

Statement of JAMES BELLINGER

RFS-TAS-059

Name James Bellinger

Address C/O Launceston General Hospital,
Tasmania

Position Human Resource Manager, Department of Health

1. This statement is made by me in response to RFS-TAS-059 (**'RFS'**), issued on 24 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 James Bellinger, and I am employed by the Department of Health as a Human Recourse Manager.

Q1. *When did you start working at the Tasmanian Health Service and/or the Department of Health (or its predecessor)?*

18 February 2004

Q2. *Outline the role(s) you hold and/or have held within the Tasmanian Health Service and/or the Department of Health (or its predecessor), including in respect of each role a brief description of:*

(a) *the duties and responsibilities of the role*

Refer to my CV at **Appendix I**.

(b) *the period in which you held the role*

Refer to my CV at **Appendix I**.

(c) *whether the role still exists*

With the exception of the following notations, all roles still exist (titles may vary):

- CPCO – THS – position amalgamated into equivalent position within the Department of Health following the amalgamation of the two agencies.

- HR Consultant/Advisor Human Services portfolio; these positions now sit with Dept. of Communities Tasmania.
- Recruitment Liaison Officer – like positions still exist but focus/duties have varied.

(d) which area/department of the Tasmanian Health Services and/or the Department of Health (or its predecessor) the role operates or operated in

In addition to the information contained in **Appendix I**:

- i. HR Manager:
 1. Reports to the Director of HR Management (DHRM), who reports to the Chief People Officer.
 2. Approx. 10 HR staff report to the HR Manager
- ii. Director – Employee Relations:
 1. Reports to Principal Advisor - Industrial Relations
 2. One direct report to the Director of ER.
- iii. WHS Manager
 1. At that time reported to the CPO, now reports to DHRM
 2. Approx. 12 staff reporting to that section of WHS.
- iv. CPCO – THS
 1. Reported to Chief Executive Officer – THS
 2. Entire HR Division of the THS reported to CPCO, precise number of staff unknown.
- v. HR Consultant:
 1. Reported to HR Manager
- vi. HR Advisor:
 1. Reported to HR Consultant/Manager
- vii. Payroll Advisor:
 1. Reported to Manager Pay/Personnel NNW.
 2. The payroll team, approximately 12-15 staff, report to two Advisors.
- viii. Recruitment Liaison Officer:
 1. To the best of my recollection; reported to Project Manager and HR Consultant/Director.
- ix. Pay/Personnel Officer/Senior PPO:
 1. Reported to Payroll Advisor.

(e) who reported to you and to whom you reported

Refer to D.

(f) whether you had any personal performance measures, key performance indicators or financial outcomes in relation to how you or your team responded to child sexual abuse, safeguarded children or kept children safe, and

No I have not been given any performance measures, indicators or financial outcomes in relation to how I or my team respond to child sexual abuse, safeguarding child or keeping children safe.

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

My qualifications relevant to those roles are set out in my CV. My current position has the following 'desirable requirement'.

Tertiary qualification in a relevant field and/or extensive experience in the management, leadership and delivery of HR services, preferably in a health/hospital setting.

I am not required to have registration to work with vulnerable people.

Q3. Outline any qualifications you hold that are relevant to the role(s) you have held at the Tasmanian Health Service and/or the Department of Health (or its predecessor).

Refer to my CV in **Appendix I**

Human Resources

Q4. Outline the structure of Human Resources branch within the Tasmanian Health Service and/or the Department of Health (or its predecessor) during the Relevant Period including:

I do not have complete records of the THS/DoH HR structure throughout the relevant period, therefore the below is provided to the best of my knowledge and memory.

(a) reporting lines

Appendix 2 represents the divisional structure from approximately late 2020 to present. Although there are presently subtle variations, including:

- i. A third division Strategic HR Policy and Innovation has been implemented, that incorporates policy and organisational change.
- ii. I also note that the HR Managers and Managers of WHS and SHW are at a peer level of the organisation all reporting to the Director of HR Management.

WHS do not form part of my current role.

- iii. The unit Organisational Change no longer exists.

Generally speaking the structure has always had the same units, albeit they may have been titled differently. I recall the following variations overtime:

During the THO/THS (July 2012 – March 2020), for the purposes of the HR division we were separate entities. I was a member of the THS division and have only an indirect understanding of the Department's HR structure.

The THS had its own Chief People Officer and the following teams, HR Management/Generalist, Employee Relations, Directorate, work, health and safety, recruitment and medical workforce, and policy. The THS accessed the DoHs workers compensation, payroll services and industrial relations units.

From July 2012 – July 2015 the Tasmanian Health Organisations existed; with each THO a separate agency from the Department and each other. During that period I worked for the THO-N. Our HR team included an HR Manager, HR generalists, policy, WHS/injury management, recruitment/medical recruitment; we reported directly to the Head of Agency. We accessed the Department's services for payroll, industrial/employee relations and workers compensation liability decisions.

Prior to July 2012 the Department was one consolidated Agency, which included Human Services. At the time the Department had HR management/generalist/recruitment teams assigned specific and set portfolios, with central services being provided by payroll, work

health and safety, industrial/employee relations; with both reporting through a Director of HR.

From July 2005 recruitment services were decentralised and geographically distributed.

(b) location of staff, and

Throughout the Relevant Period staff have been located across the state; Hobart, Launceston and Burnie/Mersey. The majority of roles have been located in Hobart.

Throughout my tenure, Payroll Services and limited HR/WHS resources have been located in each region.

Recruitment was decentralised from Hobart to N/NW commencing July 2005.

HR Consultants/Advisors have been increased and decentralised from approximately 2005.

(c) main roles and responsibilities.

Throughout my experience the division has included the following responsibilities, payroll, recruitment, policy, HR 'generalists, WHS, Employee Relations and Conduct and Review.

Q5. Explain the relationship between the Human Resources and the Employee Relations arms of the Tasmanian Health Service and/or the Department of Health (or its predecessor), particularly in relation to investigations into child sexual abuse.

Roles/Functions

With reference to **Appendix 2**, the roles/functions of the two units is presently as follows:

- The role and function of the HR Generalist team includes but is not limited to:
 - working with managers and employees with respect to performance, change management, non compensable injury/illness, grievances/conflict, disciplinary and inability matters, monitoring of WWVP registration, industrial disputes (including appearing in the Industrial Commission and Anti-Discrimination Commission), the application of relevant industrial legislation and HR policies/procedures, and recruitment advice.
 - In addition, on occasion we support programs/initiatives for the remainder of the HR division, support managers and employees to navigate the HR divisions and/or trouble shoot or resolve concerns/issues with other parts of the HR division.
 - The HR team identifies matters to be referred to the ER division and are responsible for developing all ED4/5/6 related documentation for ERs review/clearance. Further, we are the first point of contact for conduct related matters.
 - The HR team are responsible for being the case manager/contact point for ED4/5/6 matters.
 - HR are required to understand the industrial regulations and considerations with respect to ED4/5/6. With ER providing expert opinion re the same.
 - The HR generalists are the HR division that is most closely connected to the operational/hospital units and therefore we are better placed to understand the patient experience.

- It is my understanding having worked with the ER function and briefly performing the Director position, in addition to my substantive responsibilities, that the role and function of the Employee Relations team includes but is not limited to the following:
 - Provision of specialist/expert advice to HR Generalists on referral with respect to any matters concerning ED4/5/6 (including those relating to Child Sexual Abuse) and review/approve all related matters/documentation.
 - Whilst the ER functions sits at the same level of hierarchy as the HR team, ED4/5/6 matters require their approval before progressing to the Director of HR Management.
 - ER are the subject matter experts when it comes to ED4/5/6 and therefore have more authority, or perceived authority, re such matters.
 - Representation in the Industrial Commission/Anti-Discrimination Commission.
 - The ER team is a subunit of the Industrial Relations (IR) unit, with the later focused on matters relating to Awards/Agreements and Industrial Disputes that are not conduct related.

- Additionally, the DoH presently has a team dedicated to responding to the Commission of Inquiry; that team is also required to be involved and their approval gained in any matter pertaining to child sexual abuse or related allegations.

The Commission of Inquiry team is structurally based within the Office of the Secretary, the team has more authority, or perceived authority, than either HR or ER with respect to Child Sexual Abuse related matters.

Workflow/Decision Framework

The attached workflow (December 2020, **Appendix 38**) represents the workflow at that time; prior to the COI team existing.

ED4/5/6 matters are referred from HR to ER via a 'preliminary assessment' which is documented via **Appendix 3**, following which a case conference occurs between HR and ER to discuss the appropriate process/recommendations.

HR/ER reconvene at the decision-making points of live ED4/5/6 matters, and that discussion commences with the development of a Case Conference document (**Appendix 4**). HR and ER also consult as/if any unexpected issues arise during an ED4/5/6. These process have been in place since approximately 2019. Informal advice, where ED4/5/6 is not being considered, can also be sought.

In addition to the abovementioned documents, the attached Checklist is utilised for any allegations pertaining to Child Sexual Abuse (**Appendix 5**). This checklist was developed in May 2021, finalised/implemented in June 2021, and is currently being reviewed/improved.

As reflected in these documents, consideration includes whether or not a child was involved and whether or not a report is required to any regulatory bodies.

Where HR and ER disagree with respect to a particular case the following occurs:

- Discussion/debate between the two teams and agreement or a negotiated outcome is reached.
- Where agreement cannot be reached, the Director HR Management arbitrates the disagreement and the minute is progressed following that determination.

The Director HR Management and Chief People Officer are key HR advisors to the Secretary and their clearance is required regarding ED4/5/6 matters and the Secretary will seek their advice re such matters.

Responsibility for Industrial Disputes pertaining to ED4/5/6 can vary between HR, ER, IR and the Office of the Solicitor General based on a range of factors including:

- Complexity and nature of the dispute.
- The stage of the ED4/5/6 process the dispute pertains to; with disputes pertaining to the initiation of the ED4/5/6 likely to be dealt with by HR/ER and disputes pertaining to unfair dismissal likely to be dealt with by IR/OSG.
- Capability and capacity of the respective HR and ER team.
- Location, with disputes in the NNW more likely to be dealt with by the HR team, with all current IR/ER team members based in Hobart.

Whilst the tools referenced at **Appendix 3 - 5** have been established since 2019, the requirement to consult and obtain the agreement of ER regarding ED4/5/6 matters has existed throughout my experience as an HR Generalist (since 2008).

Prior to 2008 I had no involvement in ED4/5/6 matters, and between 2008-2012 I was responsible for Human Services and not the Launceston General Hospital. However, I note the following differences in process/structure that I am aware of:

- Whilst the three THO's existed (i.e. North, North-West and South) HR teams were part of the applicable THO, and reported to the Chief Executive (i.e. THO-N for the North HR Team), and the Conduct and Review team were part of the Department of Health.
- Conduct and Review provided advice and support to the Chief Executive and HR team, the Chief Executive was the decision maker. With the HR team having direct access to the decision maker.

Q6. Explain the relationship between Human Resources and the Department of Health's Commission of Inquiry Response and Reform Unit, particularly in relation to investigations into child sexual abuse.

The HR unit has been required to retrieve any and all documents within our possession that relate to the Commissions' requests for evidence. More recently the HR unit has also been required to provide any and all documented cases that have related to children including but not limited to matters that did not involve child sexual abuse.

Further, as outlined above, any conduct related matters or investigations with respect to children must involve the COI Unit, as detailed in (**Appendix 5**). The COI unit have, from time to time, had carriage of conduct matters relating to child sexual abuse.

Your knowledge of policies and procedures

Q7. As far as you understood it, during the Relevant Period at the Tasmanian Health Service, the Department of Health, and/or Launceston General Hospital what were the policies, procedures, codes or guidelines which governed:

I do not have a complete record of the archived/historical THS/DoH HR policies, procedures, codes or guidelines requested in this question. The below is provided to the best of my knowledge and memory, I do not recall the specific content of historical policies, procedures, codes or guidelines.

(a) mandatory reporting and notifications and related information-sharing

The Department has mandatory reporting obligations to Child Safety Services and the Australian health practitioner regulation agency (Ahpra).

I am not aware of any whole of Government or Department of Health policies/procedures/codes/guidelines that govern or provide direction regarding the reporting obligations.

I am aware of and understand my obligations under the relevant act or governing bodies documents; including, the Health Practitioner Regulation National Law, Children, Young Persons and Their Families Act and Criminal Code Act.

The Australian health practitioner regulation agency publishes guidelines and information relevant to notifications under the national law.

(b) making a complaint to a professional body

Refer to my answer in A

(c) professional conduct in the workplace/codes of conduct

State Service Act, Code of Conduct (**Appendix 6**)

Employment Direction No. 4/5/6, and the former Commissioner's Directions of the same name (**Appendix 7**).

Complaint or Concern about Health Professional Conduct - THS Statewide - Protocol (**Appendix 8**)

Workplace Behaviour - THS Statewide - Protocol - 20191231 (**Appendix 9**)

Workplace Behaviour and Performance - THS Statewide Policy - 20181101 (**Appendix 10**)

I recall the Department at one time having a Disciplinary procedure.

(d) reporting misconduct or potential misconduct of staff members

Refer to my answer in A and C; and, the Grievance Resolution - THS Statewide - Protocol - 20191231 (**Appendix 11**) and, Safety Reporting and Learning System documents (**Appendix 12**)

(e) professional boundaries with patients

As above. I am not aware of any Departmental specific documents, AHPRA has relevant documents.

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

I am aware that the Department has policies/procedures with respect to consent however I am not required to be familiar with their content.

(g) chaperoning or guidance relating to inmate care for paediatric patients

Not within my knowledge.

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

Not within my knowledge.

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

I am aware that there are consumer complaints processes and the Quality and Patient Safety Service have staff that receive and manage such complaints in conjunction with the relevant manager/s and/or Executive Director of Medical Services.

From time to time these complaints may require HR input or action, in accordance with our existing HR frameworks.

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

refer to A, C and D.

(k) open disclosure processes

I am aware that there are such protocols in place and Quality and Patient Safety Services and the Executive Director of Medical Services are involved.

HR are not involved in such processes however, when required, refer open disclosure questions or matters to QPS/EDMS.

(l) identifying, reporting and responding to child sexual abuse, including grooming behaviours and child exploitation material

As above

(m) storing and dispensing of controlled drugs, and

I am aware that the Department has policies/procedures with respect to medication management however I am not required to be familiar with their content.

(n) record keeping, information management and auditing as it relates to either:**(i) storing, auditing and dispensing of controlled drugs; and**

I am aware that the Department has policies/procedures with respect to medication management however I am not required to be familiar with their content.

(ii) recording complaints or grievances made by either staff or patients or family members of patients.

As above C, D and I

In your answer, explain the time periods for which the policy, procedure, code or guideline applied and the scope of its application (for instance, whether it was a state-wide policy or specific to certain hospitals).

The above referenced policies describe their date of effect and scope; policies are required to be reviewed at regular intervals and that may, or may not, result in changes.

Q8. In your answer, explain the time periods for which the policy, procedure, code or guideline applied and the scope of its application (for instance, whether it was a state-wide policy or specific to certain hospitals).

I have not been responsible for approving any of the abovementioned documents.

In 2014 I was involved in the development of the Grievance and Workplace Behaviour policies/protocols that were being developed and approved at that time.

The Department is currently reviewing/consolidating all HR policies, I am consulted regarding all HR policies including Grievance and Workplace Behaviour.

I have been required to apply and support the implementation of the HR policies. I am required to advise managers/employees of; existing policies and their application etc, new/changes to policy positions, and whilst a HR Advisor/Consultant, I provided training to operational units regarding workplace behaviours (based on the policies) and the Code of Conduct.

Q9. Outline your role (if any) in providing training and education to the Tasmanian Health Service and/or the Department of Health staff in relation to the policies, procedures, codes or guidelines you outlined in answer to paragraph 7.

I have provided training and education to THS/DOH staff in relation to HR policies, appropriate workplace behaviours, positive workplace behaviours, workplace diversity, code of conduct, managing conflict resolution, and, grievance/performance/disciplinary management process. The LGH has a monthly meeting with Nurse Unit Managers, and topics such as these are regularly discussed. Where new HR policies are implemented, I will advise regularised meetings, such as Executive and the NUM meeting.

I have provided training on the abovementioned topics to work units/employee groups since my commencement as an HR Advisor in 2008; that training is conducted with a power point presentation such as those provided in **Appendix 13**. That training would often be provided on request or because of an identified issue by the employees or manager. I do not have records of the training I have provided or attendees.

I have also presented at Hospital induction, with the HR content including workplace diversity and the Code. Induction previously occurred approximately monthly, with additional sessions provided when graduate intakes occur. Over the last two years induction processes occurred, and continue to occur, via e-learning module.

The Department also has Mandatory training requirements for all staff (**Appendix 14**) which includes HR essentials covering the following topics; the Code, Integrity/Ethical conduct, and Discrimination, bullying and harassment.

Further, as HR Manager of a team of HR Generalists my role manages a team that provides training in relation to these policies. I do not have available records of the training that has been provided or attendees.

The HR team provide training and education, including but not limited to; appropriate workplace behaviours, positive workplace behaviours, workplace diversity, code of conduct, managing conflict resolution, difficult conversations, emotional intelligence, ethics/integrity, Family Violence training for managers, and grievance/performance/disciplinary management process. **Appendix 13** includes examples of the presentations used to provide the training, denoting the approximate date of effect. These presentations/tools formed the basis of what I, or members of the team I managed, said and are revised over time.

Given the limited resourcing of HR Generalists teams there is not capacity to provide such training regularly across all areas of the health service and as part of a coordinated program of work. The training is provided to employees and managers, on request or when/where there is an identified need. Attendance at training is not recorded by HR, managers may keep such records.

Mandatory Reporting

Q10. 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?

As I am employed by the Department of Health I am a mandatory reporter (or prescribed person) under the *Children, Young Persons and Their Families Act 1997*.

Anyone who is a mandatory reporter is required to make a notification to Child Safety Service when there is concern or belief that a child has been/is being abused/neglected, is affected by Family Violence, and/or where there is a likelihood that this will occur by someone they live with. This requirement includes concerns with respect to unborn children.

A referral to Child Safety Service is made via the Advice and Referral Line of the Child Safety Service; in addition to Tasmanian Police. The Department circulated the attached information sheets re the same on 19 April 2021 (**Appendix 15**).

In notifying Child Safety Services, I would inform them of any information I had available at the time.

With reference to **Appendix 5**, notification to CSS forms part of our systematic checklist for considering child related matters. Although with the benefit of hindsight, the naming convention of the checklist should be broadened to acknowledge other types of abuse; I have now suggested that improvement.

The Department applied this process in December 2020 when a matter arose requiring notification to Child Safety Services and Tasmanian Police. The matter occurred in a [REDACTED] community.

The relevant manager became aware of information of concern; specifically, an employee interacting with a [REDACTED] year old child, including the child visiting his residence, and social media posts of their socialization. The child was known to the manager, understood to be vulnerable, and [REDACTED]. The manager referred the matter to HR who in turn sought ER advice. It was identified that one of the employee's social media posts made reference to [REDACTED]
[REDACTED]

On the same day as the matter was referred to HR, a notification was made to Child Safety Service and Tasmania Police; the Director of Nursing for the site made the notification given her existing knowledge of the child and local child safety/Tasmania Police representatives. The Secretary also notified Darren Hine, Tasmanian Police Commissioner on the same day.

The employee was suspended from work. The employee self-reported to Ahpra, and the Department provided to Ahpra all requested documents. Tasmania Police notified the DoJ (WWVP) automatically and DoJ suspended his WWVP registration, albeit it was not an essential requirement for his role.

We were advised by Tasmania Police that Child Safety Services had appointed a case officer and had responsibility for the child's safety.

Tasmania Police advised us of the outcome of their enquiry, which informed the Department's decision. A file of the matter has been retained.

Q11. 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?

Under the national law there are mandatory and voluntary notifications. Mandatory notifications are defined by s. 140, and more generally by division 2 of part 8 of the National Law and voluntary notifications are defined within division 3.

As the National Law prescribes, where notifiable conduct occurs a notification to Ahpra is mandatory.

Mandatory notifications must occur when there is a reasonable belief of the following;

- practising while intoxicated by alcohol or drugs; or
- engaging in sexual misconduct in the practice of the practitioner's profession; or
- placing the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
- placing the public at risk of harm by practising the profession in a way that constitutes a significant departure from accepted professional standards.

Further, Ahpra have publicly available guidelines with respect to mandatory notifications which provide further definition.

Notifications can be made by completing the relevant Ahpra form.

Health practitioners and employers of a registered health practitioner (therefore including the Department of Health) are obligated to make such notifications.

I have been involved in, and advised regarding, such notifications.

Q12. 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)?

I refer to my answer at question 11 with respect to complaints under the National Law.

I have never made, nor had cause to make, a complaint under the Health Complaints Act 1995.

However, I am aware that the Health Complaints Commissioner Tasmanian provides information about when and how a complaint can be made under the Act (**Appendix 16**).

Q13. 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?

The Department contact Tasmanian Police including in circumstances suggesting criminal conduct, where a welfare check is required or where Tasmania Police request information from the Department.

I would make contact with the local Police Station and seek their advice/assistance and seek that they refer me on to the most appropriate unit within Tasmania Police.

HR or the Office of the Executive Director of Medical Services are commonly responsible for making reports to Tasmania Police. The relevant Hospital Executive member may also make such reports. Concern for welfare reports are generally conducted by the employees manager with support from HR.

The Secretary is briefed where an employee is subject to a notification of criminal conduct to Tasmania Police.

Q14. What is your understanding of when and how to report reportable conduct to the Registrar appointed pursuant to section 11 of the Registration to Work With Vulnerable People Act 2013 (Tas)? Who do you understand is responsible for making that report?

Where a person has engaged, or may have engaged, in reportable conduct the reporting body (any State Service Agency) must notify the registrar as soon as practicable; in accordance with *Registration to Work with Vulnerable People Act 2013*, with reference to Part 7A.

Reportable behaviour is prescribed by the *Registration to Work with Vulnerable People Regulations* at regulation 5A as; “behaviour that poses a risk of harm to vulnerable persons by reason of neglect, abuse or other conduct”.

Such notifications are made to the Department of Justice, Consumer Building and Occupational Services (CBOS), Registration to work within Vulnerable risk assessment team (via email to [REDACTED]).

I have not made such a notification and, other than the allegations discussed in question 10, I have not received an allegation that required a notification to be made. With respect to the allegation discussed in question 10, Tasmania Police made the notification. Since the implementation of **Appendix 5** such notifications are routinely considered for any child sexual abuse allegations.

I understand that notification is to occur, as soon as practicable, if we suspect reportable conduct. We would include the employee details (name, date of birth, etc.) and a summary of the reportable conduct.

Where the notification relates to an employee, HR are responsible for making the notification. Since May 2022 CBOS have twice written to me advising that they “have received information as to a person of interest registered within our scheme currently employed by the Department of Health” and requesting “all relevant information (such as misconduct, complaints etc)” in relation to that person.

Q15. Are there other notifications you are aware of that are relevant, required or can be voluntarily made in your role, including when and to whom voluntary notifications can be made?

Whilst not child related, the Aged Care Quality and Safety Commission has mandatory notification requirements relating to reportable assaults.

A reportable assault is defined by the aged Care Act as; unlawful sexual contact, unreasonable use of force, or an assault that constitutes an offence against a law of the Commonwealth or a State or

Territory, that is inflicted on a person receiving residential aged care. Further defining reportable assaults as;

- unreasonable use of force or assault on a care recipient ranges from deliberate and violent physical attacks on care recipients to the use of unwarranted physical force.
- unlawful sexual contact on a care recipient means any sexual contact with a care recipient where consent has not been given.

Such reports are made to the Commission, Tasmanian Police and the Secretary.

Family violence notifications can be made to Tasmanian Police (in all emergency circumstances) and the Family Violence Response and Referral Line. Family violence includes various forms of physical, sexual, emotional, verbal, social, economic and spiritual abuse.

The Medical Colleges also have complaints mechanisms or contact points, in addition to those provided by Ahpra.

Incident Management System

Q 16. 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 was it 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, or by 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 support (if any) were provided to a complainant once an incident was reported, and**
- (f) the extent to which a complainant was kept informed of the steps in response to a report.**

I have worked for the Hospital since April 2012. Prior to then, I was not involved in incident management systems at the LGH.

The Safety Reporting and Learning System (SRLS) has been in place since 2014, at **Appendix 12** are a range of readily available resources from the intranet and Strategic Document Management System.

From 2006 to 2014 a system known as EIMS was used; **Appendix 17** includes resources relating to how to submit a report/incident, the transition to SRLS and a review of the EIMS system. As I recall, a paper based system existed prior to that; although my role did not require any involvement in it.

I do not have any direct knowledge or experience of the systems that were in place prior 2012. Due to the nature of my position from 2012-2014, I have limited knowledge or experience with the EIMS system. As such my reply focuses primarily on the SRLS.

As my understanding prior to 2014 is limited, I refreshed my memory/knowledge through discussion with [REDACTED] now Director of HR Services. As described later regarding the SRLS system, where an HR matter (conduct, performance) was identified through the EIMS system the incident was referred to the manager/HR and managed in accordance with the HR processes that applies at that time. Therefore the processes were not fundamentally different under either incident reporting system. However, the way we received the EIMS forms was more manualised.

The main purpose of the SRLS relates to reporting/recording either clinical events or WHS events. As the name suggests its intent is reporting and learning/improving. Given its main purpose, and that clinical and WHS events are not linked to my predominant role, my role is as an indirect user of the system, and not a subject matter expert.

As a manager of employees who are not involved in clinical care and rarely subject to WHS events, I am rarely required to use the system.

The main requirement for my team to address SRLS is when the report relates to our normal program of work, i.e., the report identifies performance, disciplinary or grievance/conflict issues.

Where those issues are identified, the matter is referred to HR by the WHS team, Manager or Quality and Patient Safety. If the matter contains no clinical or WHS components, the SRLS file closed; the matter continues to be recorded but via HR/management filing systems. The SRLS file is closed because it is not the primary purpose of the system and the system lacks adequate confidentiality for dealing with sensitive HR matters; a significant number of staff received and/or have access to each SRLS.

Safety events are managed within a supportive, learning based environment with a primary focus on patient care and continuous system improvement. Serious safety events where the event has caused permanent harm to the patient or contributed to their death are categorised as a SAC I event and are investigated using the Root Cause Analysis (RCA) methodology. This type of investigation ensures any factors contributing to the safety event is properly analysed and understood so that effective strategies to eliminate or reduce risk or reoccurrence or harm can be implemented. The role of the RCA team is to identify the system issues and put into place recommendations to prevent them from occurring in the future. Where non system issues are identified, i.e., performance or disciplinary issues, that is addressed in accordance with our existing HR framework. Quality and Patient Safety, WHS or the relevant manager/Executive will refer such matters to HR for advice/support.

As I understand the system, the person submitting the SRLS completes several fields which determine a 'SAC' rating based on formula built into the system, that SAC rating then automatically determines the people to be notified. More serious events being notifiable to additional and 'higher' levels within the organisation.

As addressed above (Mandatory Reporting questions), despite the incident being reported through SRLS (or EIMS) the process of making mandatory notifications remains the same.

I understand that the person submitting the SRLS should be provided feedback relating to their submission, however I only have direct involvement where the matter has been referred to HR.

Where a matter relates to a HR process, complainants receive information regarding the process; the timing and amount of information varies depending on the process. The enclosed flowchart (**Appendix 18**) provides a broad overview of the steps in each process. As it pertains to this point:

- Complainants of a conflict/grievance process will receive regular communication at the noted key steps, with that correspondence/communication being fundamentally similar for both respondent and complainant.
- Where a matter pertains to performance or disciplinary matters, a complainant will still be advised the matter has/will be address however they will not generally be provided the details of how or what action was taken to protect the privacy of the respondent.
- A complainant is likely to be a participant to any ED5 investigation that occurs, therefore requiring them to be further informed.

Q17. What supports (if any) were provided to a complainant once an incident was reported?

A complainant may be either a consumer/patient or an employee.

In my experience whilst working for the Hospital, I have not received a complaint of child sexual abuse from a child or a person on a child's behalf.

My role has very limited patient contact/involvement. However, I am aware that the Hospital engages with consumers with respect to complaints about their healthcare regularly. The Hospitals Quality and Patient Safety Service have dedicated resources that deal with consumer complaints, they work closely with the Executive Director of Medical Services in relation to those complaints.

I understand other Hospital services are also regularly involved, i.e. Social Work or the relevant clinical unit/division. That service has existed throughout my time working in HR Generalist roles in the LGH (2012). I understand the hospital refers, or provides, complainants appropriate therapeutic supports including but not limited; General Practitioners, psychologists/counsellors, and/or mental health clinicians.

HR are only in contact/interaction with a consumer where a HR process/investigation was afoot in relation to their complaint or care given to them. This is particularly the case when the consumer is participating in the investigation; our discussions with the consumer may involve gaining their statement, referring them to the appointed investigator or answering their questions about the process/procedure. When we are in direct contact with a consumer we ensure they are engaged with appropriate clinical care services. As a recent example, albeit related to an adult complainant, HR have engaged with the complainant with respect to alleged conduct of an employee towards her; that complainant is already engaged with our Mental Health Services and therefore HR's contact with them is through existing MHS Case workers/clinicians, ensuring the consumer has adequate clinical care in place for such conversations.

With respect to employees, the required support depends on the circumstances. The support can include:

- Support from their manager.
- Support/advice from HR or their Executive member.

- Referral to our Employee Assistance Program
- Critical incident stress management process
- In some circumstances specialist mental health practitioners are engaged to support participants.
- There may also be circumstances where other supports can be provided, such as time off or alternate rostering arrangements/duties.
- Often those submitting an SRLS are not directly impacted and require no support.

Q 18. Outline Human Resources' role during the Relevant Period in dealing with reported allegations of professional boundary breaches, grooming behaviour and/or child sexual abuse under the relevant incident management system, including:

Given the health care context, I confine my answer in relation to professional boundary breaches to allegations that directly or indirectly relate to sexual abuse, or allegations of a sexual nature.

HR are directly involved when it comes to allegations of professional boundary breaches, grooming behavior, child sexual abuse, and any misconduct. In my experience professional boundary breaches, as defined above, grooming and child sexual abuse are uncommon in health care.

I also note, as referenced above, that HR are not the first point of contact for patients/consumers with respect to their complaints. Whilst a patient/consumer can raise such concerns directly with HR, they generally do not and it's very unlikely that they would contact HR directly or raise the matter with HR in the first instance. It is far more likely that their complaint would be raised through other means, as identified below, and then referred to HR.

(a) how Human Resources was made aware of allegations

We may become aware of such matters through various means, including but not limited to;

- direct receipt of concerns either from an employee, witness, victim or their parent/guardian, or a fellow consumer.
- referral of concerns by a manager, Social Work department, or the Quality and Patient Safety team.
- WHS (which is a division of HR) receive all work, health and safety related SRLS and refer to HR Generalists as required,
- referral from an external body such as the integrity commission or health complaints commissioner.
- DoH Online inquiry email lines
- Consumer Feedback process
- Public Interest Disclosure
- Tasmania Police
- DoJ (WWVP)

- AHPRA
- Employees or their representatives
- Media

(b) whether Human Resources was always informed of such allegations (and if not, why not)

It is my expectation that HR are always involved, given that such allegations may amount to misconduct. I hold this expectation because HR are responsible for briefing the Secretary with respect to any alleged breaches of the Code and therefore need to be advise of any such allegations.

I cannot guarantee that HR are always informed of all such allegations; although I have no evidence to confirm this has not occurred. To mitigate this risk HR has strong relationships with managers at all levels and experience, and actively promote the services we provide. Further, work health and safety and quality and patient safety receive relevant information from our workforce and are experienced at referring matters to HR.

(c) the role of Human Resources in investigating and responding to allegations

In relation to any matter of performance/conduct, HR's role includes but is not limited to:

- support for managers/employees,
- ensuring the process is conducted fairly for all parties concerned including the alleged victim and respondent,
- undertaking preliminary assessment prior to ED5/6 being engaged and the preparation of relevant documents when ED5/6 is engaged.
- support/advice re decision making,
- liaison with the respondent employee and/or their representative,
- being a contact point for the complainant regarding the ED5/6 process and the complainant's participation in the same.
- Referral to, or offering, appropriate supports for the complainant & respondent.
- carriage of any industrial disputation that arises,
- referral to the Secretary.
- Briefing investigators engaged in accordance with ED5/6
- Notification to Tasmania Police, Child Safety Services, Dept. of Justice, and AHPRA (AHPRA notification may also be completed by the relevant professional lead).
- HRs role did not change depending on the nature of the conduct. However, the COI response team are also involved with any child specific allegations.

(d) record keeping requirements in relation to allegations, including recording allegations, interviews with relevant parties, meetings, decision making and outcomes, and

When HR are required to advise on any misconduct matter a file is opened and any available

material/evidence is stored on that file. Where HR are involved in addressing an allegation, including those that do not engage ED5/6, a file is kept.

Files are required to be kept in accordance with the disposal schedules of the Tasmanian Archive & Heritage Office. Particularly their more recent directions with respect to child related allegations.

With that said, record keeping within HR is under resourced and there has been underinvestment in IT infrastructure; the result being that records are regularly kept beyond the maximum limits of the disposal schedule.

(e) what supports Human Resources offered to complainants

As outlined at 17.

The above replies are based on my experience since I have performed roles addressing conduct related matters in the Hospital system, April 2012 onwards.

With respect to the process prior to my commencement in the Hospital portfolio April 2012 I have sought [REDACTED] recollection, as indicated below:

- Much of the process remains the same, aside the following.
 - Notifications to Ahpra were previously the sole responsibility of the professional lead/nursing director; with HR less involved than we are today.
 - HR were made aware of such notifications where we were already engaged in the management of the individual.
 - The Nursing Board previously notified us of any concerns about practitioners, even those not working for the Department. This ceased at some point, understood to be with the implementation of Ahpra.

An example of this is described in question 10, the relevant manager became aware of information of concern and referred the matter to HR who in turn sought ER advice. The same day a notification was made to Child Safety Service and Tasmania Police. Ahpra and Dept. of Justice (WVVP) were also notified shortly thereafter. We were advised by Tasmania Police that Child Safety Services had appointed a case officer and had responsibility for the child's safety. Tasmania Police advised us of the outcome of their enquiry, which informed the Department's decision. A file of the matter has been retained.

Q 19. In relation to the Safety Reporting Learning System, describe the following during the Relevant Period:

(a) the level of access that Human Resources had to report made via the Safety Reporting Learning System (for example, read only or editing access)

The level of access within the broader HR division depends on the role. The SRLS system is used for both clinical and WHS reporting, therefore the WHS unit of HR has greater access than HR Generalists.

The HR Generalists in NNW have access to all SRLS, although we generally only access based on referral from a manager or WHS. We have the relevant permissions to edit WHS events but cannot edit patient/client events. I do not recall any occasion where I have edited an SRLS event, with the exception of those submitted by my team regarding their safety where I am required to manage and respond to the event and subsequently update the SRLS record.

WHS are not in my current responsibilities however I performed part of the WHS Manager position for almost 12 months in 2018/19. It is my understanding that WHS have access to all WHS reports, and relevant clinical reports, for example those relating to manual handling and occupational violence and aggression (as WHS have dedicated resources to both).

WHS will refer SRLS to HR Generalists when they identify something that is more appropriately addressed by the HR Generalists.

(b) the extent to which Human Resources was involved in the investigation, determination and outcome of a report

The HR Generalist role is the same regardless of the system with which a complaint or concern is reported.

Where a performance, misconduct or grievance matter is identified in an SRLS the HR team perform the same role as we do if the matter was reported through any other means. Specific to the COI, matters of misconduct continue to be managed in accordance with ED5. HR's role, involvement and expectation is the same regardless of the mechanism of reporting.

WHS are involved in the investigation/management of WHS reports.

(c) how and to what extent the Safety Reporting Learning System integrates with Human Resources policies and procedures in relation to dealing with allegations of child sexual abuse by staff, and

The SRLS integrates with the HR framework. Incidents reported through SRLS that identify misconduct are dealt with as an ED5 in the same way as any other identification method of alleged misconduct.

(d) whether the Safety Reporting Learning System was capable of identifying potential patterns of concerning behaviour. To the extent that this was possible, describe whether such identification was automated or manual and who was responsible for identifying and responding to potential patterns.

The electronic tool known as SRLS does not automatically monitor trends, the supporting organisational systems/policies require trend monitoring to occur (refer to Policy on Safety Event Management, per **Appendix I2**). It is a matter for the responsible manager, or HR where involved, to identify such patterns. Some submitters/complainants will identify and report patterns.

Q 20. During the Relevant Period, did Human Resources provide training to Launceston General Hospital staff about the Safety Reporting Learning System?

(a) If yes, please detail the nature and frequency of the training provided.

(b) If no, state who was responsible for providing such training.

As noted above, WHS is a part of the division of HR and, save for the period 17 September 2018 – 9 August 2019, WHS were/are not within my responsibility. Therefore, in responding I sought advice from [REDACTED] Director HR Services and former incumbent of the HR Director North.

The WHS Consultant provided SRLS training at induction, on a case by case/request basis, and as identified in regularised auditing process. Given the previous incumbents retirement I do not have access to those records.

HR were not primarily responsible for the implementation of the SRLS. With SRLS being rolled out statewide by [REDACTED] and [REDACTED]; [REDACTED] remains the SRLS statewide manager. The THSN Quality and Patient Safety unit also provided training.

Q21. To the extent you can, provide responses to paragraphs 16 and 17 in relation to any other incident management system that was in place at Launceston General Hospital during the Relevant Period.

I do not have any direct knowledge or experience of the systems that were in place prior 2012. Due to the nature of my position from 2012-2014, I have limited knowledge or experience with the EIMS system.

I am aware that EIMS were referred to HR by the relevant operational manager, HR did not access EIMS reports directly (unless they related to or were submitted by our staff). Once referred to HR they were addressed in accordance with our usual HR process (as reflected in question 18 and 19)

Q22. Outline the circumstances in which a professional boundary breach would be escalated to senior staff such as the Director of Nursing, Executive Director of Nursing, Executive Director of Medical Services, Chief Executive Officer and/or the Head of Agency). Who was responsible for determining when matters would be escalated in this way?

As noted in question 18, I confine my answer in relation to professional boundary breaches to allegations that directly or indirectly relate sexual abuse, or allegations of a sexual nature.

The Head of Agency is responsible for determining whether reasonable grounds exist to believe the Code of Conduct may have been breached. Where an allegation of the nature describe above is raised, we brief the Head of Agency and seek their determination. The threshold for commencing an ED5 with respect to such allegations is very low.

The relevant Executive are made aware of the matter and the need to brief the Head of Agency. As outlined elsewhere in my statement, HR brief the Head of Agency and advise the manager of the need to do so.

Such breaches may be identified through various means, as referenced in question 18, including, but not limited to, through SRLS. The person witnessing the incident is expected to submit a SRLS; the person submitting the SRLS completes several fields which determine a 'SAC' rating based on formula built into

the system, that SAC rating then automatically determines the people to be notified. More serious events being notifiable to 'higher' levels within the organisation.

SRLS are distributed to a large number people within the organization and thus lack adequate confidentiality when dealing with matters of misconduct. As a result, and to ensure confidentiality and procedural fairness is afforded to all parties, it is preferable that misconduct matters are managed outside of the SRLS; an SRLS can still be submitted to track the event but the information included in the SRLS may be redacted.

Q23. Explain the extent to which previous allegation(s) or incident report(s) about a health practitioner inform the actions taken in relation to a new allegation or incident involving the same staff member.

Previous allegations are considered when dealing with new matters and consideration is given to whether the allegations suggest a pattern of behaviour.

Professional boundary breaches or grooming can be identifiable either (or both) through an initial allegation and/or through the analysis of previous complaints to identify a pattern of behaviour. Where a pattern of behaviour is identified, the agency is likely to take more significant actions or Sanctions (in accordance with the State Service Act) where a breach of the Code is substantiated. Repeated behaviour is considered with respect to both evidencing whether an alleged event occurred and the appropriate sanction to apply.

Although the advice did not relate to a child related allegation; the Office of the Solicitor General advised (19 October 2020) that similarities in complaints, and substantiated complaints, may have relevance and probative value to a subsequent complaint. More to the point, similarities in complaints may infer that what is complained of in each instant occurred.

Although the matter does not relate to allegations of professional boundary breaches, child sexual abuse or grooming; the Tasmanian Industrial Commission indicated in a 2021 record of outcome that the Department was to ignore an earlier and unsubstantiated complaint.

Human Resources' role in responding to allegations of child sexual abuse

Q24. Describe Human Resources' role in responding to allegations of child sexual abuse by a Launceston General Hospital staff member during the Relevant Period, including in relation to:

As I describe elsewhere in my statement, the only allegations of child sexual abuse that I am aware of are those of Zoe Duncan and Ben Felton (which I address in questions 51-53) and Mr Griffin (addressed in the below sections).

The allegations in relating to Zoe and Ben both pre-date my employment.

The alleged incident with respect to Ben did not occur during the relevant period, I discuss the Department's action during the relevant period in 51 and 53 below.

(a) supporting the alleged perpetrator and complainant

The alleged perpetrator will be supported to understand how the process will be conducted, the

allegations to be investigated, informed of the appointed investigator, the decisions that are made and the alleged perpetrator will be referred to counselling and support.

HR are also a point of contact for the complainant, or their representative/guardian, throughout the process and will advise them of the process that will be followed, and once an outcome is reached. HR will also ensure the complainant is advised of appropriate support services.

HR do not support either parties' response/evidence to the investigation.

(b) Investigations

HR brief the Secretary regarding the matter and seek the Secretary's approval to engage an investigator.

Once the Secretary engages an investigator, the Investigator is briefed regarding the requirements of their investigation, the relevant policy/legislative framework and the allegations. HR remain the Investigators contact point throughout the investigation.

HR review the Investigation Report prior to its progression to the Secretary.

(c) decision-making regarding outcomes and disciplinary processes

HR prepare an analysis of the investigators findings, brief the Secretary and seek their determination with respect to whether the allegations are substantiated, whether they represent a breach of the Code and, if so, the applicable sanction. Where termination is to be applied, we are required to consult with the State Service Management Office and HR will also prepare correspondence from the Secretary to SSMO.

I note that throughout the relevant period where the ER team have existed we will case conference with ER at each decision point. Further, since the inception of the DoH COI team (March 2021) they are involved in any matters relating to children.

Presently the HR division through ER, DHRM and CPO, as reflected above, brief the Secretary at each stage of the process including at the decision-making points.

(d) information affected parties of outcome, and

HR are responsible for informing the respondent and complainant of the outcome.

(e) record-keeping

HR are responsible for maintaining the records of the matter.

Q25. During the Relevant Period, what was your understanding of the actions available to Human Resources in relation to an allegation of child sexual abuse by a staff member, if that staff member had not been charged with or convicted of a crime?

The actions available to HR are; notification to Tasmania Police, Child Safety Services, the Department of Justice (WVVP) (if the employee is registered) and/or Ahpra (if the employee is

registered).

A suspension in accordance with ED4 is available in these circumstances.

An investigation in accordance with ED5 is available, even if the person was not yet charged. Albeit the investigation may be paused to not prejudice Tasmanian Police's investigation.

In circumstances where an employee had been charged but found not guilty, it is still available to the Head of Agency to consider whether reasonable grounds exist to believe that a breach of the Code may have occurred and therefore commence, or continue, an ED5 investigation. That is because an event may not be criminal conduct, or child sexual abuse, and may simultaneously be a breach of the Code, for example a conflict of interest or failure of care and diligence or respect.

At present I have carriage of a similar matter, it does not relate to child sexual abuse but the assault of an adult; the principles remain. The court has determined that the employee was not convicted however the ED5 continues. There are two main reasons; the standard of proof between the two systems is different and the employee was charged with criminal assault whereas the Department is alleging that they failed to show respect and care and diligence. Assault and respect (etc) are fundamentally different considerations and therefore the ED5 continues, subject to a live application before the Tasmanian Industrial Commission.

ED6 is available if the employee had lost an essential requirement, such as registration with Ahpra or their WWVP.

Q26. During the Relevant Period, what was your understanding of how (if at all) internal investigations into allegations of child sexual abuse by staff (including preliminary investigations and ED5 investigations) were affected by external investigations into the same allegation?

Where the external entity was Tasmania Police, an ED5 or preliminary investigation has still been commenced however we were advised to hold our investigative process so as not to prejudice Tas. Police's enquiry. ED4 was enacted and the employee suspended however the investigative stage held pending the above.

With respect to Ahpra, they do not advise us to hold investigations and the Department can, and does, investigate matters concurrently with Ahpra. Where the Department refers a matter to Ahpra we provide a copy of our records, likewise Ahpra will often require us to produce our records.

Q27. Outline any Memorandum of Understanding, protocols or other formal or informal processes that exist between the Tasmanian Health Service and/or the Department of Health (or its predecessor) and any external oversight and complaints handling bodies such as the Health Complaints Commissioner, Integrity Commission, or the Commissioner for Children and Young People, as they relate to investigation into allegations of child sexual abuse by staff.

To the best of my knowledge no MOU, protocols, or other formal process exists between the THS/DOH and the named agencies in relation to investigations of child sexual abuse.

In the absence of more specific processes, our ordinary processes would continue to apply, my knowledge of the same is set out below:

- I have not participated in any complaint with the Commissioner for Children and Young People.
- On very rare occasions I have been required to assist the Department's response to complaints with the Health Complaint Commission. That has involved the HCC writing to the Department and outlining the complaint they have received, and the Department reviewing the matter and provided a reply to the HCC.
- With respect to complaints made to the Integrity Commission, the Commission either refers the matter to us for investigation, seeks our records so that they can review what has occurred and what the Department did, or conducts their own investigation; the nature of the investigation is determined by the Commission.

Employment Directions

Q28. When would a health practitioner or another staff member be investigated under an ED4, ED5 or ED6 process in relation to allegations of:

- (a) professional boundary breaches**
- (b) grooming behaviours, or**
- (c) child sexual abuse?**

Employees are not investigated under ED4, ED4 provides direction with respect to suspension of employees; the investigative process falls under ED5/6.

Where reasonable grounds exist to believe that the staff member may have breached the Code of Conduct an ED5 is commenced. In all circumstances where such an allegation existed and occurred within the course/in the connection with their employment or was otherwise contrary to section 9 of the State Service Act, an ED4/5 would be commenced.

ED6 relates to an employee's ill health or loss of essential requirements to perform their duties. Therefore, relevantly, ED6 is commenced where an employee lost their WWVP or Ahpra registration.

Q29. State who within the Tasmanian Health Service and/or the Department of Health (or its predecessor) is responsible for:

I note the question is not specific to child sexual abuse, and therefore answer based on any ED4/5/6 matters. Refer to question 28 with respect to specific considerations relating to allegations of professional boundary breaches, grooming behaviour and child sexual abuse.

- (a) conducting preliminary investigations into whether an ED4, ED5 or ED6 process should be commenced, and**

In cases where it is evident that the Head of Agency's consideration is required to determine whether or not an ED4/5/6 should be commenced HR is responsible for preparing a minute, and associated letters to the employee/investigator, for the Secretary.

The Minute is cleared by ER, Director of HR Management and CPO. For allegations relating to children, the Department's COI team is also involved. Where it is already evident that the Secretary's consideration is required, information may be gathered to inform the minute but it is not a preliminary investigation as such.

Where it is not immediately evident that reasonable grounds exist to believe the employee has breached the code a preliminary assessment/investigation occurs. Managers and/or HR will conduct the preliminary assessment/investigation, where required this may include seeking a response from a respondent. Where that process identifies matters or allegations that suggest ED4/5/6 needs to be engaged HR (as above) will prepare the relevant documentation following the case conference process discussed earlier in my statement.

That may continue to involve the relevant manager, or the relevant executive/professional lead, particularly where the conduct pertains to clinical/professional matters.

(b) briefing the Head of Agency in relation to whether an ED4, ED5 or ED6 process should be commenced,

The HR division is responsible for briefing the Secretary. With the HR team responsible for drafting documents which are reviewed and cleared by ER, Director of HR Management and CPO. For allegations relating to children, the Department's COI team is also involved.

(c) carrying out any ED4, ED5 or ED6 authorised by the Head of Agency?

There are two parts to 'carrying out'; an Investigator is appointed to investigate the allegations and the HR division are responsible for briefing the Secretary at decision making points.

Presently, the Investigator is almost always an external investigator; the only instances I can recall where internal investigators were used are in response to the public health direction relating to the vaccination of health care workers and previously low level ED5 allegations (not relating to child abuse). The investigator must have an inquiry agents license, be a legal practitioner acting in the course of their profession or a State Service employee. In my experience, allegations of grooming/child sexual abuse are investigated by an external investigator.

The Investigator undertakes the investigative process and provides the Agency a report.

The HR division through ER, DHRM and CPO, as reflected above, briefs the Secretary at each stage of the process including at the decision-making point. HR and ER undertake a case conference at decision making points of the ED5 process.

Q30. If an external investigator is appointed to conduct an ED5 investigation in relation to allegations of the kind referred to in paragraph 28, outline the process of appointment, including the selection criteria and required skills for the appointment.

Prior to an investigator being appointed a conflict test is undertaken.

There are a limited number of investigators in Tasmania and the Department regularly uses a small number of them; therefore the Department has existing knowledge of their capability and is able to assess who has the requisite skills, and availability, to undertake the investigation.

New and untried investigators are unlikely to be requested to undertake such significant allegations. However, generally speaking, where a new investigator is available they will be trailed on simpler matters following review of their experience/credentials and a meeting with them to understand their investigative approach/merits. Assessment of their credentials includes review of their qualifications, and experience in like investigative processes.

Q31. Would commencing an ED4, ED5 or ED6 process require that the subject registered health practitioner be reported to a professional or regulatory body (including the Australian Health Practitioner Regulation Agency)?

Mandatory notifications to Ahpra are defined as four specific circumstances, see below:

- practising while intoxicated by alcohol or drugs; or
- engaging in sexual misconduct in the practice of the practitioner's profession; or
- placing the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
- placing the public at risk of harm by practising the profession in a way that constitutes a significant departure from accepted professional standards.

Any ED5/6 that relates to these four circumstances requires that a notification to Ahpra occur.

For ED5/6 matters that relate to allegations that do not fall within those four circumstances, consideration is given to making a voluntary notification (in accordance with the relevant section of the national law).

Where a matter is reportable to Ahpra, either mandatorily or voluntarily, the Department provides Ahpra with our records and updates Ahpra of the decision made.

Q32. Are ED5 or ED6 investigations reported to the Integrity Commission?

ED5 and ED6 investigations are not automatically reported to the Integrity Commission.

Q33. Describe the circumstances in which a Launceston General Hospital Executive, the Secretary and/or the Minister would be briefed in relation to allegations of the kind referred to in paragraph 28.

All such allegations result in a brief to the Secretary and relevant LGH Executive member.

I know that the Secretary can, and does, brief the Minister however I am not responsible for determining when this is to occur; it is a matter for the Secretary to determine.

I have been requested to prepare briefings for the Secretary to provide to the Minister. I am aware the Minister has been briefed where a complaint/concern has been raised with the Minister, and where community/media attention has or is likely to occur.

Q34. Are you aware of any challenges or limitations arising from the use of the ED5 process to respond to allegations of the kind referred to in paragraph 28? Provide reasons for your answer and any suggestions you have to address the identified challenged or limitations.

Yes. Although I expand the question/answer to include the provisions of the State Service Act, Code of Conduct.

ED5 is exclusively focused on procedural fairness for the respondent, it makes no comment or direction with respect to complainants including children. ED5 does not indicate what, if any, information or communication is given to complainants, does not provide any procedure with respect to complainants and offers them no protection.

The Code is now more than 20 years old, and not contemporary. Similarly, ED5 has not been revised since 2013, and as I recall the 2013 version is largely the same as its predecessor. Community expectations and understanding of professional boundaries have changed in that time.

The Code regularly describes the expected conduct in the following terms, 'in the course' or 'in connection' of State Service employment. In the course and/or in connection are not defined by the Code. Within the State Service there is not a clear/consistent view of 'in the course/in connection' and, historically, the view has been quite a narrow interpretation. Whilst that is broadening, it is still not in keeping with what I regard as a contemporary understanding, equivalent Aus. Public Service expectations or the employment expectations within the private sector.

There are a number of historical or cultural understandings within the State Service, including;

- The abovementioned views regarding 'in the course/connection'.
- Previously expressed views of State Service Commissioners indicated that section 14 of the Code must demonstrably show an impact on reputation. Although in more recent times that view has broadened.
- That a breach of section 4 of the Code can only be found following the relevant Court, or administrator of an Act, determining the behaviour is contrary to the applicable law.

The Code does not make any direct reference to the matters considered in paragraph 28, therefore any misconduct needs to be aligned to non-specific sections of the Code; for example, alleging child sexual abuse is a breach of care and diligence.

Witnesses and complainants are required to transparently and openly participate in an ED5 process; in that the respondent knows who the complainant is and all of their evidence. This is the same for matters that are reviewed before the Industrial Commission. Whilst this may be entirely unavoidable, it is difficult for participants and jeopardises witnesses' willingness to participate.

ED5 provides one process for all breaches, regardless of their severity, significance or nature. The ED5 process is long and difficult to administer in a manner that is timely for the complainant; again this creates a lack of confidence in the system which, I believe, may cause underreporting.

The definition of professional boundary breaches is unclear if it were to include minor infractions; ED5 is comprehensive and lengthy and administratively burdensome for minor infractions. If the ED were flexible enough to provide for a 'quick' but procedurally fair process for less severe breaches it would result in more ED5 process occurring and greater application of lower end sanctions and, I expect, improve confidence in our system.

Resourcing of HR/ER within Department of Health to conduct ED4/5/6 processes in a timely fashion is inadequate given other competing responsibilities. Access to legal advice/opinion with respect to ED4/5/6 process is also limited due to under resourcing.

Training of employees, including but not limited HR, and clearly defined expectations of behaviour is limited; particularly when it comes to professional boundaries and grooming behaviour.

Q35. If it is determined that the alleged conduct does not meet the threshold for disciplinary action under the ED5 process, what happens to the complaint?

The definition of professional boundary breaches need definition/clarity. Therefore I confine my answer in relation to professional boundary breaches to allegations that directly or indirectly relate sexual abuse, or allegations of a sexual nature.

I cannot envisage an allegation of professional boundary breaches that directly or indirectly relate sexual abuse, or allegations of a sexual nature, grooming behaviour or child sexual abuse ever not meeting the threshold for ED5.

With that said, if that were to occur the matter would be addressed consistent with our processes that resolve other employee issues that do not meet the ED5 threshold. As summarized below:

All complaints are dealt with, and any management action occurs in a procedurally fair manner, refer to **Appendix 18**. The respondent is given the right of reply, witness evidence is sought as/when required, and a decision made regarding what occurred and what, if anything, further management actions are required. The complainant is informed that the matter has been determined.

In the context of matters that are not addressed through ED5, the further management action may include, but not limited to; training or retraining, system improvements, performance improvement plans, directions with respect to future expectations of behaviour/performance, mediation or other steps to improve working relationships, or limitations/restrictions on duties/tasks.

**Q36. Who is responsible for determining that an ED5 process should be discontinued?
Where are such decisions recorded?**

The Secretary, on advice from the HR division.

Where such decisions occur the Head of Agency receives a minute outlining the following; key issues, background, analysis of issues/allegations and any evidence/investigation report that has been received, and the response from the respondent (if received).

Attached to that minute is any relevant information, including the investigation report, any attachments to the same and the evidence of the participants to the investigation; the minute refers the Secretary to these attachments.

Such decisions are recorded on the applicable case management file, and where the employee is suspended a copy is placed on their Payroll Services file.

Q37. To the extent that Human Resources has experience dealing with a trade union (including the Australian Nursing and Midwifery Association or the Health and Community Services Union) in relation to ED5 processes involving union members, describe the nature of the union's involvement in the process.

Any representative of an employee, represents, supports and advocates for their members/client. This includes supporting them in interview processes, supporting/assisting/advising on their reply and, where it occurs, representation in the industrial commission and the settlement and/or arbitration of disputes.

The representative will often serve as a contact point/conduit between the Agency/respondent.

The representative may also assist with the service of documents and support for the respondent.

The unions may also represent or support complainants in ED5 processes, including circumstances where the same union may represent both a complainant and a respondent (albeit with different employees of the

union respectively). For example, I recall circumstances of sexual harassment of co-workers where the ANMF was arguing on behalf of the complainants that the Agency should commence an ED 4, that the alleged behaviour was contrary to the Code and, in their opinion, could be a Public Interest Disclosure and another representative of the ANMF later represented the respondent in their unfair dismissal application. Whether or not the union is involved is not a factor in determining a course of action or appropriate sanction.

Q38. Has Human Resources ever sought or relied on advice from the Office of the Solicitor General in relation to:

(a) allegations of child sexual abuse against Tasmanian Health Service and/or Department of Health employees, including liabilities, compensation or apologies

Yes

(b) allegations of professional misconduct against Tasmanian Health Service and/or Department of Health employees, including boundary breaches and grooming behaviours, or

Yes

(c) information sharing with other agencies in relation to child safety?

I am not aware.

James Griffin

Q 39. Do you have knowledge of Mr Griffin engaging in any of the following behaviours during the Relevant Period:

With reference to the inquest into Mr Griffin's death, I am aware that Mr Griffin's alleged sexual abuse ranged from the late 1980s to 2012. Those allegations were raised with Tasmania Police on 1 May 2019, and by October 2019 four other females made similar complaints.

I enclosed (**Appendix 19**) the complaints or matters that were raised with the Department during the period 2000 – until his death. I provide below a summary of those matters by reference to the abovementioned list of behaviours:

(a) engaging in any misconduct (including child sexual abuse)

2005, kissing patient on forehead:

- a. Source of knowledge:
 - i. The HR 'generalist' team had a file of the incident that included the CNC – 4Ks recorded action.
- b. Nature of behaviour:

- i. the former Clinical Nurse Consultant of Ward 4K addressed with Mr Griffin his act of kissing a patient on the forehead whilst redirecting them back to their inpatient bed
- c. *Date it occurred:*
 - i. [REDACTED] October 2004
- d. *Was I concerned by the incident:*
 - i. I was not involved in the matter at the time and believe I accessed the file after Mr Griffin lost his WWVP. I am concerned, it is not appropriate contact with the patient.

2008 – 2009, file notes re Mr Griffin distributing phone number:

- e. *Source of knowledge:*
 - i. NUM file notes of conversations had with Mr Griffin in 2008 and 2009.
- f. *Nature of behaviour:*
 - i. Mr Griffin was providing his mobile number to patients and permitting the patients to contact him.
- g. *Date it occurred:*
 - i. 2009
- h. *Was I concerned by the incident:*
 - i. I was not involved in the matter at the time and believe I accessed the file after Mr Griffin lost his WWVP. I am concerned. It is not appropriate to provide patients with your personal mobile phone number or allow, and possibly encourage, patients to have such contact with an Registered Nurse.

January 2009, concerns from Psychiatric Registrar re not following patient care plan and mobile phone number provision to patients:

- i. *Source of knowledge:*
 - i. NUMs records.
 - ii. 2009 file note from Clinical Nurse Educator of a 2002 conversation with Mr Griffin.
- j. *Nature of behaviour:*
 - i. concerns were raised by a Psychiatric Registrar with respect to Mr Griffin not complying with the pre-determined care plan and providing his personal contact details to the patient.
 - ii. Physical contact with patients outside of therapeutic boundaries
- k. *Date it occurred:*
 - i. January 2009
- l. *Was I concerned by the incident:*
 - i. I was not involved in the matter at the time and believe I accessed the file after Mr Griffin lost his WWVP. I am concerned. It is not appropriate to provide patients with your personal mobile phone number, to act contrary to a pre-determined clinical care plan (unless appropriately authorised to do so) and to have nontherapeutic physical contact with patients.

(b) overstepping professional boundaries (hugging and non-care related touching) with paediatric patients

Matters detailed above in A;

- 2005, kissing patient on forehead:

- 2008 – 2009, file notes re Mr Griffin distributing phone number:
- January 2009, concerns from Psychiatric Registrar re not following patient care plan and mobile phone number provision to patients

Matters not previously detailed above in A:

- 2004, unacceptable greeting of patient:
 - *Source of knowledge:*
 - The HR 'generalist' team had a file of the 2005 incident (refer below) and that file included the letter of 3 August 2004.
 - *Nature of behaviour:*
 - That is largely indeterminant from the file, aside [REDACTED] referring to 'greeting of an adolescent patient', and that the behaviour is unacceptable and breaches the boundaries of professional conduct of a Registered Nurse.
 - *Date it occurred:*
 - [REDACTED] July 2004
 - *Was I concerned by the incident, and why:*
 - It is difficult to determine based on the available information.
 - I was not involved in the matter at the time and believe I accessed the file after Mr Griffin lost his WWVP. I am concerned given [REDACTED]'s comments.

- March 2009, Mr Griffin intent to 'give away' a former patient at her wedding:
 - *Source of knowledge:*
 - NUMs records, draft of correspondence sourced
 - *Nature of behaviour:*
 - Mr Griffin was intending to 'give away' a former patient at her wedding. Mr Griffin ultimately determined with his manager's counsel not to do so.
 - *Date it occurred:*
 - March 2009
 - *Was I concerned by the incident:*
 - I was not involved in the matter at the time and believe I accessed the file after Mr Griffin lost his WWVP. Although the specific details are unclear, I am concerned. It is not appropriate for an employee to give away a patient/former patient, although I have no knowledge if there were other family connections.

- March 2013, concerns from patients re Mr Griffin caring for them:
 - *Source of knowledge:*
 - NUMs records, with one being from the patient record and another an email
 - *Nature of behaviour:*
 - Patient [REDACTED] expressed discomfort with male nursing staff, particularly at night, [REDACTED] reported feeling uncomfortable being touched and called pet names such as 'baby' or 'sweetheart'.
 - Patient requested Mr Griffin not to visit her or her child due to 'family issues'.
 - *Date it occurred:*
 - March 2013
 - *Was I concerned by the incident:*
 - I was not involved in the matter at the time and believe I accessed the file after Mr Griffin lost his WWVP. Although the specific details are unclear, I am concerned.

Such expressions and touch are not appropriate. It is assumed that these concern relate to Mr Griffin, although that is not detailed in the notes.

- March 2017, Mr Griffin's professional boundaries:
 - *Source of knowledge:*
 - The HR 'generalist' team had a file of the incident.
 - *Nature of behaviour:*
 - Professional boundary issues raised by a patient with the Child and Adolescent Mental Health Services (CAMHS) and Child Safety Services, leaving the patient feeling uncomfortable.
 - *Date it occurred:*
 - March 2017
 - *Was I concerned by the incident:*
 - Although the specific details of the boundary issue are not described in the correspondence, I was concerned. However, given Child Safety Services and CAMHS referred the matter to the ward to address I understand the behaviour was not grooming, child sexual abuse or other criminal activity.
 - The response was therefore appropriate to the circumstances.

- August 2017, Mr Griffin's dating advice to patients and reference to colleague as 'titsy':
 - *Source of knowledge:*
 - The HR 'generalist' team had a file of the incident.
 - *Nature of behaviour:*
 - Mr Griffin was alleged to have given advice to child inpatients with respect to what 'boys' look for in a girl and comments he made about a colleague.
 - *Date it occurred:*
 - [REDACTED] August 2017
 - *Was I concerned by the incident:*
 - Yes, and the matter was appropriately addressed at the time.

- August 2019, Mr Griffin's comments taste of medication:
 - *Source of knowledge:*
 - [REDACTED] Registered Nurse 4K, raise concern with the NUM
 - *Nature of behaviour:*
 - in 2018 Mr Griffin commented on the taste of medication they were dispensing at the time including commenting "that's why it is used as a date rape drug".
 - *Date it occurred:*
 - July 2018.
 - *Was I concerned by the incident:*
 - Yes. The matter was referred to Tasmania Police.

(c) calling paediatric patients "baby", 'babe', "princess" or similar

With reference to the matters described in full above:

- 2004, unacceptable greeting of patient:
- March 2013, concerns from patients re Mr Griffin caring for them:

(d) having inappropriate conversations with paediatric patients, their families or visitors

With reference to the matters described in full above:

- August 2017, Mr Griffin's dating advice to patients and reference to colleague as 'titsy':
- March 2013, concerns from patients re Mr Griffin caring for them:
- August 2019, Mr Griffin's comments taste of medication:

(e) not following best practice or expected standards or procedures involving intimate engagement with paediatric patients

- No.

(f) using his mobile phone while on shift

- No, except for my reply to G

(g) giving his mobile phone number to paediatric patients

With reference to the matters described in full above:

- 2008 – 2009, file notes re Mr Griffin distributing phone number
- January 2009, concerns from Psychiatric Registrar re not following patient care plan and mobile phone number provision to patients

(h) telling paediatric patients they could contact him after hours or when off-duty

With reference to the matters described in full above:

- 2008 – 2009, file notes re Mr Griffin distributing phone number
- January 2009, concerns from Psychiatric Registrar re not following patient care plan and mobile phone number provision to patients:

(i) having contact with paediatric patients after hours or when off-duty, or

With reference to the matters described in full above:

- 2008 – 2009, file notes re Mr Griffin distributing phone number
- January 2009, concerns from Psychiatric Registrar re not following patient care plan and mobile phone number provision to patients:

(j) having ongoing contact with paediatric patients after they were discharged from hospital.

With reference to the matters described in full above:

- 2008 – 2009, file notes re Mr Griffin distributing phone number
- January 2009, concerns from Psychiatric Registrar re not following patient care plan and mobile phone number provision to patients:

One further issue was raised, as summarised below, and it is unclear if it falls within the above categories.

- April 2013, concerns from patients re Mr Griffin caring for them:
 - *Source of knowledge:*
 - NUMs records, with one being from the patient record and another an email
 - *Nature of behaviour:*
 - Patient requested not to be visit her or her child due to 'family issues'.
 - *Date it occurred:*
 - April 2013
 - *Was I concerned by the incident:*
 - I was not involved in the matter at the time and believe I accessed the file after Mr Griffin lost his WWVP.
 - From the available information, it is unclear if this is concerning or a consequence of circumstances unrelated to his employment.

If yes, detail the source of your knowledge, the nature of the behaviours, when they occurred and state whether you were concerned by any of them, giving reasons why you were or were not concerned.

Each matter was dealt with at the time and based on the information that was known at that time, including as a professional boundary issue; although it is unclear whether the Hospital and Commission's view of professional boundary issues are the same. Further, the Department does not have a definition of professional boundary breaches in this context. Mr Griffin was issued clear instructions regarding his future behaviour.

However, with the benefit of hindsight the incidents could have been considered and investigated as alleged grooming behaviours and if they were received today, referral would have been made to the Secretary to consider whether an ED4/5 should commence and notifications made to Child Safety Services, Dept. of Justice, Tasmania Police and Ahpra. That is particularly the case with respect to Mr Griffin giving patients his mobile phone number and making contact with them outside of the hospital, kissing/hugging and other non-therapeutic physical contact, and attempting to excessively influence the direction of the care plan.

I commenced working in a HR Generalist role with the Hospital in April 2012, the matters prior to then I was not involved in at the time they arose. However, I had access to files relating to those matters, either through HR case files or the Unit Managers records, and I have knowledge of them having retrieved all records regarding Mr Griffin following the response to his charges.

I note that much has been published about Mr Griffin's alleged conduct since his death, I have followed those news items and podcasts. I have also become aware of information as a result of Tasmania Police's investigation, and as noted above the coronial. I have also been made aware of allegations made by employees to Hospital Executives following Mr Griffin's death.

I attended 4K in 2019 (prior to Mr Griffin's death) to support them in relation to the charges he faced, on those occasions no one raised any allegation of employment related misconduct and any concerns raised were, at their highest, generalized feelings of Mr Griffin's being untrustworthy. For example, a staff member indicated that she would not allow her children to be at his home and that it was based on a feeling and nothing that had occurred, that staff member had concern re his boundaries. Discussions were also held regarding Mr Griffin's charges.

Q40. To the extent that you were concerned by Mr Griffin's behaviour during the Relevant Period, including the behaviours outlined in paragraph 39, detail any action you took in response to your concerns.

As noted above, I commenced working in a HR Generalist role with the Hospital in April 2012 and the matters prior to then I was not involved in at the time they arose.

Three matters were raised with HR during my employment in a HR Generalist role with the Hospital:

- *With respect to the complaints received in 2017 prior to Mr Griffin being suspended:*

I was the HR Manager and my unit advised regarding the March and August 2017 complaints.

I have a record of receiving both matters from a member of my team, I do not have a record of any advice I gave regarding those complaints.

I have no independent memory of what action/advice I took in relation to those matters in 2017.

It is possible that I took no action concerning the 2017 complaints and that I did not take action as my team were providing appropriate advice regarding the matters.

- *With respect to the complaint received in 2019 after Mr Griffin was suspended:*

Following discussion within HR, we referred the matter to Peter Renshaw and advised he refer it to Tasmania Police; Peter in turn referred the matter Tasmania Police.

I further ensured Mr Griffin was suspended in a timely manner following the loss of his WWVP. I contributed to briefing the Secretary with respect to the loss of his WWVP, resignation, and the charges laid against him.

In approximately September 2018 my computer failed and all archived emails were lost, I therefore do not have access to my email records prior to 2018. I do have access to any ED4/5/6 matters I was involved in as they are stored separately.

I have access to former HR Consultant Gino Fratangelo's email archives from 2013 – 2019 (his retirement); those records confirm my receipt of the 2017 files but do not show any action I took.

At the time of the loss of my email archives I discussed the matter with IT services, who were co-located in our building; at the time IT advised that the emails could not be recovered. I have no record of that discussion with IT, however, have other emails where I have referenced the loss of my email archives. The loss of my email archives could be independently verified by various staff in HR, including [REDACTED] Director of HR Services.

To the best of my knowledge, the data loss resulted from me moving the laptop whilst it remained on and the hard drive failing.

In responding to this question, I have sought clarification from with [REDACTED] Senior IT Officer, if there was an IT job recorded. He has confirmed that there was not; I expect that is as a result of the conversation being informal.

Other people's concerns

Q41. Did anyone raise a concern about Mr Griffin with you during the Relevant Period, including the behaviours outlined in paragraph 39? If yes, please detail in respect of each concern:

With reference to my answers in question 39:

(a) the nature of the concern

March 2017, Mr Griffin's professional boundaries:

August 2017, Mr Griffin's dating advice to patients and reference to colleague as 'titsy'

August 2019, Mr Griffin's comments taste of medication:

Concerns raised when I attended Ward 4k:

I met with staff in 2019, prior to his passing, some members of staff discussed the charges Mr Griffin was facing and the employees were concerned by those charges. The only concerns about Mr Griffin's behaviour that were raised in those conversations were generalised and not specific; for example, an employee discussing that they were uncomfortable with Mr Griffin being near their children and acknowledging they had no tangible reason to be so concerned.

Concerns raised when EDMS/ND WACS met with 4K:

After Mr Griffin's death, the Executive Director of Medical Services and Nursing Director of WACS were also informed by staff of concerns in relation to Mr Griffin.

The EDMS/ND advised me of the concerns. My recollection is unclear regarding the concerns raised in that forum as I was not in attendance, and we were receiving a lot of information from various sources at the time; however, I recall that the concerns were new and significant.

I supported the EDMS/ND in responding to the employees who raised the concerns with them

(b) how and when the concern was raised

The 2017/2019 concerns were raised with my HR team who provided a copy to me. With respect to the 2017 concerns, I received a copy of the complaint and management decision.

As noted above, concerns were also raised after Mr Griffin's WWVP was revoked and in meetings between staff of 4K and either myself or the EDMS/ND WACS.

(c) the action you took in response to the concern (and when you took this action)

I do not have a record of any advice I gave regarding the 2017 complaints.

With respect to the 2019 complaint, I recall discussion within HR and agreement to refer the matter to Tasmania Police and to have the matter investigated through an employment process.

With respect to those matters raised directly with me after Mr Griffin's WWVP was revoked, the concerns did not allege any specific behaviour and were generalised therefore I heard the concerns, advised what I could with the limited information we then knew, and assisted the staff generally.

With respect to the matters raised with the EDMS/ND WACS; I support both parties to provide the concerned employees an opportunity to detail/specify their concerns.

(d) whether you reported the concern to your supervisor

I did not report the 2017 matters to my supervisor, who was then the Chief People Officer, as the matter had been dealt in a manner that was appropriate and consistent with the Departmental expectations of the time (as detailed in my answer to 39).

The 2019 complaint was referred to Employee Relations by Mat Harvey (HR Consultant within my team) and subsequently to Peter Renshaw who in turn provided the report to Tasmania Police.

I recall regularly verbally updating my supervisor and to the best of my recollection believe it included this complaint. I also have record of reporting the 2019 complaint to my supervisor in October 2019 (after Mr Griffin's passing) at the time we were briefing the Secretary.

With respect to those concerns I/EDMS/ND WACS heard when attending Ward 4K, I recall regularly verbally updating my supervisor and to the best of my recollection believe it included these complaints.

(e) the response of your supervisor and/or Launceston General Hospital management and/or Launceston General Hospital executive to the concern, and

With respect to the 2017 complaints, the response of the Unit Manager and resolution of the concern is provided in full at **Appendix 19** and summarized in response to 39.

As noted above, Peter Renshaw referred the 2019 matter to Tasmania Police.

With respect to the information I received when attending 4K, my supervisor received the information I provided; no further action was required.

EDMS/ND WACS/I attempted to support and facilitate the staff to articulate their concerns.

(f) whether the concern was resolved, and if so how?

The 2017 concerns were addressed by the NUM with the issuance of future expectations of behaviour.

The 2019 concerns were referred to Tasmania Police, they were not put to Mr Griffin by the Department prior to his death.

Of the concerns I heard from 4K staff members, given their concerns related more broadly to the charges Mr Griffin was soon to face and generalised concerns about his behaviour, the concerns could not be resolved at that time.

With respect to the concerns raised by staff with EDMS/ND WACS, the staff indicated they were satisfied with the action that was occurring.

Q42. In relation to any concerns about Mr Griffin that were raised with you during the Relevant Period, did you or someone else report your concern to:

(a) The Department of Health and/or the Secretary of the Department of Health

Mr Griffin lost his WWVP on 31 July 2019, prior to that date I did not report any concerns to the DoH or the Secretary DOH.

After that date I did report, or assisted with, briefings to the Secretary on the following occasions;

- The Head of Agency was advised of Mr Griffin's loss of WWVP on 31 July 2019 **(Appendix 20)**.
- Mr Griffin was suspended by the Head of Agency on 5 August 2019 following the Head of Agency being briefed **(Appendix 21)**.
- The Head of Agency was again briefed when Mr Griffin resigned on 8 August 2019 **(Appendix 22)**.
- The Head of Agency was briefed again in October and November 2019 **(Appendix 23)**.
- The Head of Agency was again briefed in responding to the Integrity Commission complaint **(Appendix 24)**.

(b) a Minister or Ministerial Office

I was not responsible for or involved in briefing the Minister regarding the concerns. I was provided a copy of a draft briefing to the Minister of August 2019 **(Appendix 25)**._

I was responsible for drafting, with advice from Legal Services and clearance through the relevant executive leaders, a reply for Minister Courtney to Ross Hart **(Appendix 26)**.

(c) a professional or regulatory body (including the Australian Health Practitioners Regulatory Agency)

Mr Griffin was reported to Ahpra by Peter Renshaw, EDMS, on 1 August 2019 following Mr Griffin's

loss of WWVP (**Appendix 27**).

(d) Child Safety Services

Not to my knowledge.

(e) the Department of Justice and/or the Registrar to Work With Vulnerable People, and/or the Consumer, Building and Occupational Services business unit within the Department of Justice

I did not report concerns to the DoJ. On 31 July 2019 DoJ informed the DoH of the loss of Mr Griffin's WWVP and on 29 August 2019 DoJ informed the Department of Mr Griffin's surrendering of his WWVP (**Appendix 28**).

(f) Tasmania Police, and/or

I did not report any matters to Tasmania Police prior to Mr Griffin losing his WWVP on 31 July 2019.

Following Mr Griffin's loss of WWVP the Department provided to Tasmanian Police, via Peter Renshaw, any information they requested and a new complaint that was first raised with the Department in August 2019.

On 31 July 2019 the EDMS and HR attended Tasmania Police and received a briefing from them.

(g) any other office, agency, organisation, authority or regulator, and/or

I did not report any matters to any office, agency, organisation, authority or regulatory agency prior to Mr Griffin's loss of WWVP.

In addition to the matters described above, I drafted, with support from colleagues and clearance by the Chief People Officer, the Department's reply to the complaint raised with the Integrity Commission (**Appendix 24**).

(h) any union or representative body for nursing and medical staff employed at Launceston General Hospital

No; we do not report concerns to a union/representative body unless they are acting on behalf of a respondent.

Following concerns raised by ANMF members we advised the ANMF of the action we had taken **(Appendix 29)**.

Q43. If reports were made to any organisation listed in paragraph 42, detail:

(a) Who made the report

Ahpra: the Executive Director of Medical Services (Dr Peter Renshaw) made the report to Ahpra **(Appendix 27)**.

Tasmania Police: the Executive Director of Medical Services was the conduit to Tasmania Police.

Secretary: Eric Daniels, Peter Renshaw and the HR Division.

(b) How the report was made

Ahpra: the report was submitted via email.

Tasmania Police: via email, meetings and phone call.

Secretary: via email and formal Minutes

(c) When the report was made

Ahpra: 1 August 2019

Tasmanian Police: whilst I was not directly involved, I understand commencing on 31 July 2019 and frequently thereafter.

Secretary: 31 July 2019, 5 August 2019, 14 October 2019, 5 November 2019, and 10 September 2020.

(d) Any responses received to the report (including when those responses were received) and/or

Ahpra: requested a reply from the department, and one was provided **(Appendix 30)**.

Tasmania Police: as noted above, I was not directly or continuously involved in discussion with or regarding Tasmania Police.

I am aware that they informed the Department of the status of Mr Griffin's charges and information with respect to photos found in Mr Griffin's possession that were, and/or appeared to be, taken on 4K.

I am aware that the meeting of 31 July 2022 between Tasmania Police, the EDMS and HR included the following advice as extracted from an email from Mat Harvey of 31 July 2019 **(Appendix 31)**:

The police had not laid any charges yet, currently they believe they have enough evidence to charge James Griffin with child exploitation as well as maintaining an inappropriate relationship with a minor.

They are interviewing a number of other parties to determine if there are more charges to be laid. Expect to have something within the next fortnight.

From the THS point of view, there were a number of photos taken under a folder titled "Ward 4K" of patients with dates between 2015 – 2019.

Not a huge amount and nothing of a sexual nature, but still photos of patients on his personal phone that appear to have been taken on Ward 4K and ICU.

Secretary: the drafted Minutes were approved, noted and/or noted with comments regarding future action.

(e) the outcome of the report

Ahpra: cancelled Mr Griffin's registration.

The Executive Director of Medical Services was the conduit to Tasmania Police

Secretary: the drafted Minutes were approved.

Q44. Was the process that followed the raising of the concern consistent with your understanding of the relevant policies, procedures, codes and guidelines set out in your response to paragraph 4? If no, identify the relevant policy, procedure, code or guideline and explain the way(s) in which the process did not comply with it.

As outlined in response to 39, each matter was dealt with at the time and it is my understanding that it was dealt with consistent with the practice/procedures and Department's expectations that existed at that time; I commenced with the Hospital HR team in 2012 and therefore was not involved in the provision of HR services to the Hospital prior to then.

Management and HR practices have evolved since the first allegation in 2005. As is apparent from **Appendix 19** the 2005 matter was addressed less formally than we would have in 2017. I believe that reflects continuous improvement in our systems over time, where the HR division is now more consistently/regularly involved with such matters and has a stronger/clearer framework for dealing with such matters.

As previously outlined; with the benefit of hindsight the incidents could have been considered and investigated as alleged grooming behaviours and if they were received today, referral would have been made to the Secretary to consider whether an ED4/5 should commence and notifications made to Child Safety Services, Dept. of Justice, Tasmania Police and Ahpra. That is particularly the case with respect to Mr Griffin and including but not limited to the following matters; consistently giving patients his mobile phone number and making contact with them outside of the hospital, kissing/hugging and other non-therapeutic physical contact, and attempting to excessively influence the direction of the care plan.

Q45. Do you have any concerns or complaints about how the concern was responded to by your supervisor and/or the Launceston General Hospital management team and/or the Launceston General Hospital executive? Were you directed (formally or informally) to take particular actions that you did not agree with? If so, please detail.

No; however, some of these matters would have been dealt with differently if they were raised today (as reflected above in 44).

Q46. 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.

No.

Q47. 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, please explain why you consider that to be the case.

Yes.

As noted in 41 above, I was informed of the two matters raised in 2017; I was informed of those matters by members of the HR team I managed. I do not have an independent record of the actions that I took, if any, with respect to those complaints. However, in my opinion the team acted appropriately and both matters were appropriately dealt with at the time consistent with the organisations expectations. I say that because:

- At the time professional boundaries of the nature considered by the Commission and grooming behaviour were not well defined or understood by the Department and clear expectations of employee behaviour had not been set or communicated.
- The March 2017 concerns were referred to the Department by Mental Health Services and Child Safety Services.

CSS referring the matter to the Department suggests there were no concerns of professional boundary breaches of a sexual nature, criminal behaviour, grooming or child sexual abuse. The correspondence outlines that Mr Griffin's behaviour and communication left the patient feeling uncomfortable.

The concerns were therefore appropriately dealt with within the employment framework that existed at that time.

The NUM appropriately set clear expectations with respect to his behaviour, appropriate relationships, and supported these directions with education.

With the benefit of the information that is now available, it would clearly have been better if MHS/CSS and the DoH had documented more specific details about the child's concerns.

- With respect to the August 2017 complaint; it was found that Mr Griffin's comments to the patient about what guys look for in a girl was reasonable, well intended and appropriate and, with respect to Mr Griffin's comments about a colleague, it was accepted that those comments were made outside of work and the patient knew of them as a result of their connection outside of work.

Regardless of those findings, the NUM appropriately reminded and set requirements of him regarding the future expectations of his behaviour.

With that said, it would have been more appropriate for Mr Griffin to refuse the conversation about what guys like altogether and Mr Griffin should have been advised of that.

With the benefit of the information that is now available, it would have been better had we have had direct conversation with the patients involved to understand their experience and potentially 'test' Mr Griffin's reply.

The above matters were the only ones that arose during my employment as an HR Generalist at the Hospital prior to the suspension of his WWVP.

Events following Mr Griffin losing his WWVP:

Upon losing his WWVP Mr Griffin was immediately prevented from working, the Secretary briefed and appropriately an ED4 commenced pending the ED5/6.

After he lost his WWVP and prior to his passing, the concerns raised with me were either non-descript (ref. to my answer in 4I) or passed on to, or provided by, Tas. Police. I supported the EDMS', Peter Renshaw, engagement with Tasmania Police and supported the communication and support of staff within 4K.

Of those concerns that were raised with the hospital after his passing.

The following details the concerns raised with me when I attended Ward 4K to meet with staff:

- I met with staff in 2019, prior to his passing, some members of staff discussed the charges Mr Griffin was facing and the employees were concerned by those charges. The only concerns about Mr Griffin's behaviour that was raised in those conversations were generalised and not specific; for example, an employee discussing that they were uncomfortable with Mr Griffin being near the children and acknowledging they had no tangible reason to be so concerned.
- There was little that could be done at that time with respect to such concerns, therefore I acknowledged their concerns, answered any questions and shared what I could to the best of my ability and with respect to the Department's response and support program.
- I again attended Ward 4K in 2020 following the media attention/podcast and to inform the staff of the Department's and Government's response to the same. During these

discussions I answered the questions staff were raising, including but not limited to; the support options that were available, how to access information regarding the Department's response and the Commission of Inquiry, the method to raise concerns if they had any and who would review those concerns, and the contact details for the Commission of Inquiry.

The following details my understanding of the concerns raised with the EDMS and Nursing Director of WACS when they attended Ward 4K to meet with staff:

- The EDMS/ND advised me of the concerns. My recollection is unclear regarding the concerns raised in that forum as I was not in attendance and we were receiving a lot of information at the time from various sources; however I recall that the concerns were new and significant.
- I supported the EDMS/ND in responding to the employees who raised the concerns with them
- Janette Tonks, Nursing Director – Women's and Children's Services – Launceston General Hospital, afforded those staff the opportunity to discuss their concerns, given time to consider the same, and subsequently the staff indicated that were satisfied with the outcome (**Appendix 32**).
- Peter replied to the emails he received re those concerns (**Appendix 33**) I support both Janette and Peter in their replies.

Q48. Are you now aware of any concern(s) or formal report(s) raised by others in relation to Mr Griffin's conduct, including in relation to the behaviours outlined in paragraph 28, 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.

Aside those complaints provided in response to Q39 I am not aware of any other documented complaints that were raised with the Department prior to Mr Griffin losing his WWVP.

I am aware that when the EDMS and Nursing Director of WACS met with staff of Ward 4K they heard concerns in relation to Mr Griffin for the first time; I recall that those concerns were known to me and were raised after Mr Griffin had died. My recollection is unclear regarding the concerns raised in that forum as I was not in attendance, and we were receiving a lot of information at the time. The EDMS, ND and I were shocked by the allegations and they were sufficient to suggest ED4/5 would have been engaged.

Whilst I cannot recall all of the content of the Nurse Podcast and media articles, and have not relistened/reread in preparing my witness statement, I recall they included new allegations which would have invoked ED4/5 had it been reported to me at the time.

I note that Tasmania Police found photos in Mr Griffin's phone, or other storage, that appear to be of patients within 4K. I am not aware of any complaint about this being raised prior to Tasmania Police advising the Department.

If such information were identified during his employment, an ED4/5 would have been commenced and/or we would have sought advice regarding our options to summarily dismiss.

Q49. 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 above) were responded to by ward staff and or Launceston General Hospital management/executive 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.**

I am aware that it is alleged and has been reported in the media that complaints were raised and not addressed, I have found no evidence to confirm that.

I have no evidence that staff did not raise complaints with their manager or that they were not addressed, if staff knew of such complaints I expect they would have reported those concerns.

It has been much publicised that there was a perceived culture of Mr Griffin's behaviour being 'just Jim'. That is publicly attributed to management's belief, I have found no evidence to confirm that is management's view. But culturally if the employees believed it was managements perception, or held that perception of his behaviour themselves, it may have created underreporting.

Q50. Prior to 31 July 2019, do you recall attending any meeting(s) with Launceston General Hospital staff member(s) in which an allegation was made that Mr Griffin had engaged in child sexual abuse (whether or not a paediatric patient of Launceston General Hospital)? If yes, state who attended the meeting, approximately when the meeting took place, the nature of the allegation made, and any action you took following the meeting.

No, I have no recollection of attending any such meeting.

I am aware however that there is an allegation that I attended at least one meeting such as this.

I became aware of the meeting in October 2019, although at that time it was not apparent that I was alleged to have attended the meeting.

Glenn Hindle, Detective Senior Constable - Tasmania Police Northern Criminal Investigation Branch, contacted me via phone and requested a copy of any records we had regarding the meeting. On 11 October 2019 I replied to Glenn via email, with a cc to [REDACTED] as follows (**Appendix 39**):

*"Afternoon Glenn,
Apologies for the delay.
Further to our recent discussion re James Griffin, and your request to access our records re. a previous complaint from Mrs Kylee Bannon and/or a complaint received via Stewart Millar. I was not working with the LGH at that time, Gino Fratangelo and [REDACTED] were in HR at the LGH at that time. Gino has since retired, [REDACTED] is still in HR with the THS and I have copied [REDACTED] in. I have access to Gino's emails from 2012 onwards and a record of some matters dating back to 2004.*

I have been unable to find a record of the above mentioned complaint. Having discussed the matter with [REDACTED] she recalls a complaint that was similar in nature and content (presumed to be the same complaint) however, she recalls the complaint was made anonymously. As I note, I've been unable to find the documentation re the same.

Please let me know if there's anything further we can assist with.

Thanks James"

This allegation also arose in the Nurse Podcast, although I was not named in the podcast, and has since been brought to the Department's attention. I was asked by the DOH COI team to interview a possible witness (Stewart Millar) to that meeting; at the time I was advised the alleged meeting occurred in 2010.

I arranged to meet with Stewart Millar, former Manager Social Work – LGH, to seek his recollection. Enclosed is a copy of his signed statement (dated 8 November 2021, **Appendix 39a**), and below a summary:

- *The events described occurred approximately 10 years ago.*
- *Kylee Bannon met with Stewart after she saw James Griffin on Ward 4K. Kylee indicated that she had been sexually assaulted by James as a child and she was impacted by seeing him on the Ward. Kylie was not interested in confronting James, nor in referring the matter to Tasmania Police.*
- *She was agreeable to meeting with Stewart and Human Resources in my office. Stewart believed it was either Gino Fratangelo or James Bellinger or both.*
- *Kylee described her circumstances/experience to those present. Kylee indicated she did not wish to make a complaint and we accepted her decision.*
- *Stewart offered Kylee support, although she indicated that she was ok and did not require anything of him.*
- *Kylee gave Stewart the impression that she did not wish to further discuss the matter.*

I have no independent recollection or written record of attending any such meeting. If that meeting occurred, as is suggested, in 2010 or 2011 I was not working for the Hospital at that time but working for the Human Services portfolio.

Q51. 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.

I had no knowledge of any allegation of Mr Griffin engaging in child sexual abuse prior to 31 July 2019; however I acknowledge (per q 50) Stewart's recollection and my reply.

I note that the expression inappropriate relationship with a child is not defined. In responding to the question I take it that it includes, but is not limited to, Mr Griffin providing patients his mobile phone number and making contact with them outside of the hospital, kissing/hugging and other non-therapeutic physical contact, and attempting to excessively influence the direction of the care plan. I set out at question 39 my awareness of all complaints regarding Mr Griffin.

Other people of concern

Q52. Did you have any concerns about any conduct similar to that described in paragraph 39 in relation to other staff members at Launceston General Hospital?

Please answer paragraph 40 in relation to each such staff member.

Prior to Mr Griffin's passing I had no knowledge or concerns about any LGH staff members conduct as described in paragraph 39.

Since Mr Griffin's passing I have become aware of allegations of a similar nature, both of which have been well publicized in media outlets and the Nurse Podcast.

As a consequence of media coverage, I am aware of the alleged rape of Zoe Duncan at the Launceston General Hospital in 2001. I commenced with the Department in 2004, I had no knowledge of that matter prior to its media coverage and have taken no action in regard to it.

I am aware of the alleged conduct towards Ben Felton and that matter is currently subject to an ED5 investigation; a decision is yet to be reached. My involvement in that ED5 process has included;

- Working with Employee Relations and the DOH COI team to; brief the Secretary regarding the ED5 commencement, receipt of the investigation report, re-engagement of the investigator to undertake further enquiries, provision of the report to the respondent for their reply, and discussing the Secretary's possible findings/determination.
- I have also been the respondent's contact person within HR, and I have provided the respondent documentation and updates through their representative (HACSU).

I am aware that employees carry their mobile phones whilst on shifts. It is not uncommon for staff across the Hospitals, including but not limited to within paediatric environments, to carry their mobile phone with them.

I am also aware of concerns being raised by staff of Ward 4K in July 2020 regarding a colleague of theirs and the colleagues inappropriate conversation with a paediatric patient. The NUM also discussed with the staff member their apparent overinvestment in the patients. As I understand it, it is not alleged that the inappropriate conversation was of a sexual or grooming nature. The NUM discussed these matters with the respondent and documented the outcome of their conversation.

Q53. Did anyone raise concerns with you about any conduct similar to that described in paragraph 25 in relation to other staff members at Launceston General Hospital?

Please answer paragraphs 41 to 45 and 47 in relation to each such staff member.

No concerns of the nature described in question 39 were raised with me regarding other staff members at the LGH.

Although they were not raised with me directly, I am aware of Ben Felton's allegations, and advise of the following with respect to my involvement (with reference to questions 41 – 45 and 47).

41

- i. the allegations relate to a Nurse asking the patient if he had abdominal pain and whether he cleaned his foreskin, and felt patient Felton's stomach and touched his genitals
- ii. The concern was first raised in 1989 and addressed at the time by LGH

Executives.

The concerns were raised again via the media and Nurse Podcast (**Appendix 34**).

- iii. I have supported Employee Relations and the DOH COI team, who have had the lead on these allegations.

In doing so I have reviewed/provided input regarding briefings and attended case conferences regarding the matter.

I have also been the respondents contact point within HR.

- iv. I did not; it was reported to my supervisor by Employee Relations.
- v. The Head of Agency has been responsible for addressing the allegations during the relevant period and commenced an ED4/5.
- vi. The employee was suspended on 27 January 2021, the ED5 commenced on 7 April 2021 and the ED5 is yet to be determined.

Q 42.

- i. The Head of Agency was briefed by Employee Relations.
- ii. Not that I am aware of.
- iii. The Department responded to Ahpra's request for information.
- iv. Not that I am aware of.
- v. Not that I am aware of.
- vi. The Department and Tasmania Police exchanged information regarding the matter.
- vii. Not that I am aware of.
- viii. No. The respondent is represented by HACSU.

43.

With respect to Ahpra;

- a) The DOH COI team responded to Ahpra's request for information.
- b) Via letter.
- c) June 2021
- d) I am not aware of any reply.
- e) I am not aware of any outcome.

With respect to Tasmania Police;

- a) Employee relations engaged with Tasmania Police.
- b) [REDACTED] Director – Employee Relations, received a letter from Tasmania Police on 4 February 2021.
- c) 4 February 2021
- d) Tasmania Police's reply is summarized below and can be found at **Appendix 35**:

Allegations of assault upon Benjamin Felton on [REDACTED] November 1989 at the LGH were reported to Tas Police. The Tas Police records relating to any actions were destroyed. There are no records of Mr Guy being convicted following the report to Tas Police. In the absence of new information the matter is considered closed.

e) As above.

44.

The process that has been followed during the Relevant Period is consistent with the processes identified in paragraph 7, with ED4/5 being engaged.

45. No.

47. Yes.

Q54. 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 52 and/or 53 above.

With the exception of Mr Felton's allegations as discussed in 53, no.

Actions taken after Mr Griffin's arrest

Q55. Outline the actions you took upon being notified that Mr Griffin had been arrested by Tasmanian Police. Include reference to any communications you had with:

The coronial report indicates that Mr Griffin was arrested on 3 September 2019, he resigned his employment on 8 August 2019. By that time the Agency had already been advised of the suspension of Mr Griffin's WWVP registration on 31 July 2019 (**Appendix 28**) and on the same day the Agency informed him that he could not attend work. Mr Griffin did not work following his WWVP being revoked. He was suspended pending further information and the commencement of an ED5 or 6, or both.

To the best of my independent memory and in accordance with my written records, the Department became aware of his arrest as a consequence of media reporting with respect to his court appearance on 8 October 2019.

(a) Launceston General Hospital management and/or executive

My communication with the LGH management and executive related to responding to concerns of the staff of 4K and their representative (ANMF) and attending 4K to address any of their concerns and provide any information that I could.

(b) the Department of Health and/or the Secretary of the Department of Health

The Head of Agency was updated regarding Mr Griffin's charges on 14 October 2019 and 5 November 2019 (**Appendix 23**).

(c) a Minister or Ministerial Office

I was not required to communicate with or take any action regarding communicating with the Minister.

(d) a professional or regulatory body (including the Australian Health Practitioner Regulatory Agency)

On 26 March 2021 the Department responded to Ahpra's request to produce documentation (Appendix 30).

(e) Child Safety Services

I did not communicate with Child Safety Services.

(f) the Department of Justice and/or the Registrar to Work With Vulnerable People, and/or the Consumer, Building and Occupational Services business unit within the Department of Justice

I did not communicate with DOJ following his arrest, by then Mr Griffin had surrendered his WWVP.

(g) Tasmania Police

I responded to Tasmania Police's enquiry regarding Kylee Bannon's complaint. Otherwise communication with Tas. Police was via Peter Renshaw.

(h) any other office, agency or organisation, authority or regulatory, and/or

I supported the Agency's response to the Integrity Commission as outlined in questions 68 – 70.

(i) any union or representative body for nursing or medical staff employed at the Launceston General Hospital.

I supported the Agency's replies to the ANMF and attending a meeting with the ANMF, Chief Executive Hospitals, Executive Director of Nursing on 6 November 2019 (Appendix 29).

Q56. Outline any steps taken by Launceston General Hospital to investigate allegations of child sexual abuse or child exploitation against Mr Griffin, and any role you had in that investigation.

Prior to the loss of his WWVP (31 July 2019), I was not aware of any allegation made to the Hospital about Mr Griffin that pertained to child sexual abuse/exploitation. Any allegations of that nature that arose after that time were investigated by Tasmania Police.

I am aware, although was not involved, that Tasmania Police identified photos in Mr Griffin's possession that appeared to be of patients within 4K. Whilst I was not involved, I understand Peter Renshaw arranged a process to attempt to identify those patients and subsequently conduct open disclosure with any patients who were identifiable. I understand Peter arranged a meeting with key paediatric staff to assist with identifying those patients, I believe the meeting including an experienced paediatrician and paediatric nurse. I was not involved in that process and had no discussions with the affected patients.

Following the podcast, the Department opened and promoted specific Public Interest Disclosure lines dedicated to concerns re Mr Griffin and child sexual abuse allegations. I was not involved in the management of the PIDs.

Q57. Outline any steps taken by Launceston General Hospital to initiate an ED4, ED5 or ED6 against Mr Griffin, including:

(a) when was the process commenced

On 31 July 2019 the LGH was advised that Mr Griffin's WWVP was suspended. On the same day Mr Griffin was advised not to attend work.

On 5 August 2019 Mr Griffin was suspended, whilst action was taken to commence an ED6.

(b) what steps were taken and by whom, and

Following receipt of DOJs notification of the suspension of Mr Griffin's WWVP, Mr Griffin attended the Hospital as he was rostered to work. He was met prior to commencing work and advised that he could not work as a consequence of the loss of his WWVP. I understand Peter Renshaw (EDMS), Janette Tonks (Nursing Director – Women's and Children's Services) and Helen Bryan (Executive Director of Nursing) met with Mr Griffin and advised him of the same. I further understand Mat Harvey of HR was next door if required and had spoken to the abovementioned managers prior to meeting with Mr Griffin. I was not present at the meeting.

The Secretary was advised of Mr Griffin's loss of WWVP on the same day. With the ED4 commenced on 5 August 2019.

(c) the outcome of the process.

Mr Griffin resigned his employment on 8 August 2019 and died on 18 October 2019.

On 9 August 2019, Mr Griffin was no longer appearing on Ahpra's website as registered.

The Head of Agency was advised of Mr Griffin's resignation.

Given Mr Griffin's resignation, the status of his criminal convictions, and subsequent death; no further ED4/5/6 action was taken against him.

Q58. Has any Launceston General Hospital staff member been stood down under either an ED4, ED5 or ED6 process, in relation to their management or mismanagement of complaints related to Mr Griffin? If yes, identify the staff member, the nature of the potential Code of Conduct breach, the steps taken under the ED4, ED5 or ED6 process, and the status or outcome of the process.

No.

Ward 4K and their families

Q59. To your knowledge, what communications were had with Ward 4K patients and their families in relation to allegations about Mr Griffin? Detail the nature of the communications. If no communications were had, explain why not.

I had no direct communication or involvement with patients and families in relation to the allegations about Mr Griffin.

I am aware that Peter Renshaw, EDMS, engaged with patients and families regarding the allegations including, but not limited to, those who were identifiable from pictures taken by Mr Griffin.

Following the media attention there was an incident of aggression from a consumer towards an employee that apparently related to Mr Griffin's conduct and the staff of ward 4K were concerned about how to respond to questions from patients and their families regarding the events.

We discussed with the staff their options should such things arise including how to de-escalate such situations. The OVA team of WHS developed, in consultation with relevant managers, guidance (**appendix 36**) specifically tailored to patients concerns resulting from Mr Griffin and delivered an education session.

Q60. To your knowledge, what supports were provided to Ward 4K patients and their families, particularly those who made allegations of child sexual abuse, or were concerned that their child may have been a victim of Mr Griffin?

That is not within my knowledge.

Q61. Describe the process and steps taken by Launceston General Hospital to identify patients contained in images seized by police from Mr Griffin's electronic devices. How were the patients and families notified and subsequently supported in relation to this?

I was not directly or indirectly involved in this process.

I recall the process being discussed at a meeting I attended with Peter Renshaw.

I understand Dr Renshaw arranged a process to attempt to identify those patients and subsequently conduct open disclosure with any patients who were identifiable. I understand Peter arranged a meeting with key paediatric staff to assist with identifying those patients, I believe the meeting including an experience paediatrician and paediatric nurse.

Support offered by Launceston General Hospital

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

Q62. What support was offered to Launceston General Hospital staff after the allegations about Mr Griffin were known?

The following supports were offered to all LGH staff:

- access to the Department's EAP; at that time the Department's provider was Converge International.
- As memory serves, a small number of staff self-identified as being particularly impacted by the allegations and were referred to the specialist counsellors.
- The Secretary held information sessions in the Lecture theatre that were available to all staff.

Staff of Ward 4K received additional support:

- Engagement of a specialist counsellor who attended 4K regularly to provide counselling and support, with a specific focus on grief counselling and critical incident stress management. The counsellor referenced above also provided additional sessions for any individual employee requiring them, those sessions occurred both on-site and at the counsellors private rooms whichever the employee preferred.
- Training sessions were conducted with respect to self-care, responding to trauma and grief and responding to patients/consumers/parents with difficult behaviour. Including development of an escalation pathway (**appendix 36**).
- Training sessions were conducted by Enterprising Aardvark with respect to sex offences, grooming, and related behaviour.
- In service open forums were held with HR and, separately, Dr Peter Renshaw, EDMS.
- Further, following the release of the Nurse Podcast and associated media attention similar supports were repeated in 2020, including:
 - Engagement of the abovementioned counsellor to again provide counselling and support, group discussion and one on one.
 - In services information sessions attended by HR and management, including provision of information about the internal inquiry and COI.
 - Attendance at the ward by the Secretary.
- The governance structure of 4K was revised to include an additional position, a Clinical

Nurse Consultant; allowing the NUM more time to manage and support the staff.

- The NUM led a culture change focused on providing safety for staff to speak up.

I note that staff of Ward 4K, and their representative (ANMF), requested a group debrief. Consideration was given to their request and expert opinion sought, on balance it was determined not to conduct a group debrief. I understand that group debriefs of the kind requested carry risk of harming participants further, and a more comprehensive critical incident stress management process is recommended.

Q63. Are you aware of any directions being 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, and the reason the direction was given.

No directions were made, however there were occasions where advice was provided.

During Tasmania Police's enquiry in 2019 I provided advice to staff, including but not limited to;

- that I, and HR, knew little about their enquiry at that time,
- that the information that the Agency, and Peter as conduit to Tasmanian Police, had with respect to Tasmania Police's enquiry may not be able to be shared with the staff.
- That Tasmania Police had advised us that whilst their enquiry was afoot, we should not discuss the matter further.

I have had discussions with groups of staff where it has been observed that not all staff may wish to discuss the matters and that if a staff member(s) does not wish to discuss the matter their wish should be respected. This was said to give permission to those staff who did not wish to be involved in such discussion and to advise those staff of how they could respectfully decline to participate.

The Hospital became aware that many staff throughout the Hospital were discussing Mr Griffin's death immediately following it occurring, this discussion was because of knowledge they gained in caring for him when he was critically ill. Staff of 4K were advised, not directed, that his death should not be discussed at that time. As a patient of the health service Mr Griffin had a right to privacy.

A discussion occurred with [REDACTED] (Appendix 37) prior to the podcast being released or any understanding of its contents. [REDACTED] was reminded of the employer's expectations with respect to public statements and appropriate confidentiality.

Q64. Did any representative of Human Resources attend Ward 4K after Mr Griffin's arrest? If so, please detail the frequency and purpose of the attendances, which persons they communicated with at Ward 4K, and when and why they ceased.

Yes.

Mat Harvey (HR Consultant) attended 4K on more than one occasion in September 2019, including 12 September 2019. I attended on two to three occasions in October 2019; including 14 October 2019.

The purpose of attending at that time was to answer any questions the staff had, inform them of any information we had and could release, and refer them to the support options that were available. It also served as an opportunity for the staff to express any concerns and seek support from their peers, management, HR or EAP.

Any staff member working on those occasions was able to attend if they wished, we attended on multiple occasions in order to meet with different shift rotations.

Dr Renshaw and Janette Tonks also attended the Ward in late October/early November 2019. HR did not attend these sessions, and our attendance at 4k reduced as other information and support sessions were occurring.

I attended 4K on many occasions during October/November 2020, and possibly later. [REDACTED] then Chief People Officer, also attended a session.

Those sessions regularly coincided with and related to communication from the Secretary or Government relating to the internal review or Commission of Inquiry. These sessions served as an opportunity to inform staff of the latest developments, the pathways or contact points to be involved in the review/Commission, to answer any questions asked and refer to the support that was available. The onsite counsellor frequently followed these sessions.

Anyone rostered to work on the day was able to attend the sessions, subject to their desire to do so and ability to be released from shift. Also advanced notice of these sessions was given on occasion, allowing employees to attend when not at work.

The sessions were regularly at handover allowing staff to step in/out of the sessions to maintain patient care. Sessions were repeated to allow various shift rotations to hear the same information.

Kathrine Morgan-Wicks and [REDACTED] Chief People Officer, held information sessions, I believe two, in the lecture theatre; I believe that was on 12 November 2020, and a second session the following week.

The sessions gradually discontinued as a result of a number of factors, including but limited to;

- A new NUM being appointed and leading communication with the unit.
- The Secretary's direct engagement with the unit.
- The establishment of centralised resources to address Public Interest Disclosures.
- The commencement of the COI and relevant information being publicly available.

HR continued to support these mechanisms.

Q65. Detail any meeting(s) held with Ward 4K staff in relation to Mr Griffin, his alleged offending and Ward 4K staff concerns, including:
(a) when the meeting(s) occurred

- (b) the purpose of the meeting(s)**
(c) what was discussed at the meeting(s), and
(d) the outcome of the meeting(s), including action items.

Refer to my answer to question 64.

In addition, I met with [REDACTED], Registered Nurse – 4K, and her support person, I cannot find a record of her name however recall it was one of the 4K ANUMs (I believe it was [REDACTED]).

As I recall it [REDACTED] she had also not had the opportunity to attend the abovementioned information sessions and therefore our meeting was an opportunity for her to ‘catch up’ and ask any questions she had.

Q66. Do you consider the response detailed in your response to paragraphs 62 to 65 to be appropriate or adequate? If not, give reasons and state what you would do differently.

Yes, given the exceptional circumstances faced and the resources available.

With hindsight, it may have been helpful to have more than one counsellor/psychologist available to allow for self-selection of preferred providers. Although having a single person available/briefed on the matter assisted in other ways, including availability/accessibility and continuity of the support provided.

However, it does highlight the Departments lack of investment and resourcing for critical incident stress management. The Department does not have clear/consistent CISM processes, peer support networks or a mental health and wellbeing unit like Tasmania Police.

The LGH was fortunate, and had invested in having, an existing relationship with a proven provider that could be so readily available.

Q67. Outline any supports you believe would have assisted Launceston General Hospital staff, including Ward 4K staff, to recover and learn from the impact of the allegations about Mr Griffin?

As above.

Integrity Commission Assessment

These questions relate to an allegation received by the Integrity Commission in November 2019 and subsequently referred to the Secretary to the Department of Health in relation to the management of Mr Griffin’s behaviours.

Q68. Outline your understanding of the allegations made against Launceston General Hospital staff members, the steps that have been taken by the Department of Health to investigate the allegations, and the outcome or current status of the

investigation.

I enclose a copy of the Integrity Commission's and Department correspondence re the same; the correspondence addresses this matter (**Appendix 24**).

Q69. Describe what role (if any) you did or do have in investigating the allegations made against Launceston General Hospital or its staff members.

With support from the Chief People Officer and the former HR Manager LGH [REDACTED], I was responsible for investigating the matter and preparing the reply.

Q70. Describe the action (if any) that you have been instructed to take, or have taken, following the referral of this allegation to the Department of Health.

As above and as reflected in the Departments response to the Integrity Commission of 10 September 2020, we developed **Appendix 18** to support education and development of managers and build employee understanding of the complaint handling process.

Subsequent Reforms**Q71. Detail any changes that have been made to how Human Resources responds to, investigates, records and resolves allegations of child sexual abuse, grooming or professional boundary breaches by staff, including:****(a) the nature and purpose of the changes**

The Department has developed and implemented a checklist that is considered for any child sexual abuse allegations (**Appendix 5**) and the Departments COI team are involved in all such matters. The checklist is currently being reviewed/improved.

The checklist ensures that notifications are made to all relevant organisations/entities.

Templates used for case conferencing/discussion with ER includes specific questions that identify whether, or not, a child is involved.

(b) how the changes have been implemented and communicated to staff

All HR Generalist, ER and COI team members have been advised of the requirement to complete the relevant form/s and the need to refer any child specific matters to the COI team (in addition to ER).

(c) what role you play in developing, approving and implementing the changes, and

I was consulted regarding the content of the checklist, I was not required to approve it. I have implemented the checklist within my team

(d) any barriers you have encountered in developing, implementing or communicating appropriate changes.

Nil.

What should change and how

Q72. With the benefit of hindsight, do you consider that you acted appropriately in relation to the matters outlined in your statement? If so, why? If not, what would you change or do differently?

Yes, I acted appropriately in relation to the matters outlined in my statement.

As reflected by the Secretary's correspondence to the Integrity Commission, the management 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.

With that said, there are things that I would change or do differently with the benefit of hindsight or if they were raised today.

As noted previously in my statement, a number of the allegations against Mr Griffin would have been referred to the Secretary for consideration of ED4/5/6 if they were to occur today. In particular, Mr Griffin's repeated provision of his mobile phone number and contact with patients outside of the Hospital from early 2000s to 2009.

Following Mr Griffin's death there was much conversation within the hospital about his death, and far outside the bounds of those involved in his clinical care. Despite the charges he faced he was still a patient who deserved a right to privacy. Given the gossip that was rife through the hospital the Department had to acknowledge the circumstances but could not do so without breaching his and his family's privacy; broad communication was distributed to Ward 4K, however with hindsight that was not well received. I am not sure what alternative there was given the patient privacy considerations.

Following Mr Griffin's passing it was identified that employees who submit SRLS' were not receiving feedback in every instance. I worked with Quality and Patient Safety and Women's and Children's services to develop improved processes re the same. I drafted the correspondence to communicate the change, however I did not receive approval to distribute the correspondence.

Record keeping of employee matters within the Department is under resourced and there are not clear or consistent electronic systems for the storage of employment related information. The State has recently procured a new HRIS and it is hoped that case management modules for the storage of this type of information will be included.

Further investment in the following areas would assist the Department to change or act differently in the future, including:

- Investment in training and the development of clear expectations for employees, particularly with respect to professional boundaries and understanding and identifying grooming behaviours.
- Investment in systems and resources to support employees to raise concerns.
- Investment in management capability and capacity (time).
- Investment in the HR division to expand services to allow strategic HR work to be conducted and enable greater involvement with the operational units.
- Improved mental health and wellbeing services for employees.
- I believe there are important learnings for the State Service with respect to building confidence in our disciplinary processes; particularly building assurance that timely, serious, and appropriate action will be taken. Whilst that comment applies to behaviours that are less significant than child sexual abuse, I believe that confidence in the overall system supports our workforce to raise the most significant of allegations.

Culture of 4K:

It is my observation that the culture within 4K is a relevant factor to the raising of concerns/complaints.

A change of NUM occurred in 2009 following the retirement of the previous incumbent. As I understand it, the appointed NUM was required to manage several challenging employment matters that had been accepted (tacitly or otherwise) by the previous NUM. Significant unrest and disputation resulted between the employees and NUM, including at one point a no confidence motion and protracted complaint before Equal Opportunity Tasmania with respect to the NUM, Nursing Director and Executive Director of Nursing.

I believe that dispute may have resulted in mistrust, less than ideal communication, under reporting of issues and unwarranted blaming of the NUM.

Q73. Given your experiences at Launceston General Hospital, what do you think needs to change to make children safer from child sexual abuse whilst patients at Launceston General Hospital?

I believe those matters I discuss in 72 will support making children safer.

I acknowledge the Department's current child safety organisations project which will support the Hospital to make children safer.

Q74. How do you think the health system's response to allegations of child sexual abuse can be improved?

I refer to those matters discussed in 72 and 73, and the changes already made, such as the implementation of resources within HR to ensure relevant organisations are notified of any concerns regarding child safety.

The Department should invest in defining, setting and communicating clear behavioural expectations for employees, particularly with respect to professional boundaries and understanding and identifying grooming behaviours. Further, the Department should develop a clear and contemporary understanding of what a breach of professional boundaries is. These should be

informed by experts in child safety and reviewed/reinforced regularly. Those expectations then need to be implemented through a strategic HR program that results in those expectations being set at induction/orientation, reinforced through strategies including the performance development and management process, and ultimately employees need to be held to account against those expectations and appropriate action taken if they do not meet the expectations.

Further to the above, clearly defined and readily accessible processes for the following;

- to inform all patients/consumers and employees of the available options to raise concern regarding a child's safety.
- Improved communication with the complainant of such a concern regarding the progress and outcome of their complaint.
- Clearly defined support mechanisms for all patients/consumers and employees, including critical incident stress management resources for staff.

Q75. What steps do you think Launceston General Hospital should take in an effort to rebuild community trust in Launceston General Hospital?

I believe the community need to be informed of the changes that have, and will be made, including the expectations of employee behaviour within the Ward and the mechanisms to raise concerns/complaints if those expectations are not met.

It may be appropriate for these documents to be readily accessible to the public through the Departments internet.

Our consumers should be engaged in the development of these expectations.

Our staff within 4K are an amazing group of people, capable, dedicated and genuinely there for the patients they look after. I believe recognizing the good staff that are within 4K and the significant cultural change that 4K is undertaking would assist.

The Commission

Q76. 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.

No.

Sources of information for this statement

Q77. 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

██████████ Director HR Services and former HR Manager LGH, assisted to refresh my memory with respect to historical HR practices and SRLS/EIMS systems that existed prior to my commencement with the Hospital.

Mat Harvey, HR Consultant within my team, assisted my recollection with respect to the Industrial Commissions comments (refer to question 23). I note that I spoke to Mat prior to him being advised that he was a witness to COI proceedings.

██████████ Senior HR Consultant, refreshed my memory with respect to the complaint cited in question 10 (December 2020 complaint), as the investigation commenced immediately prior to my leave and ██████ had carriage whilst I was away.

██████████ Senior IT Officer, I spoke with ██████ with respect to the loss of my emails in or around 2018/2019 to see if IT had any record or ██████ any personal recollection.

(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

Refer to appendices

Other information

Q78. Is there further information you would like to provide to the Commission regarding Launceston General Hospital?

No

Q79. Is there further information you would like to provide to the Commission regarding the Tasmanian Health Service (including any other hospitals within the Tasmanian Health Service) and/or the Department of Health?

No

Request for Documents

Q80. 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 as referred to in paragraph 77.

Refer to following page.

Appendices:

- Appendix 1: Cv
- Appendix 2: DoH Structure 2020
- Appendix 3: Preliminary assessment template for ER matters
- Appendix 4: Case Conference template for ER matters
- Appendix 5: HR checklist for allegations relating to Child Sexual Abuse
- Appendix 6: Code of Conduct
- Appendix 7: ED 4,5,6 and CD4,5,6
- Appendix 8: Complaint or Concern about Health Professional Conduct - THS Statewide – Protocol
- Appendix 9: Workplace Behaviour - THS Statewide – Protocol
- Appendix 10: Workplace Behaviour and Performance - THS Statewide Policy
- Appendix 11: Grievance Resolution - THS Statewide – Protocol
- Appendix 12: SRLS process/protocols
- Appendix 13: HR training packages
- Appendix 14: META policy
- Appendix 15: Mandatory reporting to Child Safety info sheets
- Appendix 16: Health Complaints Commission info. re complaints
- Appendix 17: EIMS resources
- Appendix 18: Basic flowchart of common HR processes
- Appendix 19: Complaints/concerns re Mr Griffin
- Appendix 20: Brief to Head of Agency re Mr Griffin's loss of WWVP
- Appendix 21: Minute to HoA re Mr Griffin's suspension, 5 August 2019
- Appendix 22: Minute to HoA re Mr Griffin's resignation, 8 August 2019
- Appendix 23: Minute of October and November 2019 updating HoA
- Appendix 24: Integrity Commission reply
- Appendix 25: Draft Ministerial Briefing
- Appendix 26: Ministerial reply to [REDACTED]
- Appendix 27: Ahpra notification re Griffin
- Appendix 28: Dept. of Justice letters re Mr Griffin.
- Appendix 29: ANMF correspondence re Mr Griffin
- Appendix 30: DoH reply to AHPRA
- Appendix 31: Mat Harvey update re meeting with Tasmania Police
- Appendix 32: Janette Tonks email to employees who expressed concern that their complaints had not been addressed

- Appendix 33: Emails received by me that were sent to Peter Renshaw from 4K staff
- Appendix 34: ABC article re Ben Felton
- Appendix 35: Tasmania Police correspondence re Ben Felton complaint
- Appendix 36: OVA de-escalation resource
- Appendix 37: [REDACTED] correspondence
- Appendix 38: Conduct workflow
- Appendix 39: Bannon complaint