

Statement of Janette Tonks

RFS-TAS-057

Name **JANETTE TONKS**

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Position Nursing and Midwifery Director, Women and Children's Services, Launceston General Hospital

1. This statement is made by me in response to RFS-TAS-057 ('**RFS**'), issued on 23 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 Janette Tonks, and I am employed by the Department of Health (DoH) to work at the Launceston General Hospital (LGH) as the Nursing and Midwifery Director, Women and Children's Services at the Launceston General Hospital.
3. I have held various role whilst employed by the Department of Health. These roles are further described in this statement.

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

4. I commenced employment at the LGH as a student nurse in February 1976.

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:

- a) **1976 – 1979:** Student Nurse.
- b) **1979 – 1980:** Registered Nurse, Paediatric ward. Duties included providing clinical care, reporting to the Clinical Nurse Consultant (CNC). The CNC role has been superseded by the Nurse Unit Manager (NUM) role. No KPI performance measures are in place. Registration as a Registered Nurse with the Nurses Board Tas was required for the role.
- c) **1988 – 1990:** Registered Nurse, Medical and Surgical wards. Duties included providing clinical care reporting to the Clinical Nurse Consultant (CNC). CNC role has been superseded by the Nurse Unit Manager (NUM) role. No KPI performance measures in place in relation to child sexual abuse. Registration as a registered nurse with the Nurses Board Tas was required for the role.
- d) **1990 – 1992:** Registered Nurse, Paediatric ward. Duties included reporting to the Clinical Nurse Consultant (CNC). CNC role has been superseded by the Nurse Unit Manager (NUM) role. No KPI performance measures in place. Registration as a Registered Nurse with the Nurses Board Tas was required for the role.
- e) **1995 – 1997:** Registered Nurse/Registered Midwife on call/Casual to Maternity Unit. Duties included providing clinical care reporting to the Clinical Nurse Consultant (CNC). CNC role has been superseded by the Nurse Unit Manager (NUM) role. No KPI performance measures in place. Registration as a Registered Nurse and Registered Midwife with the Nurses Board Tas was required for the role.
- f) **1997 – 2002:** Registered Midwife level 2, Queen Victoria Outpatients Department. Duties included providing clinical care in the pregnancy & gynaecology clinics reporting to the Clinical Nurse Consultant (CNC). CNC role has been superseded by the Nurse Unit Manager (NUM) role. No KPI, performance measures in place. Registration as a Registered Nurse and Registered Midwife with the Nursing & Midwifery Board Tas (NMBA) and subsequently the Australian Health Practitioner Regulation Agency (AHPRA) from 2010 was required for the role.
- g) **2002 – June 2013:** Nurse Unit Manager, Queen Victoria Outpatient Department. Reporting to the Co-Director Women's & Children's Department (WACS). My direct reports were the Midwives and Administration staff employed in the Outpatient Clinic. No KPI, performance measures in place. Registration as a Registered Nurse and Registered Midwife with the (NMBA) and Australian Health Practitioner Regulation Agency (AHPRA) from 2010 was required for the role. Nature of duties included:
 - Management of human, financial and material resources within the Outpatient Department including antenatal, gynaecology, childbirth education and pregnancy assessment clinic;
 - Promote teamwork within a multidisciplinary team to promote a culture that ensures quality and contemporary maternity and gynaecological care;

- Support, facilitate clinical teaching for student and postgraduate midwives;
 - Policy development and review utilising best practice guidelines;
 - Participation in Baby Friendly Health Initiative; and
 - Participation in organisational planning, development, quality activities and evaluation of service delivery.
- h) **June 2013 – August 2013:** Acting Co-Director WACS. No KPI performance measures in place. Registration as a Registered Nurse with the (NMBA) and Australian Health Practitioner Regulation Agency (AHPRA) from 2010 was required for the role. My direct reports were; WACS NUMS, WACS Clinical Educators, WACS Lactation Consultants, WACS Sexual Assault Forensic Examiners, WACS Professional Development Nurse and Midwife.
- i) **August 2013 – Present:** Nursing & Midwifery Director WACS. See Attachment 4 for statements of duty and responsibility. The role of Nursing & Midwifery Director is current and until 2022 reported to the Chief Executive Hospitals North/ North West. Since 2022 reports to the Director LGH Operations. Since 2014 all staff employed in the WACS Department were required to have a valid Working with Vulnerable People Registration (WWVPR). Previously known as Working with Children Registration (WWCR). I am responsible for ensuring that all staff have this registration prior to commencement and that it remains valid during their employment within WACS. I am required to have a valid WWVPR. I am required to hold a post graduate qualification relevant to the role. I am required to be registered as Registered Nurse and Registered Midwife with the (NMBA) and Australian Health Practitioners Regulation Agency (AHPRA). My direct reports are; WACS NUMS, WACS Clinical Educators, WACS Lactation Consultants, WACS Sexual Assault Forensic Examiners, WACS Professional Development Nurse and Midwife (Statement of Duties attached as TRFS.0057.0074.0004 and TRFS.0057.0074.0005)

Q3. Outline any qualifications and credentials (including but not limited to any registration to work with vulnerable people) you hold that are relevant to your role(s) at Launceston General Hospital.

6. Qualifications
- a. 1979 Registered Nurse Launceston General Hospital
 - b. 1981 Midwifery Certificate Queen Victoria Hospital Launceston
 - c. 1998 Bachelor Health Science in Nursing Southern Cross University Lismore NSW; and
 - d. 2006 Master of Health Service Management Charles Sturt University Bathurst NSW

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

7. Not applicable.

Incident Management Systems

Q5. Outline your understanding of the incident management systems that were in place at Launceston General Hospital during the Relevant Period, with particular reference to how incidents were reported, recorded and investigated.

8. a) The time period for which each system applied

From 2006 to 2014 The Department of Health used the Electronic Monitoring Incident System (EIMS). From 2014 the Safety Risk and Learning System (SRLS) introduced.

b) The relevant reporting lines and processes

In relation to the EIMS, due to effluxion of time I cannot recall reporting lines or processes. SRLS is currently used within all Tasmanian Hospitals. When making a report, the Staff member reporting includes their direct line manager in the report and a file owner is nominated. Notifications are made automatically to other relevant managers and the Quality and Patient Safety team. The file owner is responsible for reviewing the safety event. They may choose to electronically request further information from the reporter or others involved in the incident where required.

c) Internal notification processes (for example, Which Officials would be notified of an incident and when and how they would be notified).

The details of the person(s) notified about the event is a required field in the Event overview tab. The People Involved/Notification's tab would self-populate from entries made in Location levels with opportunity to include others if required. Others could be notified via the system and be given file access, so they had access to the event details.

d) The relevant decision-making processes, including by whom and by what means it was determined that an incident should be:

- i. dealt with by an Official of a certain level (for example, at ward level, executive level of Head of Agency level), and/or**
- ii. referred or reported to an external body (for example, Tasmania Police, Child Safety Services, the Registrar under the Registration to Work with Vulnerable People Act 2013 (Tas) or relevant professional bodies.**

Safety Events are reviewed by the file owner and can be escalated to higher levels as required. If escalation to an external body is required, there would be an expectation that the clinical directors are notified. This would mostly be via verbal communication and in the SRLS system. The Executive Director Medical Services would be informed if managers felt Tasmania Police needed to be involved. Women's & Children's Department (WACS) have a strong network with Child Safety Services (CSS) through the CSS liaison position.

e) *The information and supports (if any) that were provided to a complainant once and incident was reported*

Feedback to the reporter is generally made by the file owner or direct line manager once the investigation has concluded and a determination made. Managers are cognisant of staff and patient confidentiality when providing feedback to the reporter.

Q6. *Explain your understanding of the Safety Reporting and Learning System.*

9. a) The SRLS is a system to report, investigate, analyse and monitor safety events. It has been designed to not place blame on individuals, but to be used as a learning opportunity for improved care by reducing risks to patients.
- b) The event is emailed to relevant managers and Quality and Patient Safety staff to review. A file owner is allocated to review and investigate the event. Others involved may be requested to provide feedback as part of that investigation. This is recorded in the system by the communication tab and the progress tab. Once a review is completed the file owner will communicate any findings/improvements to action. Feedback to the staff reporting the event is given prior to the event being closed.
- c) The system allows editing on the Event Overview tab and is generally used for altering the location level if incorrect e.g. wrong THS region or department chosen or the Severity Assessment is inaccurate – however if the Severity Assessment is altered there is a requirement to enter the rationale. The file owner can be reallocated and others be given file access. I am unaware of any other opportunities to change or edit. I am aware that managers have access to make the changes described above, but I am not aware if others may do so. The edits can be made directly into the system as described above. I am unsure if there is a record of who makes these edits. I do not have that detail of knowledge to the backend use of the system.

Q7. *Outline your experience (if any) using the Safety Reporting and Learning System.*

10. a) I have access to all Safety Events that are located THS North, Acute Hospital Services LGH and Women's & Children's Service (WACS) LGH. An electronic notification is sent to my email address. I read the event and when appropriate leave the review process for the file owner to complete, in most cases this will be the relevant Nurse Unit Manager. In general terms, it is often the Nurse Unit Manager that will have the greatest and most immediate insight into the circumstances of the matter. In some cases I may nominate an appropriate file owner if not already. I may contact the Nurse Unit Manager for clarity on the event if required. I follow up with the file owner on any event when I have particular concern.

My current role also includes the review of safety event reports and providing information on the highest Women's & Children's Departmental risks to the Maternity Care and Paediatric Committee for discussion and actions. For example, in 2019 the highest risk categories were identified as work health & safety, medication incidents and documentation incidents.

- b) The system allows editing on the Event Overview tab and is generally used for altering the location level if incorrect or the Severity Assessment if inaccurate –

however if the Severity Assessment is altered there is a requirement to enter the rational. The file owner can be reallocated and others be given file access. I have made changes and edits in these circumstances only. It should be noted that this may only occur rarely, approximately once or twice a year. An example of this is if the reporter has nominated a manager who may be on a period of leave, I may choose to reallocate the file owner to another appropriate manager who will be able to review the event in a more timely manner.

Q8. Detail any training you have been offered or received in relation to using the Safety Reporting and Learning System, and the frequency of this training.

11. Training on the use of the system was given to all users with the roll out of SRLS in 2014. A SRLS Risk Module Handbook is available. Since that time, I cannot recall being offered or receiving training in relation to the SLRS. That is not to say that training has not occurred, however, as my current role is a step removed from the frontline ward environment I have not received additional training.

Risk management at the Launceston General Hospital

Q9. For any part of the Relevant Period during which you worked at Launceston General Hospital, outline the risk management framework or structure at Launceston General Hospital and the role of the Nursing Director of Women and Children's Services within it. Include in your answer any significant changes that occurred during the Relevant Period and the role of the Launceston General Hospital executive management team and/or relevant committees.

12. Lower severity risks (SAC 3 & SAC 4) are managed at Unit level (ward, clinical area) mostly by the Nurse Unit Manager (NUM). Feedback to ward, clinical staff is done through ward unit meetings and includes any learnings, improvements and changes. Events and risks that require escalation are raised with Nursing Director and/or Head of Department as and when required. These can then be escalated through WACS Department meetings such as Maternity Care meeting, or Paediatric Management meeting and to the WACS Directors meeting and then to WACS – Chief Executive Hospitals NNW (CEH) and since March 2022 to Director LGH Operations (DLGHO) / WACS meetings. This meeting can be attended by The Director of Improvement N/NW. Any urgent or high risks can be raised out of session (see WACS Organisational Chart) (see TRFS.0057.0074.0001). More severe risks (SAC 1 & SAC 2) require more intense review such as a London Protocol Review or a Root Cause Analysis review. A “Huddle” is convened with the assistance of Quality & Safety Team for Clinical Directors, EDON, Executive Director Medical Services and an appropriate review panel is agreed and formal review process commenced.

Q10. Explain how this framework was implemented in relation to the following matters.

13. a) Prior to 2019 professional boundary breaches

The NUM of the unit would raise this concern/event/complaint with me. I would have an expectation that guidance on how this is managed from the Human Resources (HR) team. Since 2019 professional boundary breaches – the NUM, HR and I would consult, investigate and manage. To support staff confidentiality – such events would not be raised at WACS Departmental meetings, but be managed by managers with advice from HR.

b) Professional Misconduct

The NUM of the unit would raise this concern/event/complaint with me. The NUM, HR and I would be consult, investigate and manage. In addition the Executive Director of Nursing (EDON) THS North would be informed. Notification to Australian Health Practitioners Registration Agency (AHPRA) would be discussed and the agreed notifier to be either the Nursing Director or EDON. To support staff confidentiality – such events would not be raised at WACS Departmental meetings, but be managed by managers with advice from HR.

c) Child Safety

If the event was in relation to another person/persons external to THS, concerns would be raised with the NUM or the nominated In Charge Nurse (if the NUM is not available) and social work. If the event occurs after hours, the In Charge Nurse would then escalate to the After Hours Nurse Manager. A notification to Child Safety Services (CSS) would occur. If the event was in relation to a staff member - the NUM of the unit would raise this concern /event/ complaint with me. I would have an expectation that guidance on how this is managed from the Human Resources (HR) team. Notification to CSS. With the changes to the LGH Governance Structure since January 2022 and further notification to the Director Launceston General Hospital Operations (DLGHO) would occur. Staff confidentiality is strongly supported and therefore detailed feedback to staff on these types of allegations are not given apart from acknowledging them with the complainant that there is a review and when the review is completed. In my experience I recall having to make one notification to AHPRA on a staff related matter but none to do with the above. To my knowledge I have not, nor have my staff, been required to notify matters concerning the investigation of employees, these are outside the scope of my current role and responsibilities and my understanding is these matters are dealt with by Human Resources within the Department of Health.

Q11. During the Relevant Period, did you hold any concern that matters in relation to paragraphs 10 (a) to (c) above were not being escalated to you as Nursing Director of Women and Children's Services in circumstances where they should have been? If yes, explain the timing and nature of your concerns and any action you took in response, including whether you raised your concerns with anyone else and, if so, what the response was.

14. Not that I am aware of.

Q12. During the Relevant Period, where you referred matters in relation to 10(a) to (c) to the Executive Director (or another member of Launceston General Hospital's executive), did you have any concerns about the response? If yes, explain the timing and nature of your concerns and any action you took in relation to them, including whether you raised your concerns with anyone else and, if so, what the response was.

15. No.

Professional Misconduct

Q13. Outline the circumstances in which a nurse or other staff members at Launceston General Hospital would be investigated under the ED4, ED5 or ED6 processes.

16. I am unable to answer this accurately, but I know there were processes in place to address such matters. Matters concerning the investigation of employees are outside the scope of my current role and responsibilities and my understanding is these matters are dealt with by Human Resources within the Department of Health.

Q14. In relation to the ED4, ED5 and ED6 processes, explain.

17. I was not directly involved in any Employment Direction. This process would be managed by someone else. Human Resources within the Department of Health.

Q15. Explain whether the commencement of an ED4, ED5 or ED6 process at Launceston General Hospital requires reporting to an external body (for example, Tasmania Police, Child Safety Services, the Integrity Commission, the Registrar under the Registration to Work with Vulnerable People Act 2013 (Tas) or other relevant professional bodies). In your answer, refer to any relevant policies, procedures, codes or guidelines and explain whether this position has changed during the Relevant Period.

18. I was not directly involved with this. As explained above, matters concerning the investigation of employees are outside the scope of my current role and responsibilities and my understanding is these matters are dealt with by Human Resources within the Department of Health.

Mandatory reporting

Q16. What is your understanding of when and how to report a concern of child sexual abuse or other child abuse to Child Safety Services? Who do you understand is responsible for making that report?

19. As Health professionals we are all responsible for mandatory reporting of suspects of child abuse or child safety concerns. This is outlined in *The Children and Young Persons and Their Families Act 1997*. Any Registered Nurse is obliged to raise concerns. They would raise this with their Nurse Unit Manager or In Charge Nurse at the time the concern is identified. The Department of Communities Tasmania website provides advice on how to report a concern. During 2019, it was evident not all Registered Nurses in the Paediatric Unit were aware of their responsibilities regarding mandatory reporting. Subsequently, education to paediatric nurses has been given. An example of this education is provided as TRFS.0057.0074.0002. Roll out of this education will be planned throughout WACS.

Q17. What is your understanding of when and how to report a concern about a practitioner's conduct to a professional or regulatory body (including the Australian Health Practitioner Regulation Agency)? Who do you understand is responsible for making that report?

20. Raising a concern with the Australian Health Practitioner Regulation Agency (AHPRA) is available to everyone via their online website. A concern relating to nursing staff from ward level would generally be escalated through the ward management structure e.g. NUM to Nursing Director (ND) to Executive Director of Nursing (EDON). An agreement would be identified as to who would be making that complaint to AHPRA. In my experience this would generally be ND or EDON

Q18. What is your understanding of when and how to make a complaint under the Health Practitioner Regulation National Law (Tas) 2010 and the Health Complaints Act 1995 (Tas)?

21. A person can make a complaint to the Health Complaints Commissioner as per the *Health Complaints Act 1995* (Tas). The Commissioner requests the Health Service to investigate and respond.

Q19. What is your understanding of when and how to report a concern about inappropriate conduct to Tasmania Police? Who do you understand is responsible for making that report?

22. Concerns relating to Police would be escalated to ND and to the Executive Director Medical Services LGH through the EDON.

Q20. What is your understanding of when and how to report reportable conduct to the Registrar appointed pursuant to section 11 of the Register to Work With Vulnerable People Act 2013 (Tas)? Who do you understand is responsible for making that report?

23. Concerns would be escalated to ND and to Executive Director Medical Services LGH through the EDON.

Q21. Are there other notifications you are aware of that are relevant or required to be made in your role, including when and to whom voluntary notifications can be made?

24. Managers have support from Human Resource Consultants when they have concerns relating to staff and will seek their advice.

Handling, storing and dispensing controlled drugs and prescription medication

Q22. Where were controlled drugs stored in Ward 4K and how were they secured?

25. Historically, controlled drugs were stored within a clean utility room within a cupboard that was key locked. A Nursing staff member was responsible for keeping the key on their person at all times. The key would be transferred between staff during the shift for meal breaks or for others to access the cupboard or at shift change over times.
26. Changes to the key locked system occurred approximately 10 years ago. I have not worked in a clinical role since that time.
27. It was during this timeframe that Ward 4K moved to an improved system of security. The controlled drug cupboard required swipe access by 2 staff id badges and the pin code of both staff members to unlock the cupboard.
28. Since Ward 4K's redevelopment completion, in 2021, there are now 2 drug rooms, one at each end of the ward. They have swipe card access and are video monitored. I understand the video monitoring for the drug cupboard in the Adolescent end of the ward requires adjusting to pick up closer details of staff accessing the cupboard and a process is under way for this to occur.
29. It should be noted that my knowledge of the upgraded security system on Ward 4K is limited, as these upgrades occurred once I had left the ward for my current role. In my role as Nursing & Midwifery Director I am aware of the improved storage for medications occurring since Ward 4K's redevelopment. The changes are consistent with DHHS Storage of Medicines policy and the THS Control and Use of Schedule 8 (S8) and Declared Schedule 4 (S4D) Substances policy. However, it should be noted that I have not worked in a clinical role since the upgrade and my detailed knowledge is limited.

Q23. How were controlled drugs dispensed in and around Ward 4K?

30. Controlled drugs are checked out by 2 Registered Nurses to dose, time and determine the method of administration (e.g. orally or by injection) against the medication drug chart. The 2 nurses take the medication to the bedside where both nurses check the correct patient using 3 patient identifiers (name, patient ID and D.O.B) and ensure the drug is administered. Controlled drugs are recorded in the drug book register and signed by both registered nurses.

Q24. Was there any system in place to record when controlled drugs were removed from storage or dispensed in Ward 4K? How were these records maintained and reconciled?

31. A drug book register is used to record the storage and dispensing of controlled drugs. Pharmacy would enter when dispensing to the drug cupboard and Registered Nurses would enter date time, amount and patient details when removing the drug. This is signed by both nurses. The drug book register is checked regularly

Q26. Was there any system in place to record when controlled drugs were removed from storage or dispensed from other parts of Launceston General Hospital premises to Ward 4K? How were these records maintained and reconciled?

32. In the 46 years I have worked at the LGH, I have not been aware of a system in place to record the removal of controlled drugs from other parts of the LGH to Ward 4K.

Q27. Was it possible for nurses to remove controlled drugs from Launceston General Hospital premises without detection?

33. I am not aware of this ever occurring during my 46 year career at the LGH. The practice was that drugs would be checked and reconciled against the drug register book. Any discrepancies would be reported to the NUM or Nurse in charge and investigated.

Q28. Please answer questions 22 to 27 again but with reference to the storage, handling and dispensing of antihistamines, antibiotics, sedatives and pain killers.

34. Approximately 10 years ago, drugs were stored in the clean utility room in a specific drug cupboard that was key locked. A Nursing staff member was responsible for keeping the key on their person at all times. The key would be transferred between staff during the shift for meal breaks or for others to access the cupboard or at shift change over times.
35. Since the Ward 4K redevelopment there are 2 drug rooms, one at each end of the ward. They have swipe card access and video monitored. The drug cupboard is locked
36. Drugs are checked by 2 Registered Nurses to dose, time and the method of administration (e.g. orally or by injection) against the medication drug chart. The 2 nurses take the medication to the bedside by a nurse who checks the correct patient using 3 patient identifiers and ensure the drug is administered.
37. I do not recall a system for recording the storage of antihistamines, antibiotics, sedatives and pain killers.
38. I am not aware of how nurses or other staff members would remove these drugs from other parts of Launceston General Hospital premises into Ward 4K other than through usual pharmacy dispensing processes.

39. These drugs would be prescribed on the patients medication chart for dispensing by Registered Nurses and recorded on the chart when administered. The patient's drug chart is checked at each shift handover by the Nurses caring for the patient as part of their clinical handover.
40. I am not aware of how a Nurse would remove controlled drugs from Launceston General Hospital premises without detection.

James Griffin

Q29. During your employment at Launceston General Hospital did you ever work with Mr Griffin? If so, for how long (including date ranges) and in what capacity?

41. No.

Q30. How would you describe your relationship with Mr Griffin?

42. Mr Griffin was employed as a Registered Nurse on Ward 4K. It is my understanding that he commenced on this ward on September 11 2001 and remained on the ward up until his suspension in 2019, with the exception of 19 November 2017 to 27 April 2018 when he was seconded to the Ashley Youth Detention Centre. Since 2013, I have been the Nursing & Midwifery Director Women's & Children's Department, which includes Ward 4K.
43. I met Mr Griffin on only a few occasions when I attended Ward 4K unit meetings. These were generally monthly. I received meeting invites from approximately 2017 and attended when I was able. My attendance was curtailed due to COVID – 19 in 2020. I had been introduced to him along with other Ward 4K staff. He participated in conversations during the unit meetings. I met and acknowledged Mr Griffin on several visits to Ward 4K during the normal activities of my role as Nursing & Midwifery Director.
44. On 31 July 2019 at around midday, I was informed that Mr Griffin had had his WWVPR revoked and the reasons for this. I was asked by Executive of Medical Services and EDON when Mr Griffin was next rostered to work. After I checked the ward roster I was able to determine he was due on shift at 1.30pm that day. I was asked by the Executive of Medical Services to meet Mr Griffin on the ward and escort him to his office where he was informed of suspension due to his revoked WWVPR. Following this discussion, I escorted Mr Griffin back to the ward to collect his bag and personal items before escorting him out of the ward.
45. In my recollection I never had the occasion to address Mr Griffin in any other circumstances.

Q31. Describe any contact that you had with Mr Griffin outside of work.

46. Nil.

Q32. Did you have any knowledge of or observe Mr Griffin doing any of the following during the Relevant Period.

47. a) No
- b) Only on one occasion prior to Mr Griffin's suspension. I was informed by Ward 4K NUM of an occasion when a Ward 4K Nurse had reported Mr Griffin allegedly engaging in inappropriate conversations with patients. This incident is recorded in the SRLS event

52489. I was aware the Ward 4K NUM had sought advice from HR in relation to addressing this with Mr Griffin. She had asked Mr Griffin for an explanation and to my knowledge she was satisfied with his response. She reported to me that she spoke to Mr Griffin about his professional boundaries and that he had previously pushed the professional boundaries, but I am not aware of those details as I had understood them to have occurred prior to 2013. I believed at the time this event was managed appropriately.

c) No.

d) As per answer in Q32 b).

e) Yes – In the incident recorded in the SRLS event 52489. The Ward 4K NUM discussed her concerns, her actions and the outcome of this event with me. In my limited contacts with Mr Griffin, he presented as a very caring older man, a little “old fashioned” in his behaviour, who possibly believed his actions were honourable and only meant to comfort a child. My understanding was that Mr Griffin was able to adequately address the concerns raised by the NUM without giving suspicion of any wrong doing. My understanding is that this behaviour had been addressed by Ward 4K NUM by reminding him of professional boundaries. In my opinion the Ward 4K NUM was responsible and had the skills to address this event. I felt confident that any unresolved issues or concerns would be raised with me.

f) No.

g) No.

h) No.

i) No.

j) No.

Q33. If yes, please detail.

48. Answered in Q32 e).

Q34. 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.

49. No.

Q35. In relation to any concern you did hold about Mr Griffin, did you report those concerns to anyone at Launceston General Hospital?

50. Not applicable.

Q36. In respect of any report made by you to anyone at Launceston General Hospital, what process was followed after you made your report?

51. Not applicable.

Q37. Are you aware of any reports concerning Mr Griffin's behaviour being made to any of the following:

52. I was not directly involved with this.

Q38. If reports were made to any organisation as listed in paragraph 37, detail:

53. I was not directly involved with this.

Q39. 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.

54. Yes - The fact that Mr Griffin had a current WWVP registration, had AHPRA registration and that he was an active member of the ANMF as a ward union representative gave me confidence that Mr Griffin had the appropriate screening and credentials to work in a paediatric ward.

Other people's concerns

Q40. Did anyone raise a concern about Mr Griffin with you, including the behaviours outlined in paragraph 32? If yes, please detail in respect of each concern:

55. a) Annette Whitmore a Ward 4K Registered Nurse disclosed to me that her daughter had only recently revealed to her that she had been allegedly sexually assaulted by Mr Griffin. I understand the assault took place in the community and as part of social arrangements that Ms Whitmore and Mr Griffin had outside of the workplace. Ms Whitmore disclosed to me that her daughter had informed the Police.

b) Following the shock staff were feeling from the allegations against Mr Griffin in July 2019, I had offered an open-door arrangement for all staff to meet with me should they have concerns or require support in any way. Ms Whitmore disclosed that [REDACTED]
[REDACTED] This disclosure to me occurred on or around August/September 2019 by Ms Whitmore when she asked to meet me in my office.

c) I was immediately sympathetic to Ms Whitmore's circumstances and as these allegations had been raised with Tasmania Police and that Mr Griffin had been suspended, I felt no other obligation to escalate through our usual process.

Q41. Was the process that followed the raising of the concern consistent with your understanding of the relevant policies, procedures, codes and guidelines?

56. Not applicable.

Q42. Do you have any concerns or complaints about how any concerns were responded to by your supervisor and/or Launceston General Hospital's management team and/or executives? Were you directed (formally or informally) to take particular actions that you did not agree with? If so, please detail.

57. No.

Q43. Did the fact that Mr Griffin was the delegate of the Australian Nursing & Midwifery Federation impact your response to concerns raised by others in relation to him? If yes, explain how and why this was the case.

58. No.

Q44. Do you consider the action you took in response to concerns raised by others 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.

59. Yes – With the information I had at the time I fully believed the concerns raised in the SRLS event 52489 were dealt with adequately by the Ward 4K NUM. There was no evidence to suggest Mr Griffin was putting children at risk. I had no reason to believe I needed to escalate. However, given the information I have now, I would have taken a more active role in addressing the concerns with Mr Griffin and escalated to EDON and Executive Director Medical Services. Now, if I felt that adequate action was not taken, I would have no hesitation in providing my own mandatory report.

Q45. What involvement (if any) did you have in commencing or investigating allegations of professional misconduct against Mr Griffin in relation to Employment Directions 4, 5 or 6 (or their predecessors)?

60. My only involvement was to provide the Executive Director of Medical Services names of suggested staff working in paediatrics who would be considered suitable for identifying photos of potential victims. As I have noted in my responses to questions 13 – 15, matters concerning the investigation of employees under Employment Directions 4, 5 and 6 (and their predecessors) are outside the scope of my current role and responsibilities and my understanding is these matters are dealt with by Human Resources within the Department of Health.

Q46. 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.

61. No.

Q47. In the event that a person raised concerns on the ward about Mr Griffin in relation to the behaviours outlined in paragraph 32, would these concerns automatically be escalated to you as Nursing Director of Women and Children's Services? If no, who was responsible for determining whether concerns would/wouldn't be referred to you?

62. Yes.

Q48. In your role as Nursing Director of Women and Children's Services did you receive any formal reports in relation to Mr Griffin's conduct during the Relevant Period, including in relation to the behaviours outlined in paragraph 32? If yes, how did you respond to the concerns?

63. Yes – the SRLS report 52489 from 26 August 2017. In addition to the report, the Ward 4K NUM discussed this event with me, the assistance she received from HR and her action taken, in seeking the right of reply from Mr Griffin.

64. I understand Mr Griffin's response was acceptable and that the Ward 4K NUM reminded him of his professional boundaries.

Q49. Are you now aware of any concern(s) or formal report(s) in relation to Mr Griffin's conduct, including in relation to the behaviours outlined in paragraph 32, that were not escalated to you at the time but should have been? If yes, explain the nature of the concern/report and the action you would have taken, had the concern/report been escalated to you.

65. I cannot recall any reports of this nature.

Q50. Do you have any other concerns or complaints about how staff, patient or family concerns in relation to Mr Griffin's conduct toward paediatric patients (including the behaviours listed in paragraph 32 above) were responded to by ward staff during the Relevant Period? If yes, please explain your concerns.

66. I have since been made aware that Ward 4K staff were unsure of the escalation process for raising concerns. This issue has since been addressed with all staff through several education sessions, an example of which can be found attached as TRFS.0057.0074.0002.

Q51. Where concern(s) or report(s) in relation to Mr Griffin's behaviour were referred to you, were you directed (formally or informally) to take particular actions that you did not agree with? If so, please detail.

67. After Mr Griffin had been suspended from duty and the allegations were being investigated by police, I was asked to not discuss details of the allegations with staff by the Executive Director Medical Services. I was led to believe this might jeopardise the police investigation, and to maintain staff confidentiality. Staff were invited to 3 Information Sharing Sessions facilitated by the Executive Director Medical Services on 30 October 2019, 1 November 2019, and 13 November 2019 of which I was present, on information relating to Mr Griffin and the alleged sexual assaults. His messages were consistent on each occasion giving staff

the timeframes of when the allegation had been made to police, when the LGH had been notified, when Mr Griffin had been suspended and that the ongoing process was being managed by the police department.

Safety Reporting and Learning System report (reference number REF 25300)

Q52. In reference to the Safety Reporting and Learning System report (Safety Event ID 52489, reference number REF 52300) lodged on 29 August 2017 in relation to concerns about Mr Griffin's behaviour (see copy of report at Annexure C), please answer the following:

- 68. a) I felt no need to respond as I believed it was managed adequately by the Ward 4K NUM who had discussed her action and conclusion with me.
- b) No – I did not alter the report in any way.
- c) No – I am not aware of the report being altered.

Q53. In relation to your review of the above Safety Reporting and Learning System report in about November 2019, please state:

- 69. a) This was the only SRLS event logged in relation to Mr Griffin's behaviour and given the allegations of sexual assault and the suspicion that assaults may have occurred on patients in Ward 4K it was imperative to review this event.
- b) I consulted with the HR team, EDON and Executive Director Medical Services about their opinion on how it had been managed. They did not give me any indication that this should have been managed differently given the information provided.
- c) The outcome of the review was that there was no evidence to suspect Mr Griffin had acted any more than over stepping his professional boundaries. It was felt that this had been sufficiently address by the Ward 4K NUM.
- d) I believe that Mr Griffin's explanation of this event may have still been the same and that, in my opinion, he was well trained in "talking his way out of" such allegations.

Support offered by Launceston General Hospital

Q54. What action was taken by Launceston General Hospital to identify and support any potential victim-survivors of child sexual abuse by Mr Griffin?

- 70. My role in this process was to direct any potential victim-survivors who made themselves known to me and who wanted to make a report, to the Executive Director Medical Services. This may be, for example, current or past patients or their families.

Q55. When did you first become aware of allegations that Mr Griffin had engaged in child sexual abuse?

- 71. At around midday 31 July 2019 when I was called by the EDON to present to the Executive Director Medical Services office for a meeting.

Q56. Please explain how you have been impacted by the allegations about Mr Griffin.

- 72. Along with many of the paediatric staff and in particular the Ward 4K nursing staff, I feel a level of responsibility that this has occurred in our ward and it has been hard to accept that

we are not to blame when so many people are wanting someone to blame. This has been a traumatic time for all involved. I feel the same pain as that of my work colleagues as they individually struggle with their own responses and feelings. As Nursing and Midwifery Director, I am shocked this has occurred and would never have thought it possible. I feel that it is important for me to remain strong despite my own grieving so that staff who are affected by this traumatic event can begin to recover. It has demonstrated that we need to have a greater awareness of potential predators and have been pleased to date with the progress that Ward 4K have done to rectify and improve this awareness.

Q57. What support was offered to you by Launceston General Hospital after the allegations about Mr Griffin were known to you?

73. Support was initially offered by the Executive Director Medical Services through 3 Information Sharing Sessions conducted on 30 October 2019, 1 November 2019, and 13 November 2019.
74. Support was offered by the Employee Assist Providers as well as engagement with [REDACTED] a Social Worker/Mental Health Worker, was arranged for group staff debriefing as well as individual staff debriefing. [REDACTED] provided a presence on the ward and then managed personal one on one consultations. Her first presence on the ward to meet and greet was on 7 November 2019.
75. During November 2019 and November 2020 staff were able to access the EAP and seek support from managers and HR. Issues relating to group sessions were impacted due to the social distancing restrictions applied during the COVID -19 pandemic.
76. Further support was offered by the HR team by way of a presence at ward unit meetings to address ongoing concerns and for staff seeking assistance. HR Consultant and I met with 4K staff on 4 November 2020 and again 6 November 2020 to provide communication about the Independent Investigation. Staff raised questions and a response was provided as per memo 6 November 2020 See attachment TRFS.0057.0074.0006.
77. Training sessions for Ward 4K nurses were organised with Enterprising Aardvark Counselling Inc. and on recognising perpetrators, understanding grooming behaviours, creating safe places for children, strategies and resources to improve and enhance child safety.
78. Individual coaching was offered by [REDACTED] Change Consultants to assist with rebuilding the Ward 4K staff and ward. Further training and coaching was offered to the newly formed Ward 4K senior nursing leadership group and subsequent coaching and team building exercise with all Ward 4K nursing staff.
79. The Secretary for Health, Kathrine Morgan Wicks and Chief People Officer, [REDACTED] provided feedback and support to Ward 4K ward staff on 12 November 2020 and 17 November 2020.
80. I felt well supported with this event.

Q58. Were any directions given to staff on Ward 4K regarding their ability to discuss the allegations against Mr Griffin and/or his death? If yes, outline the nature of the each such

direction, who gave the direction, to whom the direction was given to and the reason the direction was given.

81. Staff were encouraged not to discuss the details of the allegations of sexual assault by Mr Griffin. The reason cited was to maintain staff confidentiality and as it may impact the police investigation. My understanding this was a request from the Tasmania Police. There was no directive or suggestions that staff could not discuss Mr Griffin's death.

Q59. What was the response of the Launceston General Hospital management and/or executives to the allegations against Mr Griffin and/or his death? Did this response change over time? If so how and why?

82. At this moment, I still am led to believe that discussing details of the allegations against Mr Griffin may have impacted the police investigation. I have nothing to suggest otherwise.

Q60. Do you consider the direction and/or response detailed in your answer to paragraphs 58 and 59 to be appropriate or adequate? Please provide reasons for your answer.

83. I feel that because staff were requested to not discuss the details of the allegations, they have responded by suggesting there was some lack of transparency and became suspicious of a "cover up".

Q61. To the extent that you were responsible for any direction or response detailed in answer to paragraphs 58 and 59, would you give the same direction or response today? If not, what would you do differently and why?

84. I believe that if staff were given permission to speak freely they would have felt better supported and felt heard. This event has raised many person issues in individual staff who have a particular low tolerance to "not discuss" matters. Due to the request to not discuss the allegations has heightened their emotions leaving them feeling more aggrieved.

Q62. Outline any supports you believe would have assisted you and other staff at Launceston General Hospital to recover and learn from the impact of the allegations about Mr Griffin?

85. Adequate support was offered to staff, however, as people respond and recover from this trauma at differing stages and times ongoing counselling will be required for a much longer period of time.

Other people of concern

Q63. If you had any concerns in relation to other staff members at Launceston General Hospital or Royal Hobart Hospital, please answer paragraph 33 to 39 in relation to each staff member of concern.

86. Nil.

Q64. If anyone raised concerns with you in relation to other staff members at Launceston General Hospital or Royal Hobart Hospital, please answer paragraphs 40 to 51 (except for paragraphs 43 and 46) in relation to each staff member of concern.

87. Nil.

Q65. During the Relevant Period, were you aware of past allegations of child sexual abuse at Launceston General Hospital or Royal Hobart 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 paragraph 63 and/or 64 above.

88. I have never been involved in managing allegations of sexual assault.

What should change and how

Q66. 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?

89. Having experienced this horrid event, my tolerance to any allegation is now very low. Now that I understand how perpetrators act, grooming behaviours and a greater awareness of how easily these people can infiltrate a so called “safe environment”, I would respond at any allegation, however small it may be. In hindsight, I would have requested to join the Ward 4K NUM in her discussion with Mr Griffin in his response to SRLS event 52489 and to form my own opinion.

Q67. Given your experiences at Launceston General Hospital, what do you think needs to change to keep children safer from child sexual abuse whilst patients at Launceston General Hospital?

90. Training and education to all staff having access to children on child safety and on how perpetrators act, grooming behaviours. Greater awareness for children and their families on acceptable behaviour and how to speak up, and expectations of care providers. Improved awareness and training for managers in behaviours of sexual predators, how to address concerns and support when concerns need to be addressed.

91. Training in this area has already commenced in Ward 4K. Greater awareness for the existing staff and all new Ward 4K staff has commenced. The ward had developed a set of values that they work towards. See TRFS.0057.0074.0003. They are building a new environment to give confidence to each family that Ward 4K values child safety. There has been an improved nursing structure in Paediatrics with increased senior nursing roles and educators to provide better support to staff on the ward each day. There is now greater awareness of child safety where nurses will support each other using a “buddy” system when attending to patient’s personal needs e.g. when bathing, toileting.

92. The Charter on The Rights of Children and Young Persons in Health Care Services in Australia is visibly available to all families and patients accessing Ward 4K.

Q68. How do you think the health system’s response to allegations of child sexual abuse can be improved?

93. As per Q67. Greater investment into ongoing training and education, however it needs to be realistic and achievable by providing protected time for each individual to participate.

Q69. What steps do you think Launceston General Hospital should take in an effort to rebuild community trust in Launceston General Hospital?

94. As per Q67. Additionally – The Ward 4K redevelopment and the new paediatric outpatient department provides an opportunity to show case the new Paediatric Services at the LGH. The “old 4K” is no longer. Systems and processes have changed and will continue to change. Attitude and tolerance level has changed as we all have a greater understanding of recognising child safety.

The Commission

Q70. 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.

95. No.

Sources of information for this statement

Q71. Have you refreshed your memory for the purposes of this statement by reviewing any documents or other records or by speaking to any other person (other than a lawyer assisting you with the statement)? If so:

96. Accessed Department of Community Services website, Strong Families Safe Kids website, State Service Code of Conduct, ED 4, ED 5 and ED 6, DHHS Policy on Schedule 8 and Declared Schedule Medicines Management, THS Protocol on Controlled Use Schedule 8 (S8) and Declared Schedule 4 (S4D) Substances.

97. In my role as Nursing & Midwifery Director WACS I have offered support to my direct reports who have indicated they are required to provide a witness statement. This has been by checking on their wellbeing and arranging for protected time and space to do this work. These people include, Michael Sherring, Clinical Nurse Educator Ward 4K and [REDACTED], Clinical Nurse Educator Ward 4K.

98. In addition, I have met Sonja Leonard who was Nurse Unit Manager Ward 4K and offered my collegial and emotional support. The content of this document was not discussed. Also met with Helen Bryan, Executive Director of Nursing THS North, to offer collegial and emotional support. The content of this document was not discussed. Also discussion with Sue McBeath Nursing & Midwifery Director Royal Hobart Hospital to offer collegial and emotional support. The content of this document was not discussed.

Q72. Is there further information you would like to provide to the Commission regarding Launceston General Hospital or the Royal Hobart Hospital?

99. I would like to offer my sincere apologies to any child and family that has suffered as a result sexual assault in Ward 4K. I would also like to offer my apologies to every staff member in the Paediatric Unit that was affected by these events and to inform them and our community that we will work together on improvements to promote child safety in our work place.

100. I believe that everyone involved in the management and review of the Mr Griffin case did so in good faith. The Working with Vulnerable People registration had given me a false sense of security and I now have greater insight to be more aware of potential abuse concerns. If there is anything good that can come from this, is that it gives us opportunity to improve and to continue to improve our processes so that our community has confidence in us and most importantly that we restore our confidence in ourselves.

Q73. 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?

101. No thank you.

Request for documents

Q74. 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 71).