

Statement of **LUIGINO FRATANGELO**

RFS-TAS-061

Name **Luigino Fratangelo**

Address Launceston,
Tasmania

Position Former Human Resources Consultant (Tasmanian Health Service - North)
Department of Health

1. This statement is made by me in response to RFS-TAS-061 (**'RFS'**), issued on 25 May 2022 by the President of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (the Commission), the Honourable Marcia Neave AO.
2. My name is Luigino Fratangelo, and I am a former employee of the Department of Health (Department). My substantive role within the Department was as a Human Resources Consultant (Tasmanian Health Service - North). The additional roles I have held with the Department are outlined in response to Q2.

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

3. I commenced employment on 7 November 1980 and retired on 8 March 2019.

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

- (a) the duties and responsibilities of the role
 - (b) the period in which you held the role
 - (c) which area/department of the Tasmanian Health Services and/or the Department of Health (or its predecessor) the role operates or operated in
 - (d) who reported to you and to whom you reported
 - (e) whether you had any personal performance measures, key performance indicators or financial outcomes in relation to how you or your team responded to child sexual abuse, safeguarded children or kept children safe, and
 - (f) whether you had or were required as part of those roles to hold any qualifications or credentials (including any registration to work with vulnerable people).
4. In reference to the attached document listing my employment history (Annexure I):
 - a) From 1 January 2000 to 23 October 2004, I worked as an Advisor Pay/Personnel. My duties and responsibilities were to assist in calculating the payroll, to undertake personnel duties such as drafting employment contracts and reconciling leave balances, and to provide advice to employees and managers in

the north of the State on payroll and personnel matters.

I reported to [REDACTED] while in Pay/Personnel. I also received a higher duty allowance when covering [REDACTED]'s leave.

In regards to question 2(e) and (f), my response is no.

- b) From 16 October 2004 to 8 March 2019, I worked as a Human Resource Consultant. My duties and responsibilities were to provide human resource advice to employees and managers in the north of the State. An extension of my role later included providing human resource advice to employees and managers in the north west of the State, this however, was only for an interim period until human resources staff were appointed to the North West. During this period (2004 to 2019), there were some organisational restructures. At times I was part of the Department of Community and Health Services, the Hospitals and Ambulance Service, the Tasmanian Health Organisation-North and the Tasmanian Health Service. At various times I reported to [REDACTED], [REDACTED], [REDACTED], [REDACTED] and Mr James Bellinger. I also received a higher duty allowance when covering leave and more responsible duties allowance when taking on some additional duties. In regards to 2(e) and 2 (f) above, my response is no.

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

5. I attained a Diploma of Business (Frontline Management) from TAFE Tasmania in [REDACTED].
6. The positions I held at the Department did not require an essential qualification.

Your knowledge of policies and procedures

Q4. As far as you understood it, during the Relevant Period at the Tasmanian Health Service, the Department of Health and/or Launceston General Hospital what were the policies, procedures, codes or guidelines which governed:

- (a) mandatory reporting and notifications and related information-sharing,
- (b) making a complaint to a professional body,
- (c) professional conduct in workplace/codes of conduct,
- (d) reporting misconduct or potential misconduct of staff members,
- (e) professional boundaries with patients,
- (f) informed consent processes for paediatric patients and their parents/guardians
- (g) chaperoning or guidance relating to intimate care for paediatric patients,
- (h) provision of health care to a paediatric patient with a disability,
- (i) complaint and grievance processes when the complaint was made by a patient of family member of a patient,
- (j) complaint and grievance processes when the complaint was made by a staff member,
- (k) open disclosure processes,
- (l) identifying, reporting and responding to child sexual abuse, including grooming behaviours and child exploitation material,
- (m) storing and dispensing of controlled drugs or prescription medication, and
- (n) record keeping, information management and auditing as it relates to either:

- (i) **storing, auditing and dispensing of controlled drugs; and**
- (ii) **recording complaints or grievances made by either staff, patients or family members of patients,**

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

7. (a) The *Health Practitioner Regulation National Law (Tasmania) Act 2010 (Tas)* (The National Law). The Executive Director of Nursing, Ms Helen Bryan, reported to the Australian Health Practitioner Regulation Agency (AHPRA) on nursing and midwifery matters. The Director of Medical Services, Dr Peter Renshaw, reported to AHPRA on Medical Services matters, such as a radiographer matter. [REDACTED]

(b) The National Law.

(c) The *State Service Act 2000* – Section 9 The State Service Code of Conduct.

(d) There was a policy and guideline covering grievances and underperformance, however, I cannot recall the policy title. There was more than one grievance procedure policy and guideline during the relevant period. By that I mean the grievance procedure and guidelines were reviewed and updated from time to time. There was a guideline on managing underperformance from around 2014. I remember drafting the first version of the managing underperformance guideline on my return from long service leave, hence why I'm sure it was developed around 2014.

(e) There were Professional Codes issued by the health profession's National Board under AHPRA that outlined professional boundaries with patients.

(f) I am unaware of any policies, procedures, codes or guidelines which governed informed consent processes for paediatric patients and their parents/guardians.

(g) I am unaware of any policies, procedures, codes or guidelines which governed chaperoning or guidance relating to intimate care for paediatric patients.

(h) I am unaware of any policies, procedures, codes or guidelines which governed provision of health care to a paediatric patient with a disability.

(i) There was a complaints and compliments service within the Quality Unit, which I understand is now known as the Quality Patient Safety Service.

(j) The policy or guidelines covering grievances, Employment Direction No 5 (Procedures for the investigation and determination of whether an employee has breached the Code of Conduct), Employment Direction No 6 (Procedures for the investigation and determination of whether an employee is able to efficiently and effectively perform their duties) and Employment Direction No 4 (Procedure for the suspension of state service employees with or without pay).

(k) I am unaware of any policies, procedures, codes or guidelines which governed open

disclosure processes.

(l) I am unaware of any policies, procedures, codes or guidelines which governed identifying, reporting and responding to child sexual abuse, including grooming behaviour and child exploitation material.

(m) I am unaware of any policies, procedures, codes or guidelines which governed storing and dispensing of controlled drugs or prescription medication.

(n) I am unaware of any policies, procedures, codes or guidelines which governed record keeping, information management and auditing regarding the storing, auditing and dispensing of controlled drugs. However, complaints or grievances made to human resources by either staff, patients or their family member, were kept by human resources.

8. I cannot recall the time periods and scope of application for the various iterations of the policies or guidelines covering grievances. There were a number of restructures in Health during the relevant period, and at times, for example, there would have been a grievance procedure for employees working under the Tasmanian Health Service and another grievance procedure for those employees not working under the Tasmanian Health Service.
9. To the best of my knowledge, I believe the Quality Unit, which I understand is now known as the Quality Patient Safety Service, kept a database of policies and guidelines.

Q5. During the Relevant Period what role (if any) did you have in relation to developing, approving and implementing the policies, procedures, code or guidelines in response to paragraph 4.

10. Aside from the guideline on managing underperformance mentioned in my response to question 4(d) outlined above, if not me directly, then the human resources unit as a whole would have been invited to provide comments on a proposed policy or guideline covering grievances.

11. Once a policy or guideline was approved and implemented, then I would assist the relevant persons involved in a grievance in addressing the matter in line with the new policy or guideline.

Q6. Outline your role (if any) in providing training and education to the Tasmanian Health Service, Department of Health and/or Launceston General Hospital staff in relation to the policies, procedures, codes or guidelines you outlined in answer to paragraph 4.

12. As mentioned in my response to question 5 outlined above, I would assist the relevant persons involved in a grievance. For example, I would discuss the process with the manager involved as well as assist in preparing correspondence and working through the information obtained. Additionally, on an ad hoc basis, I provided advice to employees involved in a grievance.

Q7. Were you aware of any training and education provided to Launceston General Hospital staff in relation to the management of allegations of child sexual abuse or grooming. If yes, please explain your role in providing that training.

13. I am unaware of any training or education provided to Launceston General Hospital staff regarding the management of allegations of child sexual abuse or grooming.

Mandatory Reporting

Q8. 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?

14. I have no understanding of when and how to report a concern of child sexual abuse or other child abuse to Child Safety Services. Additionally, I have no understanding of who is responsible for making such a report.

Q9. 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?

15. The National Law has provisions regarding making mandatory and voluntary notifications.

16. In regards to nursing matters, the Executive Director of Nursing, Ms Helen Bryan, made those notifications. I am aware that examples of notifications being made concerning a Nurse's work performance not being at the level expected, [REDACTED], and a handful of Nurses who were on long term leave due to ill health.

17. In regards to a [REDACTED] matter, I recall the Director of Medical Services, Dr Peter Renshaw, made that notification. [REDACTED]

18. An employee could also make a notification to AHPRA. [REDACTED]

[REDACTED] To the best of my knowledge, this report was not in relation to child sexual abuse.

Q10. 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)?

19. In regards to the National Law, the Executive Director of Nursing, Ms Helen Bryan, and the Director of Medical Services, Dr Peter Renshaw, made notifications to AHPRA (relevant National Board). Employees could also make notifications to AHPRA (relevant National Board).

20. I am unaware how a complaint is made under the *Health Complaints Act 1995 (Tas)*.

Q11. 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?

21. In the course of my employment with the Department, I was unaware of any formal process of how to report a concern about inappropriate conduct to the Tasmania Police. In my personal capacity, I understand that I was able to contact the Tasmania Police, for example, via telephone, if I had witnessed any concerning or inappropriate conduct of a criminal nature.

Q12. What is your understanding of when and how to report reportable conduct to the Registrar appointed pursuant to section 11 of the Registration to Work With Vulnerable People Act 2013 (Tas)? Who do you understand is responsible for making that report?

22. I have no understanding of when and how to report reportable conduct to the Registrar. I am also unaware as to who is responsible for making such reports.

Q13. Are there other notifications you are aware of that are relevant, required or can be voluntarily made in your role, including when and to whom voluntary notifications can be made?

23. I am unaware of any other notifications that are relevant, required or could be voluntarily made in my previously held roles with the Department.

Incident Management System

Q 14. Outline your understanding of the incident management systems that were in place at Launceston General Hospital during the Relevant Period, with particular reference to how incidents were reported, recorded and investigated. In your answer, please explain:

- (a) the time period for which each system applied**
- (b) the relevant reporting lines and processes**
- (c) internal notification processes (for example, which Officials would be notified of an incident and when and how they would be notified)**
- (d) the relevant decision-making processes, including by whom and by what means was it determined that an incident should be:**
 - (i) dealt with by an Official of a certain level (for example, at ward level, executive level of Head of Agency level, or by minister), and/or**
 - (ii) referred or reported to an external body (for example, Tasmania Police, Child Safety Services, the Registrar under the Registration to Work with Vulnerable People Act 2013 (Tas) or relevant professional bodies)**
- (e) the support (if any) were provided to a complainant once an incident was reported, and**
- (f) the extent to which a complainant was kept informed of the steps in response to a report.**

24. There were a variety of ways in which incidents were reported. These included completing a complaints or grievance notification or incident form, submitting a letter or email to the relevant department manager, or discussing a matter with the relevant Department manager. There would have been a form that accompanied the grievance policy or procedure in place at the time, but I cannot recall a complainant being asked to complete the form if they had submitted a letter.

25. I cannot recall the specific time periods for which each system applied but to the best of my knowledge I can recall the process that was followed.
26. A manager would contact me and provide a copy of the complaint that they received. We would discuss the complaint and determine who would be able to provide information that would assist in addressing the complaint. The respondent would be identified as well as any potential witnesses. Letters would be sent to:
 - a) the complainant acknowledging receipt of the complaint, advising they would be contacted again after the respondent had submitted their reply, offering employee assistance services as well as a contact person for any questions;
 - b) the respondent advising that a complaint had been received, providing a copy of the complaint, advising of the timeframe in which to provide their response, offering employee assistance services as well as a contact person for any questions; and
 - c) potential witnesses, advising of the timeframe in which to provide their statement, offering employee assistance services as well as a contact person for any questions.
27. Once the response was received from the respondent and statements received from the potential witnesses, then the manager and I would meet to discuss the information obtained. Correspondence would then be drafted and sent to the complainant and respondent advising of the outcome of the matter and the actions to be taken.
28. The most common incidents were interpersonal conflicts. The most common outcomes were the offer of mediation to the complainant and respondent to assist in repairing their working relationship and issuing a reminder of expected workplace behaviours. A file would be created in human resources and that would contain a copy of all correspondence. The manager's manager, commonly a director, would also be advised of the grievance and outcome of the investigation.
29. At some point during the year, information on all grievances would be provided to the Department of Premier and Cabinet's (DPAC) State Service Management Office for their reporting purposes.
30. While the above example probably covers the overwhelming majority of complaints there were on rare occasions other complaints that were dealt with in accordance with Employment Direction No 5 (Procedures for the investigation and determination of whether an employee has breached the Code of Conduct). An example being the matter pertaining to the [REDACTED] mentioned in my response to question 9 above, which I will outline below in paragraphs 31 to 36.
31. I am uncertain how the manager was notified of the complaint. Information may have been provided by an email or a text message from the complainant. The manager raised the matter with human resources and also informed their manager who was the Director of Medical Services.
32. Due to the nature of the allegation, the matter was raised with the Chief Executive Officer. The Chief Executive Officer determined whether the complaint would be

investigated in accordance with Employment Direction No 5 (Procedures for the investigation and determination of whether an employee has breached the Code of Conduct) and that the respondent may be suspended from duty with pay in accordance with Employment Direction No 4 (Procedure for the suspension of state service employees with or without pay).

33. The complainant was issued correspondence that detailed the process to be followed in addressing their complaint, offered employee assistance services and a contact person for any questions. The manager maintained contact with the complainant through the investigation.
34. The manager reported the matter to the Director of Medical Services, who, I recall reported the matter to AHPRA.
35. A file was created in human resources containing correspondence relating to the matter.
36. At some point during the year, information on all investigations undertaken in accordance with Employment Direction No 5 (Procedures for the investigation and determination of whether an employee has breached the Code of Conduct) would be provided to the DPAC's State Service management Office for their reporting purposes.

Q 15. Outline Human Resources' role during the Relevant Period in dealing with reported allegations of professional boundary breaches, grooming behaviour and/or child sexual abuse under the relevant incident management system, including:

- (a) how Human Resources was made aware of allegations**
- (b) whether Human Resources was always informed of such allegations (and if not, why not)**
- (c) the role of Human Resources in investigating and responding to allegations**
- (d) record keeping requirements in relation to allegations, including recording allegations, interviews with relevant parties, meetings, decision making and outcomes, and**
- (e) what supports Human Resources offered to complainants**

37. I have provided assistance to the Executive Director of Nursing, Ms Bryan, on a reported allegation of a professional boundary breach but I can't recall many details of the matter. The matter related to a [REDACTED] and to the best of my knowledge was not a child sexual abuse matter. I remember meeting with Ms Bryan and the Director of Medicine, [REDACTED] at the time.
38. I am unaware of human resources being made aware of an allegation of grooming behaviour and/or child sexual abuse during my employment at the Launceston General Hospital.

Q 16. In relation to the Safety Reporting Learning System, describe the following during the Relevant Period:

- (a) the level of access that Human Resources had to report made via the Safety Reporting Learning System (for example, read only or editing access)**
- (b) the extent to which Human Resources was involved in the investigation, determination and outcome of a report**

- (c) how and to what extent the Safety Reporting Learning System integrates with Human Resources policies and procedures in relation to dealing with allegations of child sexual abuse by staff, and**
- (d) whether the Safety Reporting Learning System was capable of identifying potential patterns of concerning behaviour. To the extent that this was possible, describe whether such identification was automated or manual and who was responsible for identifying and responding to potential patterns.**

- 39. I believe the Human Resources Manager/Director had access to all reports submitted on the Safety Reporting Learning System. I had access as well but only to reports submitted by staff of Human Resources.
- 40. A manager would provide Human Resources with a copy of an incident form that was submitted by their employee. Once the incident was investigated, the manager would close off the matter in the Safety Reporting Learning System and Human Resources would close their file.
- 41. The former Safety Officer, [REDACTED], also had access to all reports submitted on the Safety Reporting Learning System. He would provide a copy of some incident reports which Human Resources would then chase up with the relevant Manager.
- 42. The Human Resources Manager/Director, Safety Officer and members of the Hospital's Executive had access to all reports submitted on the Safety Reporting Learning System. Therefore, I would expect that an incident report citing allegations of child sexual abuse would be acted upon with the utmost urgency.
- 43. I am uncertain whether the Safety Reporting Learning System was capable of identifying potential patterns of concerning behaviour.

Q 17. 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.**

- 44. Human Resources provided no training to Launceston General Hospital staff in regards to the Safety Reporting Learning System. The Quality Unit, which I understand is now known as the Quality Patient Safety Service, provided this training.

Q18. To the extent you can, provide responses to paragraphs 16 and 17 in relation to any other incident management system that was in place at Launceston General Hospital during the Relevant Period.

- 45. Human Resources kept a record of complaints and grievances that they assisted in addressing. That enabled Human Resources to provide information to the DPAC's State Service Management Office for their reporting purposes as well to identify patterns of behaviour.

Q19. Outline the circumstances in which a professional boundary breach would be escalated to senior staff such as the Director of Nursing, Executive Director of Nursing, Executive Director of Medical Services, Chief Executive Officer and/or the

Head of Agency). Who was responsible for determining when matters would be escalated in this way?

46. I cannot recall as to when a professional boundary breach would be escalated to senior staff. However, I am reasonably sure that if a professional boundary breach was raised with human resources, human resources would bring the matter to the attention of the relevant senior staff.

Q20. Explain the extent to which previous allegation(s) or incident report(s) about a staff member would inform the actions taken in relation to a new allegation or incident involving the same staff member.

47. The best way I can explain it would be to refer to a matter involving [REDACTED]. [REDACTED] had a number of complaints lodged against [REDACTED] over a period of time. I think the initial complaint against [REDACTED] resulted in [REDACTED] being issued with a reminder of [REDACTED] expected behaviour in the workplace.

48. As complaints were further made against [REDACTED], [REDACTED] was issued with a directive regarding [REDACTED] expected behaviour in the workplace. As complaints were further made against [REDACTED], [REDACTED] employment was terminated. I was advised (as I had retired by then) that this matter was heard in the Tasmanian Industrial Commission and the decision to terminate the [REDACTED]'s employment was valid. There is a file in Human Resources regarding this matter (see [REDACTED]).

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

Q21. Describe Human Resources' role in responding to allegations of child sexual abuse by a Launceston General Hospital staff member during the Relevant Period, including in relation to:

- (a) supporting the alleged perpetrator and complainant
- (b) investigations
- (c) decision-making regarding outcomes and disciplinary processes
- (d) information affected parties of outcome, and
- (e) record-keeping

49. I cannot recall Human Resources being made aware of any allegations of child sexual abuse.

Q22. 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?

50. Advice would be sought from DPAC's State Service Management Office and any actions taken would be in accordance with that advice.

Q23. 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?

51. I have no understanding of how internal investigations into allegations of child sexual abuse by staff were affected by external investigations into the same matter.

Q24. Outline any Memorandum of Understanding, protocols or other formal or informal processes that exist between the Tasmanian Health Service and/or the Department of Health (or its predecessor) and any external oversight and complaints handling bodies such as the Health Complaints Commissioner, Integrity Commission, or the Commissioner for Children and Young People, as they relate to investigation into allegations of child sexual abuse by staff.

52. I am unaware of any Memorandum of Understanding, protocols or other formal or informal processes that exist between the Tasmanian Health Services and/or the Department of Health. I am also unaware of any external oversight and complaints handling bodies as they relate to investigations into allegations of child sexual abuse by staff.

James Griffin

Q 25. 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)*
- (b) *overstepping professional boundaries (hugging and non-care related touching) with paediatric patients*
- (c) *calling paediatric patients “baby”, ‘babe’, “princess” or similar*
- (d) *having inappropriate conversations with paediatric patients, their families or visitors*
- (e) *not following best practice or expected standards or procedures involving intimate engagement with paediatric patients*
- (f) *using his mobile phone while on shift*
- (g) *giving his mobile phone number to paediatric patients*
- (h) *telling paediatric patients they could contact him after hours or when off-duty*
- (i) *having contact with paediatric patients after hours or when off-duty, or*
- (j) *having ongoing contact with paediatric patients after they were discharged from hospital.*

53. I have no knowledge of Mr Griffin engaging in any of the above behaviours during my employment at the Department.

Q26. If yes, detail the source of your knowledge, the nature of the behaviours, when they occurred and state whether you were concerned by any of them, giving reasons why you were or were not concerned.

54. Please see my response to question 25. I can't recall anything specific, I just have this feeling that one of my colleagues may have met with Mr Griffin over a matter. I could be wrong.

Q27. To the extent that you were concerned by Mr Griffin's behaviour during the Relevant Period, including the behaviours outlined in paragraph 25, detail any action you took in response to your concerns.

55. I remember being in a meeting with Mr Griffin where he was acting as a support person for another employee from Ward 4K. I cannot recall the exact date of this

meeting. [REDACTED]
[REDACTED]

56. [REDACTED]
[REDACTED] I had no

concerns with Mr Griffin's behaviour at that meeting. There would be a record of the meeting on file.

Other people's concerns in relation to Griffin

Q28. Did anyone raise a concern about Mr Griffin with you during the Relevant Period, including the behaviours outlined in paragraph 25? If yes, please detail in respect of each concern:

- (a) the nature of the concern**
- (b) how and when the concern was raised**
- (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?**

57. I have a vague recollection that one of my colleagues may have met with Mr Griffin over a matter. I cannot recall what the matter may have been about or which one of my colleagues met with Mr Griffin. It may have either been [REDACTED] or Mr James Bellinger.

Q29. 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 Regulatory Agency)**
- (d) Child Safety Services**
- (e) the Department of Justice and/or the Registrar to Work With Vulnerable People, and/or the Consumer, Building and Occupational Services business unit within the Department of Justice**
- (f) Tasmania Police, and/or**
- (g) any other office, agency, organisation, authority or regulator, and/or**
- (h) any union or representative body for nursing and medical staff employed at Launceston General Hospital**

58. As mentioned in my response to question 25 to the best of my knowledge, I cannot recall anyone raising a concern to me regarding Mr Griffin.

Q30. If reports were made to any organisation listed in paragraph 29, 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**

59. I am unaware of any reports that may have been made in regards to Mr Griffin.

Q31. Was the process that followed the raising of the concern consistent with your understanding of the relevant policies, procedures, codes and guidelines set out in your response to paragraph 4? If no, identify the relevant policy, procedure, code or guideline and explain the way(s) in which the process did not comply with it.

60. As mentioned in my response to question 25, to the best of my knowledge, I cannot recall anyone raising a concern regarding Mr Griffin. Therefore, I am unaware what policies, procedures, codes or guidelines were followed if a concern had been raised regarding Mr Griffin.

Q32. Do you have any concerns or complaints about how the concern was responded to by your supervisor and/or the Launceston General Hospital management team and/or the Launceston General Hospital executive? Were you directed (formally or informally) to take particular actions that you did not agree with? If so, please detail.

61. As mentioned in my response to question 25, to the best of my knowledge, I cannot recall anyone raising a concern regarding Mr Griffin. Therefore, I am unable to elaborate on any concerns or complaints I may have had.

Q33. 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.

62. As mentioned in my response to question 25, to the best of my knowledge, I cannot recall anyone raising a concern regarding Mr Griffin. However, Mr Griffin's status as an Australian Nursing and Midwifery Federation Delegate would not have impacted my response if a concern was raised against him.

Q34. Do you consider the action you took in response to concerns raised by others in relation to Mr Griffin was adequate? Please provide reasons. To the extent that you now consider your actions to have been inadequate, please explain why you consider that to be the case.

63. As mentioned in my response to question 25, to the best of my knowledge, I cannot recall anyone raising a concern regarding Mr Griffin. Therefore, I am unable to comment on what actions I may have taken in response to concerns raised regarding Mr Griffin.

Q35. Are you now aware of any concern(s) or formal report(s) raised by others in relation to Mr Griffin's conduct, including in relation to the behaviours outlined in paragraph 28, that were not escalated to you at the time but should have been? If yes, explain the nature of the concern or report and the action you would have taken, had the concern or report been escalated to you.

64. I was made aware of Mr Griffin's conduct at Launceston General Hospital after I had

retired. I had read in the local newspaper that he had engaged in child sexual abuse. If any concerns regarding Mr Griffin behaviour were raised with me during the course of my employment, I would have reported them to my manager.

Q36. Do you have any other concerns or complaints about how staff, patient or family concerns in relation to Mr Griffin's conduct toward paediatric patients (including the behaviours listed in paragraph above) were responded to by ward staff and or Launceston General Hospital management/executive during the Relevant Period?

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

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

65. I am unaware of how any concerns or complaints raised by staff members, patients or their family members, regarding Mr Griffin behaviour towards paediatric patients, were responded to by ward staff and/or the Launceston General Hospital, as I believe I had retired before such response would have been made.

Q37. Prior to 31 July 2019, do you recall attending any meeting(s) with Launceston General Hospital staff member(s) in which an allegation was made that Mr Griffin had engaged in child sexual abuse (whether or not a paediatric patient of Launceston General Hospital)? If yes, state who attended the meeting, approximately when the meeting took place, the nature of the allegation made, and any action you took following the meeting

66. To the best of my knowledge, I do not recall attending any meeting with Launceston General Hospital staff members in which an allegation was made that Mr Griffin had engaged in child sexual abuse.

Q38. 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.

67. To the best of my knowledge, prior to 31 July 2019, I was not aware of any allegation that Mr Griffin had engaged in child sexual abuse or had an inappropriate relationship with a child or young person.

Other people of concern

Q39. Did you have any concerns about any conduct similar to that described in paragraph 25 in relation to other staff members at Launceston General Hospital? Please answer paragraph 26 and 27 in relation to each such staff member.

68. No. As mentioned in my response to question 15 and 19, I can vaguely remember a professional boundary issue concerning, who to the best of my knowledge, [REDACTED]
[REDACTED]

Q40. Did anyone raise concerns with you about any conduct similar to that described in paragraph 25 in relation to other staff members at Launceston General Hospital? Please answer paragraphs 28 to 32 and 34 in relation to each such staff member.

69. As stated in my response to question 15, 19 and 39, I can recall a professional boundary issue concerning a [REDACTED], but I am uncertain if the matter was raised with me initially, or with another member of Human Resources or the Executive Director of Nursing.

Q41. 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 39 and/or 40 above.

70. To the best of my knowledge, during the relevant period, I was unaware of past allegations of child sexual abuse at Launceston General Hospital and how such allegations were managed.

What should change and how

Q42. 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?

71. I always tried to work hard and do my best. I suggest it's better for other people to judge, but I think I acted appropriately and in accordance with the statement of duties for my position and the policies, guidelines and employment instructions mentioned in my responses.

72. In hindsight, I wish I had instigated a discussion on seeking advice as to whether the Tasmania Police could advise the Department if any of the Department's employees were under investigation but yet to be charged.

73. I recall two occasions when the Department, through a report in the media, [REDACTED]

[REDACTED] The Agency took action after discovering this information from the respective report in the media. There are files on these two matters in Human Resources.

74. Also in hindsight, I wish I had instigated a discussion on implementing a record management system for human resources. This system would contain a record of all enquiries received and addressed as well as meetings attended. A system like that would assist in, for example, sourcing documents as well as notes from meetings, actions taken, advice given etc.

75. I recall sometime in late 2021 or early 2022, I was invited to a meeting with Mr Bellinger from Human Resources. From memory he said words to the effect that the Department was providing documents for this Commission and he was tasked with asking whether I could recall attending a meeting with Mr Stewart Millar, Manager of the Social Work Department at the Hospital and Ms Kylie Pearn, a Social Worker. Mr Bellinger asked if I recall saying words to the effect, the person would have to go to the Police.

76. After spending some time trying to remember, I said to Mr Bellinger that I had no recollection of that meeting. I also said that I would have no reason to doubt Mr Millar's or Ms Pearn's recollection.

77. I have been trying to remember this meeting ever since meeting with Mr Bellinger, but I just can't. [REDACTED]

[REDACTED] I can remember meeting with Ms Pearn but I think that was to discuss a recruitment process. My inability to recall this meeting continues to frustrate me.

Q43. 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?

78. During the course of my employment at the Department, the Hospital had criminal history checks and working with children checks in place. To the best of my knowledge, these systems are still in place.

79. To improve the safety of children during their engagement with Launceston General Hospital, I believe the relevant authorities should review the approval and screening processes for criminal history and working with children checks. There should be a provision allowing for a working with children check to be revoked if a person is subject to a police investigation.

Q44. How do you think the health system's response to allegations of child sexual abuse can be improved?

80. The investigation from the position of believing the person making the allegation. If that is possible, then amend the relevant legal provisions (for example, Code of Conduct, ED4, ED5 and ED6).

81. Pursue advice on whether Tasmania Police can advise Agencies if any of their employees are under investigation. If that is possible, then also amend the relevant legal provisions.

82. Pursue a review of the Code of Conduct, ED4, ED5 and ED6 to ensure the provisions reflect current best practice.

Q45. What steps do you think Launceston General Hospital should take in an effort to rebuild community trust in Launceston General Hospital?

83. In order to rebuild community trust the Launceston General Hospital should provide regular reports in the media on its progress in implementing any recommendations that are issued by this Commission of Inquiry.

The Commission

Q46. 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.

84. No.

Sources of information for this statement

Q47. Have you refreshed your memory for the purposes of this statement by reviewing any documents or other records or by speaking to any other person (other than a lawyer assisting you with the statement)? If so –

- (a) Please give details of each person you spoke to and the matters you discussed; and**
- (b) Please provide a list of, and attach to your statement a copy of each document you have used to assist you in making this statement, including but not limited to diary notes, emails, text messages, policy documents, incident reports and correspondence**

85. I have not refreshed my memory by reviewing any documents, records or speaking with another person (other than a lawyer assisting with my statement).

86. I was supplied a copy of my employment history through the Department of Justice. I also went on the DPAC's website to get the title of ED4.

Other information

Q48. Is there further information you would like to provide to the Commission regarding Launceston General Hospital?

87. To the best of my knowledge, any complaints of grievances involving Ward 4K staff would be on file with human resources.

Q49. 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?

88. I have no further information I would like to provide the Commission regarding the Tasmanian Health Service (including any other hospitals within the Tasmanian Health Service) and the Department of Health.

Request for Documents

Q50. 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 47.