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**TRANSCRIPT OF PROCEEDINGS**

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

**At Clarendon Room, Country Club Tasmania,  
Country Club Avenue, Prospect Vale, Launceston**

**BEFORE:**

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

**On 28 June 2022 at 10.03am**

**(Day 16)**

1 PRESIDENT NEAVE: Thank you, Ms Norton.  
2  
3 MS NORTON: Thank you, President Neave. Our first witness  
4 this morning is Kylee Pearn and I'll ask that Ms Person  
5 come up to the witness box.  
6  
7 <KYLEE JAYNE PEARN, affirmed and examined: [10.04am]  
8  
9 <EXAMINATION BY MS NORTON:  
10  
11 MS NORTON: Q. Good morning, Ms Pearn.  
12 A. Good morning.  
13  
14 Q. Can you just state for the transcript your full name  
15 and occupation, please?  
16 A. Kylee Jayne Pearn and I'm a social worker.  
17  
18 Q. Is it the case that you use your maiden name, Bannon,  
19 for professional purposes?  
20 A. Yes, I've always used my maiden name at work.  
21  
22 Q. Thank you. You prepared a statement for the  
23 Commission which is dated 24 June 2022; have you reviewed  
24 that statement recently?  
25 A. Yes, I have.  
26  
27 Q. And is it true and correct to the best of your  
28 knowledge and belief?  
29 A. Yes, it is.  
30  
31 Q. Thank you. I'd like to begin by asking you some  
32 questions about James Griffin.  
33 A. Yes.  
34  
35 Q. You say in your statement at paragraph 4 that you've  
36 known Mr Griffin since you were about 4 years old; is that  
37 right?  
38 A. That's correct, yes.  
39  
40 Q. Would you like to tell the Commissioners how it was  
41 that you knew Mr Griffin?  
42 A. Our families were friends and [REDACTED]  
43 [REDACTED], yep.  
44  
45 Q. You say in your statement that you were sexually  
46 abused by Mr Griffin as a child.  
47 A. Yes.

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Q. I don't need you to give any evidence about the nature of that abuse, but you say that it occurred or started at around the time that you were 6 or 7 years old?

A. Around then, yeah.

Q. And you say that you were abused on a regular basis for a couple of years?

A. Yeah, a number of years, yes.

Q. I just want to read to you something that you say in your statement at paragraph 5 and I'll ask you to comment. You say:

*My coping strategy has always been to lock it away and pretend it never happened. I also do not want to discuss it here as I do not want to label myself as a "victim-survivor". Although this thing happened to me I refuse to allow it to define me. It is something that happened but it's not who I am.*

A. Yes.

Q. Is there anything you'd like to say in elaboration on that to the Commissioners?

A. No, it's just how I've chosen to cope with it over the past 40 years and I find it better for me, just to reject those labels, yep.

Q. In September 2019 you reported your abuse to the police?

A. Yes.

Q. And you gave a video recorded interview; is that correct?

A. Yes, that's correct.

Q. And Mr Griffin was charged with offences at around that time?

A. That's correct.

Q. I'll come back later in the examination to ask you a bit more about the circumstances leading to that.

A. Yes.

1 Q. Before I do, I'd like to talk to you about an earlier  
2 disclosure that you'd made in a work context.

3 A. Yes.

4

5 Q. You were, until recently, I think it was last year, a  
6 state servant?

7 A. That's correct.

8

9 Q. And you were employed as a social worker in Child  
10 Protection, I think you say?

11 A. Initially.

12

13 Q. Yes.

14 A. Initially.

15

16 Q. Would you like to tell the Commissioners a bit about  
17 your work history with the Department of Health and Human  
18 Services?

19 A. Yes, of course. So I started with the Department of  
20 Health in Child Protection as my first job as a new social  
21 worker. Spent a short time there, then spent about  
22 15 years, I think it was, with the Family Violence  
23 Counselling and Support Service, I had a couple of roles  
24 there. Then in around 2011 I took a secondment to the  
25 Launceston General Hospital as a social worker in the  
26 Department of Emergency Medicine and ICU unit, yeah.

27

28 Q. When you started working at the hospital, you say in  
29 your statement that you were still in contact with  
30 Mr Griffin up until that point?

31 A. Yes.

32

33 Q. Did you come across him at work when you started at  
34 Launceston General Hospital?

35 A. Yes. Because the ICU unit is on level 4, which is  
36 where the Children's Ward also is, I would see him  
37 sometimes; the doors, the entrances to both those areas are  
38 actually very close, so I would see him coming and going  
39 and I also ran into him a few times as well, yep.

40

41 Q. What was that experience like for you to run into  
42 somebody who sexually abused you in the course of your work  
43 day?

44 A. Incredibly confronting. There were a couple of  
45 occasions where he approached me, kissed me on the cheek  
46 and I felt very vulnerable in my workplace. There was one  
47 particular incident that happened on 4K, I actually had

1 reason to go into 4K and he did that. There was another  
2 occasion he approached me on the very big concrete stairs  
3 in the LGH, it was just the two of us, and another occasion  
4 he actually kissed me on the cheek in front of his work  
5 colleagues in the cafeteria.  
6

7 Q. You say in your statement that there are two events  
8 which ultimately led you to disclose your abuse to a  
9 colleague at the hospital.

10 A. Yep.

11  
12 Q. The first event you talk about, and this is at  
13 paragraph 8 of your statement, is a conversation that you  
14 had with a childhood friend. Would you like to tell the  
15 Commissioners about that conversation?

16 A. Yeah, this is someone I'd known a long time, we had  
17 had a chance conversation on a car trip, totally unplanned,  
18 unexpected and that friend disclosed to me that he'd also  
19 abused her. So, that was a very big realisation for me,  
20 that I wasn't the only one, because that's something I told  
21 myself for a very long time, it was probably just me. So,  
22 that was incredibly confronting and incredibly moving to  
23 have someone else say, "Yeah, well, me too". We didn't  
24 discuss details, I don't talk about - still won't talk  
25 about it, so we didn't share details, I still don't  
26 actually know what happened with her, so it was just a  
27 chance disclosure of, "Me too", yeah.  
28

29 Q. At that point in time had you told anyone else that  
30 you'd been abused by Mr Griffin?

31 A. No. My husband had worked it out but, no, no-one else  
32 knew, no, no.  
33

34 Q. The second event that you talk about in your statement  
35 was an experience where one of your children had an  
36 overnight hospital stay on Ward 4K.

37 A. Yes.  
38

39 Q. Would you like to tell the Commissioners about that  
40 experience?

41 A. Yeah, it was a brief overnight stay. Jim was working,  
42 my child was small, and I was petrified about leaving the  
43 room. I actually had to call my husband to come in so I  
44 could get a sandwich and go to the toilet, I explained that  
45 Jim was working and I was afraid. It was really  
46 confronting seeing him on the ward. It's very different to  
47 knowing someone works there versus actually seeing them in

1 that environment, and I just thought how incredibly unfair  
2 it was that I could protect my child, but no-one else in  
3 this ward knew that information or had that information,  
4 and it was then I knew that I had to do something about it,  
5 yeah, yep.

6  
7 Q. You say in your statement at paragraph 9 that you had  
8 an innate feeling that other children were at risk on the  
9 ward?

10 A. Yeah, yep. Yep, that was a really powerful feeling  
11 especially after the disclosure from my friend: I just  
12 knew, yep.

13  
14 Q. And you say, again in paragraph 9, that you felt it  
15 was no longer about you and you had a duty to do something  
16 about it?

17 A. Yeah, that's right. As a social worker, I mean the  
18 key responsibility is keeping children safe, and I hold  
19 those values very close here and I had an opportunity to do  
20 exactly that, so it wasn't just about me, it was about my  
21 profession, being a social worker, a mum, wanting to  
22 protect the other kids on that ward, so I just knew I had  
23 to do something, yeah. Yep.

24  
25 Q. And so, what did you do?

26 A. I summoned up the courage to speak to my - the manager  
27 of the social work department, Stewart Millar, he was  
28 someone who I held in very high regard, I'd worked with him  
29 previously at Child Protection, so he was someone I felt  
30 comfortable enough having that conversation with, so I went  
31 to Stewart and I told him that Jim had done this to myself  
32 and he had also - he had, by way of explanation he sexually  
33 abused me as a child and sexually abused a friend of mine,  
34 and that I felt he was a risk up there and I didn't think  
35 he should be on that ward.

36  
37 Q. What did you think was the risk he posed?

38 A. I felt he was a risk of abusing other children, yep.

39  
40 Q. And what was Stewart's response to that information?

41 A. Stewart was fantastic, he believed me, he supported  
42 me, he asked what I wanted, I felt heard, and a sense of,  
43 yeah, okay, we need to do something about this.

44  
45 Q. You say in your statement that he offered you options  
46 for what to do next.

47 A. Yeah.

1  
2 Q. What did you decide to do next?  
3 A. We decided we would meet with HR and pass on that  
4 information, yep.  
5  
6 Q. What did you hope might come of that meeting with HR?  
7 What was your intention in telling them what had happened  
8 to you?  
9 A. To have him removed from the Children's Ward, yep.  
10  
11 Q. What do you recall about that meeting with HR?  
12 A. I recall that it happened fairly close to when I met  
13 with Stewart, so it was - I think it was within a day or  
14 two, I'm not 100 per cent sure about that but I think it  
15 was within a day or two.  
16  
17 Q. Can I ask you a question at that point?  
18 A. Yeah.  
19  
20 Q. What's your best recollection of when the meeting with  
21 Stewart happened? I take your evidence that it all  
22 happened pretty quickly.  
23 A. Yep.  
24  
25 Q. What's your best recollection about when that meeting  
26 took place?  
27 A. During 2011.  
28  
29 Q. Right.  
30 A. I started in March 2011, so it was sometime after  
31 that.  
32  
33 Q. You started at the hospital in March?  
34 A. Sorry I started at the hospital, yeah. I started my  
35 secondment in March, yep.  
36  
37 Q. And where did the meeting take place?  
38 A. It was in Stewart's office, which is Level 2, so quite  
39 a big social work manager's office on Level 2 of the  
40 hospital, it was in there.  
41  
42 Q. So you were there and Stewart was this?  
43 A. Yep.  
44  
45 Q. Who else attended the meeting?  
46 A. I'm not 100 per cent sure but I believe it was Gino  
47 Fratangelo who was an HR representative, I'm not

1 100 per cent sure about that. It was certainly a man.  
2  
3 Q. It was a man?  
4 A. Yep.  
5  
6 Q. You say in your statement you think it was  
7 Mr Fratangelo, you can't be sure, it may have been two  
8 people but you can't be sure; is that right?  
9 A. Yeah, that's correct.  
10  
11 Q. Were there any other women in the room?  
12 A. No, there was no other women, no.  
13  
14 Q. How were you feeling at that meeting?  
15 A. Terrified. I felt I had a lot to risk. I felt like  
16 it was a really big thing to put that out there and make a  
17 statement like that in relation to a staff member, yeah. I  
18 was terrified, yeah.  
19  
20 Q. And what do you recall about what was said at the  
21 meeting?  
22 A. I recall that they came to the meeting prepared.  
23  
24 Q. What gave you that impression?  
25 A. They said things like, "We have looked into him. We  
26 have looked at his" - I don't know if it was HR file,  
27 personnel file, whatever it was. They said things like,  
28 "He has been on the ward too long". They said things like,  
29 "He will make too much of a fuss if we move him". They  
30 also told me he was an ANMF member or rep, I can't remember  
31 if it was member or rep, and that he would cause a ruckus  
32 if they would attempt to remove him from that ward, yep.  
33  
34 Q. Can I just go back a step. You seem to be describing  
35 what was said in response to you.  
36 A. Yep.  
37  
38 Q. What did you tell people in attendance at that meeting  
39 about James Griffin?  
40 A. That he sexually abused myself and a friend, yep, and  
41 that he was a risk, yep.  
42  
43 Q. Did they propose to do anything in that meeting about  
44 the information that you'd given them?  
45 A. No, no. There was a strong sense - I got a strong  
46 sense that the responsibility was back on me; that they  
47 wouldn't do anything without a conviction, which was up to



1 me. And that, unless I put my name forward that there was  
2 nothing they could or would do.  
3  
4 Q. And how long did that meeting last? Was it a short  
5 meeting?  
6 A. Best recollection, you know, 20 or 30 minutes, yep.  
7  
8 Q. And you felt, you said, that the burden was back on  
9 you to go and get a conviction?  
10 A. Absolutely.  
11  
12 Q. Did they give you the sense they had no options  
13 without a conviction?  
14 A. Without a conviction, without my name being to the  
15 complaint, yeah.  
16  
17 Q. What was your reaction to that meeting?  
18 A. It wasn't the response I had anticipated, it would be  
19 fair to say. I had expected that when an employee is  
20 sitting before someone telling them what had happened to  
21 them as a child, that they would take that seriously, and  
22 that they would actually do something about it, yeah. So,  
23 I was shocked, I was stunned. I felt a bit humiliated, a  
24 bit powerless, yeah.  
25  
26 Q. Did HR offer you any support following that meeting?  
27 A. No, nothing. No. There was no follow-up whatsoever.  
28  
29 Q. So putting to one side the fact that HR didn't feel  
30 that they could or would do anything about the information  
31 from a child safety point of view, did they offer you any  
32 options or recognise the difficulty that you experienced in  
33 meeting - coming across your abuser at work?  
34 A. No, no. No, no.  
35  
36 Q. And you say that Mr Millar did offer you support?  
37 A. Yes.  
38  
39 Q. You were supported by him following the meeting?  
40 A. Absolutely, yes.  
41  
42 MS NORTON: I'm sorry, I've just been told that the sound  
43 has just gone down on the live stream and we just need to  
44 pause until that's rectified.  
45  
46 PRESIDENT NEAVE: Do you want a brief adjournment? How  
47 long will it take, I wonder?

1  
2 MS NORTON: Yes, I think a brief adjournment is probably a  
3 good idea, thank you.  
4

5 **SHORT ADJOURNMENT**  
6

7 PRESIDENT NEAVE: Unfortunately, as those of you who are  
8 in the live stream room or who are listening remotely will  
9 know, our sound failed which meant that we were not able to  
10 transmit a great deal of your evidence, Ms Pearn. I  
11 understand that you're happy to go through the process of  
12 examination again.

13 A. Yes.  
14

15 Q. And I thank you, counsel, if you could begin again,  
16 thank you?  
17

18 MS NORTON: Yes, thank you, and thanks for your patience,  
19 Ms Pearn. I'll just begin by asking you some questions  
20 about James Griffin. You knew James Griffin from the time  
21 when you were a child; is that right?

22 A. Yes, from when I was about 4 years old.  
23

24 Q. In the statement that you've provided to the  
25 Commission, you've disclosed that you were sexually abused  
26 by him when you were a child?

27 A. Yes, that's right.  
28

29 Q. Would you like to share with the Commissioners  
30 whichever details you're comfortable sharing about that  
31 abuse?

32 A. That abuse began when I was about 7 or 8 years old and  
33 continued for a number of years on a regular basis.  
34

35 Q. You didn't report that abuse to police until much  
36 later; is that right?

37 A. That's correct.  
38

39 Q. When did you go to police, Ms Pearn?

40 A. 2019.  
41

42 Q. And he was subsequently charged with offences; is that  
43 correct?

44 A. That's correct.  
45

46 Q. And I should clarify, that's offences in relation to  
47 sexually abusing you?

1 A. That's correct.

2

3 Q. I'll come back to the circumstances that led to you  
4 going to the police, but I'd first like to ask you some  
5 questions about an earlier disclosure that you made to a  
6 work colleague.

7

8 You commenced working at the LGH, and I think your  
9 evidence earlier this morning was that that was in around  
10 2011; is that correct?

11 A. That's correct.

12

13 Q. Where did you work at LGH?

14 A. I was the social worker for the emergency department  
15 and ICU on Levels 3 and 4, yep.

16

17 Q. Did you come across Mr Griffin at work?

18 A. Yes, I did. The ICU and the Children's Ward are on  
19 the same level, Level 4, so I would sometimes see him, our  
20 doors - the entrances to the ward weren't that far away  
21 from each other so I would occasionally meet him in  
22 passing, yes.

23

24 Q. What was that experience like, to run into somebody  
25 who sexually abused you in the course of your work day?

26 A. Incredibly confronting. Although I knew he worked in  
27 the hospital because we were still in contact with him, it  
28 was very confronting to actually see him on that ward.

29

30 Q. In your statement, Ms Pearn, you referred to two  
31 particular events that ultimately led you to tell a  
32 colleague about the abuse.

33 A. Yes.

34

35 Q. The first event concerned a conversation you had with  
36 a childhood friend. Would you like to tell the  
37 Commissioners about that conversation?

38 A. Yes. A friend and I were travelling in a car on a  
39 long trip and we had a chance conversation which resulted  
40 in her disclosing to me that he had abused her as a child.  
41 I didn't share details with her but simply said, "Me too",  
42 so it was quite a moving conversation, I guess, because  
43 that was - I'd always believed I was the only one, and to  
44 hear that someone else that I knew and had a lot of regard  
45 for had also been abused was really confronting.

46

47 Q. If I could just summarise your evidence earlier this

1 morning, at that point the only person you told about the  
2 abuse was your husband; is that correct?

3 A. That's correct.

4

5 Q. And he'd effectively guessed?

6 A. Yes, he had; I didn't disclose to him but he had  
7 worked it out, yes.

8

9 Q. The second event that you describe as significant  
10 concerned one of your children being admitted to hospital  
11 and spending the night on Ward 4K. What was that  
12 experience like for you?

13 A. Again, incredibly confronting; although I knew he  
14 worked on the ward, but to see him in that environment and  
15 have fear for my own child. I was afraid to leave my  
16 child's bedside, I didn't want to go to the toilet, I  
17 didn't want to get a coffee, I didn't want to get anything.  
18 Although it was a very brief overnight stay for something  
19 very minor, I didn't feel he was safe in that environment.

20

21 Q. You said before earlier this morning that it occurred  
22 to you at that time that it was unfair that you had that  
23 knowledge and others didn't; would you like to just provide  
24 that evidence again?

25 A. Sure. Yeah, I remember sitting there thinking, I know  
26 that I need to keep my child safe from that person, but how  
27 incredibly unfair it was that every other parent who were  
28 bringing their children into that ward did not know to do  
29 that, and what a ridiculous situation that was, that I was  
30 feeling on edge to keep my child safe from a nurse on 4K.

31

32 Q. You said in your statement that you had an innate  
33 feeling that other children were at risk on the ward?

34 A. Yeah, I just knew; I had a strong sense about that,  
35 yeah.

36

37 Q. And so, having had those two events occur, what did  
38 you do next?

39 A. I decided I needed to do something about it. I'm a  
40 social worker, child safety is a massive part of what I do;  
41 obviously also a mum, an employee in that environment; I  
42 decided that I needed to tell my manager that I felt that  
43 he was a risk on that ward.

44

45 Q. Is that because you saw him as a risk to child safety  
46 at the hospital?

47 A. Yes, I believed he was a risk up on 4K.

- 1  
2 Q. And so, you spoke to your manager. Now, that's  
3 Mr Stewart Millar; is that correct?  
4 A. That's correct.  
5  
6 Q. Can you recall roughly when that conversation  
7 occurred?  
8 A. It was during 2011. I started at the hospital  
9 in March 2011 and it was sometime after that, yep, but  
10 early on into my time there.  
11  
12 Q. And you'd worked with Mr Millar before and felt  
13 comfortable with him?  
14 A. That's right. One of my first jobs was Child Safety,  
15 he was the senior practice consultant there, someone I held  
16 in high regard, had a lot of respect for, felt comfortable  
17 having that conversation with him, yep.  
18  
19 Q. What do you recall about the conversation you had with  
20 Mr Millar on that occasion?  
21 A. I recall telling him that Jim had sexually abused me  
22 as a child and also a friend of mine; that I felt he was a  
23 risk and shouldn't be up on 4K, yeah.  
24  
25 Q. What action did you and Mr Millar take following that?  
26 A. As a result of our conversation he organised a meeting  
27 with Human Resources.  
28  
29 Q. I want to come to that meeting but, before I do, what  
30 did you hope might come out of the meeting with  
31 representatives of HR?  
32 A. I was hoping they would remove him from 4K.  
33  
34 Q. So, you had a meeting; what do you recall about the  
35 meeting with HR? Where did it take place?  
36 A. It took place in Stewart's office, which is Level 2 at  
37 the hospital in the social work manager's office.  
38  
39 Q. Who do you recall, aside from yourself and Mr Millar,  
40 as being in attendance?  
41 A. I believe it was Gino Fratangelo, I'm not 100 per cent  
42 sure about that, but I believe that that's who was there.  
43  
44 Q. What was Mr Fratangelo's role within the hospital?  
45 A. HR. I don't know the technical title, but he was the  
46 HR representative, yep.  
47

- 1 Q. You say in your statement that it was at least one  
2 person from HR, it might have been two but you're not sure;  
3 is that accurate?
- 4 A. Yeah, that's accurate, yeah.
- 5
- 6 Q. Were there any other women in the room?
- 7 A. No, no.
- 8
- 9 Q. How did you feel during that meeting?
- 10 A. Ah, I felt - I felt shocked at the response. It was  
11 very clear to me that they had come to that meeting  
12 prepared.
- 13
- 14 Q. Before you go to the response, can you just for  
15 clarity tell the Commissioners what you told the HR  
16 representative at that meeting?
- 17 A. I told the HR representative that a nurse on 4K had  
18 sexually abused me as a child and also one of my friends  
19 and I felt he was a risk on that ward.
- 20
- 21 Q. What was the response from HR?
- 22 A. The response was that there was nothing they could do  
23 without a conviction. They'd looked into him, I remember  
24 those words, they had looked into him and his HR or  
25 personnel file, and that he had been on 4K for a long time.  
26 They said that he would cause too much of a fuss if he was  
27 taken from that ward; that he was an ANMF, and I apologise  
28 if I've got that wrong, I believe that's the - an ANMF  
29 either rep or member, possibly rep, and it was consequently  
30 I got the sense it was all too hard, yeah.
- 31
- 32 Q. In your evidence earlier, Ms Pearn, and again now  
33 you've referred to "they" in relation to HR.
- 34 A. Yeah.
- 35
- 36 Q. "They did this, they couldn't do that, they said  
37 this". I know you're not 100 per cent sure --
- 38 A. Yep.
- 39
- 40 Q. -- do you think that there was or may have been a  
41 second HR representative in that meeting?
- 42 A. It's a possibility in my mind.
- 43
- 44 Q. Do you want to say anything about who that person  
45 might have been, if there was a second HR representative?
- 46 A. I believe, if there was a second person there, it  
47 would have been James Bellinger.

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Q. But you're not 100 per cent sure?

A. No, I'm not 100 per cent sure, no.

Q. Thank you.

COMMISSIONER BROMFIELD: Q. Ms Pearn, I just wanted to check whether anybody else had ever spoken to you about Mr Griffin's membership of the ANMF?

A. Has anyone spoken to me?

Q. Yes. Have you had any conversation with anybody else about Mr Griffin being a member of the ANMF or possibly a rep?

A. No.

Q. So that meeting was the only place where that had ever been suggested to you?

A. Yes, that's correct.

COMMISSIONER BROMFIELD: Thank you.

MS NORTON: Q. To the best of your recollection how long did that meeting last?

A. It wasn't overly long. My best guess would be 20 to 30 minutes.

Q. You say in your statement and you said earlier this morning that you were stunned at the response of HR; why was that?

A. I felt they placed the responsibility back on to me to do something about it. I thought I had given them information that they would take seriously and act on. I told them very clearly that I believed he was a risk on the ward and I - the outcome I took away from that was, there was nothing they would do without a conviction.

Q. Was anything said at that meeting that gave you the sense, and I appreciate it's a long time ago, but anything that gave you the sense that HR appreciated your concern that Mr Griffin posed a risk to child safety on Ward 4K?

A. No, not at all. No, I don't believe that was taken seriously.

Q. You've given evidence that Mr Millar was at the meeting, and Mr Millar will give evidence later today, I just wanted to ask you, have you discussed your evidence

1 with Mr Millar at all in the lead-up to today?

2 A. Not at all, no. I've had no contact with him.

3

4 Q. Out of fairness, you've named both Mr Bellinger and  
5 Mr Fratangelo as the people you think were most likely in  
6 that meeting, you're less sure about Mr Bellinger. I just  
7 want to put to you what I expect they will say when they  
8 give evidence later this week, just so you have an  
9 opportunity to comment.

10 A. Sure.

11

12 Q. I expect that Mr Bellinger will say that he has no  
13 recollection of that meeting and that he was working in HR  
14 outside the hospital at the time. Do you have anything you  
15 want to say in response to that evidence?

16 A. That's possible, yep.

17

18 Q. And similarly, Mr Fratangelo, I expect will say that  
19 he has no recollection of that meeting.

20 A. I can't explain that. I recall the meeting very  
21 clearly, I recall the conversations that happened in the  
22 meeting.

23

24 Q. And so, while you're not 100 per cent sure who  
25 attended from HR, is it your evidence that that meeting -  
26 I'll ask the question a different way: are you 100 per cent  
27 sure that a meeting with HR took place?

28 A. I could not be more sure that that meeting took place,  
29 it's had a profound impact on me.

30

31 Q. Thank you, Ms Pearn. After that meeting, you say in  
32 your statement that you and your friend had had what you  
33 describe as an off-the-record conversation with a police  
34 officer. Would you like to tell the Commissioners about  
35 that conversation and why you went and spoke to a police  
36 officer at that time?

37 A. Sure. So, after I walked away from that meeting  
38 thinking that I needed - the only way to remove him from 4K  
39 was to actually get a conviction, my friend and I decided  
40 to look at our options in terms of getting a conviction, I  
41 suppose. We had a person that we were familiar enough  
42 with - a CIB officer that we were familiar enough with to  
43 have a conversation, that conversation took place in my  
44 friend's home. We told her who he was and what had  
45 happened to us, and we discussed what it would look like if  
46 we were to go ahead and actually have him charged.

47



1 Q. You ultimately decided that you wouldn't go through  
2 with that process; why was that?

3 A. There was a lot of fear on my part. I wasn't sure the  
4 likelihood of getting a conviction, I didn't - it was a  
5 different time back then, 11 years ago, I think a lot has  
6 changed in relation to people speaking out about child  
7 abuse; didn't feel safe to go through that process; thought  
8 we could go through the process and still have him found  
9 not guilty and then he's still on the ward. So, it was  
10 just, yeah, just a decision that we made; we couldn't go  
11 through with it at that time.

12  
13 Q. You say in your statement that your recollection is  
14 that some information was going to be put on the system  
15 somehow; do you mean the police system?

16 A. Yes, that's right.

17  
18 Q. And that, if anyone came forward in future and made  
19 similar allegations, you would come forward at that point?

20 A. That's right, yeah, and I also made a promise to  
21 myself at that time that, if anyone else ever came forward,  
22 I would 100 per cent follow through and have him charged,  
23 yep.

24  
25 Q. In your statement at paragraph 15 you talk about you  
26 and your friend having another conversation at that  
27 point --

28 A. Yes.

29  
30 Q. -- where you went to a principal, [REDACTED]  
31 [REDACTED]. What would you  
32 like to tell the Commissioners about the conversation you  
33 had with the principal at that time?

34 A. We shared our story with that principal, we were  
35 concerned about the risk that he posed in that environment.  
36 That principal was 100 per cent supportive, he believed us;  
37 he had some concerns of his own and we came away from that  
38 with a strong sense that he had it sorted; "Do not even  
39 worry", that he would ensure that, you know, on his watch  
40 that the children in that setting would be safe.

41  
42 Q. You say in your statement that you were reassured by  
43 the principal that Mr Griffin would be monitored at all  
44 times and not allowed to attend [REDACTED]. Is that  
45 correct?

46 A. Correct.

47

1 Q. And, did you feel reassured by that?

2 A. Yes, I did.

3

4 Q. How would you contrast the principal's response to  
5 your disclosure of abuse with the response of HR?

6 A. Complete opposite. The principal was just so  
7 reassuring. He took responsibility for the safety of the  
8 children in his care. He didn't require us to identify  
9 ourselves or to do anything in relation to the complaint,  
10 he just said, "I've got it sorted", as opposed to the HR  
11 meeting where I had a strong sense and a strong feeling  
12 that I was responsible and that it was on my watch, yep.

13

14 Q. You gave evidence earlier this morning that, even  
15 putting to one side the child safety concern that you had  
16 raised with HR, HR didn't seek to provide any support to  
17 you as an employee who, on your disclosure, was coming  
18 across your abuser regularly at work, and you say in your  
19 statement that you ultimately left that position at the  
20 hospital. Would you like to explain why you decided to  
21 leave?

22 A. Yeah, so after - well, I think - there was a number of  
23 occasions where he actually approached me and would kiss me  
24 on the cheek in my work environment; I didn't feel that I  
25 could - I felt powerless to stop that, conditioned to  
26 accept that, I guess. And there was certainly one occasion  
27 where that occurred and it was within a day or two of  
28 reporting to HR; I felt quite intimidated by that, I felt  
29 really unsure as to whether - maybe he knew somehow that  
30 I'd said something, but there were three distinct occasions  
31 where he did that and I felt incredibly uncomfortable.

32

33 Q. You moved to a different social work position, was  
34 that an equivalent position?

35 A. No, that wasn't, I took a position that was a lower  
36 level simply to get off the ward and be in an environment  
37 where, I guess, I didn't have to interact with him.

38

39 Q. You said earlier in your evidence that in 2011 when  
40 you'd had that off-the-record conversation with a police  
41 officer and decided not to pursue a formal complaint at  
42 that point, that you made a promise to yourself that, if  
43 anyone else ever came forward, you would go to police?

44 A. Yes.

45

46 Q. You made good on that promise?

47 A. Yes.

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Q. Would you like to tell the Commissioners what caused you to go to the police in 2019?

A. I'd started to hear, I guess, rumours/information that someone else had come forward and I decided, yeah, to make good on that promise, and so I picked up the phone to a CIB officer who I knew through my role in school social work and I had a conversation with her and simply shared that I had been abused by this person as well and, if it was true that someone else had come forward, I also wanted to make a statement.

Q. Mr Griffin was never ultimately tried for those offences due to his death. You say in your statement that you didn't feel the need for him to go to jail. Why did you come forward and speak to police in 2019?

A. I wanted to stop him and keep other children safe as well as support another person who had come forward.

Q. You say in your statement that you had a positive experience of dealing with police when you came forward; would you like to talk about that?

A. Yeah, absolutely. So, after my conversation with the female CIB officer, she didn't confirm or deny what I'd heard, just said simply she would get a colleague to phone me. He phoned within - that was Glenn Hindle - within an hour I think, and he was fabulous to deal with, I felt very supported, very believed by him, and I was in making a statement with him within a few days of my conversation, yeah.

Q. Your statement refers to the fact that you found that to be a supported experience, but you've offered a reflection in your statement and I'll ask you or invite you to offer the same reflection about how that experience might feel for somebody who was less familiar with the police environment, so perhaps you could begin by talking about the reason why you were more at home in a police station?

A. Yeah, I'd spent, you know, 15 years working for the Family Violence Service. Back when it was a crisis service we were a 7 day a week shift work service and we spent nights and weekends. We actually had an office at the police station, so I spent many, many nights and many weekends on shift at the Family Violence Service wandering around the halls of the police station, chatting to officers and whoever was on the desk at reception, it was

1 an environment I was very comfortable in, I knew the  
2 layout, I knew where we would be headed. So, for me it was  
3 a supportive process, but I often wonder how someone else  
4 would feel in that environment, yeah.

5  
6 Q. In 2020 you made some enquiries of the National  
7 Redress Scheme; is that correct?

8 A. That's correct.

9  
10 Q. And in your statement you describe that as one of the  
11 most distressing experiences of your life.

12 A. Yep.

13  
14 Q. What was so difficult about that process?

15 A. I think it had been recommended to me by Glenn Hindle,  
16 and I'd done a little - I had had a bit of a look on the  
17 website but couldn't really see any clarifying information.  
18 I was unsure about eligibility given the way I came into  
19 contact with Jim. [REDACTED]

20 [REDACTED], so I was  
21 unsure. So I picked up the phone to them to seek  
22 clarification about that and was told by the person who  
23 answered the phone, we had a little bit of a chat, that  
24 basically they couldn't provide that information and they  
25 would need to book me an appointment the following week  
26 with a lawyer.

27  
28 The following week I had a conversation, that phone  
29 appointment occurred. The lawyer indicated that there was  
30 either an internal - someone that was learning or  
31 something, and was it okay if they sat in on that. I  
32 explained that I was still just seeking clarifying  
33 information about eligibility, but what actually ensued was  
34 a number of horrendous questions, and I can't believe that  
35 they ask it in that manner, yeah.

36  
37 Q. I'll invite you if you'd like to, to explain what was  
38 horrendous about the questions?

39 A. Before determining eligibility they went through a  
40 series of questions about what abuse had actually occurred  
41 to me, and I certainly wasn't anticipating that, I felt  
42 they didn't ask those questions in a very trauma-informed  
43 way. One particular question I remember is, they asked if  
44 his "penis, tongue or finger had penetrated any of my  
45 orifices".

46  
47 Q. Just to clarify, that was a question that was asked in

1 response to an enquiry about eligibility in a broad sense?

2 A. Correct.

3

4 Q. And you say that it wasn't a trauma-informed approach.  
5 Is there anything that you'd like to say, as somebody who  
6 is a social worker and who is familiar with the concept of  
7 trauma-informed practice, about how that could have been  
8 done differently in a more trauma-informed way?

9 A. Well, I think determining eligibility perhaps before  
10 you're actually answering questions about what happened to  
11 your body is really important. The wording: that's not  
12 words I would ever use when I'm working with someone, yep.

13

14 Q. You also had some discussions with management at the  
15 LGH after Mr Griffin was charged.

16 A. Yep.

17

18 Q. What caused you to feel the need to speak to  
19 management at that time?

20 A. After the podcast came out I actually - and his name  
21 was known, I felt, and there was this sense there was lots  
22 happening in the media and I felt there was this sense that  
23 information was going to come out; a very loyal state  
24 service employee, and I felt that people like Mr Renshaw  
25 needed to know that meetings like that happened with HR had  
26 occurred, and so, I wanted to follow the correct process  
27 and due process and inform him that that information at  
28 some point may come out - not from me, but it was - it had  
29 occurred, yeah.

30

31 Q. Did you manage to have a conversation with Dr Renshaw  
32 about that?

33 A. Yeah, I ended up having a very brief phone  
34 conversation with him.

35

36 Q. What do you recall telling him at that time?

37 A. Yep, that I had met with HR in 2011, that there was -  
38 my manager was present, that I was dismissed; that they had  
39 information that he --

40

41 Q. Sorry to interrupt. When you say you were dismissed,  
42 do you mean that your concerns were effectively dismissed?

43 A. Yes.

44

45 Q. Not acted on?

46 A. Yes.

47

1 Q. Sorry, continue.

2 A. Yeah, so I provided that information to him and I told  
3 him that I thought he needed to know that this is where  
4 things might head; that that information might come out at  
5 some point.

6  
7 Q. What do you recall about Dr Renshaw's response?

8 A. He was very dismissive, didn't really want to spend a  
9 lot of time on the phone to me. He directed me - I think  
10 at that point in time there was just a health enquiry had  
11 been launched, directed me to the phone number for that or  
12 an email or something along those lines and said, "You need  
13 to talk to them".

14  
15 Q. Was it your sense following that conversation that  
16 Dr Renshaw was concerned that you might have disclosed as  
17 early as 2011 to HR that you'd been sexually abused?

18 A. No. No, I didn't get any concern from him, I felt  
19 quite fobbed off.

20  
21 Q. You had a conversation with the then Health Minister,  
22 Ms Courtney, at about the same time?

23 A. That's correct.

24  
25 Q. What do you recall about that conversation?

26 A. I felt, well, if Peter Renshaw wasn't going to listen  
27 or take the concerns seriously, that I would go to the  
28 Health Minister. So, I contacted the Health Minister and  
29 we set up a phone conversation where I shared the same  
30 information with her.

31  
32 Q. And what was her response to that information?

33 A. She appeared concerned, yeah.

34  
35 Q. You say in your statement, I think it was you say the  
36 same week that you had the conversation with Ms Courtney,  
37 the Commission of Inquiry was announced; is that correct?

38 A. Yeah, that's correct, because I'd spoken to her on the  
39 phone and then the following day - [REDACTED]  
40 [REDACTED] - and when I arrived at the aquatic centre  
41 she was out the front having a media launch of some sort, I  
42 can't recall, so I introduced myself but obviously I'd only  
43 spoken on the phone but she didn't know me, so I introduced  
44 myself to her and she said that she had spoken to Peter  
45 Gutwein after our conversation that day, she had spoken to  
46 him the previous evening after her and my phone  
47 conversation, and she said to keep a listen out for the

1 news that night, there was some important information  
2 coming.

3  
4 Q. I'd like to ask you some questions, Ms Pearn, about  
5 the impact of the matters that you've discussed in evidence  
6 today and I'd just like to do so by reading something from  
7 your statement and asking you to elaborate.

8  
9 You say at paragraph 38:

10  
11 *By far the most difficult thing through all*  
12 *of the process has been everything that*  
13 *came after the actual abuse and reporting*  
14 *to the police such as dealing with multiple*  
15 *government departments, requesting*  
16 *information and having information released*  
17 *without consent.*

18  
19 Would you like to elaborate on that statement?

20 A. Yeah, I just feel that that's been - for me, and I'm  
21 not minimising the abuse or what occurred, but that for me  
22 has been far more difficult than what actually happened to  
23 me and actually going to police and making a statement;  
24 that there's so much I think that goes on behind the scenes  
25 that people aren't aware of, yep, and that's what I have  
26 found far more difficult than the police process and having  
27 him charged.

28  
29 Q. As I understand it, one of the difficult things for  
30 you has been a sense of loss of control over information  
31 concerning yourself?

32 A. Yep.

33  
34 Q. And, tied in with that, you found the media coverage  
35 in response to the podcast and other matters to be  
36 particularly difficult?

37 A. Yeah.

38  
39 Q. Would you like to talk to the Commissioners about  
40 that?

41 A. Yeah, so, in relation to the media I feel like, in a  
42 normal situation - I'm not sure if that's the right word -  
43 but you could avoid the media in relation to, for example,  
44 if there's a trial coming up and you know that your  
45 offender - you know, there might be some news coverage, you  
46 can actually avoid that.

1 In this situation I have felt like you never know  
2 where his name, face, photo is going to pop up: it might be  
3 in news headlines, it might be on the radio, it could be on  
4 the TV, it could be in The Examiner; it could pop into your  
5 inbox because you subscribe to The Examiner, it could be on  
6 Twitter, it could be on Facebook.

7  
8 And I had a really lovely conversation with [REDACTED]  
9 [REDACTED] at one point, the founder of the LetHerSpeak  
10 campaign, because I just felt at a complete loss, I felt  
11 like I couldn't listen to - I couldn't do my normal things,  
12 you know, I had to stay away from all news at any time,  
13 because who knows where police were going to release  
14 another report and therefore his name and face, and she  
15 described it in such a beautiful way and she said, "You  
16 feel like you're playing whack-a-mole", and I felt that it  
17 was a great descriptor and that's what I felt like, "Quick,  
18 switch the TV off, quick switch the radio off, quick switch  
19 the podcast off, don't look at the paper today", and you  
20 can't avoid all of that, and I feel like essentially to not  
21 see him or his face, that's what I would have had to have  
22 done for the last two years. You can't do that, that's not  
23 normal, yeah.

24  
25 Q. You say in your statement that in 2021 you and another  
26 person who'd been abused by Mr Griffin approached several  
27 media outlets to try and raise awareness about the  
28 re-traumatising impact of media reporting. What was the  
29 response of media outlets to that approach?

30 A. I didn't feel that I got very far. I had one editor  
31 accuse me of censorship directly over the phone. I tried  
32 to explain it wasn't about censorship, it was actually just  
33 about - I fully appreciate the media have a really, really  
34 important role to play in all of this. However, I feel  
35 there's a way that they could actually approach this which  
36 balances the needs of the victim-survivors, of his family,  
37 and the public interest and that's the point I was actually  
38 trying to get across and I didn't feel that that was heard  
39 or understood, yeah, and that's when I went to [REDACTED].

40  
41 Q. You have an audience presently, is there any  
42 suggestions you'd like to offer about the ways in which the  
43 media could balance those competing needs?

44 A. I don't believe his photo needs to be shown at all  
45 times, and I certainly think, if they're going to show his  
46 photo, why would you show one where he's in a nurse's  
47 uniform? It's well-known that he abused a number of people



1 on the ward: why would you put that - it's so triggering,  
2 incredibly triggering for staff as well, as well as his  
3 victim-survivors, victim-survivors' families, his family.  
4 There are ways I believe that you could report this that do  
5 balance the needs of both.  
6

7 Q. You also talk in your statement about very difficult  
8 experiences, and I use the word "experiences" in the  
9 plural, that you've had about your information being  
10 released by the police in response to third party RTI  
11 requests.

12 A. Yes.  
13

14 Q. What would you like to tell the Commissioners about  
15 those experiences?

16 A. Yep, so another person contacted police Right to  
17 Information and applied for their information. As a result  
18 of that, my information was also released; my name was  
19 redacted, however quite identifying. This person certainly  
20 knew it was me, they alerted me to that, and I let that one  
21 slide, I just thought, "Okay, interesting".  
22

23 A couple of months later that same person applied for  
24 some additional information. That additional information  
25 this time contained very graphic information about what had  
26 happened to me and my body as a child. When police charged  
27 him I had - because there was so many charges I guess, and  
28 over a period of time I had to give three very specific  
29 examples of those charges: that's the information that  
30 police actually released to this other person. And this  
31 time I decided I would pick up the phone and have a  
32 conversation with the police Right to Information office  
33 because the same person's name was on both letters.  
34

35 Q. When you say the same person's name, do you mean the  
36 same police officer's name?

37 A. Yes.  
38

39 Q. And what conversation did you have with that police  
40 officer or with a police officer?

41 A. Yeah, so I rang and spoke to that person and I was  
42 quite surprised to be able to - I think he actually  
43 answered the phone and I got straight through and had a  
44 direct conversation with him. When I said that they had  
45 released my information he said, "Well, no, that wouldn't  
46 have happened", and so I had the RTI number and the  
47 page number of my information, so I provided that to him,

1 and he said, "Could you please just hang on a minute, I'll  
2 put you on hold?" Unfortunately for him the hold button  
3 didn't work and I heard the ensuing conversation, where he  
4 and a colleague acknowledged that they had, "Fucked up" --

5  
6 Q. Their words?

7 A. Their words: that that information should never have  
8 been released, that I was on the phone and I was very  
9 distressed about the release of that information and it  
10 shouldn't have happened. And I also heard - it was a male  
11 officer that I phoned, he was speaking to a female  
12 colleague and he was saying to that female colleague, "Oh  
13 no, you weren't supposed to", blah, blah, blah, "No, no,  
14 no; that bit, no, that shouldn't have gone out", yet his  
15 name was on both of those letters so he had signed off on  
16 that information that was released. And, I don't say that  
17 to personalise this, I've actually had subsequent  
18 conversations with him and he seems to be a very nice man  
19 and very apologetic for that stuff up.

20  
21 But I would expect that people working in the police  
22 Right to Information office should know what they can and  
23 can't release. Now, is that a - I don't know, is that an  
24 issue because they have way too many RTIs and they're not  
25 funded to - you know, they're not staffed enough? I don't  
26 know, but I think it would be a fair public expectation  
27 that police working in the RTI office know what they can  
28 and can't release and should not be releasing other  
29 people's information. I was terrified about where else  
30 that information might end up.

31  
32 Q. Are these details, aside from providing them to the  
33 police for the purposes of pursuing criminal charges, are  
34 they details that you provided to anyone else about the  
35 abuse you'd suffered?

36 A. No, I don't speak about it, I never speak about it,  
37 I've never shared those details with absolutely anybody,  
38 and yet here they were in writing given out to someone else  
39 without my permission.

40  
41 Q. You ultimately resigned from employment as a state  
42 servant last year after 24 and a half years in the  
43 Tasmanian State Service. What caused you to resign at that  
44 point?

45 A. There was a few things. I guess I didn't feel that I  
46 could freely give my information here, that wasn't  
47 something that anyone said, that was just a strong sense

1 from me, that I would only be able to freely speak if I was  
2 no longer employed by them. I also didn't want to work for  
3 them anymore; I didn't feel their values aligned with mine.  
4 There was more information coming out about the way staff  
5 had been treated and I just - I wasn't proud to be a state  
6 servant anymore, and yet I had spent my whole career  
7 proudly working for the government and I didn't want to be  
8 there anymore, yeah.

9  
10 Q. You said you felt your values no longer aligned; to  
11 what extent has the Department of Health's response to the  
12 James Griffin abuse influenced that decision?

13 A. That's a significant factor, yeah, a significant  
14 factor. I mean, child safety is at the core of who social  
15 workers are, and I can't ignore that or work in a place  
16 that doesn't respect that or value that.

17  
18 Q. At the time you resigned from your employment you  
19 weren't in fact working in the Department of Health, you  
20 were working in the Department of Education?

21 A. That's correct.

22  
23 Q. In your statement you offer some reflections on  
24 evidence that was provided by the Secretary of that  
25 department, Mr Bullard, in Week 2 of the hearings.

26  
27 And, Commissioners, you will recall that Mr Bullard  
28 spoke, I think in response to the evidence of Ms Kerri  
29 Collins, another social worker in that department, about  
30 the difficulty in recruiting and retaining quality social  
31 workers.

32  
33 Is there any reflection you'd like to offer on that  
34 evidence?

35 A. Yeah, I found that really difficult evidence to hear.  
36 Actually, I was quite an experienced social worker, Child  
37 Protection, Family Violence, hospital, school setting for  
38 seven years, and yet the process of resigning after 24 and  
39 a half years was a one line email to HR saying, "I've  
40 resigned". There was no follow-up, no, "Would you like to  
41 stay? What can we do? What can we change?" There was no  
42 exit interview. Two weeks later I was gone and no-one  
43 batted an eyelid, so it was really difficult to hear  
44 Mr Bullard talk about the difficulty in retaining and  
45 recruiting experienced social workers, because I was there  
46 and they - they didn't care.

1 Q. I'd just like to invite you: are there any further  
2 matters that you would like to speak about to the  
3 Commissioners? Any further reflections that you'd like to  
4 offer?

5 A. No.

6  
7 MS NORTON: Thank you, Commissioners, I have no further  
8 questions for Ms Pearn.

9  
10 COMMISSIONER BROMFIELD: I have no questions, but  
11 Ms Pearn, I wanted to thank you for your evidence today.  
12 You've talked about yourself as a social worker and a mum  
13 and someone who is committed to protecting kids. You've  
14 also made it so clear how this is something really private  
15 for you, it's something that you have never wanted to  
16 define you, and I wanted to reflect that your evidence  
17 today has really defined you as someone who is out there to  
18 protect children. Thank you.

19  
20 MS PEARN: Thank you.

21  
22 PRESIDENT NEAVE: Thank you very much, Ms Pearn. We heard  
23 your evidence, it will be very helpful to the Commission  
24 and thank you greatly for your courage.

25  
26 MS PEARN: Thank you.

27  
28 **SHORT ADJOURNMENT**

29  
30 PRESIDENT NEAVE: Thank you, Ms Rhodes.

31  
32 MS RHODES: Thank you. Our next witness is Ms Unwin, if  
33 she could be sworn in, please.

34  
35 **<MARIA UNWIN, sworn:** [11.33am]

36  
37 **<EXAMINATION BY MS RHODES:**

38  
39 MS RHODES: Q. Thank you, Ms Unwin. Could you please  
40 state your full name for the transcript and your  
41 occupation?

42 A. My name is Maria Unwin and I'm a Registered Nurse.

43  
44 Q. Ms Unwin, you prepared a statement for the purposes of  
45 the Commission. Do you have that statement before you  
46 today?

47 A. Yes, I do.

1  
2 Q. And are the contents of that statement true and  
3 correct?  
4 A. (Indistinct).  
5  
6 Q. That was "yes" for the transcript if it wasn't picked  
7 up, thank you. So, you're a Registered Nurse, how long  
8 have you been a Registered Nurse for?  
9 A. Yes, I graduated from the University of Tasmania in  
10 1993.  
11  
12 Q. And, after graduation you then went to work at the  
13 LGH; is that correct?  
14 A. That's right.  
15  
16 Q. Where were you working when you were working at the  
17 Launceston General Hospital?  
18 A. Yep, so initially I started off in the casual pool and  
19 then, by April 93, I actually gained a part-time position  
20 on 4K, on the Children's Ward.  
21  
22 Q. How long were you on the Children's Ward for?  
23 A. I worked there until 2009, 16 years.  
24  
25 Q. After 2009 you remained at the LGH but you were just  
26 on different wards; is that correct?  
27 A. (Indistinct).  
28  
29 Q. Sorry, Ms Unwin, I think the sound dropped out, if you  
30 could answer that question again?  
31 A. Yes, that's correct.  
32  
33 Q. Thank you. And at the minute you're currently on  
34 leave from the LGH doing something else but you are still a  
35 registered nurse there; is that correct?  
36 A. Yeah, that's right. I completed a PhD in 2020, so I'm  
37 currently working with the Menzies Institute and on leave  
38 without pay.  
39  
40 Q. Thank you. In your statement you describe when you  
41 first started working at Ward 4K you were told about a  
42 particular incident; could you please explain for the  
43 Commission what you were told about?  
44 A. Yeah, sure. So, it wasn't immediately after I  
45 started, it was - but I can't remember exactly when,  
46 the years have sort of blurred together in a way, but it  
47 was once I had formed, I guess, a bit of a rapport with the

1 staff who worked regular nightshift, and they informed me  
2 about an incident that had occurred a couple of years  
3 before I started, so I think it was the early 90s, where a  
4 male registered nurse had actually been caught in the act  
5 of sexually abusing a child on a nightshift. It was very -  
6 the way they spoke about it was sort of very hush-hush,  
7 they weren't supposed to be talking about it, but obviously  
8 you could still see the distress in the way that they spoke  
9 about it.

10  
11 Q. And, were you provided any details about what happened  
12 or what happened to the person, the nurse involved?

13 A. Yeah, so the person who caught that nurse reported it  
14 to the managers the next morning, I believe, and the  
15 consequence of it was that the nurse who was caught in the  
16 Act was moved to another department within the Health  
17 Service and that no further action was actually taken, and  
18 he was actually moved to an area where potentially he could  
19 still have access to children.

20  
21 Q. You said it was a bit hush-hush; why do you say it was  
22 hush-hush?

23 A. They were told they weren't allowed to talk about it,  
24 so I wasn't supposed to know about it. Sometimes on  
25 nightshift people have a little bit more time to talk, or  
26 we used to back then, not so much anymore, so, you know,  
27 they weren't supposed to talk about it but, yeah, they had  
28 told me; they never mentioned his name and said they  
29 weren't allowed to say who it was.

30  
31 Q. What was your reaction on hearing that information?

32 A. I was actually, I was really shocked, I was horrified,  
33 I couldn't believe that someone would merely be moved to  
34 another department. I know that sometimes there's talk  
35 around, you know, that was a long time ago, but actually I  
36 can't think of a time in history where it was okay to  
37 actually do that to a child, so I was really shocked that  
38 that person was merely moved to another department and that  
39 there wasn't further action taken.

40  
41 Q. You say in your statement that you observed this  
42 allegation had an impact on the people you were working  
43 with at 4K. Can you explain what you observed that impact  
44 to be?

45 A. It makes it hard to deal with a serious incident when  
46 something that as serious as that is almost brushed aside  
47 and people's concerns are being dismissed. They were quite

1 fearful in the way that they were talking about it and made  
2 absolutely sure that I understood that I wasn't supposed to  
3 know and that I shouldn't talk about it.  
4

5 Q. When you were on Ward 4K what were your  
6 responsibilities as a nurse there?

7 A. Yes, I started off as a junior nurse, but eventually  
8 by the time I left I was often in charge on various shifts.  
9 I was also given roles running the Cystic Fibrosis Clinic  
10 and also another outpatient clinic that was trialled within  
11 the department, and that was just before I left.  
12

13 Q. When you were on Ward 4K you had some interactions  
14 with Mr Griffin; is that correct?

15 A. That's right. He started a number of years after I  
16 had already been there, I can't recall exactly when he  
17 started; I think it might have been the early 2000s, but  
18 I'm not 100 per cent sure on that. He was somebody who I  
19 felt very uncomfortable with right from the beginning.  
20 There was never anything that I could point out and say,  
21 "That's why I'm uncomfortable", but it was an uneasy gut  
22 feeling. I've worked with a number of incredible male  
23 paediatric nurses who I have the deepest respect for and he  
24 was never one of those.  
25

26 Q. Were you senior to Mr Griffin when he commenced at  
27 Ward 4K?

28 A. Yes, I was.  
29

30 Q. You say in your statement that you had senior nursing  
31 duties at the time; what were those duties, just in a  
32 general way?

33 A. Yeah, just in a general, I think the easiest way to  
34 describe is often in charge on a shift, so that means  
35 allocating staff to care for patients, coordinating care,  
36 making sure that the shift runs smoothly, overseeing  
37 staffing for the next shift, making sure that that meets  
38 the needs and, yes, supporting junior staff as well.  
39

40 Q. And so, you had some oversight or observations of  
41 Mr Griffin on the ward; what were your observations of him  
42 on the ward?

43 A. I noticed that he had a strong preference to actually  
44 care for teenage girls when it came to patient allocation,  
45 and he would be very quick to put his hand up and say,  
46 "I'll take them", particularly young girls with mental  
47 health issues or eating disorders or other long-term

1 chronic illnesses, and sometimes younger children as well  
2 with complex backgrounds or illnesses.

3  
4 Q. Did this preference raise any concern for you?

5 A. Yeah, it did; it felt unusual. It wasn't - you know,  
6 a lot of us took our turns in caring for various patients  
7 on the unit. If we had built a rapport with someone,  
8 sometimes we might look after them a bit more regularly,  
9 but James's interaction with these patients was unusual.  
10 He'd almost develop, like, a new best friend kind of  
11 relationship with them. Things like touching them on the  
12 arm and saying, "Sweetie" which can seem quite innocent,  
13 but in the full picture of what was going on, it just  
14 seemed - it was unusual, it wasn't common practice among  
15 the rest of the staff.

16  
17 Q. And so, as having some supervision role over him, what  
18 actions did you take to sort of ease that concern?

19 A. So, I think it was quite early on, I actually spoke to  
20 the Nurse Unit Manager at the time and raised my concerns  
21 in his tendency to want to look after teenage girls, and at  
22 the time the response was that, "Everyone has something to  
23 offer", which made me feel like I was being harsh and  
24 judging someone unnecessarily. My manager was somebody who  
25 I respected and looked up to, and sort of at that point I  
26 felt like I had nowhere else really to go once, you know, I  
27 had that response.

28  
29 Q. Were there any processes for reporting complaints or  
30 concerns that you had?

31 A. Yeah, back in that time we still had the old  
32 handwritten incident reports, but at the time I also wasn't  
33 aware that there was a process that we could report  
34 concerns. I know that there now is that process with  
35 organisations like AHPRA where staff are able to report  
36 concerns, but at that point in time I believed that I  
37 needed to have a specific incident to report and I didn't  
38 feel that I had a significant incident to report.

39  
40 Q. Was there anything that you did yourself as the person  
41 in charge to try and change Mr Griffin's behaviour?

42 A. Yeah, so I often used to try and allocate the patients  
43 that he might want to put his hand up for, I'd try and  
44 allocate them quickly to other staff members during that  
45 allocation time. It was sort of a - we often used to use,  
46 you know, "Who would like this group of patients or who  
47 would like that group of patients?", but also as the in



1 charge person we could say, "Hey, today I would like you to  
2 take these ones", so I used to try and do that to prevent  
3 from him looking after some of these girls, but yeah, there  
4 was - I remember very clearly one time where he made eye  
5 contact with me when I did that, and it was a very  
6 intimidating glare, as if to say, "What are you doing? Why  
7 are you doing that?", and then following from that he  
8 confronted me, and I'm not sure if it was the same time or  
9 a different time, but he confronted me in the small kitchen  
10 which was known as "the milk room" on the Children's Ward,  
11 and actually said to me, "Why wouldn't you let me look  
12 after them? Have I done something wrong?", yeah.

13

14 Q. And what was your reaction to that confrontation or  
15 that conversation?

16 A. I felt intimidated. Jim was a lot older than I am, he  
17 was about the same age as my parents, he was taller, he was  
18 standing with his hands on his hips, sort of, you know,  
19 that sort of, I guess, a power pose, and yes, I felt  
20 intimidated but I can't remember exactly what I - how I  
21 would have responded, but I believe that I probably would  
22 have responded with something along the lines of, "Oh well,  
23 it's someone else's turn today".

24

25 Q. Are you aware if anybody else on the ward had concerns  
26 about Mr Griffin?

27 A. Yeah, I believe that there were other staff. There  
28 were some colleagues who also mentioned that they would  
29 talk to the Night Nurse Manager, but I'm unsure if they did  
30 and I'm unsure of any actions that may have been taken as a  
31 result of that.

32

33 Q. Were these concerns that you held for Mr Griffin just  
34 at the beginning when he started or were they ongoing  
35 concerns?

36 A. Were ongoing, yeah.

37

38 Q. You said before that you didn't know where else to go,  
39 so did you record or report your concerns again during the  
40 time that he was on the ward with you?

41 A. No, again, because I didn't feel like I had any firm  
42 evidence, any specific incident, it was a gut feeling, and  
43 I did talk to another senior colleague at another point in  
44 time and was told, "Oh, that's just Jim, that's just how he  
45 is".

46

47 Q. Now, you say in your statement at paragraph 14 that

1 you're aware of your mandatory reporting obligations.  
2 Knowing about your mandatory reporting obligations, why did  
3 you not report Mr Griffin?  
4 A. So, again, I felt that there wasn't - all I had was my  
5 gut feeling. You know, a preference to look after certain  
6 patients or being friendly didn't seem like enough of an  
7 incident to report. Time and hindsight, I would act very  
8 differently now, but I also felt that the concerns had been  
9 raised with our manager and had been dismissed, so it  
10 almost felt like we were being judgmental and harsh on  
11 somebody who was very lovely.

12  
13 Q. You also say at paragraph 14, and you said earlier,  
14 that you are now aware that you could report to AHPRA. How  
15 come you weren't aware of that at the time?

16 A. At the time it was the Tas Nursing Board, and I'm  
17 still not sure if they would have had that process at the  
18 time, they may have done, but we were certainly never  
19 provided with information on what to do with concerns.

20  
21 And, when it came to mandatory reporting, it was  
22 interesting, it was a constant interview question for new  
23 job positions, but we were told as nurses that we weren't  
24 required to do the mandatory reporting, that that would be  
25 handled by the Paediatric Registrar or by the  
26 paediatrician, so they weren't processes that we were  
27 encouraged to undertake or that we were familiar with as  
28 nursing staff.

29  
30 Q. I just want to take you to when you found out about  
31 the allegations with Mr Griffin. When did you find out  
32 about them and how?

33 A. It was actually another colleague at the hospital who  
34 I was then working with; they phoned me and let me know -  
35 it had apparently already been in the media but I hadn't  
36 seen the media and, yeah, she contacted me to tell me what  
37 had happened because she knew that I had worked on the kids  
38 ward and would have worked with Jim.

39  
40 Q. What was your reaction to hearing that news?

41 A. I was horrified. The first thing that I remember was  
42 the words of my Nurse Unit Manager, that "Everyone has  
43 something to offer", and I felt incredibly sick.

44  
45 Q. Sorry, one minute.

46 A. Yes, that's all right.

47

1 Q. Sorry. You also say, at paragraph 18 of your  
2 statement, that you felt that the staff at Ward 4K were  
3 groomed by Mr Griffin. Can you explain what you mean by  
4 that?

5 A. Yeah. There was a strong group of staff who really  
6 admired Jim. He was quite - he was extroverted and  
7 confident, he was very friendly. He would do things to  
8 earn favours with staff, like picking up a shift, and so,  
9 if - and there were probably a couple of times apart from  
10 when I discussed with that senior colleague about my  
11 concerns with Jim, that I sort of said, you know,  
12 "Something doesn't quite seem right", and the response was  
13 always, "That's just Jim", so there was that support and  
14 that acceptance that that's just Jim.  
15

16 Q. You also provide evidence in your statement about the  
17 culture at LGH. Could you explain to the Commission what  
18 the culture was like when you were working there?

19 A. Yeah. And, this is hard, I have a number of  
20 colleagues that I really respect, but I also feel at times  
21 that there can be a culture of not talking about  
22 challenging issues and concerning behaviour.  
23

24 An example that I gave earlier, the colleague, the  
25 nurse who was caught in the act being moved to another  
26 department and staff being told not to speak about the  
27 incident, rather than using something that should never  
28 happen as an opportunity to improve what we do and not let  
29 it happen again, that that culture of keeping it quiet and  
30 brushing it aside is quite concerning.  
31

32 Q. You provide evidence, at paragraph 20 of your  
33 statement, about - sorry, I'll take that back. This  
34 culture of not taking complaints seriously: on reflection  
35 or even your thoughts at the time, where do you believe  
36 that culture was coming from?

37 A. Well, I don't think it was coming from the ground  
38 level, from the ward staff; I strongly feel that that was  
39 coming from above, from very senior management. I'm aware  
40 that Peter Renshaw, Dr Peter Renshaw, has a role in  
41 handling serious complaints and legal issues that occur in  
42 the hospital, and yeah, that I had been told by a number of  
43 colleagues that he can be quite dismissive and deflective  
44 of complaints that are brought before him.  
45

46 Q. So, you were told that by colleagues; did you have any  
47 personal experience of that?

1 A. No, I haven't had that level of interaction with  
2 Dr Renshaw.

3  
4 Q. You give an example in your statement of an occasion  
5 where you sat on an interview panel. Can you explain why  
6 you've provided that example and what your experience was?

7 A. So again, I provided this example because I feel like  
8 it represents the culture within the hospital, and I was on  
9 an interview panel where we had interviewed half the  
10 potential appointees for the position, and halfway through  
11 the chairperson said that they - you know, they already  
12 knew that the job should go to this particular applicant  
13 and then sort of very boldly stated, "Well, I can make a  
14 selection" - no, I'll go back. I then said to the  
15 chairperson, "We haven't finished all the interviews yet",  
16 and the response then was, "Well, I can make a selection  
17 report saying whatever I wanted to", which really struck  
18 me, it was a very bold statement, it didn't seem like  
19 something that was just being said as a once-off, it  
20 sounded like something that had been said before and  
21 highlighted to me that it wasn't necessarily a fair and  
22 equitable process. Fortunately on that occasion I agreed  
23 with the decision and didn't need to take any further  
24 action, but I find that kind of comment quite telling.

25  
26 Q. You say in your statement at paragraph 21 that there  
27 was a strong practice of choosing and promoting people who  
28 say "yes". Would you agree that that example you've  
29 provided, you've also provided it because that supports  
30 your opinion there?

31 A. Potentially. I'm not sure in that particular case  
32 that that would exactly support that previous statement,  
33 but there are certainly times where I know that staff on  
34 the ground - that's what those of us who work shifts and  
35 provide the clinical care - have been quite surprised at  
36 who is chosen for more senior positions, and it seems to be  
37 people who have similar - who follow similar processes as  
38 to the managers and not always transparent, yeah. That's a  
39 difficult one because there are also obviously examples  
40 where that's not the case, but there is a culture at times  
41 of appointing people who will say "yes" and do what  
42 management want them to do rather than question and  
43 consider what we could be doing differently and better.

44  
45 Q. I understand that you had some concerns about giving  
46 evidence to the Commission and making your evidence public.  
47 Can you explain to the Commission what your concerns were

1 and why you've had them?

2 A. Yeah, so my concerns are around career progression for  
3 myself within the Health Service. I see it as a very real  
4 risk in being considered seriously for any future positions  
5 with the Health Service because I have taken this step. In  
6 the end I decided that I needed to do it for the victims  
7 and their families who don't have that luxury of choosing  
8 whether or not, yeah, they're public.

9

10 Q. You have also offered some suggestions in ways that  
11 the system could be improved for the Commission to  
12 consider. Could you highlight for the Commission what  
13 those improvement suggestions are?

14 A. Yeah, sure. I think there needs to be much greater  
15 awareness around the signs of abuse with patients, and  
16 particularly children and vulnerable population groups that  
17 we care for: a hospital should be absolutely a safe place.

18

19 We need staff who understand what the signs of abuse  
20 are and who know the correct processes to take, how to care  
21 for those patients in a sensitive way, and to be free to  
22 voice concerns really when there are concerns, and  
23 certainly to be able to learn from past mistakes: I think  
24 there are enough horrific occasions for us to learn from  
25 and to develop safe practices.

26

27 Q. Thank you, Ms Unwin, that takes me to the end of my  
28 questions, but is there anything else that you would like  
29 to say to the Commission before I hand it to the  
30 Commissioners for any further questions?

31 A. No, I don't think so.

32

33 MS RHODES: Thank you.

34

35 COMMISSIONER BENJAMIN: Q. Yes, thank you, Ms Unwin,  
36 first of all, for your long-term service: I think you've  
37 worked as a nurse for almost 30 years now, if my  
38 arithmetic's correct?

39 A. That's correct.

40

41 Q. For your bravery, and thank you for providing us with  
42 such a longitudinal evidence of your observations as to the  
43 culture at Launceston General Hospital generally and also  
44 in 4K, it's much appreciated.

45 A. Thank you for the opportunity.

46

47 PRESIDENT NEAVE: Thank you very much, Ms Unwin, we're

1 very grateful to you for being a witness.

2

3 MS RHODES: Thank you, Commissioners. I would now pass to  
4 my learned senior for the next witness.

5

6 MS BENNETT: Thank you, Commissioners. The next witness  
7 is Mr Harvey. If I might just ask for five minutes to  
8 reorganise a few matters before we hear from Mr Harvey, if  
9 that's convenient?

10

11 PRESIDENT NEAVE: Yes.

12

13 **SHORT ADJOURNMENT**

14

15 PRESIDENT NEAVE: I think there is somebody representing  
16 Mr Harvey?

17

18 MS JENKINS: Thank you, Ms Jenkins on behalf of Mr Harvey.

19

20 PRESIDENT NEAVE: I'm sorry, what was your name?

21

22 MS JENKINS: Ms Jenkins.

23

24 PRESIDENT NEAVE: Thank you.

25

26 **<MATHEW BRIAN HARVEY, affirmed: [12.06pm]**

27

28 **<EXAMINATION BY MS BENNETT:**

29

30 MS BENNETT: Q. Mr Harvey, please tell the Commissioners  
31 your full name and professional address.

32 A. Sure. Mathew Brian Harvey and my address is, for  
33 professional reasons, is at the LGH, Charles Street,  
34 Launceston.

35

36 Q. You've made a statement in response to a notice issued  
37 by this Commission; is that right?

38

39 A. That's correct.

40

41 Q. Save for some of the details about when you acted up  
42 in positions across the period of your employment, is that  
43 statement true and correct?

44

45 A. That is correct.

46

47 Q. Thank you, Mr Harvey. If we need the further detail  
of the specific times that you've acted in other people's  
positions we'll ask you for those. Can I take it from the

- 1 indication provided by your lawyers that those are  
2 short-term higher duties positions?
- 3 A. That is correct, higher duties or project role to  
4 undertake a specific project.
- 5
- 6 Q. Tell us then when you started working as a pay and  
7 personnel officer in the division of Human Resources; where  
8 was that?
- 9 A. Where were we located?
- 10
- 11 Q. Located, yes?
- 12 A. In what is now the Allambi Building which is on Howick  
13 Street which is in the greater precinct of the Launceston  
14 General Hospital.
- 15
- 16 Q. I see. So, can you tell the Commissioners where Human  
17 Resources as an entity is today located?
- 18 A. Yes, sure. We're in the Anne O'Byrne Building. The  
19 Anne O'Byrne Building is across the road from the  
20 Launceston General Hospital on the corner of Charles and  
21 Howick Street in Launceston.
- 22
- 23 Q. You worked as a payroll officer between 2008 and June  
24 2013; is that right?
- 25 A. Senior payroll officer, yes, and I was a payroll  
26 officer prior to that.
- 27
- 28 Q. So, you were located in the Human Resources department  
29 in the Launceston General Hospital for that period?
- 30 A. No, we were not located in the Launceston General  
31 Hospital.
- 32
- 33 Q. So where were you located for that period?
- 34 A. Allambi which is on Howick Street.
- 35
- 36 Q. You then became a recruitment liaison officer from  
37 2013; is that right?
- 38 A. That's correct.
- 39
- 40 Q. Did you ever change physical location in where you  
41 were working?
- 42 A. Yes. So, recruitment was also based in the Anne  
43 O'Byrne Centre, so not in Allambi.
- 44
- 45 Q. You became an HR adviser between 2014 and 2016, so  
46 where does that role --
- 47 A. Sorry, 2018, it was.

1  
2 Q. 18, okay.  
3 A. Yes.  
4  
5 Q. Where does that role live?  
6 A. In the Anne O'Byrne Centre.  
7  
8 Q. You were then an HR consultant from 2018?  
9 A. Correct.  
10  
11 Q. How is that role different as a consultant to what you  
12 were doing previously?  
13 A. Yeah, sure, so under the Human Resources structure we  
14 have manager level, then we have consultant and advisors  
15 positions below. So, basically the consultant is a higher  
16 classification position and it provides a higher level of  
17 advice to managers and employees of the agency.  
18  
19 Q. I see, so it doesn't connote an external consultant,  
20 it connotes a particular position?  
21 A. No, it's all internal.  
22  
23 PRESIDENT NEAVE: Q. So you report to whom?  
24 A. I report to the Human Resources manager.  
25  
26 PRESIDENT NEAVE: Thank you.  
27  
28 MS BENNETT: Q. When you were a recruitment liaison  
29 officer, who were you reporting to then from 2013 and  
30 following?  
31 A. Sure. From there, I'm trying to remember; I don't  
32 think we had a specific recruitment manager at the time,  
33 they do now, so I believe we still would have fallen under  
34 the Director of Human Resources.  
35  
36 Q. And who was the Director of Human Resources at that  
37 time?  
38 A. From memory it was [REDACTED], but there were a few  
39 people that might have moved in and out of that role.  
40  
41 Q. Then when you became an HR advisor, I think you said  
42 that was 2014?  
43 A. 14, correct.  
44  
45 Q. Who did you report to in that role?  
46 A. Similar, would have been the HR Manager which would  
47 have either been James Bellinger or [REDACTED], but



1 I believe it was James.

2

3 Q. Who else was located within your group, who else  
4 reported to James Bellinger?

5 A. Basically just the human resource generalist team.

6

7 Q. Yes.

8 A. I don't believe there's anyone else outside that  
9 group. Maybe we had an administrative assistant that fell  
10 between HR and some of the other human resource teams based  
11 at the Anne O'Byrne Centre such as recruitment, medical  
12 recruitment and Work Health and Safety Unit and that admin  
13 officer may have covered some of those other areas as well.

14

15 Q. I'll ask you to slow down a little bit for our  
16 stenographer.

17 A. Apologies for that.

18

19 Q. Not at all. So let me see if I understand. In the  
20 generalist HR stream from 2014 there was you reporting to  
21 Mr Bellinger?

22 A. Correct.

23

24 Q. And, was [REDACTED] also in that group at that time?

25 A. She's had a variety of positions in HR management from  
26 Chief People Officer to HR Director and so forth, so she  
27 was in some reporting line to her.

28

29 Q. So, she's someone who you worked with in your  
30 day-to-day role?

31 A. Not necessarily would have interacted with her on a  
32 day-to-day basis, but was based in the building and would  
33 have interacted with her, you know, at least once a week.

34

35 Q. So that was what you I think described as the HR  
36 generalist team; is that right?

37 A. That's correct.

38

39 Q. And the generalist team, I understand from your  
40 statement, is roughly the group that provides advice and  
41 assistance to managers around disciplinary and other HR -  
42 what you describe as HR matters?

43 A. Yes, and not just to managers, we assist managers, but  
44 we also assist the employees, so the employees can contact  
45 us directly as well with their HR concerns, so we do deal  
46 with grievances between employees, we assist with  
47 performance management processes. We don't interpret award

1 clauses, we have the industrial relations team for that,  
2 but once we get that advice we pass that down onto the  
3 employees, and we assist with workload grievances with  
4 unions and so forth.

5  
6 Q. Were there other HR groups that you interacted with  
7 from there? You said there's the IR team?

8 A. Yes, that's correct.

9  
10 Q. There's the generalist team, who else is there?

11 A. Then we have an Employee Relations team which is based  
12 in the south, and within Human Resources there's also  
13 payroll services, there is recruitment, there's a subgroup  
14 of that which is medical recruitment. We have a work  
15 health and safety and wellbeing team, we also have a policy  
16 protocol and reform unit as well.

17  
18 Q. Where was the distinction? I think you said there's  
19 an employee relationships group?

20 A. Employee Relations.

21  
22 Q. "Relations", so what was their remit?

23 A. So, Employee Relations are a team that are based in  
24 the south and we go to them when a matter is escalated up  
25 for a potential breach of either an Employment Direction 5  
26 which is a breach of the State Service Code of Conduct or  
27 where there's a potential breach of ED6 which is an  
28 inability for an employee to effectively and efficiently  
29 undertake their duties, and also if we're looking to  
30 undertake action under, I believe it's ED26 or 29 regarding  
31 under-performance, where we're looking that after trying to  
32 support, an employee gets the level expected of  
33 performance, they are looking like they'll fail, that we  
34 may have to look at termination of their employment; that's  
35 when we'd engage Employee Relations.

36  
37 Q. So, if you were going to commence an ED5 process you  
38 would engage Employee Relations?

39 A. Correct.

40  
41 Q. Who was that you were reporting to over there?

42 A. Depending what time it is. At the moment --

43  
44 Q. Yes, so let's take 2014?

45 A. 2014, look, I wouldn't be able to specifically say who  
46 was in that role at that time.

47

1 Q. But that's someone in Hobart, is that right, when you  
2 say "down south"?

3 A. That's right, our Employee Relations team were based  
4 in the south but they were available on a statewide basis.

5  
6 Q. And did they visit?

7 A. On occasion.

8  
9 Q. Your HR team, is there any significant change in that  
10 structure through to 2019?

11 A. Not in the structure. Within the work units that we  
12 are responsible for there has been some changes.

13  
14 Q. In 2016, 2017, 2018, you were still in a generalist HR  
15 group; is that right?

16 A. That's correct.

17  
18 Q. And you were still reporting to Mr Bellinger?

19 A. Yes.

20  
21 Q. And [REDACTED] was still in your team?

22 A. Yes.

23  
24 Q. Was there anyone else who came in or out of your team  
25 at that stage?

26 A. Well, when --

27  
28 Q. In that period between 2014 and 2019?

29 A. Mr Gino Fratangelo was an HR consultant at the time.

30  
31 Q. And he was at your level?

32 A. No, he was at a consultant level when I commenced as  
33 an advisor.

34  
35 Q. So, who's senior in that?

36 A. Gino is my senior. Advisor is the lower level.

37  
38 PRESIDENT NEAVE: Q. Sorry, I didn't hear what you said  
39 then?

40 A. Gino Fratangelo was the HR consultant, I was HR  
41 advisor which is a lower classification, a lower position.

42  
43 PRESIDENT NEAVE: Thank you.

44  
45 MS BENNETT: Q. What stage does Mr Fratangelo work  
46 within the group? When did he stop working within the  
47 group?

1 A. He retired probably about four, five years ago  
2 roughly. I don't have the exact date, sorry.  
3  
4 Q. So you overlapped with him for a couple of years?  
5 A. Yes.  
6  
7 Q. Is it fair to say that in your general HR obligations  
8 issues around disciplinary matters and employee conduct can  
9 be taken to HR for advice by the manager; is that right?  
10 A. Yes, and we've actually got a grievance resolution  
11 protocol which has been in place since 2016, it got updated  
12 in 2019, I believe, which makes it clear that, if there is  
13 a grievance that can't be resolved at a low level, and  
14 that's what we try to do in any case it can, so we try to  
15 resolve it amongst the employees on the floor; if it needs  
16 to be escalated, so if someone puts a complaint in writing  
17 or even verbally that they want to progress, the advice is  
18 that the manager should consult with Human Resources.  
19  
20 Q. And how do you know if the manager is consulting with  
21 Human Resources?  
22 A. Only by the fact that they make contact with us.  
23  
24 Q. So, is there any obligation on them to make contact  
25 with you?  
26 A. There's no obligation, no.  
27  
28 Q. So, if a manager wanted to manage something within  
29 their own fiefdom, for example, they would be free to do  
30 that consistent with policy?  
31 A. It wouldn't be consistent with policy because, as I  
32 said, the grievance resolution protocol stated that they  
33 should contact Human Resources if there's a written  
34 complaint.  
35  
36 Q. They should contact?  
37 A. They should, yeah.  
38  
39 Q. If there's a written complaint, is that --  
40 A. That written complaint or even a verbal complaint; it  
41 does mention that contact with Human Resources should  
42 occur.  
43  
44 COMMISSIONER BROMFIELD: Ms Bennett, can I just get a  
45 clarification?  
46  
47 MS BENNETT: Yes.

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COMMISSIONER BROMFIELD: Q. I'm a bit confused about the difference between a disciplinary matter and a grievance. In a grievance I would assume the complaint is from an employee who has been disciplined?

A. No, no.

Q. Could you explain the terminology, I'm lost?

A. Sure, no problem at all.

So the grievance, basically you have an aggrieved party, and in our case it is pretty much - majority of the time is between one employee and another employee. So, one employee is aggrieved by the behaviour or actions of another employee so they lodge what we call a grievance, we have a grievance lodgement form they can use, they don't have to use that form, they can just send an email, as long as it's in writing, so that's what a grievance is.

PRESIDENT NEAVE: Can I just follow up on that. Has your question been fully answered?

COMMISSIONER BROMFIELD: I just want to confirm then.

Q. So, my understanding then is that I could be aggrieved with my manager?

A. Yes.

Q. Or my manager could be aggrieved with me?

A. That can also happen, yes.

MS BENNETT: Q. And in neither of those situations is the patient necessarily the person expressing the grievance?

A. The majority of matters that come across to our area do not involve patients.

PRESIDENT NEAVE: Q. But I'm going to ask you a question about, another nurse complains to a Nurse Unit Manager, for instance, either could come to you directly?

A. They could come to us directly, yes.

Q. Or a patient complains, it is handled initially by the Nurse Unit Manager; would they come to you for advice in that situation? They might or they might not, do I understand?

A. They might or they might not and it all depends on how

1 the complaint is raised as well, because we do have written  
2 complaint forms that patients can complete, and we have a  
3 Patient Liaison Service that deals with those written  
4 complaints from a patient.

5  
6 Where the complaint can crossover to a behavioural  
7 issue or so forth, or a matter that could lead to a  
8 performance concern, then we may be contacted; we're not  
9 always contacted, but we may be contacted to say,  
10 "I believe this falls into the HR generalist space, can you  
11 provide some advice?"

12  
13 Q. And the patient liaison officer that you referred to,  
14 do they routinely refer matters to you or?

15 A. Not routinely.

16  
17 Q. So, they might?

18 A. They might. So, you know, once every six months, once  
19 every year, that sort of frequency do we see it coming from  
20 that area.

21  
22 PRESIDENT NEAVE: I see.

23  
24 MS BENNETT: Q. So, perhaps I'll illustrate in a range  
25 of examples. So, SRLS is a computer system that operates  
26 at Launceston General Hospital; is that right?

27 A. Yes.

28  
29 Q. That, as I understand your evidence at paragraph 13,  
30 is used to collect and analyse information that can be used  
31 to reduce risk and improve quality of care and health  
32 services; is that right?

33 A. That is correct.

34  
35 Q. It's a self-report system; is that right?

36 A. Yes.

37  
38 Q. So, the level of escalation is determined by the  
39 reporter; is that right?

40 A. By the reporter and then by the people who receive  
41 notification that an SRLS has been logged.

42  
43 Q. So, the escalation level can be SAC1, 2, 3, 4; is that  
44 right?

45 A. That's right.

46  
47 Q. SAC1 and 2 will automatically result in a huddle of

1 senior managers; is that right?  
2 A. I know senior management are alerted; whether it  
3 results in a huddle I'm not sure because I've never been  
4 involved in one.  
5  
6 Q. SAC3 and 4 are the lower level categories, aren't  
7 they?  
8 A. Yes.  
9  
10 Q. And they're determined by reference to a risk matrix?  
11 A. Yes.  
12  
13 Q. How often do you train staff in that risk matrix?  
14 A. I don't at all.  
15  
16 Q. Does anyone in HR carry out that training?  
17 A. No. SRLS is not maintained by Human Resources, it's  
18 part of the statewide Quality and Safety Service; they are  
19 responsible for the system, HR have nothing to do with it.  
20  
21 Q. So, do SRLS matters, do they necessarily get escalated  
22 to HR?  
23 A. Only if someone in that approval chain who received an  
24 email contact us about it. We are not in the approval  
25 chain or the recipient list to receive communication when  
26 an SRLS has been logged.  
27  
28 Q. So you won't even get the notification that there's  
29 been an incident of this kind?  
30 A. That is correct, we are not notified.  
31  
32 Q. There's no way to flag something that might be both a  
33 clinical risk and a grooming violation?  
34 A. No, we are not involved. Our names aren't - we don't  
35 receive any notification.  
36  
37 PRESIDENT NEAVE: Q. Are you consulted by the Quality  
38 and Safety Service ever? So, suppose this Quality and  
39 Safety Service looks at the SRLS, identifies a safety  
40 issue; do they ever come to you and say, "What do we do  
41 about this?"  
42 A. I haven't been approached by that team. I assume what  
43 they would do, go back to the Line Manager or the Nursing  
44 Director or the Senior Manager of that area who's also  
45 received communication.  
46  
47 PRESIDENT NEAVE: Thank you.

- 1  
2 MS BENNETT: Q. You assume that to be so?  
3 A. That's right, I don't know for true.  
4  
5 Q. That's not a protocol, is it? That's not a protocol,  
6 is it, at the hospital?  
7 A. That safety service, Quality and Patient Safety  
8 Services will contact the manager?  
9  
10 Q. That they'll contact you?  
11 A. No, there's no protocol that they'd contact HR.  
12  
13 Q. No. Indeed, that information will stay in that silo  
14 and it might, by luck, come into your area; is that fair?  
15 A. That is fair.  
16  
17 Q. Is it Quality and Patient Safety Services, is that the  
18 area that you understand has the responsibility for the  
19 review and actioning of the SRLS complaints?  
20 A. No, I don't believe they are responsible for the  
21 actioning; I think the actioning goes to the - usually -  
22 well, depends, it be could a Line Manager if it's a Level 3  
23 or 4 complaint, or if it's a SAC1 or SAC2 I believe it goes  
24 to senior management or - SAC1 goes to the executive and  
25 then they'd be responsible for managing the complaint.  
26  
27 Q. I think I understand your evidence at paragraph 15  
28 that your understanding is that SRLS is not designed to  
29 capture grooming behaviours or child sexual abuse; is that  
30 right?  
31 A. That is right.  
32  
33 Q. Is there any central system designed to capture those  
34 matters?  
35 A. No.  
36  
37 Q. Do you know what grooming is?  
38 A. I understand, limited understanding of what child  
39 grooming is; I understand it is the discussion with a young  
40 person and sometimes with their family, sometimes with  
41 colleagues, to gain the trust of a young person and also  
42 once they've gained that trust so that person doesn't  
43 devolve information and so forth and have a sense of power  
44 over them.  
45  
46 Q. Can you tell the Commissioners where you gained that  
47 understanding?



1 A. Basically, since 2019 when this matter came up and  
2 we've been looking at different sorts of training packages  
3 and so forth that we could roll out to staff so they're  
4 more informed as to these type of behaviours.

5  
6 Q. Before that time, is it fair that you weren't trained  
7 in identification of grooming behaviours?

8 A. That is true, I was never trained prior to that.

9

10 Q. Is it fair that, to the best your knowledge, nobody in  
11 HR was trained in those matters?

12 A. To the best of my knowledge, no, we didn't receive  
13 training.

14

15 Q. Can the Commissioners take it that the position is the  
16 same in relation to flags or identifiers of child sexual  
17 abuse generally?

18 A. Yes. Unless a manager or an employee came to us  
19 directly with a complaint, we wouldn't be flagged otherwise  
20 that there was a complaint of child sexual abuse.

21

22 Q. Let me put that another way. Flags of child sexual  
23 abuse by which I mean indicators, so complaints by  
24 children - let me go back. Mr Harvey, have you listened to  
25 the evidence this week?

26 A. Yes - ah, yes, the last two days.

27

28 Q. And so, you will recall the evidence of the Duncan  
29 family?

30 A. I unfortunately wasn't able to listen to all of it but  
31 I did hear some of it.

32

33 Q. So, for example, in that instance, and this is well  
34 before your time at the hospital, there's evidence about  
35 the way in which the child disclosed slowly over time.

36 A. M'hmm.

37

38 Q. So, when I talk about flags of child sexual abuse,  
39 what I'm talking about is the way that children might  
40 disclose slowly over time or they might send up flags that  
41 they had been abused that adults need to be alive to. Do  
42 you understand what I mean by that?

43 A. Yes, yes, I understand.

44

45 Q. Is that something you've been trained in?

46 A. No.

47

1 Q. Is that something that anyone in HR has been trained  
2 in?

3 A. No.  
4

5 Q. Is there something that any of - to the best of your  
6 knowledge that there has been training given to any of the  
7 staff at the hospital in?

8 A. Not to the best of my knowledge. I mean, you've got  
9 areas such as Child Protection Services, Child and  
10 Adolescent Mental Health Services who may have, but to the  
11 best of my knowledge I don't know if they have or not.  
12

13 Q. If I can understand this, it seems that there are two  
14 pathways, if you like, or a number of pathways. There  
15 might be a complaint by a patient by a form that is  
16 submitted by them, they're dissatisfied with the care that  
17 they have received for one reason or another; where does  
18 that form go?

19 A. Sure. It goes, my understanding, goes to the Patient  
20 Liaison Service.  
21

22 Q. Okay, that goes to Patient Liaison and they deal with  
23 that within their silo?

24 A. (Witness nods.)  
25

26 Q. SRLS will go to a manager?

27 A. A manager, normally manager and a number of other  
28 people.  
29

30 Q. And it's the manager in the line of the ward or unit;  
31 is that right?

32 A. Yes. If it's a SAC3 or SAC4, the Line Manager, it  
33 would be your Nurse Unit Manager if it was it was on the  
34 nursing ward; it could be a department manager if it's in a  
35 non-nursing ward, for instance.  
36

37 Q. And if it's SAC1 or 2 it would have the Nurse Unit  
38 Manager plus the Director above them?

39 A. That's right, and if it's SAC1 it should also go to  
40 the executive.  
41

42 Q. Yes, and who's the executive level?

43 A. Executive level, you're looking at the Executive  
44 Director of Medical Services, Executive Director of  
45 Nursing, and most likely the Chief Executive of Hospitals.  
46

47 Q. So the SRLS complaint will then follow that, if I can

- 1 call it the ward management silo; is that right?  
2 A. Yes, unless it's, you know, we get alerted otherwise.  
3  
4 Q. And they might choose to bring in HR for some advice?  
5 A. That's right, because a lot of the times the SRLSs are  
6 logged which do not need HR advice. So, SRLSs are also  
7 used for tripping hazards and things like that which we  
8 don't need to know about.  
9  
10 Q. So there's the Patient Liaison stream, there's the  
11 SRLS stream, and then there's also the grievance stream  
12 where staff have grievances with each other and they'll go  
13 straight to HR; is that right?  
14 A. No, grievances are usually lodged with their  
15 Line Manager. They can be sent to HR but the majority of  
16 time they're sent to either the manager or, if they're  
17 about the manager, to the next level up which should be a  
18 Nursing Director, for instance.  
19  
20 Q. What if the grievance is with the manager?  
21 A. Yep, so then the manager obviously doesn't manage this  
22 grievance, it goes up to the next level which would be the  
23 Nursing Director.  
24  
25 Q. So, those issues get fed into the management line, if  
26 I can put it that way?  
27 A. Yes, they get escalated up.  
28  
29 Q. Is there any complaint or grievance process that goes  
30 direct to HR?  
31 A. No.  
32  
33 Q. So, HR is always an adjunct to the complaint?  
34 A. Yes, because HR are not investigators, we are not  
35 decision-makers, we provide advice.  
36  
37 Q. Do you perform a function though of checking for  
38 consistency and quality across decision-making in the  
39 hospital?  
40 A. Yes, we do and we also make sure that all templates  
41 used are consistent and make sure that they provide  
42 sufficient detail: things like employee assistance program,  
43 if you've got a complaint to keep it confidential; who you  
44 can speak to, so union advocate, things like that.  
45  
46 Q. Do you know who the HR representative on the executive  
47 has been in the period of your employment? Is there one?

- 1 A. On the executive?  
2
- 3 Q. Yes.  
4 A. No, not specifically; not specifically.  
5
- 6 Q. Do you conduct a risk - I'll withdraw that, let's go  
7 back. Where does responsibility sit for child safety in  
8 the hospital pre 2019?  
9 A. Well, my understanding is it's with all employees. If  
10 they're aware that there is a child safety issue, then they  
11 need to report to the Child Safety Service Advice  
12 & Referral Line.  
13
- 14 Q. There are a few steps there, aren't there? First,  
15 they need to be equipped to identify a child safety  
16 concern, don't they?  
17 A. True.  
18
- 19 Q. And there was no process in place for that to happen,  
20 was there?  
21 A. That's right, there was no training or anything.  
22
- 23 Q. Or indeed a system in which you could raise a concern  
24 specifically for those issues?  
25 A. Yes, specifically for child safety.  
26
- 27 Q. And indeed, there's not even a person with particular  
28 expertise available for people to test their concerns with;  
29 is that fair?  
30 A. That's fair.  
31
- 32 Q. So, when I say, where is responsibility for child  
33 safety issues at Launceston General Hospital, is there any  
34 senior person that you understood to be - before 2019,  
35 who's the senior person that you would understand to be  
36 responsible for the safeguarding of children at the  
37 Launceston General Hospital?  
38 A. And I would say, everyone's responsible so there is  
39 not a deferral up to one particular person.  
40
- 41 Q. Nor is there any responsibility by any person?  
42 A. Well, there is because everyone has the responsibility  
43 to report if they see anything like that occur.  
44
- 45 Q. Let's go through some examples of how this process has  
46 worked in the times?  
47

1 COMMISSIONER BROMFIELD: Ms Bennett, before you do, can I  
2 just ask a clarifying point?

3  
4 MS BENNETT: Yes.

5  
6 COMMISSIONER BROMFIELD: Q. On the grooming training, I  
7 know it was a while back that you were talking about it,  
8 but you said that you were assessing training packages  
9 about grooming. Does that mean that the HR team actually  
10 undertook the training?

11 A. No, not yet. So, basically, you know, most likely as  
12 a result of what we're going through you now we're seeing  
13 what we can do to improve our services.

14  
15 Q. So, to date you still have not had any grooming  
16 training?

17 A. Not complete because I was undertaking the pilot  
18 program on Friday and then unfortunately I got called away  
19 because of this Commission so I wasn't able to complete the  
20 training program, and this is something that I'm guessing  
21 we're looking to roll out.

22  
23 Q. Was that a pilot program for you to participate in?

24 A. Yeah, to participate in the pilot program.

25  
26 Q. Is that for all the HR people?

27 A. No, for the entire service.

28  
29 Q. Sorry, for the?

30 A. For the entire service.

31  
32 MS BENNETT: Q. Did you hear the evidence of Mr Gordon  
33 yesterday?

34 A. Yes, I did.

35  
36 Q. He talked about an SRLS complaint that he made in  
37 2017?

38 A. Yes.

39  
40 Q. You are familiar with the complaint that he talked  
41 about?

42 A. I am.

43  
44 Q. You were asked to advise about the resolution of that  
45 complaint by Sonja Leonard; is that right?

46 A. Yes. Yes, after we received all the evidence relating  
47 to that matter we discussed - had a discussion as to what

1 her final determination should look like and what should be  
2 in the final outcome letter.

3  
4 Q. So, at what stage were you brought in? So there was  
5 the SRLS, at what stage were you asked to provide advice?

6 A. So, the - I believe Mr Gordon wrote an email to Sonja  
7 Leonard with his concerns. She advised him to put it in an  
8 SRLS. I got contacted by email to say, "There's an SRLS  
9 coming that we'd like your assistance with".

10  
11 Q. And then you received the SRLS?

12 A. I had to get access to the SRLS because I didn't have  
13 access, so I was granted access so I could view the SRLS,  
14 and then I looked at it and I talked to Sonja and  
15 recommended that we progress to a written investigation of  
16 the complaint.

17  
18 Q. A written investigation of the complaint?

19 A. Yes.

20  
21 Q. So, is that different from an investigation of the  
22 complaint?

23 A. No, because some investigations don't have to be in  
24 writing with the back and forward, but when we looked at  
25 this matter it looked like there were allegations raised  
26 against an employee, James Griffin, so the best way - well,  
27 the way we agreed to formalise it would be through  
28 following the grievance process. So, if it was a complaint  
29 against the employee, James Griffin, and following  
30 procedural fairness given the right of response as to what  
31 the allegations were.

32  
33 Q. So, were you aware that Mr Gordon had asked that his  
34 identity remain confidential?

35 A. On the SRLS he identified his name as the person  
36 reporting the SRLS. Now, you do not have to do that, that  
37 can be kept unknown or anonymous. In his initial email I  
38 believe that he did mention it would be his preference if  
39 his name could be kept confidential.

40  
41 Q. And could it have been kept confidential?

42 A. It could have, but for any investigation process, to  
43 ensure procedural fairness is followed, we do - the person  
44 responding to the allegation should know the substance of  
45 the allegation, who is making the allegation against them,  
46 and sufficient details to be able to respond.

47

- 1 Q. So, did you turn your mind to whether or not it was  
2 necessary to disclose Mr Gordon's identity?
- 3 A. I do not recall at the time whether I turned my mind  
4 to that.
- 5
- 6 Q. Do you think now that it was necessary, to afford  
7 procedural fairness to Griffin, that he know the identity  
8 of the nurse who reported on the disclosure by the  
9 children?
- 10 A. Look, we could have gone ahead without disclosing who  
11 put the name down; whether that would have affected the  
12 investigation, potentially.
- 13
- 14 Q. So, you asked for Mr Griffin's response?
- 15 A. Yes.
- 16
- 17 Q. You asked for it in writing. He provided a response,  
18 I'll come to that in a moment. What other investigations  
19 did you carry out?
- 20 A. So, we wrote to the other nurses who were on shift  
21 that night with Mr Gordon as well as the after-hours Nurse  
22 Unit Manager seeking a statement as to what was their  
23 understanding of the incident. They were provided a copy  
24 of the SRLS, I believe they were emailed from the SRLS  
25 system, saying, "Here's the allegations, do you have  
26 anything you can comment to provide feedback?" I believe  
27 we only received responses from two staff members and both  
28 of them were unable to say that it had occurred because  
29 they weren't in the room when it was said; however, Will  
30 had spoken to them afterwards about the matter.
- 31
- 32 Q. And that he seemed concerned?
- 33 A. He said that he didn't want to nurse those children  
34 again because he was worried about putting himself in that  
35 situation.
- 36
- 37 Q. So at that stage you understood that Mr Gordon was  
38 concerned by the sexualised nature of the discussion that  
39 Griffin had had with 14-year-old patients?
- 40 A. No, because there was never - there was never any  
41 allegation that was of a sexual nature.
- 42
- 43 Q. Well, I'd like to read the SRLS to you.
- 44 A. Yes.
- 45
- 46 Q. It says - I'll omit the names, obviously:
- 47

1           *X then said how Jim told X that there was a*  
2           *woman he called Titsy who worked downstairs*  
3           *who he wanted to shag and he had known her*  
4           *for years and she had massive tits.*

5  
6           Now, just to pause there. Shag means to have sex  
7 with?

8 A. Yes, I --

9  
10 Q. Yes, you understood that's what that meant?

11 A. M'hmm.

12  
13 Q. You understood that Mr Griffin, an over 60-year-old  
14 man, was talking to a teenage girl with an eating disorder  
15 about who he wanted to have sex with?

16 A. That was the allegation.

17  
18 Q. Yes, and that's sexual, isn't it?

19 A. I would - yes, I would say, yes.

20  
21 Q. It should have been treated as a sexual allegation,  
22 shouldn't it?

23 A. Well, yes, except that in the initial email that  
24 Mr Gordon sent to Sonja Leonard, which the information is  
25 not in here, he did say:

26  
27           *As part of my allegation there is a chance*  
28           *that the conversation regarding the*  
29           *employee that he's called Titsy occurred*  
30           *outside of the hospital due to the fact*  
31           *that* [REDACTED]

32 [REDACTED] ...

33  
34 Q. I'm just going to pause, I'm sorry. I just want to  
35 stop you there because of the identity - you might be about  
36 to disclose the identity and I'll ask that my colleagues  
37 check the live stream be stopped if that has happened.  
38 Now, let me just go back.

39  
40           So, I'm asking you, on the face of this SRLS, it  
41 suggests to me that an over 60-year-old man is talking  
42 about his sexual desires with 14-year-old girls on the  
43 ward; is that fair?

44 A. Yeah, reading that, yes.

45  
46 Q. And he calls her "Titsy"?

47 A. That's the allegation, yes.



- 1  
2 Q. That's the allegation you were faced with dealing that  
3 day, wasn't it?  
4 A. Yes.  
5  
6 Q. That's the substance of the allegation you put to  
7 Griffin?  
8 A. And the other allegation as well, that's in there --  
9  
10 Q. And you put it to Griffin?  
11 A. That's correct.  
12  
13 Q. If that were true, if he had spoken that way to those  
14 girls, that would have been deeply inappropriate, wouldn't  
15 it?  
16 A. Agreed.  
17  
18 Q. It would have been sexualised discussions with young  
19 girls with an eating disorder?  
20 A. Yes.  
21  
22 Q. Would it have been grooming?  
23 A. Potentially, I'd have to, again, look at the  
24 definition of "grooming" to see whether that fits within  
25 that behaviour, but if he's talking about things of a  
26 sexual nature with young people, yes, it's potentially  
27 grooming.  
28  
29 Q. So, the allegation as framed, at least potentially,  
30 encompass sexualised discussions with teenage girls that  
31 could have constituted grooming; is that fair?  
32 A. That's fair.  
33  
34 Q. And it was not dealt with in that way, was it?  
35 A. No, because what we do is, often there will be an  
36 investigation to find out the validity of an allegation.  
37 If the allegation is proved to have substance to it, then  
38 we can escalate that up to a formal investigation for a  
39 breach of, for instance, a State Service Code of Conduct.  
40  
41 Q. So, just to clarify, you carry out an investigation to  
42 determine if the allegation is credible?  
43 A. I provide advice to the investigator.  
44  
45 Q. So, you had a nurse recalling an incident that was  
46 really serious; is that fair?  
47 A. This?

1  
2 Q. Yes?  
3 A. Yes.  
4  
5 Q. It was very serious?  
6 A. Yes, otherwise it wouldn't have been reported, and it  
7 was suggested that it be reported through the SRLS system.  
8  
9 Q. Did you go back to Mr Gordon to clarify the concerns  
10 you might have?  
11 A. No, because during his initial meeting with Sonja  
12 Leonard she asked him if he had anything further to add and  
13 he said, "No, everything is within the SRLS".  
14  
15 Q. And then when you received Griffin's response he gave  
16 an allegation where he said the "Titsy" comment's outside  
17 of work?  
18 A. Correct.  
19  
20 Q. And you accepted that without making further enquiries  
21 of either Mr Gordon or the children on the ward?  
22 A. Not without further enquiries, but because  
23 initially --  
24  
25 Q. No, my question was, the further enquiries were not  
26 made of Mr Gordon; is that fair?  
27 A. Not further than that, no.  
28  
29 Q. And they were not made of the children who actually  
30 are alleged to have heard the conversation?  
31 A. No, that rights, because wherever possible we do not  
32 go to the children on the ward to provide witness  
33 statements which can go against the therapeutic care of the  
34 nursing staff that are providing them care on the ward.  
35  
36 Q. I'd like to explore that with you. You're concerned  
37 for the therapeutic relationship between Griffin and the  
38 girls?  
39 A. Not just Griffin and the girls, but with Will Gordon  
40 and the girls and any other staff that were on shift that  
41 day, to make sure that they had the trust of the staff  
42 there that they weren't going to go behind them and report  
43 matters, you know --  
44  
45 Q. Mr Harvey, Mr Gordon's evidence was that he had shut  
46 down the conversation with the girls?  
47 A. Yes.

- 1  
2 Q. That he had said it was inappropriate for Jim Griffin  
3 to be having that conversation with them. Would it not  
4 have supported Mr Gordon if that message were reinforced by  
5 the management at the hospital?  
6 A. Yes.  
7
- 8 Q. And so, why would it, of necessity, have harmed the  
9 therapeutic relationship to approach those girls in an  
10 appropriate way?  
11 A. Well, I suppose that's the matter is - you know,  
12 what's the appropriate way to get a statement from them?  
13 From the evidence that we received from Mr Gordon, from  
14 James Griffin, from the other nurses on staff, when I  
15 discussed the evidence that we received with Sonja Leonard  
16 we thought we had enough evidence to go and make a  
17 determination that Sonja was able to make and I was to  
18 recommend that, yes, I support that this is an outcome  
19 based on the evidence we had.  
20
- 21 Q. What Mr Gordon reported was that the girls had said  
22 that "Titsy worked downstairs"?  
23 A. Yes, that's in the SRLS.  
24
- 25 Q. That's not consistent with that disclosure being made  
26 outside of the workplace, is it?  
27 A. That she worked downstairs?  
28
- 29 Q. Yes. He "wanted to shag Titsy downstairs".  
30 A. Yes, but where you stopped me before was that there  
31 was an indication prior --  
32
- 33 Q. I'm going to stop you again, I understand what you're  
34 about to say, I understand that and I am concerned for the  
35 confidentiality of the young people involved.  
36 A. Yes. So, that was very important to determine whether  
37 we thought the conversation was made on the ward or whether  
38 it was made in a private setting, and that's how the  
39 patient had knowledge of that nickname.  
40
- 41 Q. So, are you satisfied as you sit here now that this  
42 was - sorry, if I can understand, this was not dealt with  
43 as a concern that raised a sexualised issue?  
44 A. No, not that - a sexualised issue that was raised with  
45 the patients on the ward during that time.  
46
- 47 Q. It wasn't treated as a potential allegation of that

1 kind?

2 A. Originally we looked at it, because yes, when you  
3 looked at it we sought a response in regards to this, and  
4 yes, if he had said, "I had made that comment on the ward",  
5 then yes, obviously that would have led to a greater  
6 escalation. He said --

7

8 Q. If Griffin had said that?

9 A. If Griffin had said that to validate what the  
10 allegation was and --

11

12 Q. Does it surprise you, given the gravity of that, that  
13 Mr Griffin might have denied it?

14 A. Yes, and if he denied it that - and no doubt he most  
15 likely could have, although he did admit to making other  
16 comments on the ward in relation to the other aspect of  
17 that SRLS claim; that he said, "I did speak to the girls  
18 about what boys like" and he said to them something along  
19 the lines of, "Girls should just look natural". Now we  
20 found that that was inappropriate, he shouldn't have made  
21 any comment to the girls about that and Will Gordon was  
22 right, he shut it down when he was asked the same  
23 questions.

24

25 When James Griffin admitted that he made that comment  
26 and he said that he'd only made it once, it wasn't a  
27 repeated statement, we said that that was inappropriate and  
28 it was a breach of his professional boundaries in relation  
29 to his care with the children.

30

31 Q. And so, but you never treated it as an issue that was  
32 potential grooming, that it was sexualised or any of those  
33 other matters?

34 A. No, we didn't at the time.

35

36 Q. And as you sit here now, Mr Harvey, do you see why  
37 that might be problematic? Would you do it again the same  
38 way today?

39 A. Well, I mean you're talking about hindsight with  
40 someone that we know was --

41

42 Q. No, no, I'm asking you today. If somebody alleges  
43 today that a nurse is talking about their sexual desires  
44 with 14-year-old girls, if you are going to make some  
45 enquiries beyond simply asking the person alleged to have  
46 made the communications --

47 A. And the witnesses and the other staff.

1  
2 Q. I'm sorry, Mr Harvey, you didn't ask the girls, did  
3 you?  
4 A. We didn't ask the girls, we asked the other staff on  
5 the shift.  
6  
7 Q. Well, the other staff were not in the room?  
8 A. Yes.  
9  
10 Q. The other witnesses - the witnesses to the alleged  
11 conversation were Mr Gordon; is that right?  
12 A. Yes.  
13  
14 Q. You did not go back to him with Mr Griffin's version  
15 of events, did you?  
16 A. No, because --  
17  
18 Q. The other witnesses were the four teenage girls?  
19 A. Yes.  
20  
21 Q. And you did not turn your mind to a way in which you  
22 could interview them safely, did you?  
23 A. That is true.  
24  
25 Q. And you should have, shouldn't you?  
26 A. Again, when we were discussing it with Sonja as to how  
27 we could get a correct resolution of this matter, we  
28 thought we had sufficient evidence to make a finding on  
29 these allegations. Now, could we have gone to the four  
30 girls? Yes, we could have.  
31  
32 Q. Should you have, Mr Harvey? You're presently in the  
33 position of HR in the Health Service today, should you have  
34 tried to verify this serious allegation more than you did?  
35 A. What we would do is, we'd discuss it with the clinical  
36 staff, so the Nurse Unit Manager, potentially --  
37  
38 Q. Mr Harvey, I understand the process, I'm asking you a  
39 different question?  
40 A. And I'm telling you, that we'd discuss with them is  
41 there a danger to their clinical health and wellbeing by  
42 asking them to provide a statement. Now, if they said yes,  
43 we believe if they were asked to participate in providing a  
44 statement in these regards, that it could have a  
45 detrimental effect to them, then we would have to seriously  
46 turn our mind to as to whether we would go ahead with that  
47 because it potentially could affect their own health and

1 wellbeing. If they said, no, they should be fine to do  
2 this, then yes, we'd go to them for (indistinct words) --  
3  
4 Q. My question is, did you turn your mind to it?  
5 A. At that time?  
6  
7 Q. Yes?  
8 A. No, I didn't.  
9  
10 Q. Right, and you should have?  
11 A. Well, no, sorry, I take that back. We did discuss,  
12 should we go to the patients, and we said, no we shouldn't  
13 because we thought that if we did it would cause a  
14 detrimental effect to them whilst they were still under our  
15 care.  
16  
17 Q. Who is "we"?  
18 A. Me and the Nurse Unit Manager, Sonja Leonard.  
19  
20 Q. You've got no training in the matter?  
21 A. No, I do not.  
22  
23 Q. You've got no expertise?  
24 A. No.  
25  
26 Q. And you've got no medical training whatsoever?  
27 A. That's correct.  
28  
29 Q. Did you think about seeking external advice on the  
30 question?  
31 A. No, not on that particular matter, no.  
32  
33 Q. I suggest to you, you should have taken other steps  
34 than the steps that you took; what do you say in response  
35 to that?  
36 A. Look, we can always - and look, in hindsight, yes, we  
37 could have sought an external investigator. We normally  
38 for general purposes - external investigators are only  
39 appointed when there is a potential breach of Employment  
40 Direction 5 or an Employment Direction 6 matter. Now, we  
41 were doing a - this was levelled as a SAC4, it was deemed  
42 as a low level allegation: that's the way we managed it?  
43  
44 PRESIDENT NEAVE: Q. How could you deem it to be a low  
45 level allegation at that point when you haven't  
46 investigated it?  
47 A. I didn't deem it, that was from the SRLS, from the

1 risk matrix that was completed.

2

3 MS BENNETT: Q. But you were turning your independent  
4 mind and your evidence has been that this was a serious  
5 complaint.

6 A. Now in hindsight we say it was a serious complaint, I  
7 think that was your words, I never said it was --

8

9 Q. No, I'm asking you at the time, this was a serious  
10 complaint at the time, was it not?

11 A. Well, any of these matters that come through there are  
12 complaints, so we treat it with - I mean, the fact that it  
13 wasn't brushed aside and we did an investigation means that  
14 we gave it some consideration, definitely.

15

16 Q. Mr Harvey, I'm suggesting to you that this was a  
17 serious complaint as disclosed on the SRLS that we have  
18 been discussing. "He wants to shag Titsy the nurse".  
19 That's serious, isn't it?

20 A. That is, ah, look, it's a serious - yes, look, we'll  
21 say yes, it is a serious allegation.

22

23 Q. It was serious at the time and it is serious today; is  
24 that right?

25 A. Yes.

26

27 Q. It seems --

28 A. -- the allegations.

29

30 Q. -- Mr Harvey, you are minimising the seriousness of  
31 this?

32 A. I'm not trying to minimise the seriousness of this.

33

34 Q. Well, I suggest to you that you accepted Griffin's  
35 explanation of events without adequately exploring the  
36 evidence available to you?

37 A. We accepted his evidence that he did make comments to  
38 the children on the ward, those four patients, about what  
39 guys like and what he said was, "To be natural and don't do  
40 airbrushed or photoshopped pictures", that was the sense of  
41 my --

42

43 Q. You don't think that, in the context of him talking  
44 about wanting to have sex with particular women, that that  
45 might have had a different contextual meaning?

46 A. Well, the response that we received in regards to that  
47 was that it occurred in a private setting with the

1 patient's mother and the patient was there and overheard  
2 it; it didn't occur on the ward, it occurred at a previous  
3 time, and that the patient then brought it up in the work  
4 setting later on to Mr Gordon.

5  
6 Q. And you took no steps to verify that account?

7 A. That's - well, we took the original email that was  
8 supplied by Mr Gordon, we suggested that that was a strong  
9 likelihood of how the information was given to the patient,  
10 as well as Mr Griffin's response that that is where the  
11 conversation was had.

12  
13 COMMISSIONER BROMFIELD: Q. Can you point where that  
14 said it was a strong likelihood?

15  
16 MS BENNETT: Yes.

17  
18 THE WITNESS: It was in the email from Will Gordon to  
19 Sonja Leonard, which wasn't then included in the SRLS.

20  
21 MS BENNETT: Q. I'll find the email in a moment.

22  
23 Q. Did you take into account Mr Griffin's complaint  
24 history at this point?

25 A. We did, with regards to professional boundary  
26 breaches.

27  
28 Q. So he breached professional boundaries on a number of  
29 occasions?

30 A. Yes, that is correct.

31  
32 Q. So he had inappropriately cuddled and touched and been  
33 in touch with patients over a number of years; is that  
34 fair?

35 A. Yes, I was advised that he had, on a couple of  
36 occasions - well, it was probably about four occasions  
37 around 2007, that he had offered to - he'd been asked to  
38 give away I believe a patient at a - their marriage, and he  
39 asked his Nurse Unit Manager as to whether he should do  
40 that, he was told no, that was not a good idea.

41  
42 There was also another occasion where he changed a  
43 care plan on behalf of a community adult - sorry, Child and  
44 Adolescent Mental Health Service staff, where a child was  
45 screaming or so forth in the ward and he went and comforted  
46 that child which was against the care plan. So, there were  
47 a matter of ones that occurred, majority were in 2007,



1 I believe.

2

3 Q. No, they're in your statement at paragraph 54, you say  
4 in 2009 three incidents; there is a handwritten note about  
5 James Griffin that sets out --

6 A. Sorry, can you tell me what paragraph that was?

7

8 Q. Paragraph 54 of your statement?

9 A. Thank you, yes.

10

11 Q. Sets out that you had a copy of a letter, so there was  
12 the issue about him giving away a former patient at her  
13 wedding?

14 A. Yes.

15

16 Q. That's an inappropriate boundary breach?

17 A. And he didn't do that, he was asked not to do that.

18

19 Q. I understand that. I'm just asking you to explain, I  
20 want to understand your understanding of boundary breaches.  
21 You had a file note from January 2009 about professional  
22 boundaries with Griffin; what were those?

23 A. Without having it here, I'm not sure of the exact one.

24

25 Q. I'll find those for you?

26 A. Thank you.

27

28 Q. There's a file note of sharing from 2009, about  
29 cuddling a patient in January 2009. You'd agree that's  
30 inappropriate for a nurse to be touching a patient in that  
31 way?

32 A. From what I understand of how nursing staff on 4K  
33 should console children or how to interact with them, that  
34 there shouldn't be any touching.

35

36 Q. So you'd agree with me?

37 A. Yes, that he shouldn't have cuddled the child.

38

39 Q. There were handwritten notes covering a period  
40 of November 2008 to February 2009 with a number of matters  
41 concerning Griffin and boundary violations; is that right?

42 A. Yes, there were handwritten notes.

43

44 Q. And there were a number of matters on that note?

45 A. There were I think written occasions of about four,  
46 potentially five occasions, I can't remember if they were  
47 all about professional boundaries, but I know at least one

- 1 was.
- 2
- 3 Q. Yes, and then there was the issue from CAMHS?
- 4 A. Yes, that is correct.
- 5
- 6 Q. And that was about Griffin asking to be called in, in
- 7 contravention of a child's care plan?
- 8 A. Yes.
- 9
- 10 Q. In a way that put him in a - well, sorry, in order to
- 11 comfort the child; is that right?
- 12 A. Yes.
- 13
- 14 Q. And that was inappropriate?
- 15 A. I think that's what was found.
- 16
- 17 Q. Sorry?
- 18 A. I think that's what was found, that it was
- 19 inappropriate.
- 20
- 21 Q. Do you consider it to be inappropriate. You
- 22 understand that's inappropriate?
- 23 A. My understanding is that the childcare plan should
- 24 have been followed, so yes if he tried to act outside a
- 25 childcare plan, then yes, that would have been
- 26 inappropriate.
- 27
- 28 Q. There were other boundary violations from 2005, you
- 29 refer there to a letter regarding a complaint from
- 30 [REDACTED] - I'm sorry, I apologise; if the live stream
- 31 could cut those words - and there was a draft email
- 32 correspondence, not that you drafted, regarding
- 33 professional boundaries?
- 34 A. Yes.
- 35
- 36 Q. Do you remember what that was about?
- 37 A. No, but if you've got a copy, I'll refresh myself.
- 38
- 39 Q. You say yourself:
- 40
- 41 *Maintaining appropriate professional*
- 42 *boundaries was a concern given that*
- 43 *history.*
- 44
- 45 A. Yes.
- 46
- 47 Q. And you took it into account in the context of a

1 serious allegation of sexualised communications with  
2 children; is that right?

3 A. Yes.

4  
5 Q. And you concluded that it was appropriate to accept,  
6 without further investigation of the children or Mr Gordon  
7 the explanation offered by Griffin?

8 A. Yes. Based on the information that we had we accepted  
9 that his version of where he made the comment about "Titsy"  
10 and that he "wanted to shag her", which he denied in his  
11 response, was sufficient. And, yes, obviously now we say  
12 we should have potentially have gone to the children. At  
13 the time that's the information we received and we thought  
14 that was sufficient to make a finding.

15  
16 Q. Do you consider it's sufficient as you sit here today  
17 with the training that you've had since then and the  
18 increased understanding that you have now, do you think  
19 your conduct then was sufficient, because you know he was a  
20 paedophile?

21 A. Yes.

22  
23 Q. And because you've learned more about grooming?

24 A. Yes, because we have a greater understanding of what  
25 these - were considered at the time low level offences of a  
26 child asking, "What do guys like?" And when you read  
27 through Will Gordon's SRLS it looks like they asked over  
28 and over and over again, and for a nurse to just, after  
29 being asked a few times, to tell him something along the  
30 lines of, "Just be natural" - I know what you're going to  
31 say, that's grooming behaviour.

32  
33 From an outsider who didn't understand and didn't have  
34 training in grooming behaviours to know what grooming  
35 behaviours were, it did seem like a low level professional  
36 breach that he should - that breach of his professional  
37 boundaries - that he shouldn't have made any comment to the  
38 children at that time, and that's what was found through  
39 the investigation.

40  
41 Q. The email from Mr Gordon says:

42  
43 *The issue with the comments made by the*  
44 *child are that they could have been told to*  
45 *her in a personal setting.*

46  
47 I'll skip a few words:

1  
2  
3  
4  
5  
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9  
10  
11  
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47

*Therefore they may not have been made on the ward. However, the comments stated by others were without a doubt made in the girl's room as she had repeated the statements.*

So, Mr Harvey, you've said "it strongly indicated", there's nothing strong about that, is there?

A. No, not from me - indicated.

Q. Well, indicated a possibility --

A. That's right and that --

Q. Indicated something that should have been investigated?

A. And that part of the claim from Will Gordon was never put to James Griffin, so he didn't know Will believed that it could - possibly could have happened outside the setting, and so, when James Griffin provided his response and said it did occur outside the setting, then we looked at that information where it said there's a chance that it did, we got Griffin's statement saying, "I'm saying it did occur outside": we thought that was sufficient.

PRESIDENT NEAVE: Q. Would it be fair to say that you're placing an extremely heavy emphasis on fairness to Mr Griffin. What about the protection of the children?

A. Yeah, I mean, obviously procedural fairness is something that applies to anyone who is accused of any allegation.

Q. Yes, of course.

A. So, we do that. To make a finding based on the information that we had that he had made that statement on the ward --

Q. The inadequate information that you had?

A. Yes.

Q. The information that you had without talking to the girls?

A. Without talking to the children --

Q. And, without going back to Mr Gordon and saying, "This is the explanation that he has given", do you have any comment on that?

1 A. That's right, we didn't go back to Will Gordon and we  
2 didn't go back to the others, so the information we had -  
3 yeah, I mean, where is the protection for children, I  
4 think, what was the original question? Sorry.

5  
6 Q. My question was, it seems to me and I would like to  
7 hear your response to this, that your emphasis was totally  
8 on according what you saw as fairness to Mr Griffin in  
9 relation to these allegations, that the issue of protection  
10 of children did not cross your mind because, if it had,  
11 there would have been a whole series of different steps  
12 taken, including a much more detailed investigation?

13 A. If during the investigation we were able to  
14 substantiate that comments of the sexual nature, such as  
15 saying "There's a person called Titsy that I want to shag",  
16 was able to be said in front of the children on the ward;  
17 then, yes, we would have escalated it up and child safety  
18 issues would have been definitely considered and looked at.  
19 At this stage we weren't able to confirm that that occurred  
20 on the ward and therefore we, from reviewing the  
21 information that we had, we didn't have concerns about the  
22 child safety issues because we weren't able to substantiate  
23 that it happened on the ward.

24  
25 And the matter about, "What do guys like?", saying  
26 that "It's recommended that you just be natural and don't  
27 do any airbrushed photoshops" was something that needed to  
28 be addressed, and being addressed in that was discussing  
29 with him about professional boundaries and providing him  
30 education and training to know what his responsibility was  
31 and make sure he abided by the professional boundaries that  
32 he is bound by his registration as a nurse.

33  
34 Q. Were you not aware that he had breached professional  
35 boundaries in the past, had been counselled about those  
36 breaches, and had continued to breach professional  
37 boundaries?

38 A. It did appear. I didn't have the full details of the  
39 other investigations. The information I received was, as  
40 was stated, there was usually like a one-paged file note or  
41 a one-paged letter either at the conclusion to say that,  
42 yes, you appear to have breached your professional  
43 boundaries, or you have breached your professional  
44 boundaries and that, if this continues, further escalation  
45 or disciplinary matter may follow if further claims are  
46 substantiated.

47

- 1 PRESIDENT NEAVE: I see. Thank you.  
2
- 3 MS BENNETT: Q. That had been said to Mr Griffin in the  
4 past and had never actually happened; is that fair?  
5 A. That?  
6
- 7 Q. He had been told that matters would be escalated in  
8 the past; that's right, isn't it?  
9 A. That is right.  
10
- 11 Q. And you knew that at the time you told him it might be  
12 escalated again?  
13 A. Yes.  
14
- 15 Q. Weren't you just telling him - what's the force of  
16 telling him something is going to be escalated if it never  
17 is?  
18 A. Because basically - well, if it never is usually means  
19 you can't substantiate that they've undertaken any  
20 behaviour going forward that was in breach of the  
21 information they have received previously. Now, if we were  
22 able to substantiate that he made this comment on the ward  
23 of a sexualised nature, then yes we would have escalated  
24 up. Now, what that would look like would be most likely be  
25 an Employment Direction 5, investigation to breach of the  
26 Code of Conduct.  
27
- 28 Q. You told Griffin in the closing letter: you drafted  
29 the letter that Ms Leonard said; is that right?  
30 A. That's correct.  
31
- 32 Q.  
33 *Based on my review of the allegations and*  
34 *with due consideration of the evidence*  
35 *presented I find the allegations against*  
36 *you cannot be substantiated.*  
37
- 38 That's right?  
39 A. That's correct.  
40
- 41 Q. You told him that the response he made was  
42 "reasonable, well intended and appropriate". Why do you go  
43 so far as to make a positive finding in his favour?  
44 A. And look, I don't recall why those words were used.  
45
- 46 Q. Well, it's not appropriate, is it?  
47 A. It's not appropriate for him to make a comment about

1 the Snapchat, no, it's not.  
2  
3 Q. So, his conduct was not reasonable, well intended and  
4 appropriate, was it?  
5 A. Well, we know now that, no, it wasn't because most  
6 likely - I mean, well intended as to say, if you remove him  
7 from the situation and if someone says to a person, "What I  
8 like, be natural, just be yourself", you know, what did he  
9 intend in saying that.  
10  
11 Q. 14-year-old girls are asking what boys like and he's  
12 responding?  
13 A. Yep and he shouldn't have responded.  
14  
15 Q. Should nurses be doing that?  
16 A. No they shouldn't be.  
17  
18 Q. So was it appropriate?  
19 A. His response?  
20  
21 Q. Yes?  
22 A. No he shouldn't be making any comment, as I said.  
23 Q. Was it reasonable?  
24 A. Reasonable. Well, we say he shouldn't have made any  
25 comment.  
26  
27 Q. That's right. So it was not reasonable, was it?  
28 A. Oh - no.  
29  
30 Q. It was not reasonable, you don't know if it was  
31 well-intended and it wasn't appropriate; is that right?  
32 A. Yes, that's correct.  
33  
34 Q. So you shouldn't have included those words in the  
35 letter, should you?  
36 A. No, no, go back and change it.  
37  
38 Q. And a future person considering the history of Griffin  
39 might well read those and consider that his conduct in the  
40 past had been reasonable, well-intended and appropriate?  
41 A. Not necessarily relating to the previous ones because  
42 this was only relating --  
43  
44 Q. -- in relation to this one.  
45  
46 A. -- to this particular matter, yes.  
47

1 Q. So the next matter that someone has a concern about  
2 Griffin, they would see that you considered the response  
3 was reasonable, well-intended and appropriate?  
4 A. That in this case what he did in that matter, yes,  
5 that's correct, that's what they would read, yes.  
6  
7 Q. And that would be wrong?  
8 A. That it was un - yep, it should have been  
9 unreasonable, and the other two words.  
10  
11 Q. Sorry, I just want to be really clear: that would be  
12 wrong?  
13 A. Okay. Yes, it would be wrong.  
14  
15 Q. Yes, it would be wrong. And you told him then and  
16 then you said you, "will not be taking any further action  
17 regarding this matter and now consider both matters  
18 resolved and closed". What were "both matters"?  
19 A. The matter regarding calling the person "Titsy" and  
20 the matter about giving advice about Snapchat.  
21  
22 Q. Yes. Did you even consider asking the patient's  
23 mother about the "Titsy" comment outside of work?  
24 A. No, we didn't.  
25  
26 Q. Is that a step you could have taken?  
27 A. It could have. Obviously, we - I mean, we didn't have  
28 her contact details. If we did contact it would have  
29 disclosed - you'd probably be able to get it from the  
30 daughter eventually --  
31  
32 Q. You didn't have her contact details for the patient?  
33 A. Not for the mother, not in relation to this complaint.  
34 If we did we would have potentially had to access patient  
35 files, which we can't do, or we would have had to have gone  
36 to the daughter to alert to what had happened, and we were  
37 trying to protect the daughter, who was a patient at the  
38 time, by not going to her as a witness, let alone her  
39 family.  
40  
41 COMMISSIONER BENJAMIN: Q. Mr Harvey, you knew the name  
42 of the patient?  
43 A. Sorry?  
44  
45 Q. You knew the name of the patient?  
46 A. We had a first name of the patient.  
47



1 MS BENNETT: Q. Mr Harvey, the patient is a patient at  
2 the hospital, you know the bed they were in, you know the  
3 space?  
4 A. I don't know that, but we could have found it from the  
5 hospital.  
6  
7 Q. Well, the hospital does?  
8 A. Yes, the hospital --  
9  
10 Q. And you have access to that information, don't you?  
11 A. No, I don't have access to that information. I could  
12 contact, for instance, the Nurse Unit Manager and if we  
13 could get a disclosure to get that information, then yes.  
14 I do not have direct access of patient records.  
15  
16 COMMISSIONER BENJAMIN: Q. You could have asked Sonja  
17 Leonard?  
18 A. Yes.  
19  
20 Q. Who the mother was and get her contact numbers,  
21 because as Nurse Unit Manager she would have that  
22 information, would she not?  
23 A. I would assume, look - I'm sure they would sign a next  
24 of kin form to say where, you know, if they have a person  
25 admitted to the hospital who is underaged, that they would  
26 have to be a contact person for them, so it would be, I  
27 guess, you know, a contact phone number attached.  
28  
29 MS BENNETT: I'm conscious of the time, Commissioner, and  
30 I know I've taken longer with this witness than I expected  
31 to do.  
32  
33 Q. Was there another SRLS that you were involved in,  
34 other than this one?  
35 A. Not that I'm aware of.  
36  
37 Q. Were you involved in the resolution of any other SRLS  
38 complaint?  
39 A. Not regarding James Griffin.  
40  
41 Q. No. Were you aware of any complaint ever being made  
42 about Griffin that is not recorded in the notes or  
43 documents included in your statement, let me put it that  
44 way?  
45 A. Not that I'm aware of?  
46  
47 Q. Did any one of your colleagues, Mr Bellinger or

1 Mr Fratangelo, ever tell you about a complaint that they  
2 received by Ms Pearn that Griffin had been a sex offender,  
3 that he committed acts of child sexual abuse?

4 A. No.

5  
6 Q. Have you ever heard anyone make the suggestion, before  
7 2019, that Griffin had engaged in child sexual abuse in any  
8 way?

9 A. No, no.

10  
11 Q. I think that the materials will show that you were  
12 copied in on a document in March 2017 concerning an SRLS  
13 report, and that that was when a - and I think it's  
14 referred to at paragraph 56 of your statement. 3 March  
15 2017, that you recalled --

16 A. Sorry, I'm just going through this, I was looking at  
17 Question 56, sorry, not paragraph.

18  
19 Q. Paragraph 56.

20 A. Yes, yes.

21  
22 Q. There was an entry there from 3 March 2017.

23 A. Yep.

24  
25 Q. That the patient had been called "baby" or  
26 "sweetheart" by a male nursing staff.

27 A. Yes.

28  
29 Q. You were only made aware of that after his death?

30 A. On 29 April 2020 when we were asked what records that  
31 are on file within HR, within Ward 4K, within payroll  
32 services, anywhere to do with James Griffin, and they all  
33 got placed in a, you know, one shared folder and at that  
34 time that note came out, so that was the first I knew of  
35 it.

36  
37 Q. Records made available to the Royal Commission have  
38 you copied in on a letter to - dated 6 March 2017 to  
39 Mr Griffin which commenced:

40  
41 *Thank you for meeting with me on 6 March*  
42 *2017 in the company of Mr Michael Sherring*  
43 *to discuss concerns raised in relation to*  
44 *professional boundary issues between a*  
45 *patient and you. As discussed a*  
46 *14-year-old female patient has raised with*  
47 *CAMHS staff and Child Safety staff that*

1            *your behaviours and communication whilst*  
2            *caring for her left her feeling*  
3            *uncomfortable.*

4  
5            Does that ring a bell for you?

6            A.    Yes, that was my first interaction that I had with  
7            Mr Griffin, is that I got contacted by Sonja Leonard the  
8            day after - well, the afternoon of when they'd had that  
9            meeting; is that, we've had a meeting with James Griffin,  
10           what should we do about it?" And I said, "Well, any time  
11           you talk to an employee where either performance is raised,  
12           complaints raised or you've set expectations, then that  
13           should be provided in writing to that person. So, then  
14           Sonja developed a letter to James Griffin as a summary of  
15           that meeting and I just reviewed the letter for, you know,  
16           grammar and so forth.

17  
18           Q.    I see, and that was several months before the SRLS  
19           report that we've been talking about?

20           A.    That is right.

21  
22           Q.    And it nonetheless didn't cause you concern that  
23           Griffin's conduct might be seen in a different light?

24           A.    No, because we look at each investigation  
25           independently of itself, and then, if we can see that an  
26           allegation is proven, then you can look back at the history  
27           to say, yes, here is an escalation of what occurred  
28           previously. In this one we were able to substantiate that  
29           he made the comment about what guys like and we said, yes,  
30           that is a concern, that is a breach of your professional  
31           boundaries.

32  
33           Q.    So, once a complaint is unsubstantiated it effectively  
34           gets put in a memory hole?

35           A.    That is right, because if you can - if you haven't  
36           substantiated a claim you can't use that as a basis for  
37           finding guilt in future allegations.

38  
39           Q.    So six months later, the same conduct, you'll say it's  
40           an isolated incident, and six months after that you'll say  
41           it's an isolated incident. Isn't that a risk?

42           A.    It is a risk and it's one that we have tried to raise  
43           in other forums and we were told outright that, "You cannot  
44           make - you cannot base and un - further claims of guilt or  
45           suspicion that something's occurred on a previously  
46           unsubstantiated claim.

47

1 Q. You had Solicitor-General advice to the contrary  
2 effect, did you not?  
3 A. And we also had advice from the Industrial Commission  
4 confirming that.  
5  
6 Q. Sorry, to the contrary effect. The  
7 Solicitor-General's advice was that you could take into  
8 account --  
9 A. We did.  
10  
11 Q. -- unsubstantiated matters and you understood the  
12 effect of an Industrial Commission decision to be to the  
13 contrary?  
14 A. Because we got that advice and we ran that advice in  
15 the Industrial Commission and said this is why we are  
16 making a claim completely separate to this, and we were  
17 told you could not use that unsubstantiated claim in any  
18 forum going forward.  
19  
20 Q. What about, Mr Harvey, for the protection and safety  
21 of children as opposed to an industrial relations context?  
22 A. I mean, it's the same thing: if we were to find him  
23 guilty and then he took it to, for instance, appealed it  
24 through the Industrial Commission, which is the way appeals  
25 can process, through our system, then we would have said,  
26 you've relied on unsubstantiated claims to make a finding  
27 and you can't do that, and it's a decision that would have  
28 most likely been overturned.  
29  
30 MS BENNETT: I have nothing further, Commissioners.  
31  
32 PRESIDENT NEAVE: Thank you, Ms Bennett.  
33  
34 MS BENNETT: Commissioners, I have a matter to raise and I  
35 apologise for this. Could we have a short break then  
36 interpose Mr Millar, because I understand he has time  
37 constraints, and then have a full lunch break? I'm  
38 conscious of the strain that puts on some of our staff, but  
39 we will - if we could have 20 minutes now and then have a  
40 proper lunch break after that?  
41  
42 PRESIDENT NEAVE: 20 minutes now and then come back and  
43 then another lunch break?  
44  
45 MS BENNETT: Yes, I'm sorry, the witness availability is  
46 constrained today.  
47

1 PRESIDENT NEAVE: Have you got any questions?

2

3 COMMISSIONER BROMFIELD: No.

4

5 PRESIDENT NEAVE: Thank you.

6

7 **SHORT ADJOURNMENT**

8

9 MS RHODES: If it please the Commissioners, Mr Stewart  
10 Millar is our next witness.

11

12 PRESIDENT NEAVE: Thank you, Ms Rhodes.

13

14 <STEWART JOHN MILLAR, affirmed and examined: [1.30pm]

15

16 <EXAMINATION BY MS RHODES:

17

18 MS RHODES: Q. Thank you, Mr Millar, you can remove your  
19 mask.

20

21 A. Thank you.

22

23 Q. Could you state your full name for the transcript?

24

25 A. Stewart John Millar.

26

27 Q. And your occupation?

28

29 A. Semi-retired social worker.

30

31 Q. You prepared a statement for the Commission, have you  
32 had an opportunity to read through that statement?

33

34 A. I have.

35

36 Q. And are the contents true and correct?

37

38 A. They are.

39

40 Q. You're a semi-retired social worker and you say in  
41 your statement that you were employed as a social worker at  
42 the Launceston General Hospital between 2010 and 2016; is  
43 that correct?

44

45 A. That's correct.

46

47 Q. In that role who were you reporting to?

48

49 A. The Director of Allied Health which was a couple of  
50 different people.

51

52 Q. Who reported to you in that role?

53

54 A. The team of social workers that worked throughout the  
55 hospital.

56

1  
2 Q. And, how large was that team?  
3 A. I think it was approximately 15.  
4  
5 Q. Where was that team situated in the hospital?  
6 A. On Level 2 about 20 metres from the cafeteria.  
7  
8 Q. And so, that wasn't on Ward 4K, was it?  
9 A. No.  
10  
11 Q. We heard from Ms Pearn earlier this morning; did you  
12 hear any of her evidence?  
13 A. No, I did not.  
14  
15 Q. Have you spoken to Ms Pearn about the evidence that  
16 you're going to give or that she was giving this morning?  
17 A. No, I have not.  
18  
19 Q. Ms Pearn was a social worker at the same time that you  
20 were in the department; is that correct?  
21 A. That's correct.  
22  
23 Q. What was your role or relationship with her in that  
24 department?  
25 A. I was the manager of the social work department and  
26 Kylee was employed as a social worker.  
27  
28 Q. In your statement, you discuss having a conversation  
29 with Kylee. Could you explain to the Commission what that  
30 conversation was about?  
31 A. Yes. Kylee presented to my office having visited 4K,  
32 where she encountered James Griffin. She came to my office  
33 in a state of distress and concern, and she was keen that  
34 we do something about him being on Ward 4K.  
35  
36 Q. And, why was she concerned about doing something?  
37 A. She disclosed that she was a childhood survivor of a  
38 sexual assault.  
39  
40 Q. What was your reaction to hearing that disclosure?  
41 A. Oh, it was horrifying. We had a discussion about what  
42 actions we could take and Kylee was obviously in a state of  
43 distress and not wanting to proceed with anything formally.  
44 My suggestion was that they get HR involved as they're the  
45 personnel that deal with staffing matters, and she agreed  
46 to that and we made a phone call to HR, to our advisor, and  
47 my recall is that both James Bellinger and Gino Fratangelo

1 came straight down to my office.

2

3 Q. I'll just unpack that a little bit, but before I do,  
4 did you know who James Griffin was?

5 A. No, I did not.

6

7 Q. So, you've made the decision with Ms Pearn to contact  
8 HR and you said they're the people that deal with these  
9 issues; can you explain a little bit more why HR came to  
10 your mind to be the people to contact?

11 A. As a manager of a department within the hospital I had  
12 assigned to me an HR advisor. HR advisors were used  
13 whenever there were matters of concern about staff  
14 behaviour, conduct or employment, and so it seemed to me  
15 logical that they be involved because they've got a broad  
16 view across the hospital and, if there were any other  
17 concerns concerning James Griffin, they should presumably  
18 be aware of those.

19

20 Q. Was there any other procedure or process that you were  
21 aware about in relation to child sexual abuse allegations  
22 and how to deal with disclosures of that kind?

23 A. No, not in terms of staff. I mean, there were the  
24 normal child safety procedures that apply when one has  
25 witnessed or has evidence of a child sexual assault,  
26 anywhere for that matter, but that didn't seem to me to  
27 apply given it was historical and that Kylee was the  
28 survivor as an adult and in charge of the process.

29

30 Q. You said you were assigned an HR advisor; who was your  
31 assigned HR advisor?

32 A. Look, my recall isn't fantastic in this regard, but  
33 you know, Gino Fratangelo was at some stage and James  
34 Bellinger was at some stage. My recall is that they both  
35 attended that meeting.

36

37 Q. Before that meeting, you said that you made a phone  
38 call to HR; who answered that phone call?

39 A. Oh, that's testing me, I couldn't be sure; it was  
40 either James or Gino.

41

42 Q. I'll just refer you to paragraph 7 of your statement.

43 A. No.

44

45 Q. You say that you spoke to James Bellinger. Just to  
46 clarify, is that your evidence that it was James or you're  
47 just not sure?

1 A. Look, I'm 99 per cent sure it was James but I couldn't  
2 swear absolutely.  
3  
4 Q. Do you recall what was said in that conversation?  
5 A. I intimated that we had a serious concern about a  
6 nurse on 4K and that they should come down straight away  
7 and hear what Kylee had to say.  
8  
9 Q. Do you recall what the response was to that?  
10 A. Verbally?  
11  
12 Q. Yes?  
13 A. Just that they would come right down.  
14  
15 Q. And, did that happen?  
16 A. Yes.  
17  
18 Q. And when you're talking about the meeting, that's what  
19 you're talking about?  
20 A. That's right.  
21  
22 Q. And what happened in this meeting?  
23 A. Kylee disclosed that she had had that experience, and  
24 there was a recognition, I guess, that as it wasn't going  
25 to be a sworn or a formal complaint, that it would be part  
26 of a bigger picture potentially. Yeah, James and Gino  
27 heard the concerns, I'm pretty sure they noted them down in  
28 writing, and that was pretty much the - there was no  
29 undertaking as to what would happen or anything of that  
30 nature, it's just that they heard the concerns from Kylee.  
31  
32 Q. But you recall them making some sort of note of that?  
33 A. I'm pretty certain they were writing.  
34  
35 Q. And you're certain that it was two people from HR in  
36 that meeting?  
37 A. As far as I can recall, I'm 99 per cent sure that's  
38 the case.  
39  
40 Q. And, again, are you sure it was Mr Bellinger and  
41 Mr Fratangelo that was present in that meeting?  
42 A. Yes.  
43  
44 Q. You've spoken to HR; what happens next?  
45 A. Well, from my point of view I could see no further  
46 involvement of myself in the process other than to make  
47 sure that Kylee was supported and that she was able to, you



1 know, determine any further action. From my point of view  
2 the report had been made, it required HR to take that  
3 report into the context of everything they knew, if they  
4 knew anything else, and I could see no further role for  
5 myself.  
6

7 Q. Was any support offered to Ms Pearn after she made  
8 this disclosure?

9 A. I'm pretty sure I offered Kylee my support, and I  
10 think we may have mentioned an EAP, Employee Assistance  
11 Program, but I'm not certain. I'm pretty sure I at least  
12 offered her my support.  
13

14 Q. And, was anything offered from HR?

15 A. Not that I can recall.  
16

17 Q. Did you consider that the disclosure that Ms Pearn  
18 made was a child safety risk?

19 A. I did, which is why we reported it to HR. In terms of  
20 a formal report to the Child Safety System, I didn't see  
21 that as relevant given it was historical and there was no  
22 evidence of any current concern - well, there was evidence  
23 of current concern, but there was no evidence of current  
24 activity, if I could say that.  
25

26 Q. Do you recall what Ms Pearn's reaction was during the  
27 meeting?

28 A. She was in a distressed state, but she was collected  
29 as well and calm and could offer her version of her  
30 experience to them very adequately.  
31

32 Q. Do you recall whether HR said anything about what they  
33 were going to do with your report?

34 A. No, I don't.  
35

36 Q. Do you recall what Ms Pearn was like after that  
37 meeting was concluded?

38 A. Look, I think she was really distressed, I think she  
39 felt like something had been done so there was a sense of  
40 some relief; beyond that, I couldn't really comment.  
41

42 Q. Just out of fairness, Mr Millar, Mr Fratangelo has  
43 provided a statement to the Commission and he says he  
44 doesn't recall that meeting between you and Ms Pearn. Do  
45 you have anything to say to that?

46 A. Well, simply that I'm 99 per cent sure he was there.  
47

1 Q. And again, out of fairness to Mr Bellinger, he's  
2 provided a statement to the Commission and he says that he  
3 doesn't recall a meeting and he wasn't working for the LGH  
4 at the time. Do you have anything to say to that?

5 A. Again, I'm 99 per cent sure he was there, and I'm  
6 100 per cent sure the meeting occurred.

7

8 Q. And so, in 2019 you're then contacted by police to  
9 make a statement; is that correct?

10 A. That's correct.

11

12 Q. What do you recall about that contact with police?

13 A. It was a meeting at the police station, I gave them my  
14 version of what had occurred, they wrote that down, I  
15 signed the statement. They described James Griffin as  
16 "being in a world of pain", I took it that they felt  
17 confident that they could get a successful prosecution.

18

19 Q. I'll just indicate to the Commissioners that that  
20 document is within the Commissioners' possession. I don't  
21 intend to take Mr Millar to that but I just, for the  
22 record, note that Mr Millar's police statement is within  
23 the Commission's knowledge.

24

25 Mr Millar, do you recall if that statement was  
26 consistent with what you are saying to the Commission now?

27 A. Yes, as far as I'm aware it's totally consistent.

28

29 Q. I understand that you also made another statement in  
30 around 2021 and that statement was given in the context of  
31 HR contacting you to make that statement. Do you recall  
32 who from HR contacted you about it?

33 A. James Bellinger.

34

35 Q. Do you know why he contacted you to make that  
36 statement?

37 A. The explanation given was that, "It was useful for  
38 internal processes".

39

40 Q. Did you have any conversations with Mr Bellinger  
41 before making that statement?

42 A. Not in relation to this matter, no.

43

44 Q. Did you write this statement yourself or do you recall  
45 how it came to be?

46 A. I think I was verbally interviewed, or there was a  
47 verbal discussion; I think James took notes and I'm pretty

1 sure he organised for the statement to be typed and I was  
2 invited back into his office to sign it.

3  
4 Q. Again, Commissioners, that statement is within your  
5 knowledge, with the documents provided.

6  
7 Again, I don't intend to take you to that, Mr Millar,  
8 but from your recollection is that statement consistent  
9 with what you're telling the Commission today?

10 A. It is.

11  
12 Q. Mr Millar, do you have any concerns with providing  
13 evidence today?

14 A. No.

15  
16 Q. Reflecting on what occurred in that meeting and how it  
17 was handled, do you have any reflections on that and  
18 whether anything else could have been done?

19 A. I think it was - no, not really, I think that was  
20 probably the extent of what actions could have been taken  
21 given the informal nature of the complaint.

22  
23 Q. Why do you say that?

24 A. Because, to my mind, there was no formality to it in  
25 the sense that there was no signing off on a complaint, and  
26 yeah, so I thought that there was an understanding that the  
27 weight of the disclosure was not as much as if it had have  
28 been a formal complaint.

29  
30 Q. And, who had that perception?

31 A. Well, I think we all did.

32  
33 Q. Do you believe that HR could have done anything else?

34 A. Well, because I wasn't aware of any context in terms  
35 of previous complaints about James Griffin, I really  
36 couldn't answer that; I had no understanding of what was  
37 within their remit given prior knowledge.

38  
39 Q. Did you have any expectations of HR and what they  
40 could or couldn't do with in this complaint?

41 A. Well, my expectation was that they would take that  
42 information and view it within the context of any other  
43 information that they had and come to a reasonable,  
44 rational decision about how to proceed.

45  
46 Q. Do you know of any outcome from HR in relation to this  
47 complaint?

1 A. No, I don't.

2

3 MS RHODES: They're my questions, Commissioners.

4

5 PRESIDENT NEAVE: Thank you.

6

7 COMMISSIONER BROMFIELD: No questions, thank you.

8

9 PRESIDENT NEAVE: Thank you, Mr Millar.

10

11 MS RHODES: I understand that we'll now take a break, a  
12 longer break for lunch, and return after that.

13

14 PRESIDENT NEAVE: Yes, thank you.

15

16 **LUNCHEON ADJOURNMENT**

17

18 PRESIDENT NEAVE: I think there was another appearance to  
19 be announced, isn't there?

20

21 MS McCracken: May it please the Commissioners,  
22 Mrs McCracken, I seek leave to appear on behalf of  
23 Mr Bellinger.

24

25 PRESIDENT NEAVE: Thank you. Yes, leave is granted.

26

27 MS BENNETT: Commissioners, I'd now like to call  
28 Mr Bellinger.

29

30 <JAMES THOMAS BELLINGER, affirmed: [2.52pm]

31

32 <EXAMINATION BY MS BENNETT:

33

34 MS BENNETT: Q. Mr Bellinger, please tell the  
35 Commissioners your full name and professional address?

36 A. James Thomas Bellinger, and care of the Launceston  
37 General Hospital, Charles Street.

38

39 Q. You've made a statement to this Commission in response  
40 to a notice; is that right?

41 A. Correct.

42

43 Q. Save for a typographical error in the second  
44 paragraph in relation to your title which should read,  
45 "Resource Manager", and a response to Question 43 on the  
46 final page which refers to your awareness of a meeting on  
47 31 July 2022 which should read, "31 July 2019", and an

1 annexure to which I'll come, are the contents of your  
2 statement true and correct?

3 A. Correct.  
4

5 Q. Thank you, Mr Bellinger. In relation to Exhibit 15 of  
6 your statement, is it the case that you inadvertently  
7 provided the wrong attachment and now seek leave to update  
8 by reference to the correct attachment?

9 A. Yes.  
10

11 Q. Commissioners, we'll perhaps take that now and we'll  
12 add it to the bundle in due course.  
13

14 Just for identification perhaps we'll identify that  
15 now, thank you. It's in response to Question 43 and,  
16 Commissioners, in some versions of the statement that will  
17 appear on page 50 and on some it will appear on page 40,  
18 and I am entirely unable to account for that discrepancy.  
19

20 Mr Bellinger, you are the HR Manager for the  
21 Department of Health; is that right?

22 A. Yes.  
23

24 Q. Who do you report to?

25 A. Substantively the Director of HR Management. That  
26 position is currently unfilled, so I'm reporting to the  
27 Chief People Officer.  
28

29 Q. Of?

30 A. The Department of Health.  
31

32 Q. Where does the Chief People Officer sit, physically?

33 A. Physically, in Hobart.  
34

35 Q. Where do you physically sit at the moment to carry out  
36 your duties?

37 A. In Launceston at the Anne O'Byrne Centre.  
38

39 Q. Where is that in relation to the Launceston General  
40 Hospital?

41 A. Across the road.  
42

43 Q. And, who reports to you presently?

44 A. Presently, the HR generalist team for the north,  
45 north-west.  
46

47 Q. And who is in the HR generalist team, how many people

1 first?  
2 A. People: there are 10 humans and about nine FTE.  
3  
4 Q. Thank you. And how many of those people are stationed  
5 at the Launceston General Hospital?  
6 A. There are five in the Anne O'Byrne Centre with me.  
7  
8 Q. Where are the other people located?  
9 A. Five on the north-west coast, at either the north-west  
10 regional or Mersey Campus.  
11  
12 Q. You provide HR services in that group across a  
13 geographic region?  
14 A. Across the hospitals, north, northwest, so I don't  
15 include Ambulance Tas and Mental Health, just for the  
16 Hospitals in northwest including Primary Health.  
17  
18 Q. Between 1 July 2019 and 7 July 2016, you were an HR  
19 consultant; is that right?  
20 A. From late 16 I was the acting HR Manager till I was  
21 promoted in 17/18. I'll just check my CV for the exact  
22 dates.  
23  
24 PRESIDENT NEAVE: Q. Would you mind speaking up just a  
25 little bit, please?  
26 A. Yes. So, I'll just refer to my CV while I do.  
27  
28 MS BENNETT: Q. Yes, it's Annexure 1 for the assistance  
29 of the Commissioners.  
30 A. So from November 2016 I was the HR manager, initially  
31 on an acting basis until my promotion. Prior to that I was  
32 the HR consultant.  
33  
34 Q. So, from 2016 and following, you were HR consultant  
35 for an HR generalist; is that right?  
36 A. The HR Manager for the HR generalist, yes.  
37  
38 Q. Yes, and so, who reported to you in that role?  
39 A. In that role, that has changed over the time, but the  
40 HR generalists for most of that period of time. There was  
41 a period of time where we were regional, purely regional,  
42 so I looked after the north and that included recruitment  
43 and work, health and safety and the like.  
44  
45 Q. I see. So, in 2016, where was that located?  
46 A. In the Anne O'Byrne Centre.  
47

- 1 Q. Who reported to you in 2016?  
2 A. In 2016, it would have been recruitment, work, health  
3 and safety, HR generalist, a policy role, medical  
4 recruitment.  
5
- 6 Q. Do you know how many full-time equivalent that was?  
7 A. Roughly 20.  
8
- 9 Q. Going back in time now, you worked for health and  
10 Human Services. As I understand it, there was a Human  
11 Services side to the HR role and then there was a hospital  
12 side; is that right?  
13 A. Yes.  
14
- 15 Q. Prior to 2012 or is that still the case now?  
16 A. No, community's now are looking after Human Services,  
17 as I used to call it in DHHS terms. So, once Communities  
18 was formed, Child Protection, Family Violence et cetera  
19 became part of the Communities team and not part of Health;  
20 prior to that they remained part of the DHHS.  
21
- 22 Q. And so when did that change happen?  
23 A. I can't recall off the top.  
24
- 25 Q. So in 2012 you tell us you were the Human Services  
26 side of the DHHS, if I can call it that?  
27 A. Yes.  
28
- 29 Q. So what does that mean?  
30 A. So from 2008 to 2012 I was still working in HR as an  
31 HR generalist, looking after the human services portfolio,  
32 predominantly for north, north-west. The client group  
33 therefore included Child Protection, Family Violence,  
34 Housing, Disability Services and Youth Justice.  
35
- 36 Q. And in April 2012 you moved over to the hospital side?  
37 A. Yes.  
38
- 39 Q. And it was at that time you became directly  
40 responsible for hospital HR?  
41 A. Yes.  
42
- 43 Q. And you had different groups reporting to you from  
44 that time, which were the generalists, the employment  
45 relations; is that right?  
46 A. No. From April --  
47

1 Q. From 2012?

2 A. From April 12 I was the HR consultant and the HR  
3 advisor would have reported to me, but the team Work,  
4 Health and Safety recruitment, it's actually listed, would  
5 have reported to the HR Manager, who I also reported to.  
6

7 Q. Who worked with you in 2012?

8 A. Who worked with me?  
9

10 Q. Yes, the people?

11 A. Just, if I could clarify. Sorry, I rushed that. Can  
12 I clarify your question, sorry: who worked to me?  
13

14 Q. Who worked with you in 2012?

15 A. Who worked with me? So, [REDACTED] was the Director  
16 of HR, or the HR Manager as it's now known. Myself and  
17 Gino Fratangelo were the consultants, and at some point Mat  
18 Harvey joined us as the HR advisor; I can't recall the  
19 exact date, I believe it was 2014. At 2012 Mental Health  
20 were a separate portfolio but at some point they were  
21 combined into the hospital's portfolio, [REDACTED] would  
22 have joined the team as would have [REDACTED] from Primary  
23 Health.  
24

25 Q. So, before that, so before your move to the hospital  
26 side, who did you work with when you were on the Human  
27 Services side?

28 A. On the Human Services side I reported to [REDACTED]  
29 [REDACTED], the HR Manager, [REDACTED] was also in that  
30 team, as was [REDACTED]. They changed consultants,  
31 [REDACTED], I believe was the name, and a recruitment  
32 officer, [REDACTED].  
33

34 Q. And you had Human Resources responsibility similar to  
35 what you later had in respect of hospitals but in relation  
36 to areas of service provision which relate to child safety  
37 - what is now really wrapped up in the community service  
38 space, is that --

39 A. Essentially, yes.  
40

41 Q. In both teams, though, you were responsible for  
42 grievance, resolution, workplace issues and complaint  
43 management; is that fair?

44 A. Among other things, yes.  
45

46 Q. Yes, among other things and we'll come to those other  
47 things. Mr Millar gave evidence earlier that social



1 workers have an assigned HR advisor; is that your memory of  
2 the position in 2011?  
3 A. No, bearing in mind I started in 2012.  
4  
5 Q. You had a position in 2011, didn't you?  
6 A. But for Human Services, not for the hospitals.  
7  
8 Q. Yes, that's right, in 2011 did you have any contact  
9 with Stewart Millar?  
10 A. No.  
11  
12 Q. So, he was unconnected with you in any way in 2011?  
13 A. Correct.  
14  
15 Q. So, no reason to call you?  
16 A. No.  
17  
18 Q. Was there such a concept as an assigned HR advisor in  
19 2011, in your role?  
20 A. In my role in Human Service I was assigned north,  
21 north-west, yes, for (indistinct) --  
22  
23 Q. And people who required your assistance, managers for  
24 example, who required your assistance who were assigned to  
25 you?  
26 A. Yes.  
27  
28 Q. And who were they? What roles did they fill?  
29 A. The managers, employees across the north, north-west,  
30 so within Child Protection, Family Violence, Housing,  
31 Disability Services.  
32  
33 Q. And were some of those people social workers?  
34 A. Yes.  
35  
36 Q. Working with Child Protection?  
37 A. Yes, and Family Violence.  
38  
39 Q. And so, was Stewart Millar once of those people?  
40 A. No.  
41  
42 Q. Have you gone back to refresh your memory about that?  
43 A. I believe he was working for the hospital at that  
44 point.  
45  
46 Q. No, I'm just asking if you're remembering that or  
47 relying upon his position description?

- 1 A. No, I'm relying on my memory.  
2
- 3 Q. So you remember that he had no contact with you in  
4 2011?  
5 A. Yes.  
6
- 7 Q. Was social workers in a hospital on the Human Service  
8 side or the hospital side?  
9 A. Hospital.  
10
- 11 Q. And so, who would he have reported to?  
12 A. As in, reporting line?  
13
- 14 Q. Who would he have gone to for HR assistance?  
15 A. For HR assistance the HR team which at that time I  
16 understand would have been Gino and [REDACTED].  
17
- 18 Q. Have you heard the evidence today?  
19 A. Yes.  
20
- 21 Q. And so, did you hear the evidence of Mr Harvey  
22 concerning the work of generalist HR advisors?  
23 A. Yes.  
24
- 25 Q. And, would you generally agree with his  
26 conceptualisation of the role of HR?  
27 A. Generally. I'd expand and say we also do other  
28 things.  
29
- 30 Q. He said, as I understand it, that there had been no  
31 training at LGH around grooming or child sexual abuse. He  
32 gives evidence about the period from 2014; I suspect you  
33 can take us back to the at least 2012. Was there any  
34 training that you're aware of the staff at Launceston  
35 General between 2012 and 2014?  
36 A. Not that I'm aware of.  
37
- 38 Q. Are you aware of any training between that time and  
39 2019?  
40 A. Not that I'm aware of. Not that I'm aware of.  
41
- 42 Q. And what about training in the use of SRLS, which was  
43 rolled out in 2014; is that right?  
44 A. Yes.  
45
- 46 Q. Was there training about its use at the time it was  
47 rolled out?

- 1 A. That's my understanding.  
2
- 3 Q. And, has that training been repeated?  
4 A. Yes.  
5
- 6 Q. Do you know who's responsible for providing that  
7 training?  
8 A. There is some training provided at induction,  
9 I believe that's now an online module, it has previously  
10 been provided by Quality and Patient Safety, and the Work  
11 Health and Safety Unit will provide, I call it training, it  
12 will often be event-based training, so a circumstance will  
13 arise in a particular business unit or they'd do an audit  
14 that reflects that they're not adequately trained and  
15 provide response in relation to that.  
16
- 17 Q. Are you aware that Launceston General Hospital has  
18 been audited in the time in your role concerning hospitals?  
19 Has it been audited in its compliance with SRLS?  
20 A. Not that I'm aware of.  
21
- 22 Q. You heard some evidence about SRLS being not suited  
23 for the reporting and escalation of child sexual abuse and  
24 grooming behaviours. Would you agree with that?  
25 A. If you'll pardon me, can I just jump back to the last  
26 question because I can provide - when I heard the question  
27 of "audit" I was thinking of a different thing, but we as a  
28 hospital get accredited under the National Standards, and  
29 that I believe is an audit process.  
30
- 31 Q. You don't do the audit though?  
32 A. I don't do the audit, no.  
33
- 34 Q. So, I was really wanting to explore with you about  
35 Mr Harvey's evidence was that SRLS was not a system  
36 designed to capture grooming and child sexual abuse; do you  
37 agree with that?  
38 A. That's - I agree.  
39
- 40 Q. His evidence was that there is no system that is  
41 designed to capture that behaviour at Launceston General  
42 Hospital; do you agree with that?  
43 A. I agree.  
44
- 45 Q. He was unable to identify a person responsible for  
46 child safety at the hospital; are you able to identify a  
47 person responsible for child safety at the hospital before

- 1 2019?
- 2 A. No. There is a client-facing position that is a  
3 liaison between us and Child Protection; I can't remember  
4 what date that came in, that's why I'm cautious in my  
5 reply.
- 6
- 7 Q. Yes. But in terms of someone who proactively looks  
8 for ways of improving child safety at the hospital, there  
9 is no such person and no such position?
- 10 A. Not that I'm aware of.
- 11
- 12 Q. And no such committee?
- 13 A. No.
- 14
- 15 Q. The way in which complaints are received by the  
16 hospital, there are a couple of pathways for a complaint or  
17 a concern to be raised: one is the SRLS, which I think you  
18 accept is unhelpful or not designed to capture child sexual  
19 abuse or grooming behaviour; is that right?
- 20 A. It's not specifically designed for that purpose, yes.
- 21
- 22 Q. The other method by which feedback, concerns or  
23 complaints might be raised is through a form filed with the  
24 Patient Liaison office; is that right?
- 25 A. There is a team that deals with consumer complaints,  
26 they can get a form, they can also receive the complaints.
- 27
- 28 Q. And they may or may not involve HR in response to  
29 those complaints?
- 30 A. Correct.
- 31
- 32 Q. And those people are not trained in the escalation or  
33 identification of child sexual abuse or grooming?
- 34 A. Not to my knowledge.
- 35
- 36 Q. And indeed no-one in HR is trained in the  
37 identification of child sexual abuse or grooming; is that  
38 right?
- 39 A. Correct, prior to 2019.
- 40
- 41 Q. Prior to 2019?
- 42 A. Yes.
- 43
- 44 Q. And, is that a matter of concern to you?
- 45 A. Yes.
- 46
- 47 Q. Can you tell the Commissioners - I withdraw that,

- 1 we'll come back do it. Was that something that was on  
2 anyone's radar before the conduct of Mr Griffin became  
3 known, before 2019?  
4 A. No.  
5  
6 Q. Is it fair to say it took Griffin's offending to put  
7 this on people's radar?  
8 A. Yes.  
9  
10 Q. The other way that complaints and feedback can get  
11 into the system appears to be employee grievances between  
12 employees; is that right?  
13 A. Yes.  
14  
15 Q. So an employee having a grievance with another  
16 employee can raise an issue direct with HR?  
17 A. Yes.  
18  
19 Q. I think Mr Harvey said it should go through a manager;  
20 is that right?  
21 A. Yes, most complaints are raised with the manager in  
22 the first instance, yes; they can be raised with HR.  
23  
24 Q. The process is, it should go through the manager and  
25 the manager may involve HR?  
26 A. Yes.  
27  
28 Q. And there's no process, is there, for comparing - or,  
29 sorry: there's no central repository for all of these  
30 reports of conduct to be considered in one place, is there?  
31 A. We do now have an Employee Relations Unit that track  
32 all matters.  
33  
34 Q. Yes. I'll just speak now for a while in a pre-2019  
35 sense and you can tell me - we'll come to the post-2019  
36 period. So, pre-2019 those three pathways of reporting  
37 conduct or complaints that may be of concern did not end up  
38 in a central repository; is that right?  
39 A. I agree.  
40  
41 Q. No single person had oversight of all of them?  
42 A. I agree.  
43  
44 Q. And each person who handled them along the way had no  
45 training in the identification of child sexual abuse or  
46 grooming?  
47 A. I agree.

1  
2 Q. That was a system, wasn't it, that was capable of  
3 permitting grooming behaviour to go unnoticed; is that  
4 right?  
5 A. Yes.  
6  
7 Q. And, indeed, your review of these materials suggest  
8 that that's precisely what happened in this instance, isn't  
9 it?  
10 A. Could you clarify your question, sorry?  
11  
12 Q. You have identified a range of conduct by Griffin, and  
13 you have heard more this week, I take it?  
14 A. Yes.  
15  
16 Q. Have you heard things this week you weren't aware of?  
17 A. Yes.  
18  
19 Q. And there was no system by which all of those matters  
20 could be reliably put together and analysed at the time,  
21 was there?  
22 A. Correct.  
23  
24 Q. Is there a chance, Mr Bellinger, that had they been  
25 put together and analysed together, that a pattern might  
26 have been identified?  
27 A. Yes.  
28  
29 Q. And that didn't happen because the systems and  
30 processes were not set up to permit it to happen?  
31 A. Yes.  
32  
33 Q. And you see that as a significant failing on the part  
34 of the hospital, don't you?  
35 A. Yes.  
36  
37 Q. In relation to the inappropriate or concerning  
38 behaviour that we've been talking about, I'd like to  
39 understand some of the processes by reference to the  
40 conduct of Griffin. So, for example, you speak in your  
41 statement in response to Question 39, and I won't hazard a  
42 guess as to the page number, that there was a "wet kiss" by  
43 Griffin for a child on the ward, I believe at night. You  
44 describe that as inappropriate and concerning in your  
45 statement; is that right?  
46 A. Yes.  
47

- 1 Q. What should happen when there is a report of a wet  
2 kiss by a male nurse of a female child at night on a  
3 Children's Ward?  
4 A. Consideration should be given to whether that is -  
5 amounts to reasonable grounds to believe the code should be  
6 breached, and I say "consideration" because that's a matter  
7 for the head of agency ultimately to consider.  
8  
9 Q. And does that mean, are you suggesting there should be  
10 an ED5 in respect of that?  
11 A. That is something that should be considered, yes.  
12  
13 Q. You've reviewed the materials. Was that considered?  
14 A. No.  
15  
16 Q. Are you able to explain why it wasn't considered?  
17 A. No, I'm not.  
18  
19 Q. Is it fair to say that a lack of training and a lack  
20 of awareness of the processes we've been discussing  
21 contributed to a failure to escalate that matter in an  
22 appropriate way?  
23 A. That is possible.  
24  
25 Q. Is it likely?  
26 A. It is.  
27  
28 Q. Would you say the same for the balance of the matters?  
29 You say in respect of each of the matters that you list in  
30 response to Question 50, where you are asked to tell the  
31 Commissioners if you were concerned about each of the  
32 matters which you subsequently became aware of; you were  
33 asked if you were concerned, if they are concerning, and in  
34 the vast majority of cases you say they were concerning.  
35 Is that right?  
36 A. I must admit I lost you, I thought it was Question 50.  
37 Can you take me to the question?  
38  
39 Q. I'm sorry, I got the question wrong, I'm told.  
40 Question 39.  
41 A. 39?  
42  
43 Q. Yes. So, at Question 39 you set out and identify a  
44 range of incidents starting with that wet kiss and relating  
45 to Appendix 19 where you, again, set out all of those  
46 incidents. Is it fair to say that you list a significant  
47 number of incidents each of which was considered in a silo?

- 1 A. I don't believe they were considered in a silo.  
2
- 3 Q. Well, let's just go through some of them - well, let  
4 me go back. If something was raised through SRLS, that  
5 would be dealt with in one process; is that right?  
6 A. Yes, but where it's identified as matters that should  
7 be dealt with as a disciplinary matter, it's taken out of  
8 the SRLS process --  
9
- 10 Q. Out of that and into the other?  
11 A. -- and managed separately, yes.  
12
- 13 Q. Depending on the person who identifies it in that way;  
14 is that right?  
15 A. Depending on the content and the people that review  
16 it.  
17
- 18 Q. Do you recall reviewing the SRLS that I was discussing  
19 with Mr Harvey earlier?  
20 A. The 2017 SRLS?  
21
- 22 Q. Yes?  
23 A. I do not recall.  
24
- 25 Q. Is it the sort of thing that should have been  
26 escalated to you?  
27 A. Can I clarify, I do not recall reviewing it at the  
28 time.  
29
- 30 Q. Yes, that's right. Is that the sort of thing that  
31 should have been escalated to you?  
32 A. In the context at the time, no.  
33
- 34 Q. So, what's the sort of matter that should have been  
35 escalated to you?  
36 A. Well, there's various matters; I mean, matters where I  
37 may need to give assistance to the team obviously, because  
38 I am ultimately their manager and their coach. But any  
39 matter that is progressing to Head of Agency would  
40 automatically come to me and therefore any matter that is  
41 being considered for ED5 would automatically come through  
42 me.  
43
- 44 Q. And so who would be doing the considering for an ED5?  
45 A. Well, that occurs for a case conference with HR and  
46 Employee Relations.  
47



- 1 Q. Right, so who makes the ultimate decision about  
2 whether to go to an ED5?
- 3 A. Well, the ultimate decision is by the Head of Agency,  
4 but HR, Employee Relations have a case conference to  
5 determine the pathway forward and reach agreement or, if we  
6 don't reach agreement, we escalate to the next level  
7 manager.  
8
- 9 Q. And is that at the consultant level?
- 10 A. No. The consultants are involved in that process,  
11 generally, the ER Manager or Director and the HR Manager  
12 will be involved as well.  
13
- 14 Q. Complaints around disciplinary or grievance matters  
15 discussed or caucused by HR generally? Do you have weekly  
16 meetings?
- 17 A. Yes, we have them twice weekly meetings to talk case  
18 management if you will.  
19
- 20 Q. Had a has that been the practice for the whole period  
21 of your conduct?
- 22 A. No.  
23
- 24 Q. So, when did that start?
- 25 A. I would say, 2018 if I had to have a guess.  
26
- 27 Q. Going back to when you started in the hospital side in  
28 2012, were there consistent gatherings for exchange of  
29 notes what would have going on?
- 30 A. Yes.  
31
- 32 Q. And, who would attend those meetings?
- 33 A. All of the HR generalists, including the manager.  
34
- 35 Q. So that would be --
- 36 A. Depending on the circumstances and the matter of  
37 course, some of the matters didn't require a manager.  
38
- 39 Q. And everyone would speak about issues that they had  
40 been dealing with at the time?
- 41 A. Yes.  
42
- 43 Q. And would advice then be sought and given by other  
44 members of the team?
- 45 A. Yes.  
46
- 47 Q. And feedback provided?

- 1 A. Yes.  
2
- 3 Q. So, the SRLS that Mr Harvey was talking about, would  
4 that have been something that was raised at one of those  
5 meetings?  
6 A. I don't recall it being raised at one of those  
7 meetings.  
8
- 9 Q. Should it have been raised at one of those meetings?  
10 A. Yes.  
11
- 12 Q. And you don't recall if it was?  
13 A. I don't recall if it was. Those twice weekly meetings  
14 occurred in 2018 onwards, and this was a 2017 allegation.  
15
- 16 Q. And so, there was no such meeting or exchange of ideas  
17 before that time?  
18 A. There was but it wasn't a formalised process. When I  
19 say formalised, it wasn't set times, it was in the office  
20 discussion between consultants.  
21
- 22 Q. And so, were there notes or minutes kept of any of  
23 those discussions?  
24 A. No.  
25
- 26 Q. Have you checked?  
27 A. Yes - no, I haven't checked, I know there wasn't.  
28
- 29 Q. How do you know?  
30 A. Because we don't take minutes of those discussions.  
31
- 32 Q. Is it your practice to keep file notes of your  
33 discussions around grievances received from staff?  
34 A. File notes of our interactions with staff members, as  
35 capacity allows, I wouldn't acknowledge --  
36
- 37 Q. So, you don't always keep file notes?  
38 A. Not always, no.  
39
- 40 Q. Well, is it your practice to usually, 99 per cent of  
41 the time you keep file notes, that's best practice and  
42 sometimes you don't have time, or?  
43 A. And it depends on the matter, I mean some  
44 conversations don't require a file note if it is just  
45 procedural advice or provision of a particular document, by  
46 a document I mean a policy or procedure. Where it's taking  
47 evidence, facts, somebody's version of events, that clearly

1 requires a file note.

2

3 Q. Shortly after this 2017 SRLS was concluded with a  
4 closing letter, that was in September 2017, I'd ask you to  
5 take it from me, Mr Griffin was transferred to Ashley Youth  
6 Detention Centre; can you tell us what the process is for  
7 someone to be transferred to that facility?

8 A. There are various processes. The administrative  
9 process is the submission of a job card for HR which is a  
10 recruitment online system. The management decision-making  
11 process could be many, it could be the manager from Ashley  
12 approaching the person to take up the contract. Where the  
13 position is - the rules obviously change over time  
14 depending on the Employment Directions, but where the  
15 position is less than six months it can be what we call a  
16 tap on the shoulder and a manager can directly approach  
17 somebody to take that position on.

18

19 Q. A manager at the hospital or at the Youth Detention  
20 Centre?

21 A. At the Youth Detention Centre in this example.

22

23 Q. And so, is anyone able to take an employee from a  
24 hospital for a few months without there being a formal  
25 process around it on a tap on the shoulder basis?

26 A. Yes.

27

28 Q. And so, who would be responsible for considering the  
29 suitability of that person to take up that position?

30 A. The manager that's recruiting, if you will, the  
31 employee.

32

33 Q. At Ashley Youth Detention Centre?

34 A. Yes.

35

36 Q. What's the involvement on the hospital side?

37 A. Limited, it would only be a matter of release; by that  
38 I mean released from their substantive duties.

39

40 Q. So, there's no process on the hospital side to approve  
41 that save to release them from their duties?

42 A. Only from the perspective of, can that person be  
43 released, can we backfill, what's the date of release; not  
44 from a merit-based decision-making question, if you will.

45

46 Q. Are you able to say whether or not there's a  
47 connection between the SRLS complaint concerning Griffin

1 and his transfer?  
2 A. I do not know that there's a connection.  
3  
4 Q. Do you know anything about how Griffin came to be  
5 transferred to Ashley?  
6 A. No.  
7  
8 Q. Have you ever discussed it with anyone since?  
9 A. I have not discussed it, I have reviewed the job card.  
10  
11 Q. Well, why were you reviewing the job card?  
12 A. Well, it's come up in the last two to three years  
13 worth of coverage on the matter.  
14  
15 Q. In what context has it come up?  
16 A. I believe it was raised in the podcast first.  
17  
18 Q. And so, that caused you to make what enquiries?  
19 A. I don't think that did, I think it also arose from an  
20 enquiry that came through the department, I can't remember  
21 the context of that enquiry.  
22  
23 Q. So what enquiries did you make?  
24 A. I looked at the job card.  
25  
26 Q. And did you make any enquiries as to how Griffin came  
27 to be transferred to Ashley?  
28 A. Aside from looking at the job card, no.  
29  
30 Q. So you don't know whether it was a tap on the shoulder  
31 from someone from Ashley?  
32 A. Correct, I don't know.  
33  
34 Q. Was there any process at the hospital side to put a  
35 time limit or a review function over that transfer?  
36 A. No.  
37  
38 Q. So, the person would go to Ashley entirely outside the  
39 scope then of HR oversight and be there under the auspices  
40 of that organisation until they returned; is that fair?  
41 A. Yes.  
42  
43 Q. And in the case of Griffin, he left shortly after he  
44 had been involved in a disciplinary matter; is that right?  
45 A. I don't have the dates in front of me but I believe  
46 that's the timeframe, that they're both late 2017.  
47

1 Q. You heard my discussion with Mr Harvey earlier that  
2 the allegation seems to be concerning what Mr Harvey  
3 considered to be inappropriate conversations with teenage  
4 girls on a ward; that's right, isn't it?

5 A. Yes.

6

7 Q. And we had a discussion about whether or not those  
8 discussions were reported as sexual. Would you accept,  
9 Mr Bellinger, that they were sexualised - the allegations  
10 were sexual in nature?

11 A. Yes.

12

13 Q. And they should have been treated as such?

14 A. Yes.

15

16 Q. And investigated as such?

17 A. Yes.

18

19 Q. And escalated as such?

20 A. Yes.

21

22 Q. And you see it as an error that it wasn't done that  
23 way?

24 A. With the benefit of hindsight, yes.

25

26 Q. I'm not quite sure what you mean by "the benefit of  
27 hindsight" there. You accept that it was a sexualised  
28 complaint, it should have been dealt with as a sexualised  
29 complaint, it was not dealt with as a sexualised complaint.  
30 Leave aside the subsequent knowledge that Griffin was a  
31 paedophile, it should have been dealt with differently,  
32 shouldn't it?

33 A. Yes.

34

35 Q. It was not?

36 A. Yes.

37

38 Q. That was wrong?

39 A. Yes.

40

41 COMMISSIONER BENJAMIN: Q. Mr Bellinger, just assist me  
42 with Ashley. If a nurse goes to Ashley, they report to  
43 whom, in terms of their Medical Services that they're  
44 providing?

45 A. And, Ashley hasn't been in my portfolio for nearly  
46 10 years, so I'm not 100 per cent. I believe at one stage  
47 they reported to Ashley but now they might report into

1 Mental Health or Friends of Mental Health as it's known.

2

3 Q. So, you think they reported to Mental Health?

4 A. Forensic Mental Health, as I understand it, and that's  
5 obviously now part of the community since - when was that -  
6 about 2019. So, if we're talking back in 2017, they were  
7 still part of the Department of Health but part of the  
8 Human Services or Mental Health portfolio depending on the  
9 timing.

10

11 Q. So, they still reported up through Health?

12 A. Yes, at that time.

13

14 Q. And, were they paid by Health?

15 A. Yes.

16

17 Q. So, to move a nurse from Launceston General would  
18 simply be a transfer of the person there; they'd have to  
19 comply with the requirements of Ashley, obviously?

20 A. Yes.

21

22 Q. But they would still report and have the same duties  
23 as you would whether you're in the ward at Mersey, Burnie  
24 or Launceston; is that right?

25 A. Yeah, they're still covered by the same - there would  
26 be additional processes, of course, but they'd still be  
27 covered by the same employment framework.

28

29 COMMISSIONER BENJAMIN: Yes, thank you. Sorry,  
30 Ms Bennett.

31

32 MS BENNETT: Not at all.

33

34 Q. You say in your statement at page - I'm going to say  
35 page 32 - in response to Question 39(b), third page of your  
36 response to 39(b), second dot point, second substantive dot  
37 point from the top, August 2017.

38 A. Sorry, if I can just jump in? Can you just take me  
39 back to the question, so I can find it?

40

41 Q. At the top you can see written "TRFS"; do you see  
42 those numbers?

43 A. No, I don't on mine.

44

45 Q. Page 32, what's the first word you see at the top  
46 left-hand corner of page 32?

47 A. And we're in 39(b), yes?

1  
2 Q. Yes?  
3 A. 39(b), "2008 to 2009 file notes re Mr Griffin"?  
4  
5 Q. Next page. What's the first sentence there?  
6 A. "Such expressions and touch are not appropriate".  
7  
8 Q. Thank you, and if you go to the second dot  
9 substantive, that is black dot, "August 2017". You see  
10 there, "Griffin's dating advice", and reference to a  
11 colleague as "Titsy"?  
12 A. Yes.  
13  
14 Q. You say there at the fourth dot point:  
15  
16 *Was I concerned by the incident? Yes, and*  
17 *the matter was appropriately addressed at*  
18 *the time.*  
19  
20 You'd now ask the Commissioners to accept your  
21 evidence today rather than what's in your statement about  
22 that?  
23 A. Yes.  
24  
25 Q. You'd like to correct your statement?  
26 A. Yes.  
27  
28 Q. Are there any other matters that you'd like to correct  
29 your statement about upon reflection as it concerns the  
30 appropriateness of the way in which the matters were dealt  
31 with?  
32 A. I don't believe so, and I only pause on that given the  
33 size of my statement.  
34  
35 Q. That's precisely right, because --  
36  
37 PRESIDENT NEAVE: I'm sorry, how is that being corrected?  
38 I have the relevant point.  
39  
40 MS BENNETT: Mr Bellinger's point says at present:  
41  
42 *Yes, and the matter was appropriately*  
43 *addressed at the time.*  
44  
45 PRESIDENT NEAVE: And he is now correcting that?  
46  
47 MS BENNETT: Yes, and the Commissioners can take his

1 evidence recently given orally, so I think it's fair to say  
2 a fair matter would be that those words could be struck  
3 from the statement.

4  
5 PRESIDENT NEAVE: Thank you.

6  
7 MS BENNETT: And the evidence stands orally, is your  
8 evidence in relation to that; is that fair?

9 A. Yes.

10  
11 Q. Thank you. What's changed your mind about that,  
12 Mr Bellinger?

13 A. More informed, and more patient-focused.

14  
15 Q. Since the statement?

16 A. No, I think - no.

17  
18 Q. So what's changed since your statement and today?

19 A. I think I could have - I could have described that  
20 better. I think what I was attempting to suggest was that  
21 it was managed consistent with the practice at the time as  
22 opposed to addressed appropriately at the time.

23  
24 Q. What I'm trying to get at is, was that the mindset you  
25 took to all of your responses in relation to that question?  
26 Were you asking yourself really, was this consistent with  
27 policies and procedures and not asking yourself, was this  
28 properly patient-focused?

29 A. I didn't, in that answer, ask myself that question  
30 about patient-focused. I believe I have otherwise  
31 described where it was inappropriate behaviour, but yes, I  
32 was trying to reflect what was consistent practice at the  
33 time and consistent with the expectations of our team at  
34 the time.

35  
36 Q. Yes, and that's different to what you consider to be  
37 appropriate conduct; is that fair?

38 A. Yes.

39  
40 Q. So, I just want to be really clear because, as you  
41 say, in relation to most of these incidents, that you were  
42 concerned by them at the time; that's fair, isn't it?

43 A. I say that I was concerned by them, not all of them  
44 was I involved in at the time, so I didn't have that  
45 concern at the time.

46  
47 Q. No, I accept that. You say, having reviewed the



- 1 material --  
2 A. Yes.  
3  
4 Q. -- at the time of this statement you were concerned  
5 by - I think it's all of them; is that right?  
6 A. I believe so, I'd have to read from the brief, I'm  
7 sure, I think one was --  
8  
9 Q. The vast majority in any event?  
10 A. Yes.  
11  
12 Q. So, for example, the following page, "In 2004  
13 unacceptable greeting of patient". And you say under,  
14 "Nature of Behaviour" - now, I suggest you take from me  
15 this is a hug or a cuddle of a child in 2004 - and you say:  
16  
17 *The behaviour is unacceptable and breaches*  
18 *boundaries of professional conduct of a*  
19 *registered nurse.*  
20  
21 Is that right? Do you see that?  
22 A. Yes, I do.  
23  
24 Q. You were not involved in the matter at the time and  
25 you were concerned given the manager's comments afterwards.  
26 Do you see that under the final dot point for that heading?  
27 A. Yes.  
28  
29 Q. And you were concerned by the management of that  
30 matter?  
31 A. No, what I'm suggesting there is, I don't know the  
32 nature of the allegation; I'm acknowledging [REDACTED]  
33 comments that she was concerned given the file note or the  
34 letter as it was that she wrote.  
35  
36 Q. We've heard the evidence that Griffin was cautioned  
37 three times at least that he would be subject to escalation  
38 if his conduct did not change. So, as far as you were  
39 aware did any escalation ever take place in accordance with  
40 those threats?  
41 A. No.  
42  
43 Q. And, is that a matter of concern for you?  
44 A. Yes.  
45  
46 Q. Can you tell the Commissioners why it's a matter of  
47 concern for you?

1 A. Given the pattern of behaviour displayed, these  
2 matters could and should have been considered differently  
3 and more significantly.  
4

5 Q. You've earlier said that it might have been possible  
6 to identify a pattern of behaviour had you had a central  
7 repository of those matters and that's part of your  
8 evidence in relation to that issue, is it?

9 A. Yes.

10  
11 Q. Griffin was arrested in 2019. When did you hear about  
12 his arrest?

13 A. I believe it was October.  
14

15 Q. And what steps did you take upon hearing of his  
16 arrest?

17 A. Upon hearing of his arrest we attended - or I attended  
18 4K and met with the staff.  
19

20 Q. Can you tell us about the feeling of the staff at the  
21 time?

22 A. Oh, they were clearly significantly impacted, yeah,  
23 and I guess unsure because information was limited at that  
24 time.  
25

26 Q. So, what information was being provided to the staff  
27 about Griffin's absence at that stage?

28 A. I didn't provide any information about his absence  
29 per se; I don't know what other information may have been  
30 provided.  
31

32 Q. Do you know who was responsible for the communication  
33 of information at the time?

34 A. In relation to his absence?  
35

36 Q. Yes?

37 A. I guess it would have been the Nurse Unit Manager in  
38 terms of absence.  
39

40 Q. Was there any investigation from HR's perspective at  
41 that point into his conduct?

42 A. At October 19, no.  
43

44 Q. There was later, wasn't there?

45 A. There was - well, by July he was already suspended  
46 from work, in July 19, so he was suspended by the time he  
47 was charged, and an ED5 was in the process of being

1 commenced when he resigned. So, if you're thinking of that  
2 in terms of the investigation.

3

4 Q. Yes. You heard Mr Millar's evidence earlier that you  
5 asked him in 2019 to give a statement about his knowledge  
6 of Griffin?

7 A. I believe that was 21.

8

9 Q. 21, yes. So, was there anything before 21, that  
10 investigation in relation to the Integrity Commission  
11 request?

12 A. Yes, the Integrity Commission request, yes.

13

14 Q. So the Integrity Commission request came to you; is  
15 that right?

16 A. Yes.

17

18 Q. So, it came from where?

19 A. My Chief People Officer.

20

21 Q. So, before that the hospital had not undertaken any  
22 independent review or investigation on its own?

23 A. Prior to that we had reviewed all of our files at late  
24 2019, as I recall it; it's in my statement clearly. In  
25 late 2019 there was already a concern from staff in  
26 relation to our management of the concerns that had arisen  
27 and we did review matters at that time.

28

29 Q. Did you form the view that matters had been handled  
30 appropriately?

31 A. Yes.

32

33 Q. And so, you had already carried out a review, you had  
34 already formed a view; is that right?

35 A. We reviewed those in 2019 and formed that view, yes.

36

37 Q. And you were asked by the Secretary of Health to carry  
38 out another review; is that right?

39 A. I was asked by my Chief People Officer to respond to  
40 the best - sorry, the Integrity Commission.

41

42 Q. Yes, and what did you understand your task to be?

43 A. To prepare a reply and review the allegations, and  
44 obviously brief the Chief People Officer on that.

45

46 Q. Did you understand that you were to undertake a fresh  
47 investigation?

- 1 A. No.
- 2
- 3 Q. Did you understand that you were simply being asked to  
4 respond to allegations?
- 5 A. I understood that the investigation had occurred, if  
6 you will, so from previous enquiries.
- 7
- 8 Q. And, was that your earlier investigation?
- 9 A. Yes.
- 10
- 11 Q. So, you didn't undertake a fresh investigation at that  
12 stage?
- 13 A. Correct.
- 14
- 15 Q. And, did your earlier investigation involve  
16 interviewing individuals?
- 17 A. We attempted to. People raised concerns in relation  
18 to their complaints not being raised, including the ANMF on  
19 their behalf raising that same concern. We reviewed all of  
20 our files and couldn't find any that hadn't been determined  
21 in some way, and we offered to all those people that raised  
22 concerns that we were happy to hear from them around their  
23 specific concerns.
- 24
- 25 Q. And so, is it fair that the Integrity Commission  
26 review was a desktop review?
- 27 A. Yes, at that time.
- 28
- 29 Q. It wasn't a fresh consideration of anything?
- 30 A. Correct.
- 31
- 32 Q. And, I'm not quite sure I understand whether or not  
33 you interviewed a range of people. You made yourself  
34 available if anyone wanted to speak to you; is that right?
- 35 A. Yes, so if I can take it back a step?
- 36
- 37 Q. Yes.
- 38 A. The staff met with HR at times, but they also met with  
39 Dr Renshaw and Janette Tonks. In those meetings they had  
40 identified complaints or concerns that they believed hadn't  
41 been managed, and then --
- 42
- 43 Q. I'm sorry, who was saying there were concerns that  
44 hadn't been managed?
- 45 A. The staff attending that meeting (indistinct words) --
- 46
- 47 Q. Okay, so this was a group meeting with Dr Renshaw,

1 Mr Tonks and you?  
2 A. I wasn't at that meeting.  
3  
4 Q. Right. They raised at that meeting concerns that  
5 matters hadn't been escalated and dealt with; is that  
6 right?  
7 A. Correct.  
8  
9 Q. And, what happened next?  
10 A. A couple of things happened. So, some of those  
11 parties wrote to Peter and/or Janette directly. Janette,  
12 in particular, wrote back to people that had named up  
13 specific concerns and sought to meet with them around their  
14 concerns.  
15  
16 Q. Yes?  
17 A. And Peter, obviously, answered any of the emails and  
18 concerns that he got and reviewed a particular SRLS as  
19 requested.  
20  
21 Q. I'll just ask you to speak up and a little bit more  
22 slowly, if that's alright?  
23 A. Sure.  
24  
25 Q. So, there's a group meeting, you're not involved in  
26 that; you received a report of that meeting; is that right?  
27 A. Yes.  
28  
29 Q. Was that in writing?  
30 A. No.  
31  
32 Q. Was it just verbal?  
33 A. Yes.  
34  
35 Q. Is that consistent with your usual practice?  
36 A. Yes.  
37  
38 Q. A pretty significant matter, isn't it, Mr Bellinger?  
39 A. Yes.  
40  
41 Q. Why no paper?  
42 A. I don't know.  
43  
44 Q. Wouldn't it be best practice to keep a clear and  
45 careful record of all of the matters being raised at that  
46 stage?  
47 A. Yes.

- 1  
2 Q. Isn't there a risk of the deterioration of evidence  
3 and memories?  
4 A. Yes.  
5  
6 Q. You'd be aware of that risk?  
7 A. Yes.  
8  
9 Q. You nonetheless permitted that risk to eventuate?  
10 A. Yes.  
11  
12 Q. The next stage was that - well, there was that  
13 meeting, people were invited to speak, there were cultural  
14 barriers on the ward to speaking up, we've heard; was that  
15 your observation?  
16 A. I wasn't - can I clarify --  
17  
18 Q. Yes.  
19 A. -- I wasn't at that meeting.  
20  
21 Q. No, I understand you weren't at that meeting. Had it  
22 been reported to you that people felt unsafe or concerned  
23 about speaking up?  
24 A. Not prior to that time, no.  
25  
26 Q. At that time was that reported to you?  
27 A. After that time.  
28  
29 Q. After that meeting?  
30 A. After 2019; I can't recall whether it was during that  
31 meeting or where I've heard all of my information, yes.  
32  
33 Q. So, what positive steps did you take to work out how  
34 Griffin was able to offend as he did?  
35 A. Can I clarify your question, sorry?  
36  
37 Q. You were asked to investigate, you were carrying out  
38 an internal investigation on behalf of the hospital. Now,  
39 let's be clear, this is before the Integrity Commission  
40 request desktop review that comes later. The hospital was  
41 having a review; is that right?  
42 A. I wouldn't describe it as a review - well, we  
43 internally reviewed the matters that had been raised and  
44 the concerns that were coming to us, yes.  
45  
46 Q. And, how is that different to a review?  
47 A. Maybe I'm being overly semantic; I was interpreting

- 1 "review" as an internal review or audit.  
2
- 3 Q. Was it intended to be a rigorous external testing of  
4 what went wrong?  
5 A. No.  
6
- 7 Q. It was not carried out in a manner consistent with  
8 best practice for a review of a serious incident at a  
9 hospital, was it?  
10 A. Correct.  
11
- 12 Q. And, would you accept that it was a seriously  
13 deficient process?  
14 A. With the benefit of hindsight, yes.  
15
- 16 Q. That review then formed the basis of your desktop  
17 review carried out for the purpose of the Integrity  
18 Commission; would you accept that?  
19 A. Yes.  
20
- 21 Q. And you'd accept that that was likewise infected with  
22 the deficiencies that were part of your initial review; is  
23 that fair?  
24 A. I accept that it wasn't the external review that you  
25 described, yes.  
26
- 27 Q. So, has a rigorous review been undertaken prior to  
28 this Commission of Inquiry? So far as you're aware, has  
29 there been a rigorous review - was there a rigorous review  
30 undertaken at the time; at any time?  
31 A. Prior to the Commission of Inquiry being announced the  
32 department - and, to clarify, it was the other member of  
33 the department, but by "the department" in this context I  
34 refer to "Central Department" - reviewed all matters that  
35 were already available and invited employees and  
36 participants - sorry, consumers, to raise public interest  
37 disclosures. So, there was a further internal review  
38 occurring at that time, that was around the same time that  
39 the COI was announced.  
40
- 41 Q. So, who was responsible for that review?  
42 A. That was coming out of the Office of the Secretary.  
43
- 44 Q. So, that was not related to you?  
45 A. Correct.  
46
- 47 Q. So, we have a deficient internal review that you were

1 involved in, we have a subsequent desktop review which you  
2 accept was likewise deficient, and you then prepared some  
3 final correspondence for the Secretary. I'll read out what  
4 I understand to be --

5  
6 PRESIDENT NEAVE: Sorry, can I interrupt you?

7  
8 Q. There was the internal review that you accept was  
9 deficient. There was then the review in response to the  
10 Integrity Commission; I thought you said there was another  
11 review in that department, did I misunderstand you?

12 A. No, you're correct.

13  
14 Q. So, there were actually three?

15 A. Yes.

16  
17 Q. But they were all not rigorous; is that a fair  
18 comment?

19 A. I probably can't comment on the last one, I wasn't  
20 directly involved.

21  
22 PRESIDENT NEAVE: Thank you. I'm sorry to interrupt you,  
23 counsel.

24  
25 MS BENNETT: Not at all, President.

26  
27 Q. You prepared the correspondence from the Secretary to  
28 go to the Integrity Commissioner; is that right?

29 A. Yes, we've reviewed from (indistinct words) the  
30 submission.

31  
32 Q. So, to map out the chronology: the Integrity  
33 Commission received a complaint?

34 A. M'hmm.

35  
36 Q. The complaint which concerned, broadly speaking, the  
37 management of Griffin at LGH; is that right?

38 A. Yes.

39  
40 Q. That was then referred by the Integrity Commissioner  
41 to the Secretary of the Department?

42 A. (Witness nods.)

43  
44 Q. And the Secretary of the Department asked your boss to  
45 carry out a review; you carried out the review that we've  
46 been speaking about, the desktop review; is that right?

47 A. Yes.



1  
2 Q. You then drafted the correspondence back intended to  
3 be sent by the Secretary to the Integrity Commission; is  
4 that right?  
5 A. Can I just clarify my answer to the previous question?  
6  
7 Q. Yes.  
8 A. Yes, I was involved in the desktop review from 2019; I  
9 was not solely responsible for it.  
10  
11 Q. I understand that.  
12 A. Yes, just wanted to clarify that.  
13  
14 Q. Who was senior to you that was responsible for it?  
15 A. Senior to me, if I can clarify the expression  
16 "senior": there was also the Executive Director of Nursing,  
17 the Executive Director of Medical Services, they are senior  
18 in experience and in their field. I don't report to them  
19 in an operational sense.  
20  
21 Q. Yes, so the Director of --  
22 A. And the Chief Executive Officer was obviously  
23 involved, but again, I don't report down that line, so  
24 that's my clarification.  
25  
26 Q. You were the person on the ground doing the review?  
27 A. I was one of the group of those three people that I've  
28 named that were involved in that review, yes.  
29  
30 Q. Those three people that you've named. Who was  
31 primarily responsible for the authorship of the review?  
32 Who wrote the words?  
33 A. Of the Integrity Commission reply? I did the first  
34 draft.  
35  
36 Q. And, who settled it?  
37 A. Ultimately, the Secretary, but it was reviewed by  
38 [REDACTED] the Chief People Officer,  
39 before getting to the Secretary.  
40  
41 Q. That review says, "The THS" - so, these are the words  
42 you put in the mouth of the Secretary, I'm on the final  
43 page of that response. If it assists you, it's at  
44 SUBM.0001 - I'm sorry, I withdraw that.  
45  
46 [REDACTED]  
47

1  
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47

[REDACTED]

[REDACTED]

And it goes on, but just to pause there; in light of your evidence today you would accept, would you not, that that's not an accurate conclusion?

A. I would accept that we've improved our practice since then and we would do it differently now, yes.

Q. No, Mr Bellinger, I'm going to ask you to think very carefully about your response. It says here:

[REDACTED]

I suggest to you, Mr Bellinger, that your evidence today makes clear that that is not the case; is that right?

A. I think our previous discussion clarified that my statement to the Commission of Inquiry was around, that it was consistent with the practice at the time. [REDACTED]

--

Q. -- well, it's not - you didn't tell --

A. -- (indistinct words) that existed at the time.

Sorry.

Q. I'm sorry, I interrupted you.

A. Yeah, no, I was just saying in our previous clarification I talked about, it was consistent with the practice at the time. [REDACTED]

Q. Are they accurate, Mr Bellinger? And I'd like to take this - this is the opportunity for the state to grapple

1 with these issues. Were all the matters raised with the  
2 agency, addressed in a manner that was reasonable in all of  
3 the circumstances that existed at the time?  
4 A. No, I agree with your position that they were not.  
5  
6 Q. They were not?  
7 A. Yes.  
8  
9 Q. Thank you. Now you heard the evidence of Ms Pearn and  
10 you heard the evidence of Mr Millar?  
11 A. Yes.  
12  
13 Q. What should have happened if Ms Pearn and Mr Millar  
14 raised a concern that there was someone who had committed  
15 child sexual abuse present on Ward 4K with a member of HR,  
16 what should have happened?  
17 A. What should have happened?  
18  
19 Q. Yes?  
20 A. Notifications to the authorities existed at the time  
21 and then the only reason I say that is Working with  
22 Vulnerable People didn't come in until 2013, that  
23 notification to - and I'll just pause there because I  
24 acknowledge that some of those mandatory notifications may  
25 have been against the wish of Kylee and I acknowledge that  
26 that's a challenging circumstance for - for everyone in the  
27 room, but there are mandatory reporting obligation, whether  
28 that be to Child Safety, whether that be to AHPRA and  
29 Tasmania Police. If it were today, given the Working with  
30 Vulnerable People registration, that would also be in  
31 place.  
32  
33 Q. Assume we're in the late part of 2011, what should  
34 have happened if HR had received the notification that  
35 Ms Pearn and Mr Millar say they gave?  
36 A. We would have made those notifications, minus working  
37 with children of course as I described, I would have  
38 briefed the Head of Agency.  
39  
40 Q. How much longer should Griffin have worked on a  
41 Children's Ward?  
42 A. That is difficult for me to answer, not being there.  
43  
44 Q. Well, no, you were in a position - you were in that  
45 position a year later, so we'll come to this. You were in  
46 that position in April 2012. Assume someone comes to you  
47 in April 2012 and says "A nurse in the Children's Ward

1 sexually abused me as a child and I'm very worried", what  
2 do you do and what should have happened?

3 A. What do I do and what should have happened?  
4

5 Q. What should have happened, is my question to you?

6 A. Yes, that's what I was going to say. And given the  
7 nature of the disclosure we would have also sought - we  
8 would have had to have sought of the advice from the Office  
9 of the Solicitor-General --

10  
11 Q. I'm sorry to interrupt, I just want to know what  
12 should have happened, not what would have - I just want to  
13 know what should have happened?

14 A. My apologies, I should have said "should", if that was  
15 the case. So, as I say the notifications to those agencies  
16 that I've described.

17  
18 Q. Yes.

19 A. A briefing to the Head of Agency, whoever that may  
20 have been at the time and we would have - should have  
21 sought advice from the Office of the Solicitor-General.

22  
23 Q. Would Griffin have continued on the ward?

24 A. That would be subject to that advice.  
25

26 Q. From the Solicitor-General?

27 A. Yes.  
28

29 COMMISSIONER BENJAMIN: Q. How long does that normally  
30 take?

31 A. Well in circumstances like this I imagine it would be  
32 quite quick.  
33

34 Q. What's "quite quick"?

35 A. I'd be picking up the phone that day.  
36

37 PRESIDENT NEAVE: Q. Sorry, I didn't hear what you said?

38 A. Sorry, I'd be picking up the phone that day, so we  
39 have contacts that we can call urgently if we need to. Can  
40 I also add to that, support which was - I mean, obviously  
41 I've heard the evidence so I know Kylee's perspective, that  
42 wasn't provided, and that should have been provided.  
43

44 MS BENNETT: Q. You say in your statement that there was  
45 such a report made to HR, is that right, on an anonymous  
46 basis as I understand it; is that right?

47 A. I don't believe I say that. I just need to find that

1 section, if you will.  
2  
3 Q. Yes. Well, let me just ask you that. Leave aside  
4 what's in your statement; do you understand that such a  
5 report was made by Kylee? Do you understand that to be the  
6 case?  
7 A. I do, I've heard the evidence this morning, so yes.  
8  
9 Q. Yes. And has anyone else ever told you that they  
10 received that disclosure?  
11 A. Yes, Stewart Millar just told me that.  
12  
13 Q. Who else has ever told you they received that  
14 disclosure?  
15 A. [REDACTED] has some vague recollection of something  
16 similar, and that's referenced in my email, that's  
17 Appendix 39 to the Glenn Hindle.  
18  
19 Q. Did you make any further enquiries about that?  
20 A. At the time, no, I reviewed our files and asked Gino  
21 and [REDACTED] about it at the time.  
22  
23 Q. And what did they say to you at the time?  
24 A. That's largely reflected in that email.  
25  
26 Q. I'm just asking you again, tell us what your  
27 recollection is, that you were told by each of [REDACTED] and  
28 Mr Fratangelo when you asked about a report that Griffin  
29 had been a child sexual abuser?  
30 A. Can I refer to that appendix?  
31  
32 Q. Please.  
33 A. Thank you.  
34  
35 Q. Sorry, which attachment are you looking at?  
36 A. I'm looking at 39, of which there's two documents.  
37  
38 PRESIDENT NEAVE: Q. Attachment 39?  
39 A. 39, yes, and there's an email from me to Glenn Hindle.  
40  
41 MS BENNETT: Can you tell me the top bit?  
42  
43 COMMISSIONER BENJAMIN: JB039.  
44  
45 MS BENNETT: Q. Now, have you refreshed your memory from  
46 that document?  
47 A. Yes.

1  
2 Q. So, can you tell me now, what do you remember being  
3 told about a disclosure that Griffin was a sex offender?  
4 A. What I recall being told is that [REDACTED] had a vague  
5 recollection of something similar to that.  
6  
7 Q. I'm sorry, I'm just going to ask you to speak up and a  
8 bit more slowly?  
9 A. Yes, sorry.  
10  
11 PRESIDENT NEAVE: I'm having a bit of difficulty hearing  
12 you too.  
13  
14 COMMISSIONER BROMFIELD: You can bring the microphone  
15 closer to you if it's at all helpful.  
16  
17 MR BELLINGER: Have you got me now?  
18  
19 MS BENNETT: Yes.  
20  
21 MR BELLINGER: Thank you.  
22  
23 PRESIDENT NEAVE: That's much better.  
24  
25 MS BENNETT: Q. So, this is the police officer asking you  
26 about a previous complaint from Ms Bannon and another  
27 complaint received via Stewart Millar; that's right? And  
28 you say you "were not working with the LGH at the time.  
29 Gino Fratangelo and [REDACTED] were in HR, they were at  
30 LGH at the time. Gino has since retired. [REDACTED]  
31 in HR with THS and I have copied [REDACTED] in". It goes on, you  
32 have access to emails from 2012 onwards. You've, "been  
33 unable to find a record of the above mentioned complaint".  
34 Now, just to pause there: should there have been a record  
35 of the complaint?  
36 A. Yes.  
37  
38 Q. It wasn't your practice to keep file notes  
39 necessarily; is that consistent with your colleagues in the  
40 department?  
41 A. It is my practice with allegations such as of a  
42 serious nature.  
43  
44 Q. Do you know if it is the practice of your colleagues?  
45 A. Yes.  
46  
47 Q. It is their practice?

1 A. Yes.  
2  
3 Q. Where are the file notes?  
4 A. I haven't been able to find them.  
5  
6 Q. Having discussed it, one of your colleagues recalls a  
7 complaint that was similar in nature and content presumed  
8 to be the same complaint. So, there's no real doubt in  
9 your mind that HR received a complaint consistent with the  
10 allegations by Mr Millar and Ms Pearn this morning; is that  
11 right?  
12 A. Well, what is in my mind is reflected in the  
13 statement, that [REDACTED] recalls something that is presumed  
14 to be the same.  
15  
16 Q. And, there was not a shred of paper reflecting that  
17 report?  
18 A. Not that I could find.  
19  
20 Q. And, there should have been?  
21 A. Yes.  
22  
23 Q. Are you able to explain that discrepancy to the  
24 Commission?  
25 A. No.  
26  
27 Q. What was the practice for the storage of important  
28 records?  
29 A. We kept a file, if you will, a paper-based file.  
30  
31 Q. So, did you have a paper-based file with Griffin's  
32 name on it?  
33 A. Yes.  
34  
35 Q. And you provided that to the Commission?  
36 A. Yes, that's reflected in our documentation or in the  
37 statement.  
38  
39 Q. And, there's not a piece of paper in there that refers  
40 to any such disclosure; that's right, isn't it?  
41 A. Correct.  
42  
43 Q. Is that matter of concern to you?  
44 A. Yes.  
45  
46 Q. Why is that a matter of concern to you?  
47 A. There should be a file note of that conversation.

1  
2 Q. Yes. Each of Mr Millar and Ms Pearn said they  
3 believed that you attended that meeting; what do you say to  
4 that?  
5 A. I do not believe I was working for the hospital at  
6 that time.  
7  
8 Q. I understand that. Did you attend the meeting?  
9 A. No.  
10  
11 Q. In your statement you say you do not recall. Is your  
12 evidence that you do not recall attending such a meeting or  
13 that you did not attend such a meeting?  
14 A. My apologies, I do not recall.  
15  
16 Q. Is it possible that you attended that meeting,  
17 considered it of such little import that you did not  
18 remember it?  
19 A. No.  
20  
21 Q. Had you attended that meeting, what would you have  
22 done?  
23 A. Can I clarify, because I thought I had answered that  
24 question, but if I've missed --  
25  
26 Q. No, you said what should have been done, I'd like to  
27 know what you would have done?  
28 A. Oh, okay, sorry. I would have notified the agencies  
29 I've listed. I would have notified the Head of Agency and  
30 I would have sought advice from the Office of the  
31 Solicitor-General.  
32  
33 Q. And, was it from that time that you had significant  
34 contact with Mr Millar after 2012?  
35 A. Yes.  
36  
37 Q. So, you worked with him closely after that time?  
38 A. Yes.  
39  
40 Q. And, what about Ms Pearn; do you remember meetings  
41 with her?  
42 A. Not after 2012 I don't remember meetings. I know  
43 Kylee from having worked in Family Violence and in my time  
44 in Payroll Services, so we met prior.  
45  
46 Q. So, you had meetings with her before 2012?  
47 A. We would have, yes.



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Q. Did you have meetings with her in 2011?

A. I don't recall any in 2011. I was working in Human Services at that time and I understand she was working for the hospital. I don't recall anything in 2011 specifically.

Q. Is it possible that you attended this meeting, Mr Bellinger?

A. No.

Q. So your statement's gone from, you don't recall, to you're certain you didn't attend; is that right?

A. My apologies. I do not recall attending that meeting, I do not believe it's possible, which I have understood to be the question.

Q. Have you spoken to your colleagues? When you had that email sent to Mr Hindle it was apparent to you then that someone had made a disclosure of child sexual abuse; that Griffin was known by HR to engage in acts of child sexual abuse in 2011; is that fair?

A. At the time of that, yes.

Q. You knew that that report had been made to HR and that there were significant breaches of protocol in responding to that report; is that right?

A. Not at that time; I knew very limited information from what Glen had told me.

Q. Well, you knew in 2019 that there had been a report that Griffin had engaged in child sexual abuse in the past?

A. Yes.

Q. Against children?

A. Yes.

Q. And that that report was made to HR and that absolutely no action was taken in response to that report; that's right, isn't it?

A. I could find no record of anything, yes.

Q. Well, no, I'm asking you direct: do you know of anything that happened in response to that report in 2011?

A. No, I don't.

Q. Has anyone ever told you anything resembling that

1 report in 2011 before Griffin's death?

2 A. No.

3

4 Q. Has anyone ever told you afterwards they were aware of  
5 that report that you have not otherwise told this  
6 Commission?

7 A. No.

8

9 Q. So, that was the first time you heard of this report  
10 recorded in that email?

11 A. Yes.

12

13 Q. So, you were aware that in 2011 the hospital received  
14 a credible report that a paediatric nurse was a child  
15 sexual abuser, no actions had been taken that you could  
16 find; what steps did you take to identify how the systems  
17 permitted that to happen?

18 A. I did not take any further steps about that matter at  
19 that time.

20

21 Q. It was a really significant failure by the hospital to  
22 take no steps in response to that report, wasn't it?

23 A. Yes.

24

25 Q. Your realisation of that in 2019 should have been met  
26 with concern, should it not?

27 A. Yes.

28

29 Q. It was not?

30 A. No.

31

32 Q. You didn't take - well, did you take any proactive  
33 steps to make the hospital safer at that time?

34 A. No.

35

36 Q. Should you have done that, Mr Bellinger?

37 A. Yes.

38

39 Q. Why did you fail to do that?

40 A. I can't explain.

41

42 MS BENNETT: No further questions.

43

44 PRESIDENT NEAVE: Thank you, Mr Bellinger.

45

46 **AT 3.56PM THE COMMISSION WAS ADJOURNED TO**  
47 **WEDNESDAY, 29 JUNE 2022 AT 10.00AM**