Statement of ELIZABETH STACKHOUSE

RFS-TAS-069

Name	Elizabeth Stackhouse
Address	[redacted]
	Tasmania
Position	Former Chief Executive Officer Launceston General Hospital

1. This statement is made by me in response to RFS-TAS-069 (**'RFS'**), issued on 7 June 2022 by the President of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (the Commission), the Honourable Marcia Neave AO.

2. My name is Elizabeth Stackhouse, and I am retired. I retired four years ago in August 2017. I have not been employed by the Tasmanian Department of Health since 2003.

Background

Q1 When did you start working at the Department and/or Tasmanian Health Service?

3. I was appointed as a member of the Northern Regional Health Board on 22 July 1991.

Q2 Outline the role(s) you have held at the Department and/or Tasmanian Health Service? In respect of each role include a brief description of:

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

4. Case mix & Financial Systems Coordinator, Tasmanian Health Regions:

(a) the duties and responsibilities of the role were introducing accrual accounting into the three Tasmanian Health Regions and case mix costing;

(b) the period in which I held the role was 1991-1992;
(c) I believe the role no longer exists;
(d) the role operated statewide;
(e) the role reported to the three regional health finance managers;
(f) I did not have any personal performance measures, key performance indicators or financial outcomes in relation to how I responded to child sexual abuse, safeguarded children or kept children safe; and
(g) I did not hold and was not required as part of the role to hold any qualifications or credentials (including any registration to work with vulnerable people).

5. Finance Manager, Northern Tasmanian Health:

(a) the duties and responsibilities of the role was the overall financial management of the Northern Tasmanian Health Region's departmental and administered funds, for financial business planning for the region (including the Launceston General Hospital), the input of budgets into the regional financial system; forecasting, monitoring and variance reporting, interpretation of relevant financial legislation and all administered financial functions;
(b) the period in which I held the role was 1992-1996;
(c) I believe the role no longer exists;
(d) the role operated across the Tasmanian Health Norther Region;
(e) the role reported to the Tasmanian Health Northern Regional Director;
(f) I did not have any personal performance measures, key performance indicators or financial outcomes in relation to how I responded to child sexual abuse, safeguarded children or kept children safe;
(g) I did not hold and was not required as part of the role to hold any qualifications or credentials (including any registration to work with vulnerable people).

6. Divisional Manager Finance, Assets & Information, Hospitals and Ambulance Services:

(a) the duties and responsibilities of the role were the overall financial management of the Tasmanian Health Hospitals and Ambulance Division's departmental and administered funds, for financial business planning for the division;
(b) the period in which I held the role was 1996 – 1998;
(c) I believe the role no longer exists;
(d) the role operated statewide across the Tasmanian Health Hospitals and Ambulance Division;
(e) the role reported to the Director, Hospitals and Ambulance Services;
(f) I did not have any personal performance measures, key performance indicators or financial outcomes in relation to how I responded to child sexual abuse, safeguarded children or kept children safe;
(g) I did not hold and was not required as part of the role to hold any qualifications or credentials (including any registration to work with vulnerable people).

7. CEO Launceston General Hospital

(a) the duties and responsibilities of the role included the management of the hospital's financial, human and physical resources and monitoring the effectiveness and efficiency of hospital services; strategic planning, day to day management of the hospital;
(b) the period in which I held the role was 1998 – 2003;
(c) I believe the role continues to exist;
(d) the role operated in administration;

(e) the role reported to the Director, Hospitals and Ambulance Services;
(f) I did not have any personal performance measures, key performance indicators or financial outcomes in relation to how I responded to child sexual abuse, safeguarded children or kept children safe;
(g) At the time, the Working with Vulnerable People legislation did not exist. I did not hold and was not required as part of the role to hold any qualifications or credentials (including any registration to work with vulnerable people).

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

8. Nil.

9. I am registered as a volunteer to work with vulnerable people and have been registered since January 2019.

Structure of the Launceston General Hospital executive management team

Q4 For the time you were employed at the Department and/or the Tasmanian Health Service, please outline how the Launceston General Hospital executive management team was structured, including:

(a) the official name of the team;

10. LGH Executive.

(b) the position title of the team members;

11. Director of Medical Services,

12. Director of Nursing,

13. Director of Medicine,

14. Director of Surgery and

15. Director of Women's and Children's Services.

(c) the purpose, roles and responsibilities of the team (including by reference to any relevant terms of reference);

16. LGH Executive's role was to manage the day to day operations of the hospital.

(d) your role (if any) within that team;

17. CEO's role was to chair the meetings of the executive.

(e) who the team reported to;

18. The Executive team reported to the Director of Hospitals and Ambulance Services.

(f) how the team operated with other executive teams within the Department and/or the Tasmanian Health Service; and

19. The Executive team met with other hospitals' executive teams from time to time on strategic matters.

(g) whether the team held meetings, and if so, please give a high-level description of the topics that were discussed, the frequency of meetings and whether minutes were taken.

20. This is now difficult to answer, as I no longer have access to any minutes that were taken as I no longer work for the Tasmanian Department of Health and given the length of time since I did.

21. To the best of my memory, topics that were discussed were matters dealing with the day to day running of the hospital including appointment of staff, individual performance management, financial management, facilities management, bed management, hospital wide accreditation issues.

22. Complaints about Launceston General Hospital staff made by members of the public or other staff would not have been discussed at these meetings.

23. The meetings were held weekly.

24. To the best of my memory, handwritten notes of the meetings were taken; note taking was rotated; notes were filed in the CEO's office and remained there in a filing cabinet until I left in 2003.

Q5 Was there a Launceston General Hospital Board or other management structure? If so, describe that structure.

25. There was not a Launceston General Hospital Board. There was a Hospitals and Ambulance Services Executive.

Q6 What is the relationship between the Launceston General Hospital executive management team and the Launceston General Hospital Board (or other management structure)?

26. I cannot speak to the current relationship between the Launceston General Hospital executive management team and the Launceston General Hospital Board (or other management structure) as I no longer have any role within the Tasmanian Department of Health.

27. However, during my time at the Launceston General the LGH executive team reported to the Hospitals and Ambulance Services Executive through the Director of Hospitals and Ambulance Services and the CEO LGH.

28. The Tasmanian Hospitals and Ambulance Services Executive members were the three hospital CEOs (the Royal Hobart Hospital, the North West Regional Hospital and the Launceston General Hospital), the CEO Ambulance Services, and the divisional directors of finance, human resources and planning as well as the Director of Hospitals and Ambulance Services.

Q7 Identify any committee within the Launceston General Hospital that was responsible for child safety and what roles and responsibilities this Committee (or Committees) has. If no such Committee existed, please explain why.

29. I cannot speak to the current roles and responsibilities of any committee that the Launceston General Hospital has.

30. During my time at the Launceston General Hospital, the hospital did not have a separate committee responsible for child safety. Patient safety, both adult and child safety was monitored by the Quality Committee. The Quality Committee also monitored patient complaints and compliments and reported regularly to the wider LGH senior management team and the CEO. LGH senior management team included the LGH executive together with the managers of allied health, pharmacy, radiology, pathology, radiotherapy, food services, building and engineering, cleaning and stores.

Q8 During your term of employment, did Launceston General Hospital have any strategic plans, performance measures or key performance indicators that related directly or indirectly with child safety?
a) If yes, please explain what they were; or
b) If no, why not?

31. To the best of my memory, during my term of employment the Launceston General Hospital did not have any strategic plans, performance measures or key indicators that directly related to child safety.

32. The Launceston General Hospital did have strategic plans, performance measures and key indicators that indirectly related to child safety and were of a clinical nature such as Apgar scores (clinical indicators of baby's condition shortly after birth), rate of caesarian births relative to overall births, other sentinel events (any unanticipated event in a healthcare setting that results in death or serious injury to a patient, not related to the natural course of the patient's illness).

33. To the best of my memory the Launceston General Hospital did not have any strategic plans, performance measures and key indicators that related directly or indirectly to child safety as it related to allegations of the physical or sexual abuse of children.

Incident Management Systems

Q9 Outline your understanding of the incident management systems that were in place at Launceston General Hospital during your employment, 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

34. To the best of my memory during my employment as CEO at Launceston General Hospital the incident management system was paper based and without a particular name.

b) the relevant reporting lines and processes;

35. To the best of my memory, the incident management system was managed by the quality office, documenting near misses as well as incidents with regular reports to the Launceston General Hospital Quality Committee.

c) internal notification processes (for example, which Officials would be notified of an incident and when and how they would be notified);

36. To the best of my memory, the relevant clinical director (for example, Director of Medicine) was notified of complaints and incidents by the Quality manager for response and/or remediation.

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

(i) ***dealt with by an Official of a certain level (for example, at ward level, executive level or Head of Agency level) or by a minister and/or***

37. To the best of my memory, the Quality manager and the Director of Medical Services determined who should deal with a complaint.

(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).

38. To the best of my memory, the Quality manager and the Director of Medical Services determined if an incident should be referred or reported to an external body.

e) the supports (if any) that were provided to a complainant once an incident was reported; and/or

39. To the best of my memory, complainants were supported by the Patient Liaison Officer.

f) the extent to which a complainant was kept informed of steps taken in response to, and the outcome of, a report.

40. To the best of my memory, complainants were advised of the outcome or response to complaint.

Risk management at Launceston General Hospital

Q10 Outline the risk management framework or structure at Launceston General Hospital during your employment and the roles you have held within it. Include in your answer any significant changes that occurred during your employment and the role of the Launceston General Hospital executive management and/or its committees.

41. To the best of my memory, risk management was introduced to Hospital and Ambulance Services during my time at the Launceston General Hospital, as a response to internal and external audit identification of risks, both financial and operational, with regular reporting of their status and remediation. The framework was based on the probability of harm occurring to the organisation and the level of severity of such harm.

42. There was no formal risk management system in place relating to the prevention of physical and sexual abuse of children.

Q11 Explain how the framework described in your answer to paragraph 10 was implemented in relation to the following matters:

a) professional boundary breaches;

43. I cannot now recall how the framework was implemented in relation to professional boundary breaches.

b) professional misconduct; and

44. I cannot now recall how the framework was implemented in relation to professional misconduct.

c) child safety.

45. I cannot now recall how the framework was implemented in relation to child safety. I cannot now recall if an allegation of child sexual abuse would have been referred to the Director of Women's and Children Services or the Director of Medical Services if the alleged perpetrator was a doctor or the Director of Nursing if the alleged perpetrator was a nurse.

46. The Director of Women's and Children's Services role was the day to day management of the paediatric ward (Ward 4K), obstetric services neonatal services.

47. To the best of my memory, [redacted] was the Director of Women's and Children's Services.

Include in your response:

i. your expectations as to when concerns in relation to the above matters would be escalated to you as CEO of Northern Area Health?

48. To the best of my memory, I had no expectations that professional boundary breaches, professional misconduct or child safety matters were to be escalated to me as CEO Launceston General Hospital; any actions in response to such matters were the province of the relevant director.

49. I did expect to be informed of the matter. I never the less did have an expectation of being told what steps were being taken in relation to the matter.

ii. how these expectations were communicated to appropriate staff; and

50. To the best of my memory, these expectations were communicated in the respective directors' job descriptions. I cannot recall the exact details.

iii. the circumstances in which you would report concerns to a member of the Launceston General Hospital executive management team, any board or governance group, the Head of Agency and/or any regulator or third party.

51. To the best of my memory, I would report concerns if I directly received a complaint.

Q12 During your employment did you hold any concern that matters in relation to paragraph 11(a) to (c) were not being escalated to you in circumstances where

they should have been? If yes, explain the timing and nature of your concerns and any action you took in response, including whether you raised your concerns with anyone else and, if so, what the response was.

52. To the best of my memory, I had no concerns about matters in relation to paragraph 11(a) and (b). I am only aware of one incident in relation to 11(c) child safety, where I was not immediately advised of the incident, nor were the police. Dr Peter Renshaw, Director of Medical Services Launceston General Hospital told me some days after the incident. Dr Renshaw told me he assumed carriage of that matter.

Q13 During the Relevant Period, where you received a referral of any matters in relation to paragraphs 11(a) to (c) please identify your response to the referral, including what steps if any, you took to in response, what the outcome was and what measures were put in place to ensure the concern did not occur again.

53. To the best of my memory, I was advised of matters in relation to professional boundary breaches and/or professional misconduct, by the Director of Medical Services or the Director of Nursing. I was also advised of the outcome of their referral to the relevant professional body.

54. I am only aware of one incident in relation to 11(c). There were no other matters related to children.

Q14 During the Relevant Period, where you referred matters in relation to paragraph 11(a) to (c) to anyone, (including the Head of Agency or executive of Launceston General Hospital and/or or any regulator or third party), did you have any concerns about the response you received? If yes, explain the timing and nature of your concerns and any action you took in relation to them, including whether you raised your concerns with anyone else and, if so, what the response was.

55. To the best of my memory, I never received allegations of this type and so never referred such allegations to anyone. I received information about such concerns but not by way of referral to me.

Mandatory reporting

Q15 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?

56. To the best of my memory, it was my expectation that any health professional would mandatorily report to Child Safety Services their concerns of child abuse whilst working at the Launceston General Hospital.

Q16 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 Practitioners Regulation Agency? Who do you understand is responsible for making that report?

57. To the best of my memory, any person could raise a concern with the previous state based medical and nursing registration boards.

58. As far as I am aware now, any person or organisation can raise a concern with AHPRA.

Q17 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)?

59. During my time at the Launceston General Hospital, the Health Practitioner Regulation legislation had not been enacted.

60. To the best of my memory, the Health Complaints Act 1995 required complainants to attempt to resolve their concerns directly with the health service provider before submitting a complaint to the Health Complaints office. If the complainant did not receive a response within 20 working days or was unsatisfied with the response they could submit a complaint in writing to the Commissioner.

Q18 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?

61. I cannot comment on what is current at the Launceston General Hospital.

62. To the best of my memory, during my time at the Launceston General Hospital, anyone with a concern about inappropriate conduct could contact Tasmania Police.

Q19 What is your understanding of when and how to report reportable conduct to the Registrar under the Registration to Work With Vulnerable People Act 2013 (Tas)? Who do you understand is responsible for making that report?

63. During my time at the Launceston General Hospital, the Working with Vulnerable People legislation had not been enacted.

64. I have no understanding of when and how to report reportable conduct under this Act as I have not worked in Tasmania Health since 2003.

Q20 Are there other notifications you are aware of that are relevant and required to be made in your role, including when and to whom voluntary notifications can be made?

65. I am unaware of other required notifications.

Tim [redacted]

Q21 Did you ever become aware of any allegations of child sexual abuse in relation to Tim [redacted] ***whilst he was working at Launceston General Hospital in or around 2001?***

66. To the best of my memory, yes.

Q22 If yes, detail:

a) what the allegation was;

67. To the best of my memory, a child inpatient made allegations in relation to inappropriate touching, and named Tim [redacted] a Registered Medical Officer, as the offender. The child had initially alleged that he had touched her chest, kissed and cuddled her and asked her to marry him. Four weeks after the child was discharged she further alleged that he had intercourse with her while she was a patient in the LGH Emergency Department.

b) when the allegation occurred;

68. 19 May 2001.

c) how you became aware of the allegation;

69. I was advised of the allegation by Dr Peter Renshaw, Director of Medical Services several days after the original complaint when the girl's parents made a complaint and that he had taken care of the complaint.

70. To the best of my memory, I was told of the subsequent allegation of intercourse but I cannot now say when I was told of that allegation.

71. To the best of my memory, there was no written policy requiring me to be informed of the complaint or its outcome but there was an expectation that I would be told for information purposes only.

d) whether you were concerned by the allegation (giving reasons why/why not);

72. I was concerned by the allegation as it related to child safety and was extremely serious.

e) what role (if any) you had in dealing with the allegation;

73. I had no direct role in dealing with the allegation.

f) what investigations if any were undertaken to investigate the allegation, and your role in any investigation;

74. The initial allegation was investigated by Dr Peter Renshaw, Director Medical Services and I had no direct role in the investigation.

75. Child and Family Services ultimately investigated the allegations and a report was prepared as per protocol regarding allegations made by clients against agency employees. I had no direct role in the investigation.

76. Tasmania Police ultimately investigated the allegations. I had no direct role in the investigation.

g) any steps taken against Tim [redacted] whilst any investigation was undertaken; and

77. I am unaware of any steps taken against the medical practitioner whilst the investigations were being undertaken.

h) the outcome of any investigation.

78. As an outcome of the investigation a Chaperone Policy (Examination of Patients by Medical, Nursing and Allied Health Staff) was released and that the Protocol for Public Hospital Staff Reporting and Management of Cases of Suspected Child Abuse or Neglect was adopted by the Launceston General Hospital in April 2002.

Q23 In relation to any allegation about Tim [redacted] that you became aware of did you or someone else from Launceston General Hospital report the concern to:

a) the Department and/or the Secretary of the Department;

79. To the best of my memory, yes.

b) a Minister or Ministerial Office;

80. To the best of my memory, no.

c) a professional or regulatory body (including the Australian Health Practitioner Regulation Agency);

81. to the best of my memory, no.

d) Child Safety Services;

82. Yes.

e) the Department of Justice and/or the Registrar under the Registration to Work With Vulnerable People Act 2013 (Tas), and/or the Consumer, Building and Occupational Services business unit within the Department of Justice;

83. To the best of my memory, no.

f) Tasmania Police;

84. Yes, but to the best of my memory, not by me or someone from the LGH.

g) any other office, agency or organisation, authority or regulator (including Laurel House and/or the Commissioner for Children and Young People); and/or

85. Yes, Laurel House and the Commissioner for Children, but to the best of my memory, not by me or someone from the LGH.

h) any union or representative body for nursing and medical staff;

86. To the best of my memory, no.

Q24 If reports were made to any organisation listed in paragraph 23, detail:

23. (a) the Department

a) who made the report;

87. To the best of my memory, I made the Department Director of Hospital and Ambulance Services aware of the allegation.

b) how the report was made;

88. To the best of my memory – verbally.

c) when the report was made;

89. I cannot recall.

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

90. To the best of my memory, no.

e) the outcome of the report.

91. To the best of my memory, no.

23. (d) Child Safety Services

a) who made the report;

92. Dr Peter Renshaw, Director Medical Services reported the allegation.

b) how the report was made;

93. Dr Renshaw notified the matter verbally to the Intake Officer, Child and Family Services.

c) when the report was made;

94. 29 May 2001.

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

95. Child and Family Services investigated the allegations and a report was prepared as per protocol regarding allegations made by clients against agency employees.

e) the outcome of the report.

96. To the best of my memory, the report was not released to the child's parents.

23(f) Tasmania Police

a) who made the report;

97. I cannot recall who reported the allegations to Tasmania Police.

b) how the report was made;

98. I cannot recall how the report was made.

c) when the report was made;

99. I do not know when the report was made.

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

100. Tasmania Police investigated the allegations.

e) the outcome of the report.

101. To the best of my memory, Tasmania Police did not pursue the matter.

Q25 Was the process that followed the raising of the allegation consistent with your understanding of the relevant policies, procedures, codes and guidelines in place at the relevant time, including any chaperone policy? In your answer, identify the relevant policy, procedure, code or guideline and explain the way(s) in which the process did or did not comply with it.

102. To the best of my memory, it was accepted professional practice that all patients be offered the presence of a chaperone at the time of clinical examination. The Chaperone Policy was largely implied but it did appear in documents such as Guidelines prepared for surgical medical staff.

Q26 ***In the event that a person raised allegations of child sexual abuse by a Launceston General Hospital employee would these concerns automatically be escalated to you in your role as CEO of Northern Area Health? If no, who was responsible for determining whether concerns would/would not be referred to you? Please identify your response.***

103. To the best of my memory, there was no written policy requiring allegations of child sexual abuse be escalated to the CEO of LGH.

104. Allegations of improper conduct by nursing professionals would be escalated to the Director of Nursing.

105. Allegations of improper conduct by medical professionals would be escalated to the Director Medical Services.

Q27 At the time did you have any other concerns or complaints about how the allegation against Tim ***was responded to by staff and or management and/or the Launceston General Hospital executive management 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.

106. In retrospect, I am concerned that the matter was not immediately reported to Child Safety Services and Tasmania Police. I am concerned that the internal response was inadequate and prospectively did not protect other children from him.

Q28 Reflecting on the matter now do you believe the investigation was appropriate and complete? If yes, please explain why. If no, what was wrong with the investigation and what could have been done better?

107. Upon reflection, the parents' wishes not to pursue the complaint should have been ignored and an immediate mandatory notification made to child safety services by the Director Medical Services. The medical practitioner involved should have stood aside while the allegation was investigated by an independent party, not a member of LGH staff.

108. Regardless of the actions of Tasmania Police, the Launceston General Hospital should have considered its own independent action against Tim

109. I cannot now remember what the protocol was, but I would be very surprised if it did not require a doctor to be stood down and not be exposed to patients during an investigation of a complaint of serious sexual assault.

Q29 Reflecting on the matter now do you agree with the outcome of the investigation? Explain the reasons for your answer.

110. As an outcome of the investigations, I am aware that a Chaperone Policy (Examination of Patients by Medical, Nursing and Allied Health Staff) was released and that the Protocol for Public Hospital Staff Reporting and Management of Cases of Suspected Child Abuse or Neglect was adopted by the Launceston General Hospital in April 2002.

James Griffin

Q30 Have you ever worked with Mr Griffin and if so, for how long (including date ranges) and in what capacity?

111. To the best of my memory, I do not recall James Griffin or working with him.

Q31 How would you describe your relationship with Mr Griffin?

112. I did not have a relationship with Mr Griffin.

Q32 Did anyone report to you or did you have any concerns about Mr Griffin's behaviour, including allegations that he:

a) engaged in any misconduct (including child sexual abuse);

113. No.

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

114. No.

c) called paediatric patients "baby", "babe", "princess" or similar;

115. No.

d) had inappropriate conversations with paediatric patients, their families or visitors;

116. No.

e) did not follow best practice or expected standards or procedures involving intimate engagement with paediatric patients;

117. No.

f) used his mobile phone while on shift;

118. No.

g) gave his mobile phone number to paediatric patients;

119. No.

h) told paediatric patients they could contact him after hours or when off-duty;

120. No.

i) had contact with paediatric patients after hours or when off-duty;

121. No.

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

122. No.

Q33 If your response to paragraph 32 is yes, detail:

a) whether the concern was your own or was reported to you;
b) the nature of the behaviours;
c) when the behaviours occurred;
d) how you became aware of the behaviours;
e) when you became aware of the behaviours;
f) whether you were concerned by any of the behaviours (giving reasons why/why not);
g) what role (if any) you had in dealing with the behaviours; and

123. Not applicable.

Q34 how the behaviours were addressed. Do you have knowledge of, or did you observe anything else about Mr Griffin that concerned you, including in relation to his interactions with paediatric patients and/or children and young people generally? Please explain your answer.

124. Not to my memory.

Q35 In relation to any concern about Mr Griffin that you became aware of, or personally held, did you or someone else from Launceston General Hospital report the concern to:

125. To the best of my memory, I am unaware of any reports.

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

Q36 If reports were made to any organisation listed in paragraph 35, detail:

126. To the best of my memory, I am unaware of any reports.

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

Q37 Was the process that followed the raising of the concern consistent with your understanding of the relevant policies, procedures, codes and guidelines in place at the relevant time? In your answer, identify the relevant policy, procedure, code or guideline and explain the way(s) in which the process did or did not comply with it.

127. I am unaware of the raising of the concerns.

Q38 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.

128. I have no memory of Mr Griffin or that he was a Ward 4K Australian Nursing and Midwifery Federation delegate. I have no memory of concerns raised in relation to him.

Q39 In the event that a person raised concerns on Ward 4K about Mr Griffin in relation to the behaviours outlined in paragraph 32 would these concerns automatically be escalated to you? If no, who was responsible for determining whether concerns would/would not be referred to you? Please identify your response.

129. To the best of my memory concerns of inappropriate behaviour by a nurse would not be escalated to me, but would be raised with Director of Nursing.

Q40 Are you now aware of any concerns, reports or allegations (whether formal or informal) raised by others in relation to Mr Griffin's conduct, including in relation to the behaviours outlined in paragraph 32 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.

130. No.

Q41 Do you have any other concerns or complaints about how concerns in relation to Mr Griffin's conduct toward paediatric patients (including the behaviours listed in paragraph 32 above) were responded to by staff and or management and/or Launceston General Hospital executive management team during the Relevant Period?

a) If yes, please explain your concerns and what you think should have been done differently.
b) If no, please explain why you have no concerns.

131. I am unsure if there were any concerns or complaints about Mr Griffin's conduct whilst I was at Launceston General Hospital.

Q42 Where concerns or reports in relation to Mr Griffin's behaviour were referred to you, were you directed (formally or informally) to take particular actions that you did not agree with? If so, please detail.

132. To the best of my memory, there were no concerns or reports about Mr Griffin's behaviour that were referred to me.

Q43 Prior to 31 July 2019, were you aware of any allegation that Mr Griffin had engaged in child sexual abuse of, or had had an inappropriate relationship with, a child or young person (whether or not a paediatric patient of Launceston General Hospital)? If yes, state the nature of each such allegation and when and how you became aware of it.

133. Prior to 31 July 2019, I was unaware of any allegation that Mr Griffin had engaged in child sexual abuse of, or had had an inappropriate relationship with, a child or young person.

Other people of concern

Q44 Did you have any concerns about conduct similar to that described in paragraph 32 in relation to other staff members at Launceston General Hospital? If so, please answer paragraphs 30 to 42 in relation to each of those concerns.

134. No.

Q45 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 paragraph 44 above.

135. No.

What should change and how

Q46 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?

136. In relation to Tim I do believe I acted appropriately even though I had concerns about the outcome. The matter was resolved by Dr Peter Renshaw, Director of Medical Services, police and parents in a manner that would not be considered appropriate today.

Q47 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?

137. I do not feel qualified to comment about the Tasmanian Health system as I have been retired since 2017. I have not worked for the Tasmanian Department of Health since 2003.

Q48 How do you think the health system's response to allegations of child sexual abuse can be improved?

138. I do not feel qualified to comment about the health system's response to allegations of child sexual abuse as I have been retired since 2017.

Q49 What steps is the Department of Health taking to rebuild community confidence in Launceston General Hospital or otherwise improve child safety in hospital and health settings?

139. I do not know what steps the Department of Health is taking as I have not worked for the Tasmanian Department of Health since 2003.

The Commission

Q50 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.

140. No.

Sources of information for this statement

Q51 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)?

141. Yes.

If so:

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

b) please provide a list of, and attach to your statement a copy of, each document you have used to assist you in making this statement, including diary notes, emails, text messages, policy documents, incident reports and correspondence.

142. 1. Letter to me as CEO LGH from [redacted] of Laurel House dated 2 May 2002. (TDOH.0003.0019.0017)

2. My letter of response to [redacted] of Laurel House dated 8 May 2002 and attachments. (TDOH.0003.0019.0018)

3. File summary [redacted] Child and Family Services dated 31 Jan 2002 reference TDCT.0003.0023.0001-0023.

4. Initial Enquiry Report where there has been an allegation of maltreatment of a child-client by an employee of the Agency dated 12 Sep 2001reference TDCT.0003.0023.0001-0024

Other information

Q52 Is there further information you would like to provide to the Commission regarding Launceston General Hospital?

143. No.

Q53 Is there further information you would like to provide to the Commission regarding the Tasmanian Health Service (including any other hospital within the Tasmanian Health Service) and/or the Department?

144. No.

B REQUEST FOR DOCUMENTS

Q 54 Produce a copy of any document referred to in response to any paragraph in this Notice (including any document which you used to refresh your memory referred to in your answer to paragraph 51 above.

145. 1. Letter to me as CEO LGH from [redacted] of Laurel House dated 2 May 2002. (TDOH.0003.0019.0017)

2. My letter of response to [redacted] of Laurel House dated 8 May 2002 and attachments. (TDOH.0003.0019.0018)

3. File summary [redacted] Child and Family Services dated 31 Jan 2002 reference TDCT.0003.0023.0001-0023.

4. Initial Enquiry Report where there has been an allegation of maltreatment of a child-client by an employee of the Agency dated 12 Sep 2001reference TDCT.0003.0023.0001-0024