

Statement of ERIC DANIELS

RFS-TAS-064

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| Address | Tasmania |
| Position | Chief Executive Hospitals North/Northwest Department of Health |

This statement is made by me in response to RFS-TAS-064 (**'RFS'**), issued on 03 June 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.

Background

Q1. When did you start working at the Department of Health?

- 1.1 July 2016 as the Executive Director of Operations North/North-West, Tasmanian Health Service, re-titled to the Chief Executive Hospitals North/North-West (CEH NNW), when the Department of Health was re-structured in March 2020.
- 1.2 May 2012 as the General Manager, Mersey Community Hospital (MCH). MCH was at that time owned and funded by the Australian Government and managed by the State of Tasmania.

Q2. Outline the role(s) you have held connected with the Department of Health and/or Tasmanian

Health Service, 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 or department of the Department of Health or Tasmanian Health Service the role operates or operated in**
- e) **who reported to you and to whom you reported**
- f) **whether you had any personal performance measures, key performance indicators or financial outcomes in relation to how you or those who reported to you responded to child sexual abuse, safeguarded children or kept children safe, and**

g) whether you held or were required as part of those roles to hold any qualifications or credentials (including any registration to work with vulnerable people).

- 2.1 Executive level responsibility for the management of public hospitals and community-based health services in the North and North-West of Tasmania. This includes leadership and management of the senior management staff identified in the attached (Refer to attachments North and North-West Organisation Structures).
- 2.2 July 2016 to current.
- 2.3 I remain in this role.
- 2.4 The Tasmanian Health Service (THS) within the Department of Health as a member of the Health Executive (HE) (Refer to attachments DoH/THS Organisation Structures March 2020).
- 2.5 My position reports directly to the Health Secretary. Reports to the position of CEH NNW are members of the North and North-West Health Executives (Refer to attachments North and North-West Organisation Structures).
- 2.6 HE members are required to comply with all current Department of Health and State Service policies, procedures, guidelines, and Employment Directions. Within the corporate and clinical governance structures of Hospitals NNW the CEH is supported by executive level direct reports who have a range of responsibilities and accountabilities that include those associated with responding to, investigating, and reporting any allegations or concerns associated with ensuring keeping children safe when they are in our care.
- 2.7 My role as CEH NNW does not include any direct care provision to children, patients and/or any clients of the Health Service.
- 2.8 State Health Executive members were advised on 1 March 2022 that they were required to hold Working with Vulnerable People Registration. I hold Working with Vulnerable People (WWVP) Registration and it is valid to May 2027.

Q3. Outline any other qualifications and credentials (including any registration to work with vulnerable people) you hold that are relevant to your role(s) at the Department of Health or Tasmanian Health Service.

3.1 I hold professional registration as a Registered Nurse with the Nurses and Midwives Board of Australia (NMBA) which is renewed on an annual basis. I am a Fellow of the Australian College of Nursing and maintaining my Nursing Registration supports continued professional development activities. This professional registration is not an essential requirement for the CEH NNW role.

Structure of the Department of Health and Launceston General Hospital

Q4. For the Relevant Period, please outline where Launceston General Hospital sat within the overall structure of the Department of Health. In answering your question, please identify:

- a) the reporting lines between Launceston General Hospital and the Department of Health***
- b) the individuals responsible for the management of Launceston General Hospital (whether a Board or Committee of management or some other structure)***
- c) your role within the reporting structure that existed between the Department of Health and Launceston General Hospital.***

4.1 As indicated previously I commenced in the CEH NNW position in July 2016, so I am unable to comment in any detail concerning Launceston General Hospital (LGH) between January 2000 and July 2016. Prior to the Department of Health restructure in March 2020, my position reported to what was then the Chief Operations Officer of the THS, and the reporting lines for LGH were to what was then the THS Executive via a range of state-wide reporting processes. LGH is the principal referral hospital for the North and North-West of Tasmania within the Tasmanian Role Delineation Framework (TRDF), which articulates the level of health service provision for each hospital in the state.

4.2 Since I was appointed to the CEH NNW position, overall governance of LGH sits with the Hospitals North Executive Committee. (Please refer to the Organisation Structure for Hospitals North that identifies the key leadership and management staff as well as health support service directors who are part of the Hospitals North Executive)

4.3 As the CEH NNW I chair the Hospitals North Executive Committee under the required Terms of Reference.

4.4 Prior to the DoH re-structure in March 2020, the CEH NNW role was not part of the THS

Executive, rather the CEH NNW role reported to the Chief Operations Officer of the THS. The THS Executive met regularly with the Department of Health.

Q5. Do you consider that the management and accountability structures in place at Launceston General Hospital represent best practice for an organisation of that kind. Explain your answer.

5.1 I consider that management and accountability structures currently in place between the Department of Health and LGH are robust and enable transparent and accountable reporting within a comprehensive governance framework. In explaining my response, I can advise that as part of our recent formal accreditation under the National Safety and Quality in Health Standards the onsite assessors were advised of the Commission of Inquiry. The assessors examined our systems and processes in relation to the identification, reporting and investigation of child sexual abuse and were satisfied that the LGH met the requirements and identified no concerns. The overall outcome of this assessment for LGH during a pandemic and periods of significantly increased demands on our health services, was commended by the assessors. (Please refer to document "Re: QIP assessment of Launceston General Hospital")

Q6. Identify any committee within the Launceston General Hospital that is responsible for child safety and what roles and responsibilities this Committee (or Committees) has. If no such Committee exists, please explain why.

6.1 There is no one specific committee for this. All governance committees with Hospitals North, inclusive of the LGH have over sight of child safety. All committees have representation from Women's and Children's Services, representing our paediatric patients. Paediatric needs and child safety issues are addressed under the umbrella of all consumers of our services through the application of the National Safety and Quality Health Service (NSQHS) Standards across all areas of service provision.

6.2 I believe that there is an opportunity for the Department of Health (DoH) to consider the development of an independent unit in the Office of the Secretary that supports child and family focussed safety and wellbeing, and to provide support and guidance to children and families when concerns are raised about the services that DoH provides.

Q7. Does Launceston General Hospital have any strategic plans, performance measures or key performance indicators that relate directly or indirectly with child safety? If yes, please:

- a) explain what they are and how Launceston General Hospital is performing against those strategic plans, performance measures or key performance indicators**
- b) identify any overarching strategies or policies directed towards the provision of health care to children and young people, and**
- c) identify any overarching strategies or policies that impact upon the provision of health care to children and young people:**
 - i) who are Aboriginal and/or Torres Strait Islander**
 - ii) who are from culturally and linguistically diverse backgrounds**
 - iii) identify as LGBTIQ+**
 - iv) have disability**
 - v) experience socio-economic disadvantage, or**
 - vi) lack protective parental figures.**
- d) To the extent that there are no overarching strategies or policies in any of the sub-categories subjoined to paragraph 7(c), please explain why no such strategies or policies exist.**

7.1 The overarching strategies or policies directed towards the provision of health care to children and young people used are:

- 7.1.1 A Manual for Working with Vulnerable Children and Their Families
- 7.1.2 Child Safety Practice Framework
- 7.1.3 Reporting Concerns about the Safety and Wellbeing of Children and Young People
- 7.1.4 Charter on The Rights of Children and Young People in Healthcare Services in Australia

7.2 This Commission of Inquiry has caused me to reflect that the DoH could consider the development of overarching strategies and policies for the sub-categories listed in paragraph 79 (c). The work associated with this could be incorporated into the role and functions of the Child and Family Safety Unit suggested in paragraph 6 and a state-wide reference group established to ensure consultation and input from key operational and professional staff in both hospital and community-based services for which the DoH is responsible.

Incident management systems

Q8. 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. In your answer, please explain:

- a) the time period for which each system applied**
- b) the relevant reporting lines and processes**
- c) internal notification processes (for example, which Officials would be notified of an incident and when and how they would be notified)**
- 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 or Head of Agency level) or by a minister 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)**
- e) the supports (if any) that were provided to a complainant once an incident was reported, and/or**
- f) the extent to which a complainant was kept informed of steps taken in response to, and the outcome of, a report.**

8.1 The Tasmanian Health Department currently uses a state-wide electronic incident management system "SRLS". This system is therefore what has been in use since I commenced in the CEH NNW role. All staff can "log" incidents on this system and allocate a "Severity Assessment Category" (SAC) to each incident according to an incident severity assessment matrix. The SAC ratings range from the highest of SAC 1 to the lowest of SAC 4. All managers are notified via e-mail of any incidents that are logged to enable review of SAC rating, and initiation of investigation. As the CEH NNW I am notified only of SAC 1 and 2 incidents that require formal processes of reporting and investigation in consultation with state-wide Quality and Safety personnel. Prior to the introduction of the SRLS system the DoH and the Tasmanian Health Service used a different electronic incident management system called, EIMS. This was the system in use when I was first employed at the Mersey Community Hospital in May 2012 and had similar functionality to that of the SRLS system but did not have the electronic risk management module.

8.2 There are separate formal Department of Health policies and protocols relating to reporting of serious allegations and/or reports of notifiable conduct by an employee in the context of paragraph 8 (d) (ii) above, and these are what was followed in relation to Mr James Griffin as

detailed later in this statement.

8.3 In terms of paragraph 8 e) and f) above I believe that there are opportunities for improvement in the way in which the DoH supports complainants once an incident is reported, and how they are advised of the steps that are being taken to investigate incidents as well as discussing outcomes and any recommendations. The development and implementation of a formal framework for this could be part of the suggested DoH Child and Family Safety Unit mentioned in paragraph 7.

Risk management at Launceston General Hospital and the Department of Health

Q9. Outline the risk management framework in the Department of Health during your employment with the Department of Health.

9.1 The risk management framework of the Department of Health is a sub-module of the SRLS system, and as such has similar functionality. Individual risks are logged onto the system by appropriately delegated managers, and/or Quality and Safety personnel. Also, similar to the incident management framework, each risk is accorded a “risk level” per a risk assessment matrix. Risks on the system are allocated a “risk owner”, generally an appropriately senior manager, and a risk “file owner” who reports to the risk owner.

Q10. Explain how the framework described in your answer to paragraph 9 was implemented in relation to the following matters:

- a) professional boundary breaches**
- b) professional misconduct, and**
- c) child safety.**

Include in your response:

- i) your expectations as to when concerns in relation to the above matters would be escalated to you as the Executive Director of Operations North/Northwest or the Chief Executive Hospitals North/Northwest;**
- ii) how these expectations were communicated to appropriate staff, and**
- iii) the circumstances in which you would report concerns to the Head of Agency, Department of Health, any relevant governance group, regulator and/or third party., and these also cover when such are required to be reported to the Head of Agency, relevant governance group, regulator and/or third party. This also applies**

to matters associated with c) child safety. Any risks specific to this are managed within the risk management framework as described in paragraph 9.

10.1 The framework described in paragraph 9 was used as the basis for managing this. However, I believe that there are opportunities for enhanced education and guidance for staff associated with identifying and responding appropriately to a), b) and c). I believe there is a growing awareness of what behaviours might lead our staff, and the community in general, to raise their concerns in an appropriate way. An example from my perspective as CEH NNW is associated with “grooming” as it relates to child safety. It is only through media reporting concerning on-line grooming of vulnerable people, including children and adolescents using the internet, that I have become aware of this in the health and potentially other government agency environments.

10.2 The development and publication of information and guidance materials for health care staff, and the community in general, would I believe enable early recognition and reporting of behaviours of concern to the DoH and regulatory or other third-party organisations when required. I believe that the Commission of Inquiry might provide a means to recommend options to achieve this.

Q11. How did the risk management framework referred to in paragraph 9 interact with the systems, policies, procedures, codes or guidelines in place at Launceston General Hospital?

11.1 LGH is required to follow the Department of Health and State Service requirements in all matters of this nature including ensuring that the risk management framework is applied and monitored as and when required.

Q12. During the Relevant Period, did you hold any concern that matters in relation to paragraph 10 (a) to (c) were not being escalated to you 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.

12.1 I believe that our systems and processes associated with reporting and escalating to the appropriate Health Executive North are effective and enable compliance with relevant DoH policies, procedures, protocols, and guidelines. Health Executive North are supported by

skilled and experienced HR consultants and Quality and Safety personnel who can provide sound advice and guidance, and in particular when such concerns require escalation to the CEH.

Q 13. Do you presently hold any concerns that matters in relation to paragraph 10 (a) to (c) are not being escalated to you in circumstances where they should be? Explain your answer.

13.1 I believe that any matters in relation to paragraph 10 (a) to (c) are being escalated to me as CEH NNW by the relevant Health Executive North member as required since I have been in the CEH NNW position.

Q 14. During the Relevant Period, where you received a referral of any matters in relation to paragraphs 10 (a) to (c) please identify your response to the referral, including what steps if any, you took in response, what the outcome was and what measures were put in place to ensure the concern did not occur again.

14.1 I am unable to respond in relation to the period between 1 January 2000 and 24 July 2016, commencing in the CEH role on 25 July 2016. I can advise that a serious matter concerning an employee of Launceston General Hospital (LGH) was reported to me by the Executive Director of Medical Services (EDMS), that position reporting directly to me as the CEH. The EDMS had been advised on 31 July 2019 that the Acting Registrar for Registration to Work with Vulnerable People (Department of Justice) had suspended the registration of a registered nurse, (Mr James Griffin), employed in the Inpatient Paediatric Unit (Ward 4K) at LGH. The suspension was the result of information from Tasmania Police of an on-going investigation. (For details of our formal response to this please refer to the document "Dot points for the Secretary – Notification of Action Taken under Working with Vulnerable People Act (2013)")

Q 15. During the Relevant Period, where you referred matters in relation to paragraph 10 (a) to (c) to anyone, (including to the Head of Agency, Department of Health, any relevant governance group and/or or any regulator or third party), did you have any concerns about the response you received? 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.

15.1 I do not recall any time when matters in relation to paragraph 10 (a) to (c) required formal

referral to either the Head of Agency or relevant third party or regulator raised concerns for me as CEH NNW. When such referral was required, I believe that this occurred in an appropriate and timely manner.

Q 16. When would the ED4, ED5 or ED6 process be used if there were allegations relating to:

- a) professional boundary breaches**
- b) grooming behaviours, and/or**
- c) child Sexual abuse**

16.1 Whilst professional boundary breaches are not defined, assuming they relate to child sexual abuse, ED5 relates to breaches of the Code of Conduct, so any of the above would result in ED5 investigations. ED6 would be used if the employee lost registration (AHPRA/Working with Vulnerable People). ED4 would be used in any of the above instances.

16.2 Whilst most professional groups in Health would be able to recognise what might constitute professional boundary breaches, many of which are outlined in the various professional codes of ethics, the general community may not. An example could be where a medical professional conducts a physical examination on a patient in the presence of a family member without a clear explanation of why the examination is necessary, and informed consent obtained.

16.3 Similar to my response in paragraph 10 above, enhancing awareness of what might constitute overt and/or covert behaviours that potentially demonstrate a) and b) would assist in ensuring reporting that may lead to Employment Direction processes being implemented. Whilst it might be considered that what constitutes child sexual abuse would be clear, I believe that there are some behaviours that may not be easily recognised as such, and example being that of, “grooming” as mentioned previously. These are complex and challenging topics, and the availability of information and resources that support staff and the broader community would be of great assistance.

Q 17. In relation to the ED4, ED5 and ED6 processes, explain:

- a) whether, when and how the Executive Director of Operations North/Northwest and/or the Chief Executive Hospitals North/Northwest others would be involved**
- b) whether, when and how others would be involved, and**
- c) the relevant reporting lines (and associated timing) including reporting to the Head of Agency.**

17.1 Noting that the Head of Agency is the decision maker; I, as CEH NNW would always be briefed. That would include being briefed by senior Human Resources (HR) staff verbally and (in circumstances of the nature discussed in the COI) would receive a copy of the Minute etc. This would occur as soon as such issues were identified, and as decisions occurred.

17.2 Depending on circumstances the expectation is the relevant manager/professional lead/executive member would be involved; they are generally the Hospitals North Executive staff member who brought the matter to CEH NNW/HR attention initially.

The Tasmanian State Service and Structure

Q18. Do you believe that there are any cultural barriers within either the Department of Health, Tasmanian Health Service or Launceston General Hospital that impede effective responses to child sexual abuse?

18.1 Tasmania being a small jurisdiction with a many, “close-knit” communities can potentially create cultural barriers that might impede effective responses to child sexual abuse from a general community perspective. Commonly referred to as “small community syndrome”, a strong sense of community can lead to reluctance to take the actions that are necessary to effectively respond to concerns about child sexual abuse, particularly when coupled with a lack of awareness as outlined in paragraph 16 above.

18.2 Similar to the above might apply to the DoH and LGH. All staff as part of their formal on boarding receive orientation to our patient safety systems and are aware of the ability to anonymously report safety events in relation to all patients, adult and paediatric. However, I believe that there are further opportunities for enhancing staff awareness and encouraging a safe environment for reporting concerns whilst ensuring procedural fairness is maintained.

Q19. Are State Service Employee Survey results which relate to Launceston General Hospital considered by and acted upon by the Department of Health or management at Launceston General Hospital?

19.1 Surveys were undertaken in 2016, 2018, and 2020. Results from 2020 are archived on the website although 2018 are available. Results of these were socialised with all staff via various communication channels at LGH, and managers encouraged to disseminate broadly.

Q20. What (if anything) is Launceston General Hospital doing in response to the results it received through the 'Patient Safety Culture Survey Hospital Report' dated March 2020?

- 20.1 The findings were delivered to, what, at the time was THS N (LGH) Executive, via MS Teams and written reports. Individual reports were prepared for units upon request. The summary and recommendations remained the same throughout the survey.
- 20.2 Summary: Overall, there are small differences only noted between pilot sites and LGH except responses in staffing and workplace and reporting safety events. Staff perceptions were constructive with a focus on the inherent need for system and process improvement that is the need to build a 'just' culture. A transparent account of the findings be provided to LGH staff. THS Clinical Governance with support from THS N Quality and Patient Safety Staff (QPSS) develop an overarching quality improvement plan to address recommendations and suggestions.
- 20.3 Since this time the organisation has been functioning under the Public Health State of Emergency Direction in response to the COVID19 pandemic resulting in an inability to progress this work more broadly at this stage.

Q21. Are there any cultural change initiatives in train at Launceston General Hospital? If so, please describe them.

- 20.1 As well as the significant work undertaken by the DoH for whole of agency awareness of child safety risk, reporting, and management, there are a number of other DoH sponsored initiatives, for example relating to Aboriginal cultural awareness and making our health care environments more welcoming for culturally diverse groups; specific enhancements in recognition and acknowledgement of gender diversity when providing health services, and early development of a range of strategies directed towards enhancing staff health and wellbeing. I also refer to my earlier responses in this statement as they relate to this topic.

Q22. Describe any variation between regions of Tasmania as they relate to:

- a) reporting structures, policies, practices, codes and guidelines related to the detection, prevention and response to allegations of child sexual abuse;**

b) cultural differences.

22.1 All Department of Health staff are required to comply with the requirements of paragraph 22 (a), and extensive information and on-line resources are accessible for staff to follow.

22.2 The information provided in paragraph 21 is broadly available for staff on the DoH website and other documented resources. Referring to my responses in paragraph 18 above, whilst the formal reporting framework applies across all regions, I believe that there are some local variations to the above that might occur due to regionality, particularly in geographically isolated areas of Tasmania such as the Bass Strait Islands or the West Coast. However, these would remain overall consistent with DoH policy and guidelines.

Professional misconduct and disciplinary action

Q23. Outline the circumstances in which health practitioners or other staff members at Launceston General Hospital would be investigated under the ED4, ED5 or ED6 processes.

23.1 In the context of allegations of child sexual abuse, DoH employees, including regulated health practitioners, would be investigated in all circumstances.

23.2 ED5/6 Clause 7.1 investigation commences when reasonable grounds exist to believe the code/inability may have been breached.

23.3 ED5 Procedures Investigation Determination Breach of Code Of Conduct.

23.4 ED6 Procedures Investigation Determination Efficiently Effectively Perform Duties.

Q24. 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.

24.1 I am unable to respond in relation to the period between 1 January 2000 and 24 July 2016. In

the context of allegations of child sexual abuse there are requirements for reporting to a number of external bodies, including: Tasmania Police, Child Safety Services, and the Registrar Working with Vulnerable People. (Please refer to 'All Staff Message from the Acting Secretary – Commission of Inquiry' email)

24.2 For regulated health professionals the Australian Health Practitioner Regulation Agency has both mandatory and voluntary reporting provisions under the National Law. There are also mandatory reporting requirements under the *Registration to Work with Vulnerable People Act 2013* (Tas) and regulation 5A of Registration to Work with Vulnerable People Regulations 2014.

Q 25. Do you see any challenges in using the employment directions as a response to allegations of child sexual abuse, professional boundary breaches, grooming behaviours or sexual misconduct? Please explain your answer and provide any suggestions of ways to improve the employment directions.

25.1 Employment Directions are quite prescriptive and complex to administer. They also tend to over-concentrate on employee rights rather than providing robust support mechanisms for children and their families. Whilst still protecting the industrial rights of State Service employees, simpler and timelier to implement industrial instruments with more flexibility and consideration of a more child and family support framework would assist in being able to respond more effectively to allegations relevant to paragraph 25. This, combined with implementing my suggestions in paragraph 6 would strengthen the manner in which we respond.

Q26. If it is determined that the alleged conduct does not meet the threshold for disciplinary action under the employment directions, what happens to the complaint? How is it resolved? How is a determination not to proceed under the employment directions made, recorded and audited or reviewed?

26.1 Advice in relation to this response was obtained from the HR Manager NNW. In the child sexual abuse context, the ED5 process is still followed. If it's not; we have our usual processes such as grievance and/or performance management as well as formal complaints management. Respondents/complainants are still able to obtain procedural fairness, and a decision is made and communicated to both. Where there is a finding, below ED5, that may include re-training, directions, or altered working arrangements/location etc. Where the Head of Agency determines not to commence ED5, that is recorded via a formal Minute, and we would retain a

file in HR. As above, with reference to Clause 7.1 of ED5, we only need reasonable grounds to believe a breach has occurred.

Mandatory reporting

Q27. 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?

- 27.1 Any allegations or concerns of possible child sexual abuse or other child abuse by an employee are investigated when they are reported by a staff member to their manager. If allegations and/or concerns are substantiated following investigation there is a formal requirement for reporting on the DoH incident reporting system (SRLS) and appropriate actions initiated in consultation with HR and the manager of the employee involved. These might include progression to acting upon any relevant Employee Direction.
- 27.2 Concerns about child sexual or other child abuse arising from a child's presentation and/or admission to one of our health care facilities are reported to Child Safety Services following formal policies and procedures relating to such. In general, the employee's Executive Professional Director is responsible for reporting to Child Safety Services, confirming such via a Minute to Secretary via the CEH NNW.
- 27.3 (Please refer to the link to the legislation "Children, Young Persons and Their Families Act 1997") <https://www.legislation.tas.gov.au/view/html/inforce/current/act-1997-028>

Q28. 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?

- 28.1 The *Health Practitioner Regulation National Law (Tasmania) Act 2010* (Tas) has mandatory reporting requirements for employers and all regulated health practitioners to report any concerns about a regulated health professional's practice, including breaches of the State Service Employee Code of Conduct and/or a professional/ethical code of conduct.

Q29. What is your understanding of when and how to make a complaint under the Health Practitioner Regulation National Law (Tasmania) Act 2010 (Tas) and the Health Complaints Act 1995 (Tas)?

29.1 The relevant legislation is quite prescriptive in terms of how complaints and notifications can be made and provide comprehensive guidelines and information concerning this on their respective websites. Members of the public may make complaints at any time either online or by direct contact with the Health Professional Regulator or the Health Complaints Commission.

Q30. 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?

30.1 When a concern about inappropriate conduct by an employee is escalated to a member of the local Health Executive, conduct that may result in the need for criminal activity investigation is reported to Tasmania Police. Such reporting is generally managed by one of the professional executive officers, for example the Executive Director of Medical Services.

Q31. What is your understanding of when and how to report reportable conduct to the Registrar under the Registration to Work With Vulnerable People Act 2013 (Tas)? Who do you understand is responsible for making that report?

31.1 Any reportable conduct against the *Registration to Work with Vulnerable People Act 2013* (Tas) is reported by the relevant professional executive to the Department of Justice, and a formal report is prepared for the Secretary as Head of Agency.

Q32. Are there other notifications you are aware of that are relevant and required to be made in your role, including when and to whom voluntary notifications can be made?

32.1 As the CEH NNW my position is required to provide notification to the Secretary as Head of Agency that a formal notification has been made when such is required by a member of the local Health Executive. If a voluntary notification was required concerning a member of either

of my Health Executives, I would make the formal notification myself.

James Griffin

Q33. Have you ever met or worked with Mr Griffin and if so, for how long (including date ranges) and in what capacity? If so, describe your relationship with him.

33.1 I never met or worked with Mr James Griffin.

Q34. Describe any contact you had with Mr Griffin outside of work.

34.1 I never had any contact with Mr James Griffin either in or outside of the workplace.

Q35. Do you have any knowledge, suspicion or belief of, or did you observe occasions where Mr Griffin did any of the following:

- a) engaged in any misconduct (including child sexual abuse)
- b) overstepped professional boundaries (hugging and non-care related touching) with paediatric patients
- c) called paediatric patients "baby", "babe", "princess" or similar
- d) had inappropriate conversations with paediatric patients, their families or visitors
- e) did not follow best practice or expected standards or procedures involving intimate engagement with paediatric patients
- f) used his mobile phone while on shift
- g) gave his mobile phone number to paediatric patients
- h) told paediatric patients they could contact him after hours or when off-duty
- i) had contact with paediatric patients after hours or when off-duty, and/or
- j) had ongoing contact with paediatric patients after they were discharged from hospital.

35.1 Until I was formally advised by the EDMS at LGH on 31 July 2019 I was completely unaware of any of the concerns or allegations that had been raised and as detailed below.

Q36. If yes, detail:

- a) the source of your knowledge, suspicion or belief
- b) the nature of the behaviours

- c) *when the behaviours occurred*
- d) *how you became aware of the behaviours*
- e) *whether you were concerned by any of the behaviours (giving reasons why/why not)*
- f) *what role (if any) you had in dealing with the behaviours, and*
- g) *how the behaviours were addressed*

Q37. Do you have knowledge of, or 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.

37.I I never observed Mr Griffin undertaking any duties at LGH.

Q38. To the extent that you were concerned by Mr Griffin's behaviour during the Relevant Period, including the behaviours outlined in paragraph 35, detail any action you took in response to your concerns.

38.I Until the EDMS advised me on 31 July 2019 that Registration to Work with Vulnerable People for Mr Griffin had been suspended I had no knowledge of any concerns about Mr Griffin's behaviours.

Q39. In relation to any concern about Mr Griffin that you became aware of, or personally held, did you or someone else from the Launceston General Hospital and/or Department of Health report the concern to: the Department of Health and/or the Head of Agency

- a) *a Minister or Ministerial Office*
- b) *a professional or regulatory body (including the Australian Health Practitioner Regulation Agency)*
- c) *Child Safety Services*
- d) *the Department of Justice, the Registrar under the Registration to Work With Vulnerable People Act 2013 (Tas), and/or the Consumer, Building and Occupational Services business unit within the Department of Justice*
- e) *Tasmania Police*
- f) *any other office, agency, organisation, authority or regulator, and/or*
- g) *any union or representative body for nursing and medical staff.*

39.1 (For details of our formal response to this please refer to the document “Dot points for the Secretary – Notification of Action Taken under Work with Vulnerable People Act (2013)”)

Q40. If reports were made to any organisation listed in paragraph 39, detail: who made the report

- a) *how the report was made*
- b) *when the report was made*
- c) *any responses received to the report (including when those responses were received), and/or*
- d) *the outcome of the report.*

Q41. Was the process that followed your report consistent with your understanding of the relevant policies, procedures, codes and guidelines? If no, identify the relevant policy, procedure, code or guideline and explain the way(s) in which the process did not comply with it.

41.1 I believe that all formal reporting requirements were met consistent with DoH policies, procedures, protocols, and guidelines. The majority of formal reporting was prepared by relevant Hospitals North executive staff, in particular the Executive Director of Medical Services and the Executive Director of Nursing, in consultation with senior Human Resources staff to ensure compliance with State Service and industrial requirements.

Q42. 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.

42.1 I was unaware that Mr Griffin was an ANMF Delegate and my response following the notification by the EDMS has been advised earlier in this statement. I have provided information concerning correspondence to and from the Tasmanian Branch Secretary of the ANMF, Ms Emily Shepherd as well as a record of a meeting that was held with Ms Shepherd subsequent to the events associated with Mr Griffin.

Other people’s concerns about Griffin

Q43. Did anyone raise a concern about Mr Griffin with you (either formally or informally), including the behaviours outlined in paragraph 35? If yes, please detail in respect of each concern: the nature of the concern

- a) *how and when the concern was raised*
- b) *the action you took in response to the concern (and when you took this action)*
- c) *whether you reported the concern to anyone (and if so, whom)*
- d) *the response of the person to whom you reported the concern*
- e) *whether the concern was reported to the organisations listed in paragraph 39 (and if so, please answer paragraph 40 again in respect of that report), and*
- f) *whether the concern was resolved, and if so how?*

43. I Until the notification to me concerning Mr Griffin on 31 July 2019 I do not recall any concerns about behaviours outlined in paragraph 35 being raised with me. I was advised that Tasmania Police were investigating allegations concerning Mr Griffin, and the EDMS was the Hospitals North Executive key contact for Tasmania Police.

Q44. Was the process that followed the raising of the concern consistent with your understanding of the relevant policies, procedures, codes and guidelines in place at the relevant time? In your answer, identify the relevant policy, procedure, code or guideline and explain the way(s) in which the process did or did not comply with it.

44. I I believe that the processes followed when the notification was received on 31 July 2019 met all the required Agency policies, procedures, codes and guidelines. As advised above, Mr Griffin was stood down from his position on the same day notification of the Tasmania Police investigation and Mr Griffin's Registration for Working with Vulnerable People had been suspended.

Q45. 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.

45. I I was unaware that Mr Griffin was an ANMF Delegate and my response following the notification by the EDMS has been advised earlier in this statement.

Q46. 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.

46. I believe that the actions I took in response to the suspension of Mr Griffin's Registration for Working with Vulnerable People were appropriate in my role as CEH NNW.

Q47. In the event that a person raised concerns on Ward 4K about Mr Griffin in relation to the behaviours outlined in paragraph 35 would these concerns automatically be escalated to you? If no, who was responsible for determining whether concerns would/would not be referred to you? Please identify your response.

47. I Any concerns relating to Mr Griffin's, or indeed any employee's other behaviour on Ward 4K would initially be investigated and managed by the Nursing Unit Manager (NUM) in consultation with the Nursing Director Women's & Children's Services (WACS) at LGH and senior Human Resources support staff. A serious concern of the nature reported to the EDMS concerning Mr Griffin on 31 July 2019 was escalated very promptly to me as CEH NNW and acted upon immediately.

Q48. Are you now aware of any concerns, reports or allegations (whether formal or informal) raised by others in relation to Mr Griffin's conduct, including in relation to the behaviours outlined in paragraph 35, that were not escalated to you at the time but should have been? If yes, explain the nature of the concern or report and the action you would have taken, had the concern or report been escalated to you.

48. I Following the notification concerning Mr Griffin, advice that I sought from Health Executive North members reporting to me, as well as from senior HR and Quality and Safety personnel who manage the SRLS incident system, indicated that any concerns raised by employees in the area in which Mr Griffin worked were thoroughly investigated by the NUM and the Nursing Director and recorded on the SRLS incident/complaint management system.

Q49. Do you have any other concerns or complaints about how concerns in relation to Mr Griffin's conduct toward paediatric patients (including the behaviours listed in paragraph 35 above) were responded to by staff and or management and/or Launceston General Hospital's executive management team during the Relevant Period?

a) If yes, please explain your concerns and what you think should have been done differently.

b) If no, please explain why you have no concerns.

49. I Based on the information that I received from members of Health Executive North following the suspension of Mr Griffin on 31 July 2019, I believe that any reported concerns were investigated and managed appropriately by LGH staff. I am however unable to comment on this for the period between 1 January 2000 to 24 July 2016.

Q50. Where concerns or reports 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.

51. I The actions taken by me and members of Hospitals North Executive following the notification concerning Mr Griffin were appropriate given the serious nature of the Tasmania Police investigation.

Q52. Prior to 31 July 2019, were you aware of any allegation that Mr Griffin had engaged in child sexual abuse of, 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.

52. I Prior to 31 July 2019 I was not aware of any allegations that Mr Griffin had engaged in child sexual abuse or had an inappropriate relationship with a child in any setting.

Your actions after Mr Griffin's arrest

Q53. What actions (if any) did you take upon Mr Griffin being arrested by police, including making notifications, briefing the Head of Agency and/or taking steps to terminate Mr Griffin's employment?

53. I As indicated earlier in this statement, immediate action was taken to stand down Mr Griffin from his employment at LGH on 31 July 2019 when the notification was received, and the Head of Agency immediately advised.

Q54. In answering this questions, include reference to any communications you had with:

- a) Launceston General Hospital's management and/or executive management team**
- b) the Department of Health and/or Head of Agency**

- c) *a Minister or Ministerial Office*
- d) *a professional or regulatory body (including the Australian Health Practitioners Regulatory Agency)*
- e) *Child Safety Services*
- f) *the Department of Justice, the Registrar under the Registration to Work With Vulnerable People Act 2013 (Tas) and/or the Consumer, Building and Occupational Services business unit within the Department of Justice*
- g) *Tasmania Police*
- h) *any other office, agency, organisation, authority or regulator, and/or*
- i) *any union or representative body for nursing and medical staff employed at Launceston General Hospital.*

Q55. Outline any steps taken by the Department of Health to investigate allegations of child sexual abuse and production and/or possession of child exploitation material against Mr Griffin. To the extent that you were involved, explain the steps that you took and the outcome of the investigation.

55.1 The investigation of the allegations concerning Mr Griffin was led by Tasmania Police. The EDMS was the key Hospitals North Executive liaison for Tasmania Police. I received regular updates from the EDMS concerning progress of the ongoing police investigation.

Support offered by Launceston General Hospital to staff, patients and community

Q56. What action was taken by Launceston General Hospital to identify and support any potential victim-survivors of child sexual abuse by Mr Griffin?

The following questions relate to how Launceston General Hospital staff were supported by the Launceston General Hospital after the allegations about Mr Griffin and his death were known.

56.1 The Secretary and her office provided extensive support for me and for LGH staff following the allegations about Mr Griffin and his subsequent death. These tangible supports have continued, particularly before and following the “podcasts” during 2020/2021. These are mentioned in my response at paragraph 61.

Q57. When did you first become aware of allegations that Mr Griffin has engaged in child sexual abuse?

57.1 31 July 2019.

Q58. Please explain how you have been impacted by the allegations about Mr Griffin.

58.1 The impact on me personally and professionally has been significantly distressing. After many years employed in health care in the UK and Australia, these events will have lasting effects. I believe I have a heightened awareness of what might constitute the behaviours that may constitute inappropriate conduct that needs to be investigated. As advised in paragraph 63, I was particularly disturbed about the way that officials of the ANMF conducted themselves. Whilst acknowledging their desire to support their members, the manner in which they corresponded to senior staff in the Women's & Children's Service at LGH was very distressing for those senior nurses, hence my correspondence in return and the context of the meeting that was held.

58.2 As the CEH I was very concerned for the impact this had and continues to have on many of the staff at LGH, and for the community in general given the nature of the allegations raised. I liaised extensively with senior HR staff in the North in efforts to ensure that we were able to support staff during a very challenging period. I also continue to be very concerned about the potential for ongoing adverse impacts on the trust that the community has in the care that LGH provides for children. We are currently working with Communications staff in the DoH to provide some positive news stories for LGH, particularly those associated with Women's & Children's Services.

Q59. What support was offered to you by any of the Department of Health, Tasmanian Health Service and/or Launceston General Hospital or any other emanation of the State of Tasmania after the allegations about Mr Griffin were known to you?

59.1 As well as access to the panel of formal Employee Assistance Programs provided by the DoH for all staff, I was provided with the opportunity to be supported by individual health and wellbeing service providers.

Q60. Were any directions given to staff at Launceston General Hospital regarding their ability to discuss the allegations against Mr Griffin and/or his death? If yes, outline the

nature of each such direction, who gave the direction, to whom the direction was given to and the reason the direction was given.

60.1 I am not aware of any formal directions given to LGH staff concerning their ability to discuss the allegations against Mr Griffin and his subsequent death, other than those relevant provisions of the State Service Employee Code of Conduct and/or the relevant professional codes of ethics. Unit Managers and Clinical/Nursing Directors were and are available to staff to provide guidance where necessary to ensure that such discussions were conducted in a safe and supported environment with access to the counselling services that have been provided. I also understand that staff were advised of the need to comply with associated Tasmania Police requirements whilst the police investigation was in progress. (Please refer to the attached document “Correspondence from the Minister for Health to [REDACTED] March 2020”)

60.2 I also sought information from the HR Manager NNW about the supports and counselling that was being offered to Ward 4K staff and nursing management. Staff were advised by senior HR staff that Tasmania Police advised that discussion of the matters that had been raised was to be restricted while their investigations were proceeding. I recall that the EDMS, Dr Renshaw was proactively engaged with Ward 4K staff, and that when a request for a “group de-brief was made, Dr Renshaw and senior HR staff sought advice from senior Mental Health Service staff who indicated that individual counselling that was being provided was the most appropriate, particularly while the Tasmania Police investigation was in progress.

Q61. What was the response of Department of Health, Tasmanian Health Service and/or Launceston General Hospital’s management and/or executive management team to the allegations against Mr Griffin and/or his death? Did this response change over time? If so how and why?

61.1 I believe that the initial and continued responses by the DoH, THS and LGH Executive have been transparent and flexible in efforts to support the health and wellbeing of our staff. Responses have been adapted to assist with supporting challenges such as the “The Nurse” podcast last year, and a number of negative media reports.

Q62. So far as you are aware, how did staff on Ward 4K react to the response of the Launceston General Hospital’s management and/or executive management team to the allegations against Mr Griffin and/or his death? How were any concerns raised by or on

behalf of staff responded to by Launceston General Hospital's management and/or executive management team?

62. I These events have prompted a number of staff health and wellbeing initiatives, on both an individual and group basis as appropriate and according to employee preference. Concerns from staff relating to these events are raised with local unit managers or relevant Clinical and Nursing Directors as well as other LGH management staff as appropriate. Discussions at this level have informed how staff health and wellbeing supports are provided in efforts to respond to staff needs. I refer to my response at paragraph 60 above for this section.

Q63. What role (if any) did the Australian Nursing and Midwifery Foundation have in raising staff concerns with Launceston General Hospital's management and/or executive management team about Launceston General Hospital's response to the allegations against Mr Griffin and/or his death?

63. I I met with representatives of the ANMF, including the Branch Secretary following correspondence from them to the then Nursing Unit Manager of Ward 4K dated 28 October 2019 (Please refer to copies of correspondence from and to the ANMF at that time, as well as a record of the meeting that was held on 6 November 2019).

Q64. Do you consider the directions and responses detailed in answer to paragraphs 60 or 61 to be appropriate or adequate? Provide reasons for your answer.

64. I To the best of my knowledge and my recall of events at the time, supported by records that I have held, I believe that the responses that I have provided are appropriate. There are always opportunities for "look-backs" with the possible benefit of hindsight and post-event experience to consider if modified or different approaches to managing what was, and continues to be, a significantly distressing situation for all concerned, may have been preferable. There is also the opportunity for learnings from these experiences, as well as the outcomes and recommendations from the Commission of Inquiry that will arise. I would also refer to my responses provide in paragraph 60 above.

Q65. To the extent that you were responsible for any direction or response detailed in answer to paragraph 60 or 61, would you give the same direction or response today? If not, what would you do differently and why?

65.1 I am not aware of any formal directions given to LGH staff concerning their ability to discuss the allegations against Mr Griffin and his subsequent death, other than those relevant provisions of the State Service Employee Code of Conduct and/or the relevant professional codes of ethics. Unit Managers and Clinical/Nursing Directors were and are available to staff to provide guidance where necessary to ensure that such discussions were and are conducted in a safe and supported environment with access to the counselling services that have been provided. I would also refer to my responses provide in paragraph 60 above.

Q66. 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?

66.1 I believe that the supports that were and continue to be provided to me and other staff at LGH are appropriate and form part of the basis for a broader staff health and wellbeing program under development currently. Summary of support provided to staff:

66.1.1 Employee Assistance Program (EAP) available and information disseminated broadly.

66.1.2 [REDACTED] Health & Wellbeing Consultant was engaged and attended Ward 4K extensively and provided support to several staff outside of Ward 4K. Robyn also provided psychosocial education (self-care, responding to trauma/grief and patients demonstrating difficult behaviour).

66.1.3 "Enterprising Aardvark" were engaged to provide education regarding grooming, and related behaviour.

66.1.4 Various information sessions held.

66.1.5 Human Resources, EDMS and Secretary attended Ward 4K to provide information regarding the internal DoH inquiry and the COI itself and respond to any questions from staff.

66.1.6 EDMS and ND WACS attended Ward 4K to discuss Tasmania Police enquiry.

66.2 These supports continue as the COI progresses. Going forward I refer to my suggestions at paragraph 6 above.

Other people of concern

Q67. Did you have any concerns about conduct similar to that described in paragraph 35 in relation to other staff members at the Launceston General Hospital? If so, please answer paragraphs 36 to 41 in relation to each of those concerns.

67. I was not aware of any concerns of a similar nature in relation to other staff members at LGH.

Q68. Did anyone raise concerns with you about conduct similar to that described in paragraph 35 in relation to other staff members at Launceston General Hospital? If so, please answer paragraphs 43 to 44 and 46 to 51 in relation to each of those concerns.

68. I do not recall anyone raising concerns with me about conduct similar to that described in paragraph 35 other than advice provided to me in March 2022 about an internal investigation of allegations associated with a Health Attendant at LGH. This is being managed by the Chief People Officer of the DoH and the Head of Agency and is ongoing. The staff member concerned has been stood down while the investigation continues, and the most recent information from the HR Manager is that the ED5 process is in progress, and that the employee remains suspended (Please refer to the attached document "Minute to Secretary – Conduct Allegations 21 March 2022").

Q69. 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 67 and/or 68 above.

69. I Since I commenced in the CEH NNW role on 25 July 2016 I am not aware of any past allegations of child sexual abuse allegations at LGH. I am unable to comment in relation to the period between 1 January 2000 and 24 July 2016.

Right to information

Q70. What role if any does the Executive Director of Operations North/North-West, Chief Executive Hospitals North/Northwest and members of the Launceston General Hospital executive management team respectively have in accepting, considering and approving requests for information made under the Right to Information Act 2009 (Tas) or other request for medical records?

71.1 My position as CEH NNW has no role in the processes associated with managing requests under the Right to Information Act 2009. Any requests that are made to my executive support staff at LGH are referred to the RTI team in the Office of the Secretary. All requests relating to the *Right to Information Act 2009* (Tas) are managed by the Office of the Secretary of Health (OTS).

What should change and how

Q71. 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?

71.1 I believe that I acted appropriately in relation to matters outlined in this statement. In terms of the supports provided to staff I also believe that these were appropriate and provided for a range of emotional and counselling services in efforts to ensure staff health and wellbeing. I understand that the Secretary and Chief People Officer of the Department of Health met separately with staff of Ward 4K, the Nursing Unit Manager and the Nursing Director of Women's and Children's Services (ND WACS), on one or possibly more occasions at some stage following Mr Griffin's suspension and subsequent death. I believe that this formed part of the overall Department of Health response to these events, and whilst I was not included in these meetings, I was subsequently advised of some of the outcomes.

71.2 As suggested earlier in this statement, I believe there are opportunities for improvement in terms of improving the focus on children and families that are impacted by child abuse allegations in all of our health care settings, including where services are provided in the home. I strongly believe that the development of an appropriately resourced Child & Family Safety Unit in the Department of Health would be an excellent initiative to consider, particularly in supporting a child and family centric approach to managing highly sensitive and emotionally distressing events such as those that have led to the Commission of Inquiry.

Q72. Given your experiences at the Department of Health, Tasmanian Health Service and Launceston General Hospital, what do you think needs to change to make children safer from child sexual abuse whilst patients at Launceston General Hospital?

721. The Department of Health and the Tasmanian Health Service have undertaken a significant

amount of work to provide further extensive information and education to our staff about their and the organisation's responsibilities for recognising and reporting potential child sexual abuse behaviours or concerns about such at LGH. This includes, but is not limited to, Health Intranet based resources and guidelines, staff education packages, related information for on boarding and orientation for new staff, information on how to access support and counselling services. I refer to my response in paragraph 71 above.

Q73. How do you think the health system's response to allegations of child sexual abuse can be improved?

73.I I believe there are opportunities for further education associated with some of the less overt behaviours that may give rise to concerns. For example, how "grooming" might be recognised as an area for potential concern, and this would not only relate to Health. We also have to be cognisant of our responsibilities to ensure that reporting concerns, whilst this may lead to investigations being undertaken, does not constitute fact. The importance of respect for the integrity and confidentiality of health and police investigations that may occur is critical. I refer to my response in paragraph 71 above.

Q74. What steps do you think Launceston General Hospital should take in an effort to rebuild community trust in Launceston General Hospital?

74.I As advised earlier in this statement, in consultation with the Communications team in the Office of the Secretary, LGH staff are putting together a range of positive news story material that demonstrates the commitment that LGH has to ensuring that the community receives high quality and safe health care services in a fit for purpose facilities. With a particular focus on Women's & Children's Services, this includes publicising the Ward 4K redevelopment and broad coverage of the new family-based models of care for our WACS outpatient services for paediatrics. I believe that these initiatives together with developing and implementing the child and family safety framework recommended in paragraph 71 above would assist in supporting efforts to rebuild trust in Launceston General Hospital.

Q75. 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.

75.I I have not been discouraged by anyone in a position of authority to provide assistance to the

Commission.

Sources of information for this statement

Q76. 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:

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

76.1 For the purposes of completing this statement I have sought supporting information in some areas from:

- 76.1.1 The Director of Improvement North/North-West (Dol NNW), an executive level position that reports to me as CEH NNW. This was in relation to the feedback provided by the Lead Assessor of the Accreditation Assessment Team that undertook the Short Notice Accreditation Assessment at LGH relevant to the Clinical Governance Standard. I also sought further information from the Dol NNW in relation to the DoH Risk Management Framework, DoH Safety & Quality information relating to Child Safety in our health care facilities, and qualitative information concerning the outcomes of the Patient Safety Culture Survey dated March 2020.
- 76.1.2 The Manager of Human Resources North/North-West (HRM NNW), the senior DoH HR Manager position for the NNW, for further information concerning the range of health and wellbeing supports that were provided for LGH staff, and further information relating to the management of Employment Directions and related industrial instruments of the State Service.
- 76.1.3 The Nursing Director of Women's & Children's Services (ND WACS) at LGH for further information relating to paragraph 7.

76.2 List of attached documents:

- 76.2.1 North and North-West Organisation Structure Charts
- 76.2.2 DoH and THS Organisation Structures March 2020
- 76.2.3 Re: QIP assessment of Launceston General Hospital
- 76.2.4 A Manual for Working with Vulnerable Children and Their Families

- 76.2.5 Child Safety Practice Framework
- 76.2.6 Reporting Concerns about the Safety and Wellbeing of Children and Young People
- 76.2.7 Charter on The Rights of Children and Young People in Healthcare Services in Australia
- 76.2.8 Dot Points for Secretary – Notification of Action Taken under Working with Vulnerable People act (2013)
- 76.2.9 ED5 Procedures Investigation Determination Breach Of Code Of Conduct
- 76.2.10 ED6 Procedures Investigation Determination Efficiently Effectively Perform Duties
- 76.2.11 All Staff Message from the Acting Secretary – Commission of Inquiry email 19 April 2021
- 76.2.12 <https://www.legislation.tas.gov.au/view/html/inforce/current/act-1997-028>
- 76.2.13 Correspondence from the Minister for Health to Mr [REDACTED] March 2020
- 76.2.14 CEH/ANMF correspondence and record of meeting held 6 November 2019
- 76.2.15 Minute to Secretary – Conduct Allegations 21 March 2022

Other information

Q77. Is there further information you would like to provide to the Commission regarding the Launceston General Hospital?

77.1 Nothing further to add.

Q78. 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?

78.1 Nothing further to add.

Request for documents

Q79. 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 76 above).