

or your team 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. Pay/Personnel Officer

(a) Perform tasks associated with the maintenance of human resource services, specifically those associated with pay and personnel activities.

(b) 24 October 2006 – 14 January 2008

(c) The role still exists.

(d) Division of Human Resources, Business Services networks.

(e) I had no direct reports. I reported to the Payroll Manager.

(f) No.

(g) No.

5. Senior Payroll Officer

(a) Perform advice and support to management and staff on a range of human resources issues, with a specific focus on pay and personnel activities.

(b) 5 April 2008 – 16 June 2013

(c) The role still exists.

(d) Division of Human Resources, Business Services networks.

(e) I had no direct reports, although I supervised approximately 4 staff. I reported to the Payroll Manager.

(f) No.

(g) No.

6. Recruitment Liaison Officer (Medical)

(a) Support the management of medical vacancies and employment practices.

(b) 17 June 2013 – 7 January 2014

(c) The role still exists.

(d) Division of Recruitment, Human Resources.

(e) I had no direct reports. I reported to the HR Manager.

(f) No.

(g) No.

7. HR Advisor

(a) provide quality advice and services in support of contemporaneous human resources services.

(b) 8 January 2014 – 16 June 2018

(c) The role still exists.

(d) Division of Human Resources.

(e) I had no direct reports. I reported to the Director – HR Services.

(f) No.

(g) No.

8. HR Consultant

(a) Provide quality consultancy, advocacy, and case-management services, working closely with business units to assist managers with HR issues.

(b) 17 June 2018 – current

(c) The role still exists.

(d) Division of Human Resources.

(e) I have no direct reports. I report to the Director – HR Services.

(f) No.

(g) No.

Q3 *Outline any other 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).*

9. Bachelor in Commerce (Business Economics) and Law.

Incident Management Systems

Q4 *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 or Head of Agency level), or by a minister; and or**
- (ii) referred or reported to an external body (for example, Tasmania Police, Child Safety Services, the Registrar under the Registration to Work with Vulnerable People Act 2013 (Tas) or relevant professional bodies);**
- (e) the extent to which a complainant was kept informed of steps taken (including outcomes) in response to their report;**
- (f) the supports (if any) that were provided to the complainant, their families, witnesses, staff members and/or the alleged perpetrator once an incident was reported.**

10. Electronic Incident Monitoring System (EIMS)

Prior to approximately March 2014, in my roles within the Department whilst this system was in place, in Payroll Services and Medical Recruitment, I don't recall having any interaction or requirement to interact with EIMS

- (a) It was in place at my commencement with the Department until approximately March 2014.
- (b) I do not have knowledge of this and cannot answer.
- (c) I do not have knowledge of this and cannot answer.
- (d) I do not have knowledge of this and cannot answer.
- (e) I do not have knowledge of this and cannot answer.
- (f) I do not have knowledge of this and cannot answer.

11. Safely Learning and Reporting System (SLRS)

- (a) Approximately March 2014 until current.
- (b) Employees are to submit their own events. The direct line management of the employee raising the complaint or of the Ward/Unit where the incident occurred is responsible for follow up and investigation. Staff are also encouraged to log a SLRS for non-employees when a work health and safety event occurs.
- (c) Direct line management in the area where the incident occurred via email as well as relevant Department Work Health and Safety staff.
- (d) (i) Work health and safety events are categorized depending on the information submitted in the form into different Severity Assessment Code (SAC) ratings. This ranges from SAC 1 to SAC 4, whereby SAC 1 and 2 events are escalated to higher

levels of management within the Department. Depending on the category of the complaint, the information is forwarded to the relevant delegate for review and investigation.

- (ii) Reviewed by the relevant delegate.
- (e) Delegate is responsible for feeding back outcome of the investigation to the employee who submitted the SLRS and/or other affected parties identified within the SLRS. Information provided to the complainant regarding the outcome of the investigation into the SLRS can be given through written or verbal communication.
- (f) There is no automatic link to supports. It would be determined on a case-by-case basis. Access to the Employee Assistance Program for employees may be engaged. SLRS is a system assessable by employees. Should a complainant be received from a patient or family member, whilst a SLRS may be lodged on their behalf by a staff member, the usual process would be that their complaint is handled via the Quality and Patient Safety Service and they are capable of providing support to the complainant and their families.

Q5 Outline Human Resources' role during the Relevant Period in dealing with allegations of professional boundary breaches, grooming behaviour and/or child sexual abuse under the relevant incident management system, including:

Electronic Incident Monitoring System (EIMS)

- 12. Prior to approximately March 2014, in my roles within the Department whilst this system was in place, in Payroll Services and Medical Recruitment, I don't recall having any interaction or requirement to interact with EIMS.

Safely Learning and Reporting System (SLRS)

- 13. SLRS is an integrated tool used by all staff across the Department of Health and the Tasmanian Health Service to report, manage and learn from safety concerns, risks, safety alerts, consumer complaints and feedback in order to protect service users, the public and staff from unintended harm, damage or loss. SLRS is used to collect and analyse information that can be used to reduce risk and improve the quality of care and health services that are provided to the community.
- 14. My understanding and development of understanding of professional boundary breaches, grooming behaviours and child sexual abuse has developed over the time that I have been in the role of a HR Consultant. I acknowledge that a uniform understanding and ability to recognize these behaviours is lacking and there is more learning to be had and training to be undertaken to assist in being able to identify these behaviours at an early stage.
- 15. SLRS is not designed to capture grooming behaviours and/or child sexual abuse. Whilst professional boundary breaches may be identified, such as when an Enrolled Nurse is acting outside their scope of practice, it would not necessarily pick up that an employee acted outside the therapeutic relationship with a patient, unless observed by a colleague or the patient advised a colleague, and they logged a SLRS. In most cases this is captured through the patient complaint process and would be investigated through an Employment Direction 5 process.

(a) how and when Human Resources was made aware of allegations;

- 16. There are a number of subunits under the Department's Human Resources team, each with differing access and levels of interactions with SLRS. The Human Resources generalist team, which I am a part of, are aware of allegations either: from being contacted directly by the

complainant, by the responsible delegate who has received the complaint via the SLRS system or by a Work Health and Safety staff member after reviewing a SLRS which had content that they believe falls within the HR generalist space. Members of the Work, Health and Safety unit would have greater access to SLRS's depending on their specific role within that team. E.g., the Manual Handling Clinical Nurse Consultant would be alerted of all SLRS's where manual handling has been identified.

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

17. Depending on what the SAC rating of the incident is, certain levels of management are made aware of the incident through an email notification. Sac 1 – Extreme Risk - complaints require immediate action and should be directed to the relevant Executive or medico-legal Advisor for review. Sac 2 – High Risk - complaints require senior management action within 5 days. Sac 3 – Moderate Risk – complaints are reviewed by direct line management within 5 days. Sac 4 – Low Risk - complaints may be able to be resolved immediately and are reviewed by the line manager. Members of the Work health and Safety team would receive notice that the SLRS has been raised. The Human Resource generalist team are not notified through the email notification system for any complaints and are only informed once the allegations have been brought to our attention by either a complainant, manager or Work Health and Safety staff member who reviewed the content of the SLRS.

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

18. In the case of professional boundary breaches, grooming behaviours and/or child sexual abuse, Human Resources generalist team provide advice to the delegate responsible for investigating the allegation. The matter would also be escalated to a Case Conference with Employee Relations for consideration of commencing an Employment Direction 5 investigation.

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

19. All progress notes made on SLRS remain on that record. Should the matter be investigated through a formal grievance process or escalate to an Employment Direction 5 investigation, the Human Resources generalist team keep an electronic record of any documentation relating to such investigations. This would include the allegations, interviews, witness statements, meetings, decision making and outcomes.

(e) what supports Human Resources offered to complainants, their families, witnesses, staff members and/or the alleged perpetrator.

20. Employee Assistance Program is offered to employees that are a party to such matters. Training and counselling services can also be provided to staff. Should a complainant be received from a patient or family member, whilst a SLRS may be lodged on their behalf by a staff member, the usual process would be that their complaint is handled via the Quality and Patient Safety Service, and they are capable of providing support to the complainant and their families

Q6 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 reports made via the Safety Reporting Learning System (i.e. read only or editing access);

21. There are a number of subunits under the Department's Human Resources team, each with differing access and levels of interactions with SLRS. Human Resources generalist team have read only access unless granted file ownership by the direct line manager or by the Quality Risk Patient Safety Unit. Other units within greater Human Resources, such as consultants within the Work Health and Safety Unit would have different access.

(b) the extent to which Human Resources was involved in the investigation, determination and outcome of reports made via the Safety Reporting and Learning System;

22. All dependent on the SAC category and the content contains within the SLRS. The vast majority of SLRS's are not seen by the HR generalist team. The HR generalist team are not notified through the email notification system for any complaints, regardless of the SAC rating. Only those that fall within our space, such as claims of professional boundary breaches, grooming behaviours and/or child sexual abuse and are passed on by another party who have access to the SLRS. The HR generalist then advise the delegate through the investigation process as per a grievance or Employment Direction 5 process.

(c) how and to what extent the Safety Reporting Learning System integrates with Human Resources policies, procedures, codes and guidelines in relation to dealing with allegations of child sexual abuse, professional boundary issues and/or grooming behaviours by staff; and

23. I am not aware of any specific policy relating to professional boundary breaches, grooming behaviours and/or child sexual abuse, although such behaviour would give rise to an Employment Direction 5 process. These behaviours would not necessarily be captured under the SLRS system. Any investigation undertaken by the delegate upon reviewing a SLRS containing professional boundary breaches, grooming behaviours and/or child sexual abuse would follow the ED5 process.

(d) whether the Safety Reporting Learning System was capable of identifying potential patterns of concerning behaviour and, 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.

24. SLRS is able to identify trends relating to similar events. As such, if there are repeated events logged against an individual or on a particular ward/unit, then this can be identified. Such patterns were reviewed by the Work Health and Safety unit.

Q7 In reference to the Safety Reporting and Learning System report (Safety Event ID 52489, reference number REF 52300) lodged on 29 August 2017 in relation to concerns about Mr Griffin's behaviour (Annexure C), answer the following questions:

(a) What involvement did you have in responding to this report at or around the time it was made? Include in your response any action taken to investigate the report.

25. Sonja Leonard, Nurse Unit Manager, Child and Adolescent Health Services granted me file access to the SLRS via the Quality Risk Patient Safety Unit on 4 September 2017. Upon review of the SLRS and following a discussion with Sonja on the same that day, I drafted up correspondence from Sonja to James Griffin, seeking a response to the allegations and emailed this through for review and finalising on 4 September 2017. HR are not appointed to investigate SLRS complaints. In this matter I provided advice to Sonja based on the evidence received as to whether the allegations as raised in the SLRS were able to be

substantiated and if so, what action should be taken. The finalised letter was sent to James Griffin on 4 September 2017 seeking his response to the allegations as raised in the SLRS.

(b) Did you alter or update the report in any way? If yes, state the nature of the alteration/update and the reason why you made it?

26. No.

(c) Did you grant any other staff member access to the report? If yes, state the staff member(s) to whom such access was granted and the reason why access was granted.

27. No.

(d) Are you aware of any other Launceston General Hospital staff member changing any details of the report, after it was lodged on 29 August 2017? If yes, please identify the staff member who made the change and state the nature of the change.

28. No.

(e) To your knowledge, what was the outcome of the report? Include in your answer the reasons for the outcome and the persons who were informed of it.

29. The outcome of the investigation into the allegations raised in the SLRS was provided by Sonja to James Griffin via letter on 11 September 2017. The allegations against James could not be substantiated. James was reminded about maintaining appropriate relationships with patients and families on the ward and ensuring that the therapeutic relationships are not compromised

(f) Would the outcome have been different had the report expressly stated that the comments made by the patients concerning Mr Griffin were sexual in nature?

30. Potentially. James Griffin provided a written response to the allegations stating that “*One of the patients asked me what I thought guys liked in girls, and I replied briefly something along the lines of being natural and being themselves, and that pictures of airbrushed girls in magazines wasn’t seen as natural. It was a brief response and the only time I have held a conversation like that with any of the patients.*”. The delegate responsible for determining the matter, Sonja Leonard, made a determination on the evidence as documented. If the evidence provided in the SLRS indicated that James Griffin made sexual comments to the patients, then James’ response as above is in contradiction to that and I would have recommended further witness statements to assist in determining whether the allegations could be substantiated. In addition, if the SLRS indicated that James Griffin made comments that were sexual in nature to a patient, the matter would have been considered for an ED5 investigation.

(g) Did you take any further action in response to this report after 31 July 2019? If so, outline the steps taken and the outcome of any further investigation.

31. I did not take further action. On 8 November 2019, I was requested to review our files at Human Resources to see what correspondence was on file relating to the SLRS following a request from the ANMF to Helen Bryan, Executive Director of Nursing. I provide Helen Bryan with the documentation on file on 8 November 2019

Q8 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.

32. Human Resources generalists did not provide SLRS training, although staff from Work Health and Safety Unit and the Quality Risk Patient Safety Unit were able to provide individual training upon request, when able. SLRS Training has been available through an e-learning module on the Tasmanian Health Education Online (THEO) website which is accessible to all staff.

Q9 To the extent you can, provide responses to paragraphs 6 and 8 in relation to any other incident management system that was in place at Launceston General Hospital during the Relevant Period.

33. I do not know and cannot answer.

Q10 Outline the circumstances in which a professional boundary breach and/or grooming behaviours would be escalated to senior staff such as the Director of Nursing, Executive Director of Nursing, Executive Director of Medical Services, the Chief Executive Officer or the Head of Agency (or persons in similar or equivalent positions). In your answer, explain who was responsible for determining when matters would be escalated to these persons.

34. The employee's direct line manager may immediately raise the concern with senior staff as part of regular discussion. Alternatively, if the matter is raised with Human Resources generalists, we would arrange a Case Conference with Employee Relations to determine whether the allegations give rise to commencing an ED5 investigation. If it is supported at the Case Conference, a Minute is drafted for the Secretary, DoH to approve the commencement of the ED5 process.

Q11 Explain the extent to which previous allegation(s) or incident(s) about a staff member would inform the actions taken in relation to a new allegation or incident involving the same health practitioner.

35. The extent to which previous allegation(s) or incident(s) would inform the actions taken in relation to a new allegation is limited. If a previous allegation is unsubstantiated, then the content of those allegations does not inform future decision making of a new complaint with a similar theme. This position was confirmed through a Tasmanian Industrial Commission conference that I attended in 2021. The Department argued that the nature of a previous allegation of similar behaviour which was unable to be substantiated was considered to have some probative value in establishing a pattern of behaviour. However, this position was not accepted by the President and no inference could be given from unsubstantiated allegations.

36. Where a previous allegation could not be substantiated but the employee involved is reminded of the expected standard of behaviour or level of performance, then should a new allegation arise of a similar nature, the actions taken may be escalated. This is due to the employee being recently advised of the expected behaviour or performance and had been found acting against this standard.

37. If a previous allegation has been substantiated and findings made, then this could lead to an escalation of the actions taken in the new matter. Especially if the employee had been given a lawful direction as a result of the previous investigation or has had findings made under an ED5 process, as this could lead to a breach of the State Service Code of Conduct and the commencement of a new ED5 investigation.

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

Q12 Describe Human Resources' role in responding to allegations of child sexual abuse by Launceston General Hospital staff members during the Relevant Period, including in relation to:

38. When I was employed within Payroll Services and Medical Recruitment, I did not have any involvement with responding to allegations of child sexual abuse by LGH staff and so my response is only relevant from my employment with the Human Resources generalist team from January 2014.

(a) supporting the complainant, the complainant's families, witnesses, involved staff members and the alleged perpetrator;

39. As part of the HR generalist team, we provide advice to the Employee Relations team who in turn provide advice to the relevant delegate, being the Secretary, DoH in order to commence an ED5 investigation. This can include assisting with documentation writing and decision-making of the delegate. Employees who are parties to the complaint, as either complainant, witnesses or alleged perpetrator would be provided with the details of the Department's Employee Assistance Program. Similarly, parties are able to contact the HR generalist team to receive advice on the process. If the complaint is raised by a patient or a member of public then support is provided by the Quality and Patient Safety Service.

(b) investigations;

40. Should an allegation of child sexual abuse be identified, the HR generalist would refer the matter through Employee Relations to the Secretary of the Department of Health to commence an Employment Direction 5 (ED5) investigation. A HR generalist in the region would be allocated as the contact person. This role includes obtaining information for the investigator, potentially booking meeting rooms for interviews to occur and drafting documentation throughout the investigation.

(c) decision-making regarding outcomes and actions taken (including disciplinary processes);

41. HR generalists engage in Case Conferences with the Employee Relations team as to whether there is sufficient evidence to commence an ED5 process, recommending preliminary findings and proposed sanctions for the Secretary to consider and recommending final findings and sanctions for the Secretary to consider.

(d) reporting (both internally and to third parties);

42. If during an investigation, it is identified that reporting should be made to an outside body, such as Tasmanian police, Australian Health Practitioner Regulation Agency (AHPRA) or Department of Justice, HR generalist remind the appropriate delegate to complete this task.

(e) informing affected parties of outcomes; and

43. Human Resources assist with the drafting of the communication to the complainant of an investigation, whether it is an employee or a consumer, if they have provided contact details and indicated that they wish to be informed of the outcome to any investigation. This

includes advice that the matter is being investigated as well as advising of the outcome of the investigation. All communication relating to child sexual abuse is finalised and sent by the delegate, being the Secretary, DoH. The complainant would also be advised of a contact person whilst any ED5 process is undertaken. In most cases, this would be a member of the HR generalist team.

(f) record-keeping.

44. A record of the investigation process is kept on a secure drive within Human Resources.

Q13 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?

45. It is still available for Human Resources to recommend that an allegation of child sexual abuse by a staff member be referred to the Secretary to commence an Employment Direction 5 investigation, whether the staff member has been charged with or convicted of a crime or not.
46. There is nothing preventing the Department from undertaking these steps once an allegation has been made against an employee.
47. Whilst not related to child sexual abuse, in 2019, the Department commenced an ED5 investigation against an employee due to an alleged physical assault of a patient. The employee was also suspended from duty on full pay whilst the allegations were investigated as per ED4. Subsequent to the ED5 process commencing, the employee was charged with assault by Tasmanian Police for the same offence. The ED5 process ran alongside the police investigation.
48. I would expect that a similar process would occur with any allegation of child sexual abuse by a staff member.

Q14 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?

49. Any internal or ED5 investigation would run alongside any external investigation, e.g., AHPRA. Tasmanian Police have requested that the Department place a hold on an ED5 investigation for a matter involving an employee but not relating to child sexual abuse. In such a case, the ED5 process was temporarily halted whilst the police matter ran its course, and then the Department re-engaged the ED5.

Q15 Outline any memorandum of understanding, protocol 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) insofar as they relate in any way to allegations of child sexual abuse, professional boundary breaches and/or grooming behaviours.

50. The only matter that I have been aware of that relate to allegations of child sexual abuse, professional boundary breaches and/or grooming behaviour relates to James Griffin, so my understanding is limited. I am not aware of any physical documentation, such as a

memorandum of understanding, protocol or other formal process that exists that deals with allegations of child sexual abuse, professional boundary breaches and/or grooming behaviour. However, there are informal processes that we would follow. A delegate from the Department would contact the Tasmanian Police, either through a local branch or a contact. Similarly, a delegate would contact the Child Safety Service Advice and Referral Line, AHPRA if the employee was registered through that Agency and the Department of Justice if the employee held a Working with Children registration.

James Griffin

Q16 Do you have knowledge of Mr Griffin engaging in any of the following behaviours during the Relevant Period:

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

51. There were allegations raised through SLRS Safety Event ID 52489 relating to professional boundaries. As previously stated the allegations were unsubstantiated. I was not aware of any misconduct involving child abuse.

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

52. In concluding the investigation into SLRS Safety Event ID 52489, relating to alleged events that occurred on 26 August 2017, although incorrectly noted as occurring on 26 August 2018 in the description of events within the SLRS, James Griffin was reminded about maintaining appropriate relationships with patients and families on the ward and ensuring that the therapeutic relationships are not compromised.
53. On 7 March 2017, I assisted Sonja Leonard in drafting communication to James Griffin regarding professional boundary issues. Sonja and Michael Sherring had met with James on 6 March 2017 after a patient had raised concerns with staff from Child and Adolescent Mental Health Services (CAMHS) and Child Safety. I was not in attendance at the meeting, but I reviewed the letter summarising that meeting including the expectations around his behaviour going forward.
54. Sonja Leonard forwarded me a copy of the history of similar complaints that had been raised on the Ward regarding James on 6 March 2017 to assist with the meeting summary document. This included:
- A copy to a letter she drafted to James Griffin dated 2 March 2009 regarding professional boundaries after James was asked to 'give away' [REDACTED]
 - A copy of the file note relating to a meeting held on 21 January 2009 relating to professional boundaries with James Griffin. In attendance was [REDACTED], Sue McBeath and [REDACTED].
 - A copy of a file note written by Michael Sherring on 21 January 2009 relating to professional boundaries with James Griffin. This included a statement from [REDACTED] observing James Griffin give a patient a cuddle in January 2009.
 - Handwritten notes regarding James Griffin from November 2008 – 11 February 2009. Author unknown.
 - Letter from [REDACTED], Senior Psychiatric Registrar, CAMHS North dated 15 January 2009 regarding James Griffin acting in

contravention to a documented behaviour management plan for a patient. Email from Sonja Leonard to [REDACTED] dated 15 January 2009.

- Letter from James Griffin to [REDACTED] dated 23 October 2005 regarding a complaint from [REDACTED] in relation to James. Draft email correspondence from [REDACTED] to James Griffin, undated, regarding professional boundaries.

55. Maintaining appropriate professional boundaries was a concern, due to the number of instances that had previously occurred. Since I entered the HR generalist team in 2014, there were only the two matters that I assisted with or was aware of. In the letter from Sonja Leonard sent 7 March 2017 following a meeting with him on the previous day, the expectations around maintaining professional boundaries were clearly stated to James. There was also reference to escalation to the Director of Nursing or to an external forum for further investigation should a repeat of the behaviour occur.

(c) calling paediatric patients “baby”, “babe”, “princess” or similar;

56. On 29 April 2020, I was forwarded a copy of James Griffin’s personnel file as kept on Ward 4K. On the file was the Mental Health Progress Notes for patient ID: [REDACTED] which included an entry on 3 March 2017 that she had been called “baby” and “sweetheart” by male nursing staff. This type of language is unprofessional however as I was only made aware of them after his death, I was unable to recommend any action to be taken.

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

57. Only the allegations as raised through SLRS Safety Event ID 52489. As previous stated the allegations were unsubstantiated as such I was not concerned.

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

58. Physical touch outside therapeutic boundaries was an issue raised in the meeting held on 21 January 2009 relating to professional boundaries with James Griffin. In attendance was [REDACTED], Sue McBeath and [REDACTED]. This was also raised in the file note written by Michael Sherring on 21 January 2009 relating to professional boundaries with James Griffin. This included a statement from [REDACTED] observing James Griffin give a patient a cuddle in January 2009.

(f) using his mobile phone while on shift;

59. No.

(g) giving his mobile phone number to paediatric patients;

60. This was an issue discussed in the meeting held on 21 January 2009 and raised in the file note written by Michael Sherring on 21 January 2009. It was also identified in the handwritten notes regarding James Griffin from November 2008 – 11 February 2009. I received a copy of the documentation in March 2017. Whilst this practice is inappropriate, as it had been a significant time between when the issue was discussed with James and when I received notification, I was not advised that the practice had continued.

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

61. This behaviour was also identified in the handwritten notes regarding James Griffin from November 2008 – 11 February 2009. I received a copy of the documentation in March

2017. Whilst this practice is inappropriate, as it had been a significant time between when the issue was discussed with James and when I received notification, I was not advised that the practice had continued.

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

62. This was raised in the letter from [REDACTED], Senior Psychiatric Registrar, CAMHS North dated 15 January 2009 regarding James Griffin acting in contravention to a documented behaviour management plan for a patient. James attended a multi-disciplinary team meeting to discuss the patient's behaviour management plan during a period of annual leave. This was also identified in the Draft email correspondence from [REDACTED] to James Griffin, undated, regarding professional boundaries. Whilst this practice is inappropriate, as it had been a significant time between when the issue was discussed with James and when I received notification, I was not advised that the practice had continued.

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

62. This was raised in the file note written by Michael Sherring on 21 January 2009 relating to professional boundaries with James Griffin. Whilst this practice is inappropriate, as it had been a significant time between when the issue was discussed with James and when I received notification, I was not advised that the practice had continued.

If yes, detail the source of your knowledge (including via the Safety Reporting Learning System), 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.

Q17 To the extent that you were concerned by Mr Griffin's behaviour during the Relevant Period, including the behaviours outlined in paragraph 16, detail any action you took in response to your concerns.

63. I rarely interacted with James Griffin as I have never been based at the Launceston General Hospital, so I was never witness to any of the behaviours as identified in paragraph 16. My association was limited to my involvement in assisting draft documentation and discuss outcomes with the Nurse Unit Manager for the two instances that I was contacted to assist with. I did not personally have any concerns regarding James Griffin's behaviour, and the two concerns raised that I was aware of were adequately addressed and did not give rise to any further concerns. I assisted Sonja Leonard in drafting correspondence relating to a meeting summary regarding professional boundaries on 7 March 2017 and the investigation relating to SLRS Safety Event ID 52489 both of which were actions that were appropriate.

Other people's concerns about James Griffin

Q18 Did anyone raise a concern about Mr Griffin with you during the Relevant Period, including the behaviours outlined in paragraph 16? If yes, please detail in respect of each concern:

- (a) the nature of the concern;**
- (b) how and when the concern was raised (including via the Safety Reporting Learning System);**
- (c) the action you took in response to the concern (and when you took this action);**

- (d) whether you reported the concern to your supervisor;**
- (e) the response of your supervisor and/or Launceston General Hospital management and/or Launceston General Hospital executive to the concern; and**
- (f) whether the concern was resolved, and if so how?**

64. No, no one raised a concern about James Griffin with me directly. In meetings with the Ward 4K Nurse Unit Manager, Sonja Leonard, we did discuss two complaints that had been received regarding James Griffin maintaining professional boundaries and communication was sent to James when this occurred. I assisted Sonja Leonard in drafting documentation regarding professional boundaries on 7 March 2017 and the investigation relating to SLRS Safety Event ID 52489.

65. I do not recall that there were ever concerns raised regarding James Griffin involving grooming behaviour or child sexual abuse,

Q19 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;**
- (b) a Minister or Ministerial Office;**
- (c) a professional or regulatory body (including the Australian Health Practitioners Regulation Agency);**
- (d) Child Safety Services;**
- (e) the Department of Justice, the Registrar under the Registration to Work with Vulnerable People Act 2013 (Tas), and/or the Consumer, Building and Occupational Services business unit within the Department of Justice;**
- (f) Tasmania Police;**
- (g) any other office, agency, organisation or regulator; and/or**
- (h) any union or representative body for nursing or medical staff employed at Launceston General Hospital.**

66. The two matters I assisted with, drafting documentation regarding professional boundaries on 7 March 2017 and the investigation relating to SLRS Safety Event ID 52489 were not raised with any of the above mentioned parties as far as I am aware.

67. On 31 July 2019, I was advised by Dr Peter Renshaw, Executive Director of Medical Services, that James Griffin was subject to an immediate suspension of his Registration to Work with Vulnerable People. On 31 July 2019, Tasmanian Police requested that Dr Renshaw and I attend the Launceston police station to look at some photos that had been obtained from James Griffin's personal phone to determine if they had been taken within the Launceston General Hospital.

68. Dr Renshaw was the contact for Tasmanian Police following this time.

69. Mr Eric Daniels, Executive Director of Operations, Tasmanian Health Service North/North West provided dot points to the Secretary of DoH, Michael Pervan on 31 July 2019.
70. Dr Renshaw spoke with a representative from AHPRA on 31 July 2019 and submitted a mandatory notification to AHPRA on 1 August 2019.
71. On 6 August 2019, the Secretary of DoH, Michael Pervan approved a minute and letter to suspend James Griffin from duties with pay in accordance with Employment Direction 4 and advised that actions were being taken to commence an investigation under Employment Direction 6 following the suspension of James' registration under the Registration to Work with Vulnerable People Act 2013. The documentation was prepared by [REDACTED], Director – Employee Relations.
72. On 14 August 2019, the Secretary of DoH, Michael Pervan approved a minute advising him of James Griffin's resignation and that Tasmanian Police were conducting enquiries and advised of pending charges being laid which included child exploitation and maintaining inappropriate relations with a minor. I drafted the original correspondence on 9 August 2019.
73. Whilst the Department did not report a concern to the ANMF, Helen Bryan was contacted by the ANMF and a meeting was held on 6 November 2019 with James Bellinger, HR Manager, [REDACTED], ANMF and Helen to discuss Members concerns regarding James Griffin.
74. On 21 September 2020, I received a copy of correspondence from Michael Easton, Chief Executive Officer, Integrity Commission to Kathrine Morgan-Wicks, Secretary, DoH dated 16 September 2020. The subject being Information report received on Assessment Greystone.
75. On 10 December 2021, I was advised that in line with the Ombudsman RTI decision, a copy of all the information the Department had regarding James Griffin had been provided.

Q20 *If reports were made to any organisation listed in paragraph 19, detail:*

- (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.*

76. Secretary Of Department of Health

- (a) Eric Daniels, Executive Director of Operations provided the report for the Secretary, Michael Pervan.
- (b) Eric Daniels provided Dot Points for the Secretary, Michael Pervan regarding the immediate suspension of James Griffin's registration to work with Vulnerable People.
- (c) The report was made and emailed on 31 July 2019.
- (d) Eric Daniels received acknowledgement from the Secretary on 31 July 2019.

(e) The report was just for noting at that stage.

77. Secretary Of Department of Health

- (a) [REDACTED] Director Employee Relations drafted the correspondence for the Secretary, Michael Pervan, which was cleared through James Bellinger, HR Manager and [REDACTED] Chief People and Culture Officer.
- (b) [REDACTED] Director Employee Relations drafted the minute and letter for the Secretary, Michael Pervan regarding the suspension of duties for James Griffin under ED4 and the intention to commence an ED6 investigation.
- (c) The report was cleared by [REDACTED] on 2 August 2019 and sent to the Secretary.
- (d) The Secretary approved the Minute and signed the letter on 5 August 2019.
- (e) The outcome was that James Griffin was suspended with pay immediately in accordance with ED4 and he was notified that an ED6 investigation would commence.

78. It is my understanding that a report was made to AHPRA

- (a) Dr Peter Renshaw completed the mandatory reporting.
- (b) Dr Renshaw emailed the Complaint and concern (notification) to notifications@ahpra.gov.au.
- (c) The mandatory notification was made on 1 August 2019.
- (d) [REDACTED] – Commission of Inquiry Response and Reform received notice from AHPRA on 22 March 2022 to produce all materials relevant to James Griffin. [REDACTED] responded to AHPRA on 26 March 2021 with the documentation.
- (e) I have not been informed of the outcome and cannot comment.

79. It is my understanding that a report was made to Integrity Commission

- (a) I have not been informed and cannot comment.
- (b) I have not been informed and cannot comment.
- (c) I have not been informed and cannot comment.
- (d) I have not been informed and cannot comment.
- (e) The Industrial Commission identified the possibility that some staff stopped making reports about Mr Griffin given a perceived failure of management to respond to earlier reports and a fear of losing their jobs if they spoke out. From their perspective, it was important to look to the future to ensure that the Tasmanian Health Service has the capacity and processes to properly deal with reports of misconduct. This includes ensuring that staff are enabled and confident in their reporting of misconduct, and that reports of such 'professional boundary', or other personal behavioral issues are recognized as possible early warning signs of a path to serious misconduct.

80. Reports were not made to the following organisations, that I am aware of, due to the fact that someone else had reported their concerns to these organisations. They in turn alerted the Department that a report had been made.

Tasmanian Police

81. I am unaware if a formal report was made, only that Tasmanian Police were in contact with Dr Renshaw and the Department of Health offered full cooperation.

Department of Justice regarding Registration to Work with Vulnerable People

82. I am unaware if a formal report was made, only that the Department of Justice were in contact with Dr Renshaw and the Department of Health offered full cooperation.

Q21 *Was the process that followed the raising of the concern consistent with your understanding of the relevant policies, procedures, codes and guidelines? If no, identify the relevant policy, procedure, code or guideline and explain the way(s) in which the process did not comply with it.*

84. Yes. The concerns raised that I was involved with were addressed appropriately based on the grievance resolution process.

85. The first matter that I was involved with, was a written summary of a meeting that was undertaken by James Griffin, Sonja Leonard and Michael Sherring. Where matters of performance or complaints are discussed, it is strongly encouraged that the manager completes either a letter or file note of the content of any discussion including any behavioural expectations that were discussed. This therefore provides the parties with an accurate portrayal of the discussion and behavioural expectations.

86. The SLRS investigation involved putting the allegations as noted in the SLRS to the respondent, James Griffin, for his response. Once the response was received, the contents were taken into account in order to make a determination. Whilst a witness statement could have been obtained from the patients within Ward 4K, Sonja and I thought the response from James was sufficient to finalise the matter. We were also mindful that obtaining statements from the patients could affect the clinician/patient relationships they had with the nursing staff.

Q22 *Do you have any concerns or complaints about how any concerns about Mr Griffin (whether raised by staff, patients or the family of patients) were responded to by your supervisor and/or the Launceston General Hospital management team and/or executive management team?*

(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.*

87. No. The matters were dealt with using the grievance resolution framework where procedural fairness was attributed to any investigation. Both matters that I was aware of since joining the HR generalist team were addressed with James Griffin and were documented.

88. Upon review of the processes undertaken, I note that William Gordon, the author of SLRS Safety Event ID: 524489 did not receive a letter with the final outcome of the investigation into the allegations raised in the SLRS. This was an oversight and he should have been advised.

Q23 *Were you directed (formally or informally) to take particular actions that you did not agree with? If so, please detail.*

89. No, I was not directed, formally or informally, to take any particular actions that I did not agree with.

Q24 *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.*

90. No, a person who is a Union delegate, no matter which union they are affiliated with, is not treated any differently when reviewing or investigating concerns raised against them. The same applied to James Griffin in the matters that I assisted with.

Q25 *Do you consider the action you took in response to concerns raised by others in relation to Mr Griffin was adequate? Please provide reasons. To the extent that you now consider your actions to have been inadequate, state what action you would take now and why.*

91. Yes. I believe that my involvement was adequate and in line with my employment as a Human Resource Advisor/Consultant. As a member of the HR generalist team, I provide advice and support to management on a range of human resource matters. This was the role I undertook in the issues that arose relating to James Griffin.

92. I assisted the Nurse Unit Manager in drafting correspondence to James Griffin providing a meeting summary of their discussion regarding concerns with maintaining professional boundaries.

93. I also assisted in drafting correspondence relating to SLRS Safety Event ID: 524489 and discussing the evidence provided with the Nurse Unit Manager to determine an outcome. I note that there should have been correspondence back to the author of the SLRS advising of the outcome of the investigation.

Q26 *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 16 that were not reported to Human Resources 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.*

94. I am unable to comment on any concern or report that that arose prior to my commencement with Human Resources in January 2014 that were not appropriately actioned. All matters that were raised since I joined the HR generalist team were actioned appropriately.

95. Since James Griffin's death, I have been made aware of allegations of concerning behaviour relating to grooming behaviour and child sexual abuse. To the best of my memory, these allegations did not relate to matters that arose as part of his employment with the LGH. I am aware that such behaviour was allegedly undertaken against family members of an employee of the LGH but I am not aware if any report had been made. If such behaviour had been reported to me, I would have involved Tasmanian Police, Child Safety Services and the Department of Justice regarding his registration to work with Vulnerable People.

Q27 *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 it involved 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.

96. No. I did not attend any meeting prior to 31 July 2019 where an allegation was made that James Griffin had engaged in child sexual abuse, either with a patient or otherwise.
97. I would have met with Sonja Leonard, Nurse Unit Manager regarding the SLRS Safety Event ID: 524489 as part of our regular catchups to discuss HR matters on the Ward, to review the evidence and make a recommendation concerning the outcome. However, during these meetings there was never any discussion that James Griffin had engaged in child sexual abuse.

Q28 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.

98. No. Prior to 31 July 2019, I was not aware of any allegation that James Griffin had engaged in child sexual abuse or had had an inappropriate relationship with a child or young person, either with a patient or otherwise.

Other people of concern

Q29 Did you have any concerns about any conduct similar to that described in paragraph 16 in relation to other staff members at Launceston General Hospital? Please answer paragraph 17 in relation to each such staff member.

99. No.

Q30 Did anyone raise concerns with you conduct similar to that described in paragraph 16 in relation to other staff members at Launceston General Hospital? Please answer paragraphs 18 to 23, 25 and 26 in relation to each such staff member.

100. No.

Q31 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 29 and/or 30 above.

101. No.

Actions taken after Mr Griffin's arrest

Q32 Outline the actions you took upon being notified that Mr Griffin had been arrested by Tasmania Police. Include reference to any communications you had with:

- (a) Launceston General Hospital's management team and/or executive management team;**

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

102. On 31 July 2019, whilst in a meeting with Helen Bryan and HACSU regarding LGH Hospital Aides, Dr Peter Renshaw interrupted the meeting to advise that he had been advised by the Department of Justice that James Griffin's Registration to Work with Vulnerable People had been suspended. Further that he had been asked by Tasmanian Police to attend the Launceston police station to review some photo's. I accompanied Dr Renshaw to the Launceston police station that day and reviewed some photo's that had been retrieved from James Griffin's phone from a folder marked "Ward 4K" to confirm whether they had been taken within the LGH. The images were not of a sexual nature and Dr Renshaw and I were able to identify that some of the photo's had been taken from within Ward 4K and ICU at the LGH.
103. As James Griffin was rostered to work the afternoon shift, Janette Tonks, Nursing Director of Women's and Children's Services was advised and James was met at the entrance of the LGH prior to his shift by Dr Renshaw, Helen Bryan and Janette and directed that he was unable to work his shift due to the loss of registration.
104. Eric Daniels provided dot points regarding the suspension of James's registration to Michael Pervan, Secretary, DoH on 31 July 2019.
105. On 31 July 2019, I sent an email to advise the HR management team including [REDACTED] Director – Employee Relations of the developments. I suggested commencing an ED6 process due to his suspension of his Registration to Work with Vulnerable People effective 31 July 2019. I also suggested that an ED5 process be considered once we had further information.
106. The minute to the Secretary and letter to suspend James Griffin under ED4 was drafted on 1 August 2019 by [REDACTED] and approved and signed by the Secretary, DoH on 5 August 2019. The letter also advised James Griffin that as a result of the suspension of his registration, actions are being undertaken to commence an investigation under ED6.
107. I followed up Dr Renshaw on 1 August 2019 regarding reporting James Griffin to AHPRA. Dr Renshaw noted that he had spoken with a representative from AHPRA the previous day and completed and submitted the mandatory notification documentation to AHPRA on 1 August 2019.

108. On 7 August, Dr Renshaw forwarded an email from Glenn Hindle, Detective Senior Constable, Tasmanian Police advising that he had ongoing discussions with the immediate family of James Griffin who had voiced concern for his ongoing safety and welfare. Tasmanian Police had provided James with details for Lifeline and offered to transport him to be assessed, but James declined. Police asked that we provide follow up support to James.
109. On 8 August 2019, I tried contacting James Griffin via phone but he did not pick up. I e-mailed him advising of the Employment Assistance Program and other support services available to him.
110. On 8 August 2019, James Griffin submitted his resignation.
111. I assisted in facilitating the paperwork necessary for exiting James through Payroll Services.
112. I drafted a Minute to the Secretary, DoH, on 9 August 2019 advising of James Griffin's resignation effective 8 August 2019. This rationale was used to not commence the ED6 investigation as an investigator had not yet been appointed and as James Griffin was no longer an employee of the State Service, any Determination and Sanctions under ED6 would not have effect.
113. On 13 August 2019, I received a call from Tasmanian Police noting that the Director of Public Prosecutions is the authority to lay charges against James in relation to any criminal charges. Tasmanian Police advised that it was highly unlikely that LGH staff would be required to give statements in relation to the charges as the incidents had occurred outside of the workplace.

Q33 *Outline any steps taken by Launceston General Hospital to investigate allegations of child sexual abuse or child exploitation against Mr Griffin after his arrest, and any role you had in that investigation.*

114. Dr Peter Renshaw and I attended the Launceston police station on 31 July 2019. We were advised that whilst Tasmanian police had not laid any charges against James Griffin at that point, that they were looking to charge him with child exploitation as well as maintaining an inappropriate relationship with a minor. Police were interviewing a number of other parties to determine whether further charges were to be laid and that they expected to lay charges within the following fortnight.
115. The Department commenced a suspension under ED 4 effective 5 August 2019 with the intention to commence an ED6 investigation based on his loss of registration to Work with Vulnerable People, an essential requirement of his role.
116. James Griffin resigned his employment on 8 August 2019, ending both ED4 and ED6 processes. The ED6 process had not officially commenced with no investigator being formally appointed. Given that James Griffin was no longer a State Service Employee from the date of his resignation, the Secretary of DoH was unable impose an action against him and the ED6 investigation was closed.
117. As such, my role in any investigation ceased at that time.
118. On 13 August 2019, I received a call from Tasmanian Police noting that the Director of Public Prosecutions is the authority to lay charges against James in relation to any criminal charges. Tasmanian Police advised that it was highly unlikely that LGH staff would be required to give statements in relation to the charges as the incidents had occurred outside of the workplace.
119. I was advised on 21 October 2019 that James Griffin had died.
120. I am unaware of any steps taken by the LGH to investigate allegations of child sexual abuse or child exploitation against James Griffin since his arrest on 3 September 2019. At this

point, he was no longer an employee, although we were assisting Tasmania Police with their investigation.

Q34 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?

121. On 31 July 2019, Dr Peter Renshaw and I attended the Launceston police station to review photos that had been retrieved from James Griffin's phone under a folder that had been labelled "Ward 4K". The photos were of patients with dates between 2015 to 2019. We were only showed a small number of photos and we were asked to identify if we believed the photo's had been taken within the Launceston General Hospital. Dr Renshaw and I were able to identify that some of the photo's appeared to have been taken within Ward 4K, LGH and ICU, LGH. We were not asked to identify any patients in the photos.
122. Following this, Dr Renshaw was seeking a copy of the photos from within the LGH through a Freedom of Information process. I am not aware of whether he was successful in obtaining the images or not
123. I was not informed how the patients, or their families were supported as it was being handled by Tasmanian Police.

Q35 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;
- (b) what steps were taken and by whom;
- (c) the outcome of the process; and
- (d) if a decision as taken not to initiate or complete an ED4, ED5 or ED6 process, provide reasons for that decision.

124. Once I returned from the Launceston police station on 31 July 2019, I advised the HR management team including [REDACTED] Director – Employee Relations of the developments. I suggested commencing an ED6 process due to his suspension of his Registration to Work with Vulnerable People effective 31 July 2019. I also suggested that an ED5 process be considered once we had further information.
125. The minute to the Secretary and letter to suspend James Griffin under ED4 was drafted on 1 August 2019 by [REDACTED] and approved and signed by the Secretary, DoH on 5 August 2019. The letter also advised James Griffin that as a result of the suspension of his registration, actions are being undertaken to commence an investigation under ED6.
126. On 8 August 2019, James Griffin submitted his resignation.
127. I drafted a Minute to the Secretary, DoH, on 9 August 2019 advising of James Griffin's resignation effective 8 August 2019. This rationale was used to not commence the ED6 investigation as an investigator had not yet been appointed and as James Griffin was no longer an employee of the State Service, any Determination and Sanctions under ED6 would not have effect.
128. No ED5 commenced in regard to James Griffin.

Q36 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.

129. No.

Mandatory reporting

Q37 ***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?***

130. All State Servants employed in health have a duty to report concerns of child sexual abuse or other child abuse. Reports can be made to the Child Safety Service's Advice and Referral Line. If there is an immediate risk, Tasmanian Police should also be notified.

Q38 ***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?***

131. Whilst any person can make a voluntary notification to AHPRA, registered health practitioners, employers and health education providers are required to make a mandatory notification. Mandatory notifications must be made where there is a risk of harm to the public concerning:

- Impairment
- Intoxication while practicing
- Significant departure from accepted professional standards
- Sexual misconduct

132. When such a report is required, discussion and agreement is made by Department of Health staff as to whom will supply the notification.

Q39 ***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)***

133. The *Health Complaints Act 1995* (Tas) states who is capable of making a complaint, under Section 22 to the Health Complaints Commissioner. The complaint is to be in writing and is to be signed by the complainant and is to disclose the name and address of the complainant.

134. Complaint forms can be obtained from the Health Complaints Commissioner Tasmania website or requested from the Commissioner.

Q40 ***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?***

- I35. Reports have been made to Tasmanian Police from the Department when it appears that a criminal incident has occurred in the workplace, such as an assault on a patient. In these times we have contacted the local police station via phone.
- I36. Anyone can make a report to Tasmanian Police. When such a report is required, discussion and agreement is made by Department of Health staff as to whom will supply the notification.

Q41 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?

- I37. Reporting should be made to the Registrar if the employer is aware of, or suspects on reasonable ground as that an employee has engaged or may have engaged in reportable behaviour.
- I38. Anyone is able to make a report to the Registrar. When such a report is required, discussion and agreement is made by Department of Health staff as to whom will supply the notification.

Q42 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?

- I39. Not specific to Human Resources but through providing advice to delegates on workplace investigations, notifications have been made to Tasmanian pharmaceutical services branch when medications have been taken from the workplace or not correctly disposed of by employees and to the Aged Care Quality and Safety Commission relating to the District Health sites with Aged Care beds.
- I40. In regard to the Tasmanian pharmaceutical services branch, Statewide Pharmacy Services management have made the reports.
- I41. In regard to the Aged Care Quality and Safety Commission, the Director or Nursing of the Rural Inpatient Facility or a member of the Primary Health management team have made the reports.

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.

Q43 What supports were offered to Launceston General Hospital staff after the allegations about Mr Griffin were known? Do you consider these supports to have been adequate or appropriate?

- I42. The Department's Employee Assistance Program was provided to all and staff were encouraged to make contact.
- I43. Ward 4K staff were given contact details of myself from Human Resources, as well as Sonja Leonard, Nurse Unit Manager, Ward 4K and Janette Tonks, Nursing Director – Women's and Children's Services.
- I44. [REDACTED] counsellor was made available for staff to contact.

145. ANMF were welcomed on site to speak with their members and offer external assistance through their Nurse and Midwife Support Service.
146. Enterprising Aardvark Counselling and Consultancy provided a number of education sessions for the staff on Ward 4K on 27, 28 February 2020 and 5 March 2020.
147. Also, calls from the public/media were diverted away from the Wards by switchboard, LGH.
148. The supports were appropriate.
149. There was one staff member who requested a team debrief but it was advised by an experienced counsellor that such a session would not be beneficial and was not undertaken.

Q44 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.

150. Whilst a Tasmanian Police investigation is ongoing, the Agency is often asked to maintain confidentiality around potential charges so that their process is not hampered. I believe Peter Renshaw provided advice along these lines in his briefing to Ward 4K staff on 30 October 2019.
151. I do not recall any directive regarding James Griffin's death.

Q45 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.

152. James Bellinger, Human Resources Manager attended Ward 4K approximately 2 or 3 times, however I am unsure of dates as to whether this occurred prior to his arrest or afterwards.
153. In reviewing my calendar, I attended a meeting on Ward 4K on 12 September 2019, but no detail is included regarding the purpose of the meeting or the attendees. I do not have any clear recollection of that meeting, the attendees present or what was said. Reviewing my emails from that time, an email was sent by Sonja Leonard the following day, 13 September 2019, providing contact details for support services available to staff following R U Ok conversations. It is most likely that the meeting on 13 September 2019 was about the supports available to staff.

Q46 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;

154. I am aware that Peter Renshaw and Janette Tonks attended a meeting with Ward 4K staff on 30 October 2019.

(b) the purpose of the meeting;

155. The meeting was to provide staff with a briefing of the James Griffin ongoing police investigation.

(c) what was discussed at the meeting(s); and

156. The timeline from hospital point-of-view, the fact that police investigations are on-going

and that no information can be provided that would impinge in any way on the continuing investigation and a general discussion on issues of gossip, community reaction and assistance available to staff in response. They also covered some of the longer-term triggers that might cause further distress to the group such as the coroner's investigation.

(d) the outcome of the meeting(s), including action items.

157. That Peter Renshaw would provide future briefings for staff that were unable to attend that session

Q47 Do you consider the response detailed in your responses to paragraphs 43 to 46 to be appropriate or adequate? If not, give reasons and state what you would do differently.

158. Yes. The supports were arranged at short notice based on the information available at the time and what was able to be disclosed.

Q48 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.

159. I am unaware of any other supports that would have assisted staff, besides ongoing counselling for those that require such services.

What should change and how

Q49 With the benefit of hindsight, do you consider that you acted appropriately in relation to matters outlined in your statement? If so, why? If not, what would you change or do differently?

160. Yes, I believe that my actions in relation to my involvement with James Griffin were appropriate and were all undertaken within the relevant policy framework and in line with my employment as a Human Resources Consultant. I based my actions around the information that I was aware of at the time. No other concerns were raised with me that were not addressed.
161. Of course, with the benefit of hindsight I wish that the behaviour of James Griffin was identified earlier than it was, so that the behaviour he engaged in could have been stopped.
162. Based on the limited information that I was aware of, there were only concerns raised about overstepping professional boundaries, which were addressed as and when they arose. There were never any concerns raised regarding grooming or child abuse.

Q50 Given your experiences at Launceston General Hospital, what do you think needs to change to keep children safer from child sexual abuse whilst patients at Launceston General Hospital?

163. I think that it would be beneficial for staff to have clear reporting pathways if they believe that child sexual abuse may be occurring, especially in the wards and departments where there is a paediatric component. Knowing who is responsible for making the report and to which services would expediate the process.
164. Hopefully this can be incorporated into our reporting systems so that when a report is made through a Safety Learning System, like SLRS, which may be linked to professional boundary breaches, grooming behaviour and/or child sexual abuse, the key personal are advised in an expedient manner.

165. This would also be beneficial for the Human Relations team to know and understand for future allegations or concerns in order to provide sound advice to staff and to ensure the correct reporting is made in a timely manner.
166. Additional training has been provided to staff within areas of the health service where children are patients. This should continue for new staff entering those units/wards with training having a particular focus on understanding and identifying professional boundary breaches, grooming behaviour and child abuse with re-fresher training to occur on a regular basis.

Q51 *How do you think the health system's response to allegations of child sexual abuse can be improved?*

167. It would be beneficial if all staff within the health system are aware of the reporting requirements regarding responding to allegations of child sexual abuse. Whilst it is expected that the Executive and senior management are aware of the reporting requirements, I doubt that all employees would be aware which could lead to gaps in reporting.
168. Having a dedicated team of employees with appropriate counselling training within the Department as a contact for all patients/relatives of patients who wish to raise allegations of child sexual abuse would be beneficial. Advice on raising such a complaint could be promoted to consumers.
169. Additionally, the health system could take active steps in escalating any allegations of child sexual abuse directly to ED5 investigations.

Q52 *What steps do you think Launceston General Hospital should take in an effort to rebuild community trust in Launceston General Hospital?*

170. Greater transparency from the Department of Health to the community advising of the steps undertaken by the Launceston General Hospital regarding James Griffin. Noting that there had not been any concerns raised regarding grooming behaviour or child sexual abuse. Advising that James Griffin was stood down the day that the LGH was advised by the Department of Justice of the suspension of his registration to Work with Vulnerable People and did not work a further shift until he was terminated.
171. Confirm to the community that there was no "cover-up" of James Griffin's behaviour by anyone within the organisation. Such behaviour is condoned and the LGH worked to assist Tasmania Police with their investigation in an attempt to convict James Griffin of his crimes.
172. Advise of the steps the LGH has taken to ensure that such behaviour as exhibited by James Griffin does not occur in the hospital, including the training in recognising grooming behaviours etc. undertaken by the staff who are committed to the patients.

The Commission

Q53 *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.*

173. No.

Sources of information for this statement

Q54 *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

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(b) Please provide a list of, and attach to your statement a copy of, each document which 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.

- Draft letter to James Griffin from Sonja Leonard, Subject: Professional Boundaries dated 2 March 2009
- Meeting notes re: Professional Boundaries for James Griffin 21 January 2009.
- Letter from Michael Sherring Professional Boundaries Issues dated 21 January 2009. Email from Sonja Leonard to Sonja Leonard dated 21 January 2009 Re: James Griffin: Professional Boundaries issues, signed by [REDACTED]
- Handwritten file notes: Jim Griffin. Dates identified on the document Nov 2008, 13 January 2009, 1.1/2009 and 11 February 2009. Author unknown.
- Letter from [REDACTED] to Sonja Leonard dated 15 January 2009. Email from Sonja Leonard to [REDACTED] Subject: Receipt of your letter January 2009 dated 15 January 2009.
- Letter from Jim Griffin to [REDACTED] dated 23 October 2005. Draft letter from [REDACTED] to James Griffin, undated.
- Email from Sonja Leonard to James Griffin dated 7 March 2017. Subject: Jim Griffin – Professional Boundaries and Communication. Including letter to James Griffin Subject Professional Boundaries dated 6 March 2017 and a copy of 'A nurse's guide to professional boundaries' from Nursing and Midwifery Board of Australia.
- Safety Event Management Form. Safety Event ID: 52489 made by William Gordon with event date 26 August 2017.
- Email from Mathew Harvey to Sonja Leonard dated 4 September 2017 Subject RE: SRLS number 52489. Including draft letter to James Griffin Subject Griffin J – Seeking response to SLRS and Word document version of the description of events from the SLRS.
- Email from Sonja Leonard to James Griffin dated 4 September 2017. Subject Seeking response to SLRS August 26 2017. Including letter to James Griffin Subject Griffin J – Seeking response to SLRS dated 4 September 2017 and Word document version of the description of events from the SLRS.
- Email from Sonja Leonard dated 11 September 2017 forwarding an email from James Griffin dated 6 September 2017 including James Griffin's Response to the SLRS dated 26 August 2017.
- Email from Sonja Leonard to James Griffin dated 11 September 2017. Subject Griffin J – Final Outcome to SLRS.docx. Including letter to James

Griffin Subject Griffin J – Final Outcome to SLRS.docx dated 11 September 2017.

- Email from Peter Renshaw Subject FW: Registration To Work With Vulnerable People Act 2013 - Immediate Suspension Notification To Named Employer – GRIFFIN dated 31 July 2019. Including letter from [REDACTED] to Peter Renshaw dated 31 July 2019.
- Email from Mathew Harvey to [REDACTED], James Bellinger and [REDACTED] Subject RE: Registration To Work With Vulnerable People Act 2013 - Immediate Suspension Notification To Named Employer – GRIFFIN dated 31 July 2019.
- Email from Eric Daniels to Michael Pervan Subject Fwd: Dot Points Secretary Suspension of WVP Registration Paediatric Nurse 310719.docx dated 31 July 2019. Including Dot Points Secretary Suspension of WVP Registration Paediatric Nurse 310719 dated 31 July 2019.
- Email from Peter Renshaw Subject RE: James Griffin – AHPRA dated 1 August 2018.
- Email from Peter Renshaw to AHPRA Subject Mandatory Notification dated 1 August 2019. Including AHPRA mandatory Notification James Griffin 010819.
- Email from James Bellinger Subject W: APPROVED/SIGNED: Record to Action - [111168] - Staffing - Suspension under Employment Direction 4 - Mr James Griffin - THS-CPCO dated 6 August 2019. Including approved Minute to Secretary Subject: Employment Direction No. 4 – Suspension of Mr James Griffin dated 5 August 2019 and letter from Michael Pervan to James Griffin Subject: Suspension from Duties with Pay – Intention to Investigate dated 5 August 2019.
- Email from Peter Renshaw Subject FW: James GRIFFEN dated 7 August 2019 forwarding email from Glenn Hindle dated 7 August 2019.
- Email from Mathew Harvey to [REDACTED] and James Bellinger Subject: RE: James GRIFFEN dated 8 August 2019.
- Email from James Griffin Subject: Resignation dated 8 August 2019.
- Email from Mathew Harvey to James Griffin Subject RE: Resignation dated 9 August 2019.
- Email from Mathew Harvey to Sonja Leonard and Janette Tonks Subject J griffin dated 13 August 2019.
- Email from [REDACTED] on behalf of the Chief People and Culture Officer Subject NOTED: Record to Action - [111168] - Staffing - Suspension under Employment Direction 4 - Mr James Griffin - THS-CPCO dated 15 August 2019. Including Signed Minute to Secretary Subject Resignation – Mr James Griffin dated 14 August 2019.
- Email from Sonja Leonard to Ward 4K Staff Subject Supports available for 4K staff to access dated 13 September 2019.
- Email from James Bellinger Subject RE: APPROVED/SIGNED: Record to Action - [113006] - Staffing - Criminal Charges - Mr James Griffin - Update on dated 21 October 2019.

- Email from James Bellinger Subject FW: Member meeting on 24 October 2019 forwarding an email from Emily Shepherd to Helen Bryan et al dated 24 October 2019.
- Letter from Emily Shepherd to Sonja Leonard Subject RE: Launceston General Hospital ward 4K dated 28 October 2019.
- Email from James Bellinger Subject FW: Meetings with ward 4K staff dated 31 October 2019. Forwarding an email from peter Renshaw to Eric Daniels dated 31 October 2019.
- Email from James Bellinger Subject FW: Confidential SRLS search dated 12 November 2019. Forwarding email from James Bellinger to Helen Bryan dated 12 November 2019.
- Email from Michael Sherring to Janette Tonks Subject Aardvark dated 27 April 2020. Including Attendance spreadsheets for Education sessions held on 27 and 28 February 2020 and 5 March 2020.
- Mental Health Progress Notes of Patient ID: 100937432 on Ward 4K. Referring to notes made on 3 March 2017.
- Email from James Bellinger Subject FW: STRICTLY CONFIDENTIAL - Integrity Commission - MM19/0172 dated 21 September 2020. Forwarding email from [REDACTED] on behalf of Kathrine Morgan-Wicks dated 18 September 2020.
- Email from Peter Renshaw to [REDACTED] and Kathrine Morgan-Wicks Subject: FW: Registration To Work With Vulnerable People Act 2013 - Immediate Suspension Notification To Named Employer – GRIFFIN dated 1 December 2020.

Other information

Q55 *Is there further information you would like to provide to the Commission regarding Launceston General Hospital?*

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Q56 *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?*

176. No.

B REQUEST FOR DOCUMENTS

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 54.