wide use.

***Q10. How did you determine the competence of nursing staff to comply with the policies, procedures, codes or guidelines in relation to the topic areas listed in paragraph 5? Include in your answer any key indicators or tools that you would use to undertake any competency assessments.***

69. There is no formal approach to competence assessments within the policies, procedures, codes and guidelines that have been identified. We would address incidents through a formal pathway where an incident occurs. For example, when medication is administered by nursing staff there are measures of competency and capacity determined by individual tools, but not within the policies and guidelines themselves.

**James Griffin**

***Q11. Have you ever worked with Mr Griffin and if so, in what capacity?***

70. I was the Educator on Ward 4K during the time of Mr Griffin's employment since he commenced in the Graduate Certificate in Nursing (Paediatrics) in 2001-2002.

***Q12. How would you describe your relationship with Mr Griffin?***

71. My relationship with Mr Griffin was entirely professional and work based.

***Q13. Describe any contact you had with Mr Griffin outside of work, including email contact that was not related to work.***

72. Apart from the occasional work based social event, I had no contact with Mr Griffin outside the workplace, including email or social media.



**Q14. Did you have knowledge of or observe Mr Griffin doing any of the following during the Relevant Period:**

**a) Engaging in any misconduct (including child sexual abuse)**

73. No.

**b) Overstepping professional boundaries (including hugging or non-care related touching) with paediatric patients**

74. Yes, see below a combined answer to Q14 and Q15 relating to two separate incidents involving Mr Griffin:

I 5a/b) I am aware of an incident that according to TDOH.0004.0052.0034-0001 (Attachment 21) occurred in October 2005. The incident involved Mr Griffin being witnessed kissing a child on the head by the mother of another patient.

I 5c) Request from Nurse Unit manager to discuss Professional Boundaries and behaviour with Mr Griffin, including associations, care provision and boundaries related to gender issues (TDOH.0004.0052.0034-0003).

I 5d) Yes, I was concerned as the behaviours were outside acceptable professional boundaries guidelines.

I 5e) My response is contained in TDOH.0004.0052.0034-0004.

I 5f) I understand the matter was closed following my discussion with Mr Griffin as per the direction from [REDACTED] Nurse Unit Manager and notification to Human Resources as per TDOH.0004.0052.0034-0003.

I 5a) I am also aware of a separate incident of Mr Griffin cuddling a child (TDOH.0004.0052.0035 - Attachment 20).

I 5b) 2009.

I 5c) Request from NUM to document previous Professional Boundaries discussion with Mr Griffin.

I 5d) I cannot recall the exact details of the information I was given at the time but the nature of the letter from [REDACTED] did concern me as they clearly demonstrated inappropriate behaviours that breached professional boundaries and the agreed and appropriate clinical care plan.

I 5e) I was involved in drafting the Professional Boundaries document subsequently used as part of Orientation for new staff and adopted across WACS as the minimum standard for

Professional Boundary behaviour (Attachment 8). This document was in effect in 2 versions from 2009-2012 and 2012-2015 to the best of my knowledge.

15f) As outlined in documents – TDOH.0004.0052.0035-0009/0010 (Attachment 20) although I do not recall having access to TDOH.0004.0052.0035-0010 contemporaneously to the incident. I have been supplied a copy via the Department of Justice Commission of Inquiry support team.

**c) *Calling paediatric patients ‘baby’, ‘babe’, ‘princess’ or similar***

75. Yes, see below a combined answer to Q14 and Q15 relating to two separate incidents involving Mr Griffin:

15a) I am aware of an incident where a Child and Adolescent Mental Health (CAMHs) staff member raised a young person’s concern about Mr Griffin using the terms ‘babe’ and ‘sweetheart’ especially at night (TDOH.0004.0052.0037-0001 - Attachment 22). This is documented in the patient history (TDOH.0004.0052.0037-0001).

15b) 3/3/2017.

15c) Conversation with [REDACTED] (CAMHS).

15d) I was concerned as this type of communication is inappropriate, non-therapeutic and caused the young person distress.

15e) Sonja Leonard (NUM) and I met with Mr Griffin on 6/3/2017 to discuss the concerns and provide direction.

15f) During this discussion the behaviour was clearly identified as a breach of professional boundaries and reference to the Code of Professional Conduct (AHPRA) was provided with direction that Mr Griffin was to familiarise himself with that document. A hard copy letter and copy of the Code of Conduct were provided to Mr Griffin with clear direction to amend his behaviour (see TDOH.0004.0052.0037-0003).

15a) I am also aware of the incident where he spoke to an undergraduate nursing student calling her “babe”, who then made her discomfort with this known to [REDACTED] her University facilitator, and myself. (TDOH.0004.0052.0037-0012 and TDOH.0004.0052.0037-0013 - (Attachment 22). The same student also stated concern with him ‘touching her on the arm’ (see TDOH.0004.0052.0037-0013).

15b) 19/5/2017.

15c) Conversation with [REDACTED] (UTAS Facilitator) on the 19/5 and follow up email confirming the details on 23/5/2017. Also one student approached me directly asking not to work with him on the 22/5/2017.

15d) Yes, as these were only a short period of time following the issues raised in TDOH.0004.0052.0037-0001 above and pertained to the same concerns although not involving patients.

15e) I addressed the concerns directly with Mr Griffin on the 23/5/2017 and reminded him of the previous discussion regarding the inappropriate use of this language referred to above (6/3/2017).

15f) I reallocated the student and reviewed student allocations for the remainder of the week. I communicated these concerns, actions and discussion with Mr Griffin to Sonja Leonard (NUM) via email on the 23/5/2017 (TDOH.0004.0052.0037-0012 – Attachment 22).

**d) *Having inappropriate conversations with paediatric patients, their families or visitors***

76. Yes, see below a combined answer to Q14 and Q15 relating to one incident involving Mr Griffin:

15a) I am aware of an incident (TDOH.0003.0006.0020 – Attachment 23) regarding a breach of patient confidentiality.

15b) I cannot recall exactly when I became aware of this incident but Sonja Leonard and I met with Mr Griffin on the 17/4/2013 to discuss the issue.

15c) I cannot recall exactly how I became aware of the issue.

15d) Breaches of confidentiality are a serious breach of professional standards as was discussed and then outlined in the letter to Mr Griffin (see TDOH.0003.0006.0020-0001).

15e) I attended the meeting as a third party witness of discussions.

15f) As per TDOH.0003.0006.0020-0001 and copies to Human Resources.

**e) *Not following best practice or expected standards or procedures involving intimate engagement with paediatric patients***

77. I cannot recall any specific incidents other than the kissing of a child on the head in 2005 (TDOH.0004.0052.0034-0001 – Attachment 21) and cuddling another child in 2009 (TDOH.0004.0052.0035 – Attachment 20).

**f) *Using his mobile phone while on shift***

78. Yes, see below a combined answer to Q14 and Q15 relating to one incident involving Mr Griffin:

15a) I have seen Mr Griffin use his mobile phone on shift but not in a clinical treatment space or patient room that I recall. I have subsequently become aware that Mr Griffin had a large number of photographs on his phone taken while in Ward 4K. I later became aware that some of those images allegedly depicted child exploitation activities.

15b) On or about the 1/11/2019 I became aware of the existence of photographs taken in Ward 4K. [REDACTED]

15c) Ward meeting for updates with Dr Peter Renshaw.

15d) I was concerned as it indicated the extent of Mr Griffin's activities.

15e) [REDACTED]

15f) [REDACTED]

**g) Giving his mobile phone number to paediatric patients**

79. I am aware of Mr Griffin having phone contact with patients and exchanging phone numbers.

This is outlined in correspondence (TDOH.0004.0052.0035-0007 – Attachment 20) requested from me in relation to the 2009 incident (TDOH.0004.0052.0035-0004).

**h) Telling paediatric patients they could contact him after hours or when off duty**

80. No.

**i) Having contact with paediatric patients after hours or when off duty**

81. Only to the extent of the phone contact identified above.

**j) Having contact with paediatric patients after they were discharged from hospital**

82. Only to the extent of the phone contact identified above.

**Q15. If yes, please detail:**

83. My responses to Q15 are contained within Q14.

**Q16. Did you observe anything else about Mr Griffin that concerned you, including in relation to his interactions with paediatric patients and/or children and young people generally? Please explain your answer.**

84. Nothing that I recall.

**Q17. In relation to any concern you did hold about Mr Griffin, did you report those concerns to anyone at Launceston General Hospital?**

85. All concerns are dealt with in the above discussion points.

**Q18. In relation to any concern you did hold about Mr Griffin, did you or someone else from Launceston General Hospital report your concern to:**

86. I am not aware if any of the above concerns were reported to any of the identified Offices or Agencies and if so, to which.

**Q19. If reports were made to any organisation listed in paragraph 18, detail:**

87. As above.

**Q20. Was the process that followed your report consistent with your understanding of the relevant policies, procedures, codes and guidelines?**

88. As above.

**Q21. Did the fact that Mr Griffin was the delegate of the Australian Nursing & Midwifery Federation impact your response to concerns you held in relation to him? If yes, explain how and why this was the case.**

89. No, it did not impact my response.

#### **Other people's concerns about Griffin**

**22. Did anyone raise a concern about Mr Griffin with you, including the behaviours outlined in paragraph 14? If yes, please detail in respect of each concern:**

**a) the nature of the concern**

**b) how and when the concern was raised**

**c) the action you took in response to the concern (and when you took this action), including the details of any counselling, supervision or training you provided to Mr Griffin**

**d) whether you reported the concern to your supervisor**

**e) the response of your supervisor and/or Launceston General Hospital management and/or Launceston General Hospital executives to the concern**

**f) whether the concern was reported to the organisations listed in paragraph 18, and**

***g) whether the concern was resolved, and if so how.***

**90. Kissing the child incident in 2005:**

- a) In respect to the 2005 issue involving kissing a child (TDOH.0004.0052.0034-0001 – Attachment 21) [REDACTED] the Nurse Unit Manager, raised the concern with me as detailed in the letter to Mr Griffin (TDOH.0004.0052.0034-0003).
- b) I was made aware of the issue sometime between the 19/10/2005 and the 22/11/2005 by the dates on correspondence TDOH.0004.0052.0034-0001 and TDOH.0004.0052.0034-0003.
- c) My actions are detailed in TDOH.0004.0052.0034-0004.
- d) [REDACTED] was the supervisor.
- e) As detailed in TDOH.0004.0052.0034-0003.
- f) I have no knowledge of whether or not it was raised with those identified organisations.
- g) As detailed in TDOH.0004.0052.0034-0003 and TDOH.0004.0052.0034-0004.

**91. Professional boundaries breach in 2009:**

- a) In respect of the professional boundaries breach outlined in [REDACTED] letter TDOH.0004.0052.0035-0004 (Attachment 20) the Nurse Unit Manager, Sonja Leonard, requested a report regarding earlier professional boundaries discussions with Griffin.
- b) I became aware of the issue sometime between 15/1/2009 and the 21/1/2009.
- c) My report is detailed in TDOH.0004.0052.0035-0007.
- d) [REDACTED] was Acting NUM in the immediate period following while Sonja Leonard was on leave. My supervisor was the Co-Director Women's and Children's Services who was aware when the formal meeting occurred with Mr Griffin on the 21/1/2009 TDOH.0004.0052.0035-0009.
- e) The response is detailed in the meeting notes outlined in TDOH.0004.0052.0035-0009 and the letter from Human Resources TDOH.0004.0052.0035-0010.
- f) I have no knowledge of whether or not it was raised with those identified organisations.
- g) As per TDOH.0004.0052.0035-0009 and TDOH.0004.0052.0035-0010.

**92. Patient Confidentiality issue in 2013:**

- a) In respect of the Patient confidentiality issue documented in TDOH.0003.0006.0020-0001 (Attachment 23) I cannot recall how I became involved apart from being invited to attend the meeting as a third party witness by Sonja Leonard.
- b) I became aware of the issue sometime prior to the meeting on 16/4/2013.

- c) From memory I attended the meeting with Sonja Leonard and James Griffin as a support for Sonja Leonard TDOH.0003.0006.0020-0001.
- d) Sonja Leonard was the supervisor for Griffin. I do not recall reporting it to the Co-Director Women's and Children's Services (my supervisor).
- e) I have no knowledge of any response from them.
- f) I have no knowledge of whether or not it was raised with those identified organisations.
- g) As per TDOH.0003.0006.0020-0001 and TDOH.0003.0006.0020-0002.

93. Professional Boundaries breach in 2017:

- a) In respect of the concern raised by [REDACTED] (CAMHS) TDOH.0004.0052.0037-0003 (Attachment 22) regarding inappropriate communication and touching.
- b) I became aware of this on the 3/3/2017.
- c) As per TDOH.0004.0052.0037-0003 and TDOH.0004.0052.0037-0004.
- d) Sonja Leonard was Mr Griffin's supervisor. I do not recall reporting it to the Co-Director Women's and Children's Services.
- e) The only information I have is in the document TDOH.0004.0052.0037-0003 and TDOH.0004.0052.0037-0004.
- f) I have no knowledge of whether or not it was raised with those identified organisations.
- g) As per TDOH.0004.0052.0037-0003 and TDOH.0004.0052.0037-0004.

94. Professional boundaries with student nurses in 2017:

- a) In respect of the issues raised by undergraduate student nurses and [REDACTED] (Student Facilitator) TDOH.0004.0052.0037-0012 and TDOH.0004.0052.0037-0013 (Attachment 22) regarding calling her 'babe' and touching her on the arm.
- b) [REDACTED] informed me of her concern on the 19/5/2017 and a student nurse on the 22/5/2017 requesting not to work with Griffin.
- c) My actions are detailed in TDOH.0004.0052.0037-0012.
- d) I reported the matter to Sonja Leonard as Griffin's line supervisor. TDOH.0004.0052.0037-0012. I do not recall reporting it to the Co-Director Women's and Children's Services.
- e) I have no recollection of the response at the time and no documentation following my email TDOH.0004.0052.0037-0012 regarding the incident.
- f) I have no knowledge of whether or not it was raised with those identified organisations

- g) The issue was resolved at the time but I am not aware of any follow up. I do not recall having to correct Griffin's use of terms like 'babe' and 'baby' following this as was discussed with him on the 23/5/2017 TDOH.0004.0052.0037-0012.

**Q23. Was the process that followed the raising of the concern consistent with your understanding of the relevant policies, procedures, codes and guidelines?**

95. I find it difficult to judge the incidents from this standpoint. I do not know whether I have full access to all documents and details regarding each incident and given those that I now have access to, I believe I was not aware of some of these details at the time.
96. The incidents involving kissing a child in 2005 and the professional boundaries breach in 2009 were appropriately escalated to Human Resources and in the 2009 incident also appropriately escalated to the Co-Director Women's and Children's Services. I understand they were managed at those levels.
97. I would have expected that the 2013 patient confidentiality breach and the 2017 incident regarding the patient of the Child and Adolescent Mental Health team would also have been escalated to the same level, or higher. I believe that Human Resources were informed of both incidents and that the documents related to these incidents were on file. This would be in keeping with the principles of the DHHS Investigation Procedure 2010 (Attachment 25).
98. I am not aware of what advice was given regarding these matters by either Human Resources or other parties that may have been aware of the issues or whether the issues were further escalated or referred to the organisations listed in Q18 above.
99. I do not know if the concerns regarding interactions with student nurses were escalated.

**Q24. To the extent that you provided counselling, supervision or training to Mr Griffin during the Relevant Period, state whether you had any concerns that the counselling, supervision or training would not lead to a change in his behaviour. If you did hold such concern(s), detail:**

100. I do not recall my consideration of this at the time.

**Q25. Do you now consider the action taken by yourself or others in response to concerns raised in relation to Mr Griffin was adequate? Please provide reasons. To the extent that you now consider your actions to have been inadequate, state what action you would take now and why.**



101. I believe my actions were appropriate to the level of my involvement. I cannot comment on the adequacy of other's actions as I am not privy to all details of what was or was not done, when it was done and by whom.

**Q26. To the extent that you now consider that action taken by you or others was inadequate, state:**

102. As to my comments in 23 and 25 above, I do not have full knowledge of what was or was not done to comment.

**Q27. Did the fact that Mr Griffin was a Ward 4K Australian Nursing & Midwifery Federation Delegate impact your response to concerns raised in relation to him? If yes, explain how and why this was the case.**

103. No, it did not impact my response.

**Q28. Prior to 31 July 2019, were you aware of any allegation that Mr Griffin had engaged in child sexual abuse or had had an inappropriate relationship with a child or young person (whether or not a paediatric patient of Launceston General Hospital)? If yes, state the nature of each such allegation and when and how you became aware of it.**

104. No, in fact I only became aware of Mr Griffin's alleged child sexual abuse/inappropriate relationships in September 2019 following my return to work from extended sick leave and annual leave.

#### **Other people of concern**

**Q29. Did you have any concerns about any conduct similar to that described in paragraph 14 in relation to other staff members at Launceston General Hospital? If yes, please answer paragraphs 15 to 20 in relation to each such staff member.**

105. No.

**Q30. Did anyone raise concerns with you about any conduct similar to that described in paragraph 14 by other staff members at Launceston General Hospital? If yes, please answer paragraphs 22 to 26 in relation to each such staff member.**

106. I do not recall any such concerns being raised with me.

**Q31. During the Relevant Period, were you aware of past allegations of child sexual abuse at Launceston General Hospital and how such allegations have been managed? If yes, did such**

**awareness influence the action you took in response to concerns in relation to Mr Griffin or any person identified in answer to paragraphs 29 and/or 30 above.**

I07. I do not recall being aware of previous allegations of child sexual abuse occurring at the LGH.

**What should change and how**

**Q32. With the benefit of hindsight, do you consider that you acted appropriately in relation matters outlined in your statement? If so, why? If not, what would you change or do differently?**

I08. Yes I consider my actions to have been appropriate to the matters in my statement.

**Q33. Given your experiences at Launceston General Hospital, what do you think needs to change to make children safer from child sexual abuse whilst patients at Launceston General Hospital?**

I09. Implementation of the 10 National Principles for Child Safe Organisations. This work has already commenced with the Child Safe Organisation Project being implemented across government agencies.

**Q34. How do you think the health system's response to allegations of child sexual abuse can be improved?**

I10. As per the Child Safe Organisation Project above.

**Q35. What steps do you think Launceston General Hospital should take in an effort to rebuild community trust in Launceston General Hospital?**

I11. Consideration to implementing consumer advisory groups that are sensitive to the needs of families and children as is already the case with the Consumer Advisory group for the North of the state and for the Tasmanian Aboriginal community.

## The Commission

**Q36. Has anyone in a position of authority (whether or not employed by Launceston General Hospital) discouraged you from assisting this Commission? If yes, please outline in general terms the form the discouragement took.**

I 12. No one has discouraged me from assisting the Commission.

## Sources of information for this statement

**Q37. Have you refreshed your memory for the purposes of this statement by reviewing any documents (other than those included in Confidential Attachment A) or other records or by speaking to any other person (other than a lawyer assisting you with the statement)? If so:**

**a) please give details of each person you spoke to and the matters you discussed; and**

I 13. I have had informal discussions with my managers, Janette Tonks (Nursing Director Women's and Children's Services) and [REDACTED] (Nursing Director Education and Training) regarding my notice to give a witness statement. This was to facilitate leave to complete the statement and, with Janette Tonks, to allocate space for me to work on the statement with access to my records on 3/6/2022.

I 14. I have also had discussions with [REDACTED] and [REDACTED] (Acting Nurse Unit Managers on Ward 4K) and also [REDACTED] (Clinical Nurse Educator 4K) regarding my absence from the workplace on the 3/6/2022 to complete the statement.

I 15. I have also had a discussion with [REDACTED] (Transition to Practice Clinical Nurse Educator) and [REDACTED] (Nursing Director Education and Training) regarding my absence from work in the Transition to Practice Unit to arrange cover for my absence.

I 16. I have also had informal discussions with my wife, [REDACTED] regarding the challenges and difficulties of this process.

**b) please provide a list of, and attach to your statement a copy of, each document you have used to assist you in making this statement, including but not limited to diary notes, emails, text messages, policy documents, incident reports and correspondence.**

## **Attachments**

Attachment 1 - THSN Nursing and Midwifery Mandatory Education Training and Assessment Protocol 2020

Attachment 2 - A Manual for Working with Vulnerable children and their families, Women's and Children's Services, LGH

Attachment 3 - Fact Sheet – Mandatory Reporters, Department of Health

Attachment 4 - Tasmanian School of Nursing Paediatric Nursing Practice B CNA 765

Attachment 5 - Tasmanian School of Nursing Paediatric Nursing Studies B CNA 767

Attachment 6 - Tasmanian School of Nursing Paediatric Nursing Practice A CNA 764

Attachment 7 - Tasmanian School of Nursing Paediatric Nursing Studies A CNA 766

Attachment 8 - Professional Boundary guidelines for nursing and midwifery staff working with children, young people and their families v2 2012-2015

Attachment 9 - NMBA Code of Conduct for Nurses 2018

Attachment 10 - NMBA Enrolled Nurse Standards of Practice 2016

Attachment 11 - NMBA Registered Nurse Standards of practice 2016

Attachment 12 - ICN Code of Ethics 2021

Attachment 13 - THS State-wide Chaperone – Intimate Examinations Protocol 2016

Attachment 14 - Preceptors and Partnerships Information for nurses

Attachment 15 - Schedule 8 and Declared Schedule 4 Medicines Management Policy

Attachment 16 - THS Protocol Control and Use of Schedule 8 and Schedule 4 Substances 2020

Attachment 17 - Mandatory Education, Training and Assessment Policy PI7/000581 2019

Attachment 18 - Schedule of mandatory education, training and assessment for nurses, midwives and operational staff in WACS

Attachment 19 - Medication Management Evaluation Tool (under review)

Attachment 20 - TDOH.0004.0052.0035

Attachment 21 - TDOH.0004.0052.0034

Attachment 22 - TDOH.0004.0052.0037

Attachment 23 - TDOH.0003.0006.0020

Attachment 24 - Outlook Calendar screenshot

Attachment 25 - Superseded DHHS Investigation Procedure 2010

### **Other Documents**

Paediatric Nursing Competency Matrix

Superseded Mandatory education, training and assessment Policy 2007

Superseded Mandatory Education, Training and assessment Policy 2014

Education Calendars 2005 – 2022 (available on request)

WACS Professional development Programs 2011-2022 (available on request)

### **Other information**

***Q38. Is there further information you would like to provide to the Commission regarding Launceston General Hospital?***

117. No.

***Q39. Is there further information you would like to provide to the Commission regarding the Tasmanian Health Service (including any other hospital within the Tasmanian Health Service) and/or the Department of Health?***

118. No.

### **REQUEST FOR DOCUMENTS**

***Q40. Produce a copy of any document referred to in response to any paragraph in this Notice (including any document which you used to refresh your memory referred to in your answer to paragraph 37).***