
TRANSCRIPT OF PROCEEDINGS

**COMMISSION OF INQUIRY INTO THE TASMANIAN GOVERNMENT'S
RESPONSES TO CHILD SEXUAL ABUSE IN INSTITUTIONAL SETTINGS**

**At Kannenner Room, Mövenpick Hotel
28 Elizabeth Street, Hobart**

BEFORE:

**The Honourable M. Neave AO (President and Commissioner)
Professor L. Bromfield (Commissioner)
The Honourable R. Benjamin AM (Commissioner)**

On 8 September 2022 at 10.08am

(Day 33)

1 PRESIDENT NEAVE: Just before you start, Ms Bennett.
2 Today's hearing is again focused on a particular
3 institutional setting, namely, the Health System and the
4 Launceston General Hospital.
5

6 In previous hearings the Commission has made a number
7 of restricted publication orders; that includes the
8 restricted publication orders issued on 2 May 2022 and
9 3 May 2022 in relation to the opening week of hearings, and
10 27 June 2022 in relation to the Health hearings.
11

12 The Commission made those orders because it was
13 satisfied that the public interest in reporting on the
14 identities of certain people who may be discussed during
15 these hearings is outweighed by the relevant legal and
16 privacy considerations.
17

18 Those orders continue to operate; this means that
19 anyone, including media and members of the public who watch
20 or read the information given during this hearing also must
21 not share any information which may identify the
22 individuals who are listed in those orders, including
23 sharing them on social media.
24

25 I encourage any journalist wishing to report on this
26 hearing to discuss the scope of any orders with the
27 Commission's media liaison officer. Copies of the orders
28 are available on the Commission's website and outside the
29 hearing room door.
30

31 Yes, Ms Bennett.
32

33 MS BENNETT: Thank you, Commissioners. The first witness
34 this morning is Dr Ayre, if I could ask that Dr Ayre be
35 sworn. Sorry Commissioners, there's also an appearance to
36 be announced.
37

38 PRESIDENT NEAVE: Yes, thank you.
39

40 MR P ZEEMAN: Thank you. Zeeman, I appear for Dr Ayre.
41

42 <STEPHEN AYRE, sworn: [10.10am]
43

44 <EXAMINATION BY MS BENNETT:
45

46 MS BENNETT: Q. Thank you, Dr Ayre, you've previously
47 confirmed to the Commission that the statement that you've

1 made in response to a notice is true and correct to the
2 best of your knowledge. Is that correct?

3 A. Yes, that's correct.

4

5 Q. Are there any amendments arising since your last
6 appearance?

7 A. No, there are no amendments.

8

9 Q. Thank you, Dr Ayre. Can I ask you to tell the
10 Commissioners your role at Launceston General Hospital and
11 the period that you held that role?

12 A. I was the Chief Executive at Launceston General
13 Hospital.

14

15 Q. And for what period did you hold that position?

16 A. From 2004 to 2008.

17

18 Q. What's your current role?

19 A. My current role is the Executive Director of Medical
20 Services at the Royal Hobart Hospital Tasmanian Health
21 Services South.

22

23 Q. As CEO at Launceston General Hospital I'd like to ask
24 you a few questions, so you can take it that I'm asking
25 about the period that you were the CEO and if there's any
26 differences within that period please feel free to tell us.

27

28 First, can you tell us broadly who were the categories
29 of individuals who reported to you as CEO?

30 A. The broad categories of people were the professional
31 heads within the organisation, so Nursing Medical, Allied
32 Health. The Allied Health was split up and so there were
33 multiple Allied Health people that reported through.

34

35 There were the Engineering and Corporate Services
36 within the hospital; I think that's probably about it.

37

38 Q. I think the evidence we've had in the past is that
39 there are half a dozen or so Executive Director roles
40 covering Executive Director Medical, Executive Director
41 Nursing, et cetera, across a range of portfolios, and that
42 they each reported up to you; is that accurate for the time
43 that you were the CEO?

44 A. Yes, that is.

45

46 Q. Dr Renshaw was the Executive Director of Medical
47 Services; is that right?

- 1 A. Correct, yes.
2
- 3 Q. And that's the role you presently hold at Hobart; is
4 that right?
5 A. Correct.
6
- 7 Q. Was Dr Renshaw responsible for medico-legal issues in
8 the hospital at the time you were present?
9 A. Yes, he was.
10
- 11 Q. What did that involve?
12 A. That involved dealing with any complaints and also
13 anticipating any legal issues that might occur in the
14 organisation; managing any claims that would have come
15 through in liaison with Legal in Hobart. There wasn't any
16 law office lawyer at Hobart - at Launceston when I was
17 there, so he essentially looked after most of the
18 medico-legal matters.
19
- 20 Q. So, any complaints of a particular kind made their way
21 to Dr Renshaw, is that right, or was it just any
22 complaints?
23 A. All complaints were managed through his office;
24 there's a Safety and Quality Manager who would be first
25 managing those complaints and then would escalate them.
26
- 27 Q. Is there a distinction if the complaint concerned a
28 doctor or a nurse?
29 A. No, because essentially they would refer on, if it was
30 a nurse, to the Director of Nursing or the appropriate
31 nursing officers in the organisation.
32
- 33 Q. And how does that fit in with Dr Renshaw's position as
34 the medico-legal contact; would it make its way to him
35 irrespective whether it was a doctor or nurse?
36 A. If there was a legal aspect associated with it, but if
37 it was a normal complaint, then it would be handled,
38 essentially passed over to the Nursing Director's office
39 and managed in that way so that preparation of the reply to
40 the complainant, the investigation, those sorts of things
41 would be done.
42
- 43 Q. So if there's any legal component to it, then
44 Dr Renshaw would be involved?
45 A. Absolutely, yes.
46
- 47 Q. And a legal component would be, if the complaint

1 raised the question of whether police should be informed,
2 that would fall within that rubric?

3 A. Yes, that would be there ultimately, but there would
4 also be the day-to-day operational decision-making that
5 managers would have if it fell within a legal framework,
6 for example, you know, an illegal act in the hospital.

7
8 Q. So an illegal act in the hospital, something that
9 might give rise to civil liability for the hospital, or
10 something that might raise a criminal matter for
11 consideration by the police, those are matters that would
12 be addressed through Dr Renshaw's office; is that fair?

13 A. Yes.

14
15 Q. And that was the case for the period that you were the
16 CEO?

17 A. Correct, yes.

18
19 Q. And that was the position when you entered the role as
20 CEO in 2004?

21 A. Yes.

22
23 Q. And I take it that Dr Renshaw was then responsible for
24 engaging any legal advice that was required in that role?

25 A. That's correct.

26
27 Q. What was the process for him doing that?

28 A. The process would be to liaise with the legal office
29 in Hobart and up to the Solicitor-General if need be.

30
31 Q. Speaking broadly as the CEO at Launceston General
32 Hospital, would you accept that where an issue in the
33 hospital was capable of impacting child or patient safety,
34 the safety of that child or patient ought to be put first
35 in the consideration of the steps taken?

36 A. Absolutely.

37
38 Q. And that that's quite separate to the assessment that
39 might subsequently be made by police for their purposes?

40 A. Yes, that's correct.

41
42 Q. And is it possible that there be two different
43 outcomes in relation to those assessments? Is it possible
44 that somebody might be seen to be not safe to be around
45 children even if charges didn't proceed?

46 A. Could you rephrase the question, please?

47

1 Q. I think I understand that child and patient safety
2 comes first and that the police assessment for their
3 purposes is separate; is that fair?

4 A. Yes, that's fair.

5

6 Q. If the police decide that there's not enough evidence
7 to charge a person criminally with a matter, do you take
8 that to mean that the person is safe to work with children?

9 A. Not necessarily, no, it would depend on the
10 information that you had in the risk assessment at the
11 time.

12

13 Q. So there ought to be a separate assessment of whether
14 or not that person is safe?

15 A. Yes.

16

17 Q. And it might well be different to the police
18 assessment?

19 A. Correct.

20

21 Q. Because there will be different standards of proof and
22 risk appetite when a person is being put in contact with
23 children?

24 A. That's right.

25

26 Q. And indeed, you'd start from the proposition, wouldn't
27 you, that children in a hospital setting have an additional
28 vulnerability to the broader public?

29 A. Yes, and we have a responsibility to act in their best
30 interests as their parent or their guardian while they're
31 in hospital.

32

33 Q. Often children are without their parent or guardian
34 while they're in hospital, aren't they?

35 A. That's correct, yes.

36

37 Q. So, would you say that it's appropriate to err on the
38 side of caution when it comes to those matters?

39 A. Yes.

40

41 Q. And so, if there's any doubt about the safety of a
42 person to work with children, you accept that it's proper
43 to proactively address that concern?

44 A. Yes.

45

46 Q. And to do so with the safety of children in the
47 forefront of your mind?

- 1 A. Yes, patient safety comes first.
2
- 3 Q. Did you hear the evidence of Mr Ben Felton some weeks
4 ago in Launceston?
5 A. Yes, I did hear some of that evidence, yes.
6
- 7 Q. Mr Felton gave evidence - I acknowledge the presence
8 of Mr Felton in the room today - Mr Felton gave evidence in
9 the broad about a sexual assault perpetrated upon him in
10 1989 when he was about 13 years of age. Does that assist
11 your recollection of that evidence?
12 A. Yes, yes.
13
- 14 Q. Now, you were not present at the hospital at the time;
15 that's right, isn't it?
16 A. Correct.
17
- 18 Q. Mr Felton gave evidence in 2003, he came to the
19 hospital and he wanted an apology, assistance with his
20 mental health and assurances that appropriate action had
21 been taken against the alleged perpetrator who we are
22 referring to for today's purposes as "George".
23 A. Yes.
24
- 25 Q. Do you know who I'm talking about when I say "George"?
26 A. No, I don't.
27
- 28 Q. Okay. There's a list in front of you of pseudonyms,
29 and you see the pseudonym there "George" is attached to a
30 person's name?
31 A. Yes.
32
- 33 Q. Do you now know who I mean when I talk about the
34 person George?
35 A. Yes.
36
- 37 Q. And you're familiar with George?
38 A. No.
39
- 40 Q. Have you ever read any documents concerning George?
41 A. No.
42
- 43 Q. Do you recall being briefed about the issue raised by
44 Mr Felton when you came to Launceston General Hospital?
45 A. Could you rephrase the question?
46
- 47 Q. When you came to Launceston General Hospital in 2004

1 did you receive any information about the complaint raised
2 by Mr Felton?

3 A. I understood that there had been a falling out between
4 Dr Renshaw and Mr Felton, and Dr Renshaw asked me to step
5 in and take over the liaison with Mr Felton.

6
7 Q. Can you tell us what the nature of the falling out
8 was?

9 A. I believe that Mr Felton felt that his issues hadn't
10 been heard or he hadn't been treated in a way that was
11 supportive of him, and Dr Renshaw felt quite threatened, I
12 guess, in managing - in continuing to manage him just
13 because of the emotion that Mr Felton had expressed to
14 Dr Renshaw.

15
16 Q. And you were aware it was a matter that concerned
17 child sexual abuse occurring in the hospital?

18 A. Yes, I was.

19
20 Q. Were you aware that Mr Felton had requested
21 information?

22 A. Yes, I was.

23
24 Q. Is it the case that you took over carriage of
25 Mr Felton's complaint when Dr Renshaw asked you to?

26 A. I did, yes.

27
28 Q. How common was it to have allegations of child sexual
29 abuse of this kind come to you in your role?

30 A. Never. I have never had that experience before.

31
32 Q. So, did you seek out any advice about how you might
33 respond in a way that prioritised the safety of Mr Felton
34 as a traumatised person?

35 A. Could you rephrase that question?

36
37 Q. Would you accept that Mr Felton was presenting as a
38 person who was traumatised?

39 A. Yes, Mr Felton was very distressed with regard to it,
40 he felt that he had been ignored by the hospital, and that
41 precipitated the actions that I took with regard to him to
42 make enquiries as to whether it had been investigated in
43 the hospital, and also I wrote to the Northern Police
44 Commander to see if there were any police records of a
45 complaint being made.

46
47 Q. Can you tell the Commissioners what you recall about

1 what arose from those enquiries?

2 A. Well, I only have the recollection of the information
3 as provided to me in the letters, I can't recall the
4 details about it, but I understood that there had been a
5 complaint made to the police at the time by Mr Felton's
6 father and that the police did not have any further
7 information that they were able to help us with - help me
8 with.

9

10 Q. Did you make any enquiries about where George now
11 worked in the hospital system?

12 A. I understood that there had been enquiries about an
13 investigation within the hospital and that that hadn't
14 been - hadn't actually resulted in any outcome within the
15 hospital.

16

17 Q. So, was there an incomplete investigation; is that
18 your understanding? I understand that you weren't involved
19 in that investigation at the time, but what do you
20 understand to be the outcome of that investigation?

21 A. I understood that we didn't actually have any records
22 of that investigation; that was the advice that I had.

23

24 Q. And so, do you know whether it was the view of the
25 hospital that Mr Felton had been assaulted?

26 A. Certainly my view was that Mr Felton had been
27 assaulted; there'd been a complaint to the police,
28 Mr Felton was obviously very distressed with regard to it,
29 and so, I believed that there had been an issue.

30

31 Q. I think you sought some legal advice; do you recall
32 doing that?

33 A. At the time?

34

35 Q. Yes, at the time, roughly?

36 A. No; no, I don't.

37

38 Q. I'll show you a document, it's at
39 TDOH.0003.0017.0052-0005 to 0006. I'll ask the operator to
40 start at the end. This is an email from Dr Renshaw and
41 I'll ask if the operator could make that a bit bigger.
42 Thank you.

43

44 So, this provides some background to the issue. If
45 the operator could scroll down the page so you can read the
46 document, there Dr Renshaw says:

47

1 *The CEO has asked me to get legal advice as*
2 *to the quantum of damages that might be*
3 *awarded by a court if legal action is ever*
4 *taken against the hospital. He feels*
5 *perhaps we should be proactive in offering*
6 *some settlement even though no action has*
7 *been commenced.*

8
9 *I look forward to your advice in this*
10 *matter.*

11
12 Do you recall any of those conversations taking place?
13 A. No, I don't.

14
15 Q. I'll ask the operator to go back up the chain in the
16 email. To pause there, that was an email from Dr Renshaw
17 to an external party copied to you dated 12 July 2005.
18 Does that assist your memory, Dr Ayre?

19 A. No, it doesn't.

20
21 Q. The external party asked:

22
23 *How old was the boy 16 years ago?*

24
25 And then, it's not clear that was copied to you at
26 all, I should say. Then going up the chain, it says:

27
28 *He was about 13 years old.*

29
30 That's Dr Renshaw.

31
32 Again, going up the chain the external party, who we
33 might say is a lawyer:

34
35 *In that case the limitation period has*
36 *expired on any view of the matter and no*
37 *action is maintainable. There might be a*
38 *complaint to police (there is no limitation*
39 *on crime) but that doesn't directly involve*
40 *the hospital. So my advice is not to offer*
41 *anything, as there is no likelihood of*
42 *liability.*

43
44 Now, that's not your advice, Dr Ayre, I don't suggest
45 that it is. Can I ask how that advice landed with you at
46 the time, if you received it?

47 A. I don't recall receiving that advice.

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Q. How does it land with you now?

A. How does it land with me now?

Q. Do you think that's an appropriate response?

A. It's communication with our lawyer. It's - I wouldn't - I wouldn't have thought that would be an appropriate - well, certainly that would not have been my response as the Chief Executive. That advice, legal advice is advice, and that we would then make a decision about whether that advice was followed or whether there were other ways that we would manage that.

Q. That lawyer is saying:

My advice is not to offer anything, as there is no likelihood of liability.

Is your view on the question of whether to offer anything by way of financial or for compensation to a victim-survivor, that it is based principally on the likelihood of liability to the hospital or some other factor?

A. No, absolutely not.

Q. So, not just the question of liability?

A. No, exactly.

Q. Could I ask the operator to keep scrolling up. This is an email from you and it seems consistent with the evidence you've just given. You say there:

Can we discuss this week? Not keen on going down a Peter Hollingsworth line.

What's a Peter Hollingsworth line?

A. Presumably that relates to - I think there were issues at the time with the Governor-General. That would be what would spring to mind.

Q. Is it fair to say that the issues with the Governor-General, Mr Hollingsworth at the time, were concerned with the approach of the Anglican Church to the response to victim-survivors of child sexual abuse in that institutional context?

A. Yes.

1 Q. And is the line that you're concerned to avoid, a
2 line where technical denials are relied upon and
3 compensation is not paid where it should be?

4 A. Yes.

5

6 Q. So, is it the case that you're really saying to
7 Dr Renshaw, you're not keen on taking an overly technical
8 approach and you'd like to see to it that Mr Felton is
9 provided with some compensation because you are satisfied
10 that he had been in fact abused?

11 A. Correct.

12

13 Q. Could I ask the operator to bring down the document.
14 You asked in that email to discuss the matter with
15 Dr Renshaw; did you have any discussion with Dr Renshaw?

16 A. I'm sure I would have but I cannot recall any
17 conversations. I didn't recall about Mr Felton until I was
18 provided with the written letter, with the written
19 correspondence, and that did trigger some knowledge of it
20 or a remembrance of it.

21

22 Q. Mr Felton's evidence is that no compensation was ever
23 paid and no records have been provided to this Commission
24 to suggest that any amount was ever paid. Is that
25 inconsistent with your advice?

26 A. It wasn't - it wouldn't be my role to authorise
27 compensation; that would need to go through the
28 Solicitor-General's Office, and so, if we were paying out
29 compensation then it wouldn't be my decision, but my
30 recommendation would be that that should happen.

31

32 Q. Just so I understand: so, the CEO of the hospital, who
33 itself - I'll have to check the Act - but I believe is a
34 legal entity. You're not able to instruct your lawyers to
35 make a payment to a person you believe to have been wronged
36 by the hospital?

37 A. No.

38

39 Q. Do you hold a delegation to spend money as a CEO?

40 A. Yes.

41

42 Q. You held a delegation to spend \$5,000, I take it, when
43 you were the CEO of the hospital?

44 A. I'd have to - it would probably be around that - I
45 would have an authorisation around that figure.

46

47 Q. But that authorisation didn't permit payments in

1 connection with matters of this kind?

2 A. Well, there would be an indemnity correspondence that
3 would need to go out associated with that and that would be
4 prepared by the department's lawyers.

5

6 Q. Could I take you to the letter at TDOH.0003.0017.0043.
7 I'll ask the operator to show the "Yours sincerely" line,
8 so you can see that that letter comes from you. If the
9 operator could go to the top of the page. For your
10 information, Mr Felton's evidence is that he did not
11 receive this letter. Do you recall this letter being
12 drafted?

13 A. Yes.

14

15 Q. And, what can you tell us about what caused you to
16 draft this letter?

17 A. Well, it's in response to the matters that Mr Felton
18 had raised with me.

19

20 Q. In the correspondence we just looked at, Dr Renshaw
21 was still very involved in the complaint by Mr Felton. I
22 had understood he had handed it off to you: why was he
23 still involved?

24 A. He would have been involved in the legal components of
25 the letter. I was dealing with Mr Felton, so essentially I
26 took over the direct relationship with Mr Felton and
27 communication.

28

29 Q. Was that communication - how did you communicate with
30 Mr Felton, do you recall?

31 A. I don't recall. I think I may have had a conversation
32 with Mr Felton, but I don't actually recall that; all I've
33 got is the correspondence.

34

35 Q. Mr Felton gave evidence that he called you weekly
36 for months; do you recall that?

37 A. No, no.

38

39 Q. Do you recall one way or another or do you recall that
40 that didn't happen?

41 A. I would have recalled with that frequency, if there
42 was - if that was occurring.

43

44 Q. But you don't dispute that he called you on a number
45 of occasions?

46 A. He may very well have, I don't dispute that.

47

1 Q. And you spoke with him - do you recall when you spoke
2 with him?

3 A. No, I don't.
4

5 Q. Do you recall the content of the phone call with him?

6 A. No; no, I don't.
7

8 Q. And you authorised this letter to be sent; have you
9 had the opportunity to review this letter recently?

10 A. No, I haven't, not since it was first provided to me.
11

12 Q. I'll just ask the operator to scroll through. You say
13 there:

14
15 *I am sorry this has taken so long to sort*
16 *out for you...*
17

18 So, is it fair to say that there were no records
19 available to you to understand what had happened?

20 A. Yes, correct.
21

22 Q. And then you set out there the information that you
23 were able to obtain in the large paragraph, "I have
24 obtained information from"?

25 A. Yes.
26

27 Q. I think you've already said that you understood that a
28 sexual assault occurred at the time. Is that reflected in
29 the letter? You say there in the middle:

30
31 *The outcome of this investigation was that*
32 *[George] was moved out of the ward, not to*
33 *be re-employed in the area again and*
34 *cautioned to refrain from conducting such*
35 *education that could be perceived to cause*
36 *offence or be deemed an assault. This*
37 *obviously would have been a significant*
38 *problem for him and would have affected his*
39 *future employment prospects in the*
40 *organisation. Thinking about this I would*
41 *think that that was an appropriate response*
42 *and action at that time.*
43

44 You go on to say:

45
46 *I can say however with the changing*
47 *expectations of the community and the*

1 *issues around children and their protection*
2 *that today such an incident would be*
3 *referred to the police for investigation.*
4 *The outcome probably would have been the*
5 *same however with the movement of the staff*
6 *member away from areas where a problem*
7 *could arise.*

8
9 *I am sorry that this incident has had such*
10 *an impact on you after so many years. I*
11 *would be happy to talk to you further about*
12 *this by telephone if you wish.*

13
14 Do you recall any other correspondence with Mr Felton
15 around this issue?

16 A. No, I don't.

17
18 Q. And your recollection is that no funds were ever paid?

19 A. That's my recollection.

20
21 Q. And, do you know who made that decision?

22 A. Well, that would have been - that probably would have
23 been me, I guess, at the end of the day. There was no
24 request for funds from Mr Felton that I recall, so it would
25 have been me at the end of the day that no funds were
26 offered.

27
28 Q. So, was it within your power to make the offer?

29 A. It would not have been solely within my power because
30 I may not have been able to carry out that due to the
31 requirements of the lawyers associated with the hospital.

32
33 Q. So, is that a structure that prevented you from
34 perhaps proceeding as you otherwise might if the legal
35 issues weren't an impediment?

36 A. Yes.

37
38 Q. Your inclination was to be - well, I withdraw that.
39 I'd ask the operator to bring the document down. Was there
40 any recommendation that there be any follow-up about
41 George's employment?

42 A. I don't recollect any other follow-up. In that letter
43 it did state there were conversations with the Director of
44 Medical Services and the Director of Nursing.

45
46 Q. We learned earlier in these hearings that an ED5
47 process was instigated against George regarding Mr Felton's

- 1 allegations in 2021. Are you able to assist the Commission
2 about why no ED5 was instigated at the time of your letter
3 in 2005?
- 4 A. No, I don't know why.
5
- 6 Q. So, at the time you wrote that letter and you raised
7 some conclusions about what had taken place, is it fair to
8 say that you didn't have the benefit of a complete
9 investigation?
- 10 A. Yes, that would be correct.
11
- 12 Q. And so, while you accepted Mr Felton's assertion that
13 there had been a sexual assault, you didn't know the extent
14 or nature of it?
- 15 A. No, I would take the view - well, the information that
16 I had was in that correspondence, and I would have taken
17 the view that any investigation after such a period of time
18 would be quite challenging.
19
- 20 Q. So, did you consider undertaking a fresh investigation
21 in 2005?
- 22 A. I didn't consider that in my discussions with the
23 Director of Nursing or the Director of Medicine.
24
- 25 Q. Wasn't the hospital proceeding on an incomplete set of
26 facts at the time?
- 27 A. I felt that we had the info - I had the information:
28 there was no police information that we were able to use,
29 there was no other information that was able to be found
30 within the hospital, and so it would be the verbal
31 recollections, et cetera, of people from 1989
32 essentially (indistinct) --
33
- 34 Q. Yes, and so, did you give consideration as to whether
35 or not that was something that could be pursued?
- 36 A. I can't recall giving deliberation around that, but
37 certainly that would have been - I would have considered
38 that.
39
- 40 Q. And, do you think you considered and discarded the
41 idea because it was too old?
- 42 A. That was my - yeah, that would have been my assessment
43 of it at the time.
44
- 45 Q. Can I suggest that's not an approach that puts patient
46 safety first?
- 47 A. Well, I had to rely that an appropriate investigation

1 had been undertaken within the hospital, that there was no
2 outcome, or the outcome was as it was, and that those
3 measures that had been put in place were appropriate for
4 safeguarding the organisation and the children within the
5 organisation.
6

7 Q. It's the case, isn't it, that you don't know whether
8 an investigation was ever completed in 1989?

9 A. No, that's correct.
10

11 Q. You don't know what the outcome of the investigations
12 that were undertaken was in 1989; is that correct?

13 A. I do know the outcome because that was what was
14 verbally told to me with regard to, as I corresponded with
15 Mr Felton, the outcomes of the investigation that had been
16 undertaken.
17

18 Q. So, you weren't able to confirm the extent or
19 thoroughness of the investigation that had taken place in
20 1989?

21 A. No, there was no documentation that I was able to
22 access.
23

24 Q. And your letter to Mr Felton acknowledges that
25 standards were different in 1989?

26 A. Well, that would be my recollection.
27

28 Q. That perhaps by 2005 a different view might have been
29 taken of the material if an investigation of George were
30 undertaken?

31 A. Correct, yes.
32

33 Q. And in that instance, given the lack of documentation
34 around the original investigation, you had no knowledge if
35 it was thorough, you had no knowledge who was spoken to,
36 why would it not be, putting children's safety first, to
37 carry out a new investigation?

38 A. I didn't believe that it would reach a successful
39 conclusion.
40

41 Q. So, you think that, even now, it was an error for the
42 department to carry out a new investigation in 2021?

43 A. I can't answer that with the information that was -
44 would have triggered that investigation.
45

46 Q. Assuming that there is no new information - assume for
47 a moment that there was no new information beyond what was

1 available in 2005, you would stand by the position that
2 there's no point to an investigation in 2021?

3 A. No, I wouldn't.

4

5 Q. So, you would say it might be appropriate in 2021 to
6 carry out an investigation even if there was no further
7 information?

8 A. Yes, except I would have felt that the likely outcome
9 was going to be quite challenging from the point of view of
10 the evidence that was available.

11

12 Q. Is that a challenge that should be undertaken by the
13 hospital?

14 A. The hospital should take advice on that with regard to
15 how, you know, those decisions are made. Risk management
16 is, you know, has primacy, but at the end of the day we
17 actually take advice from a number of other expertise in
18 that area, so including legal expertise and Human Resources
19 expertise, so at the end of the day it may have been
20 reasonable now with that information.

21

22 Q. Did you take advice in 2005 from any of the
23 professionals you've just listed about whether or not to
24 carry out an investigation?

25 A. I don't recall.

26

27 Q. If this Commission is unable to identify documents in
28 which you seek or obtain that advice, is it safe to say
29 that you did not do that?

30 A. It may not be if the Commission may not be able to
31 access documents, it may not have been documents then, the
32 advice may have been more informal.

33

34 Q. Who would you have sought that advice from?

35 A. Theoretically speaking, I would seek that advice from
36 Human Resources. Any ED5 investigations or similar
37 investigations at that time, I'm not even sure that ED5
38 investigations were a possibility in 2005, I would have to
39 check with --

40

41 Q. There's a process for investigating misconduct by
42 nurses or doctors, wasn't there?

43 A. Yes, there would have been.

44

45 Q. And by whatever name, you had the power to carry out
46 an investigation into someone who might otherwise be
47 working with children in the Health System in Tasmania?

1 A. We would be able to undertake any investigation with
2 children.

3

4 Q. At the time you're corresponding with Mr Felton, were
5 you worried that George was working in the Health System in
6 Tasmania?

7 A. I wasn't aware that George was working in Launceston
8 General.

9

10 Q. Did you make any enquiries as to whether he was
11 working in the hospital system in Tasmania?

12 A. I can't recall making any enquiries. I would have
13 thought that that would have been in the conversation I had
14 with the Director of Medical Services or the Director of
15 Nursing Services, that would be raised with me.

16

17 Q. My learned junior reminds me that the documents
18 suggest that you recommended the payment of \$5,000 and a
19 non-disclosure agreement to the Secretary at around this
20 time; do you recall making that recommendation?

21 A. No, I don't, I don't recall making that.

22

23 Q. And do you recall any discussions about it?

24 A. No, I don't recall any discussions.

25

26 Q. It appears from our reading of the materials that that
27 was not the course that was taken by the Secretary; was it
28 the Secretary's decision?

29 A. I believe that it would have been the Secretary's
30 decision.

31

32 Q. Dr Ayre, at the last occasion I asked you about the
33 recollections of Ms McBeath about a conversation concerning
34 Mr Griffin; do you recall that?

35 A. Yes, I recall you questioning.

36

37 Q. At the time I recall your evidence to be that you had
38 no such conversation with Ms McBeath; I'd like to give you
39 the opportunity, if you have reflected on that position in
40 the intervening time. Do you now recall any conversation
41 with Ms McBeath about Mr Griffin's activities?

42 A. Not specifically about Mr Griffin's activities. I
43 have reflected quite significantly on that after that was
44 made available to me or that information was available to
45 me going over the perception of the conversation, but I
46 don't have any recollection of referring directly to

47

- 1
2 Q. Did you have a conversation with Ms McBeath around the
3 time of February 2021 concerning Launceston General
4 Hospital?
5 A. I believe I would have, yes.
6
7 Q. And what would the context of that conversation have
8 been?
9 A. I think the context was in relation to Ms McBeath's
10 concerns around the likelihood of further investigations
11 associated with that.
12
13 Q. And you will recall Ms McBeath's evidence was in the
14 context of that discussion. So, I take it from your
15 evidence now that you accept that you had a conversation
16 with Ms McBeath at around the time that she recalls?
17 A. Yes.
18
19 Q. And it concerned, broadly, the investigations that had
20 been taking place at Launceston General Hospital in the
21 wake of Mr Griffin's offending; is that a fair summary?
22 A. Yes, that's a fair summary.
23
24 Q. As far as I recall your evidence, my learned junior
25 will check the transcript, I think that your earlier
26 evidence was that no such conversation took place. Was
27 that your earlier evidence?
28 A. No, that was not my earlier evidence.
29
30 Q. So you accept the conversation took place around
31 Launceston General Hospital at around the time that
32 Ms McBeath recalls?
33 A. Yes.
34
35 Q. And, did you discuss with her Griffin in the context
36 of that conversation?
37 A. No; only in the context of, that there were the
38 allegations and there was the likely investigation that was
39 occurring.
40
41 Q. So that was a discussion about Mr Griffin?
42 A. It was a discussion about Mr Griffin, yes.
43
44 Q. And it was a discussion about Mr Griffin's offending?
45 A. Yes.
46
47 Q. And so, you had a discussion with Ms McBeath in

1 roughly February 2021 about Mr Griffin's offending; is that
2 right?

3 A. It was in the context of the likely investigation with
4 regard to the issues associated with Mr Griffin.

5
6 Q. Yes. Sorry, I just want to be very clear, in the
7 context of the overall conversation about Launceston
8 General Hospital you discussed Mr Griffin's offending; is
9 that right?

10 A. The issue arose because of Mr Griffin's offending and
11 the likelihood of an investigation. My response was in
12 relation in a more generic sense about, if there were
13 issues at that time, they would have been discussed with
14 the appropriate advisory - advisors, and that, if
15 information was available then that would be, you know,
16 available.

17
18 Q. Just looking at the transcript of our last discussion,
19 I asked you then:

20
21 *Question: Did you speak with Ms McBeath*
22 *about anything you had subsequently learned*
23 *about Griffin's conduct after he had died?*
24 *Answer: No, I did not.*

25
26 *Question: You did not speak about*
27 *Griffin's conduct at all?*
28 *Answer: Absolutely, I had - have had no -*
29 *I have not taken any - I haven't followed*
30 *any of the information that was*
31 *forward-coming from his death in 2019.*

32
33 That's reading from the evidence that you gave at the
34 last hearing. Are we to understand your evidence now is
35 that indeed you did discuss Griffin's offending in that
36 conversation with Ms McBeath?

37 A. Only in a very general, general sense in relation to
38 the activity in Launceston when I was there between 2004
39 and 2008.

40
41 Q. Can I suggest to you that your evidence on the last
42 occasion was not so frank or forthcoming?

43 A. No, that's incorrect.

44
45 Q. Well, you've now told us you had a discussion about
46 Griffin's offending and is it fair --

47 A. I had a discussion with regard to the overall approach

1 with regard to these sorts of things if they had have been
2 raised between 2004 and 2008.

3
4 Q. So, you had a discussion about what would have
5 happened if Griffin's offending had been raised with you
6 between 2004 and 2008?

7 A. Well, that's my understanding of our conversation; it
8 was a corridor conversation where Ms McBeath was concerned
9 around the issues that had occurred with Griffin in a
10 general sense. My response was that I actually hadn't
11 actually followed any of the information up until more
12 recently, and in a theoretical sense I would have taken
13 advice if there were issues raised with me at that time,
14 but I didn't have any recollection of them.

15
16 Q. So let's be clear: you had a discussion with
17 Ms McBeath in February 2021 in which you talked about what
18 your response would have been had you been aware of
19 Griffin's conduct in 2004 to 2008; is that your evidence?

20 A. Not with regard to Griffin's conduct, with regard to
21 generic conduct along those - along the lines that were
22 being alleged.

23
24 Q. To conduct similar to Griffin's had you been aware of
25 it?

26 A. Yes.

27
28 Q. So it was, you were discussing it by reference to the
29 conduct of Griffin and what you would have done had you
30 been aware of conduct of that kind?

31 A. Yes.

32
33 Q. And that's not a conversation that you gave evidence
34 to this Commission about on the last occasion that we
35 spoke?

36 A. Could you just say that again, because I - the issue
37 for me at the last was that that was completely fresh
38 information to me and that I hadn't had a response - hadn't
39 had any time to consider the information that was provided
40 by Ms McBeath.

41
42 Q. You hadn't had any time to consider the information.
43 Can I suggest to you that - sorry: so, you were aware that
44 Ms McBeath had asked you about a conversation - just pause,
45 I want to check something.

46
47 Did you receive any correspondence from this

1 Commission ahead of your appearance under s.18 of the
2 Commissions of Inquiry Act?

3 A. I believe I did, yes.

4

5 Q. And, do you recall if that letter referred - I'll ask
6 my instructors to find the content of that letter.

7

8 Would you accept that the version of events you're
9 giving now differs from the version of events you gave on
10 the last occasion?

11 A. No.

12

13 Q. Okay, well, Commissioners - can I suggest to you that
14 your version of events does differ and that you have
15 provided substantially different information having had the
16 benefit of time to consider what evidence you'll provide to
17 this Commission: what do you say to that?

18 A. Can you rephrase that question?

19

20 Q. I'm suggesting that you did not provide complete and
21 full - withdraw that. I am suggesting that you did not
22 provide complete and accurate evidence to this Commission
23 on the last time that you appeared before it: can I ask for
24 your response to that proposition?

25 A. I provided the information that I had at that time in
26 my recollection of the circumstances of the conversation.

27

28 Q. Has your recollection changed of that conversation?

29 A. No, my recollection hasn't changed with regard --

30

31 Q. So you had a recollection that you are now relating to
32 the Commission; is that right? The evidence today is based
33 on a memory that you had at the time that you last gave
34 evidence?

35 A. Correct.

36

37 Q. And I suggest to you, you did not give evidence in
38 those terms on the last occasion?

39 A. The specific question, I believe, that you asked me at
40 the last, was whether I had discussed Griffin, the details
41 of Griffin in relation to the conversation in 2021, and I
42 said, no, I had not given.

43

44 MS BENNETT: Nothing further for this witness,
45 Commissioners.

46

47 PRESIDENT NEAVE: We have no further questions, thank you,

1 Dr Ayre.

2

3 MS BENNETT: Perhaps we might have a brief adjournment for
4 a break, if it's convenient?

5

6 **SHORT ADJOURNMENT**

7

8 MS BENNETT: Commissioners, the next witness is Mr James
9 Bellinger.

10

11 PRESIDENT NEAVE: Is there any appearance for
12 Mr Bellinger?

13

14 MS MCCrackEN: Yes, may it please, Ms McCracken, I appear
15 for Mr Bellinger.

16

17 PRESIDENT NEAVE: Thank you.

18

19 <JAMES BELLINGER, affirmed: [11.45am]

20

21 <EXAMINATION BY MS BENNETT:

22

23 MS BENNETT: Q. Thank you, Mr Bellinger. Could you
24 please tell the Commissioners your full name and
25 professional address?

26 A. James Bellinger, care of Launceston General Hospital.

27

28 Q. Thank you. You've given evidence before this
29 Commission in the past and in the intervening period you
30 provided an additional statement in response to a request;
31 is that right?

32 A. Two additional statements, yes.

33

34 Q. Two additional statements, and have you read the
35 content of those additional statements recently?

36 A. Yes.

37

38 Q. Are the contents of those statements true and correct?

39 A. Yes, but I do just wish to make a couple of
40 corrections if I may?

41

42 Q. Sure, please.

43 A. I do have a separate file that I just made some notes
44 on.

45

46 Q. Would you like to go to the first of the two
47 subsequent statements?

1 A. It was just in statement 2, that is 113.
2
3 Q. Yes.
4 A. Bear with me, just minor corrections but I just wish
5 to make sure they are correct. So, I'll take you to
6 page 3. Sorry, my error, I'll take you to page 2. At
7 page 2, Question 3, I talk about the Human Resource Team
8 and I provide a list which is attached and a summary on
9 here.
10
11 In that response I excluded recruitment people because
12 they provide transactional services, and I excluded Work
13 Health and Safety policy people. If that was an error,
14 then I'm happy to add to that, but I realised this morning
15 that they weren't covered on the list based on my
16 understanding of who were in the Human Resource Team.
17
18 Q. We might ask you to update that in due course but we
19 won't go through names and details now.
20 A. Thank you.
21
22 Q. But with that clarification, are the contents of that
23 statement true and correct?
24 A. I had a couple of other changes.
25
26 Q. Sorry, yes?
27 A. At page 5, paragraph 4, I talk about, "I met with Gino
28 to seek his recollection". I missed out the word "I",
29 which is quite significant there. So, as reflected in
30 Appendix 6, "Gino did not recall the meeting and [I]
31 advised the COI response team of that". So, it was not
32 Gino but myself.
33
34 Q. Yes.
35 A. If I may take you to page 13. Oh, that was only a
36 minor correction, my apologies; 11(a), "The matter was
37 addressed in 2005 by the HRT, prior to me [working]" -
38 being the correction - for "the HRT".
39
40 Q. Yes.
41 A. At page 20 under the heading, "Police report TAS".
42 That is a child-related matter. The content doesn't change
43 but it should be higher up in my statement.
44
45 Q. Yes.
46 A. And just a correction on page 24, Question 8:
47

1 *I have not requested the current Human*
2 *Resources Team to do the same.*

3

4 I should add to that, "Other than where I note above
5 I've sought [REDACTED] to refresh my memory", and I've
6 noted that in my statement where I have done so.

7

8 Q. So, if we would add the words:

9

10 *In sourcing the above files save where*
11 *indicated above I have used my memory.*

12

13 Would that make that statement accurate?

14 A. Yes.

15

16 Q. With that amendment, adding those words to the second
17 paragraph under Question 8, is that statement true and
18 correct?

19 A. Yes.

20

21 Q. Thank you, Mr Bellinger, and the other statement that
22 you made since your last appearance, is that statement true
23 and correct?

24 A. Yes, I have no changes to that, that is true and

25 correct.

26

27 Q. Thank you. Mr Bellinger we spoke at length on the
28 last occasion about what we called the Pearn disclosure?

29 A. Yes.

30

31 Q. That is a disclosure by Ms Kylee Pearn who's present
32 in the hearing room today, along with Mr Millar, to members
33 of the hospital staff at Launceston General Hospital and
34 the identity of those persons remains a matter of some
35 dispute; that's a fair summary of what I mean by "the Pearn
36 disclosure"?

37 A. Yes.

38

39 Q. I'd like to show you a document connected with that
40 disclosure. Could the operator show you
41 TRFS.0059.0080.0107. This is an email of 11 October 2019,
42 it is from you to Mr Hindle of Tasmania Police. You've
43 seen that email before and you're familiar with it?

44 A. Yes.

45

46 Q. That email concerns the Pearn disclosure, doesn't it?

47 A. Yes.

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Q. It says at the start:

Further to our recent discussion re James Griffin...

So that is a discussion between yourself and Mr Hindle?

A. Yes.

Q. Can you tell us about the content of the phone call that you had with Mr Hindle?

A. To the best of my recollection Glenn rang me out of the blue, if I use that colloquialism, to ask if we had any records about a disclosure by Kylee Pearn or Stewart Millar.

Q. And what was the nature of the disclosure that Mr Hindle spoke to you about?

A. I believe it was only a brief conversation so I can't recall the exact details as opposed to what I now understand but I believe it was clear that Kylee had made a disclosure to the HR team and he was trying to find any records that we may have.

Q. And the nature of the disclosure to the HR team Mr Hindle spoke about was sufficient for you to have enough detail to make enquiries about whether any similar complaint in terms of nature or content had been made to HR in the past?

A. And I can probably be more specific --

Q. Yes?

A. -- in my previous reply which would assist. It was specific to an allegation by Kylee that Jim had - had molested her as a child or committed child sexual abuse as a child, so it was more specific than I first indicated.

Q. Mr Hindle told you that he had been told that Ms Kylee Bannon, or Pearn, and Mr Stewart Millar had together made a complaint that Mr Griffin had engaged in child sexual abuse against Ms Pearn in the past; is that a fair summary of what you were told by Mr Hindle?

A. That's my recollection, yes.

Q. And at that stage you were aware that - well, that's 11 October 2019 and you were aware that there were other

1 allegations about Mr Griffin at that stage?
2 A. Yes.
3
4 Q. If I could ask the operator to bring that email down.
5 Did you keep a file note of your conversation with
6 Mr Hindle?
7 A. No, other than that email, no.
8
9 Q. You knew at that stage that the disclosure, the Pearn
10 disclosure, was alleged to have been made to the HR team?
11 A. Yes.
12
13 Q. The HR team of which you were a part?
14 A. Yes.
15
16 Q. What was the timeframe you were given?
17 A. Approximately 2010, 2011.
18
19 Q. What did you do with the information that there was an
20 allegation that the hospital had been aware that Griffin
21 had engaged in child sexual abuse at least a decade before
22 it was otherwise discovered?
23 A. At that point in time I searched our records that were
24 available to us and I obviously spoke to - and I just
25 pause, I'm cautious, I'm not sure if I'm able to name
26 them - but I spoke to the person cc'd into that email to
27 seek her recollection as well.
28
29 Q. And that's a person senior to you in the HR team?
30 A. She's currently senior. At that point, she would have
31 been at the same classification level, she had previously
32 been in the role I now occupy.
33
34 Q. And you spoke to her about that issue?
35 A. Yes.
36
37 Q. Did you speak to anyone else about the conversation
38 you'd had with Mr Hindle?
39 A. Not that I can recall.
40
41 Q. Did you speak to Dr Renshaw?
42 A. I don't recall.
43
44 Q. We've heard some evidence that Dr Renshaw was
45 responsible for any medico-legal issues in the hospital.
46 Is that your understanding of his role?
47 A. Yes, the governance thereof, yes.

1
2 Q. And indeed that if there were any matters raising
3 potential liability or criminal matters for the hospital,
4 that he would be the go-to person; is that right?
5 A. Yes.
6
7 Q. So, that being his position, is that the sort of thing
8 that you would have taken to his attention?
9 A. Yes.
10
11 Q. And, did you take it to his attention?
12 A. I don't recall.
13
14 Q. Would it have been your practice to do so?
15 A. Yes.
16
17 Q. Do you have any file notes that tell us whether or not
18 you did?
19 A. No, I don't.
20
21 Q. Did you understand that to be a serious matter?
22 A. Yes.
23
24 Q. And, how did you escalate it?
25 A. I don't have a record of escalating it.
26
27 Q. Did you not escalate it?
28 A. I don't know.
29
30 Q. You didn't make any records about it beyond that
31 email, did you?
32 A. Correct.
33
34 Q. You didn't formally brief anyone about it, did you?
35 A. Correct.
36
37 Q. Indeed, that disclosure - well, let's go through the
38 records you did make. Could the operator bring up a minute
39 of 14 October 2019 at TDOH.0003.0006.0079. I'm sorry, I've
40 given the wrong number. I just ask for the numbers in
41 sequence. TDOH.0003.0006.0079, is the last four digits.
42 I'll just ask the operator to take us to the bottom of that
43 document briefly and zoom in.
44
45 See there your name at the bottom, "James Bellinger,
46 HR Manager" dated 8 October 2019?
47 A. Yes.

- 1
2 Q. Can the operator now go back to the top of the page.
3 Do we take it from your name appearing at the bottom of the
4 page, that you were involved in drafting this document?
5 A. Drafting and/or reviewing it on the way up.
6
7 Q. So you had the opportunity to consider the content of
8 this minute?
9 A. Yes.
10
11 Q. And you understood it was going to the Secretary?
12 A. Yes.
13
14 Q. Did you carry out any investigation or review for the
15 purpose of creating this minute?
16 A. Could I quickly scroll through the document?
17
18 Q. Please. Could the operator scroll through. Does that
19 assist in refreshing your memory?
20 A. It does.
21
22 Q. Does that minute refer to the Pearn disclosure?
23 A. No.
24
25 Q. Should it refer to the Pearn disclosure?
26 A. Subject to the timing of my conversation with Glenn,
27 if I could just confirm --
28
29 Q. Well, the conversation took place on the 11th, or the
30 email took place on 11 October and this document is dated
31 14 October. Your review of it is dated 8 October. So, as
32 at 14 October, you were aware that there had been a
33 disclosure by Ms Pearn to the hospital?
34 A. Correct.
35
36 Q. And that is information that was serious?
37 A. (Witness nods.)
38
39 Q. Can I just ask you to answer for the transcript?
40 A. Yes, sorry.
41
42 Q. It was serious information, it was relevant to the
43 consideration that was going to be undertaken by the
44 Secretary?
45 A. Yes.
46
47 Q. Because the way in which the hospital responded to and

1 escalated a matter like the Pearn disclosure was critically
2 important, wasn't it?
3 A. Yes.
4
5 Q. It doesn't appear in this minute, does it?
6 A. No.
7
8 Q. Why does it not appear in this minute?
9 A. Obviously, it wasn't considered to be put in at the
10 time that I cleared the document I wasn't aware of the
11 conversation with Glenn Hindle; that's not to say that the
12 minute shouldn't have been updated or a subsequent minute
13 should have occurred.
14
15 Q. Indeed it should have, should it not?
16 A. Yes.
17
18 Q. Why did it not?
19 A. I can't answer that.
20
21 Q. At the time that you ended your conversation with
22 Mr Hindle - can I ask the operator to bring the document
23 down - you had recently been, it seems on the documents,
24 you had recently been in the process of drafting or
25 reviewing a draft of a brief to the Secretary about
26 Mr Griffin; is that fair?
27 A. Yes.
28
29 Q. So, you were well aware that there was a briefing that
30 was going up to the powers that be about Griffin, and you
31 were well aware there was a pivotal critical piece of
32 information missing from that brief; is that right?
33 A. I would say the Secretary needed to be briefed on that
34 matter. I'm not sure it had to be as part of that
35 particular brief because I think that brief was in relation
36 to his resignation and the implications for that, but I
37 agree that the Secretary should still have been briefed
38 whether it was that minute or a different minute.
39
40 Q. Could I ask the operator to bring the document back
41 up. If I could ask the operator to take it back up to the
42 summary of key issues. The key issues are that Griffin
43 resigned, and it goes on through the process or the
44 notifications that took place, the response by the hospital
45 and the final dot point on the first page, "The ED6 was
46 considered". If the operator will show us the following
47 page, that it says in the second dot point:

1
2 *To date, there has been no notification*
3 *that offences are linked to Mr Griffin's*
4 *employment as a paediatric nurse with THS.*

5
6 So this is a briefing directly concerned with the
7 involvement of THS, or the hospital, in Griffin's
8 offending, isn't it?

9 A. Correct.

10
11 Q. And part of that is whether or not - well, wouldn't
12 the Secretary be entitled to the fullest possible
13 disclosure of the hospital's knowledge of the extent of his
14 offending?

15 A. Yes, I agree an updated brief should have occurred.

16
17 Q. Yes, and it didn't occur, and why did it not occur?

18 A. I can't explain.

19
20 Q. Well, is it that the systems and processes were not
21 responsive to the disclosure that occurred?

22 A. Yes, I agree and I think there was at that time so
23 much information that fulsome and comprehensive briefs
24 weren't provided.

25
26 Q. Well, that was critical information though?

27 A. Yes.

28
29 Q. Well, I'd ask you to bring that document down. Well,
30 let's move on because there's another briefing that goes up
31 on 5 November and I'll ask the operator to bring this
32 document up, TRFS.0059.0080.0065-0001. Mr Bellinger, your
33 name does not appear in this document, can you tell us
34 whether you had any involvement with it? And I'll ask the
35 operator to scroll through it so that you can review it.

36 A. I think I'm aware of the document. Can we skip to the
37 bottom, just to refresh, please?

38
39 So, to answer that question, I'm aware of that minute,
40 I have seen a copy before. That minute was drafted by
41 Peter, reviewed by Eric and [REDACTED]. I received a
42 copy of that, I wasn't actually involved in the review
43 itself or the conversation about the review, but I
44 certainly received a copy of changes to that minute.

45
46 Q. And so, you reviewed the minute at a time roughly
47 approximate to the time that it was to be provided to the

1 Secretary?

2 A. To clarify, I did not personally review it, no, I was
3 provided a copy of the draft and a review draft; I did not
4 review it, [REDACTED] did, from an HR perspective.

5

6 Q. Did you read the draft that you were provided with?

7 A. I would have, yes.

8

9 Q. Could I draw your attention to, on the second page, it
10 says - sorry, if I could ask the operator to go up. The
11 third dot point on the first page:

12

13 *The LGH has not received any complaints*
14 *from patients or their families regarding*
15 *inappropriate behaviour by Mr Griffin that*
16 *would warrant a Code of Conduct*
17 *investigation, Australian Health*
18 *Practitioners Regulation Authority ...*
19 *notification or Tasmania Police*
20 *notification.*

21

22 That's not true, is it?

23 A. I only pause, not with what we know now, absolutely,
24 and I only pause thinking about what Glenn disclosed to me
25 which is to the best of my recollection, that would have
26 resulted in a Code of Conduct investigation.

27

28 Q. And indeed an APRA notification, wouldn't it?

29 A. Yes.

30

31 Q. So, in a number of respects that dot point is wrong?

32 A. Yes.

33

34 Q. It's misleading?

35 A. Yes.

36

37 Q. This is the second document that has been briefed to
38 the Secretary from the hospital that is misleading in a
39 material respect, is it not?

40 A. Yes, I accept that point should have been in there, or
41 should have been written differently, sorry.

42

43 Q. Well, no, I want to put to you very plainly that it
44 might be open for this Commission to find that documents
45 authored by LGH were misleading about the extent of its
46 knowledge as to Griffin's prior conduct; do you accept
47 that?

1 A. I accept that that is incorrect and should have
2 included the Hindle conversation. I guess I'm stuck on the
3 word "misleading" because it carries a particular intent
4 that I'm not sure was there.
5
6 Q. Leaving aside the intention, whether anyone intended
7 to mislead anyone, you accept that this did not give an
8 accurate - that a person reading this would be misled about
9 the state of the hospital's knowledge?
10 A. Yes.
11
12 Q. It is therefore in that sense misleading?
13 A. Yes, I accept that.
14
15 Q. And that is a critical failing, is it not?
16 A. Yes.
17
18 Q. And you were involved in it?
19 A. Yes, to the extent that I've described.
20
21 Q. Yes. Are you able to offer an explanation to the
22 Commissioners about how it is that those misleading
23 documents came to be escalated?
24 A. How they were cleared, so to speak, (indistinct)?
25
26 Q. Yes, how were they cleared?
27 A. I apologise, I may misunderstand your question.
28
29 Q. Why did misleading documents go to the Secretary?
30 A. As we've covered, they should have included those
31 points, I accept that point, that was an error.
32
33 Q. I want to know why. Whose error?
34 A. I don't know.
35
36 Q. Did you discuss the Pearn disclosure with Dr Renshaw?
37 A. I can't recall.
38
39 Q. You say it would have been your practice to do so but
40 you don't recall?
41 A. Yes.
42
43 Q. Even at this stage?
44 A. I don't recall at this stage. I note, and I think
45 it's in that brief, that he was on leave at the time of the
46 Hindle discussion, I believe.
47

- 1 Q. Is there anything else that has been omitted from this
2 minute?
- 3 A. I only pause; there were obviously multiple minutes
4 around that time, so I would have to review them in
5 totality to see if anything else was omitted.
6
- 7 Q. When you say it was an error; whose error was it that
8 these documents went out in this form without the Pearn
9 disclosure included?
- 10 A. Individually, I don't know.
11
- 12 Q. You would accept that it is, in part, your error?
13 A. Yes.
14
- 15 Q. You gave evidence on the last occasion - I ask the
16 operator to bring that document down - that you carried out
17 an internal review following these minutes, so some time
18 after November 2019, you carried out an internal review; do
19 you recall that?
- 20 A. Of the complaints we had in relation to Griffin, yes.
21
- 22 Q. Yeah, that's right. Can you tell us roughly when you
23 carried out that internal review?
- 24 A. I believe that was November; it might have started
25 earlier. November 19, I should say.
26
- 27 Q. You attended meetings with staff following the arrest
28 and then death of Griffin; is that right?
- 29 A. Yes.
30
- 31 Q. And they, at those meetings, broadly speaking, staff
32 complained that not enough had been done in response to
33 Griffin?
- 34 A. I don't know whether they disclosed that to me in the
35 meetings that I attended. There were a lot of meetings
36 during that time and we certainly spoke about the concerns
37 they had in relation to Griffin and what had occurred, and
38 I'm certainly aware of disclosures of that nature from
39 meetings that were attended by various hospital executives;
40 I can't recall which ones I heard directly and which ones I
41 heard by secondary, if you will.
42
- 43 Q. And, Did the Pearn disclosure form part of that
44 internal review?
- 45 A. No.
46
- 47 Q. It was excluded from that internal review, was it not?

1 A. The internal review was about the complaints we had
2 received and had records of, but it did not include the
3 Hindle conversation, no.

4
5 Q. Well, you had a record of the Hindle conversation?
6 A. Yes.

7
8 Q. You were aware that that was a complaint that should
9 have been within your internal review?
10 A. Yes, I accept that.

11
12 Q. It was a critical failing, and you didn't tell anyone
13 about it as part of the internal review?
14 A. I don't recall who I told.

15
16 Q. Did the internal review consider the Pearn disclosure?
17 A. I do not believe so, but I don't know who I told, as
18 was my evidence.

19
20 Q. I ask the operator to bring up TDOH.0003.0006.0044.
21 This is a document to the branch Secretary of the
22 Australian Nursing and Midwifery Federation that we may
23 have spoken about on the last occasion, and I understand
24 that your evidence is that you assisted in the drafting of
25 the content of this letter; is that right?
26 A. Yes.

27
28 Q. This, broadly speaking, reflects the outcome of your
29 internal review; is that right?
30 A. Yes.

31
32 Q. If the operator could scroll through I'll give you the
33 opportunity to have a look at the content of that letter.
34 You recall writing that letter?
35 A. Yes.

36
37 Q. It's dated 20 December 2019?
38 A. Yes.

39
40 Q. So, it comes the month after the Secretary - the
41 minute to the Secretary that we just discussed in November
42 2019?
43 A. Yes.

44
45 Q. So between that time and this you've carried out an
46 internal review and I understand you describe that as "a
47 desktop review"?

1 A. I accept that, yes.
2
3 Q. Would you accept as well, Mr Bellinger, that at the
4 time you carried out that review you were well aware of the
5 Pearn disclosure?
6 A. Yes.
7
8 Q. The Pearn disclosure does not appear in that letter,
9 does it?
10 A. No, it does not.
11
12 Q. It doesn't appear in any of the documents you produced
13 following your internal review?
14 A. Correct.
15
16 Q. You omitted it from your internal review?
17 A. Yes.
18
19 Q. Why did you omit it from your internal review?
20 A. To clarify, I may but I do not recall that that
21 document, the Pearn disclosure, if you will, was provided
22 to others, I didn't consider it in terms of the review of
23 the complaints that we had received, that was focused on
24 matters that had been addressed with Mr Griffin, that's why
25 it wasn't considered. I'm not saying that was correct, I'm
26 saying that was the scope of the things we were looking at.
27
28 Q. You accept it was not correct?
29 A. Sorry?
30
31 Q. You accept you should have included the Pearn
32 disclosure?
33 A. Yes.
34
35 Q. It was highly relevant and it was significant and it
36 was omitted?
37 A. Yes, I'm not sure if it was relevant to that
38 correspondence, but it should have been part of the review
39 of what occurred.
40
41 Q. Could I ask the operator to bring that document down.
42 I want to be very clear: the internal review, to the extent
43 it's reflected either in that document or anywhere else,
44 should have included reference to the Pearn disclosure and
45 it did not; is that right?
46 A. That correspondence did not. I do not recall if I
47 discussed the Pearn disclosure with people other than those

1 I have named.
2
3 Q. There is no document that records the Pearn
4 disclosure, that's right, isn't it?
5 A. Correct.
6
7 Q. You didn't include it in any email to anyone beyond
8 the one that we've seen to Mr Hindle?
9 A. Correct.
10
11 Q. And it should have been actioned and escalated?
12 A. Yes.
13
14 Q. So anyone reading any document that you produced
15 following your internal review would not know about the
16 Pearn disclosure?
17 A. Unless I advised them otherwise, yes.
18
19 Q. They would not know reading the documents, would they?
20 A. No.
21
22 Q. And indeed they would believe that no such disclosure
23 had occurred, reading only the documents?
24 A. Reading only the documents, yes.
25
26 Q. And you say, unless you told them but you have no
27 recollection of telling anyone?
28 A. I do not recall, yes.
29
30 Q. Mr Bellinger, why did you not include the Pearn
31 disclosure as part of your internal review?
32 A. What I'm saying is, I did not include it in the
33 correspondence to the AMF, I do not recall if I included it
34 in the discussions we had about the complaints and
35 information we received.
36
37 Q. Did any document reflecting your internal review
38 reflect the Pearn disclosure?
39 A. No.
40
41 Q. So any person reviewing any documents produced by you
42 would not know about the Pearn disclosure?
43 A. Correct.
44
45 Q. Did any document that you produced that was going
46 anywhere outside the hospital refer to the Pearn
47 disclosure?

1 A. I don't believe so.
2
3 Q. Did you have any discussions with anyone outside the
4 hospital about the internal review?
5 A. And by "hospital" I include my executive.
6
7 Q. Yes.
8 A. No.
9
10 Q. So, is it fair to say that there is no mechanism by
11 which any information about the Pearn disclosure would have
12 been communicated by you outside the hospital?
13 A. Correct, and I'm including my - when I say "my
14 executive", obviously my Chief People Officer who's not
15 located in the hospital but the department so...
16
17 Q. Did you tell your Chief People Officer about the Pearn
18 disclosure?
19 A. Well, that's what I don't recall.
20
21 Q. When you say you don't recall; was it your practice to
22 do that?
23 A. It was.
24
25 Q. Did you have any reason to believe you did do that?
26 A. [REDACTED] would have been in that position at times in
27 that period, so in informing her she may have actually been
28 the Chief People Officer at that time, I would have to
29 check her - well, it's probably not for me to check but I'd
30 have to check her history.
31
32 Q. What was your motivation not to tell other people?
33 A. I did not have motivation not to tell other people.
34 The enquiry from Glenn was vague, I would use that word, it
35 was unclear, and I expected - no, I'll stop there.
36
37 Q. Well, you knew - your evidence to this Commission is
38 that Mr Hindle told you that Griffin had engaged in child
39 sexual abuse against Ms Pearn and that fact had been
40 communicated to the HR Department; that was what Mr Hindle
41 told you, wasn't it?
42 A. He told me that Kylee had made a complaint that had
43 been reported to the HR Department of that nature, yes.
44
45 Q. That she had been sexually abused by Griffin as a
46 child?
47 A. Yes.

1
2 Q. And Griffin had then worked on the Children's Ward for
3 a decade following?
4 A. M'mm.
5
6 Q. Those were the facts you knew?
7 A. Yes.
8
9 Q. And you didn't tell anyone?
10 A. Well, I've described that I told [REDACTED] and I do not
11 recall if I told other people, including Peter Renshaw.
12
13 Q. You didn't record it in any document?
14 A. Correct.
15
16 Q. You excluded it from the internal review or any
17 written record of the internal review?
18 A. Any written record, yes.
19
20 Q. So anything that might have gone outside the hospital
21 or created a longer term record of the fact of that
22 disclosure, you didn't bring into existence?
23 A. Yes, it was not in those documentation.
24
25 Q. And you should have done that?
26 A. Yes.
27
28 Q. Did Mr Hindle tell you that Mr Millar believed it was
29 possible that you were involved in the meeting with
30 Mr Millar and Ms Pearn?
31 A. No.
32
33 Q. So, did you know that there was the suggestion of your
34 involvement in the Pearn disclosure?
35 A. Not until I met with Stewart.
36
37 Q. Okay, we'll come to that. Well, when did you meet
38 with Stewart about it?
39 A. The rough date is in one of my statements if I may
40 refer?
41
42 Q. No, we'll come to it in a moment. Sticking with the
43 internal review for the moment. In the ordinary course,
44 that would have been the end of it, is that right? That
45 would have been the end of the investigation by the
46 hospital into Griffin's conduct at the hospital?
47 A. In the ordinary course as a result of his resignation,

1 yes.

2

3 Q. So, there would have, but for either the Integrity
4 Commissioner request or this Commission, the fact of
5 Ms Pearn's disclosure would never have seen the light of
6 day?

7 A. I would add to that, obviously the reference --

8

9 Q. Do you agree with that proposition first?

10 A. No, and I only say that because there are other
11 opportunities for this and other instances where this has
12 come out, and The Podcast being one of them, and the
13 departmental initiated review that occurred prior to the
14 Commission of Inquiry commencing.

15

16 Q. But from the hospital, from the hospital?

17 A. No, sorry --

18

19 Q. This was the end of the line for the hospital in terms
20 of bringing to light the Pearn disclosure?

21 A. Aside those other two things which I assume from your
22 question you are saying are departmental, not hospital, is
23 your distinction.

24

25 Q. So, the hospital itself investigated what it knew
26 about Griffin's conduct; that's right, isn't it?

27 A. Yes.

28

29 Q. What the internal review was?

30 A. Yes.

31

32 Q. And despite knowing about the Pearn disclosure, it
33 left no record of that?

34 A. Yes.

35

36 Q. And so, in the ordinary course there would have been
37 no record of it emanating from the hospital; is that right?

38 A. Aside from the email, yes.

39

40 Q. Aside from the email, and that was never sent to
41 anyone beyond yourself and your immediate superior?

42 A. Yes.

43

44 Q. It was never briefed to the Secretary and it was never
45 brought to the attention of the CEO or anyone else; is that
46 right?

47 A. Not in documentation form, I don't recall if I

1 discussed it with him.
2
3 Q. And, therefore, no further investigations about the
4 Pearn disclosure were made back in 2019?
5 A. Correct.
6
7 Q. Can I suggest to you, Mr Bellinger, that but for this
8 Inquiry and the efforts of a podcaster the Pearn disclosure
9 would never have come to light?
10 A. Well, there was also the departmental review, which
11 again, was --
12
13 Q. Well, I withdraw that actually. Or for the further
14 disclosures by Ms Pearn to which we will come?
15 A. Yes, and I understand the departmental review was
16 probably in response or following The Podcast.
17
18 Q. So, but for those matters, the Pearn disclosure would
19 have remained shrouded in secrecy?
20 A. Yes.
21
22 Q. Mr Bellinger, was there a cover-up?
23 A. No.
24
25 Q. How can you be sure?
26 A. Can I clarify the question specific to the Pearn
27 disclosure, is that what you're referring to?
28
29 Q. Did somebody cover up the Pearn disclosure?
30 A. No.
31
32 Q. How are you sure of that?
33 A. Well, I can speak to my involvement.
34
35 Q. Yes.
36 A. My involvement may not have been adequate, it may not
37 have been sufficient, but "cover-up" implies that there was
38 an intent to cover up, if you like, I can't find another
39 word - expression. That was not the intent, it may not
40 have been exhaustive enough, but it was not the intent to
41 bury it.
42
43 Q. So your evidence is that you were inept, not malice,
44 not malicious; is that right?
45 A. I'm not sure I'd use those words.
46
47 Q. Do you think you met the standard of professionalism

1 that you expect of yourself or someone in your position?

2 A. I accept that more should have been done. At the time
3 of responding to Glenn I, I guess, was of the potential
4 misapprehension that Tas Police were doing more and may
5 come back to us. I don't accept that's adequate but that
6 was the case.

7

8 Q. There was a request from the Integrity Commissioner
9 that was made in November 2019 and so far as we can discern
10 that was allocated to you to respond to sometime
11 after December 2019; is that right?

12 A. Yes.

13

14 Q. And again, at the time that that was referred to you,
15 were you aware that you were alleged to have been present
16 at the Pearn and Millar disclosure?

17 A. No, I did not become aware of that until I met with
18 Stewart, which I think was 2021.

19

20 Q. It was, however, a disclosure that was said to have
21 been made to your department?

22 A. Correct.

23

24 Q. And the department that was staffed by people with
25 whom you worked closely?

26 A. Yes, although not at the time that the disclosure was
27 understood to have been made, yes.

28

29 Q. I understand. You'd worked with them for some time by
30 2019?

31 A. Yes.

32

33 Q. Is there some point at which it would have been
34 appropriate for you to say that this should be investigated
35 by someone other than you?

36 A. With the benefit of hindsight, yes.

37

38 Q. You'd accept there was a critical failing in
39 responding to the Pearn disclosure at the time that it
40 occurred; you'd accept that?

41 A. I accept that more should have been done, yes.

42

43 Q. Do you dispute the characterisation that it was a
44 critical failure to not respond to the Pearn disclosure at
45 the time that it was made?

46 A. I'm not sure how we're defining "critical failure" so
47 I guess I'm trying to use my --

1
2 Q. Well, a really important failure?
3 A. Yes.
4
5 Q. It was really important to respond to the Pearn
6 disclosure at the time it was made so that a paedophile was
7 removed from the children's ward; would you agree with
8 that?
9 A. He had already resigned at that point.
10
11 Q. No, sorry: in 2010, 2011 or 2012 --
12 A. Oh, sorry.
13
14 Q. -- at the time of the disclosure it was really
15 important that Griffin not be permitted to continue to work
16 on a children's ward: would you agree with that?
17 A. Sorry, I must admit, I was on the wrong year there - -
18
19 Q. That's all right --
20 A. -- can I have that question again so I can get my head
21 back into the space?
22
23 Q. So, at the time that the Pearn disclosure was made,
24 sometime between 2010 and 2012, you would agree that it was
25 critical that Griffin be removed from the care of children
26 immediately?
27 A. Yes.
28
29 Q. And that didn't happen?
30 A. Correct.
31
32 Q. That is a critical failure?
33 A. I accept that.
34
35 Q. And HR was involved in that critical failure?
36 A. I only have the - I have the evidence of Kylee and
37 Stewart that suggests that or confirms that.
38
39 Q. And you had that at the time?
40 A. At what --
41
42 Q. In 2019 you knew that HR were alleged to have failed
43 in that critical respect?
44 A. At the 2019 I had information from Glenn that a
45 meeting occurred with Kylee, Stewart and HR; the details
46 were, as I say, vague. I do not have a clear recollection
47 and I know a lot more now than I did then.

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Q. Let's just step through it then. You knew, in November 2019, that a disclosure had been made to HR by Ms Pearn; that's right?

A. Yes.

Q. And that you knew that Ms Pearn was alleged at the time to have disclosed that she was sexually abused by Griffin as a child; that's right?

A. I don't know the extent of what Glenn told me; I mean, I'm relying on memory in that regard. I know that there was an allegation of a nature that was clearly relevant to Glenn's enquiries and, therefore, I can assume that it was in relation to child sexual abuse and it was clear that it was from Kylee and/or Stewart to a member of the HR team.

Q. Mr Bellinger, you've given evidence on your oath here today that it was child molestation of which HR was informed; do you remember giving that evidence?

A. Yes.

Q. Was it accurate when you gave it?

A. I accept that I may have misspoke. What I'm trying to articulate is that I'm relying on my memory of three years ago and the precise nature of what Glenn disclosed to me in that conversation is, at best, a recollection. I believe that it was clear that it related to child sexual abuse because that was the nature of the enquires that they were making. That's what I'm trying to describe and I apologise if I misspoke.

Q. It was clear to you, in November 2019, that it was alleged that Ms Pearn had disclosed to HR that Griffin had engaged in child sexual abuse; do you accept that?

A. Yes.

Q. That was the allegation?

A. Yes.

Q. And that HR had done nothing with it; you accept that? That was the allegation that was being made in 2019, that was what you knew to be the case in 2019?

A. What I knew is, Glenn wanted to access our records and I couldn't find any, so therefore, um...

Q. Well, you knew that Griffin continued to work on the Children's Ward continuously for another decade, didn't

1 you?
2 A. Yes - wouldn't have been a decade because he left in
3 2019, but yes, I accept your principle.
4
5 Q. For many years he continued to work on the ward after
6 the Pearn disclosure was made to HR?
7 A. Yes.
8
9 Q. In November 2019 you were aware that that was the
10 nature of the allegation that needed to be investigated as
11 part of any internal review?
12 A. Yes.
13
14 Q. And you didn't investigate it?
15 A. (Witness nods.)
16
17 Q. And then, when the Integrity Commissioner request came
18 and you were to carry out a further review as part of that
19 request, you knew that you would be investigating the
20 failures of at least your colleagues; is that right?
21 A. Yes.
22
23 Q. Should you have asked for an independent or external
24 person to carry out that investigation?
25 A. Yes.
26
27 Q. Because it was a conflict, was it not, for HR to be
28 investigating itself?
29 A. Yes.
30
31 Q. In relation to a critically important matter?
32 A. Yes.
33
34 Q. Thank you. Did you raise the issue of conflict with
35 anyone?
36 A. No.
37
38 Q. Why did you not raise the issue of conflict with
39 anyone?
40 A. Obviously, I didn't see it at the time.
41
42 Q. Why did you not see it at the time?
43 A. I don't know.
44
45 Q. Let's take you to another document. This is
46 TD0H.0003.0006.0046. It is your response to the Integrity
47 Commissioner. It is dated 10 September 2020, so we

1 understand it took roughly nine months for these three
2 pages to be produced. Can you tell us what investigations
3 you undertook in those nine months?

4 A. As a first comment, if I may, I believe there was a
5 delay in me receiving the documentation, I don't recall
6 exactly when I did receive it but I recall there was a -
7 what I would describe as a significant lag between the two.

8

9 Q. Right. So, what did you do in order to create this
10 document?

11 A. In terms of responding to it, and as we talked about
12 last time, because I - because it was felt, and I felt,
13 that the review had occurred in the previous year from
14 memory, that no further enquiries were made and it was a
15 reflection of the review that had occurred.

16

17 Q. On the final page that document says:

18

19 *In conclusion:*

20

21 *The THS [and that's the hospital] has*
22 *reviewed all available records and*
23 *determined that all matters that were*
24 *raised with the Agency were addressed in a*
25 *manner that was reasonable in the*
26 *circumstances that existed at that time.*
27 *The decisions made over the past 15 years*
28 *were without the benefit of the information*
29 *that now exists as a result of the Police*
30 *investigation the management actions cannot*
31 *be judged with that in mind.*

32

33 It goes on:

34

35 *Further, the THS has repeatedly sought to*
36 *particularise and identify any complaints*
37 *that the employees contend were previously*
38 *raised and not addressed. No such*
39 *complaints have been identified.*

40

41 Have a read of that letter, Mr Bellinger. That letter
42 makes no mention of the Pearn disclosure?

43 A. I believe so, I haven't scrolled through it, but I
44 accept your position.

45

46 Q. No, I'd like to make sure you have every opportunity.
47 Can the operator please scroll through slowly.

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Have you read that document?

A. Briefly, yes.

Q. Is there any mention of the Pearn disclosure in that document?

A. No.

Q. Should there have been a mention of the Pearn disclosure in that document?

A. Yes.

Q. Why is there no mention of the Pearn disclosure in that document?

A. Clearly, that's in error.

Q. Whose error?

A. I would say, mine.

Q. Why is the Pearn disclosure, which I think you have agreed with me is critical, not included in response to the Integrity Commissioner?

A. It should have been, I accept, and I would say as to the why, in reviewing that we considered the case files, if you will, and should have considered the email to Glenn but didn't. It is an error, it is a failure, I agree. The reason - as I say, that is the reason that it wasn't considered, it should have been.

Q. And it prevented any earlier investigation of the Pearn disclosure, didn't it?

A. Yes.

Q. It would have been possible, for example, to search and recover emails years ago. Had it come to light in 2019 or 2020, there would have been an additional two years to review emails and forensic materials.

A. I did review the emails in 2019 when I responded to Glenn. That would be the emails that I have available. I don't know what further --

Q. The forensic recovery of emails and other documents would have been available; that's right, isn't it?

A. Yes.

Q. And they're enquiries that were no longer available because of the delay?

1 A. I don't know whether they're no longer available, I
2 don't understand the difference between forensic and my
3 search, so that's just my ignorance, I apologise.
4

5 Q. Do you consider that your search was entirely
6 exhaustive of all of the materials that might have been
7 relevant to identify in the Pearn disclosure?

8 A. It was all that I had available to me, which includes
9 Gino's emails dating back to 2012. I don't know whether
10 further searches could be made.
11

12 Q. Did you speak to Mr Fratangelo in October 2019?

13 A. No.
14

15 Q. So you did not even speak to another person in HR at
16 the time to see if he recalled the conversation at the
17 time?

18 A. I believe he wasn't in HR at the time, I think he'd
19 retired by then.
20

21 Q. You had his phone number?

22 A. Yes.
23

24 Q. You have it still?

25 A. Yes.
26

27 Q. You didn't call him and ask him?

28 A. No.
29

30 Q. Should you have done that?

31 A. Yes.
32

33 Q. His evidence now is he has no recollection and an
34 additional two years has passed since he's been asked the
35 question - three years.

36 A. (Witness nods.)
37

38 Q. Who was involved in formulating the response to the
39 Integrity Commissioner?

40 A. Myself, [REDACTED], and then it would have been
41 cleared by our Chief People Officer, at that time [REDACTED]
42 [REDACTED], and then provided to the office of the Secretary.
43

44 Q. Was there any discussion of the Pearn disclosure by
45 anyone in the course of preparing the response to the
46 Integrity Commission?

47 A. I don't recall if it was discussed in the context of

1 preparing that response.

2

3 Q. Was it discussed in any context at all, Mr Bellinger?

4 A. Well, I had already discussed it with [REDACTED], as is
5 my evidence. I don't recall if I had discussed it with
6 [REDACTED], and I'm just pausing because I'm thinking of when
7 she commenced, so it may have been - I'd have to check when
8 she commenced to know whether she was even in the system at
9 that point.

10

11 Q. So, your discussions with your superior, or at that
12 stage a person you reported to within your team, they were
13 at the time of the Hindle communication; is that right?

14 A. I'll just refresh my memory, I believe [REDACTED] would
15 have been Chief People Officer in 2019 when I discussed it
16 with her.

17

18 Q. So, when do you say you discussed it with that person,
19 and we won't use names for now, with that person
20 in November 2019; is that right?

21 A. Yes.

22

23 Q. What do you recall about those discussions?

24 A. It might have been October actually, because it was
25 around the time of my email with Glenn.

26

27 Q. Yes?

28 A. What I recollect of that discussion is fairly simple
29 and reflected my email to Glenn, so I believe that I had a
30 discussion with that person and shortly after wrote an
31 email, so therefore it is reflective of the conversation
32 and better than my memory is now.

33

34 Q. Was there any discussions between anyone involved in
35 either the internal review or the Integrity Commission
36 response about the Pearn disclosure?

37 A. I don't recall whether it was discussed in the context
38 of the internal review; and, in terms of the Integrity
39 Commission, I don't recall whether it was discussed with
40 the third person that I've named in the course of that.

41

42 Q. Again, the Integrity Commission response - sorry, did
43 anyone direct you not to include the information about the
44 Pearn disclosure in any way?

45 A. No.

46

47 Q. Did anyone intimate or suggest that you ought not

1 include the Pearn disclosure in any way?

2 A. No.

3

4 Q. You accept that had the Secretary been briefed or the
5 Integrity Commission been briefed at the time, they may
6 well have taken different actions in response; is that
7 right?

8 A. Yes, I accept that.

9

10 Q. I'd like to ask you again: in providing your response
11 to the Integrity Commissioner, did you deliberately exclude
12 the information about the Pearn disclosure?

13 A. No.

14

15 Q. Did you have any discussion with Dr Renshaw about the
16 Pearn disclosure following - sorry, I think your evidence
17 is, you don't recall if you discussed the Pearn disclosure
18 with Dr Renshaw, it would have been your practice to do so,
19 but you can't say one way or the other; is that right?

20 A. Correct.

21

22 Q. After The Podcast was released, which I believe is
23 in October 2020, did that prompt further discussions about
24 the Pearn disclosure?

25 A. I don't recall if the Pearn disclosure was
26 specifically discussed in 2020 with Dr Renshaw, if that's
27 your question.

28

29 Q. Yes; with anyone?

30 A. I don't recall. I would believe so, because obviously
31 I clearly remember it being referenced and obviously the
32 clear reference to HR, so I do believe I have a recollect -
33 a recollect - pardon me, a recollection of discussing it,
34 but I can't recall who with.

35

36 Q. You, again, took no steps. Having been reminded of
37 it, having had it publicly discussed in a podcast form, did
38 it not occur to you that it had been a critical failure to
39 not have mentioned it to anyone outside the hospital first
40 before?

41 A. Ah, No.

42

43 Q. At that stage, why didn't you raise it with anyone
44 senior to you in the hierarchy or outside the hospital?

45 A. My memory is that I - I may have, as I've discussed,
46 in terms of that individual.

47

1 Q. You took no steps to correct the records that you had
2 created previously which I think you have accepted were
3 misleading?

4 A. Correct.

5

6 Q. You could have done that at that stage, couldn't you?

7 A. Yes.

8

9 Q. And, why didn't you?

10 A. I believe it was just not in my mind to do so; we were
11 responding to what was a, um, critical catastrophic event,
12 and I suspect I was overwhelmed.

13

14 Q. [REDACTED] emailed you in September 2021 as part of
15 the Commission of Inquiry Response Unit asking for details
16 of the disclosure. I ask the operator to show
17 TRFS.0113.0001.0041. If the operator could go to the
18 bottom of the document.

19

20 If we could show the full email as it there appears:

21

22 *Hi James.*

23 *Sorry to be a pain.*

24 *We may need to request statements from*
25 *Stewart and Gino re any recollection of the*
26 *2010 meeting with Kylee. I'm happy to make*
27 *the request if you can provide contact*
28 *details and equally happy for you to follow*
29 *up if you are able.*

30 *No super urgency - it's not required at*
31 *this stage but may be later...*

32

33 Is this the document, Mr Bellinger, that prompted you
34 to go and take statements?

35 A. Yes, and there was also a notice to produce that was
36 given to us that may have been before that, but it was the
37 combination of the notice to produce and this email
38 exchange.

39

40 Q. And you hadn't taken statements before this time?

41 A. Correct.

42

43 Q. And you hadn't indeed contacted Mr Fratangelo or
44 Mr Millar before that time?

45 A. Yes, in relation to this matter.

46

47 Q. In relation to this matter?

1 A. Yes.

2

3 Q. Could the operator go to the next email up? Sorry, if
4 I could just see the dates. So, the request comes on
5 1 October, and then on 30 October you respond saying:

6

7 *Just FYI: draft witness statements for Stu*
8 *[that's Mr Millar] is with him for review.*
9 *Gino cannot recall it for the life of him.*

10

11 Was Mr Fratangelo asked to complete a statutory
12 declaration?

13 A. No.

14

15 Q. Why not?

16 A. I didn't think of it at the time given his lack of
17 recollection.

18

19 Q. That dot point was the sum total of the information
20 you provided about Mr Fratangelo's roles, responsibilities
21 and response to the allegations?

22 A. Yes, I believe so.

23

24 Q. That is manifestly inadequate, isn't it?

25 A. I accept that.

26

27 Q. The draft witness statement for Mr Millar is with him
28 for review; that draft witness statement referred to you as
29 a potential attendee at the meeting?

30 A. Yes.

31

32 Q. And again, you should have absented yourself from the
33 investigation, shouldn't you?

34 A. Yes; I only found that out, obviously, after the
35 meeting or during the meeting with Stewart, yes.

36

37 Q. And you didn't take any steps to - or you accept that
38 that involves a conflict of interest to have you involved?

39 A. Correct, once I found that out, yes.

40

41 Q. And you took no steps in response to that conflict of
42 interest?

43 A. No.

44

45 Q. Was it the reason that you didn't want any further
46 scrutiny of the Pearn disclosure?

47 A. No, it was not that reason.

1
2 Q. You drafted the statement for Mr Millar, did you?
3 A. Yes.
4
5 Q. And then you provided it to him for his review?
6 A. Yes.
7
8 Q. And that was inappropriate as well given the nature of
9 the investigations?
10 A. Yes, with hindsight somebody else should have taken
11 over that interview process or that witness statement
12 process.
13
14 Q. I'll ask the operator to bring that document down.
15 That, again, prompted no further investigations at that
16 stage, did it?
17 A. Correct.
18
19 Q. You took a statement from Mr Millar and you made no
20 further enquiries in terms of email or document review or
21 any other interviews around the issue?
22 A. Correct.
23
24 Q. Did you escalate it within the hospital at that stage?
25 A. Not within the hospital to my recollection, no.
26
27 Q. You just provided the statements to [REDACTED] and
28 then continued as though it had never happened?
29 A. I provided the statements to [REDACTED], yes.
30
31 Q. And you didn't take any other steps about informing
32 anyone in a position of - or did you take any other steps
33 towards informing anyone in a position of authority in the
34 hospital that there had been this catastrophic failure in
35 the hospital?
36 A. I do not recall taking any other steps to briefing
37 anyone in the hospital, no.
38
39 Q. Did you tell Dr Renshaw?
40 A. I don't recall talking to him about it in 2021, no.
41
42 Q. Mr Bellinger, did you feel supported by your superiors
43 throughout the process of responding to the issues that
44 we've discussed?
45 A. Um, that's an interesting question. Um, I'm pondering
46 on that question. I did have - I did feel supported, but
47 absolutely I think, um, more could have been done although

1 I'm not clear what and that's partly because it was such a
2 unique and catastrophic event that I can't see the wood for
3 the trees, if you will, if you'll accept that
4 colloquialism. Does that answer your question?
5
6 Q. Who had the final say on the approach? Was HR acting
7 alone or was it under the direction of any of the
8 executives at the hospital?
9 A. Look, I'd say it was a combination of people and
10 therefore probably lacked a single leader.
11
12 Q. Who were the combination of people involved from time
13 to time?
14 A. At a hospital level?
15
16 Q. At a hospital level?
17 A. The Chief Executive Officer. Do you want me to use
18 names or titles?
19
20 Q. Let's use titles and I'll check with you following the
21 title: Chief Executive Officer?
22 A. Correct.
23
24 Q. That's Mr Daniels?
25 A. Yes.
26
27 Q. Who else?
28 A. The Executive Director of Medical Services.
29
30 Q. That'll be Dr Renshaw?
31 A. Correct.
32
33 Q. Thank you.
34 A. Sorry, I don't want to use the name. Executive
35 Director of Nursing.
36
37 Q. Would be Ms Bryan?
38 A. Yes. The Nursing Director for Women's and Children's
39 was also involved, albeit to a slightly lesser degree given
40 the direct impact on her.
41
42 Q. Did you have any access to Legal Services?
43 A. At what point in time because at some point, yes, but
44 I need to - hence my question.
45
46 Q. Well, at any time. When did you have access to Legal
47 Services?

1 A. To my recollection, I believe the medico-legal issues
2 may have been discussed with the Office of the
3 Solicitor-General at that time, and I emphasise "believe"
4 because I wasn't involved in those conversations, but
5 believe from the EDMS that that occurred. There were Right
6 to Information requests - I can't remember the date of
7 those - but at that point in time Legal Services internally
8 engaged. And obviously, as the departmental review
9 commenced in 2020 Legal Services were more involved at that
10 point.

11

12 Q. Mr Bellinger, the last time you gave evidence I asked
13 to see the emails that you exchanged with your colleagues
14 around the time that you were giving your evidence; do you
15 recall that?

16 A. Sorry?

17

18 Q. I asked via a notice that you provide the emails that
19 you exchanged with your colleagues?

20 A. Yes.

21

22 Q. And you provided those emails?

23 A. Yes.

24

25 Q. TRFS.0096.0001.0009, emails between you and
26 Mr Fratangelo the night before you were due to give
27 evidence. On 27 June 2022, 9.23pm, this is from your
28 personal email account.

29

30 You write to Mr Fratangelo as follows:

31

32 *Hey buddy. Yes, I had heard you needed to*
33 *be moved; from what I've been told I*
34 *understand why, but [it] would be nice to*
35 *get it out of the way!?*

36

37 Sorry, can we go down to the next email in the chain,
38 which is 27 June:

39

40 *Hey buddy ... Yep, tomorrow afternoon; last*
41 *spot.*

42

43 *Yep, I am ok most of the time but if the*
44 *wrong person asks the right question ;-)*
45 *[wink Emoji]. But as always, we fly as*
46 *one.*

47

- 1 Mr Bellinger, who's "the wrong person"?
2 A. What's your question there, sorry?
3
4 Q. You say:
5
6 *... if the wrong person asks the right*
7 *question ... I am ok most of the time but*
8 *if the wrong person asks the right*
9 *question...*
10
11 Who's "the wrong person"?
12 A. To clarify what I mean there: that is a coping
13 strategy of mine where most people I can buffer and not
14 give a real answer to, but if people that have a genuine
15 interest in me ask a genuine question I'm more likely to
16 get upset, so that is what I'm referring to in that
17 sentence. It's not about my evidence but more the
18 emotional impact and my responses to people that may ask me
19 how I'm going.
20
21 Q. And when you say "we fly as one", what is that a
22 reference to?
23 A. I think it's a reference to teamwork and a particular
24 footy club that had that as a brand at one point in time.
25
26 Q. And you had some phone calls - I ask to bring the
27 document down - with Mr Fratangelo, and I think you say you
28 had a phone call with him of 11 minutes' duration - I'm
29 sorry, the phone logs show a phone call of 11 minutes'
30 duration according to the call logs. Can you tell the
31 Commission what the conversation was about?
32 A. And that's the call that was following his evidence,
33 if I'm correct?
34
35 Q. Yes. I'll just confirm that. It was the day - yeah.
36 Yes, it was following your evidence before his evidence.
37 A. No.
38
39 Q. No?
40 A. That was the phone call after his evidence, so on the
41 Wednesday night, was it?
42
43 Q. After his evidence. And so, what was the content of
44 that telephone call, do you recall?
45 A. The content of that call was, I guess, Gino was
46 checking in following his evidence. He described his
47 state. I must admit, I didn't say much at that point in

1 time, I was reasonably rattled from his evidence earlier in
2 the day, and I think I had actually ignored his calls
3 throughout the day and eventually took one late in the day,
4 so I actually didn't say much and it was more a listening
5 exercise for me because of the state that I was in.
6

7 MS BENNETT: Commissioners, those are the questions that I
8 have for this witness.
9

10 PRESIDENT NEAVE: Thank you, Ms Bennett. We have no
11 further questions, Mr Bellinger.
12

13 MS BENNETT: If this be a convenient time to break for
14 lunch, Commissioners?
15

16 PRESIDENT NEAVE: Yes, thank you.
17

18 LUNCHEON ADJOURNMENT

19

20 PRESIDENT NEAVE: Thanks, Ms Bennett, I think there might
21 be somebody else who's going to make an appearance.
22

23 MS BENNETT: Yes, Commissioner.
24

25 MR COX: May it please the Commission, my name's Cox and I
26 appear for Dr Renshaw.
27

28 <PETER RENSHAW, sworn: [2.00pm]

29 <EXAMINATION BY MS BENNETT:

30

31
32 MS BENNETT: Q. Please tell the Commissioners your full
33 name and professional address?

34 A. Okay. Dr Peter Renshaw, Launceston General Hospital,
35 Charles Street, Launceston.
36

37 Q. And you've made a statement in response to a notice
38 from this Commission; is that right?

39 A. I have indeed.
40

41 Q. Have you read that response recently?

42 A. Yes, I have.
43

44 Q. Are the contents true and correct to the best of your
45 knowledge and belief?

46 A. I believe so, yes.
47

1 Q. Dr Renshaw, do you remember Zoe Duncan?
2 A. Yes, I do.
3
4 Q. Tell us what you remember about her?
5 A. I remember that I received a phone call from the
6 after-hours Nurse Unit Manager at the LGH on a Saturday
7 night in --
8
9 Q. I'm sorry I'll pause there, Dr Renshaw, I mean the
10 person, what do you remember about her?
11 A. I met her once.
12
13 Q. Yes.
14 A. She was a nervous little girl and - but very,
15 apparently very intelligent, so she left a good --
16
17 Q. How old was --
18 A. She was 11 at the time.
19
20 Q. Thank you, Dr Renshaw. And you are aware that she
21 made a complaint on 19 May 2001?
22 A. Yes, Saturday night.
23
24 Q. What was your role in May 2001?
25 A. I was Director of, I think it was called Director of
26 Clinical Services at that time.
27
28 Q. Have you effectively held the same role over the
29 period of your tenure at Launceston General Hospital?
30 A. No, I had two years as a Medical Registrar, and then
31 in November 1989 I became acting Director of Medical
32 Services.
33
34 Q. When did that position become permanent?
35 A. In 1991.
36
37 Q. And for all intents and purposes have you carried out
38 the same role at Launceston General Hospital since 1989?
39 A. I have indeed.
40
41 Q. And it's gone by some different names in that time?
42 A. It has.
43
44 Q. I'm going to refer to it compendiously as the
45 "Executive Director role"; is that convenient?
46 A. I think that would be quite accurate, yes.
47

- 1 Q. We've heard some evidence that you were also the
2 medico-legal contact for the hospital; is that right?
3 A. Yes, it's part of my position description.
4
- 5 Q. And again, that's been the position since 1989 for the
6 following years?
7 A. It didn't become obvious in 1989 because I was just
8 brand new into the position, but yes, by mid-1990 it was
9 clear that that was going - was my role.
10
- 11 Q. So you were a registrar; that's a junior doctor, isn't
12 it?
13 A. That's the second tier of junior doctors: the resident
14 medical officers, then registrars.
15
- 16 Q. And then after holding that position for two years you
17 were then in the Executive Director role in which a number
18 of the professional staff reported to you?
19 A. Yes.
20
- 21 Q. Did you have any training for your transition to that
22 role from the role of junior doctor to that role of
23 Executive Director?
24 A. No, it was - it was an urgent, being thrown into the
25 situation when my predecessor resigned. I then - over the
26 next eight years I actually studied to get the
27 qualifications they required. They weren't compulsory at
28 the time, but that's what happened, so I got my Fellowship
29 of the College of Medical Administrators in 1997.
30
- 31 Q. We are discussing Zoe Duncan and the complaint she
32 made on 19 May. It's your practice to make file notes in
33 around 2001; is that right?
34 A. Yes.
35
- 36 Q. Was it your practice to make file notes close to or at
37 the time of the incidents that are recorded in them?
38 A. Yes.
39
- 40 Q. How did you go about that? Did you handwrite notes
41 and then type them later?
42 A. No, I actually - as I recall, after each meeting I
43 typed up notes.
44
- 45 Q. And you would then add to the same document over time
46 as there were more relevant meetings?
47 A. That is correct.

- 1
2 Q. And you made a file note which you provide as
3 Attachment 19 to your statement about Zoe Duncan on 19 May.
4 If I could take you to Attachment 19 to your statement, and
5 I'll ask the operator in a moment to bring it up, but
6 before I distract you with the screen, you say there under
7 the second dot point - now, you know the person that I'm
8 referring to as Dr Tim, don't you?
9 A. I do indeed.
- 10
11 Q. You record there in your file note that you were
12 initially contacted by a person, being the after-hours
13 nursing coordinator on Saturday, 19 May 2001 at about 9pm,
14 "to alert me that an expression of concern had been
15 received from the parents of Zoe Duncan. The complaint was
16 that she had been upset by the actions of Emergency
17 Department doctor, Dr Tim. The initial allegations were
18 that Dr Tim had hugged Zoe, had kissed her hand and had
19 said words to the effect that, "She was a very pretty girl
20 and if she were older, he would marry her".
21 A. That's correct.
- 22
23 Q. That's what you were told on 19 May 2001?
24 A. That's correct.
- 25
26 Q. On the basis of that complaint itself, would you
27 characterise that as a serious complaint?
28 A. I would characterise that as a boundary violation but
29 not necessarily, depending on what the circumstances in
30 which the actions occurred.
- 31
32 Q. So my question to you is, is it serious?
33 A. It's potentially serious, yes.
- 34
35 Q. And, does it present to you, or did it at the time
36 present to you something which could present a risk to
37 children at the hospital?
38 A. No, I did not.
- 39
40 Q. Do you now see that it could present a risk to
41 children at the hospital?
42 A. Yes, I do.
- 43
44 Q. And tell us the difference between your perception
45 then and your perception now?
46 A. My perception then, and I'll do this in the context of
47 the legislation that we had at that time, was that risk to

1 children basically consisted of maltreatment or neglect,
2 and grooming, and this was obviously an attempt to groom,
3 which we actually recognised at the time, myself and the
4 other two mandatory reporters who were involved in this, we
5 did recognise it as a grooming behaviour, so a breach of
6 professional boundaries.

7
8 Q. I stopped your answer. The question I put to you was,
9 what's changed in your understanding? So at the time you
10 saw a risk to children being by means of neglect or
11 maltreatment, and what has changed --

12 A. No, that's not what I said, that's what the
13 legislation said.

14
15 Q. Well, my question is about what you perceived --

16 A. Yes.

17
18 Q. -- at the time to constitute a risk to children?

19 A. And the answer was - well, at that time.

20
21 Q. Yes?

22 A. No, I did not.

23
24 Q. And do you now perceive this as a risk to children?

25 A. Well, because at this - now, we're actually very much
26 more aware of the role of grooming in leading to child
27 sexual abuse.

28
29 Q. You recognised this as grooming in May 2001 though?

30 A. In the context, which I would like to be able to talk
31 about, it may or may not have been.

32
33 Q. So, it was potentially grooming as at 19 May 2001; is
34 that fair?

35 A. That is true.

36
37 Q. And that's serious, isn't it?

38 A. Well, not at that time it wasn't considered as
39 serious, it wasn't in anybody's attention.

40
41 Q. So, at the time is it your evidence that in 2001
42 grooming wasn't seen as a serious issue at Launceston
43 General Hospital?

44 A. I didn't say anything about at Launceston General
45 Hospital, I said that generally it was not appreciated that
46 grooming was an important entry into child sexual abuse.

47

- 1 Q. So, is it fair to say that grooming was not seen as
2 being potentially connected to child sexual abuse in
3 Launceston General Hospital in 2001?
4 A. I don't think that's a correct characterisation, no.
5
6 Q. Okay, so you would say that in Launceston General
7 Hospital in 2001 grooming was seen as being potentially
8 connected to child sexual abuse?
9 A. Yes.
10
11 Q. You saw this was potentially grooming at the time?
12 A. Yes.
13
14 Q. And you saw that as being a serious issue?
15 A. Yes.
16
17 Q. So, it was a serious matter that had been referred to
18 you. Is kissing of the hand, is that grooming or is that
19 potentially an assault?
20 A. Well, I'm not a lawyer, but I - I have been taught
21 that it can be potentially an assault depending on the
22 context.
23
24 Q. And, a hug, can that be assault?
25 A. It can be but, once again, based on context it may be
26 entirely appropriate.
27
28 Q. So, on one view it was possible that you had received
29 a notification about grooming and assault on 19 May; is
30 that right?
31 A. At one level, but I didn't perceive it at the time as
32 being that degree of seriousness, no.
33
34 Q. Can I suggest to you that you underestimated the
35 seriousness of the allegations that were communicated to
36 you that night?
37 A. I don't believe I did.
38
39 Q. Do you think that you took the allegations that were
40 made to you that night as seriously as they should have
41 been taken?
42 A. I took them very seriously.
43
44 Q. Did you take them as seriously as they should have
45 been taken?
46 A. I believe I did, yes.
47

- 1 Q. You did not perceive them to be an assault?
2 A. No.
3
4 Q. And you saw them as being potentially grooming which
5 you saw could be related to child sexual abuse?
6 A. I saw them as a professional boundary violation which
7 could be, but may not have been, child sexual abuse.
8
9 Q. When you're aware of something that might be child
10 sexual abuse, would an approach that - well, is it
11 appropriate to take an appropriate that prioritises the
12 safety of children?
13 A. It certainly is, and that's why you actually look at
14 the event in context.
15
16 Q. And, do you allow the alleged perpetrator to continue
17 their access to children while you look?
18 A. In this, it certainly was not perceived at that level
19 of seriousness that you would ban Dr Tim from continuing to
20 work, no.
21
22 Q. So, you permitted him to continue to have access to
23 children?
24 A. We did, yes.
25
26 Q. You did?
27 A. Yes.
28
29 Q. It was within your power at the time to prevent him
30 from having access to children?
31 A. Yes.
32
33 Q. Did you think about, did you carry out an analysis at
34 that stage, about where the balance lay between protecting
35 children present at your hospital and protecting Dr Tim?
36 A. It is impossible to actually reply to that without
37 actually explaining the context that this occurred in.
38
39 Q. I'm just asking you if you --
40 A. Everything has to be in a context.
41
42 Q. I'd just like to understand if you carried out any
43 analysis at the time of 19 May?
44 A. Well, not on 19 May, no, but I did meet with the
45 family on the Monday, the 21st.
46
47 Q. You say in your file note you offered to meet with the

1 Duncans to discuss the matter after speaking with the Nurse
2 Manager on duty and the ED Registrar. The feedback from
3 the staff was that this was a highly unusual situation and
4 no-one was certain how it was to be handled.

5 A. That is correct.

6

7 Q. So, were there policies and procedures in place at the
8 hospital about how to respond to what were potentially
9 allegations of grooming or assault?

10 A. There was a policy based on the Child and Families Act
11 1997, which is --

12

13 Q. And do you - sorry, go on?

14 A. Which I have actually given as part of my
15 presentation.

16

17 Q. Do we understand from your file note, that the staff
18 lacked certainty about how to respond to the situation that
19 was evolving?

20 A. Yes, that would be true because this was such an
21 unusual event.

22

23 Q. Did that cause you concern, that there was a lack of
24 clarity about how one might respond to an issue of this
25 kind?

26 A. Well, yes, it did because that's why I followed up
27 with the family.

28

29 Q. I'm asking you about the staff and about your response
30 to the proposition that "no-one is certain how to handle a
31 situation like this". Isn't it important that the staff
32 know how to handle it?

33 A. Yes, but you can't make them instantly aware of how to
34 handle it on the day that - of a totally novel event
35 occurs.

36

37 Q. And so, you took some steps after that to make sure
38 they knew how to handle a situation like this?

39 A. Yes, I did.

40

41 Q. And when did that happen?

42 A. That happened in the months following. One of the
43 issues that was identified at the time was regarding - I
44 must admit, at that stage I had assumed that there was a
45 Hospital Chaperone Policy. There was no such because when
46 we went looking - because when I met with Dr Tim I had to
47 explain the Chaperone Policy, then all of a sudden I found,

1 oh, we don't have one. So, one of the things that I did do
2 was write a new Chaperone Policy which I've provided a copy
3 of in my submission.
4

5 Q. So, there was no Chaperone Policy at the time. Was
6 there an informal policy in place at the time?

7 A. My understanding is that there was, but informal
8 policies are just that, informal.
9

10 Q. You say in your file note that you were advised that
11 Mr Duncan wanted the complaint to be dealt with quietly and
12 was concerned about the doctor's reputation, asked that no
13 formal complaint be documented. Can I ask to understand
14 what impact that has on your professional obligations to
15 the safety of children in the hospital?

16 A. That makes no obligation at all.
17

18 Q. Thank you. It goes on. The next action recorded in
19 your file note occurs on Monday the 21st, are we to take it
20 from that, that nothing had occurred between - well, what
21 occurred between 19 May, the Saturday night, and Monday the
22 21st?

23 A. Sunday, and there's nothing - nothing --
24

25 Q. Well, Dr Renshaw, this is quite serious.

26 A. Yes, of course it is serious, but it's very - because
27 you've got no staff there, you know, what could we possibly
28 have done in that 24-hour period? We actually had - for a
29 start, we knew that Zoe was safe: that's the first
30 principle that's outlined in the legislation and in the
31 policy that was in effect at the time: is the child safe?
32

33 There is also a requirement in the policy that you
34 actually consult, if you've got time, with senior - and at
35 that moment that would have been me - to actually - before
36 actually making a complaint. It also says that you
37 actually have to treat the family and the child with
38 dignity and respect, and I believe that we fulfilled all
39 those. There was no necessity for sudden knee-jerk actions
40 on that Sunday.
41

42 Q. What about a doctor to attend upon Zoe, a paediatric
43 doctor?

44 A. Zoe had been admitted, had been examined by the
45 Paediatric Registrar at the time of her admission.
46

47 Q. Yes, but after her complaint, Dr Renshaw, should she

- 1 have been seen by a paediatric doctor?
2 A. She was seen by a paediatric doctor.
3
4 Q. In response to the complaint?
5 A. The complaint, are we talking about the complaint of
6 cuddle, kiss on the back of the hand, and expressing a
7 desire to marry?
8
9 Q. Yes.
10 A. Yes.
11
12 Q. Did you have --
13 A. The answer is, no, I don't believe that clinically it
14 would be appropriate for that to occur.
15
16 Q. So the answer to my question is, no, you did not
17 contact a paediatric doctor?
18 A. She was an inpatient in the Paediatric Ward, so she
19 was under the paediatric doctor, she was in fact under two
20 doctors, yeah.
21
22 Q. Was she examined in response to her complaint by a
23 paediatric doctor?
24 A. Are you talking about a forensic examination?
25
26 Q. I'm talking about any examination of any kind in
27 response to her complaint?
28 A. She was admitted by the Paediatric Registrar who
29 conducted a physical examination, yes.
30
31 Q. In response to her complaint?
32 A. She was being admitted to hospital, it doesn't matter
33 whether she was, you know, had made a complaint or not, she
34 would have still seen a paediatric doctor.
35
36 Q. You hadn't at this stage spoken to Dr Tim?
37 A. No, I had not.
38
39 Q. Is that because it was a Sunday?
40 A. That is because it was a Sunday and he was rostered
41 off.
42
43 Q. I'm sorry, he was rostered on?
44 A. He was rostered off.
45
46 Q. Okay, so you didn't speak to him to any extent on the
47 Sunday. Is the Commission correct to understand that you

1 took no other steps on the Sunday?

2 A. No other steps on the Sunday, no.

3

4 Q. There's a meeting with the parents on the Monday, you
5 record in your file note at 1.30pm?

6 A. Yes.

7

8 Q.

9 *They thanked me for the way that the*
10 *hospital had dealt with the matter thus*
11 *far.*

12

13 As recorded in your file note?

14 A. Yes.

15

16 Q.

17 *They told me that Zoe had indicated some*
18 *further concerns to them that had caused*
19 *them additional concern. They were not*
20 *explicit about the additional issues except*
21 *to intimate that it involved touching.*

22

23 Just to pause there.

24 A. Yes.

25

26 Q. You've already given evidence that the hugging and
27 kissing and the discussion of marriage were matters that
28 were potentially serious; did this cause you to consider
29 the matter more serious still?

30 A. The touching did, and I would concede at this
31 point that the - and what was actually explained to me, and
32 it was by Zoe, she actually indicated that during the
33 physical examination she had been admitted with a chest
34 complaint. During the examination she felt that the doctor
35 had touched her, I think it was left breast, different from
36 other doctors in the past.

37

38 Q. Just at this stage here, you're at the meeting with
39 the parents at 1.30. They say in addition to the matters
40 already indicated to you there were additional - just to
41 your file note:

42

43 *... further concerns to them that had*
44 *caused them additional concern and they*
45 *were not explicit about the additional*
46 *issues except to intimate that it involved*
47 *touching.*

- 1
2 A. Yes.
3
4 Q. Now, at that point what steps did you take to make
5 sure that Dr - or should you have taken any steps to see
6 that Dr Tim did not continue with his access to children?
7 A. At that point he was rostered off, so I hadn't, no.
8
9 Q. Do you think that at that stage, while you carried out
10 a further investigation, it would have been appropriate to
11 ensure that he didn't have access to children?
12 A. No, I don't - I didn't think that at the time.
13
14 Q. Do you think that now, Dr Renshaw?
15 A. Hindsight is always perfect, so yes, I do.
16
17 Q. Should you have known it then, Dr Renshaw?
18 A. I don't believe so, once again, given the
19 circumstances of the original complaint.
20
21 Q. You then asked if Zoe would be willing to speak to you
22 directly in the presence of a family member so that you
23 could assess her story. Dr Renshaw, what role was it of
24 yours to assess her story?
25 A. This was part of showing respect to the child and the
26 family. I had only heard her story from third parties, and
27 I felt it was my responsibility to hear it from her; that's
28 why I asked permission of Mr and Mrs Duncan, and Mr Duncan
29 accompanied me. While it was not a formal inquiry at all,
30 it was just basically to get the story.
31
32 Q. It was to assess the story?
33 A. It was to assess the story, that's right.
34
35 Q. To work out whether it was credible or not?
36 A. No, it was actually to hear the story. I actually
37 felt that the story, as I knew it, was quite credible.
38
39 Q. So, why is it necessary to assess her story at all?
40 A. Once again, because I felt it was my responsibility to
41 hear it from the child and that shows her respect.
42
43 Q. And again, at this stage you've now been told about
44 touching and it appears in addition to what has been
45 disclosed in the past. Was there any paediatric
46 examination responsive to the complaint at this stage?
47 A. As the touching was in the context of a normal

1 clinical examination, there was no requirement for an
2 additional.

3

4 Q. How did you know that, Dr Renshaw?

5 A. Well, because I've examined the chests of thousands of
6 people and, you know, a touch does not leave a mark; I'm
7 not quite sure what clinically would be expected to be
8 found with a touch.

9

10 Q. Are you aware, Dr Renshaw, that children sometimes
11 disclose in sequence --

12 A. Yes.

13

14 Q. -- and in a piecemeal fashion?

15 A. Yes, very much so.

16

17 Q. And that there can be additional disclosures that
18 follow from earlier disclosures that have been described by
19 some witnesses before this Commission as "testing the
20 waters", children want to see that they've been believed?

21 A. Absolutely.

22

23 Q. So you've got enough here, don't you, at this stage,
24 to suggest - well, can I suggest to you you've got a
25 potential sexual assault and potential inappropriate
26 touching, don't you?

27 A. At that time we did not consider it a sexual assault -
28 sorry, I did not, no - yes.

29

30 Q. I understand that, but you understood that there had
31 been a kiss, comments about her physical appearance and a
32 hug, and then additionally matters that caused the parents
33 additional concern in the nature of touching. At that
34 point, Dr Renshaw, should you now have escalated this as a
35 matter of child safety?

36 A. I have conceded that, having heard about the story of
37 the touch, yes, I should have.

38

39 Q. What should you have done at this point, Dr Renshaw?

40 A. I would have - in hindsight I would have phoned the
41 Child Protection hotline.

42

43 Q. Why did you not take that step?

44 A. I thought we'd established that the reason I had not
45 was because I - I didn't think of it at the time.

46

47 Q. Can I suggest to you that you weren't putting the

- 1 safety of children at the forefront of your analysis in
2 that situation?
- 3 A. I don't believe that that is an accurate description,
4 no.
- 5
- 6 Q. You then went to assess Zoe's story, as I understand
7 your file note?
- 8 A. I went to listen to Zoe's story, yes.
- 9
- 10 Q. I understood your file note to record your
11 recollections from the time and your file note from your
12 evidence earlier is that that was accurate; is that not
13 right?
- 14 A. Yes.
- 15
- 16 Q. You record there that you went to assess her story; is
17 that accurate?
- 18 A. Assessment/listen, it's all the same as far as I'm
19 concerned.
- 20
- 21 Q. Well, the Commission might see that you were going to
22 assess her story in the sense of determining whether or not
23 it was accurate or assessing her veracity, or the --
- 24 A. No.
- 25
- 26 Q. -- serious of the conduct?
- 27 A. No, it was simply, as I said, because I had not heard
28 her story, it had been relayed to me through third parties.
- 29
- 30 Q. Then your file note guess on. You said to the Duncans
31 in the following dot point:
- 32
- 33 *We had absolutely no previous problems with*
34 *Dr Tim who had performed well in his first*
35 *Australian appointment.*
- 36
- 37 A. Yes.
- 38
- 39 Q. Why was that something you felt important to tell
40 Ms Duncan's family, Zoe Duncan's family?
- 41 A. Because this was a first event, an initial event,
42 there was no previous experience with doctor - Dr Tim had
43 been at the hospital less than three months, and it was his
44 first job in Australia, and up until that Saturday night
45 there had been no concerns about him in any form.
- 46
- 47 Q. In the following dot point you say that you:

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... advised the Duncans that as a matter of urgency you would reinforce the hospital's policy on chaperoning doctors examining female patients?

A. Yes.

Q. And that you:

... would continue to closely but discretely monitor Dr Tim.

Do you see that?

A. Yes, that's right.

Q. So there was no suggestion at that point that you would preclude Dr Tim from access to children?

A. No.

Q. Should you have prevented Dr Tim's access to children while you further considered this issue?

A. I believe that that would have been premature, but it should have been considered, you are right.

Q. Why was it not considered?

A. Because I did not deem it at that time to be - it was on the background of nothing, there was no - there were no previous concerns at all about the particular doctor. There was an explanation for his behaviour that may have been appropriate under certain circumstances, we now know it wasn't, but there was an explanation for the cuddle and the kiss on the back of the hand.

All our medical staff actually have the right to natural justice under the State Services Act. If there's a complaint against them they need to be fully informed about the complaint and they have the right to respond, and so, at that point we were under the - sorry - it was - basically, it was a first occasion. Looking at it in hindsight, I thought that it would have been an over-reaction to immediately take him off the ward out of the ED.

Q. Wouldn't you rather overreact in favour of child protection than the other way?

A. Yeah, naturally, but - but given - whenever a doctor is faced with a clinical or (indistinct) issue, we do a

1 risk assessment, and the risk assessment on Dr Tim at that
2 time was that he was not - you know, this was out of
3 character, we had no idea that - he'd been there for
4 three months, he needed the job, all that sort of thing.
5 He - um, it just did not seem to be - to go to that level
6 of intervention in this situation at that time. We knew
7 that Zoe was safe and we knew - at that point we knew that
8 she was safe, and so, we didn't consider - I didn't
9 consider that it was necessary to take him off - take him
10 out of the hospital at that stage.

11
12 Q. Just take him out of having access to children at that
13 stage?

14 A. That's very hard to do in a general hospital when
15 you're working in an Emergency Department.

16
17 Q. Is the Commission to understand, Dr Renshaw, that when
18 faced with a concern about the procedural fairness
19 obligations you might owe a doctor and a potential risk to
20 children, that you will prefer the former?

21 A. No, I think that's a very unfair dichotomy. There are
22 always a range of responses in these situations and you are
23 guided by the circumstances as you know it and by your
24 experience; it is not an either/or situation.

25
26 Q. So, you took no steps to restrict Dr Tim's access to
27 children at all?

28 A. No.

29
30 Q. You then went to meet with - and sorry, and I just
31 want to understand you. Is it your position now that you
32 ought to have taken further steps at this stage?

33 A. I think at the time of the touching allegation, which
34 was - actually, I didn't know about that until I actually
35 spoke with Zoe; I probably should have made the phone call
36 that afternoon.

37
38 Q. Your file note records that it was communicated to you
39 by the parents at 1.30 that afternoon?

40 A. Yes.

41
42 Q. That would be accurate, wouldn't it?

43 A. Yes, that is correct.

44
45 Q. So, at that stage you should have taken some steps to
46 escalate the issue, shouldn't you?

47 A. The complicating factor was, was that the parents,

1 both parents at that time, who because they were teachers
2 they - as you'd see in the note we mentioned about the
3 experience with similar issues, which of course makes the
4 Duncans themselves mandatory reporters in the education
5 field. We were - the conversation with the Duncans was to
6 the effect that they didn't want something taken further.
7 Now, I know that doesn't override my obligation. However,
8 when two professional people who are also mandatory
9 reporters are in the conversation, that does influence one.
10 Now, whether that's right or wrong --

11

12 Q. Should it influence you, Dr Renshaw?

13 A. I'm human, so maybe it shouldn't, but it does.

14

15 Q. Right, was that another error at this stage, that you
16 were influenced inappropriately by those matters?

17 A. I would not, I would not characterise it as that, I
18 think it's unfair.

19

20 Q. So, were you influenced at the time by what you
21 understood to be a reluctance from the parents?

22 A. There is a requirement under the Act at that stage to
23 treat the family and the child with dignity and respect; I
24 felt that this was being respectful to the family and their
25 wishes.

26

27 Q. Your evidence is, you ought to have reported at this
28 point?

29 A. In retrospect, yes.

30

31 Q. Well, that was the case at the time; you accept that?

32 A. Yes.

33

34 Q. You should have reported at the time?

35 A. Yes.

36

37 Q. As I understand your evidence, you're saying that one
38 of the things that influenced you was the parents and what
39 you understood to be a reluctance from the parents that
40 that report be made; is that right?

41 A. That is correct.

42

43 Q. Now, my question to you is, should you have allowed
44 that understanding to influence your decision whether or
45 not to report?

46 A. I disagree. Once again, it's not a - influences
47 happen in your life, it's not something that - I'm really

1 not certain what you're getting at with, there's so - these
2 things, all these things, it's part of the risk assessment
3 and risk management of particular - you take everything and
4 you weigh things up.

5
6 Q. And I'm asking whether or not the position of the
7 parents should have been weighed in your analysis of
8 whether to report?

9 A. I believe so, yes.

10
11 Q. All right, so why should that have been weighed, in
12 your professional obligation, as to whether to report?

13 A. Well, I believe it - I - I'd probably do it again,
14 that's the way: once again, showing respect to the parents
15 and the child were part of what we were required to do.

16
17 Q. You are presently the Executive Director of Medical
18 Services at Launceston General Hospital?

19 A. I am.

20
21 Q. And your evidence to this Commission is that you would
22 delay reporting of a matter like this if the parents, if
23 you perceived - I emphasise "perceived" because the
24 evidence from the parents is somewhat different to your
25 evidence, but accepting your version at the moment, if you
26 perceive that the parents were not in favour of that report
27 is it your evidence that today that might weigh against the
28 disclosure?

29 A. No, certainly not.

30
31 Q. So, should that --

32 A. Because every situation is different.

33
34 Q. I suggest to you it's not relevant, to your
35 professional obligation, the position of the parents. Can
36 you tell the Commission if you agree with that?

37 A. If there is a clear obligation, then it would not - it
38 would not influence me, no.

39
40 Q. And you accept you had a clear obligation at this
41 point?

42 A. Well, I don't think that I've conceded that there was
43 a clear obligation, I've said that this was grooming and at
44 that time there was nothing in the Act about grooming.

45
46 Q. Sorry, I had understood that you had accepted that at
47 the point that you were told about touching you had an

1 obligation to report?
2 A. Oh, sorry, yeah, okay, yes.
3
4 Q. And you did not report it?
5 A. No, I did not.
6
7 Q. At the time that obligation arose?
8 A. No.
9
10 Q. And your evidence is that you were influenced in that
11 decision by what you perceived as the wishes of the
12 parents?
13 A. Yes.
14
15 Q. What I'd like to suggest to you is, you ought not have
16 been influenced in the carrying out of your obligations by
17 that matter?
18 A. All right, yes.
19
20 Q. Do you accept that?
21 A. I can accept that.
22
23 Q. Thank you, Dr Renshaw. Moving on with your file note.
24 You now record your meeting with Zoe?
25 A. Yes.
26
27 Q.
28 *I met with Zoe at Ward 4K at about 4pm on*
29 *Monday, 21 May. Present with me were [a*
30 *member of medical staff], Mr Duncan and a*
31 *4K nurse [name unknown].*
32
33 You record that Zoe appeared:
34
35 *... mildly nervous but was forthcoming with*
36 *her answers to my questions. I explained*
37 *to her why I needed to talk to her and*
38 *stressed that it was very important that*
39 *all our patients feel comfortable with the*
40 *care provided to them. She repeated that*
41 *Dr Tim had cuddled her and kissed her hand*
42 *and that she felt uncomfortable about that.*
43 *She also told me that Dr Tim had touched*
44 *her on the chest during the examination and*
45 *indicated her left breast. She felt that*
46 *he touched her in a different way than*
47 *other doctors had in the past.*

- 1
2 Just to pause there: does that accord with your
3 recollection of your discussion with Zoe Duncan?
4 A. Yes, it does.
5
6 Q. Do you recall anything else that she told you in the
7 course of that conversation?
8 A. No, I do not.
9
10 Q. You go on to record:
11
12 *While telling me this her affect did not*
13 *seem to reflect the degree of awkwardness*
14 *or distress that she was describing.*
15
16 A. Yeah.
17
18 Q. Can you explain to the Commissioners what expertise
19 you have to assess - sorry, what the purpose is of that
20 observation?
21 A. Well, at that stage it was based on 15 years of
22 medical experience hearing people tell difficult stories.
23
24 Q. Is that intended to --
25 A. I thought she was a remarkably well collected
26 11-year-old girl.
27
28 Q. When you say that "her affect did not seem to reflect
29 the degree of awkwardness or distress that she was
30 describing" --
31 A. Yes.
32
33 Q. -- does that indicate that you did not accept the
34 degree of awkwardness --
35 A. Not in the least.
36
37 Q. I'll just finish my question, Dr Renshaw. Is it that
38 you did not accept that she was experiencing the degree of
39 awkwardness or distress that she was describing?
40 A. I was simply making a description. There was no - it
41 did not mean that I did not believe her, I just said I was
42 making an observation and it's a clinical observation.
43
44 Q. Were you clinically treating her at that point?
45 A. Well, doctors are always assessing people.
46
47 Q. Are they?

- 1 A. They are.
2
- 3 Q. So you have a doctor-patient relationship with Zoe
4 Duncan at this point?
5 A. No, I did not.
6
- 7 Q. So, were you treating her at this point?
8 A. No, but I was dealing with her complaint.
9
- 10 Q. Yes, that is different, is it not, to a doctor-patient
11 relationship?
12 A. I'm not sure how you switch off the doctor part of you
13 and just deal with the complainant part of you, you are
14 always looking at people when they're talking to you, it's
15 part of - it's part of good practice.
16
- 17 Q. So, were you assessing the credibility of her
18 complaint?
19 A. No.
20
- 21 Q. You say:
22
23 *The main awkwardness concerned touching of*
24 *the breast.*
25
- 26 A. Yes.
27
- 28 Q. Now, just to pause there. Is it possible that Zoe
29 Duncan is there describing a sexual assault?
30 A. In terms of the touching of the breast, yes, it is
31 possible, yes.
32
- 33 Q. Did you assess that what she had told you was true?
34 A. I accepted what she told me was true.
35
- 36 Q. And you accepted then that she had been touched on the
37 breast by Dr Tim?
38 A. Yes, I did.
39
- 40 Q. And that he had kissed her hand?
41 A. Yes.
42
- 43 Q. That he had hugged her?
44 A. Yes.
45
- 46 Q. And that he had spoken to her about her appearance and
47 that he wanted to marry her?

1 A. Yes.
2
3 Q. And you would accept, again, that at that point you,
4 again, had another obligation to report at that point?
5 A. Yes.
6
7 Q. It is very serious, is it not, what Zoe Duncan has
8 said to you?
9 A. It is serious, yes.
10
11 Q. And at this point did you consider it appropriate or
12 necessary that any steps be taken to limit Dr Tim's access
13 to children?
14 A. Doctor - well, as I said, he was off duty on those -
15 earlier that week; I'm not quite sure why I didn't get
16 around to actually talking to him until the week after,
17 until after I'd made the notification, but yes, it was
18 certainly an intent; I don't know why it took, you know,
19 four or five days to do that.
20
21 Q. Was this complaint treated with the seriousness that
22 it deserved, Dr Renshaw?
23 A. I believe - on my risk assessment at that time I
24 believe so.
25
26 Q. Would this be your approach today, Dr Renshaw?
27 A. No, it would not.
28
29 Q. What would be different today?
30 A. Well, I would have, first of all, and given my actions
31 that you'll see later with Griffin, I would have stood him
32 down, stood the doctor down immediately.
33
34 Q. Ought you have stood him down at the time, Dr Renshaw?
35 A. I don't know. I actually don't know that I actually
36 would have had the power to stand him down, but regardless
37 of the HR processes that are required, at that time I
38 didn't think it was appropriate to do that, but yes, today
39 I would do that.
40
41 Q. Do you see that as an error of judgment at the time?
42 A. No, I see it as being inexperience.
43
44 Q. Well, is it an error of judgment borne of
45 inexperience?
46 A. It's an error of inexperience.
47

1 Q. Well, is it an error of judgment that arises because
2 you were in a role when you were inexperienced?

3 A. Yes, all right, yes.
4

5 Q. You told Zoe that it was important for her to feel
6 safe and that she had the right to request another person
7 to be present whenever a doctor had to examine her:
8

9 *I said that as adults we understood this*
10 *could be a difficult thing to ask, it was*
11 *still her right to do so.*
12

13 A. Yes.
14

15 Q. Do you see any difficulty in asking the child to take
16 the positive steps for her own protection?

17 A. No.
18

19 Q. You go on to say:
20

21 *Zoe also expressed concern that Dr Tim had*
22 *visited her on the ward on the Saturday*
23 *night.*
24

25 You explained that:
26

27 *As a general rule we encourage our ED*
28 *doctors to visit the patients they see on*
29 *the ward to find out how their treatment*
30 *was going. I said no-one had spoken to*
31 *Dr Tim on the Saturday and so he was*
32 *allegedly not aware at that stage that*
33 *there was a problem. I apologised and*
34 *explained that Dr Tim had now been advised*
35 *not to come to the ward.*
36

37 So, when did you tell Dr Tim not to come to the ward?

38 A. Dr Tim was actually told by the after-hours Nurse
39 Manager on the Saturday night; I learnt that subsequently
40 to this file note being - and it's actually included in the
41 summary document from the Medical Board of Tasmania
42 investigation where it's dealt with quite explicitly.
43

44 Q. Your file note goes on to record that you were visited
45 by Mr Duncan on May 22, so I'm just skipping over the next
46 dot point there. Mr Duncan, you record, thanked you for
47 the way the matter had been handled:

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And he asked me to convey to Dr Tim their apologies for having to raise the matter.

I should suggest to you that's not consistent with the evidence Mr Duncan presently gives; do you have a response to that?

A. All I can say is that this is what was documented at the time.

Q. Do you have an active memory of this?

A. I do.

Q. And so, you maintain the accuracy of what's recorded in your file note?

A. I do.

Q. Then you record on Thursday, May 24th, you were contacted by another medical practitioner, a doctor --

A. Zoe's general practitioner, yes.

Q. Yes, thank you - to tell you that Zoe had been brought to see her and she had been advised of the episode in the ED:

She was concerned to ensure that the appropriate notification occurred. I asked her to write to me formally advising me of the concern and I would confirm current actions in writing.

Just to pause there. What do you understand to have been the reference to "the appropriate notification"?

A. My understanding would have been a Child Protection notification, yes.

Q. So, the general practitioner for Zoe Duncan was concerned that Child Protection had been notified; wanted to check that Child Protection had been notified; is that right?

A. Wanted to check, yes.

Q. Is it fair to say that in her view Child Protection ought to have been notified?

A. It may well have been - it may well be fair, but as a mandatory reporter herself, she would still - she would consult with the hospital before doing such. So, she

1 actually had a role, she could, the GP could actually make
2 her own mandatory notification. The conversation was a
3 little confusing because it was not clear. There was a
4 suggestion that there was further information at the time,
5 but the doctor was not forthcoming as to what any
6 additional - and that's why I asked her, "Send me an email,
7 put it in writing, and then I can compare with what we've
8 got" and I could advise her further.

9

10 Q. You still hadn't made a notification at that point,
11 had you?

12 A. No, I had not.

13

14 Q. Why didn't you make a notification at that point?

15 A. Because I didn't know whether there was anything in
16 addition to what I'd known on the Monday.

17

18 Q. What more did you need?

19 A. Well, as we've established, I should have done it on
20 the Monday, but my mind was still in the same pattern on
21 the Wednesday.

22

23 Q. Your file note goes on to say that on Friday, May 25,
24 you were again phoned by Anne Duncan?

25 A. Yes.

26

27

28 Q. *She told me she continued to be concerned*
29 *by Zoe's behaviour, mentioned crying in*
30 *school and problems sleeping. She said*
31 *that she had to tell Zoe's teachers of the*
32 *problem at the hospital. She told me she*
33 *was trying to arrange some counselling for*
34 *Zoe and had made preliminary contact with*
35 *Laurel House.*

36

37 Q. What's Laurel House, Dr Renshaw?

38 A. Laurel House is the women's shelter and counselling
39 service in Launceston?

40

41 Q. It specialises in sexual assault, does it not?

42 A. It does, yes.

43

44 Q. She said she had not provided full details to Laurel
45 House because they had told her they would have to report
46 the matter to Child Protection. The family was not sure
47 how they wanted it handled.

1
2 You say Mrs Duncan also said they had seen another
3 doctor the night before, and she had advised them of her
4 responsibility with respect to advising the appropriate
5 authorities. She indicated she was arranging for Zoe to
6 have counselling:

7
8 *I advised her the hospital would be willing*
9 *to proceed with the report to Child*
10 *Protection if she so desired.*

11
12 Can I suggest to you, Dr Renshaw, that - well, can I
13 ask you why it was the choice of the parent as to whether
14 or not to make the notification?

15 A. Well, I know technically it was not, so yes, it was my
16 call.

17
18 Q. And it was an error to again not --

19 A. It was an error, yes.

20
21 Q. On Tuesday, we're now May 29, so we're now I think
22 four days following the contact in which you were told that
23 Laurel House was involved and the additional concerns that
24 Zoe was experiencing. You were contacted by someone from
25 Laurel House to check as to how the reporting process was
26 going. At that stage can I suggest to you, Dr Renshaw,
27 that at that stage the reporting process had not gone
28 anywhere?

29 A. Yes. No, no, no, I was contacted by Laurel House to
30 check on how it was going; that's right.

31
32 Q. Yes, and it wasn't going anywhere at that stage, was
33 it?

34 A. No, no.

35
36 Q.

37 *She told me that Mrs Duncan had indeed been*
38 *reluctant to provide information because of*
39 *the need to advise Child Protection*
40 *authorities. I advised that I would*
41 *immediately contact Child Protection given*
42 *that this matter had already been mentioned*
43 *to at least four professionals outside the*
44 *hospital.*

45
46 Dr Renshaw, why is the fact of four professionals
47 outside the hospital relevant to your decision to notify?

1 A. My chief motivation on that date was, because of the
2 issues around Zoe getting her psychological support, that
3 everybody - all the Health professionals had - and it's
4 quite consistent that Mrs Duncan was reluctant, and I don't
5 know why she would have been reluctant; that being said, at
6 that point I decided, yes, we'll do it, we'll report it now
7 and --

8
9 Q. Well, my - sorry to interrupt.

10 A. Then I contacted Mrs Duncan to actually confirm that I
11 had made the...

12
13 Q. Once again, Dr Renshaw, the enthusiasm or otherwise of
14 the parents ought to have been irrelevant, should it not,
15 to your obligation?

16 A. Well, strictly speaking, yes.

17
18 Q. And then, my question to you is, what is the relevance
19 of the fact that the matter has been mentioned to at least
20 four professionals outside the hospital; why was that
21 relevant to your decision to report?

22 A. All those four professionals were themselves mandatory
23 reporters.

24
25 Q. Yes.

26 A. And I suppose my view was that, if they felt it was
27 serious enough to actually make a mandatory report, they
28 could also have done that without - I mean, I was happy in
29 the end to do it, which was seven days down the track, but
30 when mandatory reporters are telling you, you know, "Make a
31 mandatory report", I think it's a human reaction to say,
32 "Well, you know, if you've got all the information that you
33 need, then make the mandatory report". I understand that
34 that's not a great way of looking at something, but the -
35 but I do remember being rather appalled that Laurel House
36 would not provide counselling assistance for Zoe without
37 the mandatory report.

38
39 I actually don't know why I didn't do it on the
40 Monday, the following Monday rather than the Tuesday, but
41 I - I think I can say I had almost made up my mind on the
42 Friday. That being said, I delayed until Tuesday.

43
44 Q. You say at least four professionals: you note in your
45 file note that they were outside the hospital. Were you
46 reluctant to let this matter go outside the hospital
47 setting?

1 A. Not at all.
2
3 Q. Well, were you concerned that it might be unfair to
4 Dr Tim to have it looked at by people external to the
5 hospital?
6 A. Not at all.
7
8 Q. No concern about procedural fairness issues for
9 Dr Tim?
10 A. Not at all.
11
12 Q. So, those notifications then being made, at what
13 stage - I think you then spoke on May 29th, so this is the
14 day that you made that notification?
15 A. Yes.
16
17 Q. You spoke --
18 A. To Mrs Duncan.
19
20 Q. -- to Dr Tim?
21 A. Actually, it was on the Wednesday.
22
23 Q. The following day?
24 A. Yes.
25
26 Q. You kept a file note of that as well?
27 A. I did, but unfortunately it is lost.
28
29 Q. Well, we have a copy. If I could ask the operator to
30 put it on the screen. It's at TDOH.0452.0065.0004, at the
31 bottom of the page. So, you lost this file note, did you,
32 Dr Renshaw?
33 A. Yes, I wasn't able to find it, no.
34
35 Q. Can we go to the pinpoint at 0004. If you read that
36 file note for us.
37 A. Sorry, right from the start?
38
39 Q. That page. That's the page?
40 A. "This file note to be read".
41
42 Q. No, no, I didn't mean you to read it out, just read it
43 to yourself. You've read that?
44 A. Yes.
45
46 Q. That's your file note?
47 A. That's my file note, yes.

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Q. And again, you made that relatively contemporaneously with the events recorded in it?

A. Would have been on that day.

Q. You say you met with Dr Tim on the afternoon of the 29th May, shortly before notifying the Child Protection authorities of the allegations made by the parents of Zoe Duncan.

Why not meet before the notification?

A. Because I hadn't got around to it before the notification.

Q. You explained that a complaint had been made and that you understood further details had been provided of which you were unaware, but to the best of your knowledge they had concerned an allegation he had spoken improperly to Zoe and had touched her unnecessarily?

A. Yes.

Q. Is that an accurate reflection of what the allegations were?

A. Well, I don't think I would have expressed them in exactly those terms to Dr Tim, but essentially he'd made an improper suggestion to Zoe and had touched her unnecessarily: I think that's - I'm not quite sure of the point of the question.

Q. So, I'm asking you if that's an accurate reflection of what you told him?

A. Probably, yes.

Q. You then outlined the support mechanisms in place for him in the penultimate dot point there?

A. Yes.

Q. Did you talk to him about the seriousness of the allegations and how seriously this was being taken?

A. Yes, I did, because that's why I brought him into the office to talk - that a notification was had - was being made to Child Protection.

Q. But did you talk to him about how seriously and concerning these issues were?

A. Absolutely.

1 Q. Where do we find that in your file note?
2 A. File notes are - they're not meant to be as
3 comprehensive as that, but the answer was, he was
4 certainly - the fact that he was immediately distressed and
5 vehemently denied any wrongdoing, in fact I believe he
6 cried, so I'm sure that he was aware of the seriousness of
7 the allegations.
8
9 Q. You told Dr Tim the hospital did not have and had not
10 been provided with any evidence to support the allegations.
11 Why did you tell him that?
12 A. I'm not certain.
13
14 Q. Can you see the potential --
15 A. Yes, right down the bottom, yes.
16
17 Q. Can you see the potential for that to compromise a
18 future investigation by police?
19 A. I'm not quite sure how it would influence a police
20 investigation.
21
22 Q. You've told somebody that there's no evidence held by
23 the hospital in support of the allegations; do you see
24 that --
25 A. I think it should have been "beyond the complaint".
26
27 Q. Yes --
28 A. Yes, sorry.
29
30 Q. And do you see that as having any capacity to
31 prejudice any investigation by subsequent authorities?
32 A. I don't believe so, no.
33
34 MS BENNETT: Perhaps this might be a convenient time to
35 take a break.
36
37 PRESIDENT NEAVE: Yes.
38
39 MS BENNETT: I'm sorry.
40
41 PRESIDENT NEAVE: So, I think, Dr Renshaw, you are going
42 to leave the room before we do.
43
44 MS BENNETT: Please the Commission, I apologise, I was
45 informed of that protocol. Perhaps I could ask the witness
46 to withdraw briefly and we'll wait.
47

1 Commissioners, the time is presently 2.55pm, perhaps
2 we might take a 15 minute break. We'll just give a moment.
3 Is that a convenient time, if we could just confirm?
4

5 If we could perhaps adjourn now for 15 minutes.
6

7 **SHORT ADJOURNMENT**
8

9 MS BENNETT: Q. Dr Renshaw, you said earlier that there
10 was a context to your risk assessment around 19 May 2001.
11 To the extent that you haven't already identified the
12 relevant aspects of that context, could you tell the
13 Commission what context you think is relevant?

14 A. Yes. The situation was that Zoe was in the Emergency
15 Department on that Saturday afternoon from about
16 mid-afternoon on. According to the staff at the time, as
17 Zoe's family had to go home for tea, they had other family
18 members and she was left on her own in the Emergency
19 Department. Please be assured I'm not accusing the Duncans
20 of anything untoward about going home for tea.
21

22 However, while they were at home Zoe became distressed
23 because she was lonely without her family, and that was the
24 context in which Dr Tim quite inappropriately gave her the
25 hug, kissed the back of her hand and said he'd like to
26 marry her.
27

28 It was - on one viewing of it, it was an attempt to
29 calm a distressed child. That's - that's the context that
30 I just - I needed to put in place. It was actually - and
31 that was Dr Tim actually protested, and I didn't put it in
32 the file note obviously, that that was all he was trying to
33 do.
34

35 Q. Is kissing a child an appropriate way to comfort them?

36 A. Kiss the back of their hand. Dr Tim is of a cultural
37 background where kissing the back of the hand is a very
38 common form of consolation, I'm not saying it's the
39 Australian culture or context, but in the country from
40 where he came it's quite a common way.
41

42 Q. Is it a standard that you accept in a hospital --

43 A. Not at all, not at all, I'm saying it was his culture
44 that might have - at least produced some degree of
45 inappropriateness in the behaviour: that's all I'm saying.
46 It's not excusing him, it still doesn't make it any less of
47 a boundary violation.

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Q. Or a potential assault, Dr Renshaw?

A. Or a potential assault.

Q. My question to you is, is it appropriate for a doctor to kiss a child to comfort them?

A. No.

Q. Is it appropriate for a doctor to cuddle, to hug a child to comfort them?

A. No.

Q. So what is the relevance of this additional context that you're putting before the Commission?

A. The relevance is that, on one reading of it, it was a bad attempt to calm a distressed child. Okay, that's - it was inappropriate, we know that, however, we - I don't know if our staff have had education on how you actually calm distressed children in those circumstances.

I think the key thing that may well have distressed Zoe more than anything else was the suggestion that he wanted to marry her, and I think in the context of her situation where she was missing her family already, for some strange man to suggest to her that he might like to take her off and marry her is traumatic, and I'm not gainsaying at all the amount of trauma that this incident caused.

Q. That wasn't the incident, Dr Renshaw. As you came to understand it, there was a sexual assault as well, was there not?

A. I know that the subsequent - subsequent accusation was that there was an act of penetrative sex, a rape that occurred in that. I don't believe that that was the case and I don't believe that the three - the three enquiries that were held by Child Protection, by the police and by the Medical Board of Tasmania supported that.

Q. The evidence given to this Commission on their oath from a member of the Child Protection Services is that, on the balance of probabilities, it is the view of CSS at present that a rape did occur. Did you hear that evidence?

A. No, I did not.

Q. Ms Claire Lovell.

A. No, I did not hear that, no.

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Q. Does that surprise you, Dr Renshaw?

A. It does surprise me.

Q. Why do you consider yourself in a better position to assess that matter than a currently serving Child Protection Officer with the benefit of reviewing all of the materials?

A. Because I know the layout, the setout of our Emergency Department; it is highly unlikely that that actually occurred.

Q. Well, Dr Renshaw, can I suggest to you that it is an unhelpful addition to your evidence today, and can I suggest to you that it is --

MR COX: Well, I don't think he needs to be lectured about his answer to the questions.

COMMISSIONER BENJAMIN: Is this an objection?

MR COX: This is --

COMMISSIONER BENJAMIN: What's the objection?

MR COX: Well, there's no question.

COMMISSIONER BENJAMIN: What's the objection?

MR COX: There's no question.

MS BENNETT: The question is coming.

COMMISSIONER BENJAMIN: Thank you.

MS BENNETT: Q. I'd like to put to you as a matter of procedural fairness that it might be open to this Commission to find that you are demonstrating an astonishing lack of insight into the pain that you are causing members of the deceased's family here today. What do you say to that?

A. I have no intention of giving any grief or pain, I am trying to testify to the truth as I understand it.

Q. I understand that. My question to you is that it might be open to this Commission - do you accept that it is open to this Commission to find that you are not in a

1 position to give a helpful assessment of whether a rape
2 occurred?

3 A. I have - I'm sure it is open to the Commission to find
4 that and --

5
6 Q. Yes, and you did not examine Ms Duncan at all to
7 determine whether or not a rape had occurred, did you?

8 A. No, I did not.

9

10 Q. And you did not speak to her again save for that one
11 occasion, did you?

12 A. No.

13

14 Q. And you did not make any forensic enquiries of any
15 kind, did you, about whether a rape had occurred?

16 A. No.

17

18 Q. Can I suggest to you it's open to this Commission to
19 find that you have strayed well outside your area of
20 expertise, and in doing so have demonstrated an astonishing
21 lack of insight into the pain that your speculation might
22 cause? What do you say to that, Dr Renshaw?

23 A. Sorry. I acknowledge that. Once again --

24

25 Q. You acknowledge --

26 A. I acknowledge and accept the Commission can do that,
27 but I'm saying - what I am saying is that my - my knowledge
28 of the hospital, of the Emergency Department and so on,
29 that still makes this an unlikely thing, in my view. Now,
30 if Child Protection have said there is a rape, then there
31 has been a rape.

32

33 COMMISSIONER BENJAMIN: Q. Just one thing, Dr Renshaw.

34 This information that you provided, that would have come on
35 29 May, didn't it?

36 A. The report to the Child Protection --

37

38 Q. No, no, the information. You said that there was
39 something left out of your file note in relation to the
40 comments with Dr Tim; is that right? Is that where your
41 evidence came from?

42 A. I'd have to see the file note because Dr Tim - the
43 file note about Dr Tim I didn't have in my possession.

44

45 Q. Sorry, I'm just trying to understand your evidence so
46 it's clear in my mind. I thought you said that there was
47 some material that wasn't in your file note regarding

1 Dr Tim, and I assume regarding Dr Tim --
2 A. Yeah.
3
4 Q. -- and that was when you gave the evidence which
5 you've just given a few moments ago, or have I
6 misunderstood that?
7
8 PRESIDENT NEAVE: Should we perhaps put up that file note
9 again?
10 A. If you could.
11
12 MS BENNETT: TDOH.0004.0052.0065-0004.
13
14 COMMISSIONER BROMFIELD: Q. And, Dr Renshaw, you've told
15 us that there was context of relevance and that was the
16 explanation from Dr Tim about his apparent attempts to
17 comfort her?
18 A. That's right.
19
20 Q. And that's not in the file note but it's what you're
21 recalling now?
22 A. That is correct, yes.
23
24 Q. And so, this contextual information was received only
25 when you spoke to Dr Tim on May 29th?
26 A. Well, that - yes, that's right, sorry, yeah.
27
28 PRESIDENT NEAVE: So, the file note is there now.
29 Ms Bennett, did you want to pursue that, take Dr Renshaw
30 back to that issue?
31
32 COMMISSIONER BENJAMIN: It was my question.
33
34 Q. The only thing I wanted to know was that, you weren't
35 aware of that material until 29 May, you weren't aware of
36 it on the 21st when you heard about it from --
37 A. Well --
38
39 Q. You weren't aware of it, and don't let me stop you
40 answering it, when you saw Zoe's parents on the 21st
41 of May?
42 A. 21st of May was the Monday.
43
44 Q. The Monday?
45 A. Yeah, the Saturday was the 19th.
46
47 Q. And you weren't aware of that when you saw Zoe on the

1 same day?
2 A. The context - no.
3
4 Q. So the context came to you on the 29th of May?
5 A. Oh, no, sorry, the context of the circumstances
6 around the - sorry - the context actually came in the phone
7 call that I got on the Saturday night; that's when the
8 Nurse Unit Manager said Zoe had been distressed and the
9 doctor had tried to calm her down. If that - is that
10 what...?
11
12 Q. I thought you said it was a conversation with Dr Tim
13 that you got the context from?
14 A. No, sorry, the context was given in the initial phone
15 call to me from the Nurse Manager. It was added to when
16 talking to Dr Tim.
17
18 PRESIDENT NEAVE: So, what does the third dot point on
19 that file note mean?
20
21 MS BENNETT: Could the operator please zoom in on the
22 third dot point in the file note.
23 A. So, at the time that this was done on - have we got
24 the date of the file note, sorry?
25
26 COMMISSIONER BENJAMIN: 29 May.
27
28 MS BENNETT: Q. 29 May.
29 A. Oh, which is the same day as --
30
31 Q. Just before you reported as - reported in your
32 evidence?
33 A. That's right, yes.
34
35 Q. Thank you.
36 A. The further details provided which I was unaware were
37 the details that I suspected from the phone call from the
38 general practitioner. And, I think the main point is that
39 I wasn't getting those additional bits of information
40 from - they were coming from health professionals in
41 different areas.
42
43 PRESIDENT NEAVE: Q. So, had they been put to Dr Tim?
44 When you talked to Dr Tim, did you speak to him about the
45 other details that had come through?
46 A. Well, because I didn't know the other details, and
47 certainly at that stage there was no allegation of rape

1 that I was aware of. My notification to Child Protection
2 was well and truly before the complaint had then moved on
3 to a full rape.

4
5 PRESIDENT NEAVE: Thank you.

6 A. And I think that's the first dot point in my other
7 file note down at the bottom; I think it's the 26th
8 of June. I think it's the first dot point after the - at
9 the bottom of the file note about the meetings with the
10 Duncans.

11
12 MS BENNETT: Q. So, if we go to the file note at
13 TRFS.0060.0092.0020-0001, is that at the end of page 1 or
14 at the end of page 2?

15 A. Yes, 20 June 2001.

16
17 Q. So that appears - that's the meeting at 1.30pm, is
18 that right, that you're referring to?

19 A. It says additional, 20 June 2001 conducted by - yeah,
20 contacted by --

21
22 Q. So, 43, that's right?

23 A. Yeah, by the CPO. Further investigations would
24 proceed as the parents were quite keen for this to happen,
25 stated that Zoe had made fresh allegations which might
26 require a police investigation.

27
28 Q. Yes.

29 A. And that was my first knowledge of anything beyond the
30 cuddle, the kiss on the back of the hand and the offer of
31 marriage.

32
33 Q. And saying that she was "a pretty girl"?

34
35 COMMISSIONER BENJAMIN: Q. And the touching on the
36 breast?

37 A. And the touching of the breast, yes, yes.

38
39 Q. And, I thought you said to Ms Bennett when she asked
40 you that, when you originally heard the story on the
41 Friday - on the Saturday night --

42 A. On the Saturday night.

43
44 Q. -- and on the Monday and the Monday afternoon, that
45 you believed the child?

46 A. Yes. Yes.

47

1 Q. And so, the further allegation which came a little
2 later was subsequent to the file note that we refer to
3 here?

4 A. That's exactly right.

5

6 COMMISSIONER BENJAMIN: Thank you.

7

8 PRESIDENT NEAVE: Q. Could I also ask a question about
9 your comment about the culture from which Dr Tim came?

10 A. Yes.

11

12 MS BENNETT: Could I just pause to ask the operator to
13 bring the document down?

14

15 PRESIDENT NEAVE: Thank you.

16

17 Q. The culture from which Dr Tim came; what did you know
18 about that culture, and how did you know that it was
19 customary for children to kiss children on the hand in that
20 particular culture?

21 A. I have a fair knowledge of this particular part of the
22 world. I do know that there is a high rate of adolescent
23 girls being married off to older men, it's an entrenched
24 cultural thing. Dr Tim might have mentioned during his
25 interview to get the job at the LGH, I believe he did
26 mention how proud he was of where he'd come from and so on,
27 so --

28

29 Q. I think you said, was it your evidence that in that
30 culture it was a common practice to comfort children by
31 kissing them on the back of the hand?

32 A. Yeah, yeah.

33

34 Q. That was what you said, I think, that you --

35 A. It was sort of a faux gallant, sort of, you know
36 (demonstrates), sort of like going down on one knee and
37 kissing the back of the bride's hand; that's the sort of
38 context that we were talking about.

39

40 PRESIDENT NEAVE: Thank you.

41

42 MS BENNETT: Q. I'm going to ask you some questions
43 about the evidence given by Mr Ben Felton.

44 A. Yes.

45

46 Q. You're aware that there was a complaint in 1989 by a
47 nurse about conduct of - let me withdraw that - sexual

1 assault by a nurse in respect of Mr Ben Felton. Are you
2 aware of that?

3 A. Yes.

4

5 Q. And the report was that Mr Felton had been touched by
6 somebody who said they were a doctor in the kitchen at
7 night.

8 A. Yes.

9

10 Q. At the time that complaint was made in 1989 you were
11 the Executive Director of Medical Services albeit in an
12 acting role; is that right?

13 A. I'd been that for two weeks.

14

15 Q. Yes.

16 A. Yes.

17

18 Q. Had your medico-legal role developed at that stage?

19 A. No, it had not.

20

21 Q. So, your medico-legal role involves the receipt of
22 complaints and legal matters?

23 A. Yes.

24

25 Q. Irrespective of their origin?

26 A. That's right.

27

28 Q. Doesn't matter if it concerns a doctor or a nurse; is
29 that right?

30 A. If it's a Human Resources management issue it stays
31 within the professional line of responsibility which would
32 be the Director of Nursing, but I was - I had no receipt of
33 complaint at that time, that was fully dealt with through
34 the Director of Nursing and the Deputy Director of Nursing.

35

36 Q. I'm just asking about your responsibilities at the
37 time; you --

38 A. Yes, I had no responsibilities in this at that time.

39

40 Q. So, perhaps if you might wait for my question. My
41 question is, as your medico-legal role developed you were
42 responsible for any issues that had a potential legal
43 implication for the hospital, criminal or civil; is that
44 right?

45 A. Yes.

46

47 Q. And so, irrespective of whether a complaint originated

1 in respect of a nurse or a doctor, if it had a potential
2 legal element to it, it came to you?

3 A. No, not necessarily, no. It really depended on the
4 other members of the executive. So, at that stage, having
5 been in the role for two weeks and having no training, it
6 would have been - my understanding is at the time the
7 Director of Nursing felt that they could manage that on
8 their own.

9

10 Q. No, I'm speaking in general terms about your
11 medico-legal role. Now, you gave evidence that you have to
12 this day a medico-legal role at the hospital; that's right?

13 A. I do, yes.

14

15 Q. And you've had that role for most of the 35 years that
16 you've been at the Launceston General Hospital; is that
17 right?

18 A. Yes.

19

20 Q. And you told us earlier that that role developed over
21 time.

22 A. Yes.

23

24 Q. I'd like to understand, as it developed, that was a
25 role in which, irrespective of the locus of the complaint,
26 be it a doctor or a nurse, if there was a legal aspect of
27 the complaint it would come through your office; is that
28 right?

29 A. That's correct.

30

31 Q. In 1989 your evidence is that your role had not yet
32 developed to that point?

33 A. Yes.

34

35 Q. At what point were you appointed to the medico-legal
36 role?

37 A. It was, it was never a separate role, it was - I would
38 say the role was always there, I just hadn't learnt to
39 exercise it. So, it's not, it didn't start on a day or a
40 date or a year, it was part of the position description for
41 the position. There was no start date.

42

43 Q. So is it the case that it's a role that you didn't
44 fully understand until some time later; is that a fair way
45 to put it?

46 A. That's with experience, yes.

47

- 1 Q. So when did you come to understand that element of
2 your role?
- 3 A. I suppose over - across probably the early 90s when I
4 started my training - my Masters degree, so 1993, 1994, but
5 it's not something that suddenly comes on you, you can't
6 actually give a year or time, it's just with experience you
7 learn it.
- 8
- 9 Q. And you just took on those responsibilities; is that
10 right?
- 11 A. I was given those responsibilities.
- 12
- 13 Q. Who gave them to you?
- 14 A. At that stage it would have been the local - it would
15 have been the Hospital Board.
- 16
- 17 Q. And how did that happen?
- 18 A. It was through - by dint of my appointment.
- 19
- 20 Q. As Executive Director of Medical Services?
- 21 A. Yeah.
- 22
- 23 Q. Which took place in 1989 on an acting basis and made
24 permanent in 1991; is that right?
- 25 A. Yes, that's correct.
- 26
- 27 Q. And you can't assist the Commission to clarify any
28 further exactly when those duties came into effect?
- 29 A. No.
- 30
- 31 Q. Would you accept that there was a lack of clarity over
32 the reporting lines in matters of that kind for a period?
- 33 A. Yes, I'd have to do that, yes.
- 34
- 35 Q. Mr Felton says that in 1989 he had a meeting that he
36 recalls involving you and his father; do you recall
37 anything about that meeting?
- 38 A. No, I've never had a meeting with Mr Felton's father
39 or --
- 40
- 41 Q. My question is simply, do you recall a meeting --
- 42 A. No.
- 43
- 44 Q. Or do you have no recollection?
- 45 A. None at all.
- 46
- 47 Q. Were you aware of the complaint, or when did you

1 become aware of the complaint that had been made by
2 Mr Felton?
3 A. I believe the Director of Nursing let me know that
4 there was a serious complaint that Nursing was dealing
5 with.
6
7 Q. Who was that?
8 A. The matron at the time was [REDACTED].
9
10 Q. And when did you become aware of that?
11 A. I think it's probably the first or second week
12 of December, in maybe the second week of December 1989.
13
14 Q. All right, and so, how did you respond to that issue?
15 A. Well, as I was inexperienced - I was just, it was just
16 for my - I think matron was trying to start to teach me
17 some of the tools of the management trade, so I think it
18 was mentioned to me, but I was not expected to take any
19 role in the investigation or management of the complaint.
20
21 Q. Were you aware of the investigation that went on at
22 the time?
23 A. No, I wasn't.
24
25 Q. Were you aware of the steps taken to manage the
26 situation at the time?
27 A. No, I was not.
28
29 Q. You are aware of who I'm talking about when I use the
30 pseudonym George; is that right?
31 A. I am, indeed.
32
33 Q. Were you aware of whether George continued to work in
34 the hospital system?
35 A. I believe that he resigned in December 1989.
36
37 Q. And do you know whether he continued to work in the
38 hospital system?
39 A. Not in the hospital system, no, I don't know.
40
41 Q. Do you know anything about his movements after that?
42 A. No, I do not.
43
44 Q. Mr Felton arose again in 2003. He came to your office
45 around that time, do you recall that?
46 A. He was sent up to my office from the Social Work
47 Department. There was an email that was sent up and my

1 understanding at that time was that it was primarily so he
2 could obtain a copy of his records.

3

4 Q. And, did you provide him with a copy of his records?

5 A. He completed the information request form, I
6 authorised it, and then passed it on to medical records.

7

8 Q. Did you at that stage take any steps to inform
9 yourself about the nature and extent of the complaint by
10 Mr Felton?

11 A. No, I did not.

12

13 Q. You know he was a victim of child sexual abuse at the
14 time?

15 A. I did not.

16

17 Q. Would that have influenced how you responded to his
18 request for information?

19 A. Yes.

20

21 Q. How would it have influenced that?

22 A. It would have - well, it wouldn't have affected - he
23 had every right to have a full copy of his records. Under
24 the then legislation about access to your records, these
25 were the clinical records and not necessarily records of
26 any investigations or Human Resources; the difference
27 between FOI and RTI which we didn't really have that
28 distinction back in those days. So, my role was to approve
29 access to the medical records.

30

31 Q. So, were there records that you didn't approve access
32 to?

33 A. No.

34

35 Q. So, you approved access to all records be they medical
36 or non-medical as they concerned Mr Felton?

37 A. A copy of Mr Felton's application form and my
38 authorisation has been supplied as part of my submission.

39

40 Q. And so, you authorised access to all documents in the
41 possession of the hospital?

42 A. That's right.

43

44 Q. And so, in terms of, had you realised that he was a
45 victim-survivor of child sexual abuse at the hospital -
46 well, first of all, did you ask him to pay for records? Do
47 you recall that?

1 A. There is a standard fee for that. Yes, there is a
2 standard release of information fee that was statewide at
3 the time.
4
5 Q. That he was asked to pay?
6 A. Yeah.
7
8 Q. Was there any thought given to whether to waive that
9 fee in the context of someone in the circumstances of
10 Mr Felton?
11 A. It certainly would have been considered if it had been
12 requested.
13
14 Q. Do you recall if there was any consideration given to
15 it?
16 A. No.
17
18 Q. Was it your understanding that the abuse occurred?
19 A. Yes.
20
21 Q. There was no question from the hospital's perspective
22 that Mr Felton had been assaulted, was there?
23 A. I don't believe so, no.
24
25 Q. Dr Ayre's view in evidence this morning was that -
26 I'll perhaps ask the operator to show TD0H.0003.0017.0052
27 at pinpoint 5. Just to summarise, I hope accurately,
28 Dr Ayre's evidence was in effect that there should be some
29 recognition by way of monetary compensation to Mr Felton?
30 A. Yes.
31
32 Q. Do you recall that being Dr Ayre's view?
33 A. I do recall that.
34
35 Q. Was it your view?
36 A. Yes, I would have - I agreed, yes.
37
38 Q. So, just to show you the - have a look at the screen
39 in front of you, and if you go down, you sought some legal
40 advice about that?
41 A. Dr Ayre asked me to obtain advice from the
42 Solicitor-General's Office.
43
44 Q. Just come down a little bit for the operator. No, no,
45 up a little bit. I accept that was confusing. Pause
46 there. Thank you, Operator.
47

1 The legal advice that you obtained is that, in that
2 case the limitation period has expired on any view of the
3 matter and no action is maintainable:
4

5 *There might be a complaint to police (there*
6 *is no limitation on crime) that doesn't*
7 *directly involve the hospital. So my*
8 *advice is not to offer anything, as there*
9 *is no likelihood of liability.*

10
11 Just to pause there, what was your response to that
12 position?

13 A. That was the legal advice that we'd been given from
14 Crown Law.

15
16 Q. Yes, and did you accept that advice?

17 A. We are bound to accept the advice of Crown Law as an
18 instrumentality of the Crown.

19
20 Q. So, you understood that, because there was no
21 likelihood of civil liability, that no gratuity of any kind
22 would be paid?

23 A. No, I did not.

24
25 Q. Sorry, no, you did not or, no, you don't accept that
26 proposition?

27 A. No, I don't accept it. There are other ways of
28 actually doing it.

29
30 Q. Yes?

31 A. But the issue is that any settlement of a medico-legal
32 nature has to be signed off by Crown Law.

33
34 Q. So the hospital's not - I'm sorry to interrupt you, go
35 on?

36 A. No, you were about to say --

37
38 Q. So the hospital is not free to make its own decision
39 about when and whether to settle with a complainant?

40 A. It wasn't at that time, no.

41
42 Q. What about today?

43 A. I believe that it could be negotiated, yes, yeah.

44
45 Q. Could you instruct your lawyers to settle with someone
46 on the basis of a payment of money because of a perceived
47 liability by the hospital?

- 1 A. The answer is, yes.
2
- 3 Q. Thank you. At the top there you will see Dr Ayre
4 says:
5
6 *Can we discuss this week. Not keen on*
7 *going down a Peter Hollingsworth line.*
8
9 What's the Peter Hollingsworth line?
10 A. That was a reference to the Archbishop of Brisbane and
11 the issue of denying - denying compensation to victims of
12 child abuse, yeah.
13
- 14 Q. And so, what did you understand - I should say, what
15 did you understand Dr Ayre to be communicating in that
16 line to you?
17 A. That he was very supportive of offering some sort of
18 compensation.
19
- 20 Q. And what was your position about that?
21 A. I worked for Dr Ayre; it was Dr Ayre's call. My
22 understanding about processes at the time is, it would have
23 been referred to the Secretary of the department, but I
24 would have been supportive.
25
- 26 Q. Do you recall whether you were supportive or not?
27 A. I was supportive, yeah.
28
- 29 Q. And so, you wanted a payment to be made to Mr Felton?
30 A. Yes.
31
- 32 Q. Are you able to assist the Commission in understanding
33 why no such payment was made?
34 A. No, I cannot.
35
- 36 Q. Whose decision was it, in the face of yours and
37 Dr Ayre, are you able to assist us? I'm not asking you to
38 speculate?
39 A. No, no. My understanding is that it would have gone
40 up the line to Head of the Department of Health, at that
41 stage the Secretary.
42
- 43 Q. Did you give any instructions for any records of
44 Mr Felton's to be withheld?
45 A. No, at no time.
46
- 47 Q. I'll pause there and I'll ask my instructors to

1 confirm if there's any other matters I need to put to you
2 about that, but in the meantime I'd like to turn to the
3 matter of Griffin. Did you know Mr Griffin at all?

4 A. No.

5

6 Q. Would you have recognised him had you walked past him
7 in the street?

8 A. No.

9

10 Q. On 31 July 2019, you found out what?

11 A. I received an email from the Registrar of Working with
12 Vulnerable People addressed to the Executive Officer
13 Launceston General Hospital that Mr Griffin had lost his
14 Registration for Working with Vulnerable People.

15

16 Q. Did you speak to the police at that stage?

17 A. I spoke to them on that day, yes.

18

19 Q. What did they tell you about - well, what did they
20 tell you?

21 A. They told me that at that stage that, yes, they had
22 actually advised the Registrar that it was inappropriate,
23 and that the matters concerned photographs found on
24 Griffin's phones of Child Exploitation Material, some of
25 which they believe may have been taken at the LGH.

26

27 Q. Were you aware of why they formed the believe they
28 might have been taken at the LGH?

29 A. They felt that the backgrounds of some of the photos
30 look like being taken in a hospital and I was asked to see
31 some of the photos, not the exploitative ones, but just
32 basic, just to confirm the backgrounds and where the photos
33 had been taken.

34

35 Q. Was there a folder label that connected any of the
36 photos to Launceston General Hospital?

37 A. Not that I can recall.

38

39 Q. Was there a folder labelled, with the name of a ward
40 at Launceston General?

41 A. I don't have that level of detail of the police
42 investigation.

43

44 Q. All right, but you're aware at that stage that there
45 was a concern from the police that there had been offending
46 by Griffin at the hospital?

47 A. Yes.

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Q. And in connection with patients at the hospital?

A. In connection, yes.

Q. You telephoned AHPRA the following day; is that right?

A. Yes - no, I actually called them on that - I think it was that day, and made a mandatory referral to AHPRA the following day or - yeah.

Q. Yes, sorry. There was a notification made, I believe online, and then a phone call from AHPRA to you the following day?

A. Yes, that's correct.

Q. Can the operator show us AHPRA.0001.0003.0653. This is a file note provided by AHPRA in response to a compulsory notice. I might pause while the operators deal with that or my learned instructors find a copy to hand to you - no, I ought not have doubted the instructors, I apologise.

It says there:

I made a phone call to notify Mr Peter Renshaw regarding concerns in relation to concerns raised regarding RN James Griffin.

PR advised that JG [James Griffin] had been a paediatric nurse with the Tasmanian Health Service at Launceston General Hospital for the past 18 years.

PR advised that he believes a complaint was made to Tas Police in relation...

Pause there, can we bring the - sorry, thank you. Again, I ought not have doubted my instructors who have appropriately redacted:

PR advised that he believes a complaint was made to Tas Police in relation to an alleged "inappropriate sexual relationship with a child under the age of 12". This child is advised to be a ... former patient.

Was that what you told AHPRA?

A. Yes. Yes, it was.

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Q. Is that the language you would have used, "an inappropriate sexual relationship with a girl under the age of 12"?

A. It may have been, I don't recall the exact words I used, but it could have been.

Q. I ask the operator to bring that down. So, you were aware as of 1 August of two avenues of connection between the offending of Griffin and the Launceston General Hospital?

A. Yes.

Q. The first being the creation of Child Exploitation Material; is that right?

A. Yes.

Q. Potentially on the grounds at the hospital?

A. Yes.

Q. In the course of his work as a paediatric nurse potentially?

A. Yes.

Q. And second, in connection with what you have in this instance, according to this file note, described as an inappropriate sexual relationship with a child under the age of 12 who was a former patient?

A. Yes.

Q. At the LGH?

A. Yes.

Q. That's a significant matter of connection with the hospital, isn't it?

A. It is.

Q. So, what steps did you take to investigate at the hospital - well, was it your role to investigate these allegations in the hospital context?

A. My understanding was that there was an active police investigation underway and it - there had been no arrest made, and I was concerned that we did not do anything to contaminate, if you like, the police investigation.

From the point of view of an enquiry in the hospital, I'm not sure that we actually had sufficient detail - it's

1 a pretty complex thing depending on what you mean by the
2 term "enquiry", but we weren't at the stage for calling for
3 witnesses or calling for feedback from the public, if
4 that's what you're --

5

6 Q. Or from anyone at the hospital at that stage?

7 A. Yep, no.

8

9 Q. On 11 October, Mr Bellinger sent an email to
10 Mr Hindle, I'd like to show it to you, TRFS.0059.0080.0107.
11 You're not copied on this email?

12 A. No, I was on leave at this time.

13

14 Q. Have a read of that email. Did you know anything
15 about the matters discussed in that email?

16 A. Look, I had a vague knowledge about - that there was a
17 concern raised by Stewart Millar as the head of social work
18 but I had no details beyond that.

19

20 Q. What was the vague knowledge that you had?

21 A. The vague knowledge was that he was - that evidently
22 one of his staff had had issues with, with Griffin but --

23

24 Q. What issues, doctor?

25 A. I don't know. It was one of these sort of corridor
26 rumour-type situations.

27

28 Q. When did you hear that corridor rumour?

29 A. It was probably after I got back from leave.

30

31 Q. I ask the operator to bring down that document. So,
32 you returned from leave, you tell us in your statement, in
33 the end of October, is that right, or September?

34 A. Yeah.

35

36 Q. October. So, you believe you became aware at that
37 time. Can you tell the Commissioners everything that you
38 remember about that disclosure?

39 A. All I was aware, because --

40

41 Q. Who told you?

42 A. Who told me? I really do not remember. I do not
43 remember. But if you're asking me about whether there was
44 a connection between that particular allegation and the
45 child under the age of 12 that's mentioned in my --

46

47 Q. No.

1 A. So that was the only one that I had any knowledge of
2 before, but I had - it was basically just a corridor
3 conversation, you know.
4

5 Q. And that's what I'm asking you about now. What do you
6 remember about that corridor conversation?
7 A. Very little, because it was a corridor conversation.
8

9 Q. Well, which corridor?
10 A. Look, I think that's a slightly ludicrous question.
11

12 Q. Do you understand, Dr Renshaw, the significance of
13 this line of questioning?
14 A. I do indeed.
15

16 Q. Well, could you please focus your attention on
17 recalling what you can about what you knew about this
18 corridor conversation?
19 A. I've told you all that I do know, that it was a rumour
20 that I heard. How does anybody know when they pick up a
21 rumour?
22

23 PRESIDENT NEAVE: Q. And you have no memory of who you
24 had that conversation with?
25 A. No, I'm sorry, no.
26

27 MS BENNETT: Q. Dr Renshaw, was it a significant matter
28 to you when you heard that rumour?
29 A. It certainly was, yes.
30

31 Q. So, did you make any - sorry. It was a significant
32 matter to you, and yet, you can recall no details about it;
33 is that your evidence?
34 A. No.
35

36 Q. What details can you recall about it?
37 A. I cannot recall any details except that it was a
38 matter between Griffin and a staff member, former staff
39 member of the Social Work Department, and I have no
40 knowledge or remembrance of it apart from that.
41

42 Q. What made you think that it was a significant matter?
43 A. Well, I'd just come - I believe it happened after I
44 got back from overseas when we were in the - Griffin had
45 just taken his own life, there was - there was Griffin
46 news, information, gossip, rumours flying everywhere, as is
47 quite normal in those critical incident sort of situations,

1 so that was the context in which it was. And, given that
2 it had obviously moved beyond the Child Exploitation
3 Material that was the original thing that police told me
4 about, it made it - made the Griffin issue even huger -
5 that's not a...

6

7 Q. Dr Renshaw, you knew that there was an alleged child
8 sexual abuse of a child under the age of 12 on 1 August,
9 didn't you?

10 A. Yes.

11

12 Q. That's the day after you found out about the Child
13 Exploitation Material?

14 A. Yes.

15

16 Q. So, you knew that there was alleged sexual abuse by
17 Griffin of a child who had been a patient at LGH?

18 A. Yes.

19

20 Q. You later heard sometime that there had been - well,
21 that there had been a disclosure about Griffin made to the
22 hospital sometime earlier than had otherwise been known; is
23 that right?

24 A. Yes.

25

26 Q. Is that the content of the corridor conversation? Did
27 it include that information?

28 A. I don't remember when the corridor conversation was, I
29 really do not recall the timing of it.

30

31 Q. I'm not asking about the timing, I'm asking about the
32 content, so I'm asking you to focus on the content. It was
33 something you considered to be significant; that was your
34 evidence, wasn't it?

35 A. It was.

36

37 Q. It was a significant rumour that you'd heard?

38 A. Yeah.

39

40 Q. And I want to understand if what you were told was,
41 there had been previous allegations of child abuse levelled
42 against Griffin which the hospital was aware of?

43 A. Well, obviously somebody in the hospital was aware, it
44 wasn't --

45

46 Q. I'm asking you --

47 A. But no - yeah.

- 1
2 Q. Were you aware, Dr Griffin - I apologise, I withdraw
3 that.
4 A. Thank you.
5
6 Q. -- Dr Renshaw, I'd like to know when you became -
7 sorry. You heard a rumour, right; is that correct?
8 A. I did and it was probably after I had stood him down,
9 yes.
10
11 Q. I understand that, leave aside the timing, I want the
12 content of the rumour. Is it fair to say the content of
13 the rumour which you considered significant was that
14 Griffin had engaged in child sexual abuse and that the
15 hospital was aware of that fact well before he was stood
16 down?
17 A. Yes.
18
19 Q. Yes, so you were aware that he had previously engaged
20 in child sexual abuse; is that right?
21 A. Yes.
22
23 Q. You knew that sometime after --
24 A. October the 16th, yeah.
25
26 Q. -- October 2019?
27 A. Yes.
28
29 Q. What enquiries did you make following that knowledge?
30 A. At that stage, because the Griffin matter was -
31 basically the responsibility for carrying out the enquiries
32 and those sort - were actually up with the Secretary of the
33 Department of Health. I did not myself personally think I
34 could actually take it on myself to start enquiries.
35
36 Q. Did you escalate that knowledge to anyone?
37 A. My escalation occurred when I escalated it through the
38 Chief Executive to the Secretary, Ms Morgan-Wicks, on
39 31 July.
40
41 Q. Which year?
42 A. 2019.
43
44 Q. Well, in July 2019, 21 July?
45 A. No, no, 31 July was the day that I received the
46 notification from the Registrar.
47

1 Q. Yes, so when did you tell the Secretary Morgan-Wicks?
2 A. I provided the file - the briefing note which was
3 done, I think it was on the 1st of August, which I've
4 included in my statement.
5
6 Q. Well, let's just pause for a second. I'll ask my
7 instructors to pull up that document in the meantime.
8 Could I ask that the operator show us - sorry. So, is this
9 a reference to the 5 August 2019 minute to the Secretary?
10 A. No, dot point briefing to Secretary 31 July, it's
11 No.23 on my list.
12
13 Q. Can you go to the part in that document where you
14 disclose the fact of the Pearn disclosure?
15 A. Because I did not know at that time. The Pearn
16 disclosure did not come in until after I returned from
17 overseas.
18
19 Q. So my question is, when did you escalate the Pearn
20 disclosure?
21 A. I'm not used to actually escalating things on the
22 basis of a rumour heard in a corridor, I'm sorry.
23
24 Q. So, you didn't escalate it?
25 A. No, I had no basis to do so.
26
27 Q. Well, you heard a really significant matter, hadn't
28 you?
29 A. Obviously I had, yes.
30
31 Q. And it warranted further investigation, didn't it?
32 A. In the context of where we were at the time there was
33 always going to be - um, I'm just not clear what you say by
34 "enquiry".
35
36 Q. Did you tell anyone about it, Dr Renshaw?
37 A. No, probably not.
38
39 Q. Do you think you ought to have told someone about it?
40 A. No, I don't.
41
42 Q. Why is that, Dr Renshaw?
43 A. Because, wherever I'd heard it, um - I had no idea who
44 the individual was or what was alleged; all I know that
45 there was a matter. Now --
46
47 Q. Sorry, go on, please continue.

- 1 A. No, no, I'm...
- 2
- 3 Q. You didn't know enough, so you knew that there had
4 been a disclosure to the hospital that Griffin had engaged
5 in child sexual abuse and that the hospital took no action
6 in response to that?
- 7 A. No, that's not what I said; I said that there was a
8 matter involving a member of the Social Work Department and
9 Griffin; that is the extent; not that nobody had taken any
10 action. I had no knowledge of what action had been taken
11 at the time.
- 12
- 13 Q. Your evidence, as I understand it, is that you were
14 aware that Griffin had engaged in child sexual abuse well
15 before it was known to authorities; is that right?
- 16 A. No.
- 17
- 18 Q. So, the content of the rumour that I put to you
19 earlier was that the hospital was informed that Griffin had
20 engaged in child sexual abuse before it was widely known.
- 21 A. Could you repeat that?
- 22
- 23 Q. The content of the rumour that was communicated to you
24 was that there had been a complaint, there had been a
25 notification or information provided to the hospital that
26 Griffin had engaged in child sexual abuse in the past: do
27 you accept that?
- 28 A. There is - yes, I accept that.
- 29
- 30 Q. And that the hospital had become aware of that
31 prior --
- 32 A. No.
- 33
- 34 Q. -- the hospital had become aware of that --
- 35 A. How do you mean "the hospital had become aware"?
36 Somebody in the hospital may have been aware.
- 37
- 38 Q. Yes, that somebody in the hospital was aware that
39 Griffin had engaged in child sexual abuse in the past.
40 That's the rumour that you were told; is that right?
- 41 A. Not in so many words, but yes, I'll give you the
42 general, yep.
- 43
- 44 Q. If there's a matter about that that I have
45 misunderstood, please explain. That is why it was
46 significant, wasn't it? Your evidence was that this was a
47 significant matter that was the subject of the rumour, that

1 was why it was significant, wasn't it?

2 A. Yes, but in the context of the fact that the police
3 were investigating, and I was aware - the first intimation
4 that I had from the police that there were things other
5 than the Child Exploitation Material was on my return
6 following Griffin's death.

7

8 Q. Dr Renshaw, you told AHPRA on 1 August, didn't you?

9 A. Ah, this was, and I was very careful when I said, the
10 police weren't - by the - when I left on leave the police
11 were telling me that this was about Child Exploitation
12 Material. It wasn't until I came back that the - and I'm
13 talking about the police investigation - now, the police
14 when I came back did say that they were investigating a
15 number of sexual offences apart from the Child Exploitation
16 Material, and at that time they actually said and one - or
17 there may have been something - there was something at the
18 LGH.

19

20 Q. Dr Renshaw, I put to you the file note of AHPRA dated
21 1 August 2019, that is before you went on leave, is it not?

22 A. That is correct.

23

24 Q. And in that you are recorded as saying that you
25 believe a complaint was made to Tas Police in relation to
26 an alleged inappropriate sexual relationship with a child
27 under the age of 12 who had been a patient at the hospital.
28 That's what you knew at 1 August, wasn't it?

29 A. Sorry, I'm on the wrong...

30

31 Q. Could the operator bring it back up,

32 AHPR.0001.0003.0643 at .0653. Do you need to see it?

33 A. No, no, it's all right. That comment to AHPRA was -
34 this was something from the police that said, and they were
35 also looking - apart from the Child Exploitation Material
36 they were looking at allegations made by a former patient
37 at the hospital, but they did say that this was something
38 that had occurred in a community setting and not in the
39 hospital.

40

41 So, at the time that I went on leave the police had
42 only confirmed the Child Exploitation Material issue but
43 had said that they were sort of - it was pretty obvious
44 that there were going to be links back, but at that time
45 all that they - and they asked for help with, was the
46 identification or the attempted identification for people
47 involved in the pictures.

- 1
2 Q. So you were aware that the police were investigating
3 the sexual abuse by Griffin of a child under the age of 12
4 who had been a patient at the hospital?
5 A. Yes.
6
7 Q. So, do you consider, Dr Renshaw, that that is
8 connected with - that that is connected with the hospital?
9 A. Yes.
10
11 Q. That a nurse who has worked on a Children's Ward is
12 accused of a sexual relationship with a child, let's assume
13 for a moment was admitted to the Children's Ward: can we
14 make that assumption?
15 A. You can make that assumption, yes.
16
17 Q. And this child in fact was a patient on the Children's
18 Ward, wasn't she?
19 A. Well, at that time I wasn't aware whether the sexual
20 abuse had actually occurred on the ward or in connection
21 with a community organisation.
22
23 Q. Does it matter?
24 A. Well, not so - my actions were, I stood him down.
25
26 Q. But you were aware - so you were aware there was an
27 allegation of child sexual abuse against a former patient
28 by Griffin on 1 August: that's right?
29 A. Yes.
30
31 Q. And that was before you went on leave?
32 A. That's before I went on leave.
33
34 Q. And you were also aware that there was a rumour that
35 the hospital had been informed that Griffin had engaged in
36 child sexual abuse in the past; you accept that?
37 A. That was after I had returned, yes.
38
39 Q. So between 1 August and the end of October you were
40 aware of those two facts, weren't you?
41 A. Yes.
42
43 Q. All right. On 5 November - sorry. And the dot
44 point summary that you've just spoken about, leaving aside
45 for a moment the rumour, the dot point summary that you've
46 just referred to, as I understand it, which is 23 of the
47 statement of Dr Renshaw, that makes no mention, or does it

- 1 make any mention of the child under the age of 12?
2 A. No, it doesn't.
3
4 Q. Should it make any mention of a child under the age of
5 12?
6 A. Depends on when I spoke to the police in relation - it
7 may have preceded this. If it was, if it did, it was an
8 oversight; if it didn't, then it would have been subject to
9 another Secretary, but at that point the management of the
10 issue had passed over from the - into HR and into the
11 Secretary's office.
12
13 Q. So is it your evidence that HR was responsible for the
14 management of this issue, of the Griffin issue?
15 A. They were the lead, lead part of the hospital in terms
16 of that.
17
18 Q. You were the medico-legal contact; it was within your
19 area of responsibility, wasn't it?
20 A. I had - I believed that I had fulfilled my
21 medico-legal responsibilities in terms of the actions that
22 I took when I was notified about it. I'm not certain what
23 actions I could have taken beyond what I did.
24
25 Q. I see that, Dr Renshaw. Can I take you to your note
26 of 5 November at TRFS.0059.0080.0065. This is a note of
27 5 November 2019. This is 5 November 2019. You were
28 involved in the preparation of this document; is that
29 right?
30 A. Yes, if you could scroll down, please.
31
32 Q. Yes.
33 A. Right, keep going. Keep going, sorry, yes. Down to
34 the signature.
35
36 Q. Just down to the bottom, thank you, Operator.
37 A. Right, yes.
38
39 Q. So that's a document that you were involved in?
40 A. It was.
41
42 Q. And at the time you prepared that document, you were
43 aware that a former patient was alleged to have been
44 sexually abused by Griffin?
45 A. Yes.
46
47 Q. And about the Pearn disclosure?

1 A. Yes.

2

3 Q. You say in the dot point, you say in this note that at
4 the time Tasmania Police were investigating a complaint
5 external to the hospital pertaining to his alleged
6 relationship with a young person and possession of Child
7 Exploitation Material.

8 A. Yes.

9

10 Q.

11 *At that time, Tasmania Police advised that*
12 *there was no evidence to suggest that any*
13 *criminal activity had taken place within,*
14 *or connected to, the LGH.*

15

16 A. And that was the advice that we had. And that - and
17 this relates - because this was done almost immediately
18 after I returned from leave, my mind was back to that - the
19 situation, the last briefing at police before I went on
20 leave, which was that their focus from the LGH point of
21 view was still on the Child Exploitation Material, and so,
22 should I have mentioned that? Yes, I should have in that,
23 but I overlooked it.

24

25 Q. It was misleading to omit it, was it not?

26 A. It was unintentionally misleading.

27

28 PRESIDENT NEAVE: Q. Is not the next dot point also
29 misleading?

30 A. Yes.

31

32 MS BENNETT: Q. Yes it is. Well, we'll suggest that to
33 Dr Renshaw and see what he --

34

35 *The LGH has not received any complaints*
36 *from patients or their families regarding*
37 *inappropriate behaviour by Mr Griffin that*
38 *would warrant Code of Conduct*
39 *investigation, AHPRA notification or*
40 *Tasmania Police notification.*

41

42 Now is that inaccurate, Dr Renshaw?

43 A. It is inaccurate, because it was based on an
44 interrogation of the SRLS system.

45

46 Q. Let's pause on my question. It was inaccurate?

47 A. Yes.

- 1
2 Q. It was inaccurate and you knew that it was going to
3 the Secretary of the Department of Health?
4 A. When I wrote it, I genuinely believed it was the case.
5 I know, but yes.
6
7 Q. You knew that document was going to the Secretary for
8 the Department of Health?
9 A. Yes.
10
11 Q. You knew the Secretary would rely upon this document?
12 A. Yes.
13
14 Q. You knew that the import of this document was, in
15 effect, to suggest - I withdraw that - and you knew it was
16 therefore important to take real care in ensuring that you
17 provided accurate and complete information; do you accept
18 that?
19 A. Yes.
20
21 Q. And you did not take real care to provide accurate and
22 complete information, did you, Dr Renshaw?
23 A. I dispute that; I think I took a lot of care.
24 However, looking at that, this is - the LGH had not
25 received - and this was prior to our notification from the
26 Registrar of Working with Vulnerable People.
27
28 Q. Dr Renshaw, this --
29 A. So it was, if you go back up to the dot point above, I
30 agree it's misleading but it was inadvertently misleading.
31 At that - basically it should - the LGH at that time, which
32 is when we first spoke to the police, we had not seen - and
33 had not seen any complaints and so on. Obviously, I should
34 have actually reviewed that line at the - but at the time,
35 it should have said, "the LGH prior to receiving the
36 refer" - I had no idea that there had been complaints to
37 the hospital about Griffin.
38
39 Q. In relation to the second dot point, "at that time",
40 the next dot point is not confined in time, is it?
41 A. Well, depends on how you define the word "had not".
42
43 Q. Prior to the date of this note --
44 A. Sorry --
45
46 Q. -- the LGH had - well, my suggestion to you is that
47 the fair and reasonable way to read this is that this

1 note - that prior to receiving this, that the LGH had not
2 received any complaints from families regarding
3 inappropriate behaviour. Now, you had in fact made a
4 notification to AHPRA on 31 July, had you not?

5 A. Yeah. Well, as this says in - in - the "had not
6 received any complaints" referred to the time before
7 31 July, and in good faith I was unaware of any complaints
8 before 31 July. Now, the issue with the 12 - that I put in
9 the AHPRA was a reference to part of the conversation we
10 had with police about the 12-year-old, that there was a
11 possible connection there, but there - but at that time the
12 police were concentrating on the Child Exploitation
13 Material.

14
15 Q. Well, the LGH had received a complaint about Griffin's
16 conduct in respect of Ms Pearn, did it not?

17 A. Yes, but I had not received it.

18
19 Q. Well, this is November 2019; you'd heard the rumour by
20 that point?

21 A. Sorry.

22
23 Q. Yes?

24 A. I thought you were referring to a complaint by
25 Ms Pearn before 31 July.

26
27 Q. I am. You knew, by 5 November, that there had been --

28 A. No.

29
30 Q. -- a complaint.

31 A. I didn't know the name of the complainant.

32
33 Q. Well, with respect, Dr Renshaw, that is because you
34 made no further enquiries; isn't that right?

35 A. Um, no.

36
37 Q. Well, did you make further enquiries about who made
38 the complaint?

39 A. No.

40
41 Q. So, you were aware that a complaint had been made to
42 the hospital of child sexual abuse by Griffin --

43 A. I was aware of a rumour.

44
45 Q. If you would not interrupt me, Dr Griffin - I
46 apologise, Dr Renshaw. I apologise, I withdraw that.

47

1 The LGH had not received any complaints
2 from patients or their families regarding
3 inappropriate behaviour by Mr Griffin that
4 would warrant a Code of Conduct
5 investigation, AHPRA notification or
6 Tasmania Police notification.

7
8 At that date, at November 2019, you were aware that there
9 was a rumour that the hospital was indeed aware of just
10 such a thing; is that right?

11 A. I was aware of a rumour, yes.

12
13 Q. Yes. And indeed, as it transpires, the LGH had
14 received such a complaint; do you accept that?

15 A. Yes.

16
17 Q. So, that dot point is, again, misleading, isn't it?

18 A. I've already conceded that it is misleading, yes.

19
20 Q. There is no other dot point that alludes to the child
21 under the age of 12 in this document, is there?

22 A. No.

23
24 Q. There is no other dot point in this document that
25 alludes to the Pearn disclosure, is there?

26 A. No.

27
28 Q. There's no recommendation that there be further
29 investigations into the rumour that you have heard about
30 the Pearn disclosure?

31 A. No, there is not.

32
33 Q. Why are none of those matters mentioned in this
34 document?

35 A. Well, because we were briefing - we understood that
36 the department was, because of the potential magnitude of
37 this, the series of complaints, that the department would
38 take the lead on coordinating investigations and so on,
39 which the department did. I'm not quite sure how many
40 enquiries need to be made at one time if we've got a
41 coordinated approach, and that's what we were developing
42 through the --

43
44 COMMISSIONER BROMFIELD: Doctor.

45
46 MS BENNETT: Q. Perhaps Commissioner Bromfield --

47 A. Yes?

1
2 COMMISSIONER BROMFIELD: Q. Dr Renshaw, I'm wondering
3 how the department could make investigations or enquiries
4 about matters if you don't alert them to them?
5 A. That's a very good - absolutely, I understand that.
6 But at the time, the hospital was rife with rumour, I mean,
7 and that's why I'm probably a little bit inured to corridor
8 rumours at the time, because we had staff who were
9 confidently telling us that police had marched Griffin out
10 of the hospital on 31 July in handcuffs, and that was a
11 very strong rumour around the place. So, when you get that
12 sort of rumour from traumatised staff, you know, it's very
13 difficult to actually act on rumours.

14
15 Now, what sort of reasonable enquiries could I have
16 made? The only one that may have been would be to talk
17 to - to phone Stewart Millar, and - but I think at the
18 time - I don't know why I didn't do that. However, it was,
19 you know, you basically had to be there at the time to
20 actually understand the way decision-making was being made
21 and so on.

22
23 MS BENNETT: Q. You were a key decision maker, weren't
24 you, Dr Renshaw?

25 A. I was, yes.

26
27 Q. And you were responsible for a large part of the
28 response to the Griffin issue, were you not?

29 A. I was a large part of the initial - the initial
30 response, yes, but I was - I certainly had - before
31 31 July, I had had no knowledge of Mr Griffin's existence,
32 basically.

33
34 Q. I'm concerned here with your knowledge following
35 31 July.

36 A. Yes.

37
38 Q. And I think you've accepted - I just want to confirm
39 you've accepted from me that your 5 November briefing to
40 the Secretary was materially deficient; is that fair?

41 A. It was incidentally misleading, yes. Yes.

42
43 Q. It was materially deficient, wasn't it, Dr Renshaw?

44 A. It was deficient, yes.

45
46 Q. Do you consider the deficiencies to be significant?

47 A. In retrospect, yes.

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Q. What do you add by the words "in retrospect"?

A. In retrospect, because at the time, as all briefings to the Secretary are, they're done in good faith based on the information you have at the time. If - there was no deliberate intent to mislead or dissemble. However, it was just - it was just one of those situations where the amount of information we had was pretty well overwhelming.

Q. So, what did you do to address the fact? What help did you seek, Dr Renshaw? You had an overwhelming amount of information about a matter of real significance; what did you do?

A. Well, we were receiving support from the department.

Q. You gave some evidence earlier that you can't respond - well, that you were inundated with rumours, and that some of those rumours you considered to be untrue?

A. Yeah.

Q. Is it fair that you were dismissive of the rumours you were hearing about Griffin?

A. Not at all.

Q. Not at you all? So you took them seriously?

A. Absolutely.

Q. And you took seriously the rumour you heard about Griffin, that Griffin's sexual abuse was reported to the hospital?

A. Yes.

Q. And you took that seriously in what respect?

A. Well, I believed it; I believed the rumour. But the rumour was something that occurred after Griffin's death when there was already a lot of activity in the medico-legal area, particularly with the department. I'm not saying that I had no responsibility at all, but I did not have sole responsibility.

Q. I'm concerned with your responsibility. You would accept you had a responsibility to draw the attention of the department and the CEO and the hospital to the fact that there had been a significant failure of systems and processes at the hospital?

A. That was not what the rumour that I heard was.

1 Q. Was it not?

2 A. It was - the rumour that I heard was that there had
3 been an issue with a staff member in social work with
4 Griffin: that was the extent of it.

5

6 Q. You keep saying "an issue". Was - the rumour that you
7 heard was that he had sexually abused a staff member as a
8 child, wasn't it?

9 A. I don't believe that the term - it's hard to remember
10 corridor conversations, but - I can't remember if the term
11 "sexual abuse" was used, but there had been a relation - I
12 think the terms are more of, "There was a relationship", or
13 something along those lines.

14

15 COMMISSIONER BROMFIELD: Q. With a child?

16 A. Well, with the member - um, there was - it was not
17 specific about the age of the person. It was a member of
18 the social work staff, it was related to - yes, it was,
19 sorry, it was in relation when that person was a child, but
20 more details than that, there was nothing.

21

22 PRESIDENT NEAVE: Q. Was the word "relationship"
23 appropriate in those circumstances?

24 A. Absolutely not.

25

26 MS BENNETT: Q. It was child abuse, wasn't it?

27 A. That was the implication of the rumour, yes.

28

29 Q. Yes. So, if the hospital was aware that Griffin had
30 engaged in child abuse before 31 July, if it was aware of
31 that fact before 31 July 2019, that would have been a very
32 significant matter, wouldn't it?

33 A. Yes.

34

35 Q. It would have represented a very serious failing by
36 the hospital to respond to a danger to children, wouldn't
37 it?

38 A. Yes.

39

40 Q. Were you not concerned, Dr Renshaw, to identify the
41 locus of that failing?

42 A. I certainly would have - I think the aim of your
43 question is --

44

45 Q. Dr Renshaw, perhaps you could focus on answering my
46 question rather than understanding the reason for it?

47 A. Finding the locus of the problem, yes, is important.

1
2 Q. It was critically important, wasn't it?
3 A. It was very - it was critically important, yes.
4
5 Q. A paedophile had been permitted to continue working on
6 a Children's Ward for a number of years because, I suggest
7 to you, the systems and processes at Launceston General
8 Hospital broke down; do you accept that?
9 A. Yes.
10
11 Q. And you were aware of that by way of the rumour that
12 you heard sometime in October 2019; is that right?
13 A. Yes.
14
15 Q. And you took absolutely no steps to escalate or
16 eradicate the locus of that significant failure; is that
17 right?
18 A. No, that is not correct, because there was --
19
20 Q. What steps did you take in response to that
21 catastrophic failure?
22 A. I have no idea what you're referring to from the point
23 of view - I don't know what steps I physically could have
24 taken.
25
26 Q. Do you think you could have told the Secretary in one
27 of the briefings you provided to her?
28 A. And I've already said that that was an omission. It
29 wasn't an intentional omission but it was an omission.
30
31 Q. But Dr Renshaw, I'm asking is that something you could
32 have done, tell the Secretary?
33 A. It could have been, yes.
34
35 Q. So that's the one failing, wasn't it?
36 A. Yes.
37
38 Q. You failed to tell the Secretary about a way in which
39 the systems and processes at Launceston General Hospital
40 failed?
41 A. Based on a corridor rumour.
42
43 Q. Is this a category of information that you considered
44 to be particularly unreliable? As I understood your
45 evidence --
46 A. Yes.
47

1 Q. It is?
2 A. Well, corridor rumours in hospitals, yes.
3
4 Q. I understood your evidence earlier that you believed
5 the rumour?
6 A. I believed the rumour, yes.
7
8 Q. Dr Renshaw, can I suggest to you that there are
9 significant inconsistencies in the evidence you're giving
10 to this Commission?
11 A. You could suggest, yes.
12
13 Q. Would you accept that it is open to the Commission to
14 find that you are not attempting to assist it in the most
15 helpful way possible?
16 A. No, I do not. I do not accept that.
17
18 MS BENNETT: Commissioners, I'm conscious of the time;
19 it's 4.30 and I'm conscious we have a stenographer who's
20 working. I'm not hopeful of finishing in the next
21 15 minutes, and I'm in the Commissioners' hands as to
22 whether Dr Renshaw is held over until tomorrow. I don't
23 have long, but it is not, as I said, 15 to 20 minutes. It
24 is closer to 40 minutes, possibly. I'm not confident. I
25 could try. I'm in the Commissioners' hands.
26
27 PRESIDENT NEAVE: Subject to Dr Renshaw and also the
28 stenographer, if we were to go for another 40 minutes - I
29 mean, please be frank about whether that's ... I don't
30 think our stenographer can go on for another 40 minutes.
31
32 MS BENNETT: Perhaps, could I suggest a short --
33
34 PRESIDENT NEAVE: Is it appropriate to go on for another
35 15? I need to speak to Dr Renshaw, just a minute.
36
37 MS BENNETT: Please the Commission.
38
39 PRESIDENT NEAVE: I think our stenographer would need a
40 short break if we were to go on even for another
41 15 minutes.
42
43 MS BENNETT: Perhaps we could have a short break now, and
44 we can have the relevant discussions in the break about how
45 we can best use the time and about --
46
47 PRESIDENT NEAVE: Q. We also need to get - I just want

1 to hear from Dr Renshaw or his counsel. Another 15, would
2 you be able to go on for another 15?

3 A. Yes, perfectly willing, yes.

4

5 Q. But on the basis that you would need to come back
6 tomorrow almost certainly?

7 A. Yes.

8

9 PRESIDENT NEAVE: All right. Well, let's just have a very
10 short break.

11

12 MS BENNETT: Perhaps we'll allow the witness to be excused
13 for a moment while the balance of the matters get --

14

15 PRESIDENT NEAVE: Yes, that's right. So, you could
16 withdraw, Dr Renshaw.

17

18 MS BENNETT: Perhaps we could have a few minutes and
19 liaise with the Commission's associate as to returning. Is
20 that a convenient course?

21

22 PRESIDENT NEAVE: Yes, that's fine.

23

24 COMMISSIONER BENJAMIN: We'll take the adjournment.

25

26 MS BENNETT: Please the Commissioners.

27

28 PRESIDENT NEAVE: We'll take the break.

29

30 **SHORT ADJOURNMENT**

31

32 MS BENNETT: Commissioners, in light of the time, we
33 propose now to adjourn until the morning, 10am, if it be
34 convenient. I understand there's no objection to that
35 course from my learned friends.

36

37 PRESIDENT NEAVE: Good. We can adjourn.

38

39 **AT 4.40PM THE COMMISSION WAS ADJOURNED TO**
40 **FRIDAY, 9 SEPTEMBER 2022 AT 10.00AM**

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