

Statement of Kathrine MORGAN-WICKS

RFS-TAS-075

Name **Kathrine Morgan-Wicks**
Address Level 10, 22 Elizabeth Street Hobart in Tasmania
Position Secretary, Department of Health

STATES:

1. This statement is made by me as a supplementary statement to RFS-TAS-075 ('RFS'), provided to the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (the Commission), sworn 22 June 2022.
2. My name is Kathrine Louise Morgan-Wicks and I am the Secretary of the Department of Health and State Health Commander COVID-19. I was appointed to the position of Secretary on 2 September 2019.
3. I provide this supplementary statement, following my attendance to hear the evidence of witnesses presented at the hearings of the Commission on 27, 28 and 29 June 2022. I also intend to attend the remainder of the Health-related hearings on 30 June, 1, 4 and 5 July 2022. I note that it is very important to me to hear in person the direct evidence of all victim-survivors and our staff so that I can truly begin to understand what has happened over so many years in our health system and the work that lies ahead of all health staff to do our utmost to prevent this abuse or the likelihood for abuse ever occurring again.
4. As a personal reflection, on the evidence that I have heard to date, I am personally horrified by the reported lack of empathy, humanity, and any sense of trauma informed approach by my Department to such devastating accounts of abuse. Whilst I have read file notes, or transcripts of podcasts, nothing can replace the significant impact of hearing directly from the victim-survivors and the staff involved, which is why I committed to attend every day of the Health hearings in person to hear it all first hand. I am personally devastated by the lack of care or supports offered to victim-survivors at the time, the lack of proper procedure or protocol to record the account or keep records, and the lack of relevant training on interviewing and investigation and detection of grooming and the abuse of a child. From the evidence and from my conversations with several witnesses, including staff – they all share a common story of feeling fobbed off, their abuse minimised, or their complaint ignored, and they did not feel supported in relation to the serious harms or incidents they reported. I am personally so very sorry to hear these accounts, for the failure by the Launceston General Hospital and Tasmanian Health Service to properly respond at the time, and for our inability to detect indicators of abuse by reason of human error, a lack of training, a lack of leadership or accountability, a

reported lack of knowledge or awareness of even the most basic indicators of grooming behaviour, made worse by unconnected or siloed systems, despite the signs.

5. I apologise for the failures by the Department of Health, in particular by the Launceston General Hospital and Tasmanian Health Service, and commit to making large-scale change to ensure any complaint of child sexual abuse or other such serious misconduct by an employee, volunteer or contractor is independently reviewed and acted upon in a trauma-informed and proper investigatory manner, and all prior complaints, substantiated or unsubstantiated, are reviewed each time a new complaint is received.
6. I have spoken with each victim-survivor or their family representatives that attended the hearings to provide their brave accounts, to provide my personal apology on behalf of the Department of Health and I have asked our victim-survivors, should they wish, to be involved in implementing this large-scale and long-term change.

Integrity Commission Referred Complaint

7. On Tuesday 28 June 2022 I attended the hearings of the Commission of Inquiry and heard the evidence of Mr James Bellinger on 28 June 2022, in relation to the preparation of draft correspondence from me as Secretary of the Department of Health to the Integrity Commission, relating to an Integrity Commission referral of Complaint [REDACTED] on 21 November 2019.
8. In reflection on this evidence, I wish to provide supplementary information to the evidence contained in paragraphs 12, 110, 117, 133-142 of my statement RFS-TAS-075 dated 22 June 2022.
9. On or about 21 November 2019, my office received correspondence dated 21 November 2019 from the Integrity Commission addressed to me regarding an anonymised complaint about employees of the Launceston General Hospital. The subject officers included Ms Sonja Leonard, Ms Janette Tonks, and Ms Helen Bryan. Dr Peter Renshaw was named as an other officer involved. Ms Helen Bryan and Dr Peter Renshaw report to Mr Eric Daniels, Chief Executive Hospitals North/North-West. The allegations were referred to me, as the principal officer of the relevant public authority for investigation. (Refer RFS-TAS-075 **Annexure 61 – Correspondence**)
10. I do not specifically recall receiving this correspondence. I note that I am in fairly regular receipt of correspondence from the Integrity Commission, either to request information in relation to an Integrity Commission assessment or investigation or to refer a complaint that they had determined not to investigate.
11. The general practice upon receipt of a referred Integrity Commission complaint not subject to a confidentiality order is for the correspondence to be reviewed by the Director of the Office of the Secretary, [REDACTED], registered by the Office of the Secretary in our electronic document management system and assigned to an appropriate officer for review and investigation. A summary of the contents and proposed approach to handling an Integrity Commission referral of complaint is usually discussed with me prior to allocation. I would usually read the letter of referral as part of this discussion, but I note my evidence that I do not specifically recall receiving this correspondence. The Integrity

Commission are aware of this authorised delegation to review arrangement which I have discussed directly with Mr Michael Easton, which has been put in place given the volume of matters referred and critical correspondence received by the Secretary.

12. I am informed that on 2 December 2019, [REDACTED] referred the correspondence by email to the then Chief People Officer, [REDACTED] for review and advice. Specifically, [REDACTED] was asked to 'review the appropriate systems and provide advice to the Secretary'.
13. I have no specific recollection of reading the correspondence from the Integrity Commission prior to it being allocated for investigation and advice being brought back to me in September 2020. The general process within my Department upon receipt of such correspondence from the Integrity Commission is for it to be assessed by an authorised person, investigated and then referred to me with advice as to further action, if any. In part, as potentially the ultimate decision-maker arising out of such matters I endeavour to allow the investigation process to be undertaken without interference from me or my office and so that I remain as impartial as possible when (or if) I am required to make a decision. Where a matter is received by my Department which requires my immediate attention, which may occur for a number of reasons, I receive the correspondence and I am generally briefed by my staff in relation to it and the issues that require my immediate attention.
14. I am informed that on 20 December 2019, [REDACTED] responded to [REDACTED] by email to question the best template to use for this and 'As discussed, the advice is very high-level (i.e. nothing found in any systems, however we would welcome if the IC formed a view to do an own motion investigation into the cultural issues in the ward and the larger impact they have on staff)...Minute to Sec?'
15. I am informed on 20 December 2019, [REDACTED] responded by email to [REDACTED] stating 'Minute and PR pls' indicating that a minute recording advice to the Secretary and prepared response to the Integrity Commission was required.
16. On or about 15 April 2020, I am informed my office followed up the Department's Human Resources team.
17. On 29 July 2020, I received correspondence from the Integrity Commission seeking an update on inquiries into the matter. (Refer RFS-TAS-075 **Annexure 62 – Correspondence**)
18. On 11 August 2020, I am informed my office followed up with the Department's Human Resources, and then again on the 18 August 2020.
19. I am informed that on 18 August 2020, [REDACTED] responded to [REDACTED] advising 'Sorry, the team were pulling the response together last week and got side-tracked with NW issues! We'll have something to you within 24 hours.'
20. I am informed that on 20 August 2020, my office received the draft response to the Integrity Commission, from [REDACTED] on behalf of the Chief People Officer [REDACTED]
[REDACTED]

21. The draft response was reviewed by my authorised officer, [REDACTED] on or about 3 September in consultation with [REDACTED] and provided to my Executive Assistant for submission to me via WITS (Workflow Information Tracking System, our then electronic document management system).
22. I reviewed the response by email in the evening of 10 September 2020 and did not identify any reason to amend the suggested response and approved it for electronic sending. I am informed that my Executive Assistant emailed the response to the Integrity Commission and copied in James Bellinger as the responsible officer nominated on the response.
23. Prior to receiving the draft response nominating James Bellinger as the responsible officer, I was not aware that this matter had been allocated to Mr Bellinger to investigate and prepare advice and a response. Further, there is nothing to indicate in the Integrity Commission correspondence that it was inappropriate to refer the matter to the Chief People Officer to undertake the investigation. The Integrity Commission referral named 3 operational subjects and an other officer, all of which were senior executive members of the Launceston General Hospital. I did not inform the Chief Executive, Mr Daniels, of the Integrity Commission referral as two of the officers directly reported to him. It is appropriate for me to rely on the expertise of my senior authorised officers to assess and allocate a referred Integrity Commission complaint for investigation by an appropriate officer. I say this, particularly given I was new to the Department of Health (having commenced roughly 11 weeks earlier prior to the referral) and I was still building my knowledge of key personnel and their portfolios of responsibility.
24. I note from the oral evidence of Mr Bellinger of 28 June 2022 that he had prepared the draft response which he was aware had been reviewed by [REDACTED], Director Human Resources and [REDACTED] before coming to my office for review and approval.
25. The response that I signed contains the following statements which I had accepted as true:

“There has been no information indicating that evidence has been destroyed and the records reflect that there are several issues on file that have been addressed.”...

“The THS has reviewed all available records and determined that all matters that were raised with the Agency were addressed in a manner that was reasonable in the circumstances that existed at that time. The decisions made over the past 15 years were without the benefit of the information that now exists as a result of the Police investigation and the management actions cannot be judged with that in mind.

Further, the THS has repeatedly sought to particularise and identify any complaints that the employees contend were previously raised and not addressed. No such complaints have been identified.”
26. However, I now note from the oral evidence of Mr Bellinger of 28 June 2022, that he had been informed by Tasmania Police in October 2019 of a prior complaint raised with the THS by Ms Pearn (Bannon) and that Mr Bellinger had searched for evidence of this complaint and questioned [REDACTED] as to her recollection and responded to Tasmania Police in relation to same.

27. Prior to hearing this evidence on 28 June 2022, I was not aware and had not been informed that the issue of a prior complaint by Ms Pearn (Bannon) had been raised with Mr Bellinger, or any other Health employee, by Tasmania Police in October 2019. No mention of the existence of the missing complaint is made in the draft response to the Integrity Commission and I now believe that the correspondence which I approved in good faith on 10 September 2020 is now not accurate and may be misleading.
28. I first became aware of the issue of the prior complaint by Ms Pearn (Bannon) when I was informed on 20 October 2020 that Ms Pearn had contacted the Department on 19 October 2020 in response to our public call for information relating to Mr Griffin, that she had spoken with [REDACTED], Manager Commission of Inquiry Response and Reform on 20 October 2020, and a copy of a filenote of that conversation was emailed to me.
29. In the evening of 21 October 2020, I received an email from the Minister's office attaching a filenote of a telephone conversation between the Minister for Health, Sarah Courtney MP and Ms Pearn (Bannon) that had occurred earlier that day, which contained information in relation to Ms Pearn's prior complaint. It also noted that Ms Pearn had indicated that teachers at [REDACTED] had made disclosures to CYS, although it was unclear exactly what allegations these related to.
30. The information which I received on 20 and 21 October relating to Ms Pearn's prior complaint to the THS, its mismanagement, and the involvement of external agencies, including the Department of Education and Department of Communities, Child Youth Services, together with mounting information flowing into the Department in relation to the review, caused me to write to the then Minister for Health on 21 October 2020 to recommend to the then Minister that she consider instituting an independent investigation (see RFS-TAS-075 **Annexure 42**). I noted that I had received information which raised serious allegations about the proper conduct, strength and adequacy of historical reporting processes, involving both the THS and other Government Agencies.
31. On 22 October 2020, the then Premier Peter Gutwein and the then Minister for Health Sarah Courtney publicly announced an independent investigation into serious allegations regarding a former Launceston General Hospital staff member. RFS-TAS-075 **Annexure 43 – Email**
32. Had I been advised of the circumstances of the missing Pearn complaint in my review of the draft response to the Integrity Commission on 10 September 2020, or if it had been escalated earlier to me at the time of contact from TasPol in October 2019, I believe that I would have immediately instituted an independent investigation in relation to the management of complaints relating to Mr Griffin (as I did on 21 October 2020 upon receipt of this information), given the seriousness of the missing complaint and the behaviour reported in 2011.
33. In hindsight I should have informed the Integrity Commission of the further information regarding Ms Pearn/Bannon that I had become aware of in late October 2020. At the time, and given the public announcement of an independent inquiry by the Premier and the Minister for Health, I did not turn my mind to doing so and I have since written to the Integrity Commission to correct this oversight.

Complaints Management

34. Due to the number of avenues a complaint can be received within the Department of Health, the current approach to recording, reviewing, investigating and reporting is varied and uncoordinated. This leads to inconsistent governance and oversight once a complaint is received, and in turn the potential for inconsistent investigation, management and communication to the parties involved.
35. Further, complaints are often received by, or referred to, the area of the department in which the complaint originated presenting the possibility of a conflict of interest when dealing with the complaint and possible confidentiality issues.
36. In addition, a lack of regular, structured analysis, reporting and monitoring of complaints data presents significant risk and is of concern. I am advised there is minimal data analysis undertaken, due to the disparate ways complaints are recorded and managed. Information on trends and systematic issues is not being provided to governance committees, meaning that this information is not considered when making decisions.
37. To ensure complaints are captured, triaged, monitored and responded to accordingly, I have launched a new “Reporting Concerns of Inappropriate Behaviour Form” for members of the public, staff and volunteers to report any behaviour that has occurred in our hospitals and health workplaces that is inappropriate or causes concern.
38. This provides all members of the public and staff with a clear and standardised route to report any concerns, in addition to existing avenues for reporting that many colleagues will also have in their roles.
39. Through an all staff message, I have asked all Department of Health staff to familiarise themselves with how to report safeguarding concerns, including how to access this new form, which is published on the Department of Health website. I have also issued a media release to advise the public of how to report concerns of inappropriate behaviour in the hospitals and health workplaces.
40. To support this new process, I have approved the establishment of a Complaint Management and Oversight Unit (CMOU) within the Office of the Secretary to introduce a central point of receipt for complaints, triaging for appropriate action and reporting. I intend to support this unit with internal trauma informed investigators to investigate employee misconduct complaints. This will be independent of the hospitals, other health services and corporate areas, such as Human Resources.
41. In addition, The Department is in the process of establishing an independent statewide Child Safety and Wellbeing Panel. The Panel membership will comprise experts in child safeguarding and health systems and have the purpose of overseeing the monitoring and investigation of child safeguarding concerns within the Department. The functions of the Panel will include:
 - a. Reviewing and assessing all serious child safeguarding events referred by myself as Secretary including completing a root cause analysis of the event.

- b. Conducting defined research, reviews, inspections or evaluations, providing independent advice and evidence-based solutions to assist the Department in quality and safety decision-making in relation to child safeguarding.
 - c. Advising on options for quality improvement in structures, systems, processes, and tools in relation to child safety.
 - d. Advising on options for systematic management of safety and quality learnings from serious child safeguarding events.
 - e. Advising in relation to the appropriate escalation of risks relating to trends identified through the review of investigation findings.
42. In the medium to long term, implementation of the Human Resources Information System (HRIS) is in progress and will provide for the first time, a statewide digital employment management system, including a conduct module, which will allow for monitoring of cumulative reports of misconduct against an employee, particularly where misconduct may occur within different health settings (for example for a nurse that moves to new roles in various locations within a hospital, between hospitals, or between health services) or be reported to different supervisors.

Management Issues

43. I am aware from my attendance at the Commission's hearing in the week commencing 27 June 2022 of a number of criticisms made of Ms Sonja Leonard while she was the Nurse Unit Manager of Ward 4K at the Launceston General Hospital regarding her alleged failure to provide information to nurses employed on that ward. Whilst I cannot comment on specific instances, and do not wish to do so, there are numerous reasons for a manager, even a relatively junior manager such as a Nurse Unit Manager, not passing information onto other workers in a ward or work group. Those reasons include (without being exhaustive):
- a. the privacy of other workers in relation to personnel matters (including, for example personal matters or performance management issues);
 - b. being aware of information that is not for general dissemination;
 - c. needing to protect patient privacy and confidentiality;
 - d. other workers not having a need to know particular information, or it being considered undesirable for a large number of people to know particular information.
44. The circumstances in which managers choose (or are required) to withhold dissemination of information from their subordinates varies greatly, but is an everyday part of being a manager. It would be wrong, therefore, to criticise Ms Leonard's management style on the basis of 'lacking transparency' merely by reference to her alleged failure to pass on information to her subordinates without an understanding of why Ms Leonard made those decisions. This should not be treated as an endorsement of Ms Leonard's decisions to withhold information from her subordinates in every instance, but rather is intended to reflect, at a high level of abstraction, the reasons why managers, including Ms Leonard, may not pass on all information that subordinates might wish to receive.

This statement is true and correct to the best of my knowledge.

Signed: 

Date: 30 June 2022

Witness Signature: _____

(Print Witness Occupation on line above)

____Date:_____