

**Special Commission of Inquiry
into Healthcare Funding**

**Before: The Commissioner,
Mr Richard Beasley SC**

**At Level 2, 121 Macquarie Street,
Sydney, New South Wales**

Wednesday, 31 July 2024 at 10.00am

(Day 041)

Mr Ed Muston SC	(Senior Counsel Assisting)
Mr Ross Glover	(Counsel Assisting)
Dr Tamsin Waterhouse	(Counsel Assisting)
Mr Ian Fraser	(Counsel Assisting)
Mr Daniel Fuller	(Counsel Assisting)

Also present:

Mr Hilbert Chiu with Ms Emily Aitken for NSW Health

1 THE COMMISSIONER: Good morning.

2

3 MR FULLER: Good morning, Commissioner. I call Daniel
4 Angelico of the College of Intensive Care Medicine of
5 Australia and New Zealand.

6

7 <DANIEL ANGELICO, sworn: [10.02am]

8

9 <EXAMINATION BY MR FULLER:

10

11 MR FULLER: Q. Mr Angelico, my name is Dan Fuller, I'm
12 one of the counsel assisting the Commissioner and I'll be
13 asking you some questions this morning.

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

A. Sure.

Q. Firstly, you provided a witness statement to assist
the Commission, which is dated 12 July 2024. Do you have
a copy of that with you?

A. I do.

Q. Have you had the opportunity to read that recently?

A. I have.

Q. And is everything in that statement true and correct
to the best of your knowledge and belief?

A. Correct.

MR FULLER: Commissioner, that will be tendered in due
course, but it is proposed to be exhibit H6.3.

THE COMMISSIONER: Yes, thank you.

MR FULLER: Q. Mr Angelico, you are the chief executive
officer of the college; is that right?

A. That is correct.

Q. How long have you held that role for?

A. In a permanent capacity for two years, previously
a year of acting from '21 to '22. But previously before
that I've been with the college for - since 2006 so I've
been there a very long time and started in the training
department, so have a good grasp on everything in that
statement.

Q. What was the role that you held before you started
acting as chief executive officer?

A. It was the general manager of training.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Q. Firstly, can you tell us what your role as chief executive officer involves?

A. Yes. So we have a - we're a not-for-profit with a governing board made up of intensive care specialists. My role is to support the board in driving the college forward in terms of our purpose, which is to train specialist doctors in the field of intensive care. I focus on the operational aspect. We have 49 staff that are under my purview and we have various functions that are all geared towards training intensive care specialists.

Q. You are not, yourself, a medical doctor; is that right?

A. I am non-clinical; that's correct.

Q. So do we take it that the clinical expertise comes through the college's council; is that right?

A. That is correct, and the various committees that report in to the board are made up of specialists but also educational experts in different fields, to drive the curriculum and anything clinical, whilst also the board is a - you will find the majority of the board members are working clinicians, so this is a non-paid - anything they give to the college is non-paid.

Q. Just having a look on page 1 of your witness statement, in the first paragraph under item 1, you tell us that the college is the professional body responsible for the training, assessment and accreditation of intensive care specialists in both Australia and New Zealand.

A. Yes.

Q. Do you see the college as having any broader role in advocating for the interests of its fellows?

A. We do. I do think that's the case. Are you referring to fellows in other jurisdictions or --

Q. Fellows of the college in Australia and New Zealand?

A. We do.

Q. But are we right in thinking that from the college's - from your college's perspective, its primary role is training, assessment and accreditation of specialists? Is that fair?

A. It is. However, once someone goes through the training program and becomes a fellow, we very much

1 consider ourselves helping them on their continual
2 education journey, so once you become a fellow, we don't
3 expect you to stop evolving and learning. CPD is a big
4 part of a fellow's journey, and there are different phases
5 of being a fellow that we consider the college is very much
6 a part of helping them, all the way through to eventual
7 retirement, when they finish their clinical work.
8

9 Q. Do you see any part of the college's role as including
10 advocating for trainees or fellows in the context of
11 workplace disputes?

12 A. We do, however, there is a fine line, because there is
13 the Australian and New Zealand Intensive Care Society,
14 which is a body that is a sister body of ours, that do
15 focus a lot more on advocating in that space. However,
16 because a lot of our doctors are the subject matter
17 experts, we feel like we do have a lot of value to give
18 when trying to solve - if we're talking about workforce -
19 trying to be a part of that solution, which I think it's
20 a multi-pronged attack. I don't think one body can solve
21 workforce in Australia, New Zealand, and it's very
22 different in different jurisdictions. So we are part of
23 the solution, I feel.
24

25 Q. Leaving aside general questions of workforce - for
26 example, numbers and distribution - in terms of, for
27 example, complaints of a trainee or a fellow being bullied,
28 harassed, discriminated against, those sorts of complaints,
29 what do you see the college's role as being?

30 A. Yes, one of support. Like, in terms of a complaint
31 coming through from a trainee or a fellow that happens at
32 a hospital, at a particular site, we don't necessarily have
33 the jurisdictional power to do too much but we want to be
34 providers of help and support for both the trainee and the
35 fellow, with the local jurisdiction or the local HR
36 department or whatever it may be.
37

38 Some jurisdictions, it's a state-based approach to HR;
39 others it's a site-based approach. So our complaints
40 policy and our - which are, I think, available on our
41 website - do detail that. We don't have too much
42 jurisdictional power however we don't want to ignore things
43 that are going on in our accredited units.
44

45 Q. I'll come back to that a little bit later.

46 A. Sure.
47

1 Q. Just in terms of the training programs offered by the
2 college, are we right in understanding that the college's
3 training programs in intensive care medicine are the only
4 way for a doctor, based in Australia, to be registered as
5 a specialist in those fields?

6 A. That's a very complex question. At the moment,
7 there's a lot of work being done in the SIMG space with the
8 Kruk report, and I believe that there's an expedited
9 pathway for specialists to come into the country and be
10 registered as a specialist, however, they don't have to be
11 attached to a college. But, like I said, it's a very
12 complex question and --

13

14 Q. Sorry, to interrupt you. If we just leave aside the
15 question of international medical graduates, if I'm not an
16 international medical graduate and I want to be registered
17 as a specialist in intensive care medicine, I need to
18 complete a training program through your college; is that
19 right?

20 A. We're not the ones to give specialists recognition or
21 registration. We offer the fellowship. It's a different
22 body that provides the specialist registration, that's the
23 Medical Board of Australia, Ahpra. Most - so that's not
24 the college's remit.

25

26 Q. But if I want to be registered with the Medical Board,
27 through the Medical Board of Australia process in a
28 specialty, I need to have completed an accredited training
29 program; is that your understanding?

30 A. It is my understanding, however, there are multiple
31 pathways in order to do that. Not everything has to go
32 through the college. In terms of us awarding the
33 fellowship, there are a few different streams you can go
34 through in order to achieve fellowship.

35

36 There's the training pathway, which we have described
37 in the witness statement; there's also the SIMG pathway;
38 and then there's also a pathway called "Election to
39 fellowship", where you may be someone had a has a long
40 career in intensive care that is - this is all available on
41 our website - you may be given the fellowship based on your
42 services to intensive care. I don't think I can answer
43 specifically about the process of giving specialist
44 registration because it's outside my remit.

45

46 Q. All right. Just focusing on the training programs in
47 intensive care medicine that the college does offer, do you

1 accept that there is no competition in Australia or
2 New Zealand between the college and any other entity for
3 the delivery of those sorts of training programs?

4 A. I would agree with that.

5
6 Q. And do you agree that that lack of competition makes
7 it important for colleges such as yours to have fair,
8 effective and transparent processes for the governance and
9 administration of their training programs?

10 A. Absolutely.

11
12 Q. Are we right in understanding that your college
13 accredits intensive care units rather than individual
14 training posts?

15 A. That's correct.

16
17 Q. Are you able to explain the reason for the college
18 taking that approach?

19 A. It is historical. That has been the way it has been
20 since I've been at the college, and like I've put in the -
21 like we've put in the witness statement, some colleges may
22 accredit specific positions, however, we do not dictate how
23 a unit should staff its - how it should staff its unit in
24 terms of recruitment.

25
26 A unit would be made up of - you know, if I focus on
27 the JMO workforce, there could be multiple people in there
28 that aren't on a training program that are working within
29 a unit. There would be some that are college trainees on
30 their pathway to fellowship. Like I said, it's historical
31 that it's been that way since before I was at the college,
32 but, yes, you're correct, we only accredit units as opposed
33 to individual positions.

34
35 Q. Do you see any particular advantages of the college's
36 approach in accrediting units --

37 A. Yes.

38
39 Q. -- that is intensive care units, rather than
40 individual positions or posts?

41 A. We do. One of our focuses is to - if we focus on
42 New South Wales, New South Wales is made up of many
43 different units, different communities that have different
44 needs. I think it would be difficult for us to apply
45 something, a framework that worked in every jurisdiction
46 and every unit. I think you will find there are
47 differences between, say, a Royal North Shore and a Sydney

1 Children's Hospital. Each unit has different needs and,
2 like I said, it's very hard.

3
4 We like to work with the units in order to find out
5 what works best for them, especially if we're talking about
6 metro and rural, regional, remote, there are large
7 differences between each of those units. So the advantage
8 we see is that a unit can develop a roster that works for
9 them within a budget that they have and the FTE they might
10 have available, that the college isn't dictating how many
11 staff they must have.

12
13 We've got some minimum standards which are in the
14 documents that you have, and available on our website,
15 however, I think the advantage would be that different
16 units that have different needs can support the community
17 and patient care the way that they see fit in line with,
18 like I said, the budgets and the rostering that they need
19 to work within.

20
21 Q. Do the minimum standards that you just referred to
22 include a required ratio of supervisors to trainees?

23 A. Yes, there's a guide there of - and this will go back
24 to our comment before about the unit being made up of
25 a diverse group of people, and I'd like to touch on
26 trainees and unaccredited trainees, if I may, but usually,
27 we have a one to 10 ratio for our supervisors and our
28 trainees in order to help them through the training
29 program.

30
31 If you think about a supervisor of training, they
32 would be one of the main custodians of the training pathway
33 that gets delivered in the units, and so they have a large
34 responsibility in terms of helping people through the
35 pathway. The unaccredited trainees, there could be a wide
36 range of - a large number of those trainees in particular
37 units that we wouldn't have any, again, say on how someone
38 supervises them and what happens inside the unit with those
39 unaccredited trainees. But to answer your question
40 specifically, CICM SOTs should have about a max of 10 to
41 focus on, and that's in our documentation.

42
43 Q. You have described that as a guide, and I think you
44 said usually it would be 1 to 10. Does that mean it's not
45 a binding or mandatory ratio?

46 A. It would be - if it becomes an issue through our
47 accreditation process, we would work with the unit in order

1 to - so some units would have multiple supervisors of
2 training who are responsible, if the number of trainees is
3 beyond that 10. We'd work with the unit during
4 accreditation process to make sure we've got a solution
5 that works. But that is applied, I will say that, that is
6 applied, and if it's something that we find a unit isn't
7 adhering to, we would pop that into our accreditation
8 report, have that as something that we report on and we ask
9 the unit to report on, and we work through a solution with
10 them.

11
12 Q. Would we be right in thinking, then, that there's at
13 least some level of flexibility in the ratio depending on
14 the circumstances of an individual unit?

15 A. There would. There would, yes.

16
17 Q. And why, if at all, do you think having that
18 flexibility is important?

19 A. Sometimes it would be difficult to find supervisors of
20 training. I think in the witness statement we make
21 a distinction between, like, a CICM SOT has to go - is
22 provided with training and it can be a difficult job,
23 because of the clinical commitments they might have.

24
25 Getting protected non-clinical time and time to be
26 a supervisor of training is really important. We find for
27 the most part, a lot of our units are very supportive and
28 our directors are very supportive. In some units - and you
29 might find this in rural locations - the access to people
30 would be an issue. I'm not saying that is the case in
31 every jurisdiction or in every rural unit, however, access
32 to people who have enough time to focus on the SOT role
33 might be a challenge for some units and that's where we
34 would like to work with them in order to apply that
35 flexibility we were just talking about.

36
37 Q. So that may be a particular issue for sites in rural
38 and regional locations?

39 A. It might be.

40
41 Q. Potentially?

42 A. Potentially.

43
44 Q. In terms of working with the unit on those issues, are
45 you able to give any specific examples of things that the
46 college is doing or does to work with units that may have
47 some inherent difficulty in meeting the supervision ratio

1 requirements?

2 A. Yeah, like I said, I referenced before about the
3 multiple supervisor SOT hat might be worn by different
4 people within the unit. We've worked with units in the
5 past that have had trouble recruiting for staff in terms of
6 advertising - and I know I've been quite clear about the
7 college not having anything to do with recruitment. When
8 I say "advertising", we have a newsletter that we send out
9 monthly and there's a section of our website that would be
10 for positions vacant. We would assist in that way.
11 However, we have no - we don't do anything beyond that.

12
13 I do know over the journey - and this isn't specific
14 to New South Wales - where, yes, some units may reach out
15 to us if they have trouble recruiting and we would just
16 share it on our socials, on our e-news and on our website,
17 but beyond that we wouldn't be able to do anything further.

18
19 Q. Is intensive care medicine the kind of specialty where
20 remote or fly-in/fly-out supervision may be viable for
21 rural or regional locations?

22 A. Mmm, I can comment on that but I would like to premise
23 this with I do not know what it's like to live in a rural
24 community. However, I do understand that part of the need
25 in those rural settings is for people to be involved in the
26 community, to live there, to really feel like you're part
27 of a team.

28
29 Intensive care is a very team orientated specialty.
30 The fly-in/fly-out model I believe works, however,
31 sustaining relationships in terms of a - say a specialist
32 to trainee relationship and if there was the need for
33 someone to be a mentor, to help someone through the
34 training program, you might - and I'm not saying that this
35 is the case, however, it may be difficult to build
36 relationships and have them sustained with a fly-in/fly-out
37 model, however, there might be some units that to staff
38 their roster, that has to be the way it is.

39
40 But we find - we've done research into - and this is
41 not in New South Wales, but the optimal environment for
42 feedback and a lot of the data points to it being
43 a face-to-face relationship with access to people on
44 a daily basis.

45
46 Q. You have told us on page 3 of your statement about
47 three-quarters of the way down, that exposure to

1 cardiothoracic neurosurgical and trauma intensive care
2 units is required as part of the core training for
3 intensive care training --

4 A. Yes.

5
6 Q. -- have I understood that correctly?

7 A. You have.

8
9 Q. Is it the case that, in order to be accredited, a site
10 needs to offer experience in each of those areas?

11 A. It would - you are correct. I can clarify a little
12 bit. There'd be certain units that see a certain number of
13 cases in those sub-specialties that allow us to say if
14 a trainee went there, they would see - they would have
15 enough exposure to that sub-specialty that they could tick
16 off those three sub-specialties.

17
18 So you would find that a lot of the tertiary centres
19 have that and that's based on - I think we provided you
20 with some links to our accredited units on our website, and
21 some of the bigger tertiary units would have all of the
22 sub-specialties, whereas some of the rural units simply
23 don't have the case mix to tick that off. So it would be -
24 it has nothing to do with the quality of a particular unit,
25 it's more just the case mix that flows through that unit,
26 would enable them to have different sub-specialties.

27
28 Q. And if a rural unit didn't have a case mix that
29 included all of those sub-specialties, it wouldn't be able
30 to be accredited by the college; is that right?

31 A. No. They would still get accreditation, however, they
32 might not get those sub-specialties, and on our website,
33 you'll see that there are some units that allow a trainee
34 to spend a maximum of six months, then it can go up to 12,
35 or you could spend more time there, because they've got the
36 patients going through that provide them with that - those
37 sub-specialty exposures.

38
39 Some of the more rural units, you might find
40 a patient, a complex case would be flown to a different
41 location, because they would have the support network
42 there, and again, I don't want it to come across as if it's
43 an indictment on that particular rural unit; it's just the
44 case mix.

45
46 Q. If I'm a trainee in an accredited rural unit that
47 doesn't offer me exposure to any cases in, say,

1 neurosurgical --

2 A. Yes.

3

4 Q. -- how do I go about getting the experience I need or
5 the exposure I need in that area to complete my training
6 requirements?

7 A. Yes, you would have to move to a unit that provided
8 you with that exposure. We don't have - and I'll circle
9 back to the recruitment, but we - because we don't have
10 any - our trainee body is quite transient and they would
11 move around, our training program is quite flexible, and
12 that can have some really good pros, absolutely, but it
13 also has some drawbacks.

14

15 A trainee's journey to fellowship, two trainees would
16 be very different. They would be required to plan ahead
17 and know what they need to do in order to become a fellow,
18 and you'll find that a lot of trainees would break up their
19 training around our exams and around things in their life
20 that are going on in terms of whether it be a dual
21 specialty - and I've referenced that in the witness
22 statement, we do have a lot of trainees that are dual,
23 that are training with two specialties, and that circles
24 back to my point around intensive care being a team sport.

25

26 Intensive care is made up with people of varied
27 backgrounds and various skill sets, which makes intensive
28 care a good melting pot of skill and experience. You can't
29 have that without people doing multiple fellowships,
30 getting multiple - different experience in different areas.

31

32 The trainees that we find can get through the
33 program - and this is the vast majority - they would plan
34 ahead and, to answer your question, they would look at what
35 they've got left and some trainees might plan three years
36 in advance and might move states, might move out to rural,
37 to focus on the exam and then come back, so they are quite
38 transient in nature. But it would be on them to make sure
39 that they acquire a position that satisfies their training
40 requirements.

41

42 The college is here to - but I'll go back to the
43 flexibility; the college is here to make sure that our
44 regulations, which are quite flexible, are applied. So if
45 they need help in navigating that pathway, we're here to
46 help.

47

1 Q. How might the college help them navigate that pathway?

2 A. Yes, like, in terms of - we find we've got our
3 state-based committees, which are on our website, are made
4 up of clinicians in a particular jurisdiction. We've had
5 experience in the past, if a trainee is struggling to
6 complete a requirement, we find ourselves being good at
7 connecting people and brokering relationships, so we would
8 refer them to the state committee.

9

10 If someone's finding it difficult to get a position,
11 whether it be an anaesthetic position - and I think we've
12 referenced medicine and anaesthetics in our statement,
13 about being potential bottlenecks, and the things we're
14 doing around those I can touch on as well to basically try
15 and minimise those bottlenecks for trainees.

16

17 We find doing an exam can be a challenge for some
18 people, and our statistics would show that people that do
19 multiple attempts at the exam might find it harder to
20 complete the training program, but that's where - there are
21 some limitations in terms of the college and what we can
22 and can't do for trainees to get them through but we like
23 to think we can connect people to broker those
24 relationships so that if they need to find a position for
25 neurosurgery, they can.

26

27 Q. So in the case of your college, it's ultimately up to
28 the trainees' initiative to, for example, apply for and
29 obtain the positions they need to complete the required
30 components of their training; that's right?

31 A. That's correct.

32

33 Q. And so for your specialties, that is intensive care
34 medicine, there's no rotation or network system by which
35 a trainee can apply at the beginning and then be
36 effectively automatically rotated around the rotations they
37 need to complete their necessary training?

38 A. Am I allowed to focus on areas outside of New South
39 Wales or would you just like it specific to New South
40 Wales?

41

42 Q. Just starting with New South Wales, to your knowledge,
43 there's no such system in place in New South Wales; is that
44 right?

45 A. Nothing that's administered by the college.

46

47 Q. Is there a system that you're aware of that's

1 administered by someone else in New South Wales?

2 A. Not specifically. There are in other jurisdictions,
3 which I can touch on if you like.
4

5 Q. Yes, please. Can you tell us about such a system that
6 exists in another jurisdiction?

7 A. Yes. Queensland Health have a training pathway which
8 I think is publicly available - information on that is
9 publicly available - where exactly what you just said about
10 trainees applying to a pathway and getting - have that
11 shepherding through the training pathway and that advocacy
12 on behalf of the trainee. That does have its drawbacks,
13 but it does - it is a way that people who don't know how to
14 find a particular position, that's a support network for
15 them.
16

17 The college of intensive care recently received FATES
18 funding, government funding, to develop a program in WA,
19 and the idea with the federal government funding for FATES
20 is that they give you some money to start with and then
21 you've got to look for ways to make that sustainable after
22 their funding has run out, and we - again, we brokered that
23 relationship between our fellows and a local training body
24 in WA to start a pathway. That is really new; it's just
25 started. However, there are two examples of what you're
26 alluding to there with your question around training
27 pathways and support networks for trainees to get through
28 the program and find those jobs. I don't know how
29 successful WA will be yet because it's very new.
30

31 Q. Firstly, when you were describing the Queensland
32 system or model, you mentioned that it had some drawbacks.
33 Can you elaborate on those, please?

34 A. Yes. You might find that there'd be people that
35 don't - and again if we refer to - people don't just have
36 training going on in their lives, they might have multiple
37 things, work/life balance, partners that are also doctors,
38 we find that can also impact a trainee's ability to move to
39 different places. So yes, they might have an anaesthetic
40 rotation they need to complete and the training pathway has
41 provided them with options, however, they're just not
42 feasible for a range of reasons, and sometimes that could
43 be family, it could be things outside of the college that
44 we can't control. So the pathway is only as powerful as
45 the trainee's ability to undertake it, if that makes sense.
46

47 I don't see doctors being different to any other

1 profession in terms of work/life balance challenges and
2 things come up in life that take them in a different
3 direction.
4

5 Q. So am I right in thinking that, from the college's
6 perspective, to the extent there is a pathway or rotation
7 or network model implemented, it needs to incorporate
8 flexibility to allow for doctors' family life and the like?

9 A. Correct. And I don't know if I specifically mentioned
10 this, but on our website we have a parental leave policy.
11 The reason why I'm referencing that is because we think
12 that's quite a good progressive supportive thing for
13 parents wanting to work but also have a family. That can
14 sometimes be incongruent with a trainee's ability to get
15 through the program in a certain amount of time, so having
16 a flexible training program is great.
17

18 Having supportive parental leave policies is also
19 good. However, that might limit someone's ability - sorry,
20 prolong someone's ability to become a fellow in a certain
21 amount of time. Then you also need the units and the
22 jurisdiction, whether it be a director or a unit that's
23 also supportive of someone having work/life balance or
24 changing their direction halfway through a training
25 program.
26

27 So it's very difficult for us to say there will be X
28 amount of fellows in 2026, because of the flexibility we
29 have in our program, which we think is also a good thing
30 and it promotes trainees being able to focus on multiple
31 disciplines and they can take different pathways in their
32 career. However, it does have an effect on someone's
33 ability to get through the program.
34

35 Q. This flexibility that we've been discussing and
36 I think the way you put it earlier was that part of the
37 trainee cohort at least is somewhat transient, they move
38 around regularly?

39 A. Yes.
40

41 Q. Do you know if that's a particular issue for intensive
42 care medicine as a specialty compared with others?

43 A. I don't believe so. Like, every year we get - so
44 I think, again, our trainee selection policy was referenced
45 in the witness statement and it's on our website around how
46 we select trainees, and it is quite a - I don't want to say
47 a low bar, because that gives the impression that we don't

1 want to look for quality, however, we make sure that the
2 barrier to training with us is not insurmountable. We get
3 really healthy numbers; like, last year we had 222 people
4 across Australia and New Zealand join the pathway - join
5 our training pathway.
6

7 The attrition rate through training is for a number of
8 reasons. We do graduate, say, 70 to 80 people per year,
9 but, like, we get on 200 people. We don't graduate 200
10 people, it doesn't work like that, because everyone's
11 journey is slightly different and they take different
12 pathways to get to that end point of fellowship. So at the
13 moment, I do understand, and I don't think I should name
14 them, but there would be colleges that prescribe trainees
15 with particular pathways and it's quite - not rigid but
16 they would outline their training pathway for them. We do
17 not do that.

18
19 We've found in recent times that flexibility is
20 becoming more and more of a need for our trainees because
21 of work/life balance, and families and things change, and
22 we want to be there to support the trainee through, as
23 opposed to being obstructive, but it does come at a price,
24 I guess, in terms of flexibility has to equal a long time
25 to do something.
26

27 Q. If a pathway or network model could be implemented in
28 New South Wales, including rural and metro sites, that
29 gives trainees the amount of training they need in each of
30 the required sub-specialities but with a level of
31 flexibility that you've described, do you think that would
32 be a model worthwhile considering?

33 A. Yes, considering, and we would be very keen to be part
34 of this solution. For us, we also apply standards, and
35 what you will find is sometimes our applying a standard
36 might mean a trainee doesn't progress as expected. And
37 whether it be an exam or during their clinical training,
38 not all trainees will finish a term successfully, for
39 various reasons. Whether it be performance, culture,
40 personality differences, there are things that would - and
41 this is the minority, but there are things that would
42 change someone's direction through the training pathway.
43

44 So it's worth exploring, I definitely think the
45 college has a role in being part of it, and NSW Health have
46 been tasked with being the leaders of a health work task
47 force across Australia. We're very keen to be a part of

1 that. And I think data and understanding where trainees
2 are and where they want to go, that's probably the missing
3 piece. You could have static data that says there are
4 100 trainees in New South Wales in 2024, however, you don't
5 know what those people are thinking and what their next
6 move is and what they've got on their plate. So it's very
7 hard to say the exact number of trainees will be the same
8 2024, 2025 and onwards.

9
10 Q. Just on the issue of data, on page 2 of your statement
11 you've told us, for example, that the college is not able
12 to comment on the demand for services in New South Wales?

13 A. Yes.

14
15 Q. It doesn't have access to any data on the demand for
16 services. Is the absence of - is the lack of access to
17 data the reason why the college can't comment on demand for
18 services?

19 A. Yes, and also we would think that there'd be a number
20 of different bodies that could comment on the demand,
21 because whether it be a unit, whether it be the executive
22 of that unit, a local health district, there would be
23 multiple players in that space that would understand the
24 demand, the specific demand of a hospital, of a network, of
25 a state.

26
27 Like, I think there are different levels there and we
28 are just not in a position to comment on whether or not
29 there is a maldistribution of trainees or if there is - if
30 our number of trainees are meeting the demands of the unit.
31 Like I said, it goes back to that JMO workforce is made up
32 of a number of different stakeholders, not all of them are
33 college trainees.

34
35 Q. Would it be the college's preference to have access to
36 more data on workforce distribution and demand for services
37 in order to be able to make a contribution on those issues?

38 A. Yes, and I think stats are a good start in terms of
39 two-way communication. So, like, we would happily share
40 what we know about our trainees and then if information was
41 coming down to us as well, I think that would be helpful.

42
43 Again, if I refer back to the Queensland Health
44 pathway, what I've noticed from that - and I've been around
45 the college for a long time and I've observed those
46 meetings - the meetings with the pathway where, at the
47 start of the year they might get together and talk about

1 how many positions need filling, but they also talk about
2 the trainees and the human element to what person X needs
3 from their training in the next three years. That's
4 probably something that, unless you talk to the trainee and
5 understand what the need is from them to progress through,
6 that might be a missing piece. But we find, yes, if - to
7 answer your question, yes, I think we would find that
8 helpful but we would look at it as a collaboration and
9 a two-way piece of work. Otherwise, I don't think it
10 works.

11
12 Q. Is there any collaboration of that kind happening with
13 NSW Health at the moment?

14 A. I believe so. And so I'm not sure if you're familiar
15 with the body of the Council of Presidents of Medical
16 Colleges, CPMC, but that's where all 14 or 15 colleges have
17 regular meetings. NSW Health are now like a regular
18 contributor to those meetings and we'd have sessions on
19 workforce and it may seem old school but, like, we get
20 butcher's paper out and we talk about how to solve the
21 problem.

22
23 I think last year - and I don't - I think we've come
24 a long way with collaborating, as opposed to the colleges
25 being seen as the ones that are kind of limiting workforce
26 or stifling trainees moving through the pathway, because
27 some colleges, and ourself included, you do want to - our
28 purpose is to apply standards to help people reach
29 a certain benchmark and if they don't reach it, we need to
30 work with them to understand why and how we can get them to
31 that standard.

32
33 But I think there's been a real positive shift in the
34 last, I would say just under 12 months, especially with the
35 Kruk report and the ombudsman review of accreditation
36 standards, which I think are yielding - it's helping
37 colleges, and us in particular, improve our processes to be
38 in line with recommendations that have come down from us
39 from reviews. I think it's been a real positive. But,
40 yes, I don't think it works without the collaboration.

41
42 Q. Aside from the collaborative process that's happening
43 at the moment that you've just described, do you think
44 there's room for anything more to be done today on the
45 issue of collaboration from your college's perspective?

46 A. From our college, I don't think so. Like, our -
47 intensivists are very good problem solvers by nature, so we

1 find that our board, our committees, if we've - like, for
2 example, we've been given some recommendations from
3 a ministerial level regarding accreditation standards and
4 how we apply them and also how we assess SIMGs, and we've
5 looked at that as - rather than being punitive, we've
6 looked at it as an opportunity to evolve our processes,
7 which we're doing and have.

8
9 The NSW Health work on the task force, it would
10 probably be at the earlier stages, so I'm not sure - we
11 don't know if the results are yielding a positive change,
12 if it's moving the needle, but, like, in terms of working
13 with them, I don't have a problem with that. I'd like to
14 see that continue, to be honest.

15
16 Q. You told us earlier, if I understood you correctly,
17 that the college doesn't have a role in recruiting
18 trainees; is that right?

19 A. Yes, that is correct. We do not at present.

20
21 Q. Does the college have any role at all in the selection
22 of trainee - intensive care trainees?

23 A. To the program?

24
25 Q. Yes.

26 A. To us, to our program? We do. We've got a trainee
27 selection policy. Being on the college training program
28 doesn't preclude you from working inside a unit, and that
29 goes back to the JMO workforce is quite diverse, it's made
30 up of people that aren't just college trainees. So that's
31 an important part.

32
33 Not every trainee - sorry, two things. Not every JMO
34 will become a fellow and also not every trainee will become
35 a fellow. There's a natural attrition which is I don't
36 think anything to be worried about, because it's natural.
37 Not everyone that starts the program will finish it for
38 a range of reasons.

39
40 So in terms of selection on to our program, yes, we've
41 got a selection process that we do once a year, we do an
42 intake, and at the moment - like, I can comment on the 2023
43 intake, we took on 223 people from various jurisdictions
44 and our numbers of rejecting people are very low. I don't
45 have them on hand but it is very low, and so we, as an
46 organisation, are governed by the AMC, who give us our
47 accreditation, and they make sure our processes are

1 transparent, fair, robust.

2
3 Our numbers of not letting people on to the pathway
4 are so minimal that we don't believe it's an area of
5 concern. We would want to make sure that we're still
6 applying a standard for people to get on. However, at the
7 moment, our trainee selection policy, which is available on
8 our website, is quite clear and transparent and each year
9 we take on a batch of trainees. Whether or not they will
10 become fellows, statistically speaking, that's not the
11 case - not everyone who joins the program becomes a fellow.
12

13 Q. Do we understand correctly that recruitment of doctors
14 in an employment sense to a designated training position
15 within a hospital, for example, is not the realm of the
16 college, that's the realm of the jurisdictional health
17 organisation; that's right?

18 A. That is correct.

19
20 Q. But the college still determines whether an individual
21 who may be recruited to that position is effectively
22 admitted into the college's training program; is that
23 a fair summary?

24 A. That is correct. Yep, that is correct.

25
26 Q. Do you think it's desirable for your college not to
27 have a role in the recruitment side of things?

28 A. I think it is in the sense of we're really big on -
29 when we do an accreditation, for example, we understand
30 that each unit is different, and they could almost be in
31 the same post code yet we still see that each unit has its
32 nuances that we need to respect and I think that applies to
33 recruitment as well.
34

35 We could have a role, however, there would be so many
36 layers within a hospital, in terms of how recruitment is
37 successfully done, that we just wouldn't be the main player
38 in that, nor would we have the jurisdictional power to do
39 anything, because each unit, each health service, might
40 have - and I go back to a budget and service delivery; all
41 that, we are not privy to any of that. So that's where
42 I think most units - you could look at a hospital, it's
43 a business that they are - in terms of that sounds - it's
44 not the intent of my comment. It is - we want to make sure
45 we've got specialists and trainees that can deliver optimal
46 care for our sickest patients of the community.
47

1 There would be things that a unit and an executive of
2 a unit and a health district know and have to work towards
3 that we have no knowledge of nor would we have any
4 jurisdictional - I don't think we could offer anything of
5 benefit. We're here to support and try and help where we
6 can, however, that would happen in hospital land. It would
7 have to.

8
9 Q. So you see the current division of functions between
10 recruitment at the workplace level and the college's role
11 in selecting trainees as striking the right balance from
12 the college's perspective?

13 A. I think - I believe so, from our perspective, yes.
14 I couldn't comment on how hospitals feel about that. And
15 each hospital I think you'll find, especially in New South
16 Wales, there would be different pockets of New South Wales
17 that do it differently.

18
19 Q. We've touched on accreditation standards. Are we
20 right in understanding that your college's accreditation
21 standards are developed by the college's hospital
22 accreditation committee?

23 A. Correct, and the college - the board as well.
24 Accreditation is an interesting one because of the
25 ombudsman review that we had last year, and a lot of our
26 processes have improved based on their feedback, and a lot
27 of that was promulgated by - at a federal minister level
28 and came down to the colleges.

29
30 Initially, it was - it wasn't adversarial, I don't
31 think, however, the ministers were probably keen for us to
32 improve the way we do things in an expedited timeline and
33 we're - I think we've been really happy with how we've
34 managed to embed some improvements that mean units -
35 withdrawing accreditation is not desirable for anyone.
36 That doesn't help anyone. We want to make sure we're part
37 of the solution, not the problem, and any unit that we have
38 taken away accreditation, even though it hasn't happened
39 for a number of years, all those units in New South Wales
40 that we've referenced, and in my previous dealings with
41 this, we've spoken about certain units that have lost
42 accreditation have since got it back and we're quite proud
43 of those units for putting in the work (internet
44 interruption) --

45
46 Q. What do you view as being the function --

47 A. -- possibly the accreditation committee and the board.

1 Q. I'm sorry, I think we just lost you briefly and got
2 the end of your answer, thank you. What do you view as
3 being the function of accreditation standards?

4 A. -- (internet interruption) is there, however it goes
5 back to --

6
7 Q. I'm sorry to stop you, Mr Angelico --

8
9 THE COMMISSIONER: Did you hear the question, Mr Angelico?

10
11 THE WITNESS: I did. I did hear the question.

12
13 MR FULLER: Q. You just dropped out for us at the
14 beginning of your answer, so if you don't mind restarting
15 the answer?

16 A. Sure, no worries. We develop the standards, and IC1
17 and IC3 are available on our website. I made a reference
18 before to each unit being different, in a sense, there are
19 nuances that happen at hospital level that we need to be
20 aware of. But we understand that one size doesn't fit all,
21 but we need to have some sort of guide towards what we look
22 at being below standard and above standard.

23
24 However, the ombudsman - the work we've been doing
25 following the ombudsman review has been communicating
26 early, clearly and helping a unit understand what they need
27 to achieve in order to maintain their standard so that
28 trainees are not disadvantaged but also patient care is
29 being delivered to the optimal standard.

30
31 Q. Do you view accreditation standards as a way of
32 establishing and upholding general professional standards
33 for the practice of intensive care medicine going beyond
34 training outcomes?

35 A. We do. Accreditation has always been referred to as -
36 it's no longer - I think it has evolved, and this is a good
37 thing. It's no longer a stick for the college to use
38 against units. It's a way of evolving and continually
39 improving. Each unit is different and that's why the work
40 that goes in from a hospital accreditation point of view,
41 it is very in depth and it is time consuming and it takes
42 a lot of our resources, but we're finding that that helps.

43
44 So in terms of - if we focus on some areas that might
45 be an issue for some units, and I'm not saying that this is
46 the case in New South Wales, however, but cultural issues
47 within a unit can impact a trainee's experience or

1 a fellow's experience, and we are very mindful that we need
2 to be part of helping the unit solve the problem themselves
3 as opposed to the college coming in and taking away
4 accreditation. That model just doesn't work.

5
6 So yes, to answer your question. I know that was
7 a longwinded way of answering your question, but we do.
8 However, it is nuanced and requires work from both ends to
9 make sure that there's a solution that works for that unit,
10 whilst also keeping in mind we can't compromise our
11 standards, yes.

12
13 Q. Does the college view the accreditation process as, in
14 any way, being a mechanism for the college to try to
15 achieve better working conditions for its fellows?

16 A. Correct. We would work with the unit, though. So,
17 like, I've been - myself, personally, we would have - there
18 would be times there where we've been contacted to come in
19 to a particular unit to sort out an interpersonal
20 relationship. The key theme out of that is working with
21 the people within that jurisdiction to get to the desired
22 outcome. Sometimes that can be really challenging, but
23 yes, again, to answer your question, that would be our
24 position.

25
26 Q. And is it the case that sometimes issues of
27 interpersonal conflict will be dealt with by the college
28 through the accreditation process?

29 A. I wouldn't categorically say that. We would attempt
30 to, and sometimes we - so what we do in terms of
31 accreditation, it's really important for us to hear from
32 the various subgroups of people within the unit and then
33 we're very big on what you - what you walk past is what you
34 are willing to accept, would be a way that we operate from
35 a HAC perspective.

36
37 Some of the more complex issues - and this is not
38 synonymous with New South Wales, I'm just referring to this
39 in general - there would be some complex issues that take
40 a lot of resources to ensure that we're allowing the unit
41 to solve the problem without taking over, because we don't
42 have that jurisdictional pull, however, that can lead to -
43 it takes time, and sometimes it would take a number of
44 repeated efforts from the college and the unit and the
45 trainees and fellows to come to an improved state.

46
47 Q. Is it the case that issues of interpersonal conflict

1 may sometimes lead to a site's accreditation being
2 withdrawn or some other adverse action in relation to their
3 accreditation?

4 A. Not exclusively, unless there's something alarmingly
5 wrong going on. And also with our college, if we were to
6 remove accreditation, again, which we haven't done for
7 a number of years, in the current climate, removing
8 accreditation right now would be challenging and you would
9 be hard pressed to do that without really making sure - it
10 is the last resort and --

11
12 Q. Just pausing there, can you just explain why that is
13 in the current climate?

14 A. Yes, sure. The work that we're doing at CPMC with -
15 and again, this came down from the federal health ministers
16 in terms of asking the ombudsman to help colleges improve
17 their accreditation processes. That body of work that
18 started last year and has resulted in a lot of colleges
19 changing their processes would be around - again, it's
20 around communication with the unit and that communication
21 flowing up from a unit to the local health network, to then
22 the health minister, for example, because there would be
23 examples of withdrawal of accreditation can end up on the
24 front page of a newspaper. That has happened, and I think
25 that's publicly available, and we would want to move away
26 from that kind of surprise that there are issues going on
27 that no-one knows about.

28
29 So again, I go back to the work that's done with
30 colleges - between the college and units that are having
31 difficulty. There's a lot of reporting, a lot of meetings,
32 a lot of ongoing work to help them improve the overall site
33 to make sure that the trainees are in a place, that they
34 can learn and continue their journey to fellowship, but
35 also the fellows as well, it's not necessarily just the
36 fellows' responsibility to make sure a unit has the right
37 culture, it is a team effort.

38
39 I refer to intensive care being very much a melting
40 pot of different personalities, different experience. If
41 I talk about the college that I oversee in terms of our
42 culture, it's a very fine line between - like, we'd like to
43 think we've got a good culture, but that requires work and
44 effort, and when you have people coming and going from
45 a particular unit, that can be a challenge to have
46 a culture that's good and sustainable, and I refer back to
47 your comment about FIFO, that would be an added complexity;

1 to have a good culture with people that are in and out
2 quite regularly. That would be a challenge.

3

4 Q. Is it fair to say that the college accepts - to the
5 extent it might be considering taking any sort of
6 accreditation action in relation to a unit because of
7 cultural issues, it is important for the college to be as
8 transparent as it can be while maintaining confidentiality
9 with management at the site?

10 A. Correct. That is correct.

11

12 Q. And it is important for the college to ensure that
13 management at the site is given a fair opportunity to
14 respond to any such issues that are raised before any
15 action is taken on accreditation?

16 A. That's correct.

17

18 Q. I understand that the college has recently updated its
19 policy on the prevention of bullying, discrimination and
20 harassment in the work population; is that right?

21 A. It is. That is correct.

22

23 Q. I might just show you a copy of that.

24 A. Yes.

25

26 MR FULLER: Commissioner, it is not currently in the
27 tender bundle, however I think we have a copy for you.
28 I will put it on the screen [SCI.0011.0284.0001].

29

30 Q. Mr Angelico, you should see that come up on the screen
31 shortly.

32 A. Sure. Yes.

33

34 Q. Thank you. I'm sorry, 0284.0001 - let's just start
35 with this policy, sorry to jump around. This is the
36 complaints policy, as opposed to the policy on bullying,
37 discrimination and harassment; is that right?

38 A. That is correct.

39

40 Q. This policy was also recently updated; is that right?

41 A. Yes, and that was post our submission on 12 July. Are
42 you happy for me to give some premise behind how we arrived
43 at this new policy?

44

45 Q. Yes, please, yes.

46 A. So, like, as I referred to earlier, the AMC are the
47 ones that provide accreditation for us and we do a 10-year

1 review in addition to yearly updates from us to them about
2 how we're going against a set of standards. Our old policy
3 and process was that trainees or fellows that wanted to
4 submit a formal complaint had to contact myself, and it was
5 also buried on page 10 of a pretty lengthy document. So
6 the AMC said, "It's not clear or transparent how to do
7 this. Some people might feel uncomfortable emailing the
8 CEO or contacting the CEO to go through a process."
9

10 The idea behind the work we've done with this, and in
11 addition to these two policies we've got an online module
12 that is either anonymous, or not for people to lodge
13 complaints, and that's on our website, which is active as
14 of now, was to improve the accessibility for everyone,
15 maintain privacy, ensure people felt like they were safe
16 and they weren't having to reach out to the CEO to grieve
17 some pretty potentially difficult parts of their life that
18 they'd prefer to remain anonymous. So this is a byproduct
19 of that in terms of accessibility and transparency, that we
20 think this is a far better approach and in line with what
21 we're required to do from an AMC perspective.
22

23 We also ran this past our legal counsel but then also
24 past the ombudsman as well, because they're experienced in
25 dealing with complaints, and we've applied those principles
26 to this as well. So that's how we've arrived here.
27

28 Q. Just on one of the guiding principles that's listed
29 down the bottom of this page, we see, "Procedural
30 Fairness"?

31 A. Mmm-hmm.
32

33 Q. Do we take it that that includes what we were
34 discussing earlier, for example, giving anyone at the
35 management level of a site who may be the subject of
36 a complaint a fair opportunity to respond, to the extent
37 they want to engage with the process?

38 A. That's exactly right, yes.
39

40 Q. Can I then ask you, please, about the other policy,
41 which should be [SCI.0011.0284.0001].

42 A. Yes.
43

44 Q. Am I right in thinking this policy was also reviewed
45 recently?

46 A. Correct.
47

1 Q. Was it around the same time as the complaints policy
2 that it came into effect?

3 A. It was the same time, yes.

4

5 Q. So that was, I think, around 22 July, so last week or
6 the week before; is that right?

7 A. Correct.

8

9 Q. Just going down, please, to page 4 of this policy,
10 clause 5, just in terms of the scope, starting with 5.2, so
11 what is out of scope, we see there in the first paragraph:

12

13 *Complaints about bullying, discrimination,*
14 *and harassment in which the complainant*
15 *wants particular action taken against*
16 *a person or persons can only be addressed*
17 *by the employer, hospital or health*
18 *service.*

19

20 Are you able to explain the reasoning behind that?

21 A. Yeah, it's kind of in line with some of the themes
22 I've covered earlier today in terms of the college really
23 not having any jurisdictional power within those sites.
24 I have had experience dealing with complaints under the old
25 policy, and it's a real challenge to come in to a hospital
26 and tell them how to administer a problem between two
27 employees, essentially, which is what it boils down to. So
28 that's in line with, again, the themes that I was covering
29 in terms of us being careful not to overstep our mark
30 within the hospital setting, because we are not across
31 every process, and those existing processes are there for
32 a reason.

33

34 It might be not to the satisfaction of the person
35 complaining. We find that people turn to us when they've
36 got no other alternative; they haven't felt like they've
37 been listened to. Themes that have come from the work that
38 we've done with the ombudsman as well, which we found quite
39 helpful to understand why people would turn to the college.
40 I still envisage people will turn to us through our
41 complaints process regardless; if they're in scope or out
42 of scope for that individual, they will still reach out to
43 us. That's where having the technology arm to this as
44 well, in terms of how we accept complaints, having it
45 documented and it can be anonymous, is a far better step
46 for us in terms of the way we were doing it previously.

47

1 So, you know, I'm not sure if that answers your
2 question, but that's the - again, it's in line with the
3 themes I've been covering earlier today.

4
5 Q. Just having a look at what is in scope, so in the
6 clause 5.1, tell me if I've got this right, but if the
7 college forms the view that a complaint of bullying,
8 discrimination or harassment may have a negative effect on
9 trainees and their capacity to work and learn, to use the
10 language in the first paragraph, that is a situation where
11 the college might look into the complaint, including as
12 part of the accreditation process; is that a fair summary?

13 A. That is a fair summary.

14
15 Q. Thank you. Firstly, how does the college go about
16 determining whether a complaint may have a negative effect
17 on trainees, as opposed to being some other kind of
18 interpersonal complaint?

19 A. Yes, and I will premise this with I've got - we
20 haven't got any experience or data on the applicability of
21 this new policy, because it's very brand new and we haven't
22 received any complaints. I can comment on how we have
23 handled that in the past under the old policy.

24
25 Usually, you want to understand, from a college
26 perspective, is this a systemic issue or is it an
27 individual issue, and if there are trainees that feel like
28 they don't want to speak up around certain things, we want
29 to try and understand is this a unit-wide feeling or is
30 this just an individual-wide feeling.

31
32 The way we do help with that is, leading up to an
33 inspection, we survey the trainees the best we can and also
34 give them the opportunity that if they're not able to be
35 there during the inspection visit, that they have an
36 opportunity to feed back. We've had instances in the
37 past - and I'm not suggesting that this is a deliberate -
38 deliberate from the unit, but some units, you know, they
39 might roster people on and off at certain times and a group
40 of trainees that aren't rostered on on the day that we are
41 coming to talk to them and interview them might have some
42 really helpful things to say about the culture of the unit
43 or how things are done or safety standards and safety
44 practices. We want to make sure that we're available and
45 we have had instances in the past where some people have
46 felt uncomfortable putting their name to things. We've
47 maintained their confidentiality and made sure that the

1 inspecting team - those inspectors are trained to deal with
2 handling sensitive issues with tact and also making sure
3 that there - a trainee who does speak up about something,
4 there is the worry that their career could be impacted by
5 speaking up.
6

7 Intensive care is known as quite a small community and
8 I think we touched on it earlier today about trainees are
9 required to develop relationships in order to get
10 recruitment, to get jobs into the future. You could
11 understand a trainee's hesitation about speaking up.
12

13 Q. Is that a reason why, for example, trainees in your
14 experience, at least, may feel more comfortable approaching
15 someone within the college than someone within their own
16 workplace?

17 A. Correct.
18

19 Q. Is that a reason why the college thinks it's
20 appropriate, or you think it's appropriate for the college
21 to be involved at least in some situations where complaints
22 of bullying, discrimination and harassment are made?

23 A. Correct. And, like, we still think of trainees and
24 fellows - they're our members, like, they're important to
25 us, and we want to make sure, for the trainees - it's not
26 just about us churning out fellows - we want to make sure
27 that they're equipped to deal with the sickest people in
28 our communities but also they've got a fulfilled career.
29

30 Especially post COVID, we found a lot of trainees,
31 like being a trainee, being a doctor - and I'm not
32 necessarily basing this on statistics; I'm basing it on the
33 conversations we have with our trainees and just life in
34 general - it is a challenge and work/life balance is
35 becoming more important. So I think we want to make sure
36 that both trainees and fellows, if they're our members,
37 that we're being supportive of their journey.
38

39 I think both trainees and fellows are on a journey.
40 Trainees are a bit different. Yes, they've got that end
41 point of, "I need to become a fellow, and once I'm in that
42 club and once I'm past that, everything's fine." We don't
43 just forget about them once they become a fellow; they are
44 still on a journey to improve and make sure they are
45 delivering quality care. That's what we - our ultimate
46 goal is that every critically ill patient receives optimal
47 care, so the more trainees that we have that are able to

1 become fellows we feel are equipped to do that - and it's
2 no disrespect to those JMOs or those that aren't going to
3 be fellows - but back to that support for our members,
4 they're important to us, so if there are things that we can
5 do to kind of alleviate or improve things and continually
6 evolve ourselves, we want to be open to that.

7
8 Q. In clause 5.2, which we looked at in relation to out
9 of scope complaints, the college recognises that it doesn't
10 have adequate power to investigate complaints of bullying,
11 discrimination and harassment, but the same would be true,
12 wouldn't it, in relation to what are described here as "in
13 scope bullying, discrimination and harassment complaints";
14 is that fair?

15 A. It would be. I think that part of the policy - and
16 this is what was lacking in the other one - managing the
17 expectations of the complainant is important, and I've had
18 experience where we've had requests for a unit to lose
19 accreditation, for example, or requests for a fellow to
20 lose their fellowship, so that - like, that's nothing
21 against the person making the complaint.

22
23 I understand that - again, I referenced it before
24 about them - they're frustrated, they've got nowhere else
25 to turn, so managing those expectations are important.
26 I think with the - I understand what you're saying there,
27 like, the reason for - I think it's in paragraph 3 of 5.2,
28 like, we have had instances where someone has gone through
29 the process of the HR department or the local jurisdiction,
30 had an outcome, and that they're not happy with, and then
31 tried to relitigate it with us. That's a challenge, and so
32 we - exhausting those resources to end up with the same
33 result, it's really important that we manage the
34 expectations up-front.

35
36 But the complainant, like I said, is a member of our
37 organisation. We want to support them the best we can, it
38 just might not be getting them to where they want to go in
39 terms of what they see as the best outcome for a situation
40 that is complex and difficult. We feed information like
41 this, on some instances - it does become helpful with
42 understanding for the accreditation team, is this
43 a systemic thing or is this an isolated incident. But
44 there - yes, that's the best I think I can do with
45 responding to that.

46
47 Q. In circumstances where the college isn't in a position

1 to conduct at least a full investigation of any complaint
2 of bullying, discrimination, harassment or the like, do you
3 think it's ever appropriate for the college to withdraw
4 accreditation on take some other adverse action against
5 a site's accreditation on the basis of such a complaint?

6 A. A very complex question. I think, again, removing
7 accreditation is quite a blunt tool and you would think
8 that jumping to that quite quickly, it would be remiss of
9 us to do so, and it would go against what we're trying to
10 do with the work we've done with the ombudsman and changing
11 our processes - sorry, improving our processes to help be
12 the conduit for things that are going on between, from
13 a trainee perspective, the senior staff specialists, the
14 director, the executive of the hospital - all those groups
15 might not fully understand what exactly is going on and we
16 try and be the conduit of that in a confidential way
17 without hurting anyone's career down the track.

18
19 It is a challenge, but like I said, I can maintain
20 that taking away accreditation without doing what we say
21 we're going to do in our policies, that would be remiss of
22 us and I would be disappointed if it happened, and it
23 wouldn't happen because of the way we've evolved our
24 processes.

25
26 Q. When you say what you say, "we're going to do in our
27 policies", that is, for example, affording procedural
28 fairness to management at the site?

29 A. Correct, yes. So we've got a good history, and this
30 is outside of New South Wales, this is some other examples,
31 I will not go into specifics about the paper trail, but you
32 will see there is lengthy ongoing communicating between the
33 college and the unit about things that should progress. At
34 times, you might find that that doesn't get up to, say,
35 a local health network level, it might not get up to
36 a local government level because people change, jobs
37 change, governments change.

38
39 The AMC have been doing a body of work with us in
40 terms of contacts within each jurisdiction to share
41 information with, because we would rely on the director and
42 the executive to filter information up about, "Hey, this is
43 what we've found following our visit. These are the things
44 we want you to work on." We don't have too much say in
45 making sure that - like, obviously we'd love that to be
46 shared, that information to be transparent and shared with
47 those higher up. It's very difficult to guarantee that

1 that's the case. But to answer - back to your question
2 around that procedural fairness with units, yes, removing
3 accreditation, that is a shock, that means that we've
4 failed in our application of our process, I would say, and
5 the work that the hospital accreditation team does, the
6 whole point of that is to engage with the unit and help
7 them understand how to improve.

8
9 Q. Would the college accept that if a complaint of
10 bullying, discrimination or harassment was being
11 investigated by the employer or at the workplace level
12 through - and the college was satisfied that the workplace
13 was following a fair process in accordance with its
14 policies to investigate that complaint, then it wouldn't be
15 appropriate for the college to take any accreditation
16 action in relation to the site while that investigation is
17 happening?

18 A. Correct. That - I would agree with that.

19
20 Q. Just finally, we've touched on the NHPO, the National
21 Health Practitioner Ombudsman, report on a number of
22 occasions. Do we take it that the college agrees with the
23 recommendations of that report?

24 A. We do. You can, yes.

25
26 Q. One of the recommendations is that accreditation
27 standards should be outcomes based and evidence informed.
28 What do you understand "outcomes based" to mean?

29 A. It's similar to the work that we do, and I've
30 referenced the AMC and how they apply their standards to
31 us, and it talks about meeting standards, progressing, and
32 it's a continuum. We reference there that we have
33 a five-year cycle. The changes we've made make it an
34 ongoing conversation with a particular unit about how
35 they're progressing. So it's not a "You passed", "You
36 failed"; it's more of an iterative process, and I think
37 you'll see that there would be some units following an
38 accreditation visit that have a big tick and they are
39 hitting everything, they're amazing, a really good place to
40 work. We would say, "We will see you in five years' time.
41 You've got no reporting".

42
43 Other units might have reporting requirements where
44 it's - like we do with the AMC, we're reporting on a yearly
45 basis or every 18 months on the things that we've pointed
46 out in terms of what we want you to work on and how you're
47 setting about achieving those. We wouldn't have a, "You

1 must do A, B and C", we would love to see what they want to
2 do that works for them in improving in a particular area.

3
4 So that ongoing engagement from the - one of the key
5 themes from the ombudsman report was ongoing communication
6 that's transparent and it's an iterative kind of evolution
7 of that unit as opposed to "You failed and we're taking
8 away accreditation."

9
10 Q. Would you accept that, in formulating accreditation
11 standards, the college's focus should be on what is needed
12 to produce a competent trainee in the college's field of
13 specialty?

14 A. Correct.

15
16 MR FULLER: Thank you, Mr Angelico.

17
18 Commissioner, those are my questions for this witness.

19
20 THE COMMISSIONER: Do you have any questions, Mr Chiu?

21
22 MR CHIU: No questions, Commissioner.

23
24 THE COMMISSIONER: Mr Angelico, thank you very much for
25 your statement and for your time today. We're very
26 grateful.

27
28 THE WITNESS: No worries. Thanks for having me.

29
30 THE COMMISSIONER: You are excused.

31
32 THE WITNESS: Thank you.

33
34 <THE WITNESS WITHDREW

35
36 MR MUSTON: Commissioner, I think the next witness is
37 Dr Winston Cheung. I note the time. It might be - it is a
38 little bit early but --

39
40 THE COMMISSIONER: Do you want to break now?

41
42 MR MUSTON: -- perhaps so as not to interrupt his
43 evidence, we might take the morning tea adjournment a
44 little bit early.

45
46 THE COMMISSIONER: All right. We will adjourn until
47 11.40. Adjourn until then.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

SHORT ADJOURNMENT

THE COMMISSIONER: Yes, Mr Muston.

MR MUSTON: Commissioner, the next witness is Associate Clinical Professor Winston Cheung.

<WINSTON KUEN CHEUNG, affirmed: [11.46am]

<EXAMINATION BY MR MUSTON:

MR MUSTON: Q. Could you state your full name for the record, please?

A. Winston Kuen Cheung.

Q. You are a senior staff specialist in the intensive care unit at Concord Repatriation General Hospital?

A. Correct.

Q. It's a role you have held since 2005?

A. Yes.

Q. You have prepared a statement to assist the Inquiry with its work dated 16 July 2024?

A. Yes.

Q. Have you had an opportunity to read that statement before coming to give your evidence today?

A. Yes, I have.

Q. Are you satisfied that the contents of that statement are true and correct?

A. There is just one point I wanted to clarify with the statement. Paragraph number 36 --

Q. Yes.

A. -- there is a reference --

Q. Just pause for one moment so we can all get that paragraph open.

THE COMMISSIONER: Sorry, I'm just getting my papers in line from the last witness. Paragraph 36 did you say?

THE WITNESS: It refers to some minutes of the medical staff council, the minutes were watermarked as "Draft" on

1 the minutes that were sent out. It, in fact, actually is
2 the real minutes, it's just that it was inadvertently sent
3 out as watermarked "Draft". So it is just to clarify that.

4
5 MR MUSTON: Q. Other than that point of clarification,
6 you are satisfied that the contents of your statement are
7 true and correct?

8 A. Yes.

9
10 MR MUSTON: That will be tendered as exhibit H7.12.
11 [SCI.0012.0174.0001].

12
13 MR MUSTON: Q. Dr Cheung, I might ask you, when you're
14 giving your evidence, to remember that the people sitting
15 immediately in front of you are taking it down word for
16 word as best as they can so if you could do your very best
17 to speak as slowly as you can, that would be of great
18 assistance to them.

19 A. Sure.

20
21 Q. Do you have a hard copy of your statement with you?

22 A. Yes, I do.

23
24 Q. To the extent you're asked to look at it, you are free
25 to use the hard copy, or if you look to your right, there
26 is a screen. There is another screen immediately in front
27 of you, you can choose, as between those three options,
28 which works best for your eyes. I otherwise have no
29 questions for you, Doctor, but counsel who are appearing
30 for NSW Health may.

31 A. Thank you.

32
33 **<EXAMINATION BY MR CHIU:**

34
35 MR CHIU: Q. Associate Professor Cheung, my name is
36 Hilbert Chiu and I represent NSW Health in this Inquiry.
37 I'm just going to ask you some questions and take you
38 through some aspects of your statement, if that's okay.
39 Could you please turn to paragraph 9 of your statement.
40 There you refer to a meeting that occurred on 15 November
41 2022; is that correct?

42 A. Yes.

43
44 Q. Associate Professor Cheung, that meeting occurred
45 about a month after you provided a letter to the board of
46 the local health district setting out some concerns; is
47 that correct?

- 1 A. Yes.
2
- 3 Q. That was the first substantive letter that you sent to
4 the board setting out those concerns?
5 A. The one from October, yes, that was the one.
6
- 7 Q. And at the meeting, did you raise concerns about,
8 firstly, understaffing at Concord hospital?
9 A. I can't specifically remember if I raised concerns
10 about understaffing. I know we talked in general issues
11 about the letter.
12
- 13 Q. About, sorry?
14 A. I know we talked in general issues - in general terms
15 about the letter, but specifically about understaffing,
16 I can't recall if I specifically spoke about that.
17
- 18 Q. Do you recall if you discussed at the meeting
19 underreporting of incidents at Concord hospital?
20 A. I can't recall. I can't recall.
21
- 22 Q. What about safety of patients?
23 A. I can't recall.
24
- 25 Q. Bullying, harassment and protection of staff from
26 reprisals?
27 A. Yes, we spoke - spoke at length about that. That was
28 a very key point, and I wrote notes after that meeting
29 about what we discussed, and I specifically remember
30 writing about emphasising the issues with reprisals and how
31 staff did not feel safe to speak up.
32
- 33 Q. This was based on information that you had received in
34 your role as chair of the medical staff council?
35 A. Yes. So this was based on my observations prior to
36 becoming chair, my discussions with staff, but also
37 information which had been provided - by staff after
38 I became chair.
39
- 40 Q. So would it be fair to say it was an accumulation of
41 a number of conversations held over a period of time?
42 A. Yes. Yes, and it was, if I can say, this was my
43 interpretation of those conversations. So this is what -
44 what I was giving was my opinion based on what I had heard.
45
- 46 Q. And at the meeting on 15 November, were you given an
47 opportunity to expand on these issues of bullying,

1 harassment and protection from reprisals?

2 A. I can't remember if I was given - I mean, I was given
3 the opportunity to speak and I recall the - you know, the
4 meeting was a very civil and sincere meeting, and I was
5 given opportunity to speak. I can't recall if I actually
6 spoke specifically or the detail about that.

7

8 Q. And Dr Anderson was present in that meeting?

9 A. Yes.

10

11 Q. And did she invite you to provide specific examples of
12 bullying, harassment and staff being treated badly,
13 reprisals occurring?

14 A. I can't recall. I can't recall.

15

16 Q. Do you recall if you identified any specific examples
17 of those things occurring?

18 A. I don't think I did, but I can't - I can't recall.

19

20 Q. Why don't you think you did? Is there a particular
21 reason you would not have given those examples?

22 A. The concerns that I had at that time were - the reason
23 I wrote that letter was that issues at the hospital were
24 coming to a head and bullying and harassment was a major
25 issue, but the fundamental problem at the hospital at that
26 time was that we were losing staff, and staff were leaving,
27 and there were a multitude of reasons why staff were
28 leaving. Bullying, harassment and significant intimidation
29 by management was one significant reason, but it was not
30 the only reason, and there were all sorts of problems,
31 including, you know, that of psychological safety and
32 psychological health, and I remember talking to those at
33 the meeting, that I was concerned of the welfare of the
34 staff, not so much as from bullying and harassment but
35 I was worried about a significant incident that was going
36 to happen if things weren't done to improve working
37 conditions for staff.

38

39 Q. So did you perceive working conditions, which included
40 bullying, harassment, et cetera, to be the fundamental root
41 cause, if you like, of what was going on with Concord?

42 A. I think if you would take it back a step, the root
43 cause at Concord was years of, you know, what the staff
44 colloquially called a death by a thousand cuts, it was all
45 about the finances and how money was being cut in various
46 ways to all different departments. One of the worries at
47 the time was - I don't know if you recall at the time,

1 Prince Philip had just been in hospital, and one of the
2 nurses looking after Prince Philip in London while he was
3 in hospital committed suicide because of a prank which was
4 played on her by a radio station from Australia.

5
6 That sort of problem was what I was concerned about,
7 in that there were system issues which were contributing to
8 the safety of patients or which were causing adverse
9 problems, and what I was - what everyone was concerned
10 about was that not only would there be an adverse event
11 with patients, but that staff would feel responsible for
12 that. Even though it wasn't entirely their fault, it was
13 the system that was causing the problem, but there would be
14 staff who were vulnerable to that.

15
16 THE COMMISSIONER: Q. Just pausing there. These two
17 concepts might be linked. When you say you were worried
18 about a significant incident that was going to happen if
19 things weren't done to improve working conditions for
20 staff, and when you were talking about the system causing
21 problems, can you just explain to me with some more
22 detail - that's obviously at a general level - what are the
23 specifics underneath the working conditions and the system
24 issues?

25 A. If you were to take it back, if you were to do one
26 thing with the system to improve it, and one thing only,
27 the fundamental issue with the system is it doesn't detect
28 problems as they occur and doesn't act on those problems,
29 so the quality improvement system, in a whole, and so if
30 a problem occurred, staff --

31
32 Q. Give me an example of a problem, though, a workforce
33 condition problem, for example?

34 A. Yes. So if I can give you a generic problem, let's
35 say, for example, the issue that you want to detect is
36 problems in relation to not enough nurses on the ward --

37
38 Q. Not enough nurses?

39 A. Not enough nurses on the ward. Let's say, for example
40 the optimum ratio for nurses to patients is, say, one to
41 four and --

42
43 Q. Sorry to interrupt, but when you say "not enough
44 nurses" on a ward, should I take that to mean, even if
45 everyone is there, there's not enough rostered on; or, for
46 some reason, not enough of the people that are rostered on
47 have turned up? Which way should I understand it?

1 A. Yes, so sometimes nursing staff may not be there for
2 sick leave; sometimes they may be redeployed; sometimes
3 they may not be rostered on in the first place because they
4 couldn't fill that gap; sometimes there may be an influx of
5 patients --

6
7 Q. So there might be multifaceted reasons why, in your
8 view, there are insufficient nurses on a ward?

9 A. Yes.

10
11 Q. Sorry, I interrupted you. Keep going.

12 A. So the example I use is if you were to take the
13 situation where the optimum ratio is one nurse to four
14 patients, if you were to have a ward of 20 patients, then
15 ideally you would have five nurses there. So what was
16 happening was that those wards would be losing one nurse,
17 instead of having five nurses, they would have four nurses;
18 or there would be significant problems with the staffing
19 skill set, so instead of having five experienced nurses,
20 you may have no experienced nurses, who were trying to make
21 do.

22
23 The issue at the time was the problems were not being
24 detected because the nurses were very good at managing the
25 work flow so that they would manage the patients
26 appropriately. So, for example, if you had 20 --

27
28 Q. When you say "not being detected", do you mean some
29 people knew about it but not detected at a certain level of
30 management or --

31 A. Yes. So it wasn't being reported on the detection
32 systems; it wasn't being reported because people didn't
33 feel it appropriate to be reported; or some staff felt that
34 they were intimidated to not report it.

35
36 But what was happening was that, say, for example, if
37 you had a ward of 20 patients, there might be one patient
38 who's quite unwell, and that one patient may take up one
39 nurse, most of the shift, and there may be another couple
40 of patients who require another nurse, which then leaves
41 three nurses to look after the remaining 17 patients. So
42 if you took away one nurse, for example, the nurses would
43 still organise themselves so they would look after the
44 sickest patients and they would prioritise them, and the
45 patients who were not quite as unwell would be less
46 prioritised. So you would have two nurses looking after
47 17 instead of three, and it was all those problems that

1 were not being detected. It wasn't the serious adverse
2 events - the patients dying and the major complications -
3 it was all the little things which occur when you just
4 don't have enough staff. But it's those little things
5 which are the precursors to the plane crashing, if I can
6 use that as an analogy.

7
8 Q. Yes.

9 A. So things like patients not getting their medications
10 on time, patients not getting their food on time, patients
11 not getting their painkillers when they require, or
12 patients not being helped to the toilet in time, those
13 things were not being detected, but that was what was
14 happening, and those were the precursors to the more severe
15 events.

16
17 You know, the senior nurses could tell, because the
18 senior nurses had worked for many decades, and they could
19 see the difference between patient care back when they
20 first started versus now, whereas the new influx of junior
21 nurses didn't know better because this was the only system
22 that they had worked in.

23
24 So there was a lot of distress, especially amongst the
25 senior staff, both medical, nursing and allied health,
26 because they weren't - they felt that they weren't
27 providing the care which they had been trained to do and
28 which they had provided many years ago. The system had
29 been run down to a point that they were not coping.

30
31 THE COMMISSIONER: Thank you.

32
33 MR CHIU: Thanks, Commissioner.

34
35 Q. I just wanted to take up a couple of those points that
36 you just raised, Associate Professor Cheung. One of those
37 was that the system wasn't picking it up. Is that because
38 of the way this slowly builds over time, this strain that
39 arises from understaffing, as you describe it?

40 A. Yes, so there's multiple reasons, and in the
41 pre-hearing, I sent you - submitted some evidence and some
42 papers which haven't been tabled in regards to that, but --

43
44 Q. I don't know about that.

45 A. So the fundamental problem is that there are two ways
46 in which we pick up problems in the hospital system. There
47 is the formal reporting systems, and in NSW Health, we used

1 the ims+ system; and then there's the complaints mechanism,
2 and the complaints mechanism is the failsafe mechanism when
3 formal - when the formal reporting system doesn't work.
4

5 The problem with the formal reporting system is it was
6 very difficult to use and took up a lot of time, and I can
7 actually - I've got some print-outs of the actual system,
8 if you want to have a look at it. So in order for a nurse
9 to, say, report a problem, they would have to spend quite
10 a bit of time typing into the computer, and if you are
11 a nurse and you've got an eight-hour day and you've got an
12 additional five minutes or 10 minutes where you have to do
13 a single report, and you have multiple reports which you
14 may have to write, plus other new tasks added on, all of
15 a sudden your eight-hour day becomes a nine-hour day and
16 you can't do your work. So the formal reporting was being
17 forgone.

18
19 Q. That's the formal reporting?

20 A. That's the formal reporting.
21

22 Q. The second component was the complaints mechanism?

23 A. Yes. Look, there was a lot of pressure from managers
24 for staff not to complain. There was a culture -
25 I describe it as a culture of fear, but there was a culture
26 where nurses who complained were targeted.
27

28 Q. Can you give any specific examples of the pressure
29 that you are describing?

30 A. Most of it was around staffing. Most of it was around
31 staffing and safety of patients. So if - and this was
32 demonstrated --
33

34 THE COMMISSIONER: Sorry to interrupt. Were you asking
35 for an example of someone being targeted, rather than --
36

37 MR CHIU: Just an example of what he means by "pressure"
38 being placed or "pressure" on staff.
39

40 THE WITNESS: So an example would be if there wasn't
41 enough staff for a shift and so the team leader or the
42 nurses would complain that there wouldn't be enough staff,
43 and they - there was a lot of pressure from their bed
44 managers not to put any further complaints in in regards to
45 that.
46

47 Look, I can give you names of staff where they can

1 give you evidence for that, but it was those sorts of
2 problems. Most of it was around staffing. Most of it was
3 around skill mix, and most of it was around lack of staff.
4

5 MR CHIU: Q. Did you raise these more specific problems
6 with Dr Anderson in the meeting?

7 A. Not at that meeting. So the meeting was not about
8 specifics.
9

10 Q. Didn't she ask you about some specific examples?

11 A. I can't recall. I can't recall.
12

13 Q. The second point you raised, Associate Professor
14 Cheung, was the issue of budgeting. I think you used that
15 word?

16 A. Yes.
17

18 Q. Can you explain what you mean by that?

19 A. So there is a perception, there is a perception that
20 budgets had been cut, either directly cut or there was
21 a relative cut in terms of budgets not being increased as
22 activity increased over time.
23

24 One of the problems was the lack of transparency of
25 the hospital accounts and the hospital finances, and, you
26 know, one of the problems that staff found it hard to
27 reconcile was every year, we are told that, you know, we're
28 in the red, we need to tighten the belts, we need to cut
29 back spending, but if I use, for an example, four out of
30 the last financial years, not including this one, four out
31 of the last financial years we've actually had a budget
32 surplus, so only one of those previous years was there
33 a budget - was there a paper deficit and there was
34 a surplus one year of 280 million.
35

36 Q. So the staff, despite that information, perceived that
37 you were in the red, that the district was in the red?

38 A. Well, the staff perceived that there were cuts where
39 cuts should not be occurring, and you know, I think
40 everyone - everyone acknowledged that where there was waste
41 in the system, where the efficiency gains could be made.
42 I think there was no-one who didn't acknowledge that we
43 should try to work more efficiently. But the problem was
44 that the cuts and the efficiencies had been achieved, and
45 further budget cuts, be they relative or absolute, were now
46 leading to problems with delivery of services, and the
47 decrease of services. So that was a primary problem.

1
2 Q. So if I take those two elements, the first being the
3 system, both in terms of the formal escalation of issues
4 and complaints mechanism, and secondly the budgeting issue,
5 those were, as you see it, the underlying root causes of
6 that strain that you wanted to talk about in 2022?

7 A. Yes, I think - you know, obviously everything stemmed
8 from there, but I think the fundamental problem was
9 actually the finances and I think that led to a lot of the
10 issues.

11
12 Q. You would agree, though, firstly in terms of the
13 complaints escalation process, that is not something that
14 could be changed across the entire district very quickly?

15 A. Oh, I disagree. I disagree. There was a culture
16 where you - there was a culture where staff were expected
17 to remain silent, and there was a culture of denial. There
18 was a culture of concealing, actively concealing problems.

19
20 Q. How do you say an executive should change that
21 culture?

22 A. Oh, the culture comes from leadership. And so if
23 a leader comes in and says, "Well, this is a bad culture.
24 This is what we need to do to change", then it changes
25 overnight.

26
27 THE COMMISSIONER: Q. You might need that person to at
28 least listen first; that would be the first thing, wouldn't
29 it?

30 A. Yes, and that's assuming that the leader is willing to
31 change and willing to change the culture or acknowledges
32 that there's a problem.

33
34 MR CHIU: Q. As the Commissioner said, first of all,
35 there needs to be an acknowledgment and, secondly, there
36 needs to be some kind of a campaign, perhaps an
37 announcement?

38
39 THE COMMISSIONER: Well, I don't know that I said there
40 needs to be an acknowledgment, I don't mean this
41 critically, but what I said was there needs to be
42 a listening process. The listening process might mean the
43 whole thing is resolved and it might be found the problem
44 isn't as big, or whatever. On the other hand, a listening
45 process might result in, "Oh my God, this is really
46 a massive problem. We've got to get on top of it." Who
47 knows.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

MR CHIU: It's a matter for submissions, perhaps.

THE WITNESS: I think you have to understand the context. In terms of the - in my view, the chief executive was a very difficult person to get on with, and I describe my relationship with the chief executive, and a lot of people would describe the same, similar circumstance, as that of a headmaster/headmistress-pupil relationship. It was very much an authoritarian relationship where, you know, she would dictate what was done. We had very little input.

MR CHIU: Q. Can you give some specific examples of that from your dealings on this issue?

THE COMMISSIONER: Which issue are we talking about?

MR CHIU: We're still on the November meeting and the issues raised in that letter.

THE WITNESS: So at the meeting, I remember talking about various points. I can't remember exactly what the points were, and I wrote notes, and I remember getting to the end of the - we were talking about the psychological safety issues and that sort of thing, and the chief executive at the time liked to do, I guess - how should I say it - liked to do a lot of the talking and wouldn't actually listen. And so you would get something across and then the chief executive would butt in and tell her how hard it was to run the hospital and how little money she had and how many employees she had to listen to and she couldn't please everybody, and that was essentially every time - well, not every time, but that's the general message you got whenever you approached the chief executive with issues.

Q. When you say "whenever you approached the chief executive", is that what occurred on this occasion, in November 2022?

A. Well, that meeting was called by the board, but I recall most of my meetings with the chief executive would be very similar. I can't recall any meetings being pleasant with her, if you can - if you understand that. They were always very, very - you know, I think that headmaster/pupil description is very apt in the way all those meetings went.

Q. But as I understand your evidence earlier, the meeting

1 was respectful or cordial?

2 A. It was respectful. It was just like, you know, when
3 you're sitting in front of the headmaster, you're
4 respectful.

5

6 Q. You would accept that a district has to operate within
7 budgeting constraints?

8 A. Absolutely. Absolutely.

9

10 Q. And that difficult decisions have to be made about
11 allocation of a budget?

12 A. Absolutely.

13

14 Q. And not everyone will be happy about the outcomes of
15 those decisions?

16 A. Absolutely, absolutely.

17

18 Q. And some people may be very unhappy with the outcomes
19 over many years?

20 A. That's correct.

21

22 Q. And that's part of the job being an executive in a
23 district?

24 A. Yes, except I think that the issue was not - there was
25 not a single person, not a single staff member who
26 recognised or didn't acknowledge that there were budgeting
27 issues. The issue was the perceived unfairness of the way
28 resources were allocated and there was a perception that
29 those departments or the people who were closest or had the
30 closest working relationship with the managers and the
31 chief executive were favoured ahead of others. Now,
32 whether that, on paper, is actually true, I don't know.
33 But there was a perception.

34

35 THE COMMISSIONER: Q. I was going to ask you, do you
36 know what was causing this perceived unfairness, the
37 perception of unfairness?

38 A. Oh, I think it's only natural that if - you know,
39 a person who has a close working relationship with someone
40 who controls the budget is more likely to influence the way
41 the budget is allocated.

42

43 One of the examples that was raised with me was
44 Concord had had a new building constructed. That was
45 \$370 million, and at the time when the government was
46 approached for that there was a lot of questions why more
47 money wasn't asked for. So out of all the requests for

1 money at that time, Concord, I think, was ranked number 10
2 in terms of monetary amount, as in it was the tenth lowest
3 amount of money asked for, and at the time, you know, we
4 needed well over a billion dollars to construct the
5 hospital and so the question was, "Why was only 300 million
6 asked for?" And obviously 300 was asked for because it was
7 thought that it would get across the line, but then if they
8 asked for a bigger amount.

9
10 Then the problem was who would get - who would
11 be allocated that 300 million, which department would be
12 used - would actually have use of that building, and there
13 was a perception that the departments which ended up moving
14 into that building had a closer working relationship with
15 the chief executive, and there was a perception that
16 they --

17
18 Q. Just out of curiosity, what were the departments that
19 moved into the building?

20 A. Sorry, it was aged care, oncology and haematology.
21 And it just so happened to be, whether it's coincidence or
22 not, that they had stream leaders, stream directors, who
23 were based at Concord, whereas other departments had stream
24 leaders based at Royal Prince Alfred Hospital. So there
25 was a perception, rightly or wrongly, that there was,
26 I guess, perceived bias in the way resources were being
27 allocated.

28
29 THE COMMISSIONER: Thank you.

30
31 MR CHIU: Q. Did you ever raise with the chief executive
32 this perception?

33 A. No.

34
35 Q. From staff?

36 A. No.

37
38 Q. Any reason you didn't do that? It seems a pretty
39 important issue.

40 A. It was nothing that I could prove and at the time, the
41 focus was stopping staff from leaving, and the focus was
42 actually improving the working conditions for all staff,
43 and what had happened had happened, yes. And so I think at
44 the time, the focus was on other more, I guess, pressing
45 issues.

46
47 Q. Those pressing issues, if budgeting is a big component

1 of that, that's not again something that could be changed
2 very quickly, even with the best will in the world?

3 A. The problem was we didn't know because we didn't - the
4 budgeting was not transparent.

5
6 Q. So the problem was communication and transparency?

7 A. Absolutely. And I think if someone had come to us and
8 told us, "Okay, this is the budget, this is the accurate
9 budget, this is - to the best of our knowledge, these are
10 the projections. These departments are over budget, these
11 departments are within budget, these departments are doing
12 well", I think it would have been a different story.

13
14 But we never had that relationship. The budgets were
15 kept - I wouldn't say kept from us, but there was no
16 transparency in the budget. We would have one budget
17 presentation per year. The only source of information
18 regarding the budget was through the clinical council where
19 there were budgets, where the monthly projections were
20 presented, but only people on the clinical council had
21 access to that information. And in fact, actually, when
22 I asked - you know, I asked several times whether I could
23 take that data from the clinical council and present that
24 to the medical staff council, and I never received a reply,
25 whether I could do that.

26
27 Q. Who did you ask that of?

28 A. That was the general manager.

29
30 Q. The general manager of Concord hospital?

31 A. Yes.

32
33 Q. Who was that?

34 A. That was Joseph Jewitt at the time.

35
36 Q. When was that?

37 A. I can't recall.

38
39 THE COMMISSIONER: I just missed that name. I missed that
40 name, sorry.

41
42 THE WITNESS: Joseph Jewitt.

43
44 Q. Associate Professor Cheung, could I take you then to
45 what is annexure D to your statement.

46
47 MR CHIU: Commissioner, that is --

1
2 THE COMMISSIONER: That's 12.4.
3
4 MR CHIU: It's a letter dated --
5
6 THE COMMISSIONER: It's a letter of 16 December 2022.
7
8 MR CHIU: That's the one, yes. It's [SCI.0012.0113.0001].
9
10 Q. And do you recall receiving this letter from
11 Dr Anderson --
12 A. Yes, yes.
13
14 Q. -- after the meeting you had with her in November?
15 A. Yes.
16
17 THE COMMISSIONER: Will the Associate Professor need to be
18 reminded of what's in his 12 October letter in relation to
19 answer anything you want to ask?
20
21 MR CHIU: No.
22
23 Q. In the letter of 16 December 2022, there's an
24 invitation, is there not, to attend the district's clinical
25 quality council meetings?
26 A. Yes, yes.
27
28 Q. That was an invitation extended to you?
29 A. Are you able to show me the letter?
30
31 MR CHIU: Sorry, can the letter be put on the screen?
32
33 THE COMMISSIONER: I'm not sure you asked for it to go on
34 the screen, which is probably why it is not there.
35
36 MR CHIU: I'm sorry. It was my mistake.
37
38 THE WITNESS: From memory, I think there was an
39 invitation. I can't remember the exact --
40
41 THE COMMISSIONER: We will just wait. We will just wait.
42 It will come up on the screen. Do you have your annexures
43 as well as your statement?
44
45 THE WITNESS: No - well, they're on computer, because
46 there are so many of them.
47

1 THE COMMISSIONER: It will come up on the screen in a
2 moment.
3
4 MR CHIU: Q. Would you like a moment to read that,
5 Associate Professor Cheung?
6 A. Yes, I remember - I think the part you're referring to
7 is at the end of the letter.
8
9 THE COMMISSIONER: The invitation is on page 2, isn't it?
10
11 MR CHIU: The top of page 2, yes.
12
13 THE WITNESS: Could you please just go up just slightly?
14 I just want to refresh myself.
15
16 THE COMMISSIONER: You can read the whole letter, if you
17 want.
18
19 MR CHIU: Yes, if the operator could move that to the
20 whole of page 1.
21
22 Q. Associate Professor Cheung, please do re-read it.
23 A. Yes.
24
25 Q. So you see - sorry, if the operator could go to
26 page 2.
27 A. Yes.
28
29 Q. The invitation that's at the top of page 2 to the
30 district's clinical quality council, that was originally
31 made at the meeting in November?
32 A. That was made at the suggestion of Mr Ajaka. So
33 Mr Ajaka - the board didn't want to meet us, and so he
34 suggested that, given that this was a clinical issue, that
35 this should be presented to the clinical quality council --
36
37 THE COMMISSIONER: Q. Did Mr Ajaka --
38 A. That's what I recall of the meeting.
39
40 Q. Did the board chair tell you why the board didn't want
41 to meet you?
42 A. No. I think he felt - yes, without putting words
43 to --
44
45 Q. Hang on. He didn't tell you why he didn't want to
46 meet you?
47 A. No, he didn't.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Q. When you then went, "I think he felt", are you guessing?

A. No, no, I'm guessing. I'm guessing.

MR CHIU: Please do not guess.

THE COMMISSIONER: All right. Let's leave that for the time being.

MR CHIU: Q. Did you ever take up that invitation to go to the district clinical quality council meetings?

A. Yes, and I've attended - I've attended them since.

Q. Did you attend them from December 2022 onwards?

A. I can't remember if I attended that one or not. I can't remember.

Q. And at those meetings did you raise the same concerns that you raised in the letter in October 2022?

A. Not at those original meetings, no.

Q. Why is that?

A. It's - they're really interesting meetings. So the - I wanted to get a feel of the meeting first and to see what they were talking about, and if you look at the minutes of the meeting, it's attended by, you know, dozens and dozens of people, and the meeting is not - it's not a meeting where people share ideas and discuss; it's very clear. It's a meeting where everyone attends and you listen and there's an expectation - this is what I felt --

Q. Listen to whom?

A. To whoever is speaking.

Q. I see.

A. And so even though it was badged as a quality council meeting, the first part of the meeting was dedicated to usually a speaker, who would be talking about a specific new initiative. So you'd have a presentation on an initiative. And then the rest of the meeting was dedicated really to talking about sort of quality indicators and, you know, lots of graphs and just lots of data, and look, I've got a copy. I've got a copy if you want to see it.

Q. You don't need to, but I just want to ask this question: you had concerns about the quality of the health

1 care that was being delivered --
2 A. Yes.
3
4 Q. -- in Concord hospital. You were attending these
5 meetings where --
6 A. Yes.
7
8 Q. -- quality was discussed?
9 A. Yes.
10
11 Q. You had the opportunity, didn't you, to raise your
12 concerns - --
13 A. Yes.
14
15 Q. -- about quality and you didn't do so?
16 A. Well, I had escalated it to someone far more senior.
17 So - and at the time --
18
19 THE COMMISSIONER: Q. Who was that? Who had it been
20 escalated to?
21 A. Well, I'd written the letter to the board, and so, you
22 know, I felt it reasonable that I had already raised these
23 concerns and they would be dealt with in a reasonable
24 fashion. And --
25
26 Q. Sorry to interrupt again, just so I - the escalation
27 you are talking about, the fact that you had raised it
28 higher up, you are referring to the details in your letter
29 of 12 October --
30 A. 12 October, yes, yes.
31
32 Q. -- to the board?
33 A. Yes. And in that letter, I detailed that there had
34 been multiple local escalation processes which had not
35 worked.
36
37 MR CHIU: Q. Can I take you to paragraph 19 of your
38 statement. Now, from paragraphs 19 to 24, you deal with
39 the medical staff council terms of reference?
40 A. Yes.
41
42 Q. And that's a draft terms of reference that you were
43 preparing --
44 A. It was a proposed draft. It was a proposed draft.
45
46 Q. A proposed terms of reference?
47 A. So I think we need to make it very clear that, you

1 know, it was a concept that we were discussing around the
2 medical staff council, and it was in a very draft stage.

3
4 Q. Yes. And there's a particular draft version that was
5 annexed to your statement, and that's annexure N -
6 Commissioner, I will just turn to it.

7
8 THE COMMISSIONER: I've got that. Do you want that on the
9 screen?

10
11 MR CHIU: Yes. It's [SCI.0012.0041.0001].

12
13 Q. Professor, at the bottom of the first page of that
14 document, if you look on the screen, it says:

15
16 *Version date: 3rd March 2023 - draft only.*

17
18 A. Yes, yes.

19
20 Q. And that's the version that you've annexed to your
21 statement. Was there an earlier version of the draft terms
22 of reference?

23 A. If you go down, there's some tracked changes.

24
25 THE COMMISSIONER: Q. In red?

26 A. In red. So those were the changes to the previous
27 version.

28
29 MR CHIU: Q. Was there not an even earlier version that
30 had a number of subcommittees --

31 A. Yes, there were.

32
33 Q. -- for the medical staff council?

34 A. Yes, there were, yes.

35
36 Q. Do you recall when that version --

37 A. I can't recall the exact date of that.

38
39 Q. Sitting here, are you confident that the version that
40 we're looking at, which is dated March 2023, was the
41 version that was discussed in a meeting with Dr Anderson
42 and others on 21 April 2023?

43 A. I can't recall. Can you just go down one page? I'll
44 be able to tell if --

45
46 MR CHIU: Could the operator please go down one page.

47

1 THE WITNESS: If you go to the third page, page 3 -
2
3 THE COMMISSIONER: Sorry to interrupt. Is it possible to
4 give a hard copy of this to the witness? That might make
5 it easier for him.
6
7 THE WITNESS: If you just go to page 3, I can tell,
8 because it'll be marked red at the bottom. Yes, I think
9 this is the one.
10
11 THE COMMISSIONER: Maybe if there's a spare set of the
12 annexures, it can be given to the witness. Thank you.
13
14 Can you just find that one for him? It's behind
15 tab 14, I think. Yes, 12.14.
16
17 MR CHIU: Q. So I think I was asking earlier if you
18 recalled whether this was the version that was discussed
19 with Dr Anderson at the meeting?
20 A. I can't recall with exact 100 per cent accuracy, but
21 this was one of the versions around that time, so I think
22 this may be the one.
23
24 MR CHIU: Can I just show another version. I have a few
25 copies, Commissioner, if I could hand up two copies, one
26 for the witness and one for yourself.
27
28 THE COMMISSIONER: Yes, of course, thank you.
29
30 MR CHIU: Q. Associate Professor Cheung, you'll see that
31 the document that is just handed up, which has the code
32 [MOH.0010.0043.0001].
33
34 MR CHIU: Commissioner, just for context, that is
35 a document that has been annexed to the supplementary
36 statement of Teresa Anderson that was only provided
37 yesterday.
38
39 THE COMMISSIONER: Should I mark it as an MFI at the
40 moment?
41
42 MR CHIU: Perhaps that would be --
43
44 THE COMMISSIONER: MFI 15 or 16, I think.
45
46 MR CHIU: It's 16, Commissioner.
47

1 THE COMMISSIONER: MFI16 is a document titled "Concord
2 Repatriation General Hospital Medical Staff Council, Terms
3 of Reference" "DRAFT" "Version date" 25th May 2022".
4

5 **MFI #16 DOCUMENT TITLED "CONCORD REPATRIATION GENERAL**
6 **HOSPITAL MEDICAL STAFF COUNCIL TERMS OF REFERENCE" "DRAFT"**
7 **"VERSION DATE: 25TH MAY 2022"**
8

9 MR CHIU: Q. Associate Professor Cheung, you'll see the
10 version date at the bottom of that document is 25 May 2022?

11 A. Yes.

12
13 Q. Was that before your tenure as chair of the medical
14 staff council?

15 A. No. That was after.

16
17 Q. It was after - after you commenced?

18 A. After I commenced.
19

20 Q. So it was a document that you had been preparing from
21 early on in your time as chair of the medical --

22 A. I can't recall when I started preparing. I started as
23 chair in March. This is a document dated May. So I can't
24 remember exactly when I started drafting it.
25

26 Q. And if you turn to page 6 of the document that has
27 just been handed up, MFI 16, you will see that a number of
28 subcommittees are set out there?

29 A. Yes, yes.
30

31 Q. And correct me if I'm wrong, but that section on
32 subcommittees was removed --

33 A. Yes.
34

35 Q. -- in a subsequent draft?

36 A. Yes.
37

38 Q. Can you tell us why that happened?

39 A. Yes. So the reason I - the background to all this,
40 I think we need to put this in context. When I was elected
41 as chair in March, in February prior to the election, I was
42 elected - it was a contested election. So it was the first
43 time that two people had vied for the chair. I was asked
44 to write a letter at the time to the MSC to describe why
45 I wanted to become the chair, what I thought the problems
46 were and my vision for the future, and in that letter -
47 I haven't tabled that, I've got a copy here if you want, if

1 you want to see that, it was 12-pages long. But obviously
2 there were a lot of problems, and these were all of the
3 issues that I identified in the letter, and I felt at the
4 time that if I became chair, there was no way I could
5 handle all of these issues by myself and the way to manage
6 these issues was to get the relevant expertise from all the
7 people within the hospital, form subcommittees - so
8 specifically, for example, looking at redevelopment,
9 looking at workforce culture, looking at industrial
10 relations, looking at consumer engagement, you know,
11 looking at quality and safety reforms. There was no way I
12 could - there was no way I could handle all this myself.
13 The manifesto was too big, so I felt - and this was in my
14 election pitch to the members and this was all detailed in
15 my letter, that I felt that we should - we need to address
16 all these and this was my way of starting that process.

17
18 Now, Dr Anderson said that this was not allowed.

19
20 Q. Let's get to that a bit later. We're still on the
21 document first.

22 A. Sure, sure.

23
24 Q. So to use your words, your election pitch was to
25 include these subcommittees?

26 A. It wasn't specifically to include the subcommittees,
27 it was to address these problems, but I realised there was
28 no way one person - if you look at all these issues here,
29 you know, research, education, quality, consumer
30 engagement, there is no way one person can manage all this.
31 So my view was there was the expertise in the hospital at
32 the time, we should establish subcommittees to manage all
33 these, from a medical staff council point of view.

34
35 Q. And it would have involved, wouldn't it, a significant
36 expansion of the sorts of things the medical staff council
37 would deal with?

38 A. Well, so I guess therein lies the controversy, because
39 the health - the by-laws and the Health Services Act are so
40 loose, and it really refers to the medical staff council
41 dealing with medical matters, and you could argue that just
42 about everything has an effect on medical matters - so
43 education, research, quality and safety. So it depends on
44 your interpretation, and that interpretation is really open
45 to judgment.

46
47 Q. And your interpretation was a very broad

1 interpretation, wasn't it?

2 A. My interpretation was a very broad - and my
3 interpretation was that all of these subcommittees would be
4 covered under that remit. Now, obviously other people had
5 other interpretations of that. That was my interpretation,
6 which is why I put this in that original draft.

7

8 Q. Are you aware of any other medical staff councils in
9 the local health district that have that broad
10 interpretation of their role?

11 A. I'm not aware of any medical staff councils in the
12 state who have these sorts of subcommittees. What I was
13 doing was something pretty radical, but I felt that
14 I needed to do this because there was just far too much
15 work and I needed to delegate that work. But I'm not aware
16 of any medical staff council in the state which runs
17 subcommittees like this.

18

19 Q. And at some point, though, the draft removed the
20 subcommittees?

21 A. I was asked to remove that.

22

23 Q. You were asked by whom?

24 A. I was asked by Dr Anderson, as I recall.

25

26 Q. Your first meeting with Dr Anderson about the terms
27 of reference was on 21 April 2023, was it not?

28 A. Oh, look, I had several meetings with Dr Anderson.
29 They're not all included in the statement. There were
30 meetings at various stages for all sorts of things, and
31 I recall, though, that she asked me to remove this. Now,
32 I can't recall when she asked me. If she hadn't asked me
33 to remove it, I would have left it in.

34

35 Q. So you don't recall if you had a meeting before
36 21 April 2023 with Dr Anderson on the terms of reference?

37 A. I can't recall. I can't recall.

38

39 Q. If I suggest to you that was the first meeting you
40 had --

41

42 THE COMMISSIONER: I think the witness said he can recall
43 meetings but whether it was about this is a different --

44

45 MR CHIU: Correct.

46

47 Q. If I suggest to you that that was the first meeting

1 about the draft terms of reference, it would suggest,
2 though, that the document in that meeting was the version
3 MFI16, because you said that she asked to you remove the
4 subcommittees?

5 A. It probably - it probably - it may well be. It may
6 well be.

7
8 Q. That's all I needed to establish.

9 A. May well be. I just can't recall what document she
10 showed me at that meeting. In fact, I'm not sure if we
11 actually did look at a document. It may well be this one.

12
13 Q. And at the meeting, Associate Professor Cheung, she
14 explained to you, didn't she, that the reason she wanted
15 you to remove aspects of the draft was because she
16 considered it placed the role of the MSC beyond what was
17 permitted by the by-laws?

18 A. Yes. So that was her interpretation. My
19 interpretation was different.

20
21 Q. Sure. Sure. Did you have a debate about
22 interpretations at the meeting?

23 A. I don't think we did, because, as you are aware of,
24 you know, what transpired afterwards, I - you know, you
25 just accept what she says.

26
27 Q. I'm not aware of anything, Associate Professor Cheung.
28 Can you tell me, at the meeting she did explain to you
29 which aspects of the terms of reference she considered were
30 not consistent with the by-laws?

31 A. I can't remember if she explained all the aspects.
32 I specifically remember the - telling - her asking me to
33 remove the subcommittees because that wasn't consistent.
34 I don't know if we covered the rest of the document and
35 those other issues, but I do remember her saying the
36 subcommittees were not consistent with the by-laws.

37
38 Q. Accepting there are differing views about what the
39 by-laws permit, though, you wouldn't regard her concerns to
40 be unreasonable, if she believed that --

41 A. Oh, look, at the end of the day, it's not what
42 I think is reasonable or unreasonable. It's what is lawful
43 and if the chief executive gives me a lawful instruction,
44 then, as an employee, I'm obliged to, you know abide by
45 that.

46
47 Q. That's not exactly my question.

1 A. I may think it's unreasonable, but if she tells me to
2 do something, then I'm expected to do it.

3

4 Q. That's not quite the question, Associate Professor
5 Cheung. My question is: if Dr Anderson perceived that
6 there was a legal issue with the draft terms of reference
7 and she asked that it be changed, that's not an
8 unreasonable position for her to take?

9 A. Oh, no, it's definitely not. It is definitely not.

10

11 THE COMMISSIONER: Is this based on her legal expertise?

12

13 MR CHIU: Or her advice.

14

15 THE COMMISSIONER: Yes, all right.

16

17 THE WITNESS: My - just --

18

19 THE COMMISSIONER: Q. You would agree it is not
20 unreasonable for someone else to have a differing view to
21 yours about the by-laws, provided it's an open view?

22 A. Yes.

23

24 Q. It may not be one you agree with, but if it's
25 possible, your --

26 A. Her justification at the time - and it was a very
27 valid justification - was she was responsible for paying
28 staff and that to set up this number of committees, there
29 would be a significant cost in terms of there would be
30 a significant monetary cost to pay staff to sit on these
31 committees, and so that is perfectly reasonable and, yes,
32 I accepted that. That's why I removed them. But that was
33 her concern at the time; it was to pay staff for their time
34 to sit on the committees.

35

36 MR CHIU: Q. Wasn't her concern also that some of the
37 functions listed for the MSC would overlap with the
38 functions of the board in terms of oversight of the
39 executive?

40 A. No, no, exactly. So that was - one of her concerns
41 was there were already committees. There was already
42 a safety quality committee, there was already research
43 committees, you know, there was already a consumer
44 committee: why would we duplicate those committees? My -
45 the reason for this was more from an adversarial point of
46 view from the MSC, as in I felt that we needed to have
47 a greater voice; the staff needed a greater voice in all of

1 these areas - education, research, consumer engagement -
2 and the committees were set up from an MSC point of view
3 with a specific MSC focus.
4

5 Q. Right, and MSC is an organisation of doctors, isn't
6 it, it's the medical staff?

7 A. Yes.
8

9 Q. So that doesn't include other staff of the hospital,
10 say nursing or allied health staff?

11 A. No, no. But having said that, I felt - and many
12 felt - that we needed to represent nursing and allied
13 health, and the one problem - the one fundamental problem
14 with the Health Services Act, as you're aware, is that
15 there are medical staff councils which have been set up but
16 there are no nursing staff councils which are mandated and
17 there are no allied health staff councils. So when
18 I became MSC chair and before MSC chair I had allied health
19 and nurses come to me because they couldn't progress their
20 issues.
21

22 Q. Do you see the MSC as primarily an advisory body for
23 the executive?

24 A. If you go back to page 3 of the document, that
25 document that you're talking about right here, this was my
26 view --
27

28 Q. Are you talking about the draft terms of reference?

29 A. The one that you've got up here at the moment. If you
30 go to page 3, this was my view on how I felt the MSC's role
31 should be.
32

33 THE COMMISSIONER: Just so the transcript records it,
34 we're going to annexure N at page 3. Yes, please continue.
35

36 THE WITNESS: So one of the things I realised, when
37 I became medical staff council chair, was that the medical
38 staff council had been dysfunctional for many years and
39 dysfunctional in a way that I think we had lost our
40 direction, and what I realised was that before we could get
41 the hospital in order, we had to get our own house in order
42 first. So I wrote a set of guiding principles for
43 discussion, which I thought the MSC should abide by.
44

45 So if you see there the number 1 guiding principle was
46 "Act in the best interests of patients at Concord hospital,
47 their families and the Concord community", and I felt that

1 wasn't happening. The second was, "Protect the health and
2 wellbeing of Concord staff and students". I did that
3 because I felt it wasn't happening. The third was "Act
4 with integrity, and the highest ethical and moral
5 standards", and again I put that in because I felt it
6 wasn't happening, and then, four, "Ensure accountability
7 and transparency in decision-making." So I put that there
8 because I felt that we needed to abide by our own set of
9 rules and our own set of values. This was what I thought
10 should be the values of the MSC. That's why I put them
11 there.

12

13 MR CHIU: Q. Would it be fair to say, and tell me if I'm
14 wrong, that you saw the role of the MSC not so much as an
15 advisory body but as a body that had real power to move --

16 A. No, no.

17

18 Q. -- the executive one way or the other?

19 A. No, because if the system was working, you wouldn't
20 need an MSC. So if --

21

22 Q. Sorry, just on that --

23 A. The reason you have regulatory bodies is because the
24 rules aren't working.

25

26 Q. So do you consider MSC as a regulatory body?

27 A. No, no, no. But if what you're implying is that we
28 were acting like a regulatory body, my argument to you is
29 that the MSC is unnecessary if everyone does the right
30 thing. If people were acting in the best interests of the
31 public; if people were acting in the best interests of the
32 health and wellbeing of staff; if there was accountability,
33 transparency, and people were acting with integrity and the
34 highest ethical and moral standards, there would be no use
35 for an MSC because everything would just be done and there
36 would be no problems.

37

38 Q. But in the real world, even if everyone attempts to
39 act in the best of their ways, in a large organisation,
40 there will be issues that arise day-to-day?

41 A. No, exactly. So in the real world, in the real world,
42 you need failsafe mechanisms to prevent things going wrong,
43 and, you know, that's - and I think that was why it's not
44 described in the Health Services Act or the by-laws, but
45 I think that's why those committees were mandated in the
46 Health Services Act and in the by-laws. You know, the two
47 committees that were mandated were the clinical council and

1 the medical staff council, and they were there as advisory
2 roles. But, you know, there is a reason why they were put
3 in there.

4
5 Q. So, just so I completely understand your evidence, you
6 saw a need to expand the role of the MSC beyond being
7 advisory, because other mechanisms were not working?

8 A. I saw the MSC's role was being adversarial, where it
9 needed to be adversarial.

10
11 Q. Can you say that word again?

12 A. Adversarial, where it needed to be adversarial. At
13 the end of the day --

14
15 THE COMMISSIONER: Q. I might get you just to explain
16 what you mean by "adversarial".

17 A. I think we needed to speak up more where there were
18 issues which were not being progressed or were not being
19 dealt with in a reasonable manner. If I can just use an
20 example, as you see in the statement, there were many
21 departments which were asking for enhancements or machinery
22 or equipment or staffing, I didn't see the MSC's role -
23 I didn't see it was our role to do the business case for
24 them or to manage their applications or their proposals to
25 either - for their enhancements, for example.

26
27 If they had a problem, the process was they would
28 still go through their department heads or through the
29 general manager or through the reporting lines to have
30 their report - their issues resolved. The MSC was here if
31 those departments or disciplines were not getting any
32 satisfaction with their problems, and we would then
33 advocate on their behalf and we would have another voice,
34 another avenue where we could raise those concerns.

35
36 Q. Should I understand it this way - tell me if I'm
37 wrong - fundamentally, the council is an advisory body; is
38 that right?

39 A. That's my understanding, correct.

40
41 Q. And to the extent that you've used the word
42 "adversarial", you mean it in the sense of - tell me if I'm
43 wrong again - as an adjunct to being advisory, in the sense
44 of speaking up more, to use your words?

45 A. Yes, yes.

46
47 MR CHIU: Q. So almost an advocate - advocacy?

1 A. Yes.

2

3 Q. Did you explain to Dr Anderson your view of how the
4 MSC should work?

5 A. I can't remember. I can't remember. I mean, I would
6 have thought that it was pretty clear in terms of the
7 guiding principles. In my letter dated in February, before
8 I was elected chair, I made it very clear in the letter to
9 the members what I stood for and what I thought should
10 change and what the issues were.

11

12 Q. That's a letter to the members for your election?

13 A. Yes, yes, yes. And at my very first meeting with
14 Dr Anderson, she confronted me with that letter and she
15 made it very clear that she was not happy with that letter.

16

17 Q. What did she say?

18 A. I can't remember exactly, but the impression that
19 I got from that meeting was she was not happy with the
20 letter.

21

22 THE COMMISSIONER: This letter has been raised more than
23 once now and I haven't seen it. To understand the evidence
24 I might need to see it, I think.

25

26 MR CHIU: Why don't we go to the letter.

27

28 THE COMMISSIONER: I'm told it's somewhere, I think.

29

30 THE WITNESS: I've got copies here if you want to see it.

31

32 THE COMMISSIONER: Is it annexed to Dr Anderson's
33 statement that has just been provided?

34

35 MR CHIU: It's also annexed to Associate Professor
36 Cheung's statement.

37

38 Q. You are talking about the 16 October 2022 letter?

39 A. No, I'm talking about - there is a letter --

40

41 THE COMMISSIONER: I think it was a different letter.

42

43 Q. Is this the letter you drafted for the purposes of
44 running for the chair?

45 A. For the chair, yes. This is --

46

47 THE COMMISSIONER: I don't think that's in the witness's

1 statement.

2 .

3 THE WITNESS: It's not in the statement.

4

5 THE COMMISSIONER: I'm told it's in Dr Anderson's
6 statement, which I haven't - the problem is I haven't seen
7 those annexures, which is no-one's fault because it's only
8 just been received by everyone here. What I will do is
9 I'll have a look at it over lunch.

10

11 MR CHIU: I will turn it up over the break as well, so
12 there is no --

13

14 THE COMMISSIONER: You keep going.

15

16 MR CHIU: Q. Just to finish off on this topic, Associate
17 Professor Cheung, and going back to that meeting of
18 21 April 2023 about the draft terms of reference, at the
19 meeting, was there an agreement that Dr Hallahan would work
20 with you on redrafting the terms of reference?

21 A. I can't remember exactly. I suspect there was, but in
22 terms of recalling whether there was, you know, a handshake
23 agreement, I can't - I can't recall. Whether it was just
24 I was just told or whether there was agreement, I can't
25 recall.

26

27 Q. And at the end of the meeting, you thanked Dr Anderson
28 for clarifying the role of the MSC?

29 A. I can't recall.

30

31 Q. Was redrafting subsequently done for the terms of
32 reference?

33 A. I think this - the version that you have was the last
34 version that was officially distributed, and then the next
35 version was the version that Dr Hallahan drafted for us.

36

37 Q. Is that the version that became current, or is in
38 force?

39 A. Well, I don't know if it's actually been officially
40 ratified. It was the version that was sent to me and it
41 was the version that I was asked to use. Whether it's been
42 officially ratified and is officially being used, I'm not
43 sure. I can't tell you.

44

45 MR CHIU: I might move on to another topic. If I could go
46 to annexure PPP, which is [SCI.0012.0140.0001].

47

1 THE COMMISSIONER: PPP?
2
3 MR CHIU: PPP, yes.
4
5 THE COMMISSIONER: Okay, yes.
6
7 MR CHIU: Q. Do you recognise that letter to you,
8 Associate Professor Cheung?
9 A. Yes.
10
11 Q. It was dated 10 November 2023?
12 A. Yes, I do. Yes, I do.
13
14 Q. So this was a letter sent to you about a month after
15 a meeting dated 12 October 2023?
16 A. Yes.
17
18 Q. Of the MSC, I should say?
19 A. Yes.
20
21 Q. And that meeting of the MSC was where a resolution was
22 passed against Dr Anderson, a no confidence motion?
23 A. That was a meeting where a resolution was passed - no
24 confidence. I can't remember if it was proposed against
25 the board. The resolution against Dr Anderson was passed
26 in June 2023. This was against the SLHD board.
27
28 Q. This was against the board?
29 A. Yes.
30
31 Q. I see. And there's a reference - sorry, first of all,
32 you're familiar with the contents of the allegations set
33 out in this letter?
34 A. Yes, yes, yes.
35
36 Q. Do you deny those allegations?
37 A. Oh, look, at the end of the day, with - I deny the
38 allegations in that I don't believe that I acted in the
39 manner that Dr Hallahan has suggested, but I acknowledge
40 that it's a highly personal feeling, as we know with
41 bullying and harassment, and the perpetrator does not
42 always feel the same as the victim, and so I do acknowledge
43 that.
44
45 Q. If I could --
46
47 THE COMMISSIONER: What is this letter? What's "an

1 opportunity to respond to concerns"? What is it?
2
3 MR CHIU: Are you asking for a submission on that now
4 or --
5
6 THE COMMISSIONER: I'm asking you.
7
8 MR CHIU: It's under an HR --
9
10 THE COMMISSIONER: Sorry?
11
12 MR CHIU: It is under a human resources process within
13 health. Complaint has been made by Dr Hallahan. An HR
14 officer writes to Associate Professor Cheung giving him an
15 opportunity to respond and inviting him to a meeting.
16
17 THE COMMISSIONER: Let's say there was an interruption,
18 these things happen because someone gets interrupted.
19
20 MR CHIU: That may be so, Commissioner, but you can't deny
21 that, as an employer, if someone raises a complaint about
22 someone's behaviour then it needs to be looked at, needs to
23 be dealt with, there need to be processes. I'm not
24 proposing to find a resolution to the complaint.
25
26 THE COMMISSIONER: Yes. You asked whether they were
27 denied. The reason for asking that is what?
28
29 MR CHIU: I just wanted to establish whether the witness
30 would like to deny that that happened at all or what is his
31 position on it, because I'm going to take him to the
32 minutes of the meeting.
33
34 THE COMMISSIONER: Okay.
35
36 MR CHIU: Could the witness please be shown the document
37 that's at annexure AAA, which is [SCI.0012.0140.0001].
38
39 THE COMMISSIONER: It's tab 12.59, if you have that,
40 Professor.
41
42 THE WITNESS: Oh, 12.59.
43
44 THE COMMISSIONER: In the bundle that you've been given,
45 I think it's behind tab 12.59. It's the transcript of this
46 meeting of 12 October. It might be easier for you to look
47 at it there. Yes, that's it, I think.

1
2 THE WITNESS: Yes.
3
4 MR CHIU: Q. Professor, do you recognise that to be
5 a record of a meeting on 12 October 2023?
6 A. It looks accurate, yes.
7
8 Q. You've annexed it to your statement, so it's
9 a document you are familiar with?
10 A. Yes.
11
12 Q. If I could ask you to go --
13
14 THE COMMISSIONER: Q. Are the meetings recorded and then
15 someone transcribes it, or how does it work?
16 A. Some of the meetings were - none of the meetings were
17 recorded in terms of audio. Some of the meetings were or
18 many of the meetings were transcribed using the
19 "transcribe" function on Zoom.
20
21 MR CHIU: Q. Could you go to page 34, please, Associate
22 Professor Cheung. You will see there at the top of
23 page 34, bottom of page 33 - first of all, Dr Hallahan was
24 in attendance at this meeting?
25 A. I'm sorry?
26
27 Q. Dr Hallahan was in attendance at this meeting?
28 A. Yes, yes.
29
30 Q. It was a Zoom meeting, wasn't it?
31 A. Yes, it was a Zoom meeting, yes.
32
33 Q. And at the top of page 34, that's when he first speaks
34 at this meeting?
35 A. Yes.
36
37 Q. And you will see there that he's explaining there what
38 the executive is attempting to do --
39 A. Yes.
40
41 Q. -- in response to the concerns that you had originally
42 raised back in October 2022, and raised - and continued to
43 raise afterwards?
44 A. I think you need to take the entire meeting into
45 context, and I think if you read it from the start, if you
46 read the transcript right from the start and go through how
47 we reached this point, there was - the meeting was a very,

1 very tense meeting. We had speakers who were breaking down
2 and crying during the meeting. I don't know if that came
3 across.

4
5 Q. It doesn't, but --

6 A. So I'm just giving that you context before we get to
7 this point here.

8
9 THE COMMISSIONER: Just before we go on, perhaps - I have
10 heard what the witness has just said. Can you or the
11 witness help me.

12 Q. What was the meeting called for so I know the context?

13 A. This was - I will just double-check.

14
15 Q. It probably tells me in your statement. I keep
16 flicking to the --

17 A. I think this was the meeting, if I recall, following
18 the email where I wanted - if it is correct - I wanted
19 a discussion on --

20
21 Q. Your statement actually does say it is about a vote of
22 no confidence in the board, at paragraph 57.

23 A. Yes, so prior to that we sent an email out about a
24 vote of no confidence, and I was proposing a vote of no
25 confidence in the board because of the way --

26
27 THE COMMISSIONER: So the topic is serious at the
28 beginning.

29
30 MR CHIU: Q. A serious topic. And you can take it the
31 first 33 - would you agree with me that in the first 33
32 pages of the transcript, a large number of staff members
33 raised concerns of the kind that you had raised in your
34 letter of October 2022?

35 A. Yes, yes, that's true.

36
37 Q. Including yourself. You also raised those concerns
38 again?

39 A. Yes.

40
41 Q. And the question came up as to what was the executive
42 doing about it?

43 A. Yes.

44
45 Q. And a concern was raised as to whether they were
46 acting promptly enough, firstly?

47 A. Well, I think the wording, if you go to the letter -

1 I remember the wording specifically was, Dr Hallahan said
2 that they had been meeting three times a week. I think
3 that was the word that --

4
5 Q. I'm just asking about the minutes.

6 A. Yes, no, so that's in the minutes.

7
8 Q. Yes, it is.

9 A. And he was saying that the issues were complex, and at
10 the time I was saying to him, if I recall rightly - I was
11 asking him why was it complex - what was so complex about
12 the problems?

13
14 Q. Well, we can actually go through the transcript but at
15 some time --

16
17 THE COMMISSIONER: Q. Sorry, just pausing there, though,
18 when you said, "If you go to the letter", what letter?

19 A. Sorry, when I - the minutes. The minutes. Sorry, the
20 minutes.

21
22 THE COMMISSIONER: Oh, the minutes. I've got it, thank
23 you.

24
25 MR CHIU: Commissioner, I see the time. Perhaps I might
26 start this afresh when we come back?

27
28 THE COMMISSIONER: Yes, it sounds like it's got a little
29 bit of substance to it, so we might do that. Thank you.
30 We'll adjourn until 2 o'clock.

31
32 MR CHIU: Thank you, Commissioner.

33
34 **LUNCHEON ADJOURNMENT**

35
36 THE COMMISSIONER: Good afternoon. Go ahead, Mr Chiu.

37
38 MR CHIU: Thank you, Commissioner.

39
40 Q. Associate Professor Cheung, before the break we were
41 at the minutes of the meeting of 12 October 2023.

42
43 If I could have that put before Associate Professor
44 Cheung again, that's document [SCI.0012.0140.0001], it's
45 annexure PPP [sic] - I'm sorry, I don't have a hard copy.

46
47 THE COMMISSIONER: No, that's all right. I'm fine,

1 thanks.
2
3 MR CHIU: Q. It will come up shortly?
4 A. I've got it here.
5
6 Q. Oh, you've got it there as well. We were at the top
7 of page 34.
8
9 THE COMMISSIONER: Did you say PPP?
10
11 MR CHIU: I'm sorry, AAA. I'm sorry, the wrong document.
12
13 Q. It's AAA, top of page 34. And you answered some
14 questions just before the break about the discussion that
15 had occurred up to this point?
16 A. Mmm-hmm.
17
18 Q. And then this is when Dr Hallahan starts speaking.
19 And Dr Hallahan is the executive director of medical
20 services for the district?
21 A. Yes, yes.
22
23 Q. He is the member of the executive who attends the MSC
24 meetings regularly?
25 A. Well, the chief executive also attends, but the chief
26 executive had not attended since the vote of no confidence
27 in her. So he was the most senior member of executive to
28 attend the meeting, yes.
29
30 Q. And then if you go to page 34, do you see there that
31 Dr Hallahan refers to an executive working party? That's
32 at 18:15:42?
33 A. Yes, yes.
34
35 THE COMMISSIONER: Can I just interrupt you, it's my
36 fault. I've left my computer in what I will call my room.
37 Ordinarily I would send a message for someone to get it,
38 but without the computer I can't even do that. Would
39 someone be able to unplug my computer just so I get the
40 running transcript, thank you.
41
42 MR CHIU: Would you like me to pause?
43
44 THE COMMISSIONER: No, you proceed. I can just follow
45 without it.
46
47 MR CHIU: Q. Professor, so you see the reference there

- 1 to an executive working party?
2 A. Yes.
3
4 Q. And then reference to that party meeting three times
5 a week?
6 A. Three times a week, yes.
7
8 Q. Are you familiar with who is on - who was on that
9 party?
10 A. No, no.
11
12 Q. Did you ask Dr Hallahan who was on that party?
13 A. I didn't ask Dr Hallahan, but I asked the
14 radiologists, because that working party was to deal with
15 radiology, so I asked my radiology colleague who was on
16 that working party.
17
18 Q. And Dr Hallahan refers to "a detailed action plan that
19 is actually looking at many of these things that have been
20 mentioned". Did you understand that to be a reference to
21 things that had been mentioned about radiology?
22 A. Yes. So what had happened up to that point was that -
23 this was the first time that I had been told that they were
24 meeting three times a week, and so we actually don't know
25 when they started meeting the three times a week. We don't
26 know whether they started meeting three times a week after
27 my initial letter in October, or whether it was after the
28 vote of no confidence, or whether it was running up to
29 this. What we do know is that there was no radiologist on
30 this working party, which was odd, because I actually asked
31 our radiology colleagues, "If there's a working party which
32 is meeting three times a week trying to sort this out,
33 shouldn't there be radiologists on this working party?"
34 And the radiologists said, "We weren't invited to this
35 working party."
36
37 Q. Did you raise that concern with Dr Hallahan as to --
38 A. Not at this meeting, no.
39
40 Q. Did you ever raise it with him?
41 A. I can't recall.
42
43 Q. Did you ask him when the working party started
44 meeting?
45 A. No. I'm sure Dr Hallahan would be able to tell you
46 that.
47

1 Q. Well, I'm just asking whether you asked him at the
2 meeting. Did you ask him subsequently when this working
3 party --

4 A. No. I found it, however, very odd, because for an
5 executive group to be meeting three times a week and - you
6 know, I know where you're going to with this questioning.
7 The issue was, my view at this time was, that the
8 management of the radiology issue was substandard, and
9 I used the word "bandaids", and the reason I used that was,
10 despite meeting three times a week they had not addressed
11 the fundamental core issue for why the problem had occurred
12 in the first place, which was the mismanagement and it was
13 the bullying and harassment. So where you get to in this
14 line of questioning --

15
16 Q. Are you talking about my line of questioning?

17 A. There was - no, no, because I know where you're going
18 to. What you're saying is that --

19
20 Q. That makes one of us.

21 A. My issue with this was Dr Hallahan laid a complaint or
22 concern about me, and that concern obviously should be
23 taken with the utmost seriousness, but there were concerns
24 about bullying and harassment in radiology which I felt
25 were not taken with the same degree of concern.

26
27 Q. When you said earlier that you thought it was odd that
28 they were meeting three times a week, what was it that -
29 why was it odd?

30 A. Well, I mean, I could have sorted this out - if I was
31 an executive, I would have sorted this out in one meeting,
32 I wouldn't need to meet three times a week to sort it out
33 over many weeks or months. You could do this in one
34 meeting.

35
36 Q. I see. How does one do it, as an executive, in one
37 meeting?

38 A. You get everyone together, you get - you ascertain the
39 facts. The first thing is to ascertain the facts, and that
40 was the one thing which they hadn't done. They hadn't
41 investigated the concerns, they hadn't looked into bullying
42 and harassment.

43
44 Q. How do you know they hadn't investigated concerns and
45 looked into bullying and harassment?

46 A. Because the radiologists had told me.

47

1 Q. I see. Did you ask Dr Hallahan whether these meetings
2 were looking - gathering the facts?
3 A. Oh, look, I imagine they talked about all sorts of
4 things, and they came up with various ideas.
5
6 THE COMMISSIONER: I think --
7
8 THE WITNESS: I don't know whether they actually
9 occurred --
10
11 THE COMMISSIONER: Q. Just pause. Just pause there,
12 Associate Professor, I think the question was:
13
14 *Did you ask Dr Hallahan whether these*
15 *meetings were ... gathering the facts?*
16
17 A. Yes, no, I didn't.
18
19 MR CHIU: Q. If we go back to the document, Associate
20 Professor, a few lines down, towards the bottom of page 34,
21 Dr Hallahan says:
22
23 *The planning is very ... Winston. It deals*
24 *with staffing. With recruitment. With*
25 *conditions. With capital works.*
26
27 Do you see that?
28 A. Yes.
29
30 Q. Then you say:
31
32 *These have been requested for a long, long*
33 *time, Andrew. Where's the progress?*
34
35 A. Yes.
36
37 Q. Wasn't Dr Hallahan explaining precisely what the
38 progress was?
39 A. Oh, yes, no, so when I said, "What's the progress",
40 where were the - where were the deliverables or where was
41 the actual progress? So there was a lot of talk about what
42 was happening, there was a lot of promises, but what we
43 wanted to see was the deliverables.
44
45 Q. So you weren't satisfied that they were planning; you
46 wanted deliverables at this point?
47 A. Oh, look, I think there was - there was a feeling that

1 the executive was in crisis mode to manage the damage, and
2 that was my feeling. A lot of the things which they
3 proposed were not possible. For example, the executive was
4 proposing that the radiologists work from home. Now, that
5 couldn't be done because the two IT people in the
6 department had resigned and weren't replaced, so they
7 couldn't set up IT services. The 10-hour days which the
8 executive had proposed could not be done, even though they
9 said it could be done on paper, because there was too much
10 work onsite for them to do offsite, and so I think out of
11 all the staff who were offered 10-hour days at this point,
12 I don't think anyone had actually taken it up.

13

14 Q. So you disagreed --

15 A. So there were lots of promises and lots of talk, but
16 we in the MSC did not see a lot of action.

17

18 Q. Right.

19 A. And the action only occurred because we started taking
20 a more aggressive stance in terms of our advocacy.

21

22 Q. By "aggressive stance in terms of our advocacy",
23 you're referring to --

24 A. The votes of no confidence.

25

26 Q. The vote of no confidence in June, first of all --

27 A. Yes.

28

29 Q. -- against Dr Anderson?

30 A. Yes.

31

32 Q. So now we're four months later, in another meeting
33 in October?

34 A. Yes.

35

36 Q. And Dr Hallahan is explaining what has been happening?

37 A. Yes.

38

39 THE COMMISSIONER: Q. Dr Hallahan refers to, on the
40 page you're on, he says:

41

42 *It's as Joseph has said.*

43

44 I assume that's the Joseph first mentioned on page 2 of the
45 transcript, is it?

46 A. That's Joseph Jewitt who is the general manager of
47 Concord.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Q. Joseph?

A. Joseph Jewitt.

THE COMMISSIONER: Right. I assumed he had a last name, he's not like Beyonce or anything, but he's only got one name here. So that's the GM, I should understand that as?

MR CHIU: Yes.

Q. Just to get that into evidence, he became GM in what year, do you recall?

A. It was around September '22 - around that time, give or take ah month or so.

Q. After you became chair of the MSC?

A. After I became chair of the MSC, yes.

Q. If we then go down to the bottom of page 34, Dr Hallahan said:

... we are doing our very best to address this and address this in a timely fashion. There's a significant number of complex underlying things here.

So I take it from your earlier answers you disagree that they were doing their very best to address this, in a timely fashion?

A. Oh, look, I think - I think "best" is not the word. I mean, people can do their best, but doing what was reasonable and doing what was required - I mean, someone could be doing their best but they may not be doing what was required. What was required here - so the issue is that you have - the system has broken to the point where you have 50,000 - 50,000 - unreported radiology images, and that didn't happen overnight. It wasn't as though 50,000 people came to the emergency department one weekend and needed imaging. This happened over a significant period of time, and there had been, from our point of view, no significant attempt to look at the root causes of that; no manager had been held accountable for the decision-making. In fact, one of the managers had actually been promoted, but the managers who were there at the time had all stayed in their positions. And the radiologists were telling me that that was untenable. And that was the primary reason, they told me, why no-one volunteered to be the head of

1 department, because they felt that they could not work with
2 the managers who were there, because they felt it was the
3 managers which caused the problem.
4

5 Q. So just to be clear, what exactly are you saying was
6 what they needed to do? What was required, in your view?

7 A. I think there needed to be an independent, external,
8 thorough investigation into what happened. You know,
9 50,000 unreported scans is probably the greatest incident
10 of patient - potential patient harm that we've ever had at
11 Concord. And that's - it's never been investigated.
12

13 Q. Did you ask for an external investigation at this - in
14 this meeting?

15 A. If I can use an analogy, the plane has crashed. You
16 know, it's obvious to everyone that the plane has crashed.
17 I shouldn't need to ask for an investigation when the plane
18 has crashed.
19

20 Q. Sure, but you --

21 A. So the answer is no.
22

23 Q. Yes.

24 A. But I didn't feel that I needed to.
25

26 Q. At the time, wasn't there an investigation being
27 undertaken by ProActive ReSolutions?

28 A. No, there wasn't.
29

30 Q. Commissioned by the Ministry of Health?

31 A. There was no investigation. So let's make this very
32 clear: in the documentation, ProActive told us that they
33 were not investigating, they were not investigating any of
34 the issues. They were there to mediate and to look at the
35 culture. They were not there to investigate any of the
36 concerns, and that was the fundamental issue. Had they
37 been investigating, I think we would have been less
38 concerned about the action. But they were not hired to
39 actually investigate any of the concerns.
40

41 Q. So if we go then back to the record, after Dr Hallahan
42 refers to "complex underlying things", and he says:

43
44 *... I can hear and feel the pain and we're*
45 *working on ...*
46

47 You then, at the top of page 35, say:

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

*What complex underlying things, Andrew?
Tell us what's complex. What's complex
about it? What are the complex underlying
things?*

So you didn't consider there were any complex underlying things?

A. Oh, to me, I'm very simplistic. To me, it was obvious to me what needed to be done and it was obvious to the radiologists what needed to be done. I didn't think it was that complex.

Q. And you could have solved it in one meeting?

A. Sorry?

Q. You could have solved it in one meeting?

A. I think I could have.

Q. Then if you go further down page 35, Dr Hallahan, this is in the bottom half of the page, refers - there's a sentence there that says:

*And that there is actually, you know,
a high level group which has, is working
through this. The chief executive met with
the radiologists or with the radiology
department. A few weeks ago that was
a 4 hour meeting.*

THE COMMISSIONER: Sorry, where are we now?

MR CHIU: Sorry, 18:17:19, the time stamp, at the bottom half of that.

Q. Did you understand that there was a four-hour meeting?

A. So again, this is - this is one of the issues that we've been having with the executive, and it's the theme which not only is in these minutes but is demonstrated in all the subsequent minutes, in that what was being told to people, what was being told to the MSC, was not actually what was happening in reality, and there's documentation in the subsequent minutes where the radiologists were rebutting the assertions by the executive. So the executive --

Q. Which assertion, sorry, are you referring to?

1 A. The assertions that things were happening - the
2 assertion was - the assertion from the executive was that
3 "Everything's fine, we've got this. This is all under
4 control. We're going fix this." And the radiologists
5 were telling me that was far from the truth, and they were
6 demonstrating the numbers. So as this was happening, as
7 this was happening, radiologists were leaving, and I think
8 subsequent - I think during this period, I think another
9 four - I'm not precise about this but I think another four
10 radiologists either left or cut down their fractions during
11 this time.

12
13 So the reason I was proposing the vote of no
14 confidence in the board was partly because of these issues
15 but partly because we were losing staff. We were losing
16 nursing staff, we were losing radiologists, we were losing
17 other staff, and it was getting to a point where the
18 hospital was in a critical situation where if we lost any
19 more staff, there will be significant reductions in service
20 provision.

21
22 For example, I think at this point, if we lost one -
23 I think after this, soon after this, it got to the point
24 where if we lost one more, and I think it was at this
25 meeting, if we lost one more radiologist, they would
26 potentially lose accreditation, which would be a disaster
27 for training.

28
29 Q. Further down that page, 35, do you see there's
30 a passage where Dr Hallahan starts:

31
32 *We have had no reduction in approved*
33 *radiology FTE. We recognise that there's*
34 *a significant gap which has been addressed*
35 *to the very best of our abilities at this*
36 *point in time. It is difficult. I agree*
37 *with the comment that Hao made that we*
38 *really need to work on retaining our*
39 *registrars and attracting them to stay in*
40 *consultant positions.*

41
42 Do you see that passage?

43 A. Yes.

44
45 Q. Does Dr Hallahan not, in that passage, start to
46 explain what sort of things they are trying to do at the
47 executive?

1 A. Well, I think again, this comes down to the factual
2 accuracy. So --

3

4 Q. Which bit is factually inaccurate?

5 A. Which was the "no reduction in approved radiology
6 FTE". I don't know whether that's true or not. So as
7 you'll see in the subsequent minutes, over the next few
8 months, a lot of what was said was disproved and debunked.

9

10 Q. Which bit of what he said was disproved, sorry?

11 A. Well, the issue in regards to the number of FTE that
12 was being employed.

13

14 Q. I see, FTEs, okay.

15 A. So what actually happened was, in order to prove the
16 point in one of the meetings - I can't remember which
17 date - Dr Ridley actually put up a list of all the
18 radiologists, every radiologist that had worked, and went
19 through the list to see which ones were still in the
20 department, which ones had cut their fractions and which
21 ones had left, as opposed to the executives who were just
22 using numbers based on a spreadsheet, and Dr Ridley, at
23 that meeting, clearly showed that the information that was
24 being provided by the executive was different to the
25 information that he had.

26

27 Q. Just so I understand that fully, if a staff specialist
28 leaves and that staff specialist's work or FTE is performed
29 either by a VMO or a locum, do you consider that
30 a reduction in FTE?

31 A. No, I wouldn't. So I think if it's like for like,
32 it's not a reduction in FTE. And as I said, I can't refute
33 or confirm that particular statement.

34

35 Q. Were there any other statements in that passage that
36 you say are factually incorrect?

37 A. I'm not saying that - let me get this straight. I'm
38 not saying it's factually incorrect. What I'm saying is
39 the radiologists had concerns about the spin that was being
40 put by the executives. Now, it may have been correct, it
41 may not have been, I don't know.

42

43 THE COMMISSIONER: See, please don't take this as undue
44 criticism, it's not. A difficulty with starting on page 33
45 of this document is that there's a whole lot of context
46 about what is being said at the start of the meeting. So
47 Joseph Jewitt, the general manager, has, right on page 2,

1 said: "We also have had approved the 10-hour days for
2 diagnostic radiologists. We're getting the replacement
3 CT scanner. It's arrived. Fingers crossed we'll have it
4 operational at the end of the month. Capital works for the
5 additional scanner in the ED have commenced."
6

7 Then he goes on to say something about the MRI that
8 has been seven years in the making, or something. And then
9 a whole lot of what I assume are staff members make
10 comments, and Joseph - sorry, Mr Jewitt - makes some
11 further comments, and then, in the section you have taken
12 the witness to - is it Dr Hao?
13

14 THE WITNESS: Hao, yes.
15

16 THE COMMISSIONER: Q. Sorry, is it Dr "Zhang"? How do
17 I say - H-A-O, X-I-A-N-G? Who is that?

18 A. Actually, I honestly don't know how I should pronounce
19 his name. I don't actually --
20

21 Q. What do you call him?

22 A. Sorry?
23

24 Q. What do you call him?

25 A. I actually - that was the first time I'd actually met
26 him, at that meeting. So --
27

28 Q. I see. This is all happening on Zoom, I take it, or
29 on Teams?

30 A. Bear in mind there are many, many radiologists, and
31 a lot of them I haven't met in person, yes.
32

33 Q. Hopefully, it is Dr Xiang, if I've --
34

35 MR CHIU: "Xiang".
36

37 THE COMMISSIONER: Dr Xiang. I apologise for the way I'm
38 pronouncing that. I'm doing my best.
39

40 Q. He then, on page 32, is saying - after the general
41 manager has said a whole lot of things, he's then saying,
42 "Look, the workload is still excessive" and talking about
43 the last time there was an advertisement for SRMOs. There
44 are 140 applicants, I think he's saying, and they were told
45 they could have one, but the department really wants four
46 or five. I assume that to mean "needs", but who knows.
47 The district needs these things.

1
2 Then it comes to Mr Hallahan, and I think this
3 exchange between Mr Hallahan and the associate professor
4 has to be seen in that context.

5
6 MR CHIU: There is no opposition from me about that. It's
7 due criticism, but I didn't want to go through it
8 painstakingly --

9
10 THE COMMISSIONER: No, it is not undue criticism, it's
11 just I'm just trying to be vaguely helpful. I'm trying to
12 be helpful and it's probably vague.

13
14 MR CHIU: Commissioner, there's no suggestion that this
15 should be understood in anything other than in the context
16 of both this meeting and --

17
18 THE COMMISSIONER: I'm certainly going to read it in the
19 context of what has gone before.

20
21 MR CHIU: And there are previous minutes, minutes of
22 previous meetings as well. There's no suggestion that this
23 issue wasn't, you know, on the cards for a long time.

24
25 THE WITNESS: If I can add to that.

26
27 MR CHIU: Of course, yes.

28
29 THE WITNESS: The issue in regards to the CT scanner - so
30 this was one of the primary problems - was that we had this
31 announcement of the CT scanner, but there had been, as far
32 as I'm aware, no announcement of any staff to staff that
33 CT scanner. So we were going from two CTs to three CTs,
34 yet no increase in radiologists, no increase in nursing
35 staff, no increase in radiographers, and we specifically
36 asked - because the radiographers at that point had said,
37 "How are we going to staff this? You're opening up a new
38 scanner, we don't have enough." You know, we were told,
39 "Oh, we're about to do that."

40
41 But this was in October, these minutes are in October.
42 Even by December, they still hadn't advertised for
43 radiographers and the CT scanner was due to open
44 in February.

45
46 THE COMMISSIONER: Q. Just so I understand what you've
47 just said, should I take that to mean with this third

1 scanner coming on, being purchased, that was because there
2 was a need for three scanners and three scanners to be
3 staffed because of demand or was the third scanner
4 replacing an old scanner so you would only - you would go
5 back to two?

6 A. My understanding at the time was they already replaced
7 one scanner and this was an extra scanner for demand, but
8 it was fast-tracked because of the issues and the
9 complaints leading up to this, and they fast-tracked the
10 infrastructure but they didn't fast-track the personnel
11 that were required to operate the infrastructure.

12
13 MR CHIU: Q. I see.

14 A. And so this, again, placed not just the radiologists
15 and the radiology department under greater strain, it
16 placed the ED under greater strain because it was the ED
17 nursing staff which had to look after the scanner.

18
19 Q. But could that be because it's not that easy to source
20 quickly the staff to operate a piece of machinery like
21 that?

22 A. Well, we told them then and we said, "You need to be
23 advertising." The radiologists said, "Why aren't you
24 advertising? You need to advertise now because it takes
25 months to advertise, to recruit, to interview and to have
26 them to leave their other jobs to start."

27
28 Q. So from your perspective --

29 A. And so in terms of planning ahead, it may well have
30 been that's what they had planned --

31
32 Q. So from your perspective --

33 A. -- but they were more concerned about demonstrating to
34 us that they were trying to do something, without trying to
35 do something - this is my impression, this is my
36 impression: they were more concerned about fast-tracking
37 infrastructure to demonstrate that they were trying to
38 improve the system rather than actually sitting down and
39 working through and improving the system properly.

40
41 Q. But weren't you complaining at the time about the
42 speed of progress or the lack thereof?

43 A. Oh, look --

44
45 Q. So are you critical of them for trying to move things
46 as quickly as possible even when the execution is not
47 there?

1 A. No, I'm critical because this is what we heard at all
2 these meetings and you sit in all these meetings and, you
3 know, when you go through these meetings, the first part of
4 the meeting was - all the meetings were about how good
5 a job they were doing. There was no critical reflection on
6 the issues that still needed to be tackled, and so if you
7 look at every set of minutes, it's all glowing and praise
8 about what a good job they're doing, when everyone in the
9 MSC knew that there were major issues which needed to be
10 tackled.

11

12 Now, no disrespect to the people who were there at the
13 time, so Joseph Jewitt was the general manager who came in
14 after the problems occurred, and in some ways, you know, he
15 was lumbered with the problem, and the problem wasn't,
16 obviously, of his making. But even so, there were things
17 which he needed to do to address the problems, which he
18 hadn't, such as investigations, open disclosure, all
19 those - those elements which needed to be done.

20

21 Q. So after Dr Hallahan explains at the bottom of 35 what
22 he says was being done at the time, at the top of 36, you
23 say:

24

25 *I'm going to read something out to you,*
26 *Andrew.*
27 *This is from the SLHD CORE values and*
28 *behaviour. Workforce Factsheet, Sydney,*
29 *it's your local health district.*

30

31 Just pausing there, is that the document at annexure BBB to
32 your statement, which I'm just going to ask for it to be
33 put on screen, [SCI.0012.0160.0001]?

34

35 THE COMMISSIONER: Did you say BBB?

36

37 MR CHIU: BBB. It's headed "Workforce Factsheet CORE
38 Values Behaviours."

39

40 THE COMMISSIONER: I've got it, yes, thanks.

41

42 MR CHIU: Q. Is that the document that you --

43 A. Yes, that's the document.

44

45 Q. Was that a document that you put on screen in front
46 of - in the Zoom?

47 A. Yes, I showed him the document.

1
2 MR CHIU: Could the document be put up there, just briefly
3 on the screen?
4
5 Q. Just one moment, Professor.
6 A. That's okay.
7
8 MR CHIU: Sorry, it's [SCI.0012.0160.0001].
9
10 Q. That's the document, Professor?
11 A. That's correct.
12
13 Q. And the part that you were referring to in the
14 meeting --
15 A. Is on page 2, down near the bottom, on the right-hand
16 side.
17
18 Q. So if we go to page 2, is it the bit that's
19 highlighted?
20 A. It's highlighted, yes.
21
22 Q. So that's a reference to - so as I understand it, your
23 concern was that this was effectively a directive to staff
24 not to complain about procurement issues?
25 A. Yes. So if you actually blow it up so you can see it
26 better, it specifically says there "Below the line
27 behaviour", so a behaviour that is bad in the eyes of the
28 organisation, is to:
29
30 *Complain about resource limitations and*
31 *constraints rather than striving to work*
32 *creatively within available resources and*
33 *looking for innovative solutions.*
34
35 So, you know, what I take from this - and my interpretation
36 may be wrong, but my interpretation is - if you complain,
37 then you are not acting within the code of conduct, or the
38 core values.
39
40 THE COMMISSIONER: What is the status of this document?
41 This is what?
42
43 MR CHIU: Commissioner, I don't know. I can find out for
44 you. And maybe some of the witnesses coming in --
45
46 THE COMMISSIONER: The witness just said "code of
47 conduct". It's --

1
2 THE WITNESS: Sorry, the core values, I meant the core
3 values.
4
5 THE COMMISSIONER: Q. Which is the core values of, what,
6 the LHD, or Concord --
7 A. On the front page - on the top of the front page it
8 says Sydney Local Health District.
9
10 MR CHIU: There's a separate document which is the code
11 of --
12
13 THE COMMISSIONER: "Which is your local health district".
14 "The following are (the Commissioner reads the document)
15 "how you have modelled" - who is the "you" - "to identify
16 areas where improvements could be made". Okay.
17
18 MR CHIU: There's a separate document which --
19
20 THE COMMISSIONER: In any event, the witness has
21 identified this as the document he was --
22
23 MR CHIU: Perhaps some further witnesses could deal with
24 this issue.
25
26 THE COMMISSIONER: Q. You were talking about how you
27 construed the document. Tell me, the bit you - did you
28 highlight that? Someone's highlighted that --
29 A. I highlighted that in my submission.
30
31 Q. What did you understand, "Complain about resource
32 limitations and constraints" to mean?
33 A. I think if you didn't have enough resources or you
34 were constrained, then if you complained about it --
35
36 Q. How did you think you would manage it if you genuinely
37 thought there were resource limitations or constraints?
38 A. Well, I think if it wasn't picked up with normal
39 detection systems then the failsafe mechanism is
40 a complaints system. So you would have to complain if you
41 felt that there was a resource problem.
42
43 Q. Either do that or work out some innovative solution,
44 whatever that might be?
45 A. Well, I think at the end of the day, you know, if
46 there are resource limitations --
47

1 Q. I mean, if the resource limitation is you need an
2 extra machine and you don't have the machine, the
3 innovative solution might be pretty hard without the
4 machine, wouldn't it?

5 A. Yes.

6
7 MR CHIU: That's one resource limitation, potentially.
8 There could be many others.

9
10 THE COMMISSIONER: There might be many others. But you
11 can't --

12
13 THE WITNESS: What I was getting at when I presented the
14 document, which is what you're referring to --

15
16 MR CHIU: Q. I haven't got there. I haven't quite got
17 there yet, but --

18 A. But I'm assuming that's where you're going to get to.
19 What I was getting at was the frustration with the
20 executives and the system in not acting on the issues and
21 what was clear was that, even with complaining and bringing
22 these issues up, the issues were not being addressed fast
23 enough, and what issues were being addressed, staff thought
24 that they were bandaid issues and they weren't addressing
25 the root cause.

26
27 Q. Before we get to that, can I ask you some questions.
28 When you raised issues about resource limitations all the
29 way up to the chief executive, did any of the people you
30 were dealing with say, "Professor, that complaint is
31 a below the line behaviour. See this document"?

32 A. So the answer is yes, in that this --

33

34 Q. Who was that?

35 A. Without - people spoke to me. There were people who
36 spoke to me in a confidential manner who were concerned
37 about this document and this specific paragraph in the
38 document.

39

40 Q. Sorry, before you get to other people, I was asking
41 specifically when you raised the complaint to the chief
42 executive, did anyone say "That's a below the line
43 behaviour, Professor Cheung. You should not be raising
44 this with me"?

45 A. No.

46

47 Q. Right. Now, you were starting to tell us about other

1 people who you've talked to confidentially.
2 A. Yes.
3
4 Q. Did they say to you that they were told, "That's
5 a below the line complaint"?
6 A. No, none of them were told --
7
8 Q. Nobody said --
9 A. -- but they were concerned that this section of the
10 core values would be used against them if they complained.
11
12 Q. I see.
13 A. And so that - they were concerned about this
14 particular element in the document, because they were
15 raising concerns about resource limitations, yet this
16 goes - this is a below the line behaviour in the core
17 values.
18
19 Q. But then going back to the meeting --
20
21 THE COMMISSIONER: Just before you go on --
22
23 MR CHIU: Sorry.
24
25 THE COMMISSIONER: Q. How did you first become aware of
26 this document?
27 A. I had a copy of this a long time ago. I can't
28 remember when I first got it.
29
30 Q. Do you know who gave it to you? Was it disseminated
31 by management or --
32 A. I remember - I think I got it as part of a code of
33 conduct pack, as in when we were given further documents.
34
35 Q. Was any assistance given to staff that you're aware of
36 as to what precisely some of these things that are in this
37 document might mean? For example, were you given an
38 explanation about what "unwarranted micromanagement" might
39 mean?
40 A. No, some --
41
42 Q. Do you recall that?
43 A. No, I think this was --
44
45 Q. Just wait for my question. And what about the bit
46 we're talking about "complain about resource limitations
47 and constraints" --

1 A. No.

2

3 Q. -- was any explanation that you're aware of either
4 given to you or to your colleagues or staff as to what
5 might actually constitute something that's below the line
6 or what might not be considered below the line?

7 A. No.

8

9 MR CHIU: Q. Associate Professor Cheung, if I could take
10 you, then, back to the minutes, page 36, which was the
11 document [SCI.0012.0036.0001]. Thank you, it's already up
12 on the screen. At the bottom of page 35, Dr Hallahan is
13 explaining what the executive has been doing, and then at
14 the top of page 36, you raise this document. What was the
15 relevance of this document to what Dr Hallahan was talking
16 about?

17 A. It was - again, it was the frustration with the
18 executives, in that the executives, I felt, were not
19 managing our issues in an appropriate manner, and this
20 again was one of the - this was one of, I guess, the
21 documents which the executive uses to manage stuff.

22

23 Q. But if that was your view at the time, you don't
24 specifically address, at least in this part of the meeting,
25 any of the things that Dr Hallahan was explaining in
26 page 35?

27 A. Not at that point.

28

29 Q. You don't ask him any questions about what he says?

30 A. No.

31

32 Q. You don't challenge him and say, "No, those are all
33 wrong. I'm told different things"?

34 A. Well, as it comes out in the subsequent minutes, a lot
35 of things - this was - as I said to you, this was the first
36 time that I'd been told that they were meeting three times
37 a week, that I can recall.

38

39 THE COMMISSIONER: I'm not sure the question's absolutely
40 accurate because at the bottom of 36, the witness says:

41

42 *You guys. The district have had months and*
43 *months and months. To manage this. And we*
44 *are in the worst situation from radiology*
45 *that they've ever been.*

46

47 I would take that to be a global rejection of what's being

1 put.

2

3 MR CHIU: I suppose a better question, Commissioner,
4 thank you, is:

5

6 Q. You didn't ask him for more details about what he was
7 doing?

8 A. No, no.

9

10 Q. If you can go, then, to page 39, do you see at the
11 bottom of page 39 there is a reference to Judith Trotman?

12 A. Yes.

13

14 Q. Who is Judith Trotman?

15 A. She's director of haematology.

16

17 Q. Haematology?

18 A. Yes.

19

20 Q. I'll just let you read what she says there. She says:

21

22 *... you're not actually responding to what*
23 *Payam and Andrew had brought up, and I can*
24 *only echo that I [am] not convinced that*
25 *these forums are being constructive in*
26 *moving things forward ...*

27

28 et cetera. And then right at the end:

29

30 *... I'm finding that the way the meetings*
31 *are conducted with this heckling style is*
32 *not constructive.*

33

34 And then in the following page you say:

35

36 *So what's the suggestion? What do we do?*

37

38 Did you disagree with what Dr Trotman was saying?

39 A. I think you have to understand again the context of
40 how we got to this point. So when - and I go back to when
41 I became the chair of the medical staff council, when
42 I became the chair of medical staff council, there were
43 essentially two factions or the two groups of doctors.
44 There were the doctors, in relatively high senior
45 positions, who were very closely aligned with the chief
46 executive, who were in positions of influence and who many
47 of the others felt had been rewarded for their obedience

1 and their commitment to the chief executive. And then
2 there was the other group who felt - the other group who
3 weren't in the so-called inner circle, who felt that they
4 had been neglected.

5
6 And so when you go through the minutes, everything
7 from the first few minutes through to all the votes of no
8 confidence, and if you recall that Judith Trotman was the
9 person who seconded the vote of no confidence against me
10 in June, there was a group of doctors who I guess were the
11 other faction.

12
13 But I think what is important in these documents and
14 these minutes is what is actually not said, and regardless
15 of which faction people were in, no-one - no-one disagreed
16 that there was a major problem. No-one disagreed that
17 there were resourcing issues. No-one disagreed that there
18 was bullying and harassment.

19
20 If you look through the minutes, I don't think there's
21 a single clinician - regardless of the way they felt about
22 me and how I was conducting things, there were no
23 clinicians who were disagreeing with that. The
24 disagreement was in the way which we should tackle the
25 issue, and the specific disagreement was in the way which
26 we should approach the executives. So you had a group of
27 clinicians who were very closely aligned with the chief
28 executive who wanted the status quo. They want the softly
29 softly approach, they wanted the negotiation approach, they
30 wanted things to continue as they were, before I was -
31 I became the chair. And then you had a very highly
32 militant group who wanted action, and so what you see here
33 is a result of that friction between the two groups.

34
35 The disagreement is not about the facts of the matter.
36 The disagreement is not about the problem the hospital was
37 in. The disagreement, as you see here, is about the way in
38 which the MSC should be approaching it, and I was of the
39 view that we needed to take a far more adversarial
40 approach, hence the votes of no confidence, hence the
41 letter writing that you've seen, hence all the minutes and
42 the way in which we approached the meeting, hence the
43 transcripts of the meetings so that we documented
44 accurately what was being said.

45
46 Q. So just to understand your answer, firstly, you
47 disagree with what Dr Trotman said in that part of the

1 meeting?

2 A. Well, so the issue at hand --

3

4 Q. Could you just answer the question. Did you disagree?

5 A. Well, I'll get to that. I'll get to that --

6

7 THE COMMISSIONER: No --

8

9 THE WITNESS: I disagree - I disagree.

10

11 THE COMMISSIONER: I think it's important to answer the
12 question that Mr Chiu has asked you unless it's some sort
13 of unfair question.

14

15 Did you want to ask that question again?

16

17 MR CHIU: Q. Did you disagree with what Dr Trotman said?

18 A. I'm not actually responding to what Payam and Andrew
19 had brought up? Did I disagree with that? Yes, I'm not
20 sure whether I should be responding or not. Yes.

21 I disagree that my - I guess my questioning was out of
22 line, if that's what you're referring to.

23

24 Q. And to use your words, was Dr Trotman in the other
25 faction from the faction that you were in?

26 A. Well, I was - my view was we should take a more
27 adversarial approach and there was, call it the faction,
28 call it the group, call it whatever.

29

30 Q. I think you used the word "militant"; was that what
31 you said?

32 A. It was construed as being militant. So we were
33 construed as being militant. We were construed as being
34 damaging to the relationship. We were construed as being
35 not constructive, and you can see that there in the
36 comments.

37

38 Q. Finally, one last thing, Associate Professor. The
39 meeting then goes on to the vote of no confidence on the
40 board.

41 A. It didn't - the vote was the following meeting,
42 I think.

43

44 Q. I see. Anyway, if we go down to page 42, you'll see
45 a time stamp, 18:33:02, you say:

46

47 *Well, it's 6.30 and should wrap this up.*

1 *I'm going to go ahead and propose the vote*
2 *of no confidence in the ... board.*

3
4 Do you see that? And you refer to the reasons for that.
5 So firstly you refer to having no confidence in the board.
6 Do you see that there?

7 A. Yes, yes.

8
9 Q. And then you refer to feeling despondent, in terms of
10 "despite all the work that we have done. All the
11 complaints. All the submissions". And then if I could
12 take you down to page 43, at about the middle of the page,
13 18:34:22:

14 *I take the view that they want to run us*
15 *down. And reduce our services. And this*
16 *is just part of it. But that view may be*
17 *wrong, but that's the view that I have.*
18 *That's certainly the way they're acting.*

19
20
21 Can you just explain, what did you mean by "take the view
22 that they want to run us down. And reduce our services"?

23 A. So in our Sydney Local Health District, there is the
24 main hospital, which was Royal Prince Alfred; there's
25 Canterbury Hospital and Concord. And there was a view that
26 services were being removed from Concord and - not - maybe
27 not services but resources were being used - transferred
28 across to Royal Prince Alfred.

29
30 So there were departments who felt aggrieved because
31 they would ask for an enhancement at Concord, but they
32 wouldn't get it, but Royal Prince Alfred would get an
33 enhancement. So there was this view that there was this
34 gradual downgrading of services at Concord. And if you -
35 there has been a prevailing view in management circles for
36 a long, long time, that Sydney has too many high-end
37 hospitals.

38
39 Q. Sorry, just to clarify, when you say "there was a
40 view", and then you said later on is a view among --

41 A. So this was amongst MSC.

42
43 Q. Whose view are you referring to?

44 A. This was just talking to staff, so talking to surgical
45 colleagues, medical colleagues.

46
47 Q. So your surgical and medical colleagues had this

1 concern; is that right?

2 A. Yes, yes, yes.

3

4 Q. Was that concern ever put to the executive, by you?

5 A. None of the individual departments - I didn't put any
6 of the concerns from the individual departments because
7 none of them officially came to me to articulate those
8 concerns. That was all the - those concerns were all
9 articulated in our resourcing complaints.

10

11 Q. Nonetheless, you believed that that was where
12 management was going, trying --

13 A. I think - yes, yes.

14

15 Q. -- to reduce the services at Concord and bring them
16 elsewhere?

17 A. Yes.

18

19 Q. And you saw both Dr Anderson and the board as being
20 complicit in that?

21 A. Yes.

22

23 Q. And so you saw it as an existential struggle for the
24 survival of Concord hospital, as you viewed it?

25 A. Well, the problem is that we didn't have any
26 transparency at the time on where the funds were being
27 used, and so there was a prevailing view amongst many that
28 I spoke to that that was happening, and that Prince Alfred
29 was getting a significant share of the resources, and that
30 there were departments there which were doing well and
31 doing better than the same departments across here, and
32 radiology is the classic example. So radiology at Prince
33 Alfred has, I think, four MRIs or three MRIs, whereas
34 radiology at Concord has one MRI which services both
35 Concord and Canterbury. That's just one example.

36

37 Q. So you would agree it's an existential struggle for
38 survival of Concord hospital? That's as you perceived it?

39 A. We're struggling for a share of the pie, and what was
40 happening at the time was the system was such that people
41 had to compete for a share of the pie and compete against
42 each other, whereas what actually the problem - the problem
43 that needed to be fixed was we actually needed a bigger
44 pie.

45

46 MR CHIU: Thank you very much, Associate Professor Cheung.

47

1 Commissioner, I have no further questions.

2

3 THE COMMISSIONER: Thank you.

4

5 Q. Can I just ask you a couple of questions. One of the
6 documents that Mr Chiu took you to is annexure PPP, which
7 is behind tab 12.74. It's the letter to you from
8 NSW Health, the employee relations manager, Ms Rex, of
9 10 November 2023. Tell me when you have that?

10 A. From Juliette Rex, 10 November 2023, yes.

11

12 Q. If you look at the first page, I am not asking you
13 about - I just want to make this clear. I'm not asking you
14 about any of the allegations raised against you. I don't
15 want your view about that. But the meeting was on
16 12 October 2023 and this letter is 10 November 2023. In
17 that interim period, did Mr Hallahan speak to you at all
18 about what had occurred on the 12 October 2023 meeting?

19 A. I don't recall any meetings, no.

20

21 Q. Is the first you understood that there was some form
22 of complaint against you this letter?

23 A. Yes.

24

25 Q. So I take it by that, you don't - there was no
26 meeting, for example, between you and Mr Hallahan where he
27 said something like, "Winston, I want to discuss that
28 meeting. I didn't like being interrupted", that sort of
29 thing? There was no discussion along those lines?

30 A. There's a reference - no, there wasn't a meeting, but
31 he refers to the reason why that was, in the last - I think
32 it's the very last letter from Gina Finocchiaro.

33

34 Q. Sorry, I don't understand that answer. You said,
35 "There's a reference - no, there wasn't a meeting". Okay.

36 A. There wasn't a meeting, no.

37

38 Q. There was not?

39 A. I didn't have a meeting --

40

41 THE COMMISSIONER: No, that's all I wanted to know. And
42 finally - no, I won't go ahead with that. All right.
43 That's all the questions I had.

44

45 Did anything arise that you it wouldn't re-examine
46 about, Mr Muston?

47

1 MR MUSTON: Yes, very briefly.

2

3

<EXAMINATION BY MR MUSTON:

4

5 MR MUSTON: Q. Dr Cheung, do you recall being asked some
6 questions where it was suggested that difficult decisions
7 needed to be made in relation to budgeting and the
8 allocation of resources by the executive?

9

A. We were told that all the time.

10

11 Q. I just want to try and locate you within the evidence
12 you've given. You were asked some questions by my friend
13 about the need to make difficult decisions in relation to
14 budgeting and the allocation of resources and I think you
15 accepted that those decisions did need to be made?

16

A. Yes, yes.

17

18 Q. I think you indicated that there was a general
19 understanding of that fact - that is, the need to make
20 those decisions - by you and those who you spoke to within
21 Concord?

22

A. Well, we - I guess we weren't in charge of making
23 those decisions.

24

25 Q. No, but just listen to my question carefully, though,
26 just so we can, again, put it into its context. You
27 weren't in charge of making those decisions but there was
28 an understanding by you and the colleagues you spoke to at
29 Concord that those decisions needed to be made?

30

A. Yes, yes.

31

32 Q. And that in making those decisions, it was not
33 necessarily possible to please everyone?

34

A. Absolutely.

35

36 Q. You then indicated that there was a perception amongst
37 your colleagues that there was some unfairness in the
38 allocation of resources and a favouring of those who were
39 close to the chief executive?

40

A. There was a perception of that.

41

42 Q. A perception?

43

A. Yes.

44

45 Q. And that was a belief, right or wrong, that was held
46 by colleagues who you spoke to at Concord?

47

A. Yes.

1
2 Q. What I want to ask you is, throughout the time, at
3 least the period of this dispute, so over the last, say,
4 three to five years, have there been occasions where there
5 has been consultation with staff at Concord about these
6 decisions in which input has been sought as to how they
7 should be made and in which some explanation is given as to
8 why decisions are made in the way that they have been made,
9 particularly those that are unfavourable or might be
10 perceived as being unfavourable to Concord?

11 A. There were consultations of a nature which - I guess
12 of a superficial nature. So, for example, if there was
13 a budget presentation, that would happen once a year and
14 then questions were invited. We were asked to put in
15 submissions for, say, the clinical services plan, and so
16 there were planning documents where people - you know,
17 where staff would be invited to put submissions in.

18
19 Q. Submissions about what sort of things?

20 A. About the way they felt about the planning. So, for
21 example, the clinical services plan was supposed to be
22 a future document about future services required for
23 Concord, and there were staff who told me that even though
24 they'd put in a submission, the plan wasn't changed, so
25 a department may ask for more enhanced staffing, but that
26 wasn't included in the plan. So there was consultation,
27 but staff felt it was of a very superficial nature.

28
29 Q. So, just in coming back to my earlier question, there
30 was consultation through that process where staff were
31 invited to, as it were, make submissions bidding for
32 additional FTE in order to deliver services and the like.
33 To the extent that decisions were made not to appoint extra
34 staff in response to those submissions, was there any
35 process through the medical staff council or otherwise at
36 Concord where the executive would provide you with an
37 explanation as to why those decisions had been made, having
38 regard to the need to allocate resources across the
39 district?

40 A. There was no mechanism to get an explanation from the
41 executive, but what I recognised at the start was when
42 I first took on the medical staff council chair, one of the
43 issues was there was a lot of priorities, a lot of
44 initiatives which were being knocked back and being
45 rejected by the executives. So the two things that I did
46 at the time were I wanted to clarify the escalation process
47 with the chief executive of what departments were to do if

1 they had an important initiative or piece of equipment
2 which they needed but it had been rejected, and we never
3 clarified with absolute certainty what that escalation
4 pathway was. The agreement at the end was if there was
5 a problem, let the chief executive know. But that was
6 essentially the escalation pathway.

7
8 The other way that we looked at that was I created
9 what was called the priority list, which was - when I first
10 became the chair I ran an electronic survey where
11 departments could log in and input their priorities,
12 whether they needed a CT scanner or a new nurse or they
13 wanted to change their service. I did that with the view
14 that we would create a spreadsheet of all the priorities
15 that were required for the hospital, both immediate
16 priorities plus also long-term, five years or more and
17 everything in between --

18
19 Q. Just pausing there, these are priorities as perceived
20 by the people --

21 A. As perceived --

22
23 Q. -- who are working at the hospital?

24 A. -- by the departments. So the departments wrote these
25 priorities. And the reason for doing that was to actually
26 provide visibility on what the issues were in the hospital
27 at the time, because no-one knew what was happening.
28 Individual departments didn't know what was happening in
29 other departments.

30
31 For example, when the issues with radiology and the
32 emergency department came out, that was the first that many
33 staff had heard about those issues. And so as part of
34 this - I knew about the issues, but I couldn't speak on the
35 other departments' behalf, and so I felt the best way to
36 advocate for the departments was to create a list of all
37 the issues so that everyone could see, and in doing so, we
38 could keep tabs on what was being rejected, what was being
39 approved, with the view that every six months we would look
40 back and review that to see what exactly had been done.

41
42 Q. You've referred to a lack of transparency in
43 decision-making in your evidence as well as a problem, what
44 you perceived to be a problem. Do you think some of the
45 temperature within the medical staff council at Concord
46 might have been lowered a little bit if there had been
47 a more fulsome explanation from the executive about why

1 some of those priorities and some of those requests that
2 had been made by various departments within the hospital
3 had been rejected?

4 A. Oh, definitely. Because perception is everything.
5 The perception may have been wrong, and had we received
6 information to the contrary, then I think perceptions would
7 have changed.

8

9 Q. I want to move on to another topic. You were asked
10 some questions about your early interactions with the
11 clinical quality council. Do you recall being asked some
12 questions by my learned friend about those meetings that
13 I think you said you attended?

14 A. Yes.

15

16 Q. You were asked whether you were given the opportunity
17 to raise the concerns about quality and the issues that had
18 been raised with you at those meetings and you said you
19 didn't raise those issues at those meetings.

20 A. (Witness nods).

21

22 Q. I think the answer you gave was:

23

24 *Well, I had escalated it to someone far*
25 *more senior.*

26

27 Do you recall giving that answer?

28 A. Yes.

29

30 Q. Could I take you to the first volume of your exhibits
31 there? If you go to H7.1.6, I just want to make sure that
32 we understand what you mean when you refer to having
33 escalated it to someone more senior. Do you see that
34 document there? It's an email which would appear to be
35 from you to John Sammut dated 1 February 2023?

36 A. Yes, I do.

37

38 THE COMMISSIONER: This is annexure F.

39

40 MR MUSTON: Q. Annexure F.

41 A. Yes.

42

43 MR MUSTON: For the benefit of the operator, it's
44 [SCI.0012.0072.0001].

45

46 Q. In that email there, you propose that some time be set
47 aside at the meeting that you've been invited to so that

1 clinicians with a more detailed knowledge of the particular
2 issues as they applied in each department could provide
3 a five-minute report on those issues.
4 A. Yes. I asked for an hour, if I could.
5
6 THE COMMISSIONER: Q. I have undoubtedly been told but
7 I've just temporarily forgotten. Mr Sammut is?
8 A. He's the chair of the clinical quality council at the
9 time. He's also a board member of the SLHD.
10
11 THE COMMISSIONER: Right, thank you.
12
13 MR MUSTON: Q. I think the chronology, as I understand
14 it, is you had sought to make a presentation of this type
15 or have presentations of this type made to the board?
16 A. Yes.
17
18 Q. You were then informed that instead there would be
19 a meeting with Mr Sammut and Dr Anderson?
20 A. Yes.
21
22 Q. For you to raise these issues?
23 A. Yes.
24
25 Q. At that meeting, it was your understanding, at least,
26 that the suggestion was that you should raise those issues
27 with the clinical quality council?
28 A. Yes.
29
30 Q. And this was you taking the next step following that
31 meeting, making arrangements for that to occur?
32 A. Yes.
33
34 Q. Am I right in understanding that, when you told us a
35 little bit earlier in your evidence that you'd escalated
36 the issue of raising these problems at the clinical quality
37 council with someone more senior, Mr Sammut was one of
38 those more senior people who you had sought to raise these
39 issues with?
40 A. He was at that meeting. So when I met Dr Anderson and
41 Mr Ajaka, Dr Sammut was at that meeting as well.
42
43 Q. Could I ask you to turn over now to H7.12.7, which for
44 the benefit of the operator is [SCI.0012.0071.0001]. This
45 was the response you received to that email?
46 A. Yes, the response from John Sammut on 1 February.
47

1 Q. Mr Sammut, not wanting to be unfair in my summary of
2 his email, said to you, or your understanding of what he
3 said to you, was, "You're not going to be given your hour
4 to present these concerns you've got to the district
5 quality council. Instead, you should just come along and
6 watch"?

7 A. That's exactly how I interpreted that email.

8

9 Q. So that you could see how seriously and carefully they
10 consider important issues relevant to the operation of
11 hospitals in the district?

12 A. Yes. You responded to that email, if you could go
13 over to H7.12.8, which is annexure H. And for the benefit
14 of the operator, [SCI.0012.0074.0001]. Do you see at the
15 top of page 2 of that document, there's your response to
16 Mr Sammut's or Dr Sammut's email, where, him having told
17 you that you should raise them at a local level, you've
18 said, "Well, we have"?

19 A. Yes. That was the reason I raised it with him.

20

21 Q. And did Dr Sammut or Mr Sammut respond to that email
22 that you can recall?

23 A. I think the next email after that was from
24 Dr Anderson.

25

26 Q. Is that the email that we see at H7.12.9, which,
27 operator, is [SCI.0012.0073.0001], at page 2.

28

29 THE COMMISSIONER: What annexure is that?

30

31 MR MUSTON: That is annexure I.

32

33 Q. We see at the top of page 2 of that email there, the
34 brief email:

35

36 *Hi Winston,*
37 *We will arrange a meeting with you and the*
38 *clinicians that you are suggesting with*
39 *John, Andrew and myself and they can*
40 *present to us.*

41

42 A. Yes, yes.

43

44 Q. Had you, prior to this, presented these issues or
45 concerns to Dr Anderson?

46 A. No, no.

47

1 Q. But to the extent that it was suggested that the
2 issues might be raised in the clinical quality council,
3 your understanding - well, what was your understanding of
4 that email exchange that we've just walked through as to
5 whether or not that was an appropriate thing for you to be
6 doing?

7 A. Oh, look, my feeling about this email exchange was
8 that they were trying to cover up the issues, and the
9 problem with presenting all of this at the clinical council
10 was it would be out in the open and everyone would have
11 heard it, and so my view was that they were trying to
12 arrange a smaller meeting where they could contain the
13 problem.

14
15 Q. Having raised the issue at the subsequent meeting
16 which was being referred to by Dr Anderson in her email,
17 were you at any later stage invited to present any aspect
18 of your concerns or for anyone from Concord to present any
19 aspect of their concerns at the district clinical quality
20 council meeting?

21 A. No, I wasn't.

22
23 Q. I want to move on to one last topic. Do you recall
24 being asked some questions about the terms of reference and
25 the differing interpretations that might be applied to the
26 by-laws?

27 A. Yes.

28
29 Q. And I think you accepted that there may be different
30 views about what could or couldn't be included in the
31 medical staff council terms of reference, having regard to
32 the by-laws, depending on how they were interpreted.
33 I think the concerns, at least in relation to the
34 subcommittees, if I've understood your answers correctly,
35 that were being put to you by Dr Anderson, fell into two
36 categories. First, the broad proposition that such
37 subcommittees weren't contemplated by the by-laws on her
38 interpretation of them?

39 A. Yes, on her interpretation, yes.

40
41 Q. And the second issue was a concern she expressed about
42 having to pay staff to attend and sit on those subcommittee
43 meetings --

44 A. Yes.

45
46 Q. -- to the extent they were going to occur? And the
47 third concern was that that would result in some

1 duplication with what she perceived to be processes that
2 already existed within the district?

3 A. Yes.

4

5 Q. I think, finally, you said your ultimate objective
6 through the proposal was to give staff "a greater voice",
7 I think was the words you used --

8 A. Yes.

9

10 Q. -- to enable their concerns about the way in which the
11 hospital was operating to be heard --

12 A. Yes.

13

14 Q. -- and ventilated? At any stage during any of the
15 meetings that you had with Dr Anderson and others about the
16 terms of reference, did anyone ever ask you what you were
17 hoping to achieve through the amendments that you were
18 proposing to the terms of reference?

19 A. No.

20

21 Q. Did anyone ever try and explore with you different
22 ways of potentially achieving those outcomes?

23 A. No.

24

25 Q. That is to say, no-one said, "Look, we've got
26 a difference of opinion about the by-laws and the terms of
27 reference, but let's try and put that aside and work out if
28 we can find a solution to the real problem which underlies
29 all of this"?

30 A. No.

31

32 Q. Again, so I can make sure we're all talking about the
33 same meeting, at the end of the meeting about the by-laws
34 where the difference of opinion about the interpretation,
35 their interpretation relative to your proposed terms of
36 reference was concerned, could I ask you to go to annexure
37 0, which is behind tab H7.12.15. For the operator, it is
38 [SCI.0012.0079.0001]. Just to make sure that we're all
39 talking about the same meeting, is it at this meeting that
40 we're referring to, at the conclusion of which you were
41 handed this letter by the chief executive?

42 A. Yes.

43

44 Q. And at which you were also handed, if you go over to
45 annexure P, which is page 7.12.16 - there's no need to
46 bring this up on to the screen, operator - you were handed
47 a copy of the NSW Health code of conduct?

1 A. Yes. I wrote down the date that it was given to me
2 and who it was given to me by on the front of that.

3

4 THE COMMISSIONER: Q. That's your handwriting, is it, on
5 the front?

6 A. That's my handwriting.

7

8 THE COMMISSIONER: Right, thank you.

9

10 MR MUSTON: Q. So as I can understand this properly, you
11 had a meeting where there was a difference of opinion
12 expressed about the interpretation of the by-laws?

13 A. (Witness nods).

14

15 Q. I think the evidence you gave was you were directed to
16 change the by-laws - change, I should say, the terms of
17 reference in a particular way to bring them into accordance
18 with what the chief executive felt the by-laws required?

19 A. (Witness nods).

20

21 Q. You were then handed a document which confirmed to you
22 that that was a formal direction given by her?

23 A. Yes.

24

25 Q. And you were advised that a failure to comply with
26 that direction would amount to a breach of the code of
27 conduct?

28 A. Yes, that's what I understood.

29

30 Q. How did you interpret that exchange, that closing
31 exchange?

32 A. Oh, it was a very threatening meeting. It was again,
33 as I described previously, the headmaster/pupil type
34 interaction. I was told what to do and I was told in no
35 uncertain terms the consequences if I did not obey those
36 instructions.

37

38 MR MUSTON: Thank you, Doctor.

39

40 I have no further questions for this witness,
41 Commissioner.

42

43 THE COMMISSIONER: Yes, thank you.

44

45 Associate Professor, thank you very much for your
46 time. We're very grateful for you coming in and you're
47 excused.

1
2 THE WITNESS: Thank you.
3
4 <THE WITNESS WITHDREW
5
6 THE COMMISSIONER: My understanding, based on something
7 you told me earlier today, not in here, was that we adjourn
8 until 12 tomorrow; is that right?
9
10 MR MUSTON: Yes, adjourn until 12. There were three
11 witnesses proposed for tomorrow. One of them, Dr Anderson,
12 is not going to be giving her evidence tomorrow, given the
13 relative freshness of her statement.
14
15 THE COMMISSIONER: Yes, I see.
16
17 MR MUSTON: But we are going to hear from Dr Hensley and
18 Dr Hallahan. Dr Hallahan has a commitment which can be
19 moved, but ideally, if we could accommodate it, would see
20 him giving his evidence at 2 o'clock. We're comfortable to
21 do that if that's convenient.
22
23 THE COMMISSIONER: All right. So Dr Hallahan is at
24 2 o'clock?
25
26 MR MUSTON: Dr Hallahan is at 2, and to avoid a situation
27 where Dr Hensley comes at 10, for what I suspect will be
28 a relatively brief passage of evidence, and then --
29
30 THE COMMISSIONER: That makes sense.
31
32 MR MUSTON: -- we all sit around until 2, if we adjourn
33 until 12 --
34
35 THE COMMISSIONER: I'm happy to do that. All right. We
36 will adjourn until 12 noon tomorrow. Thank you.
37
38 MR MUSTON: If the court please.
39
40 **AT 3.15PM THE SPECIAL COMMISSION OF INQUIRY WAS ADJOURNED**
41 **TO THURSDAY, 1 AUGUST 2024 AT 12 NOON**
42
43
44
45
46
47

<p>#</p> <hr/> <p>#16 [1] - 4360:5</p> <hr/> <p>\$</p> <hr/> <p>\$370 [1] - 4351:45</p> <hr/> <p>'</p> <hr/> <p>'21 [1] - 4309:39 '22 [2] - 4309:39, 4380:13</p> <hr/> <p>0</p> <hr/> <p>0284.0001 [1] - 4331:34 041 [1] - 4308:24</p> <hr/> <p>1</p> <hr/> <p>1 [8] - 4310:27, 4310:28, 4314:44, 4355:20, 4365:45, 4403:35, 4404:46, 4409:41 10 [12] - 4314:27, 4314:40, 4314:44, 4315:3, 4332:5, 4347:12, 4352:1, 4370:11, 4399:9, 4399:10, 4399:16, 4409:27 10-hour [3] - 4379:7, 4379:11, 4385:1 10-year [1] - 4331:47 10.00am [1] - 4308:22 10.02am [1] - 4309:7 100 [2] - 4323:4, 4359:20 11.40 [1] - 4339:47 11.46am [1] - 4340:9 12 [18] - 4309:17, 4317:34, 4324:34, 4331:41, 4354:18, 4357:29, 4357:30, 4370:15, 4371:46, 4372:5, 4374:41, 4399:16, 4399:18, 4409:8, 4409:10, 4409:33, 4409:36, 4409:41 12-pages [1] - 4361:1 12.14 [1] - 4359:15 12.4 [1] - 4354:2 12.59 [3] - 4371:39, 4371:42, 4371:45 12.74 [1] - 4399:7 121 [1] - 4308:18</p>	<p>14 [2] - 4324:16, 4359:15 140 [1] - 4385:44 15 [4] - 4324:16, 4341:40, 4342:46, 4359:44 16 [7] - 4340:25, 4354:6, 4354:23, 4359:44, 4359:46, 4360:27, 4368:38 17 [2] - 4345:41, 4345:47 18 [1] - 4338:45 18:15:42 [1] - 4375:32 18:17:19 [1] - 4382:33 18:33:02 [1] - 4396:45 18:34:22 [1] - 4397:13 19 [2] - 4357:37, 4357:38</p> <hr/> <p>2</p> <hr/> <p>2 [18] - 4308:18, 4323:10, 4355:9, 4355:11, 4355:26, 4355:29, 4374:30, 4379:44, 4384:47, 4389:15, 4389:18, 4405:15, 4405:27, 4405:33, 4409:20, 4409:24, 4409:26, 4409:32 20 [3] - 4345:14, 4345:26, 4345:37 200 [2] - 4322:9 2005 [1] - 4340:21 2006 [1] - 4309:40 2022 [12] - 4341:41, 4349:6, 4350:38, 4354:6, 4354:23, 4356:15, 4356:20, 4360:7, 4360:10, 4368:38, 4372:42, 4373:34 2022" [1] - 4360:3 2023 [18] - 4325:42, 4358:16, 4358:40, 4358:42, 4362:27, 4362:36, 4369:18, 4370:11, 4370:15, 4370:26, 4372:5, 4374:41, 4399:9, 4399:10, 4399:16, 4399:18, 4403:35 2024 [6] - 4308:22, 4309:17, 4323:4, 4323:8, 4340:25, 4409:41 2025 [1] - 4323:8 2026 [1] - 4321:28</p>	<p>21 [4] - 4358:42, 4362:27, 4362:36, 4369:18 22 [1] - 4333:5 222 [1] - 4322:3 223 [1] - 4325:43 24 [1] - 4357:38 25 [1] - 4360:10 25th [1] - 4360:3 25TH [1] - 4360:7 280 [1] - 4348:34</p> <hr/> <p>3</p> <hr/> <p>3 [7] - 4316:46, 4336:27, 4359:1, 4359:7, 4365:24, 4365:30, 4365:34 3.15PM [1] - 4409:40 300 [3] - 4352:5, 4352:6, 4352:11 31 [1] - 4308:22 32 [1] - 4385:40 33 [4] - 4372:23, 4373:31, 4384:44 34 [8] - 4372:21, 4372:23, 4372:33, 4375:7, 4375:13, 4375:30, 4378:20, 4380:19 35 [6] - 4381:47, 4382:20, 4383:29, 4388:21, 4393:12, 4393:26 36 [6] - 4340:35, 4340:44, 4388:22, 4393:10, 4393:14, 4393:40 39 [2] - 4394:10, 4394:11 3rd [1] - 4358:16</p> <hr/> <p>4</p> <hr/> <p>4 [2] - 4333:9, 4382:29 42 [1] - 4396:44 43 [1] - 4397:12 49 [1] - 4310:9</p> <hr/> <p>5</p> <hr/> <p>5 [1] - 4333:10 5.1 [1] - 4334:6 5.2 [3] - 4333:10, 4336:8, 4336:27 50,000 [4] - 4380:36, 4380:37, 4381:9 57 [1] - 4373:22</p>	<p>6</p> <hr/> <p>6 [1] - 4360:26 6.30 [1] - 4396:47</p> <hr/> <p>7</p> <hr/> <p>7.12.16 [1] - 4407:45 70 [1] - 4322:8</p> <hr/> <p>8</p> <hr/> <p>80 [1] - 4322:8</p> <hr/> <p>9</p> <hr/> <p>9 [1] - 4341:39</p> <hr/> <p>A</p> <hr/> <p>AAA [3] - 4371:37, 4375:11, 4375:13 abide [3] - 4363:44, 4365:43, 4366:8 abilities [1] - 4383:35 ability [6] - 4320:38, 4320:45, 4321:14, 4321:19, 4321:20, 4321:33 able [14] - 4313:17, 4315:45, 4316:17, 4317:29, 4321:30, 4323:11, 4323:37, 4333:20, 4334:34, 4335:47, 4354:29, 4358:44, 4375:39, 4376:45 absence [1] - 4323:16 absolute [2] - 4348:45, 4402:3 absolutely [10] - 4313:10, 4318:12, 4351:8, 4351:12, 4351:16, 4353:7, 4393:39, 4400:34 accept [7] - 4313:1, 4329:34, 4333:44, 4338:9, 4339:10, 4351:6, 4363:25 accepted [3] - 4364:32, 4400:15, 4406:29 accepting [1] - 4363:38 accepts [1] - 4331:4 access [7] - 4315:29, 4315:31, 4316:43, 4323:15, 4323:16, 4323:35, 4353:21 accessibility [2] -</p>	<p>4332:14, 4332:19 accommodate [1] - 4409:19 accordance [2] - 4338:13, 4408:17 accountability [2] - 4366:6, 4366:32 accountable [1] - 4380:42 accounts [1] - 4348:25 accredit [2] - 4313:22, 4313:32 accreditation [50] - 4310:30, 4310:44, 4314:47, 4315:4, 4315:7, 4317:31, 4324:35, 4325:3, 4325:47, 4326:29, 4327:19, 4327:20, 4327:22, 4327:24, 4327:35, 4327:38, 4327:42, 4327:47, 4328:3, 4328:31, 4328:35, 4328:40, 4329:4, 4329:13, 4329:28, 4329:31, 4330:1, 4330:3, 4330:6, 4330:8, 4330:17, 4330:23, 4331:6, 4331:15, 4331:47, 4334:12, 4336:19, 4336:42, 4337:4, 4337:5, 4337:7, 4337:20, 4338:3, 4338:5, 4338:15, 4338:26, 4338:38, 4339:8, 4339:10, 4383:26 accredited [6] - 4311:43, 4312:28, 4317:9, 4317:20, 4317:30, 4317:46 accrediting [1] - 4313:36 accredits [1] - 4313:13 accumulation [1] - 4342:40 accuracy [2] - 4359:20, 4384:2 accurate [3] - 4353:8, 4372:6, 4393:40 accurately [1] - 4395:44 achieve [4] - 4312:34, 4328:27, 4329:15, 4407:17 achieved [1] - 4348:44 achieving [2] -</p>
---	---	---	---	---

4338:47, 4407:22
acknowledge [4] - 4348:42, 4351:26, 4370:39, 4370:42
acknowledged [1] - 4348:40
acknowledges [1] - 4349:31
acknowledgment [2] - 4349:35, 4349:40
acquire [1] - 4318:39
Act [5] - 4361:39, 4365:14, 4366:3, 4366:44, 4366:46
act [3] - 4344:28, 4365:46, 4366:39
acted [1] - 4370:38
acting [10] - 4309:39, 4309:46, 4366:28, 4366:30, 4366:31, 4366:33, 4373:46, 4389:37, 4391:20, 4397:19
action [11] - 4330:2, 4331:6, 4331:15, 4333:15, 4337:4, 4338:16, 4376:18, 4379:16, 4379:19, 4381:38, 4395:32
active [1] - 4332:13
actively [1] - 4349:18
activity [1] - 4348:22
actual [2] - 4347:7, 4378:41
add [1] - 4386:25
added [2] - 4330:47, 4347:14
addition [2] - 4332:1, 4332:11
additional [3] - 4347:12, 4385:5, 4401:32
address [7] - 4361:15, 4361:27, 4380:22, 4380:23, 4380:28, 4388:17, 4393:24
addressed [5] - 4333:16, 4377:10, 4383:34, 4391:22, 4391:23
addressing [1] - 4391:24
adequate [1] - 4336:10
adhering [1] - 4315:7
adjourn [7] - 4339:46, 4339:47, 4374:30, 4409:7, 4409:10, 4409:32, 4409:36
adjournment [1] - 4339:43
adjunct [1] - 4367:43
administer [1] - 4333:26
administered [2] - 4319:45, 4320:1
administration [1] - 4313:9
admitted [1] - 4326:22
advance [1] - 4318:36
advantage [2] - 4314:7, 4314:15
advantages [1] - 4313:35
adversarial [9] - 4327:30, 4364:45, 4367:8, 4367:9, 4367:12, 4367:42, 4395:39, 4396:27
adversarial [1] - 4367:16
adverse [5] - 4330:2, 4337:4, 4344:8, 4344:10, 4346:1
advertise [2] - 4387:24, 4387:25
advertised [1] - 4386:42
advertisement [1] - 4385:43
advertising [4] - 4316:6, 4316:8, 4387:23, 4387:24
advice [1] - 4364:13
advised [1] - 4408:25
advisory [6] - 4365:22, 4366:15, 4367:1, 4367:7, 4367:37, 4367:43
advocacy [4] - 4320:11, 4367:47, 4379:20, 4379:22
advocate [3] - 4367:33, 4367:47, 4402:36
advocating [3] - 4310:35, 4311:10, 4311:15
affirmed [1] - 4340:9
affording [1] - 4337:27
afresh [1] - 4374:26
afternoon [1] - 4374:36
afterwards [2] - 4363:24, 4372:43
aged [1] - 4352:20
aggressive [2] - 4379:20, 4379:22
aggrieved [1] - 4397:30
ago [3] - 4346:28, 4382:28, 4392:27
agree [9] - 4313:4, 4313:6, 4338:18, 4349:12, 4364:19, 4364:24, 4373:31, 4383:36, 4398:37
agreement [4] - 4369:19, 4369:23, 4369:24, 4402:4
agrees [1] - 4338:22
ahead [7] - 4318:16, 4318:34, 4351:31, 4374:36, 4387:29, 4397:1, 4399:42
Ahpra [1] - 4312:23
Aitken [1] - 4308:35
Ajaka [4] - 4355:32, 4355:33, 4355:37, 4404:41
alarmingly [1] - 4330:4
Alfred [6] - 4352:24, 4397:24, 4397:28, 4397:32, 4398:28, 4398:33
aligned [2] - 4394:45, 4395:27
allegations [4] - 4370:32, 4370:36, 4370:38, 4399:14
alleviate [1] - 4336:5
allied [5] - 4346:25, 4365:10, 4365:12, 4365:17, 4365:18
allocate [1] - 4401:38
allocated [4] - 4351:28, 4351:41, 4352:11, 4352:27
allocation [4] - 4351:11, 4400:8, 4400:14, 4400:38
allow [3] - 4317:13, 4317:33, 4321:8
allowed [2] - 4319:38, 4361:18
allowing [1] - 4329:40
alluding [1] - 4320:26
almost [2] - 4326:30, 4367:47
alternative [1] - 4333:36
amazing [1] - 4338:39
AMC [7] - 4325:46, 4331:46, 4332:6, 4332:21, 4337:39, 4338:30, 4338:44
amendments [1] - 4407:17
amount [8] - 4321:15, 4321:21, 4321:28, 4322:29, 4352:2, 4352:3, 4352:8, 4408:26
anaesthetic [2] - 4319:11, 4320:39
anaesthetics [1] - 4319:12
analogy [2] - 4346:6, 4381:15
Anderson [27] - 4343:8, 4348:6, 4354:11, 4358:41, 4359:19, 4359:36, 4361:18, 4362:24, 4362:26, 4362:28, 4362:36, 4364:5, 4368:3, 4368:14, 4369:27, 4370:22, 4370:25, 4379:29, 4398:19, 4404:19, 4404:40, 4405:24, 4405:45, 4406:16, 4406:35, 4407:15, 4409:11
Anderson's [2] - 4368:32, 4369:5
Andrew [6] - 4378:33, 4382:2, 4388:26, 4394:23, 4396:18, 4405:39
Angelico [8] - 4309:4, 4309:11, 4309:33, 4328:7, 4328:9, 4331:30, 4339:16, 4339:24
ANGELICO [1] - 4309:7
annexed [6] - 4358:5, 4358:20, 4359:35, 4368:32, 4368:35, 4372:8
annexure [15] - 4353:45, 4358:5, 4365:34, 4369:46, 4371:37, 4374:45, 4388:31, 4399:6, 4403:38, 4403:40, 4405:13, 4405:29, 4405:31, 4407:36, 4407:45
annexures [3] - 4354:42, 4359:12, 4369:7
announcement [3] - 4349:37, 4386:31, 4386:32
anonymous [3] - 4332:12, 4332:18, 4333:45
answer [19] - 4312:42, 4314:39, 4318:34, 4324:7, 4328:2, 4328:14, 4328:15, 4329:6, 4329:23, 4338:1, 4354:19, 4381:21, 4391:32, 4395:46, 4396:4, 4396:11, 4399:34, 4403:22, 4403:27
answered [1] - 4375:13
answering [1] - 4329:7
answers [3] - 4334:1, 4380:27, 4406:34
anyway [1] - 4396:44
apologise [1] - 4385:37
appear [1] - 4403:34
appearing [1] - 4341:29
applicability [1] - 4334:20
applicants [1] - 4385:44
application [1] - 4338:4
applications [1] - 4367:24
applied [6] - 4315:5, 4315:6, 4318:44, 4332:25, 4404:2, 4406:25
applies [1] - 4326:32
apply [8] - 4313:44, 4315:34, 4319:28, 4319:35, 4322:34, 4324:28, 4325:4, 4338:30
applying [3] - 4320:10, 4322:35, 4326:6
appoint [1] - 4401:33
approach [10] - 4311:38, 4311:39, 4313:18, 4313:36, 4332:20, 4395:26, 4395:29, 4395:40, 4396:27
approached [4] - 4350:34, 4350:36, 4351:46, 4395:42
approaching [2] - 4335:14, 4395:38
appropriate [7] - 4335:20, 4337:3, 4338:15, 4345:33, 4393:19, 4406:5

- appropriately** ^[1] - 4345:26
- approved** ^[4] - 4383:32, 4384:5, 4385:1, 4402:39
- April** ^[4] - 4358:42, 4362:27, 4362:36, 4369:18
- apt** ^[1] - 4350:44
- area** ^[3] - 4318:5, 4326:4, 4339:2
- areas** ^[6] - 4317:10, 4318:30, 4319:38, 4328:44, 4365:1, 4390:16
- argue** ^[1] - 4361:41
- argument** ^[1] - 4366:28
- arise** ^[2] - 4366:40, 4399:45
- arises** ^[1] - 4346:39
- arm** ^[1] - 4333:43
- arrange** ^[2] - 4405:37, 4406:12
- arrangements** ^[1] - 4404:31
- arrived** ^[3] - 4331:42, 4332:26, 4385:3
- articulate** ^[1] - 4398:7
- articulated** ^[1] - 4398:9
- ascertain** ^[2] - 4377:38, 4377:39
- aside** ^[5] - 4311:25, 4312:14, 4324:42, 4403:47, 4407:27
- aspect** ^[3] - 4310:9, 4406:17, 4406:19
- aspects** ^[4] - 4341:38, 4363:15, 4363:29, 4363:31
- assertion** ^[3] - 4382:47, 4383:2
- assertions** ^[2] - 4382:44, 4383:1
- assess** ^[1] - 4325:4
- assessment** ^[2] - 4310:30, 4310:44
- assist** ^[3] - 4309:16, 4316:10, 4340:24
- assistance** ^[2] - 4341:18, 4392:35
- Assisting** ^[5] - 4308:26, 4308:27, 4308:28, 4308:29, 4308:30
- assisting** ^[1] - 4309:12
- associate** ^[2] - 4360:9, 4386:3
- Associate** ^[26] - 4340:6, 4341:35, 4341:44, 4346:36, 4348:13, 4353:44, 4354:17, 4355:5, 4355:22, 4359:30, 4363:13, 4363:27, 4364:4, 4368:35, 4369:16, 4370:8, 4371:14, 4372:21, 4374:40, 4374:43, 4378:12, 4378:19, 4393:9, 4396:38, 4398:46, 4408:45
- assume** ^[3] - 4379:44, 4385:9, 4385:46
- assumed** ^[1] - 4380:5
- assuming** ^[2] - 4349:30, 4391:18
- AT** ^[2] - 4409:40, 4409:41
- attached** ^[1] - 4312:11
- attack** ^[1] - 4311:20
- attempt** ^[2] - 4329:29, 4380:41
- attempting** ^[1] - 4372:38
- attempts** ^[2] - 4319:19, 4366:38
- attend** ^[4] - 4354:24, 4356:15, 4375:28, 4406:42
- attendance** ^[2] - 4372:24, 4372:27
- attended** ^[6] - 4356:13, 4356:16, 4356:27, 4375:26, 4403:13
- attending** ^[1] - 4357:4
- attends** ^[3] - 4356:30, 4375:23, 4375:25
- attracting** ^[1] - 4383:39
- attrition** ^[2] - 4322:7, 4325:35
- audio** ^[1] - 4372:17
- AUGUST** ^[1] - 4409:41
- Australia** ^[1] - 4309:5, 4310:31, 4310:39, 4311:21, 4312:4, 4312:23, 4312:27, 4313:1, 4322:4, 4322:47, 4344:4
- Australian** ^[1] - 4311:13
- authoritarian** ^[1] - 4350:10
- automatically** ^[1] - 4319:36
- available** ^[1] - 4311:40, 4312:40, 4314:10, 4314:14, 4320:8, 4320:9, 4326:7, 4328:17, 4330:25, 4334:44, 4389:32
- avenue** ^[1] - 4367:34
- avoid** ^[1] - 4409:26
- awarding** ^[1] - 4312:32
- aware** ^[12] - 4319:47, 4328:20, 4362:8, 4362:11, 4362:15, 4363:23, 4363:27, 4365:14, 4386:32, 4392:25, 4392:35, 4393:3
-
- B**
-
- background** ^[1] - 4360:39
- backgrounds** ^[1] - 4318:27
- bad** ^[2] - 4349:23, 4389:27
- badged** ^[1] - 4356:37
- badly** ^[1] - 4343:12
- balance** ^[6] - 4320:37, 4321:1, 4321:23, 4322:21, 4327:11, 4335:34
- bandaid** ^[1] - 4391:24
- bandaids** ^[1] - 4377:9
- bar** ^[1] - 4321:47
- barrier** ^[1] - 4322:2
- based** ^[17] - 4311:38, 4311:39, 4312:4, 4312:41, 4317:19, 4319:3, 4327:26, 4338:27, 4338:28, 4342:33, 4342:35, 4342:44, 4352:23, 4352:24, 4364:11, 4384:22, 4409:6
- basing** ^[2] - 4335:32
- basis** ^[3] - 4316:44, 4337:5, 4338:45
- batch** ^[1] - 4326:9
- BBB** ^[3] - 4388:31, 4388:35, 4388:37
- bear** ^[1] - 4385:30
- Beasley** ^[1] - 4308:14
- became** ^[12] - 4342:38, 4361:4, 4365:18, 4365:37, 4369:37, 4380:11, 4380:16, 4380:17, 4394:41, 4394:42, 4395:31, 4402:10
- become** ^[12] - 4311:2, 4318:17, 4321:20, 4325:34, 4326:10, 4335:41, 4335:43, 4336:1, 4336:41, 4360:45, 4392:25
- becomes** ^[4] - 4310:47, 4314:46, 4326:11, 4347:15
- becoming** ^[3] - 4322:20, 4335:35, 4342:36
- bed** ^[1] - 4347:43
- beginning** ^[3] - 4319:35, 4328:14, 4373:28
- behalf** ^[3] - 4320:12, 4367:33, 4402:35
- behaviour** ^[7] - 4371:22, 4388:28, 4389:27, 4391:31, 4391:43, 4392:16
- Behaviours** ^[1] - 4388:38
- behind** ^[7] - 4331:42, 4332:10, 4333:20, 4359:14, 4371:45, 4399:7, 4407:37
- belief** ^[2] - 4309:25, 4400:45
- below** ^[8] - 4328:22, 4389:26, 4391:31, 4391:42, 4392:5, 4392:16, 4393:5, 4393:6
- belts** ^[1] - 4348:28
- benchmark** ^[1] - 4324:29
- benefit** ^[4] - 4327:5, 4403:43, 4404:44, 4405:13
- best** ^[23] - 4309:25, 4314:5, 4334:33, 4336:37, 4336:39, 4336:44, 4341:16, 4341:28, 4353:2, 4353:9, 4365:46, 4366:30, 4366:31, 4366:39, 4380:22, 4380:28, 4380:30, 4380:31, 4380:33, 4383:35, 4385:38, 4402:35
- better** ^[7] - 4329:15, 4332:20, 4333:45, 4346:21, 4389:26, 4394:3, 4398:31
- between** ^[17] - 4313:2, 4313:47, 4314:7, 4315:21, 4320:23, 4327:9, 4330:30, 4330:42, 4333:26, 4337:12, 4337:32, 4341:27, 4346:19, 4386:3, 4395:33, 4399:26, 4402:17
- Beyonce** ^[1] - 4380:6
- beyond** ^[6] - 4315:3, 4316:11, 4316:17, 4328:33, 4363:16, 4367:6
- bias** ^[1] - 4352:26
- bidding** ^[1] - 4401:31
- big** ^[7] - 4311:3, 4326:28, 4329:33, 4338:38, 4349:44, 4352:47, 4361:13
- bigger** ^[3] - 4317:21, 4352:8, 4398:43
- billion** ^[1] - 4352:4
- binding** ^[1] - 4314:45
- bit** ^[15] - 4311:45, 4317:12, 4335:40, 4339:38, 4339:44, 4347:10, 4361:20, 4374:29, 4384:4, 4384:10, 4389:18, 4390:27, 4392:45, 4402:46, 4404:35
- blow** ^[1] - 4389:25
- blunt** ^[1] - 4337:7
- board** ^[29] - 4310:5, 4310:6, 4310:20, 4310:22, 4310:23, 4325:1, 4327:23, 4327:47, 4341:45, 4342:4, 4350:39, 4355:33, 4355:40, 4357:21, 4357:32, 4364:38, 4370:25, 4370:26, 4370:28, 4373:22, 4373:25, 4383:14, 4396:40, 4397:2, 4397:5, 4398:19, 4404:9, 4404:15
- Board** ^[3] - 4312:23, 4312:26, 4312:27
- bodies** ^[2] - 4323:20, 4366:23
- body** ^[16] - 4310:29, 4311:14, 4311:20, 4312:22, 4318:10, 4320:23, 4324:15, 4330:17, 4337:39, 4365:22, 4366:15, 4366:26, 4366:28, 4367:37
- boils** ^[1] - 4333:27

- bottlenecks** [2] - 4338:10, 4342:25, 4342:47, 4343:12, 4343:24, 4343:28, 4343:34, 4343:40, 4370:41, 4377:13, 4377:24, 4377:41, 4377:45, 4395:18
- bottom** [14] - 4332:29, 4358:13, 4359:8, 4360:10, 4372:23, 4378:20, 4380:19, 4382:21, 4382:33, 4388:21, 4389:15, 4393:12, 4393:40, 4394:11
- brand** [1] - 4334:21
- breach** [1] - 4408:26
- break** [5] - 4318:18, 4339:40, 4369:11, 4374:40, 4375:14
- breaking** [1] - 4373:1
- brief** [2] - 4405:34, 4409:28
- briefly** [3] - 4328:1, 4389:2, 4400:1
- bring** [3] - 4398:15, 4407:46, 4408:17
- bringing** [1] - 4391:21
- broad** [4] - 4361:47, 4362:2, 4362:9, 4406:36
- broader** [1] - 4310:34
- broken** [1] - 4380:35
- broker** [1] - 4319:23
- brokered** [1] - 4320:22
- brokering** [1] - 4319:7
- brought** [2] - 4394:23, 4396:19
- budget** [16] - 4314:9, 4326:40, 4348:31, 4348:33, 4348:45, 4351:11, 4351:40, 4351:41, 4353:8, 4353:9, 4353:10, 4353:11, 4353:16, 4353:18, 4401:13
- budgeting** [8] - 4348:14, 4349:4, 4351:7, 4351:26, 4352:47, 4353:4, 4400:7, 4400:14
- budgets** [5] - 4314:18, 4348:20, 4348:21, 4353:14, 4353:19
- build** [1] - 4316:35
- building** [4] - 4351:44, 4352:12, 4352:14, 4352:19
- builds** [1] - 4346:38
- bullied** [1] - 4311:27
- bullying** [22] - 4331:19, 4331:36, 4333:13, 4334:7, 4335:22, 4336:10, 4336:13, 4337:2, 4338:10, 4342:25, 4342:47, 4343:12, 4343:24, 4343:28, 4343:34, 4343:40, 4370:41, 4377:13, 4377:24, 4377:41, 4377:45, 4395:18
- bundle** [2] - 4331:27, 4371:44
- buried** [1] - 4332:5
- business** [2] - 4326:43, 4367:23
- butcher's** [1] - 4324:20
- butt** [1] - 4350:29
- BY** [4] - 4309:9, 4340:11, 4341:33, 4400:3
- by-laws** [16] - 4361:39, 4363:17, 4363:30, 4363:36, 4363:39, 4364:21, 4366:44, 4366:46, 4406:26, 4406:32, 4406:37, 4407:26, 4407:33, 4408:12, 4408:16, 4408:18
- byproduct** [1] - 4332:18
-
- C**
-
- campaign** [1] - 4349:36
- Canterbury** [2] - 4397:25, 4398:35
- capacity** [2] - 4309:38, 4334:9
- capital** [2] - 4378:25, 4385:4
- cardiothoracic** [1] - 4317:1
- cards** [1] - 4386:23
- care** [35] - 4310:5, 4310:8, 4310:11, 4310:31, 4312:3, 4312:17, 4312:40, 4312:42, 4312:47, 4313:13, 4313:39, 4314:17, 4316:19, 4316:29, 4317:1, 4317:3, 4318:24, 4318:26, 4318:28, 4319:33, 4320:17, 4321:42, 4325:22, 4326:46, 4328:28, 4328:33, 4330:39, 4335:7, 4335:45, 4335:47, 4340:18, 4346:19, 4346:27, 4352:20, 4357:1
- Care** [2] - 4309:4, 4311:13
- career** [5] - 4312:40, 4321:32, 4335:4, 4335:28, 4337:17
- careful** [1] - 4333:29
- carefully** [2] - 4400:25, 4405:9
- case** [16] - 4310:36, 4315:30, 4316:35, 4317:9, 4317:23, 4317:25, 4317:28, 4317:40, 4317:44, 4319:27, 4326:11, 4328:46, 4329:26, 4329:47, 4338:1, 4367:23
- cases** [2] - 4317:13, 4317:47
- categorically** [1] - 4329:29
- categories** [1] - 4406:36
- caused** [1] - 4381:3
- causes** [2] - 4349:5, 4380:41
- causing** [4] - 4344:8, 4344:13, 4344:20, 4351:36
- cent** [1] - 4359:20
- centres** [1] - 4317:18
- CEO** [3] - 4332:8, 4332:16
- certain** [9] - 4317:12, 4321:15, 4321:20, 4324:29, 4327:41, 4334:28, 4334:39, 4345:29
- certainly** [2] - 4386:18, 4397:19
- certainty** [1] - 4402:3
- cetera** [2] - 4343:40, 4394:28
- chair** [25] - 4342:34, 4342:36, 4342:38, 4355:40, 4360:13, 4360:21, 4360:23, 4360:41, 4360:43, 4360:45, 4361:4, 4365:18, 4365:37, 4368:8, 4368:44, 4368:45, 4380:16, 4380:17, 4394:41, 4394:42, 4395:31, 4401:42, 4402:10, 4404:8
- challenge** [9] - 4315:33, 4319:17, 4330:45, 4331:2, 4333:25, 4335:34, 4336:31, 4337:19, 4393:32
- challenges** [1] - 4321:1
- challenging** [2] - 4329:22, 4330:8
- change** [14] - 4322:21, 4322:42, 4325:11, 4337:36, 4337:37, 4349:20, 4349:24, 4349:31, 4368:10, 4402:13, 4408:16
- changed** [5] - 4349:14, 4353:1, 4364:7, 4401:24, 4403:7
- changes** [4] - 4338:33, 4349:24, 4358:23, 4358:26
- changing** [3] - 4321:24, 4330:19, 4337:10
- charge** [2] - 4400:22, 4400:27
- check** [1] - 4373:13
- Cheung** [26] - 4339:37, 4340:7, 4340:15, 4341:13, 4341:35, 4341:44, 4346:36, 4348:14, 4353:44, 4355:5, 4355:22, 4359:30, 4360:9, 4363:13, 4363:27, 4364:5, 4369:17, 4370:8, 4371:14, 4372:22, 4374:40, 4374:44, 4391:43, 4393:9, 4398:46, 4400:5
- CHEUNG** [1] - 4340:9
- Cheung's** [1] - 4368:36
- chief** [27] - 4309:33, 4309:46, 4310:2, 4350:5, 4350:7, 4350:25, 4350:28, 4350:34, 4350:36, 4350:40, 4351:31, 4352:15, 4352:31, 4363:43, 4375:25, 4382:26, 4391:29, 4391:41, 4394:45, 4395:1, 4395:27, 4400:39, 4401:47, 4402:5, 4407:41, 4408:18
- Children's** [1] - 4314:1
- CHIU** [85] - 4339:22, 4341:33, 4341:35, 4346:33, 4347:37, 4348:5, 4349:34, 4350:2, 4350:13, 4350:18, 4352:31, 4353:47, 4354:4, 4354:8, 4354:31, 4354:36, 4355:4, 4355:11, 4355:19, 4356:6, 4356:11, 4357:37, 4358:11, 4358:29, 4358:46, 4359:17, 4359:24, 4359:30, 4359:34, 4359:42, 4359:46, 4360:9, 4362:45, 4364:13, 4364:36, 4366:13, 4367:47, 4368:26, 4368:35, 4369:11, 4369:16, 4369:45, 4370:3, 4370:7, 4371:3, 4371:8, 4371:12, 4371:20, 4371:29, 4371:36, 4372:4, 4372:21, 4373:30, 4374:25, 4374:32, 4374:38, 4375:3, 4375:11, 4375:42, 4375:47, 4378:19, 4380:9, 4382:33, 4385:35, 4386:6, 4386:14, 4386:21, 4386:27, 4387:13, 4388:37, 4388:42, 4389:2, 4389:8, 4389:43, 4390:10, 4390:18, 4390:23, 4391:7, 4391:16, 4392:23, 4393:9, 4394:3, 4396:17, 4398:46
- Chiu** [6] - 4308:35, 4339:20, 4341:36, 4374:36, 4396:12, 4399:6
- choose** [1] - 4341:27
- chronology** [1] - 4404:13
- churning** [1] - 4335:26
- CICM** [2] - 4314:40, 4315:21
- circle** [2] - 4318:8, 4395:3
- circles** [2] - 4318:23, 4397:35
- circumstance** [1] - 4350:8
- circumstances** [2] - 4315:14, 4336:47
- civil** [1] - 4343:4

clarification [1] - 4341:5
clarified [1] - 4402:3
clarify [5] - 4317:11, 4340:34, 4341:3, 4397:39, 4401:46
clarifying [1] - 4369:28
classic [1] - 4398:32
clause [3] - 4333:10, 4334:6, 4336:8
clear [12] - 4316:6, 4326:8, 4332:6, 4356:29, 4357:47, 4368:6, 4368:8, 4368:15, 4381:5, 4381:32, 4391:21, 4399:13
clearly [2] - 4328:26, 4384:23
climate [2] - 4330:7, 4330:13
clinical [25] - 4310:15, 4310:17, 4310:22, 4311:7, 4315:23, 4315:25, 4322:37, 4353:18, 4353:20, 4353:23, 4354:24, 4355:30, 4355:34, 4355:35, 4356:12, 4366:47, 4401:15, 4401:21, 4403:11, 4404:8, 4404:27, 4404:36, 4406:2, 4406:9, 4406:19
Clinical [1] - 4340:7
clinician [1] - 4395:21
clinicians [6] - 4310:24, 4319:4, 4395:23, 4395:27, 4404:1, 4405:38
close [2] - 4351:39, 4400:39
closely [2] - 4394:45, 4395:27
closer [1] - 4352:14
closest [2] - 4351:29, 4351:30
closing [1] - 4408:30
club [1] - 4335:42
code [8] - 4326:31, 4359:31, 4389:37, 4389:46, 4390:10, 4392:32, 4407:47, 4408:26
cohort [1] - 4321:37
coincidence [1] - 4352:21
collaborating [1] - 4324:24
collaboration [4] - 4324:8, 4324:12, 4324:40, 4324:45
collaborative [1] - 4324:42
colleague [1] - 4376:15
colleagues [8] - 4376:31, 4393:4, 4397:45, 4397:47, 4400:28, 4400:37, 4400:46
College [1] - 4309:4
college [75] - 4309:34, 4309:40, 4310:6, 4310:25, 4310:29, 4310:34, 4310:39, 4311:5, 4312:2, 4312:11, 4312:18, 4312:32, 4312:47, 4313:2, 4313:12, 4313:17, 4313:20, 4313:29, 4313:31, 4314:10, 4315:46, 4316:7, 4317:30, 4318:42, 4318:43, 4319:1, 4319:21, 4319:27, 4319:45, 4320:17, 4320:43, 4322:45, 4323:11, 4323:17, 4323:33, 4323:45, 4324:46, 4325:17, 4325:21, 4325:27, 4325:30, 4326:16, 4326:20, 4326:26, 4327:23, 4328:37, 4329:3, 4329:13, 4329:14, 4329:27, 4329:44, 4330:5, 4330:30, 4330:41, 4331:4, 4331:7, 4331:12, 4331:18, 4333:22, 4333:39, 4334:7, 4334:11, 4334:15, 4334:25, 4335:15, 4335:19, 4335:20, 4336:9, 4336:47, 4337:3, 4337:33, 4338:9, 4338:12, 4338:15, 4338:22
college's [18] - 4310:18, 4310:42, 4310:43, 4311:9, 4311:29, 4312:2, 4312:24, 4313:35, 4321:5, 4323:35, 4324:45, 4326:22, 4327:10, 4327:12, 4327:20, 4327:21, 4339:11, 4339:12
colleges [11] - 4313:7, 4313:21, 4322:14, 4324:16, 4324:24, 4324:27, 4324:37, 4327:28, 4330:16, 4330:18, 4330:30
Colleges [1] - 4324:16
colloquially [1] - 4343:44
comfortable [2] - 4335:14, 4409:20
coming [11] - 4311:31, 4323:41, 4329:3, 4330:44, 4334:41, 4340:29, 4343:24, 4387:1, 4389:44, 4401:29, 4408:46
commenced [3] - 4360:17, 4360:18, 4385:5
comment [12] - 4314:24, 4316:22, 4323:12, 4323:17, 4323:20, 4323:28, 4325:42, 4326:44, 4327:14, 4330:47, 4334:22, 4383:37
comments [3] - 4385:10, 4385:11, 4396:36
Commission [2] - 4308:7, 4309:17
COMMISSION [1] - 4409:40
commissioned [1] - 4381:30
Commissioner [26] - 4308:13, 4309:3, 4309:12, 4309:28, 4331:26, 4339:18, 4339:22, 4339:36, 4340:6, 4346:33, 4349:34, 4353:47, 4358:6, 4359:25, 4359:34, 4359:46, 4371:20, 4374:25, 4374:32, 4374:38, 4386:14, 4389:43, 4390:14, 4394:3, 4399:1, 4408:41
COMMISSIONER [11] - 4309:1, 4309:31, 4328:9, 4339:20, 4339:24, 4339:30, 4339:40, 4339:46, 4340:4, 4340:43, 4344:16, 4346:31, 4347:34, 4349:27, 4349:39, 4350:16, 4351:35, 4352:29, 4353:39, 4354:2, 4354:6, 4354:17, 4354:33, 4354:41, 4355:1, 4355:9, 4355:16, 4355:37, 4356:8, 4357:19, 4358:8, 4358:25, 4359:3, 4359:11, 4359:28, 4359:39, 4359:44, 4360:1, 4362:42, 4364:11, 4364:15, 4364:19, 4365:33, 4367:15, 4368:22, 4368:28, 4368:32, 4368:41, 4368:47, 4369:5, 4369:14, 4370:1, 4370:5, 4370:47, 4371:6, 4371:10, 4371:17, 4371:26, 4371:34, 4371:39, 4371:44, 4372:14, 4373:9, 4373:27, 4374:17, 4374:22, 4374:28, 4374:36, 4374:47, 4375:9, 4375:35, 4375:44, 4378:6, 4378:11, 4379:39, 4380:5, 4382:31, 4384:43, 4385:16, 4385:37, 4386:10, 4386:18, 4386:46, 4388:35, 4388:40, 4389:40, 4389:46, 4390:5, 4390:13, 4390:20, 4390:26, 4391:10, 4392:21, 4392:25, 4393:39, 4396:7, 4396:11, 4399:3, 4399:41, 4403:38, 4404:6, 4404:11, 4405:29, 4408:4, 4408:8, 4408:43, 4409:6, 4409:15, 4409:23, 4409:30, 4409:35
commitment [2] - 4395:1, 4409:18
commitments [1] - 4315:23
committed [1] - 4344:3
committee [5] - 4319:8, 4327:22, 4327:47, 4364:42, 4364:44
committees [12] - 4310:19, 4319:3, 4325:1, 4364:28, 4364:31, 4364:34, 4364:41, 4364:43, 4364:44, 4365:2, 4366:45, 4366:47
communicating [2] - 4328:25, 4337:32
communication [5] - 4323:39, 4330:20, 4339:5, 4353:6
communities [2] - 4313:43, 4335:28
community [6] - 4314:16, 4316:24, 4316:26, 4326:46, 4335:7, 4365:47
compared [1] - 4321:42
compete [2] - 4398:41
competent [1] - 4339:12
competition [2] - 4313:1, 4313:6
complain [7] - 4347:24, 4347:42, 4389:24, 4389:30, 4389:36, 4390:40, 4392:46
Complain [1] - 4390:31
complainant [3] - 4333:14, 4336:17, 4336:36
complained [3] - 4347:26, 4390:34, 4392:10
complaining [3] - 4333:35, 4387:41, 4391:21
complaint [20] - 4311:30, 4332:4, 4332:36, 4334:7, 4334:11, 4334:16, 4334:18, 4336:21, 4337:1, 4337:5, 4338:9, 4338:14, 4371:13, 4371:21, 4371:24, 4377:21, 4391:30, 4391:41, 4392:5, 4399:22
complaints [26] - 4311:27, 4311:28, 4311:39, 4331:36, 4332:13, 4332:25, 4333:1, 4333:13, 4333:24, 4333:41, 4333:44, 4334:22, 4335:21, 4336:9, 4336:10, 4336:13, 4347:1, 4347:2,

4347:22, 4347:44,
4349:4, 4349:13,
4387:9, 4390:40,
4397:11, 4398:9
complete [7] -
4312:18, 4318:5,
4319:6, 4319:20,
4319:29, 4319:37,
4320:40
completed [1] -
4312:28
completely [1] -
4367:5
complex [18] - 4312:6,
4312:12, 4317:40,
4329:37, 4329:39,
4336:40, 4337:6,
4374:9, 4374:11,
4380:24, 4381:42,
4382:2, 4382:3,
4382:4, 4382:7,
4382:12
complexity [1] -
4330:47
complications [1] -
4346:2
complicit [1] -
4398:20
comply [1] - 4408:25
component [2] -
4347:22, 4352:47
components [1] -
4319:30
compromise [1] -
4329:10
computer [5] -
4347:10, 4354:45,
4375:36, 4375:38,
4375:39
concealing [2] -
4349:18
concept [1] - 4358:1
concepts [1] -
4344:17
concern [13] - 4326:5,
4364:33, 4364:36,
4373:45, 4376:37,
4377:22, 4377:25,
4389:23, 4398:1,
4398:4, 4406:41,
4406:47
concerned [10] -
4343:33, 4344:6,
4344:9, 4381:38,
4387:33, 4387:36,
4391:36, 4392:9,
4392:13, 4407:36
concerns [33] -
4341:46, 4342:4,
4342:7, 4342:9,
4343:22, 4356:19,
4356:47, 4357:12,
4357:23, 4363:39,
4364:40, 4367:34,
4371:1, 4372:41,
4373:33, 4373:37,
4377:23, 4377:41,
4377:44, 4381:36,
4381:39, 4384:39,
4392:15, 4398:6,
4398:8, 4403:17,
4405:4, 4405:45,
4406:18, 4406:19,
4406:33, 4407:10
conclusion [1] -
4407:40
Concord [35] -
4340:18, 4342:8,
4342:19, 4343:41,
4343:43, 4351:44,
4352:1, 4352:23,
4353:30, 4357:4,
4360:1, 4365:46,
4365:47, 4366:2,
4379:47, 4381:11,
4390:6, 4397:25,
4397:26, 4397:31,
4397:34, 4398:15,
4398:24, 4398:34,
4398:35, 4398:38,
4400:21, 4400:29,
4400:46, 4401:5,
4401:10, 4401:23,
4401:36, 4402:45,
4406:18
CONCORD [1] -
4360:5
condition [1] -
4344:33
conditions [7] -
4329:15, 4343:37,
4343:39, 4344:19,
4344:23, 4352:42,
4378:25
conduct [5] - 4337:1,
4389:37, 4392:33,
4407:47, 4408:27
conduct [1] -
4389:47
conducted [1] -
4394:31
conducting [1] -
4395:22
conduit [2] - 4337:12,
4337:16
confidence [16] -
4370:22, 4370:24,
4373:22, 4373:24,
4373:25, 4375:26,
4376:28, 4379:24,
4379:26, 4383:14,
4395:8, 4395:9,
4395:40, 4396:39,
4397:2, 4397:5
confident [1] -
4358:39
confidential [2] -
4337:16, 4391:36
confidentiality [2] -
4331:8, 4334:47
confidentially [1] -
4392:1
confirm [1] - 4384:33
confirmed [1] -
4408:21
conflict [2] - 4329:27,
4329:47
confronted [1] -
4368:14
connect [1] - 4319:23
connecting [1] -
4319:7
consequences [1] -
4408:35
consider [6] - 4311:1,
4311:5, 4366:26,
4382:7, 4384:29,
4405:10
considered [3] -
4363:16, 4363:29,
4393:6
considering [3] -
4322:32, 4322:33,
4331:5
consistent [3] -
4363:30, 4363:33,
4363:36
constitute [1] - 4393:5
constrained [1] -
4390:34
constraints [5] -
4351:7, 4389:31,
4390:32, 4390:37,
4392:47
construct [1] - 4352:4
constructed [1] -
4351:44
constructive [3] -
4394:25, 4394:32,
4396:35
construed [5] -
4390:27, 4396:32,
4396:33, 4396:34
consultant [1] -
4383:40
consultation [3] -
4401:5, 4401:26,
4401:30
consultations [1] -
4401:11
consumer [4] -
4361:10, 4361:29,
4364:43, 4365:1
consuming [1] -
4328:41
contact [1] - 4332:4
contacted [1] -
4329:18
contacting [1] -
4332:8
contacts [1] - 4337:40
contain [1] - 4406:12
contemplated [1] -
4406:37
contents [3] -
4340:32, 4341:6,
4370:32
contested [1] -
4360:42
context [13] - 4311:10,
4350:4, 4359:34,
4360:40, 4372:45,
4373:6, 4373:12,
4384:45, 4386:4,
4386:15, 4386:19,
4394:39, 4400:26
continual [1] - 4311:1
continually [2] -
4328:38, 4336:5
continue [4] -
4325:14, 4330:34,
4365:34, 4395:30
continued [1] -
4372:42
continuum [1] -
4338:32
contrary [1] - 4403:6
contributing [1] -
4344:7
contribution [1] -
4323:37
contributor [1] -
4324:18
control [2] - 4320:44,
4383:4
controls [1] - 4351:40
controversy [1] -
4361:38
convenient [1] -
4409:21
conversation [1] -
4338:34
conversations [3] -
4335:33, 4342:41,
4342:43
convinced [1] -
4394:24
copies [3] - 4359:25,
4368:30
coping [1] - 4346:29
copy [12] - 4309:18,
4331:23, 4331:27,
4341:21, 4341:25,
4356:44, 4359:4,
4360:47, 4374:45,
4392:27, 4407:47
cordial [1] - 4351:1
core [8] - 4317:2,
4377:11, 4389:38,
4390:2, 4390:5,
4392:10, 4392:16
CORE [2] - 4388:27,
4388:37
correct [40] - 4309:24,
4309:26, 4309:35,
4310:15, 4310:19,
4313:15, 4313:32,
4317:11, 4319:31,
4321:9, 4325:19,
4326:18, 4326:24,
4327:23, 4329:16,
4331:10, 4331:16,
4331:21, 4331:38,
4332:46, 4333:7,
4335:17, 4335:23,
4337:29, 4338:18,
4339:14, 4340:19,
4340:33, 4341:7,
4341:41, 4341:47,
4351:20, 4360:31,
4362:45, 4367:39,
4373:18, 4384:40,
4389:11
correctly [4] - 4317:6,
4325:16, 4326:13,
4406:34
cost [2] - 4364:29,
4364:30
COUNCIL [1] - 4360:6
Council [2] - 4324:15,
4360:2
council [39] - 4310:18,
4340:47, 4342:34,
4353:18, 4353:20,
4353:23, 4353:24,
4354:25, 4355:30,
4355:35, 4356:12,
4356:37, 4357:39,
4358:2, 4358:33,
4360:14, 4361:33,
4361:36, 4361:40,
4362:16, 4365:37,
4365:38, 4366:47,
4367:1, 4367:37,
4394:41, 4394:42,
4401:35, 4401:42,
4402:45, 4403:11,
4404:8, 4404:27,
4404:37, 4405:5,
4406:2, 4406:9,

4406:20, 4406:31
councils [5] - 4362:8, 4362:11, 4365:15, 4365:16, 4365:17
Counsel [5] - 4308:26, 4308:27, 4308:28, 4308:29, 4308:30
counsel [3] - 4309:12, 4332:23, 4341:29
country [1] - 4312:9
couple [3] - 4345:39, 4346:35, 4399:5
course [3] - 4309:29, 4359:28, 4386:27
court [1] - 4409:38
cover [1] - 4406:8
covered [3] - 4333:22, 4362:4, 4363:34
covering [2] - 4333:28, 4334:3
COVID [1] - 4335:30
CPD [1] - 4311:3
CPMC [2] - 4324:16, 4330:14
crashed [3] - 4381:15, 4381:16, 4381:18
crashing [1] - 4346:5
create [2] - 4402:14, 4402:36
created [1] - 4402:8
creatively [1] - 4389:32
crisis [1] - 4379:1
critical [4] - 4383:18, 4387:45, 4388:1, 4388:5
critically [2] - 4335:46, 4349:41
criticism [3] - 4384:44, 4386:7, 4386:10
crossed [1] - 4385:3
crying [1] - 4373:2
CT [6] - 4385:3, 4386:29, 4386:31, 4386:33, 4386:43, 4402:12
CTs [2] - 4386:33
cultural [2] - 4328:46, 4331:7
culture [20] - 4322:39, 4330:37, 4330:42, 4330:43, 4330:46, 4331:1, 4334:42, 4347:24, 4347:25, 4349:15, 4349:16, 4349:17, 4349:18, 4349:21, 4349:22, 4349:23, 4349:31, 4361:9, 4381:35

curiosity [1] - 4352:18
current [4] - 4327:9, 4330:7, 4330:13, 4369:37
curriculum [1] - 4310:22
custodians [1] - 4314:32
cut [7] - 4343:45, 4348:20, 4348:21, 4348:28, 4383:10, 4384:20
cuts [5] - 4343:44, 4348:38, 4348:39, 4348:44, 4348:45
cycle [1] - 4338:33

D

daily [1] - 4316:44
damage [1] - 4379:1
damaging [1] - 4396:34
Dan [1] - 4309:11
Daniel [2] - 4308:30, 4309:3
DANIEL [1] - 4309:7
data [10] - 4316:42, 4323:1, 4323:3, 4323:10, 4323:15, 4323:17, 4323:36, 4334:20, 4353:23, 4356:43
date [6] - 4358:16, 4358:37, 4360:3, 4360:10, 4384:17, 4408:1
DATE [1] - 4360:7
dated [9] - 4309:17, 4340:25, 4354:4, 4358:40, 4360:23, 4368:7, 4370:11, 4370:15, 4403:35
day-to-day [1] - 4366:40
days [3] - 4379:7, 4379:11, 4385:1
deal [6] - 4335:1, 4335:27, 4357:38, 4361:37, 4376:14, 4390:23
dealing [4] - 4332:25, 4333:24, 4361:41, 4391:30
dealings [2] - 4327:40, 4350:14
deals [1] - 4378:23
dealt [4] - 4329:27, 4357:23, 4367:19, 4371:23

death [1] - 4343:44
debate [1] - 4363:21
debunked [1] - 4384:8
decades [1] - 4346:18
December [4] - 4354:6, 4354:23, 4356:15, 4386:42
decision [3] - 4366:7, 4380:42, 4402:43
decision-making [3] - 4366:7, 4380:42, 4402:43
decisions [14] - 4351:10, 4351:15, 4400:6, 4400:13, 4400:15, 4400:20, 4400:23, 4400:27, 4400:29, 4400:32, 4401:6, 4401:8, 4401:33, 4401:37
decrease [1] - 4348:47
dedicated [2] - 4356:38, 4356:41
deficit [1] - 4348:33
definitely [4] - 4322:44, 4364:9, 4403:4
degree [1] - 4377:25
delegate [1] - 4362:15
deliberate [2] - 4334:37, 4334:38
deliver [2] - 4326:45, 4401:32
deliverables [3] - 4378:40, 4378:43, 4378:46
delivered [3] - 4314:33, 4328:29, 4357:1
delivering [1] - 4335:45
delivery [3] - 4313:3, 4326:40, 4348:46
demand [9] - 4323:12, 4323:15, 4323:17, 4323:20, 4323:24, 4323:36, 4387:3, 4387:7
demands [1] - 4323:30
demonstrate [1] - 4387:37
demonstrated [2] - 4347:32, 4382:39
demonstrating [2] - 4383:6, 4387:33
denial [1] - 4349:17
denied [1] - 4371:27
deny [4] - 4370:36, 4370:37, 4371:20,

4371:30
department [15] - 4309:42, 4311:36, 4336:29, 4352:11, 4367:28, 4379:6, 4380:38, 4381:1, 4382:28, 4384:20, 4385:45, 4387:15, 4401:25, 4402:32, 4404:2
departments [23] - 4343:46, 4351:29, 4352:13, 4352:18, 4352:23, 4353:10, 4353:11, 4367:21, 4367:31, 4397:30, 4398:5, 4398:6, 4398:30, 4398:31, 4401:47, 4402:11, 4402:24, 4402:28, 4402:29, 4402:36, 4403:2
departments' [1] - 4402:35
depth [1] - 4328:41
describe [5] - 4346:39, 4347:25, 4350:6, 4350:8, 4360:44
described [7] - 4312:36, 4314:43, 4322:31, 4324:43, 4336:12, 4366:44, 4408:33
describing [2] - 4320:31, 4347:29
description [1] - 4350:44
designated [1] - 4326:14
desirable [2] - 4326:26, 4327:35
desired [1] - 4329:21
despite [3] - 4348:36, 4377:10, 4397:10
despondent [1] - 4397:9
detail [3] - 4311:41, 4343:6, 4344:22
detailed [4] - 4357:33, 4361:14, 4376:18, 4404:1
details [2] - 4357:28, 4394:6
detect [2] - 4344:27, 4344:35
detected [5] - 4345:24, 4345:28, 4345:29, 4346:1, 4346:13

detection [2] - 4345:31, 4390:39
determines [1] - 4326:20
determining [1] - 4334:16
develop [4] - 4314:8, 4320:18, 4328:16, 4335:9
developed [1] - 4327:21
diagnostic [1] - 4385:2
dictate [2] - 4313:22, 4350:11
dictating [1] - 4314:10
difference [4] - 4346:19, 4407:26, 4407:34, 4408:11
differences [3] - 4313:47, 4314:7, 4322:40
different [43] - 4310:21, 4311:4, 4311:22, 4312:21, 4312:33, 4313:43, 4314:1, 4314:15, 4314:16, 4316:3, 4317:26, 4317:40, 4318:16, 4318:30, 4320:39, 4320:47, 4321:2, 4321:31, 4322:11, 4323:20, 4323:27, 4323:32, 4326:30, 4327:16, 4328:18, 4328:39, 4330:40, 4335:40, 4343:46, 4353:12, 4362:43, 4363:19, 4368:41, 4384:24, 4393:33, 4406:29, 4407:21
differently [1] - 4327:17
differing [3] - 4363:38, 4364:20, 4406:25
difficult [15] - 4313:44, 4315:19, 4315:22, 4316:35, 4319:10, 4321:27, 4332:17, 4336:40, 4337:47, 4347:6, 4350:6, 4351:10, 4383:36, 4400:6, 4400:13
difficulty [3] - 4315:47, 4330:31, 4384:44
directed [1] - 4408:15
direction [6] - 4321:3, 4321:24, 4322:42,

- 4365:40, 4408:22, 4408:26
directive [1] - 4389:23
directly [1] - 4348:20
director [5] - 4321:22, 4337:14, 4337:41, 4375:19, 4394:15
directors [2] - 4315:28, 4352:22
disadvantaged [1] - 4328:28
disagree [11] - 4349:15, 4380:27, 4394:38, 4395:47, 4396:4, 4396:9, 4396:17, 4396:19, 4396:21
disagreed [4] - 4379:14, 4395:15, 4395:16, 4395:17
disagreeing [1] - 4395:23
disagreement [5] - 4395:24, 4395:25, 4395:35, 4395:36, 4395:37
disappointed [1] - 4337:22
disaster [1] - 4383:26
disciplines [2] - 4321:31, 4367:31
disclosure [1] - 4388:18
discriminated [1] - 4311:28
discrimination [9] - 4331:19, 4331:37, 4333:13, 4334:8, 4335:22, 4336:11, 4336:13, 4337:2, 4338:10
discuss [2] - 4356:29, 4399:27
discussed [5] - 4342:18, 4342:29, 4357:8, 4358:41, 4359:18
discussing [3] - 4321:35, 4332:34, 4358:1
discussion [4] - 4365:43, 4373:19, 4375:14, 4399:29
discussions [1] - 4342:36
disproved [2] - 4384:8, 4384:10
dispute [1] - 4401:3
disputes [1] - 4311:11
disrespect [2] - 4336:2, 4388:12
disseminated [1] - 4392:30
distinction [1] - 4315:21
distress [1] - 4346:24
distributed [1] - 4369:34
distribution [2] - 4311:26, 4323:36
district [18] - 4323:22, 4327:2, 4341:46, 4348:37, 4349:14, 4351:6, 4351:23, 4356:12, 4362:9, 4375:20, 4385:47, 4388:29, 4393:42, 4401:39, 4405:4, 4405:11, 4406:19, 4407:2
District [2] - 4390:8, 4397:23
district" [1] - 4390:13
district's [2] - 4354:24, 4355:30
diverse [2] - 4314:25, 4325:29
division [1] - 4327:9
Doctor [2] - 4341:29, 4408:38
doctor [3] - 4310:13, 4312:4, 4335:31
doctors [9] - 4310:8, 4311:16, 4320:37, 4320:47, 4326:13, 4365:5, 4394:43, 4394:44, 4395:10
doctors' [1] - 4321:8
DOCUMENT [1] - 4360:5
document [49] - 4332:5, 4358:14, 4359:31, 4359:35, 4360:1, 4360:10, 4360:20, 4360:23, 4360:26, 4361:21, 4363:2, 4363:9, 4363:11, 4363:34, 4365:24, 4365:25, 4371:36, 4372:9, 4374:44, 4375:11, 4378:19, 4384:45, 4388:31, 4388:42, 4388:43, 4388:45, 4388:47, 4389:2, 4389:10, 4389:40, 4390:10, 4390:14, 4390:18, 4390:21, 4390:27, 4391:14, 4391:31, 4391:37, 4391:38, 4392:14, 4392:26, 4392:37, 4393:11, 4393:14, 4393:15, 4401:22, 4403:34, 4405:15, 4408:21
documentation [3] - 4314:41, 4381:32, 4382:42
documented [2] - 4333:45, 4395:43
documents [6] - 4314:14, 4392:33, 4393:21, 4395:13, 4399:6, 4401:16
dollars [1] - 4352:4
done [25] - 4312:7, 4316:40, 4324:44, 4326:37, 4330:6, 4330:29, 4332:10, 4333:38, 4334:43, 4337:10, 4343:36, 4344:19, 4350:11, 4366:35, 4369:31, 4377:40, 4379:5, 4379:8, 4379:9, 4382:10, 4382:11, 4388:19, 4388:22, 4397:10, 4402:40
double [1] - 4373:13
double-check [1] - 4373:13
down [28] - 4316:47, 4323:41, 4324:38, 4327:28, 4330:15, 4332:29, 4333:9, 4333:27, 4337:17, 4341:15, 4346:29, 4358:23, 4358:43, 4358:46, 4373:1, 4378:20, 4380:19, 4382:20, 4383:10, 4383:29, 4384:1, 4387:38, 4389:15, 4396:44, 4397:12, 4397:16, 4397:22, 4408:1
downgrading [1] - 4397:34
dozens [2] - 4356:27
Dr [82] - 4308:28, 4339:37, 4341:13, 4343:8, 4348:6, 4354:11, 4358:41, 4359:19, 4361:18, 4362:24, 4362:26, 4362:28, 4362:36, 4364:5, 4368:3, 4368:14, 4368:32, 4369:5, 4369:19, 4369:27, 4369:35, 4370:22, 4370:25, 4370:39, 4371:13, 4372:23, 4372:27, 4374:1, 4375:18, 4375:19, 4375:31, 4376:12, 4376:13, 4376:18, 4376:37, 4376:45, 4377:21, 4378:1, 4378:14, 4378:21, 4378:37, 4379:29, 4379:36, 4379:39, 4380:20, 4381:41, 4382:20, 4383:30, 4383:45, 4384:17, 4384:22, 4385:12, 4385:16, 4385:33, 4385:37, 4388:21, 4393:12, 4393:15, 4393:25, 4394:38, 4395:47, 4396:17, 4396:24, 4398:19, 4400:5, 4404:19, 4404:40, 4404:41, 4405:16, 4405:21, 4405:24, 4405:45, 4406:16, 4406:35, 4407:15, 4409:11, 4409:17, 4409:18, 4409:23, 4409:26, 4409:27
DRAFT [2] - 4360:3, 4360:6
Draft [1] - 4340:47
draft [15] - 4357:42, 4357:44, 4358:2, 4358:4, 4358:16, 4358:21, 4360:35, 4362:6, 4362:19, 4363:1, 4363:15, 4364:6, 4365:28, 4369:18
Draft" [1] - 4341:3
drafted [2] - 4368:43, 4369:35
drafting [1] - 4360:24
drawbacks [3] - 4318:13, 4320:12, 4320:32
drive [1] - 4310:21
driving [1] - 4310:6
dropped [1] - 4328:13
dual [2] - 4318:20, 4318:22
due [3] - 4309:28, 4386:7, 4386:43
duplicate [1] - 4364:44
duplication [1] - 4407:1
during [7] - 4315:3, 4322:37, 4334:35, 4373:2, 4383:8, 4383:10, 4407:14
dying [1] - 4346:2
dysfunctional [2] - 4365:38, 4365:39

E

- e-news** [1] - 4316:16
early [5] - 4328:26, 4339:38, 4339:44, 4360:21, 4403:10
easier [2] - 4359:5, 4371:46
easy [1] - 4387:19
echo [1] - 4394:24
ED [3] - 4385:5, 4387:16
Ed [1] - 4308:26
education [4] - 4311:2, 4361:29, 4361:43, 4365:1
educational [1] - 4310:21
effect [5] - 4321:32, 4333:2, 4334:8, 4334:16, 4361:42
effective [1] - 4313:8
effectively [3] - 4319:36, 4326:21, 4389:23
efficiencies [1] - 4348:44
efficiency [1] - 4348:41
efficiently [1] - 4348:43
effort [2] - 4330:37, 4330:44
efforts [1] - 4329:44
eight [2] - 4347:11, 4347:15
eight-hour [2] - 4347:11, 4347:15
either [7] - 4332:12, 4348:20, 4367:25, 4383:10, 4384:29, 4390:43, 4393:3
elaborate [1] - 4320:33
elected [3] - 4360:40, 4360:42, 4368:8
Election [1] - 4312:38
election [5] - 4360:41, 4360:42, 4361:14, 4361:24, 4368:12
electronic [1] - 4402:10

element [2] - 4324:2, 4392:14
elements [2] - 4349:2, 4388:19
elsewhere [1] - 4398:16
email [17] - 4373:18, 4373:23, 4403:34, 4403:46, 4404:45, 4405:2, 4405:7, 4405:12, 4405:16, 4405:21, 4405:23, 4405:26, 4405:33, 4405:34, 4406:4, 4406:7, 4406:16
emailing [1] - 4332:7
embed [1] - 4327:34
emergency [2] - 4380:38, 4402:32
Emily [1] - 4308:35
emphasising [1] - 4342:30
employed [1] - 4384:12
employee [2] - 4363:44, 4399:8
employees [2] - 4333:27, 4350:31
employer [3] - 4333:17, 4338:11, 4371:21
employment [1] - 4326:14
enable [2] - 4317:26, 4407:10
end [17] - 4322:12, 4328:2, 4330:23, 4335:40, 4336:32, 4350:23, 4355:7, 4363:41, 4367:13, 4369:27, 4370:37, 4385:4, 4390:45, 4394:28, 4397:36, 4402:4, 4407:33
ended [1] - 4352:13
ends [1] - 4329:8
engage [2] - 4332:37, 4338:6
engagement [4] - 4339:4, 4361:10, 4361:30, 4365:1
enhanced [1] - 4401:25
enhancement [2] - 4397:31, 4397:33
enhancements [2] - 4367:21, 4367:25
ensure [3] - 4329:40, 4331:12, 4332:15
Ensure [1] - 4366:6
entire [2] - 4349:14, 4372:44
entirely [1] - 4344:12
entity [1] - 4313:2
environment [1] - 4316:41
envisage [1] - 4333:40
equal [1] - 4322:24
equipment [2] - 4367:22, 4402:1
equipped [2] - 4335:27, 4336:1
escalated [5] - 4357:16, 4357:20, 4403:24, 4403:33, 4404:35
escalation [7] - 4349:3, 4349:13, 4357:26, 4357:34, 4401:46, 4402:3, 4402:6
especially [5] - 4314:5, 4324:34, 4327:15, 4335:30, 4346:24
essentially [4] - 4333:27, 4350:32, 4394:43, 4402:6
establish [3] - 4361:32, 4363:8, 4371:29
establishing [1] - 4328:32
et [2] - 4343:40, 4394:28
ethical [2] - 4366:4, 4366:34
event [2] - 4344:10, 4390:20
events [2] - 4346:2, 4346:15
eventual [1] - 4311:6
evidence [17] - 4338:27, 4339:43, 4340:29, 4341:14, 4346:41, 4348:1, 4350:47, 4367:5, 4368:23, 4380:11, 4400:11, 4402:43, 4404:35, 4408:15, 4409:12, 4409:20, 4409:28
evolution [1] - 4339:6
evolve [2] - 4325:6, 4336:6
evolved [2] - 4328:36, 4337:23
evolving [2] - 4311:3, 4328:38
exact [4] - 4323:7, 4354:39, 4358:37, 4359:20
exactly [13] - 4320:9, 4332:38, 4337:15, 4350:22, 4360:24, 4363:47, 4364:40, 4366:41, 4368:18, 4369:21, 4381:5, 4402:40, 4405:7
exam [4] - 4318:37, 4319:17, 4319:19, 4322:37
examine [1] - 4399:45
example [36] - 4311:26, 4311:27, 4319:28, 4323:11, 4325:2, 4326:15, 4326:29, 4330:22, 4332:34, 4335:13, 4336:19, 4337:27, 4344:32, 4344:33, 4344:35, 4344:39, 4345:12, 4345:26, 4345:36, 4345:42, 4347:35, 4347:37, 4347:40, 4348:29, 4361:8, 4367:20, 4367:25, 4379:3, 4383:22, 4392:37, 4398:32, 4398:35, 4399:26, 4401:12, 4401:21, 4402:31
examples [11] - 4315:45, 4320:25, 4330:23, 4337:30, 4343:11, 4343:16, 4343:21, 4347:28, 4348:10, 4350:13, 4351:43
exams [1] - 4318:19
except [1] - 4351:24
excessive [1] - 4385:42
exchange [5] - 4386:3, 4406:4, 4406:7, 4408:30, 4408:31
exclusively [1] - 4330:4
excused [2] - 4339:30, 4408:47
execution [1] - 4387:46
executive [62] - 4309:33, 4309:46, 4310:3, 4323:21, 4327:1, 4337:14, 4337:42, 4349:20, 4350:5, 4350:7, 4350:25, 4350:29, 4350:34, 4350:37, 4350:40, 4351:22, 4352:15, 4352:31, 4363:43, 4364:39, 4365:23, 4366:18, 4372:38, 4373:41, 4375:19, 4375:23, 4375:25, 4375:26, 4375:27, 4375:31, 4376:1, 4377:5, 4377:31, 4377:36, 4379:1, 4379:3, 4379:8, 4382:26, 4382:38, 4382:44, 4382:45, 4383:2, 4383:47, 4384:24, 4391:29, 4391:42, 4393:13, 4393:21, 4394:46, 4395:1, 4395:28, 4398:4, 4400:8, 4400:39, 4401:36, 4401:41, 4401:47, 4402:5, 4402:47, 4407:41, 4408:18
executives [7] - 4384:21, 4384:40, 4391:20, 4393:18, 4395:26, 4401:45
exhausting [1] - 4336:32
exhibit [2] - 4309:29, 4341:10
exhibits [1] - 4403:30
existed [1] - 4407:2
existential [2] - 4398:23, 4398:37
existing [1] - 4333:31
exists [1] - 4320:6
expand [2] - 4342:47, 4367:6
expansion [1] - 4361:36
expect [1] - 4311:3
expectation [1] - 4356:31
expectations [3] - 4336:17, 4336:25, 4336:34
expected [3] - 4322:36, 4349:16, 4364:2
expedited [2] - 4312:8, 4327:32
experience [12] - 4317:10, 4318:4, 4318:28, 4318:30, 4319:5, 4328:47, 4329:1, 4330:40, 4333:24, 4334:20, 4335:14, 4336:18
experienced [3] - 4332:24, 4345:19, 4345:20
expertise [4] - 4310:17, 4361:6, 4361:31, 4364:11
experts [2] - 4310:21, 4311:17
explain [10] - 4313:17, 4330:12, 4333:20, 4344:21, 4348:18, 4363:28, 4367:15, 4368:3, 4383:46, 4397:21
explained [2] - 4363:14, 4363:31
explaining [5] - 4372:37, 4378:37, 4379:36, 4393:13, 4393:25
explains [1] - 4388:21
explanation [6] - 4392:38, 4393:3, 4401:7, 4401:37, 4401:40, 4402:47
explore [1] - 4407:21
exploring [1] - 4322:44
exposure [5] - 4316:47, 4317:15, 4317:47, 4318:5, 4318:8
exposures [1] - 4317:37
expressed [2] - 4406:41, 4408:12
extended [1] - 4354:28
extent [8] - 4321:6, 4331:5, 4332:36, 4341:24, 4367:41, 4401:33, 4406:1, 4406:46
external [2] - 4381:7, 4381:13
extra [3] - 4387:7, 4391:2, 4401:33
eyes [2] - 4341:28, 4389:27

F

faction [5] - 4395:11, 4395:15, 4396:25, 4396:27
factions [1] - 4394:43
facts [5] - 4377:39, 4378:2, 4378:15, 4395:35
Factsheet [2] - 4388:28, 4388:37
factual [1] - 4384:1
factually [3] - 4384:4, 4384:36, 4384:38
failed [3] - 4338:4, 4338:36, 4339:7
failsafe [3] - 4347:2, 4366:42, 4390:39
failure [1] - 4408:25
fair [13] - 4310:45, 4313:7, 4326:1, 4326:23, 4331:4, 4331:13, 4332:36, 4334:12, 4334:13, 4336:14, 4338:13, 4342:40, 4366:13
Fairness [1] - 4332:30
fairness [2] - 4337:28, 4338:2
familiar [4] - 4324:14, 4370:32, 4372:9, 4376:8
families [2] - 4322:21, 4365:47
family [3] - 4320:43, 4321:8, 4321:13
far [8] - 4332:20, 4333:45, 4357:16, 4362:14, 4383:5, 4386:31, 4395:39, 4403:24
fashion [3] - 4357:24, 4380:23, 4380:29
fast [5] - 4387:8, 4387:9, 4387:10, 4387:36, 4391:22
fast-track [1] - 4387:10
fast-tracked [2] - 4387:8, 4387:9
fast-tracking [1] - 4387:36
FATES [2] - 4320:17, 4320:19
fault [3] - 4344:12, 4369:7, 4375:36
favoured [1] - 4351:31
favouring [1] - 4400:38
fear [1] - 4347:25
feasible [1] - 4320:42
February [5] - 4360:41, 4368:7, 4386:44, 4403:35, 4404:46
federal [3] - 4320:19, 4327:27, 4330:15
feed [2] - 4334:36, 4336:40
feedback [2] - 4316:42, 4327:26
fell [1] - 4406:35
fellow [14] - 4310:47, 4311:2, 4311:5, 4311:27, 4311:31, 4311:35, 4318:17, 4321:20, 4325:34, 4325:35, 4326:11, 4335:41, 4335:43, 4336:19
fellow's [2] - 4311:4, 4329:1
fellows [17] - 4310:35, 4310:37, 4310:39, 4311:10, 4320:23, 4321:28, 4326:10, 4329:15, 4329:45, 4330:35, 4332:3, 4335:24, 4335:26, 4335:36, 4335:39, 4336:1, 4336:3
fellows' [1] - 4330:36
fellowship [10] - 4312:21, 4312:33, 4312:34, 4312:39, 4312:41, 4313:30, 4318:15, 4322:12, 4330:34, 4336:20
fellowships [1] - 4318:29
felt [35] - 4332:15, 4333:36, 4334:46, 4345:33, 4346:26, 4355:42, 4356:2, 4356:31, 4357:22, 4361:3, 4361:13, 4361:15, 4362:13, 4364:46, 4365:11, 4365:12, 4365:30, 4365:47, 4366:3, 4366:5, 4366:8, 4377:24, 4381:1, 4381:2, 4390:41, 4393:18, 4394:47, 4395:2, 4395:3, 4395:21, 4397:30, 4401:20, 4401:27, 4402:35, 4408:18
few [6] - 4312:33, 4359:24, 4378:20, 4382:28, 4384:7, 4395:7
field [2] - 4310:8, 4339:12
fields [2] - 4310:21, 4312:5
FIFO [1] - 4330:47
fill [1] - 4345:4
filling [1] - 4324:1
filter [1] - 4337:42
finally [4] - 4338:20, 4396:38, 4399:42, 4407:5
finances [3] - 4343:45, 4348:25, 4349:9
financial [2] - 4348:30, 4348:31
fine [5] - 4311:12, 4330:42, 4335:42, 4374:47, 4383:3
fingers [1] - 4385:3
finish [4] - 4311:7, 4322:38, 4325:37, 4369:16
Finocchiaro [1] - 4399:32
first [43] - 4310:28, 4333:11, 4334:10, 4342:3, 4345:3, 4346:20, 4349:2, 4349:28, 4349:34, 4356:25, 4356:38, 4358:13, 4360:42, 4361:21, 4362:26, 4362:39, 4362:47, 4365:42, 4368:13, 4370:31, 4372:23, 4372:33, 4373:31, 4376:23, 4377:12, 4377:39, 4379:26, 4379:44, 4385:25, 4388:3, 4392:25, 4392:28, 4393:35, 4395:7, 4399:12, 4399:21, 4401:42, 4402:9, 4402:32, 4403:30, 4406:36
firstly [9] - 4309:16, 4310:2, 4320:31, 4334:15, 4342:8, 4349:12, 4373:46, 4395:46, 4397:5
fit [2] - 4314:17, 4328:20
five [10] - 4338:33, 4338:40, 4345:15, 4345:17, 4345:19, 4347:12, 4385:46, 4401:4, 4402:16, 4404:3
five-minute [1] - 4404:3
five-year [1] - 4338:33
fix [1] - 4383:4
fixed [1] - 4398:43
flexibility [10] - 4315:13, 4315:18, 4315:35, 4318:43, 4321:8, 4321:28, 4321:35, 4322:19, 4322:24, 4322:31
flexible [3] - 4318:11, 4318:44, 4321:16
flicking [1] - 4373:16
flow [1] - 4345:25
flowing [1] - 4330:21
flown [1] - 4317:40
flows [1] - 4317:25
fly [3] - 4316:20, 4316:30, 4316:36
fly-in/fly-out [3] - 4316:20, 4316:30, 4316:36
focus [15] - 4310:8, 4311:15, 4313:26, 4313:41, 4314:41, 4315:32, 4318:37, 4319:38, 4321:30, 4328:44, 4339:11, 4352:41, 4352:44, 4365:3
focuses [1] - 4313:41
focusing [1] - 4312:46
follow [1] - 4375:44
following [9] - 4328:25, 4337:43, 4338:13, 4338:37, 4373:17, 4390:14, 4394:34, 4396:41, 4404:30
food [1] - 4346:10
force [3] - 4322:47, 4325:9, 4369:38
forget [1] - 4335:43
forgone [1] - 4347:17
forgotten [1] - 4404:7
form [2] - 4361:7, 4399:21
formal [10] - 4332:4, 4346:47, 4347:3, 4347:5, 4347:16, 4347:19, 4347:20, 4349:3, 4408:22
forms [1] - 4334:7
formulating [1] - 4339:10
forums [1] - 4394:25
forward [2] - 4310:7, 4394:26
four [12] - 4344:41, 4345:13, 4345:17, 4348:29, 4348:30, 4366:6, 4379:32, 4382:36, 4383:9, 4385:45, 4398:33
four-hour [1] - 4382:36
fractions [2] - 4383:10, 4384:20
framework [1] - 4313:45
Fraser [1] - 4308:29
free [1] - 4341:24
freshness [1] - 4409:13
friction [1] - 4395:33
friend [2] - 4400:12, 4403:12
fly [3] - 4330:24, 4336:34, 4341:15, 4341:26, 4351:3, 4388:45, 4390:7, 4408:2, 4408:5
frustrated [1] - 4336:24
frustration [2] - 4391:19, 4393:17
FTE [7] - 4314:9, 4383:33, 4384:11, 4384:28, 4384:30, 4384:32, 4401:32
FTE' [1] - 4384:6
FTEs [1] - 4384:14
fulfilled [1] - 4335:28
full [2] - 4337:1, 4340:13
Fuller [2] - 4308:30, 4309:11
FULLER [8] - 4309:3, 4309:9, 4309:11, 4309:28, 4309:33, 4328:13, 4331:26, 4339:16
fully [2] - 4337:15, 4384:27
fulsome [1] - 4402:47
function [3] - 4327:46, 4328:3, 4372:19
functions [4] - 4310:10, 4327:9, 4364:37, 4364:38
fundamental [8] - 4343:25, 4343:40, 4344:27, 4346:45, 4349:8, 4365:13, 4377:11, 4381:36
fundamentally [1] - 4367:37
funding [4] - 4320:18, 4320:19, 4320:22
Funding [1] - 4308:9

funds [1] - 4398:26
future [4] - 4335:10,
 4360:46, 4401:22

G

gains [1] - 4348:41
gap [2] - 4345:4,
 4383:34
gathering [2] - 4378:2,
 4378:15
geared [1] - 4310:11
General [2] - 4340:18,
 4360:2
general [18] - 4309:47,
 4311:25, 4328:32,
 4329:39, 4335:34,
 4342:10, 4342:14,
 4344:22, 4350:33,
 4353:28, 4353:30,
 4367:29, 4379:46,
 4384:47, 4385:40,
 4388:13, 4400:18
GENERAL [1] - 4360:5
generic [1] - 4344:34
genuinely [1] -
 4390:36
Gina [1] - 4399:32
given [23] - 4312:41,
 4325:2, 4331:13,
 4342:46, 4343:2,
 4343:5, 4343:21,
 4355:34, 4359:12,
 4371:44, 4392:33,
 4392:35, 4392:37,
 4393:4, 4400:12,
 4401:7, 4403:16,
 4405:3, 4408:1,
 4408:2, 4408:22,
 4409:12

global [1] - 4393:47
Glover [1] - 4308:27
glowing [1] - 4388:7
GM [2] - 4380:7,
 4380:11
goal [1] - 4335:46
God [1] - 4349:45
governance [1] -
 4313:8
governed [1] -
 4325:46
governing [1] - 4310:5
government [4] -
 4320:18, 4320:19,
 4337:36, 4351:45
governments [1] -
 4337:37
gradual [1] - 4397:34
graduate [3] -
 4312:16, 4322:8,

4322:9
graduates [1] -
 4312:15
graphs [1] - 4356:43
grasp [1] - 4309:42
grateful [2] - 4339:26,
 4408:46
great [2] - 4321:16,
 4341:17
greater [5] - 4364:47,
 4387:15, 4387:16,
 4407:6
greatest [1] - 4381:9
grieve [1] - 4332:16
group [10] - 4314:25,
 4334:39, 4377:5,
 4382:25, 4395:2,
 4395:10, 4395:26,
 4395:32, 4396:28
groups [3] - 4337:14,
 4394:43, 4395:33
guarantee [1] -
 4337:47
guess [11] - 4322:24,
 4350:26, 4352:26,
 4352:44, 4356:6,
 4361:38, 4393:20,
 4395:10, 4396:21,
 4400:22, 4401:11
guessing [3] - 4356:3,
 4356:4
guide [3] - 4314:23,
 4314:43, 4328:21
guiding [4] - 4332:28,
 4365:42, 4365:45,
 4368:7
guys [1] - 4393:42

H

H6.3 [1] - 4309:29
H7.1.6 [1] - 4403:31
H7.12 [1] - 4341:10
H7.12.15 [1] - 4407:37
H7.12.7 [1] - 4404:43
H7.12.8 [1] - 4405:13
H7.12.9 [1] - 4405:26
HAC [1] - 4329:35
haematology [3] -
 4352:20, 4394:15,
 4394:17
half [2] - 4382:21,
 4382:34
halfway [1] - 4321:24
Hallahan [39] -
 4369:19, 4369:35,
 4370:39, 4371:13,
 4372:23, 4372:27,
 4374:1, 4375:18,
 4375:19, 4375:31,

4376:12, 4376:13,
 4376:18, 4376:37,
 4376:45, 4377:21,
 4378:1, 4378:14,
 4378:21, 4378:37,
 4379:36, 4379:39,
 4380:20, 4381:41,
 4382:20, 4383:30,
 4383:45, 4386:2,
 4386:3, 4388:21,
 4393:12, 4393:15,
 4393:25, 4399:17,
 4399:26, 4409:18,
 4409:23, 4409:26
hand [5] - 4325:45,
 4349:44, 4359:25,
 4389:15, 4396:2
handed [6] - 4359:31,
 4360:27, 4407:41,
 4407:44, 4407:46,
 4408:21
handle [2] - 4361:5,
 4361:12
handled [1] - 4334:23
handling [1] - 4335:2
handshake [1] -
 4369:22
handwriting [2] -
 4408:4, 4408:6
hang [1] - 4355:45
Hao [3] - 4383:37,
 4385:12, 4385:14
HAO [1] - 4385:17
happily [1] - 4323:39
happy [7] - 4327:33,
 4331:42, 4336:30,
 4351:14, 4368:15,
 4368:19, 4409:35
harassed [1] -
 4311:28
harassment [22] -
 4331:20, 4331:37,
 4333:14, 4334:8,
 4335:22, 4336:11,
 4336:13, 4337:2,
 4338:10, 4342:25,
 4343:1, 4343:12,
 4343:24, 4343:28,
 4343:34, 4343:40,
 4370:41, 4377:13,
 4377:24, 4377:42,
 4377:45, 4395:18
hard [10] - 4314:2,
 4323:7, 4330:9,
 4341:21, 4341:25,
 4348:26, 4350:29,
 4359:4, 4374:45,
 4391:3
harder [1] - 4319:19
harm [1] - 4381:10

hat [1] - 4316:3
head [2] - 4343:24,
 4380:47
headed [1] - 4388:37
headmaster [1] -
 4351:3
headmaster/
headmistress [1] -
 4350:9
headmaster/
headmistress-pupil
 [1] - 4350:9
headmaster/pupil [2]
 - 4350:44, 4408:33
heads [1] - 4367:28
Health [20] - 4308:35,
 4320:7, 4322:45,
 4323:43, 4324:13,
 4324:17, 4325:9,
 4338:21, 4341:30,
 4341:36, 4346:47,
 4361:39, 4365:14,
 4366:44, 4366:46,
 4381:30, 4390:8,
 4397:23, 4399:8,
 4407:47
health [25] - 4322:46,
 4323:22, 4326:16,
 4326:39, 4327:2,
 4330:15, 4330:21,
 4330:22, 4333:17,
 4337:35, 4341:46,
 4343:32, 4346:25,
 4356:47, 4361:39,
 4362:9, 4365:10,
 4365:13, 4365:17,
 4365:18, 4366:1,
 4366:32, 4371:13,
 4388:29, 4390:13
Healthcare [1] -
 4308:9
healthy [1] - 4322:3
hear [5] - 4328:9,
 4328:11, 4329:31,
 4381:44, 4409:17
heard [6] - 4342:44,
 4373:10, 4388:1,
 4402:33, 4406:11,
 4407:11
hearing [1] - 4346:41
heckling [1] - 4394:31
held [6] - 4309:37,
 4309:45, 4340:21,
 4342:41, 4380:42,
 4400:45
help [15] - 4311:34,
 4314:28, 4316:33,
 4318:45, 4318:46,
 4319:1, 4324:28,
 4327:5, 4327:36,

4330:16, 4330:32,
 4334:32, 4337:11,
 4338:6, 4373:11
helped [1] - 4346:12
helpful [7] - 4323:41,
 4324:8, 4333:39,
 4334:42, 4336:41,
 4386:11, 4386:12
helping [6] - 4311:1,
 4311:6, 4314:34,
 4324:36, 4328:26,
 4329:2
helps [1] - 4328:42
hence [4] - 4395:40,
 4395:41, 4395:42
Hensley [2] - 4409:17,
 4409:27
hesitation [1] -
 4335:11
hi [1] - 4405:36
high [3] - 4382:25,
 4394:44, 4397:36
high-end [1] - 4397:36
higher [2] - 4337:47,
 4357:28
highest [2] - 4366:4,
 4366:34
highlight [1] - 4390:28
highlighted [4] -
 4389:19, 4389:20,
 4390:28, 4390:29
highly [2] - 4370:40,
 4395:31
Hilbert [2] - 4308:35,
 4341:36
hired [1] - 4381:38
historical [2] -
 4313:19, 4313:30
history [1] - 4337:29
hitting [1] - 4338:39
hmm [2] - 4332:31,
 4375:16
home [1] - 4379:4
honest [1] - 4325:14
honestly [1] - 4385:18
hopefully [1] -
 4385:33
hoping [1] - 4407:17
hospital [43] -
 4311:32, 4323:24,
 4326:15, 4326:36,
 4326:42, 4327:6,
 4327:15, 4327:21,
 4328:19, 4328:40,
 4333:17, 4333:25,
 4333:30, 4337:14,
 4338:5, 4342:8,
 4342:19, 4343:23,
 4343:25, 4344:1,
 4344:3, 4346:46,

4348:25, 4350:30,
4352:5, 4353:30,
4357:4, 4361:7,
4361:31, 4365:9,
4365:41, 4365:46,
4383:18, 4395:36,
4397:24, 4398:24,
4398:38, 4402:15,
4402:23, 4402:26,
4403:2, 4407:11

Hospital [5] - 4314:1,
4340:18, 4352:24,
4360:2, 4397:25

HOSPITAL [1] -
4360:6

hospitals [3] -
4327:14, 4397:37,
4405:11

hour [7] - 4347:11,
4347:15, 4382:29,
4382:36, 4404:4,
4405:3

house [1] - 4365:41

HR [5] - 4311:35,
4311:38, 4336:29,
4371:8, 4371:13

human [2] - 4324:2,
4371:12

hurting [1] - 4337:17

I

lan [1] - 4308:29

IC1 [1] - 4328:16

IC3 [1] - 4328:17

idea [2] - 4320:19,
4332:10

ideally [2] - 4345:15,
4409:19

ideas [2] - 4356:29,
4378:4

identified [3] -
4343:16, 4361:3,
4390:21

identify [1] - 4390:15

ignore [1] - 4311:42

ill [1] - 4335:46

images [1] - 4380:36

imagine [1] - 4378:3

imaging [1] - 4380:39

immediate [1] -
4402:15

immediately [2] -
4341:15, 4341:26

impact [2] - 4320:38,
4328:47

impacted [1] - 4335:4

implemented [2] -
4321:7, 4322:27

implying [1] - 4366:27

important [18] -
4313:7, 4315:18,
4315:26, 4325:31,
4329:31, 4331:7,
4331:12, 4335:24,
4335:35, 4336:4,
4336:17, 4336:25,
4336:33, 4352:39,
4395:13, 4396:11,
4402:1, 4405:10

impression [4] -
4321:47, 4368:18,
4387:35, 4387:36

improve [12] -
4324:37, 4327:32,
4330:16, 4330:32,
4332:14, 4335:44,
4336:5, 4338:7,
4343:36, 4344:19,
4344:26, 4387:38

improved [2] -
4327:26, 4329:45

improvement [1] -
4344:29

improvements [2] -
4327:34, 4390:16

improving [5] -
4328:39, 4337:11,
4339:2, 4352:42,
4387:39

ims [1] - 4347:1

in/fly [3] - 4316:20,
4316:30, 4316:36

inaccurate [1] -
4384:4

inadvertently [1] -
4341:2

incident [4] - 4336:43,
4343:35, 4344:18,
4381:9

incidents [1] -
4342:19

include [4] - 4314:22,
4361:25, 4361:26,
4365:9

included [6] -
4317:29, 4324:27,
4343:39, 4362:29,
4401:26, 4406:30

includes [1] - 4332:33

including [6] - 4311:9,
4322:28, 4334:11,
4343:31, 4348:30,
4373:37

incongruent [1] -
4321:14

incorporate [1] -
4321:7

incorrect [2] -
4384:36, 4384:38

increase [3] - 4386:34,
4386:35

increased [2] -
4348:21, 4348:22

independent [1] -
4381:7

indicated [2] -
4400:18, 4400:36

indicators [1] -
4356:42

indictment [1] -
4317:43

individual [11] -
4313:13, 4313:33,
4313:40, 4315:14,
4326:20, 4333:42,
4334:27, 4334:30,
4398:5, 4398:6,
4402:28

individual-wide [1] -
4334:30

industrial [1] - 4361:9

influence [2] -
4351:40, 4394:46

influx [2] - 4345:4,
4346:20

information [14] -
4320:8, 4323:40,
4336:40, 4337:41,
4337:42, 4337:46,
4342:33, 4342:37,
4348:36, 4353:17,
4353:21, 4384:23,
4384:25, 4403:6

informed [2] -
4338:27, 4404:18

infrastructure [3] -
4387:10, 4387:11,
4387:37

inherent [1] - 4315:47

initial [1] - 4376:27

initiative [4] -
4319:28, 4356:40,
4356:41, 4402:1
4401:44

inner [1] - 4395:3

innovative [3] -
4389:33, 4390:43,
4391:3

input [3] - 4350:11,
4401:6, 4402:11

Inquiry [3] - 4308:7,
4340:24, 4341:36

INQUIRY [1] - 4409:40

inside [2] - 4314:38,
4325:28

inspecting [1] -
4335:1

inspection [2] -
4334:33, 4334:35

inspectors [1] -
4335:1

instances [4] -
4334:36, 4334:45,
4336:28, 4336:41

instead [5] - 4345:17,
4345:19, 4345:47,
4404:18, 4405:5

instruction [1] -
4363:43

instructions [1] -
4408:36

insufficient [1] -
4345:8

insurmountable [1] -
4322:2

intake [2] - 4325:42,
4325:43

integrity [2] - 4366:4,
4366:33

intensive [26] -
4310:5, 4310:8,
4310:11, 4310:30,
4312:3, 4312:17,
4312:40, 4312:42,
4312:47, 4313:13,
4313:39, 4316:19,
4316:29, 4317:1,
4317:3, 4318:24,
4318:26, 4318:27,
4319:33, 4320:17,
4321:41, 4325:22,
4328:33, 4330:39,
4335:7, 4340:17

Intensive [2] - 4309:4,
4311:13

intensivists [1] -
4324:47

intent [1] - 4326:44

interaction [1] -
4408:34

interactions [1] -
4403:10

interesting [2] -
4327:24, 4356:24

interests [4] -
4310:35, 4365:46,
4366:30, 4366:31

interim [1] - 4399:17

international [2] -
4312:15, 4312:16

internet [2] - 4327:43,
4328:4

interpersonal [4] -
4329:19, 4329:27,
4329:47, 4334:18

interpret [1] - 4408:30

interpretation [18] -
4342:43, 4361:44,
4361:47, 4362:1,
4362:2, 4362:3,
4362:5, 4362:10,
4363:18, 4363:19,
4389:35, 4389:36,
4406:38, 4406:39,
4407:34, 4407:35,
4408:12

interpretations [3] -
4362:5, 4363:22,
4406:25

interpreted [2] -
4405:7, 4406:32

interrupt [7] -
4312:14, 4339:42,
4344:43, 4347:34,
4357:26, 4359:3,
4375:35

interrupted [3] -
4345:11, 4371:18,
4399:28

interruption [3] -
4327:44, 4328:4,
4371:17

interview [2] -
4334:41, 4387:25

intimidated [1] -
4345:34

intimidation [1] -
4343:28

investigate [4] -
4336:10, 4338:14,
4381:35, 4381:39

investigated [4] -
4338:11, 4377:41,
4377:44, 4381:11

investigating [3] -
4381:33, 4381:37

investigation [7] -
4337:1, 4338:16,
4381:8, 4381:13,
4381:17, 4381:26,
4381:31

investigations [1] -
4388:18

invitation [6] -
4354:24, 4354:28,
4354:39, 4355:9,
4355:29, 4356:11

invite [1] - 4343:11

invited [6] - 4376:34,
4401:14, 4401:17,
4401:31, 4403:47,
4406:17

inviting [1] - 4371:15

involved [3] - 4316:25,
4335:21, 4361:35

involves [1] - 4310:3

isolated [1] - 4336:43

issue [37] - 4314:46,

4315:30, 4315:37,
4321:41, 4323:10,
4324:45, 4328:45,
4334:26, 4334:27,
4343:25, 4344:27,
4344:35, 4345:23,
4348:14, 4349:4,
4350:14, 4350:16,
4351:24, 4351:27,
4352:39, 4355:34,
4364:6, 4377:7,
4377:8, 4377:11,
4377:21, 4380:34,
4381:36, 4384:11,
4386:23, 4386:29,
4390:24, 4395:25,
4396:2, 4404:36,
4406:15, 4406:41
issues [69] - 4315:44,
4323:37, 4328:46,
4329:26, 4329:37,
4329:39, 4329:47,
4330:26, 4331:7,
4331:14, 4335:2,
4342:10, 4342:14,
4342:30, 4342:47,
4343:23, 4344:7,
4344:24, 4349:3,
4349:10, 4350:19,
4350:25, 4350:34,
4351:27, 4352:45,
4352:47, 4361:3,
4361:5, 4361:6,
4361:28, 4363:35,
4365:20, 4366:40,
4367:18, 4367:30,
4368:10, 4374:9,
4381:34, 4382:37,
4383:14, 4387:8,
4388:6, 4388:9,
4389:24, 4391:20,
4391:22, 4391:23,
4391:24, 4391:28,
4393:19, 4395:17,
4401:43, 4402:26,
4402:31, 4402:33,
4402:34, 4402:37,
4403:17, 4403:19,
4404:2, 4404:3,
4404:22, 4404:26,
4404:39, 4405:10,
4405:44, 4406:2,
4406:8
IT [2] - 4379:5, 4379:7
it'll [1] - 4359:8
item [1] - 4310:28
iterative [2] - 4338:36,
4339:6

J

Jewitt [7] - 4353:34,
4353:42, 4379:46,
4380:3, 4384:47,
4385:10, 4388:13
JMO [4] - 4313:27,
4323:31, 4325:29,
4325:33
JMOs [1] - 4336:2
job [4] - 4315:22,
4351:22, 4388:5,
4388:8
jobs [4] - 4320:28,
4335:10, 4337:36,
4387:26
John [3] - 4403:35,
4404:46, 4405:39
join [2] - 4322:4
joins [1] - 4326:11
Joseph [10] - 4353:34,
4353:42, 4379:42,
4379:44, 4379:46,
4380:2, 4380:3,
4384:47, 4385:10,
4388:13
journey [9] - 4311:2,
4311:4, 4316:13,
4318:15, 4322:11,
4330:34, 4335:37,
4335:39, 4335:44
judgment [1] -
4361:45
Judith [3] - 4394:11,
4394:14, 4395:8
Juliette [1] - 4399:10
July [5] - 4308:22,
4309:17, 4331:41,
4333:5, 4340:25
jump [1] - 4331:35
jumping [1] - 4337:8
June [3] - 4370:26,
4379:26, 4395:10
junior [1] - 4346:20
jurisdiction [9] -
4311:35, 4313:45,
4315:31, 4319:4,
4320:6, 4321:22,
4329:21, 4336:29,
4337:40
jurisdictional [7] -
4311:33, 4311:42,
4326:16, 4326:38,
4327:4, 4329:42,
4333:23
jurisdictions [5] -
4310:37, 4311:22,
4311:38, 4320:2,
4325:43
justification [2] -

4364:26, 4364:27

K

keen [3] - 4322:33,
4322:47, 4327:31
keep [3] - 4369:14,
4373:15, 4402:38
Keep [1] - 4345:11
keeping [1] - 4329:10
kept [2] - 4353:15
key [3] - 4329:20,
4339:4, 4342:28
kind [10] - 4316:19,
4324:12, 4324:25,
4330:26, 4333:21,
4334:17, 4336:5,
4339:6, 4349:36,
4373:33
knocked [1] - 4401:44
knowledge [5] -
4309:25, 4319:42,
4327:3, 4353:9,
4404:1
known [1] - 4335:7
knows [3] - 4330:27,
4349:47, 4385:46
Kruk [2] - 4312:8,
4324:35
KUEN [1] - 4340:9
Kuen [1] - 4340:15

L

lack [6] - 4313:6,
4323:16, 4348:3,
4348:24, 4387:42,
4402:42
lacking [1] - 4336:16
laid [1] - 4377:21
land [1] - 4327:6
language [1] -
4334:10
large [5] - 4314:6,
4314:33, 4314:36,
4366:39, 4373:32
last [18] - 4322:3,
4324:23, 4324:34,
4327:25, 4330:10,
4330:18, 4333:5,
4340:44, 4348:30,
4348:31, 4369:33,
4380:5, 4385:43,
4396:38, 4399:31,
4399:32, 4401:3,
4406:23
lawful [2] - 4363:42,
4363:43
laws [16] - 4361:39,
4363:17, 4363:30,
4363:36, 4363:39,
4364:21, 4366:44,
4406:32, 4406:37,
4407:26, 4407:33,
4408:12, 4408:16,
4408:18
layers [1] - 4326:36
lead [2] - 4329:42,
4330:1
leader [3] - 4347:41,
4349:23, 4349:30
leaders [3] - 4322:46,
4352:22, 4352:24
leadership [1] -
4349:22
leading [3] - 4334:32,
4348:46, 4387:9
learn [2] - 4330:34,
4334:9
learned [1] - 4403:12
learning [1] - 4311:3
least [10] - 4315:13,
4321:37, 4335:14,
4335:21, 4337:1,
4349:28, 4393:24,
4401:3, 4404:25,
4406:33
leave [6] - 4312:14,
4321:10, 4321:18,
4345:2, 4356:8,
4387:26
leaves [2] - 4345:40,
4384:28
leaving [5] - 4311:25,
4343:26, 4343:28,
4352:41, 4383:7
led [1] - 4349:9
left [5] - 4318:35,
4362:33, 4375:36,
4383:10, 4384:21
legal [3] - 4332:23,
4364:6, 4364:11
length [1] - 4342:27
lengthy [2] - 4332:5,
4337:32
less [2] - 4345:45,
4381:37
letter [50] - 4341:45,
4342:3, 4342:11,
4342:15, 4343:23,
4350:19, 4354:4,
4354:6, 4354:10,
4354:18, 4354:23,
4354:29, 4354:31,
4355:7, 4355:16,
4356:20, 4357:21,
4357:28, 4357:33,
4360:44, 4360:46,
4361:3, 4361:15,

4368:7, 4368:8,
4368:12, 4368:14,
4368:15, 4368:20,
4368:22, 4368:26,
4368:38, 4368:39,
4368:41, 4368:43,
4370:7, 4370:14,
4370:33, 4370:47,
4373:34, 4373:47,
4374:18, 4376:27,
4395:41, 4399:7,
4399:16, 4399:22,
4399:32, 4407:41
letting [1] - 4326:3
level [14] - 4315:13,
4322:30, 4325:3,
4327:10, 4327:27,
4328:19, 4332:35,
4337:35, 4337:36,
4338:11, 4344:22,
4345:29, 4382:25,
4405:17
Level [1] - 4308:18
levels [1] - 4323:27
LHD [1] - 4390:6
lies [1] - 4361:38
life [5] - 4318:19,
4321:2, 4321:8,
4332:17, 4335:33
likely [1] - 4351:40
limit [1] - 4321:19
limitation [2] - 4391:1,
4391:7
limitations [8] -
4319:21, 4389:30,
4390:32, 4390:37,
4390:46, 4391:28,
4392:15, 4392:46
limiting [1] - 4324:25
line [20] - 4311:12,
4314:17, 4324:38,
4330:42, 4332:20,
4333:21, 4333:28,
4334:2, 4340:44,
4352:7, 4377:14,
4377:16, 4389:26,
4391:31, 4391:42,
4392:5, 4392:16,
4393:5, 4393:6,
4396:22
lines [3] - 4367:29,
4378:20, 4399:29
linked [1] - 4344:17
links [1] - 4317:20
list [4] - 4384:17,
4384:19, 4402:9,
4402:36
listed [2] - 4332:28,
4364:37
listen [6] - 4349:28,

- 4350:27, 4350:31,
4356:30, 4356:33,
4400:25
listened [1] - 4333:37
listening [3] -
4349:42, 4349:44
live [2] - 4316:23,
4316:26
lives [1] - 4320:36
Local [2] - 4390:8,
4397:23
local [14] - 4311:35,
4320:23, 4323:22,
4330:21, 4336:29,
4337:35, 4337:36,
4341:46, 4357:34,
4362:9, 4388:29,
4390:13, 4405:17
locate [1] - 4400:11
location [1] - 4317:41
locations [3] -
4315:29, 4315:38,
4316:21
locum [1] - 4384:29
lodge [1] - 4332:12
log [1] - 4402:11
London [1] - 4344:2
long-term [1] -
4402:16
longwinded [1] -
4329:7
Look [1] - 4385:42
look [39] - 4310:27,
4318:34, 4320:21,
4322:1, 4324:8,
4326:42, 4328:21,
4334:5, 4334:11,
4341:24, 4341:25,
4345:41, 4345:43,
4347:8, 4347:23,
4347:47, 4356:26,
4356:43, 4358:14,
4361:28, 4362:28,
4363:11, 4363:41,
4369:9, 4370:37,
4371:46, 4378:3,
4378:47, 4380:30,
4380:41, 4381:34,
4387:17, 4387:43,
4388:7, 4395:20,
4399:12, 4402:39,
4406:7, 4407:25
looked [7] - 4325:5,
4325:6, 4336:8,
4371:22, 4377:41,
4377:45, 4402:8
looking [11] - 4344:2,
4345:46, 4358:40,
4361:8, 4361:9,
4361:10, 4361:11,
4376:19, 4378:2,
4389:33
looks [1] - 4372:6
loose [1] - 4361:40
lose [3] - 4336:18,
4336:20, 4383:26
losing [6] - 4343:26,
4345:16, 4383:15,
4383:16
lost [7] - 4327:41,
4328:1, 4365:39,
4383:18, 4383:22,
4383:24, 4383:25
love [2] - 4337:45,
4339:1
low [3] - 4321:47,
4325:44, 4325:45
lowered [1] - 4402:46
lowest [1] - 4352:2
lumbered [1] -
4388:15
lunch [1] - 4369:9
-
- M**
-
- machine** [3] - 4391:2,
4391:4
machinery [2] -
4367:21, 4387:20
Macquarie [1] -
4308:18
made [1] - 4390:16
main [3] - 4314:32,
4326:37, 4397:24
maintain [3] -
4328:27, 4332:15,
4337:19
maintained [1] -
4334:47
maintaining [1] -
4331:8
major [4] - 4343:24,
4346:2, 4388:9,
4395:16
majority [2] - 4310:23,
4318:33
maldistribution [1] -
4323:29
manage [10] -
4336:33, 4345:25,
4361:5, 4361:30,
4361:32, 4367:24,
4379:1, 4390:36,
4393:21, 4393:43
managed [1] -
4327:34
management [10] -
4331:9, 4331:13,
4332:35, 4337:28,
4343:29, 4345:30,
4377:8, 4392:31,
4397:35, 4398:12
manager [10] -
4309:47, 4353:28,
4353:30, 4367:29,
4379:46, 4380:42,
4384:47, 4385:41,
4388:13, 4399:8
managers [7] -
4347:23, 4347:44,
4351:30, 4380:43,
4380:44, 4381:2,
4381:3
managing [4] -
4336:16, 4336:25,
4345:24, 4393:19
mandated [3] -
4365:16, 4366:45,
4366:47
mandatory [1] -
4314:45
manifesto [1] -
4361:13
manner [4] - 4367:19,
4370:39, 4391:36,
4393:19
March [4] - 4358:16,
4358:40, 4360:23,
4360:41
mark [2] - 4333:29,
4359:39
marked [1] - 4359:8
massive [1] - 4349:46
matter [3] - 4311:16,
4350:2, 4395:35
matters [2] - 4361:41,
4361:42
max [1] - 4314:40
maximum [1] -
4317:34
MAY [1] - 4360:7
mean [24] - 4314:44,
4322:36, 4327:34,
4338:28, 4343:2,
4344:44, 4345:28,
4348:18, 4349:40,
4349:42, 4367:16,
4367:42, 4368:5,
4377:30, 4380:31,
4380:32, 4385:46,
4386:47, 4390:32,
4391:1, 4392:37,
4392:39, 4397:21,
4403:32
means [2] - 4338:3,
4347:37
meant [1] - 4390:2
mechanism [8] -
4329:14, 4347:1,
4347:2, 4347:22,
4349:4, 4390:39,
4401:40
mechanisms [2] -
4366:42, 4367:7
mediate [1] - 4381:34
Medical [5] - 4312:23,
4312:26, 4312:27,
4324:15, 4360:2
medical [34] -
4310:13, 4312:15,
4312:16, 4340:46,
4342:34, 4346:25,
4353:24, 4357:39,
4358:2, 4358:33,
4360:13, 4360:21,
4361:33, 4361:36,
4361:40, 4361:41,
4361:42, 4362:8,
4362:11, 4362:16,
4365:6, 4365:15,
4365:37, 4367:1,
4375:19, 4394:41,
4394:42, 4397:45,
4397:47, 4401:35,
4401:42, 4402:45,
4406:31
MEDICAL [1] - 4360:6
medications [1] -
4346:9
medicine [8] - 4312:3,
4312:17, 4312:47,
4316:19, 4319:12,
4319:34, 4321:42,
4328:33
Medicine [1] - 4309:4
meet [4] - 4355:33,
4355:41, 4355:46,
4377:32
meeting [125] -
4315:47, 4323:30,
4338:31, 4341:40,
4341:44, 4342:7,
4342:18, 4342:28,
4342:46, 4343:4,
4343:8, 4343:33,
4348:6, 4348:7,
4350:18, 4350:21,
4350:39, 4350:47,
4354:14, 4355:31,
4355:38, 4356:25,
4356:27, 4356:28,
4356:30, 4356:38,
4356:41, 4358:41,
4359:19, 4362:26,
4362:35, 4362:39,
4362:47, 4363:2,
4363:10, 4363:13,
4363:22, 4363:28,
4368:13, 4368:19,
4369:17, 4369:19,
4369:27, 4370:15,
4370:21, 4370:23,
4371:15, 4371:32,
4371:46, 4372:5,
4372:24, 4372:27,
4372:30, 4372:31,
4372:34, 4372:44,
4372:47, 4373:1,
4373:2, 4373:12,
4373:17, 4374:2,
4374:41, 4375:28,
4376:4, 4376:24,
4376:25, 4376:26,
4376:32, 4376:38,
4376:44, 4377:2,
4377:5, 4377:10,
4377:28, 4377:31,
4377:34, 4377:37,
4379:32, 4381:14,
4382:14, 4382:17,
4382:29, 4382:36,
4383:25, 4384:23,
4384:46, 4385:26,
4386:16, 4388:4,
4389:14, 4392:19,
4393:24, 4393:36,
4395:42, 4396:1,
4396:39, 4396:41,
4399:15, 4399:18,
4399:26, 4399:28,
4399:30, 4399:36,
4399:39, 4403:47,
4404:19, 4404:25,
4404:31, 4404:40,
4404:41, 4405:37,
4406:12, 4406:15,
4406:20, 4407:33,
4407:39, 4408:11,
4408:32
meeting [1] - 4399:35
meetings [39] -
4323:46, 4324:17,
4324:18, 4330:31,
4350:40, 4350:41,
4350:45, 4354:25,
4356:12, 4356:19,
4356:21, 4356:24,
4357:5, 4362:28,
4362:30, 4362:43,
4372:14, 4372:16,
4372:17, 4372:18,
4375:24, 4378:1,
4378:15, 4384:16,
4386:22, 4388:2,
4388:3, 4388:4,
4394:30, 4395:43,
4399:19, 4403:12,
4403:18, 4403:19,
4406:43, 4407:15
melting [2] - 4318:28,
4330:39

- member** [5] - 4336:36, 4351:25, 4375:23, 4375:27, 4404:9
- members** [9] - 4310:23, 4335:24, 4335:36, 4336:3, 4361:14, 4368:9, 4368:12, 4373:32, 4385:9
- memory** [1] - 4354:38
- mentioned** [4] - 4320:32, 4321:9, 4376:21, 4379:44
- mentioned"** [1] - 4376:20
- mentor** [1] - 4316:33
- message** [2] - 4350:33, 4375:37
- met** [4] - 4382:26, 4385:25, 4385:31, 4404:40
- metro** [2] - 4314:6, 4322:28
- MFI** [4] - 4359:39, 4359:44, 4360:5, 4360:27
- MF116** [2] - 4360:1, 4363:3
- micromanagement** [1] - 4392:38
- middle** [1] - 4397:12
- might** [64] - 4314:9, 4315:23, 4315:29, 4315:33, 4315:39, 4316:3, 4316:34, 4316:37, 4317:32, 4317:39, 4318:35, 4318:36, 4319:1, 4319:19, 4320:34, 4320:36, 4320:39, 4321:19, 4322:36, 4323:47, 4324:6, 4326:39, 4328:44, 4331:5, 4331:23, 4332:7, 4333:34, 4334:11, 4334:39, 4334:41, 4336:38, 4337:15, 4337:34, 4337:35, 4338:43, 4339:37, 4339:43, 4341:13, 4344:17, 4345:7, 4345:37, 4349:27, 4349:42, 4349:43, 4349:45, 4359:4, 4367:15, 4368:24, 4369:45, 4371:46, 4374:25, 4374:29, 4390:44, 4391:3, 4391:10, 4392:37, 4392:38, 4393:5, 4393:6, 4401:9, 4402:46, 4406:2, 4406:25
- militant** [4] - 4395:32, 4396:30, 4396:32, 4396:33
- million** [4] - 4348:34, 4351:45, 4352:5, 4352:11
- mind** [3] - 4328:14, 4329:10, 4385:30
- mindful** [1] - 4329:1
- minimal** [1] - 4326:4
- minimise** [1] - 4319:15
- minimum** [2] - 4314:13, 4314:21
- minister** [2] - 4327:27, 4330:22
- ministerial** [1] - 4325:3
- ministers** [2] - 4327:31, 4330:15
- Ministry** [1] - 4381:30
- minority** [1] - 4322:41
- minute** [1] - 4404:3
- minutes** [30] - 4340:46, 4340:47, 4341:1, 4341:2, 4347:12, 4356:26, 4371:32, 4374:5, 4374:6, 4374:19, 4374:20, 4374:22, 4374:41, 4382:39, 4382:40, 4382:43, 4384:7, 4386:21, 4386:41, 4388:7, 4393:10, 4393:34, 4395:6, 4395:7, 4395:14, 4395:20, 4395:41
- mismanagement** [1] - 4377:12
- missed** [2] - 4353:39
- missing** [2] - 4323:2, 4324:6
- mistake** [1] - 4354:36
- mix** [5] - 4317:23, 4317:25, 4317:28, 4317:44, 4348:3
- mmm-hmm** [2] - 4332:31, 4375:16
- mode** [1] - 4379:1
- model** [7] - 4316:30, 4316:37, 4320:32, 4321:7, 4322:27, 4322:32, 4329:4
- modelled** [1] - 4390:15
- module** [1] - 4332:11
- MOH.0010.0043.0001**] [1] - 4359:32
- moment** [12] - 4312:6, 4322:13, 4324:13, 4324:43, 4325:42, 4326:7, 4340:40, 4355:2, 4355:4, 4359:40, 4365:29, 4389:5
- monetary** [2] - 4352:2, 4364:30
- money** [6] - 4320:20, 4343:45, 4350:30, 4351:47, 4352:1, 4352:3
- month** [4] - 4341:45, 4370:14, 4380:14, 4385:4
- monthly** [2] - 4316:9, 4353:19
- months** [11] - 4317:34, 4324:34, 4338:45, 4377:33, 4379:32, 4384:8, 4387:25, 4393:42, 4393:43, 4402:39
- moral** [2] - 4366:4, 4366:34
- morning** [4] - 4309:1, 4309:3, 4309:13, 4339:43
- most** [11] - 4312:23, 4315:27, 4326:42, 4345:39, 4347:30, 4348:2, 4348:3, 4350:40, 4375:27
- motion** [1] - 4370:22
- move** [14] - 4318:7, 4318:11, 4318:36, 4320:38, 4321:37, 4323:6, 4330:25, 4355:19, 4366:15, 4369:45, 4387:45, 4403:9, 4406:23
- moved** [2] - 4352:19, 4409:19
- moving** [4] - 4324:26, 4325:12, 4352:13, 4394:26
- MRI** [2] - 4385:7, 4398:34
- MRIs** [2] - 4398:33
- MSC** [31] - 4360:44, 4363:16, 4364:37, 4364:46, 4365:2, 4365:3, 4365:5, 4365:18, 4365:22, 4365:43, 4366:10, 4366:14, 4366:20, 4366:26, 4366:29, 4366:35, 4367:6, 4367:30, 4368:4, 4369:28, 4370:18, 4370:21, 4375:23, 4379:16, 4380:16, 4380:17, 4382:41, 4388:9, 4395:38, 4397:41
- MSC's** [3] - 4365:30, 4367:8, 4367:22
- multi** [1] - 4311:20
- multi-pronged** [1] - 4311:20
- multifaceted** [1] - 4345:7
- multiple** [13] - 4312:30, 4313:27, 4315:1, 4316:3, 4318:29, 4318:30, 4319:19, 4320:36, 4321:30, 4323:23, 4346:40, 4347:13, 4357:34
- multitude** [1] - 4343:27
- must** [2] - 4314:11, 4339:1
- MUSTON** [22] - 4339:36, 4339:42, 4340:6, 4340:11, 4340:13, 4341:5, 4341:10, 4341:13, 4400:1, 4400:3, 4400:5, 4403:40, 4403:43, 4404:13, 4405:31, 4408:10, 4408:38, 4409:10, 4409:17, 4409:26, 4409:32, 4409:38
- Muston** [3] - 4308:26, 4340:4, 4399:46
-
- N**
-
- name** [10] - 4309:11, 4322:13, 4334:46, 4340:13, 4341:35, 4353:39, 4353:40, 4380:5, 4380:7, 4385:19
- names** [1] - 4347:47
- National** [1] - 4338:20
- natural** [3] - 4325:35, 4325:36, 4351:38
- nature** [5] - 4318:38, 4324:47, 4401:11, 4401:12, 4401:27
- navigate** [1] - 4319:1
- navigating** [1] - 4318:45
- near** [1] - 4389:15
- necessarily** [4] - 4311:32, 4330:35, 4335:32, 4400:33
- necessary** [1] - 4319:37
- need** [52] - 4312:17, 4312:28, 4314:18, 4316:24, 4316:32, 4318:4, 4318:5, 4318:17, 4318:45, 4319:24, 4319:29, 4319:37, 4320:40, 4321:21, 4322:20, 4322:29, 4324:1, 4324:5, 4324:29, 4326:32, 4328:19, 4328:21, 4328:26, 4329:1, 4335:41, 4348:28, 4349:24, 4349:27, 4354:17, 4356:46, 4357:47, 4360:40, 4361:15, 4366:20, 4366:42, 4367:6, 4368:24, 4371:23, 4372:44, 4377:32, 4381:17, 4383:38, 4387:2, 4387:22, 4387:24, 4391:1, 4400:13, 4400:15, 4400:19, 4401:38, 4407:45
- needed** [29] - 4339:11, 4352:4, 4362:14, 4362:15, 4363:8, 4364:46, 4364:47, 4365:12, 4366:8, 4367:9, 4367:12, 4367:17, 4380:39, 4381:6, 4381:7, 4381:24, 4382:10, 4382:11, 4388:6, 4388:9, 4388:17, 4388:19, 4395:39, 4398:43, 4400:7, 4400:29, 4402:2, 4402:12
- needle** [1] - 4325:12
- needs** [14] - 4313:44, 4314:1, 4314:16, 4317:10, 4321:7, 4324:2, 4349:35, 4349:36, 4349:40, 4349:41, 4371:22, 4385:46, 4385:47
- negative** [2] - 4334:8, 4334:16
- neglected** [1] - 4395:4
- negotiation** [1] - 4395:29

- network** [8] - 4317:41, 4319:34, 4320:14, 4321:7, 4322:27, 4323:24, 4330:21, 4337:35
networks [1] - 4320:27
neurosurgery [1] - 4319:25
neurosurgical [2] - 4317:1, 4318:1
never [4] - 4353:14, 4353:24, 4381:11, 4402:2
New [26] - 4308:19, 4309:5, 4310:31, 4310:39, 4311:13, 4311:21, 4313:2, 4313:42, 4316:14, 4316:41, 4319:38, 4319:39, 4319:42, 4319:43, 4320:1, 4322:4, 4322:28, 4323:4, 4323:12, 4327:15, 4327:16, 4327:39, 4328:46, 4329:38, 4337:30
new [11] - 4320:24, 4320:29, 4331:43, 4334:21, 4346:20, 4347:14, 4351:44, 4356:40, 4386:37, 4402:12
news [1] - 4316:16
newsletter [1] - 4316:8
newspaper [1] - 4330:24
next [8] - 4323:5, 4324:3, 4339:36, 4340:6, 4369:34, 4384:7, 4404:30, 4405:23
NHPO [1] - 4338:20
nine [1] - 4347:15
nine-hour [1] - 4347:15
no-one [9] - 4330:27, 4348:42, 4380:47, 4395:15, 4395:16, 4395:17, 4402:27, 4407:25
no-one's [1] - 4369:7
nobody [1] - 4392:8
nodes [3] - 4403:20, 4408:13, 4408:19
non [4] - 4310:15, 4310:24, 4310:25, 4315:25
non-clinical [2] - 4310:15, 4315:25
non-paid [2] - 4310:24, 4310:25
none [4] - 4372:16, 4392:6, 4398:5, 4398:7
nonetheless [1] - 4398:11
noon [1] - 4409:36
NOON [1] - 4409:41
normal [1] - 4390:38
North [1] - 4313:47
not-for-profit [1] - 4310:4
note [1] - 4339:37
notes [2] - 4342:28, 4350:23
nothing [4] - 4317:24, 4319:45, 4336:20, 4352:40
noticed [1] - 4323:44
November [10] - 4341:40, 4342:46, 4350:18, 4350:38, 4354:14, 4355:31, 4370:11, 4399:9, 4399:10, 4399:16
nowhere [1] - 4336:24
NSW [10] - 4308:35, 4322:45, 4324:13, 4324:17, 4325:9, 4341:30, 4341:36, 4346:47, 4399:8, 4407:47
nuanced [1] - 4329:8
nuances [2] - 4326:32, 4328:19
number [22] - 4314:36, 4315:2, 4317:12, 4322:7, 4323:7, 4323:19, 4323:30, 4323:32, 4327:39, 4329:43, 4330:7, 4338:21, 4340:35, 4342:41, 4352:1, 4358:30, 4360:27, 4364:28, 4365:45, 4373:32, 4380:24, 4384:11
numbers [6] - 4311:26, 4322:3, 4325:44, 4326:3, 4383:6, 4384:22
nurse [8] - 4345:13, 4345:16, 4345:39, 4345:40, 4345:42, 4347:8, 4347:11, 4402:12
nurses [22] - 4344:2, 4344:36, 4344:38, 4344:39, 4344:40, 4344:44, 4345:8, 4345:15, 4345:17, 4345:19, 4345:20, 4345:24, 4345:41, 4345:46, 4346:17, 4346:18, 4346:21, 4347:26, 4347:42, 4365:19
nursing [8] - 4345:1, 4346:25, 4365:10, 4365:12, 4365:16, 4383:16, 4386:34, 4387:17
o'clock [3] - 4374:30, 4409:20, 4409:24
obedience [1] - 4394:47
obey [1] - 4408:35
objective [1] - 4407:5
obliged [1] - 4363:44
observations [1] - 4342:35
observed [1] - 4323:45
obstructive [1] - 4322:23
obtain [1] - 4319:29
obvious [3] - 4381:16, 4382:9, 4382:10
obviously [8] - 4337:45, 4344:22, 4349:7, 4352:6, 4361:1, 4362:4, 4377:22, 4388:16
occasion [1] - 4350:37
occasions [2] - 4338:22, 4401:4
occur [4] - 4344:28, 4346:3, 4404:31, 4406:46
occurred [10] - 4341:40, 4341:44, 4344:30, 4350:37, 4375:15, 4377:11, 4378:9, 4379:19, 4388:14, 4399:18
occurring [3] - 4343:13, 4343:17, 4348:39
October [18] - 4342:5, 4354:18, 4356:20, 4357:29, 4357:30, 4368:38, 4370:15, 4371:46, 4372:5, 4372:42, 4373:34, 4374:41, 4376:27, 4379:33, 4386:41, 4399:16, 4399:18
odd [4] - 4376:30, 4377:4, 4377:27, 4377:29
OF [2] - 4360:6, 4409:40
offer [5] - 4312:21, 4312:47, 4317:10, 4317:47, 4327:4
offered [2] - 4312:1, 4379:11
officer [4] - 4309:34, 4309:46, 4310:3, 4371:14
officially [5] - 4369:34, 4369:39, 4369:42, 4398:7
offsite [1] - 4379:10
old [5] - 4324:19, 4332:2, 4333:24, 4334:23, 4387:4
Ombudsman [1] - 4338:21
ombudsman [9] - 4324:35, 4327:25, 4328:24, 4328:25, 4330:16, 4332:24, 4333:38, 4337:10, 4339:5
once [8] - 4310:46, 4311:2, 4325:41, 4335:41, 4335:42, 4335:43, 4368:23, 4401:13
oncology [1] - 4352:20
one [96] - 4309:12, 4311:20, 4311:30, 4313:41, 4314:27, 4314:32, 4327:24, 4328:20, 4330:27, 4332:28, 4336:16, 4338:26, 4339:4, 4340:34, 4340:40, 4342:5, 4343:29, 4343:46, 4344:1, 4344:25, 4344:26, 4344:40, 4345:13, 4345:16, 4345:37, 4345:38, 4345:42, 4346:36, 4348:24, 4348:26, 4348:30, 4348:32, 4348:34, 4348:42, 4351:43, 4353:16, 4354:8, 4356:16, 4358:43, 4358:46, 4359:9, 4359:14, 4359:21, 4359:22, 4359:25, 4359:26, 4361:28, 4361:30, 4363:11, 4364:24, 4364:40, 4365:13, 4365:29, 4365:36, 4366:18, 4377:20, 4377:31, 4377:33, 4377:36, 4377:40, 4380:6, 4380:38, 4380:43, 4380:47, 4382:14, 4382:17, 4382:37, 4383:22, 4383:24, 4383:25, 4384:16, 4385:45, 4386:30, 4387:7, 4389:5, 4391:7, 4393:20, 4395:15, 4395:16, 4395:17, 4396:38, 4398:34, 4398:35, 4399:5, 4401:42, 4402:27, 4404:37, 4406:23, 4407:25, 4409:11
one's [1] - 4369:7
ones [6] - 4312:20, 4324:25, 4331:47, 4384:19, 4384:20, 4384:21
ongoing [5] - 4330:32, 4337:32, 4338:34, 4339:4, 4339:5
online [1] - 4332:11
onsite [1] - 4379:10
onwards [2] - 4323:8, 4356:15
open [7] - 4336:6, 4340:41, 4361:44, 4364:21, 4386:43, 4388:18, 4406:10
opening [1] - 4386:37
operate [4] - 4329:34, 4351:6, 4387:11, 4387:20
operating [1] - 4407:11
operation [1] - 4405:10
operational [2] - 4310:9, 4385:4
operator [9] - 4355:19, 4355:25, 4358:46, 4403:43, 4404:44, 4405:14, 4405:27, 4407:37, 4407:46
opinion [4] - 4342:44, 4407:26, 4407:34, 4408:11
opportunity [14] - 4309:21, 4325:6,

4331:13, 4332:36,
4334:34, 4334:36,
4340:28, 4342:47,
4343:3, 4343:5,
4357:11, 4371:1,
4371:15, 4403:16
opposed [8] -
4313:32, 4322:23,
4324:24, 4329:3,
4331:36, 4334:17,
4339:7, 4384:21
opposition [1] -
4386:6
optimal [4] - 4316:41,
4326:45, 4328:29,
4335:46
optimum [2] -
4344:40, 4345:13
options [2] - 4320:41,
4341:27
order [16] - 4312:31,
4312:34, 4314:4,
4314:28, 4314:47,
4315:34, 4317:9,
4318:17, 4323:37,
4328:27, 4335:9,
4347:8, 4365:41,
4384:15, 4401:32
ordinarily [1] -
4375:37
organisation [6] -
4325:46, 4326:17,
4336:37, 4365:5,
4366:39, 4389:28
organise [1] - 4345:43
orientated [1] -
4316:29
original [2] - 4356:21,
4362:6
originally [2] -
4355:30, 4372:41
otherwise [3] -
4324:9, 4341:28,
4401:35
ourselves [1] - 4324:27
ourselves [3] -
4311:1, 4319:6,
4336:6
outcome [3] -
4329:22, 4336:30,
4336:39
outcomes [6] -
4328:34, 4338:27,
4338:28, 4351:14,
4351:18, 4407:22
outline [1] - 4322:16
outs [1] - 4347:7
outside [4] - 4312:44,
4319:38, 4320:43,
4337:30

overall [1] - 4330:32
overlap [1] - 4364:37
overnight [2] -
4349:25, 4380:37
oversee [1] - 4330:41
oversight [1] -
4364:38
overstep [1] - 4333:29
own [4] - 4335:15,
4365:41, 4366:8,
4366:9

P

pack [1] - 4392:33
page [59] - 4310:27,
4316:46, 4323:10,
4330:24, 4332:5,
4332:29, 4333:9,
4355:9, 4355:11,
4355:20, 4355:26,
4355:29, 4358:13,
4358:43, 4358:46,
4359:1, 4359:7,
4360:26, 4365:24,
4365:30, 4365:34,
4372:21, 4372:23,
4372:33, 4375:7,
4375:13, 4375:30,
4378:20, 4379:40,
4379:44, 4380:19,
4381:47, 4382:20,
4382:21, 4383:29,
4384:44, 4384:47,
4385:40, 4389:15,
4389:18, 4390:7,
4393:10, 4393:12,
4393:14, 4393:26,
4394:10, 4394:11,
4394:34, 4396:44,
4397:12, 4399:12,
4405:15, 4405:27,
4405:33, 4407:45
pages [1] - 4373:32
paid [2] - 4310:24,
4310:25
pain [1] - 4381:44
painkillers [1] -
4346:11
painstakingly [1] -
4386:8
paper [5] - 4324:20,
4337:31, 4348:33,
4351:32, 4379:9
papers [2] - 4340:43,
4346:42
paragraph [11] -
4310:28, 4333:11,
4334:10, 4336:27,
4340:35, 4340:41,

4340:44, 4341:39,
4357:37, 4373:22,
4391:37
paragraphs [1] -
4357:38
parental [2] - 4321:10,
4321:18
parents [1] - 4321:13
part [28] - 4311:4,
4311:6, 4311:9,
4311:19, 4311:22,
4315:27, 4316:24,
4316:26, 4317:2,
4321:36, 4322:33,
4322:45, 4322:47,
4325:31, 4327:36,
4329:2, 4334:12,
4336:15, 4351:22,
4355:6, 4356:38,
4388:3, 4389:13,
4392:32, 4393:24,
4395:47, 4397:17,
4402:33
particular [22] -
4311:32, 4313:35,
4314:36, 4315:37,
4317:24, 4317:43,
4319:4, 4320:14,
4321:41, 4322:15,
4324:37, 4329:19,
4330:45, 4333:15,
4338:34, 4339:2,
4343:20, 4358:4,
4384:33, 4392:14,
4404:1, 4408:17
particularly [1] -
4401:9
partly [2] - 4383:14,
4383:15
partners [1] - 4320:37
parts [1] - 4332:17
party [13] - 4375:31,
4376:1, 4376:4,
4376:9, 4376:12,
4376:14, 4376:16,
4376:30, 4376:31,
4376:33, 4376:35,
4376:43, 4377:3
passage [5] - 4383:30,
4383:42, 4383:45,
4384:35, 4409:28
passed [4] - 4338:35,
4370:22, 4370:23,
4370:25
past [9] - 4316:5,
4319:5, 4329:33,
4332:23, 4332:24,
4334:23, 4334:37,
4334:45, 4335:42
pathway [27] - 4312:9,

4312:36, 4312:37,
4312:38, 4313:30,
4314:32, 4314:35,
4318:45, 4319:1,
4320:7, 4320:10,
4320:11, 4320:24,
4320:40, 4320:44,
4321:6, 4322:4,
4322:5, 4322:16,
4322:27, 4322:42,
4323:44, 4323:46,
4324:26, 4326:3,
4402:4, 4402:6
pathways [5] -
4312:31, 4320:27,
4321:31, 4322:12,
4322:15
patient [9] - 4314:17,
4317:40, 4328:28,
4335:46, 4345:37,
4345:38, 4346:19,
4381:10
patients [22] -
4317:36, 4326:46,
4342:22, 4344:8,
4344:11, 4344:40,
4345:5, 4345:14,
4345:25, 4345:37,
4345:40, 4345:41,
4345:44, 4345:45,
4346:2, 4346:9,
4346:10, 4346:12,
4347:31, 4365:46
pause [4] - 4340:40,
4375:42, 4378:11
pausing [5] - 4330:12,
4344:16, 4374:17,
4388:31, 4402:19
pay [3] - 4364:30,
4364:33, 4406:42
Payam [2] - 4394:23,
4396:18
paying [1] - 4364:27
people [73] - 4313:27,
4314:25, 4314:34,
4315:29, 4315:32,
4316:4, 4316:25,
4316:43, 4318:26,
4318:29, 4319:7,
4319:18, 4319:23,
4320:13, 4320:34,
4320:35, 4322:3,
4322:8, 4322:9,
4322:10, 4323:5,
4324:28, 4325:30,
4325:43, 4325:44,
4326:3, 4326:6,
4329:21, 4329:32,
4330:44, 4331:1,
4332:7, 4332:12,

4332:15, 4333:35,
4333:39, 4333:40,
4334:39, 4334:45,
4335:27, 4337:36,
4341:14, 4344:46,
4345:29, 4345:32,
4350:7, 4351:18,
4351:29, 4353:20,
4356:28, 4356:29,
4360:43, 4361:7,
4362:4, 4366:30,
4366:31, 4366:33,
4379:5, 4380:31,
4380:38, 4382:41,
4388:12, 4391:29,
4391:35, 4391:40,
4392:1, 4395:15,
4398:40, 4401:16,
4402:20, 4404:38
per [3] - 4322:8,
4353:17, 4359:20
perceive [1] - 4343:39
perceived [12] -
4348:36, 4348:38,
4351:27, 4351:36,
4352:26, 4364:5,
4398:38, 4401:10,
4402:19, 4402:21,
4402:44, 4407:1
perception [14] -
4348:19, 4351:28,
4351:33, 4351:37,
4352:13, 4352:15,
4352:25, 4352:32,
4400:36, 4400:40,
4400:42, 4403:4,
4403:5
perceptions [1] -
4403:6
perfectly [1] - 4364:31
performance [1] -
4322:39
performed [1] -
4384:28
perhaps [7] - 4339:42,
4349:36, 4350:2,
4359:42, 4373:9,
4374:25, 4390:23
period [5] - 4342:41,
4380:39, 4383:8,
4399:17, 4401:3
permanent [1] -
4309:38
permit [1] - 4363:39
permitted [1] -
4363:17
perpetrator [1] -
4370:41
person [12] - 4324:2,
4333:16, 4333:34,

- 4336:21, 4349:27,
4350:6, 4351:25,
4351:39, 4361:28,
4361:30, 4385:31,
4395:9
personal [1] - 4370:40
personalities [1] -
4330:40
personality [1] -
4322:40
personally [1] -
4329:17
personnel [1] -
4387:10
persons [1] - 4333:16
perspective [11] -
4310:43, 4321:6,
4324:45, 4327:12,
4327:13, 4329:35,
4332:21, 4334:26,
4337:13, 4387:28,
4387:32
phases [1] - 4311:4
Philip [2] - 4344:1,
4344:2
pick [1] - 4346:46
picked [1] - 4390:38
picking [1] - 4346:37
pie [3] - 4398:39,
4398:41, 4398:44
piece [5] - 4323:3,
4324:6, 4324:9,
4387:20, 4402:1
pitch [2] - 4361:14,
4361:24
place [5] - 4319:43,
4330:33, 4338:39,
4345:3, 4377:12
placed [4] - 4347:38,
4363:16, 4387:14,
4387:16
places [1] - 4320:39
plan [8] - 4318:16,
4318:33, 4318:35,
4376:18, 4401:15,
4401:21, 4401:24,
4401:26
plane [4] - 4346:5,
4381:15, 4381:16,
4381:17
planned [1] - 4387:30
planning [5] -
4378:23, 4378:45,
4387:29, 4401:16,
4401:20
plate [1] - 4323:6
played [1] - 4344:4
player [1] - 4326:37
players [1] - 4323:23
pleasant [1] - 4350:42
pleases [1] - 4409:38
plus [2] - 4347:14,
4402:16
pockets [1] - 4327:16
point [30] - 4318:24,
4322:12, 4328:40,
4335:41, 4338:6,
4340:34, 4341:5,
4342:28, 4346:29,
4348:13, 4361:33,
4362:19, 4364:45,
4365:2, 4372:47,
4373:7, 4375:15,
4376:22, 4378:46,
4379:11, 4380:35,
4380:40, 4383:17,
4383:22, 4383:23,
4383:36, 4384:16,
4386:36, 4393:27,
4394:40
pointed [1] - 4338:45
points [4] - 4316:42,
4346:35, 4350:22
policies [5] - 4321:18,
4332:11, 4337:21,
4337:27, 4338:14
policy [20] - 4311:40,
4321:10, 4321:44,
4325:27, 4326:7,
4331:19, 4331:35,
4331:36, 4331:40,
4331:43, 4332:2,
4332:40, 4332:44,
4333:1, 4333:9,
4333:25, 4334:21,
4334:23, 4336:15
pop [1] - 4315:7
population [1] -
4331:20
position [12] -
4318:39, 4319:10,
4319:11, 4319:24,
4320:14, 4323:28,
4326:14, 4326:21,
4329:24, 4336:47,
4364:8, 4371:31
positions [10] -
4313:22, 4313:33,
4313:40, 4316:10,
4319:29, 4324:1,
4380:45, 4383:40,
4394:45, 4394:46
positive [3] - 4324:33,
4324:39, 4325:11
possible [5] - 4359:3,
4364:25, 4379:3,
4387:46, 4400:33
possibly [1] - 4327:47
post [3] - 4326:31,
4331:41, 4335:30
posts [2] - 4313:14,
4313:40
pot [2] - 4318:28,
4330:40
potential [2] -
4319:13, 4381:10
potentially [6] -
4315:41, 4315:42,
4332:17, 4383:26,
4391:7, 4407:22
power [6] - 4311:33,
4311:42, 4326:38,
4333:23, 4336:10,
4366:15
powerful [1] - 4320:44
PPP [6] - 4369:46,
4370:1, 4370:3,
4374:45, 4375:9,
4399:6
practice [1] - 4328:33
practices [1] -
4334:44
Practitioner [1] -
4338:21
praise [1] - 4388:7
prank [1] - 4344:3
pre [1] - 4346:41
pre-hearing [1] -
4346:41
precise [1] - 4383:9
precisely [2] -
4378:37, 4392:36
preclude [1] - 4325:28
precursors [2] -
4346:5, 4346:14
prefer [1] - 4332:18
preference [1] -
4323:35
premise [3] - 4316:22,
4331:42, 4334:19
prepared [1] - 4340:24
preparing [3] -
4357:43, 4360:20,
4360:22
prescribe [1] -
4322:14
present [8] - 4308:33,
4325:19, 4343:8,
4353:23, 4405:4,
4405:40, 4406:17,
4406:18
presentation [4] -
4353:17, 4356:40,
4401:13, 4404:14
presentations [1] -
4404:15
presented [4] -
4353:20, 4355:35,
4391:13, 4405:44
presenting [1] -
4406:9
Presidents [1] -
4324:15
pressed [1] - 4330:9
pressing [2] -
4352:44, 4352:47
pressure [5] -
4347:23, 4347:28,
4347:37, 4347:38,
4347:43
pretty [6] - 4332:5,
4332:17, 4352:38,
4362:13, 4368:6,
4391:3
prevailing [2] -
4397:35, 4398:27
prevent [1] - 4366:42
prevention [1] -
4331:19
previous [5] -
4327:40, 4348:32,
4358:26, 4386:21,
4386:22
previously [4] -
4309:38, 4309:39,
4333:46, 4408:33
price [1] - 4322:23
primarily [1] - 4365:22
primary [4] - 4310:43,
4348:47, 4380:46,
4386:30
Prince [8] - 4344:1,
4344:2, 4352:24,
4397:24, 4397:28,
4397:32, 4398:28,
4398:32
principle [1] - 4365:45
principles [4] -
4332:25, 4332:28,
4365:42, 4368:7
print [1] - 4347:7
print-outs [1] - 4347:7
priorities [7] -
4401:43, 4402:11,
4402:14, 4402:16,
4402:19, 4402:25,
4403:1
prioritise [1] - 4345:44
prioritised [1] -
4345:46
priority [1] - 4402:9
privacy [1] - 4332:15
privy [1] - 4326:41
ProActive [1] -
4381:27
proactive [1] -
4381:32
problem [46] -
4324:21, 4324:47,
4325:13, 4327:37,
4329:2, 4329:41,
4333:26, 4343:25,
4344:6, 4344:13,
4344:30, 4344:32,
4344:33, 4344:34,
4346:45, 4347:5,
4347:9, 4348:43,
4348:47, 4349:8,
4349:32, 4349:43,
4349:46, 4352:10,
4353:3, 4353:6,
4365:13, 4367:27,
4369:6, 4377:11,
4381:3, 4388:15,
4390:41, 4395:16,
4395:36, 4398:25,
4398:42, 4402:5,
4402:43, 4402:44,
4406:9, 4406:13,
4407:28
problems [26] -
4343:30, 4344:9,
4344:21, 4344:28,
4344:36, 4345:18,
4345:23, 4345:47,
4346:46, 4348:2,
4348:5, 4348:24,
4348:26, 4348:46,
4349:18, 4360:45,
4361:2, 4361:27,
4366:36, 4367:32,
4374:12, 4386:30,
4388:14, 4388:17,
4404:36
procedural [2] -
4337:27, 4338:2
Procedural [1] -
4332:29
proceed [1] - 4375:44
process [28] -
4312:27, 4312:43,
4314:47, 4315:4,
4324:42, 4325:41,
4329:13, 4329:28,
4332:3, 4332:8,
4332:37, 4333:31,
4333:41, 4334:12,
4336:29, 4338:4,
4338:13, 4338:36,
4349:13, 4349:42,
4349:45, 4361:16,
4367:27, 4371:12,
4401:30, 4401:35,
4401:46
processes [14] -
4313:8, 4324:37,
4325:6, 4325:47,
4327:26, 4330:17,
4330:19, 4333:31,
4337:11, 4337:24,

4357:34, 4371:23, 4407:1
procurement [1] - 4389:24
produce [1] - 4339:12
profession [1] - 4321:1
professional [2] - 4310:29, 4328:32
professor [1] - 4386:3
Professor [35] - 4340:7, 4341:35, 4341:44, 4346:36, 4348:13, 4353:44, 4354:17, 4355:5, 4355:22, 4358:13, 4359:30, 4360:9, 4363:13, 4363:27, 4364:4, 4368:35, 4369:17, 4370:8, 4371:14, 4371:40, 4372:4, 4372:22, 4374:40, 4374:43, 4375:47, 4378:12, 4378:20, 4389:5, 4389:10, 4391:30, 4391:43, 4393:9, 4396:38, 4398:46, 4408:45
profit [1] - 4310:4
program [23] - 4310:47, 4312:18, 4312:29, 4313:28, 4314:29, 4316:34, 4318:11, 4318:33, 4319:20, 4320:18, 4320:28, 4321:15, 4321:16, 4321:25, 4321:29, 4321:33, 4325:23, 4325:26, 4325:27, 4325:37, 4325:40, 4326:11, 4326:22
programs [5] - 4312:1, 4312:3, 4312:46, 4313:3, 4313:9
progress [9] - 4322:36, 4324:5, 4337:33, 4365:19, 4378:33, 4378:38, 4378:39, 4378:41, 4387:42
progressed [1] - 4367:18
progressing [2] - 4338:31, 4338:35
progressive [1] - 4321:12
projections [2] - 4353:10, 4353:19

prolong [1] - 4321:20
promises [2] - 4378:42, 4379:15
promoted [1] - 4380:43
promotes [1] - 4321:30
promptly [1] - 4373:46
promulgated [1] - 4327:27
pronged [1] - 4311:20
pronounce [1] - 4385:18
pronouncing [1] - 4385:38
properly [2] - 4387:39, 4408:10
proposal [1] - 4407:6
proposals [1] - 4367:24
propose [2] - 4397:1, 4403:46
proposed [9] - 4309:29, 4357:44, 4357:46, 4370:24, 4379:3, 4379:8, 4407:35, 4409:11
proposing [5] - 4371:24, 4373:24, 4379:4, 4383:13, 4407:18
proposition [1] - 4406:36
pros [1] - 4318:12
protect [1] - 4366:1
protected [1] - 4315:25
protection [2] - 4342:25, 4343:1
proud [1] - 4327:42
prove [2] - 4352:40, 4384:15
provide [6] - 4317:36, 4331:47, 4343:11, 4401:36, 4402:26, 4404:2
provided [12] - 4309:16, 4315:22, 4317:19, 4318:7, 4320:41, 4341:45, 4342:37, 4346:28, 4359:36, 4364:21, 4368:33, 4384:24
providers [1] - 4311:34
provides [1] - 4312:22
providing [1] - 4346:27
provision [1] - 4383:20

psychological [3] - 4343:31, 4343:32, 4350:24
public [1] - 4366:31
publicly [3] - 4320:8, 4320:9, 4330:25
pull [1] - 4329:42
punitive [1] - 4325:5
pupil [1] - 4350:9
purchased [1] - 4387:1
purpose [2] - 4310:7, 4324:28
purposes [1] - 4368:43
purview [1] - 4310:10
put [27] - 4313:20, 4313:21, 4321:36, 4331:28, 4347:44, 4354:31, 4360:40, 4362:6, 4366:5, 4366:7, 4366:10, 4367:2, 4374:43, 4384:17, 4384:40, 4388:33, 4388:45, 4389:2, 4394:1, 4398:4, 4398:5, 4400:26, 4401:14, 4401:17, 4401:24, 4406:35, 4407:27
putting [3] - 4327:43, 4334:46, 4355:42

Q

quality [25] - 4317:24, 4322:1, 4335:45, 4344:29, 4354:25, 4355:30, 4355:35, 4356:12, 4356:37, 4356:42, 4356:47, 4357:8, 4357:15, 4361:11, 4361:29, 4361:43, 4364:42, 4403:11, 4403:17, 4404:8, 4404:27, 4404:36, 4405:5, 4406:2, 4406:19
quarters [1] - 4316:47
Queensland [3] - 4320:7, 4320:31, 4323:43
question's [1] - 4393:39
questioning [4] - 4377:6, 4377:14, 4377:16, 4396:21
questions [21] - 4309:13, 4311:25, 4339:18, 4339:20,

4339:22, 4341:29, 4341:37, 4351:46, 4375:14, 4391:27, 4393:29, 4399:1, 4399:5, 4399:43, 4400:6, 4400:12, 4401:14, 4403:10, 4403:12, 4406:24, 4408:40
quickly [5] - 4337:8, 4349:14, 4353:2, 4387:20, 4387:46
quite [21] - 4316:6, 4318:10, 4318:11, 4318:37, 4318:44, 4321:12, 4321:46, 4322:15, 4325:29, 4326:8, 4327:42, 4331:2, 4333:38, 4335:7, 4337:7, 4337:8, 4345:38, 4345:45, 4347:9, 4364:4, 4391:16
quo [1] - 4395:28

R

radical [1] - 4362:13
radio [1] - 4344:4
radiographers [3] - 4386:35, 4386:36, 4386:43
radiologist [3] - 4376:29, 4383:25, 4384:18
radiologists [20] - 4376:14, 4376:33, 4376:34, 4377:46, 4379:4, 4380:45, 4382:11, 4382:27, 4382:43, 4383:4, 4383:7, 4383:10, 4383:16, 4384:18, 4384:39, 4385:2, 4385:30, 4386:34, 4387:14, 4387:23
radiology [16] - 4376:15, 4376:21, 4376:31, 4377:8, 4377:24, 4380:36, 4382:27, 4383:33, 4384:5, 4387:15, 4393:44, 4398:32, 4398:34, 4402:31
raise [16] - 4342:7, 4348:5, 4352:31, 4356:19, 4357:11, 4367:34, 4372:43, 4376:37, 4376:40, 4393:14, 4403:17,

4403:19, 4404:22, 4404:26, 4404:38, 4405:17
raised [23] - 4331:14, 4342:9, 4346:36, 4348:13, 4350:19, 4351:43, 4356:20, 4357:22, 4357:27, 4368:22, 4372:42, 4373:33, 4373:37, 4373:45, 4391:28, 4391:41, 4399:14, 4403:18, 4405:19, 4406:2, 4406:15
raises [1] - 4371:21
raising [3] - 4391:43, 4392:15, 4404:36
ran [2] - 4332:23, 4402:10
range [3] - 4314:36, 4320:42, 4325:38
ranked [1] - 4352:1
rate [1] - 4322:7
rather [6] - 4313:13, 4313:39, 4325:5, 4347:35, 4387:38, 4389:31
ratified [2] - 4369:40, 4369:42
ratio [7] - 4314:22, 4314:27, 4314:45, 4315:13, 4315:47, 4344:40, 4345:13
re [2] - 4355:22, 4399:45
re-examine [1] - 4399:45
re-read [1] - 4355:22
reach [5] - 4316:14, 4324:28, 4324:29, 4332:16, 4333:42
reached [1] - 4372:47
read [10] - 4309:21, 4340:28, 4355:4, 4355:16, 4355:22, 4372:45, 4372:46, 4386:18, 4388:25, 4394:20
reads [1] - 4390:14
real [9] - 4324:33, 4324:39, 4333:25, 4341:2, 4366:15, 4366:38, 4366:41, 4407:28
realised [3] - 4361:27, 4365:36, 4365:40
reality [1] - 4382:42
really [21] - 4315:26, 4316:26, 4318:12, 4320:24, 4322:3,

4326:28, 4327:33,
 4329:22, 4329:31,
 4330:9, 4333:22,
 4334:42, 4336:33,
 4338:39, 4349:45,
 4356:24, 4356:42,
 4361:40, 4361:44,
 4383:38, 4385:45
realm [2] - 4326:15,
 4326:16
reason [25] - 4313:17,
 4321:11, 4323:17,
 4333:32, 4335:13,
 4335:19, 4336:27,
 4343:21, 4343:22,
 4343:29, 4343:30,
 4344:46, 4352:38,
 4360:39, 4363:14,
 4364:45, 4366:23,
 4367:2, 4371:27,
 4377:9, 4380:46,
 4383:13, 4399:31,
 4402:25, 4405:19
reasonable [6] -
 4357:22, 4357:23,
 4363:42, 4364:31,
 4367:19, 4380:32
reasoning [1] -
 4333:20
reasons [8] - 4320:42,
 4322:8, 4322:39,
 4325:38, 4343:27,
 4345:7, 4346:40,
 4397:4
rebutting [1] -
 4382:44
recalled [1] - 4359:18
recalling [1] - 4369:22
received [7] - 4320:17,
 4334:22, 4342:33,
 4353:24, 4369:8,
 4403:5, 4404:45
receives [1] - 4335:46
receiving [1] -
 4354:10
recent [1] - 4322:19
recently [5] - 4309:21,
 4320:17, 4331:18,
 4331:40, 4332:45
recognise [3] -
 4370:7, 4372:4,
 4383:33
recognised [2] -
 4351:26, 4401:41
recognises [1] -
 4336:9
recognition [1] -
 4312:20
recommendations [4]
 - 4324:38, 4325:2,
 4338:23, 4338:26
reconcile [1] -
 4348:27
record [3] - 4340:14,
 4372:5, 4381:41
recorded [2] -
 4372:14, 4372:17
records [1] - 4365:33
recruit [1] - 4387:25
recruited [1] - 4326:21
recruiting [3] -
 4316:5, 4316:15,
 4325:17
recruitment [10] -
 4313:24, 4316:7,
 4318:9, 4326:13,
 4326:27, 4326:33,
 4326:36, 4327:10,
 4335:10, 4378:24
red [6] - 4348:28,
 4348:37, 4358:25,
 4358:26, 4359:8
redeployed [1] -
 4345:2
redevelopment [1] -
 4361:8
redrafting [2] -
 4369:20, 4369:31
reduce [3] - 4397:16,
 4397:22, 4398:15
reduction [4] -
 4383:32, 4384:5,
 4384:30, 4384:32
reductions [1] -
 4383:19
refer [10] - 4319:8,
 4320:35, 4323:43,
 4330:39, 4330:46,
 4341:40, 4397:4,
 4397:5, 4397:9,
 4403:32
reference [31] -
 4328:17, 4338:32,
 4340:38, 4357:39,
 4357:42, 4357:46,
 4358:22, 4362:27,
 4362:36, 4363:1,
 4363:29, 4364:6,
 4365:28, 4369:18,
 4369:20, 4369:32,
 4370:31, 4375:47,
 4376:4, 4376:20,
 4389:22, 4394:11,
 4399:30, 4399:35,
 4406:24, 4406:31,
 4407:16, 4407:18,
 4407:27, 4407:36,
 4408:17
Reference [1] - 4360:3
REFERENCE [1] -
 4360:6
referenced [7] -
 4316:2, 4318:21,
 4319:12, 4321:44,
 4327:40, 4336:23,
 4338:30
referencing [1] -
 4321:11
referred [5] - 4314:21,
 4328:35, 4331:46,
 4402:42, 4406:16
referring [11] -
 4310:36, 4329:38,
 4355:6, 4357:28,
 4379:23, 4382:47,
 4389:13, 4391:14,
 4396:22, 4397:43,
 4407:40
refers [8] - 4340:46,
 4361:40, 4375:31,
 4376:18, 4379:39,
 4381:42, 4382:21,
 4399:31
reflection [1] - 4388:5
reforms [1] - 4361:11
refresh [1] - 4355:14
refute [1] - 4384:32
regard [3] - 4363:39,
 4401:38, 4406:31
regarding [2] -
 4325:3, 4353:18
regardless [3] -
 4333:41, 4395:14,
 4395:21
regards [4] - 4346:42,
 4347:44, 4384:11,
 4386:29
regional [3] - 4314:6,
 4315:38, 4316:21
registered [4] -
 4312:4, 4312:10,
 4312:16, 4312:26
registrars [1] -
 4383:39
registration [3] -
 4312:21, 4312:22,
 4312:44
regular [2] - 4324:17
regularly [3] -
 4321:38, 4331:2,
 4375:24
regulations [1] -
 4318:44
regulatory [3] -
 4366:23, 4366:26,
 4366:28
rejected [4] - 4401:45,
 4402:2, 4402:38,
 4403:3
rejecting [1] - 4325:44
rejection [1] - 4393:47
relation [10] - 4330:2,
 4331:6, 4336:8,
 4336:12, 4338:16,
 4344:36, 4354:18,
 4400:7, 4400:13,
 4406:33
relations [2] -
 4361:10, 4399:8
relationship [12] -
 4316:32, 4316:43,
 4320:23, 4329:20,
 4350:7, 4350:9,
 4350:10, 4351:30,
 4351:39, 4352:14,
 4353:14, 4396:34
relationships [5] -
 4316:31, 4316:36,
 4319:7, 4319:24,
 4335:9
relative [4] - 4348:21,
 4348:45, 4407:35,
 4409:13
relatively [2] -
 4394:44, 4409:28
relevance [1] -
 4393:15
relevant [2] - 4361:6,
 4405:10
relitigate [1] - 4336:31
rely [1] - 4337:41
remain [2] - 4332:18,
 4349:17
remaining [1] -
 4345:41
remember [25] -
 4341:14, 4342:9,
 4342:29, 4343:2,
 4343:32, 4350:21,
 4350:22, 4350:23,
 4354:39, 4355:6,
 4356:16, 4356:17,
 4360:24, 4363:31,
 4363:32, 4363:35,
 4368:5, 4368:18,
 4369:21, 4370:24,
 4374:1, 4384:16,
 4392:28, 4392:32
reminded [1] -
 4354:18
remiss [2] - 4337:8,
 4337:21
remit [3] - 4312:24,
 4312:44, 4362:4
remote [2] - 4314:6,
 4316:20
remove [7] - 4330:6,
 4362:21, 4362:31,
 4362:33, 4363:3,
 4363:15, 4363:33
removed [4] -
 4360:32, 4362:19,
 4364:32, 4397:26
removing [3] - 4330:7,
 4337:6, 4338:2
Repatriation [2] -
 4340:18, 4360:2
REPATRIATION [1] -
 4360:5
repeated [1] - 4329:44
replaced [2] - 4379:6,
 4387:6
replacement [1] -
 4385:2
replacing [1] - 4387:4
reply [1] - 4353:24
report [14] - 4310:20,
 4312:8, 4315:8,
 4315:9, 4324:35,
 4338:21, 4338:23,
 4339:5, 4345:34,
 4347:9, 4347:13,
 4367:30, 4404:3
reported [3] - 4345:31,
 4345:32, 4345:33
reporting [10] -
 4330:31, 4338:43,
 4338:44, 4346:47,
 4347:3, 4347:5,
 4347:16, 4347:19,
 4347:20, 4367:29
reporting" [1] -
 4338:41
reports [1] - 4347:13
represent [2] -
 4341:36, 4365:12
reprisals [4] -
 4342:26, 4342:30,
 4343:1, 4343:13
requested [1] -
 4378:32
requests [4] -
 4336:18, 4336:19,
 4351:47, 4403:1
require [2] - 4345:40,
 4346:11
required [15] -
 4314:22, 4317:2,
 4318:16, 4319:29,
 4322:30, 4332:21,
 4335:9, 4380:32,
 4380:34, 4381:6,
 4387:11, 4401:22,
 4402:15, 4408:18
requirement [1] -
 4319:6
requirements [4] -
 4316:1, 4318:6,
 4318:40, 4338:43
requires [2] - 4329:8,

- 4330:43
research [5] -
 4316:40, 4361:29,
 4361:43, 4364:42,
 4365:1
resigned [1] - 4379:6
resolution [4] -
 4370:21, 4370:23,
 4370:25, 4371:24
ReSolutions [1] -
 4381:27
resolved [2] -
 4349:43, 4367:30
resort [1] - 4330:10
resource [10] -
 4389:30, 4390:31,
 4390:37, 4390:41,
 4390:46, 4391:1,
 4391:7, 4391:28,
 4392:15, 4392:46
resources [14] -
 4328:42, 4329:40,
 4336:32, 4351:28,
 4352:26, 4371:12,
 4389:32, 4390:33,
 4397:27, 4398:29,
 4400:8, 4400:14,
 4400:38, 4401:38
resourcing [2] -
 4395:17, 4398:9
respect [1] - 4326:32
respectful [3] -
 4351:1, 4351:2,
 4351:4
respond [5] - 4331:14,
 4332:36, 4371:1,
 4371:15, 4405:21
responded [1] -
 4405:12
responding [4] -
 4336:45, 4394:22,
 4396:18, 4396:20
response [5] -
 4372:41, 4401:34,
 4404:45, 4404:46,
 4405:15
responsibility [2] -
 4314:34, 4330:36
responsible [4] -
 4310:29, 4315:2,
 4344:11, 4364:27
rest [2] - 4356:41,
 4363:34
restarting [1] -
 4328:14
result [4] - 4336:33,
 4349:45, 4395:33,
 4406:47
resulted [1] - 4330:18
results [1] - 4325:11
retaining [1] - 4383:38
retirement [1] - 4311:7
review [5] - 4324:35,
 4327:25, 4328:25,
 4332:1, 4402:40
reviewed [1] - 4332:44
reviews [1] - 4324:39
rewarded [1] -
 4394:47
Rex [2] - 4399:8,
 4399:10
Richard [1] - 4308:14
Ridley [2] - 4384:17,
 4384:22
right-hand [1] -
 4389:15
rightly [2] - 4352:25,
 4374:10
rigid [1] - 4322:15
robust [1] - 4326:1
role [26] - 4309:37,
 4309:45, 4310:2,
 4310:6, 4310:34,
 4310:43, 4311:9,
 4311:29, 4315:32,
 4322:45, 4325:17,
 4325:21, 4326:27,
 4326:35, 4327:10,
 4340:21, 4342:34,
 4362:10, 4363:16,
 4365:30, 4366:14,
 4367:6, 4367:8,
 4367:22, 4367:23,
 4369:28
roles [1] - 4367:2
room [2] - 4324:44,
 4375:36
root [5] - 4343:40,
 4343:42, 4349:5,
 4380:41, 4391:25
Ross [1] - 4308:27
roster [3] - 4314:8,
 4316:38, 4334:39
rostered [4] - 4334:40,
 4344:45, 4344:46,
 4345:3
rostering [1] - 4314:18
rotated [1] - 4319:36
rotation [3] - 4319:34,
 4320:40, 4321:6
rotations [1] - 4319:36
Royal [5] - 4313:47,
 4352:24, 4397:24,
 4397:28, 4397:32
rules [2] - 4366:9,
 4366:24
run [5] - 4320:22,
 4346:29, 4350:29,
 4397:15, 4397:22
running [3] - 4368:44,
 4375:40, 4376:28
runs [1] - 4362:16
rural [14] - 4314:6,
 4315:29, 4315:31,
 4315:37, 4316:21,
 4316:23, 4316:25,
 4317:22, 4317:28,
 4317:39, 4317:43,
 4317:46, 4318:36,
 4322:28
-
- S**
-
- safe** [2] - 4332:15,
 4342:31
safety [10] - 4334:43,
 4342:22, 4343:31,
 4344:8, 4347:31,
 4350:24, 4361:11,
 4361:43, 4364:42
Sammut [9] - 4403:35,
 4404:7, 4404:19,
 4404:37, 4404:41,
 4404:46, 4405:1,
 4405:21
Sammut's [2] -
 4405:16
satisfaction [2] -
 4333:34, 4367:32
satisfied [4] -
 4338:12, 4340:32,
 4341:6, 4378:45
satisfies [1] - 4318:39
saw [5] - 4366:14,
 4367:6, 4367:8,
 4398:19, 4398:23
SC [2] - 4308:14,
 4308:26
scanner [14] - 4385:3,
 4385:5, 4386:29,
 4386:31, 4386:33,
 4386:38, 4386:43,
 4387:1, 4387:3,
 4387:4, 4387:7,
 4387:17, 4402:12
scanners [2] - 4387:2
scans [1] - 4381:9
school [1] - 4324:19
SCI.0011.0284.0001
 [2] - 4331:28,
 4332:41
SCI.0012.0036.0001
 [1] - 4393:11
SCI.0012.0041.0001
 [1] - 4358:11
SCI.0012.0071.0001
 [1] - 4404:44
SCI.0012.0072.0001
 [1] - 4403:44
SCI.0012.0073.0001
 [1] - 4405:27
SCI.0012.0074.0001
 [1] - 4405:14
SCI.0012.0079.0001
 [1] - 4407:38
SCI.0012.0113.0001
 [1] - 4354:8
SCI.0012.0140.0001
 [1] - 4374:44
SCI.0012.0140.0001
 [2] - 4369:46,
 4371:37
SCI.0012.0160.0001
 [1] - 4388:33
SCI.0012.0160.0001
 [1] - 4389:8
SCI.0012.0174.0001
 [1] - 4341:11
scope [7] - 4333:10,
 4333:11, 4333:41,
 4333:42, 4334:5,
 4336:9, 4336:13
screen [15] - 4331:28,
 4331:30, 4341:26,
 4354:31, 4354:34,
 4354:42, 4355:1,
 4358:9, 4358:14,
 4388:33, 4388:45,
 4389:3, 4393:12,
 4407:46
second [4] - 4347:22,
 4348:13, 4366:1,
 4406:41
seconded [1] - 4395:9
secondly [2] - 4349:4,
 4349:35
section [4] - 4316:9,
 4360:31, 4385:11,
 4392:9
see [77] - 4310:34,
 4311:9, 4311:29,
 4313:35, 4314:8,
 4314:17, 4317:12,
 4317:14, 4317:33,
 4320:47, 4325:14,
 4326:31, 4327:9,
 4331:30, 4332:29,
 4333:11, 4336:39,
 4337:32, 4338:37,
 4338:40, 4339:1,
 4346:19, 4349:5,
 4355:25, 4356:25,
 4356:36, 4356:44,
 4359:30, 4360:9,
 4360:27, 4361:1,
 4365:22, 4365:45,
 4367:20, 4367:22,
 4367:23, 4368:24,
 4368:30, 4370:31,
 4372:22, 4372:37,
 4374:25, 4375:30,
 4375:47, 4377:36,
 4378:1, 4378:27,
 4378:43, 4379:16,
 4383:29, 4383:42,
 4384:7, 4384:14,
 4384:19, 4384:43,
 4385:28, 4387:13,
 4389:25, 4391:31,
 4392:12, 4394:10,
 4395:32, 4395:37,
 4396:35, 4396:44,
 4397:4, 4397:6,
 4402:37, 4402:40,
 4403:33, 4405:9,
 4405:14, 4405:26,
 4405:33, 4409:15,
 4409:19
seem [1] - 4324:19
select [1] - 4321:46
selecting [1] -
 4327:11
selection [6] -
 4321:44, 4325:21,
 4325:27, 4325:40,
 4325:41, 4326:7
send [2] - 4316:8,
 4375:37
Senior [1] - 4308:26
senior [12] - 4337:13,
 4340:17, 4346:17,
 4346:18, 4346:25,
 4357:16, 4375:27,
 4394:44, 4403:25,
 4403:33, 4404:37,
 4404:38
sense [7] - 4320:45,
 4326:14, 4326:28,
 4328:18, 4367:42,
 4367:43, 4409:30
sensitive [1] - 4335:2
sent [7] - 4341:1,
 4341:2, 4342:3,
 4346:41, 4369:40,
 4370:14, 4373:23
sentence [1] - 4382:22
separate [2] -
 4390:10, 4390:18
September [1] -
 4380:13
serious [3] - 4346:1,
 4373:27, 4373:30
seriously [1] - 4405:9
seriousness [1] -
 4377:23
service [5] - 4326:39,
 4326:40, 4333:18,
 4383:19, 4402:13
services [20] -
 4312:42, 4323:12,

4323:16, 4323:18,
 4323:36, 4348:46,
 4348:47, 4375:20,
 4379:7, 4397:16,
 4397:22, 4397:26,
 4397:27, 4397:34,
 4398:15, 4398:34,
 4401:15, 4401:21,
 4401:22, 4401:32
Services [4] -
 4361:39, 4365:14,
 4366:44, 4366:46
sessions [1] - 4324:18
set [14] - 4332:2,
 4345:19, 4359:11,
 4360:28, 4364:28,
 4365:2, 4365:15,
 4365:42, 4366:8,
 4366:9, 4370:32,
 4379:7, 4388:7,
 4403:46
sets [1] - 4318:27
setting [4] - 4333:30,
 4338:47, 4341:46,
 4342:4
settings [1] - 4316:25
seven [1] - 4385:8
several [2] - 4353:22,
 4362:28
severe [1] - 4346:14
share [7] - 4316:16,
 4323:39, 4337:40,
 4356:29, 4398:29,
 4398:39, 4398:41
shared [2] - 4337:46
shepherding [1] -
 4320:11
shift [3] - 4324:33,
 4345:39, 4347:41
shock [1] - 4338:3
Shore [1] - 4313:47
shortly [2] - 4331:31,
 4375:3
show [4] - 4319:18,
 4331:23, 4354:29,
 4359:24
showed [3] - 4363:10,
 4384:23, 4388:47
shown [1] - 4371:36
sic [1] - 4374:45
sick [1] - 4345:2
sickest [3] - 4326:46,
 4335:27, 4345:44
side [2] - 4326:27,
 4389:16
significant [14] -
 4343:28, 4343:29,
 4343:35, 4344:18,
 4345:18, 4361:35,
 4364:29, 4364:30,
 4380:24, 4380:39,
 4380:41, 4383:19,
 4383:34, 4398:29
silent [1] - 4349:17
SIMG [2] - 4312:7,
 4312:37
SIMGs [1] - 4325:4
similar [3] - 4338:29,
 4350:8, 4350:41
simplistic [1] - 4382:9
simply [1] - 4317:22
sincere [1] - 4343:4
single [4] - 4347:13,
 4351:25, 4395:21
sister [1] - 4311:14
sit [5] - 4364:30,
 4364:34, 4388:2,
 4406:42, 4409:32
site [9] - 4311:32,
 4311:39, 4317:9,
 4330:32, 4331:9,
 4331:13, 4332:35,
 4337:28, 4338:16
site's [2] - 4330:1,
 4337:5
site-based [1] -
 4311:39
sites [3] - 4315:37,
 4322:28, 4333:23
sitting [4] - 4341:14,
 4351:3, 4358:39,
 4387:38
situation [6] -
 4334:10, 4336:39,
 4345:13, 4383:18,
 4393:44, 4409:26
situations [1] -
 4335:21
six [2] - 4317:34,
 4402:39
size [1] - 4328:20
skill [4] - 4318:27,
 4318:28, 4345:19,
 4348:3
SLHD [3] - 4370:26,
 4388:27, 4404:9
slightly [2] - 4322:11,
 4355:13
slowly [2] - 4341:17,
 4346:38
small [1] - 4335:7
smaller [1] - 4406:12
so-called [1] - 4395:3
socials [1] - 4316:16
Society [1] - 4311:13
softly [2] - 4395:28,
 4395:29
solution [10] -
 4311:19, 4311:23,
 4315:4, 4315:9,
 4322:34, 4327:37,
 4329:9, 4390:43,
 4391:3, 4407:28
solutions [1] -
 4389:33
solve [5] - 4311:18,
 4311:20, 4324:20,
 4329:2, 4329:41
solved [2] - 4382:14,
 4382:17
solvers [1] - 4324:47
someone [24] -
 4310:46, 4312:39,
 4314:37, 4316:33,
 4320:1, 4321:23,
 4335:15, 4336:28,
 4347:35, 4351:39,
 4353:7, 4357:16,
 4364:20, 4371:18,
 4371:21, 4372:15,
 4375:37, 4375:39,
 4380:32, 4403:24,
 4403:33, 4404:37
sometimes [13] -
 4315:19, 4320:42,
 4321:14, 4322:35,
 4329:22, 4329:26,
 4329:30, 4329:43,
 4330:1, 4345:1,
 4345:2, 4345:4
somewhat [1] -
 4321:37
somewhere [1] -
 4368:28
soon [1] - 4383:23
sorry [44] - 4312:14,
 4321:19, 4325:33,
 4328:1, 4328:7,
 4331:34, 4331:35,
 4337:11, 4340:43,
 4342:13, 4344:43,
 4345:11, 4347:34,
 4352:20, 4353:40,
 4354:31, 4354:36,
 4355:25, 4357:26,
 4359:3, 4366:22,
 4370:31, 4371:10,
 4372:25, 4374:17,
 4374:19, 4374:45,
 4375:11, 4382:15,
 4382:31, 4382:33,
 4382:47, 4384:10,
 4385:10, 4385:16,
 4385:22, 4389:8,
 4390:2, 4391:40,
 4392:23, 4397:39,
 4399:34
sort [12] - 4328:21,
 4329:19, 4331:5,
 4344:6, 4350:25,
 4356:42, 4376:32,
 4377:32, 4383:46,
 4396:12, 4399:28,
 4401:19
sorted [2] - 4377:30,
 4377:31
sorts [8] - 4311:28,
 4313:3, 4343:30,
 4348:1, 4361:36,
 4362:12, 4362:30,
 4378:3
SOT [3] - 4315:21,
 4315:32, 4316:3
SOTs [1] - 4314:40
sought [3] - 4401:6,
 4404:14, 4404:38
sounds [2] - 4326:43,
 4374:28
source [2] - 4353:17,
 4387:19
South [19] - 4308:19,
 4313:42, 4316:14,
 4316:41, 4319:38,
 4319:39, 4319:42,
 4319:43, 4320:1,
 4322:28, 4323:4,
 4323:12, 4327:15,
 4327:16, 4327:39,
 4328:46, 4329:38,
 4337:30
space [3] - 4311:15,
 4312:7, 4323:23
spare [1] - 4359:11
speaker [1] - 4356:39
speakers [1] - 4373:1
speaking [6] -
 4326:10, 4335:5,
 4335:11, 4356:34,
 4367:44, 4375:18
speaks [1] - 4372:33
Special [1] - 4308:7
SPECIAL [1] - 4409:40
specialist [9] - 4310:8,
 4312:5, 4312:10,
 4312:17, 4312:22,
 4312:43, 4316:31,
 4340:17, 4384:27
specialist's [1] -
 4384:28
specialists [9] -
 4310:5, 4310:11,
 4310:20, 4310:31,
 4310:44, 4312:9,
 4312:20, 4326:45,
 4337:13
specialities [1] -
 4322:30
specialties [8] -
 4317:13, 4317:16,
 4317:22, 4317:26,
 4317:29, 4317:32,
 4318:23, 4319:33
specialty [8] -
 4312:28, 4316:19,
 4316:29, 4317:15,
 4317:37, 4318:21,
 4321:42, 4339:13
specific [15] -
 4313:22, 4315:45,
 4316:13, 4319:39,
 4323:24, 4343:11,
 4343:16, 4347:28,
 4348:5, 4348:10,
 4350:13, 4356:39,
 4365:3, 4391:37,
 4395:25
specifically [17] -
 4312:43, 4314:40,
 4320:2, 4321:9,
 4342:9, 4342:15,
 4342:16, 4342:29,
 4343:6, 4361:8,
 4361:26, 4363:32,
 4374:1, 4386:35,
 4389:26, 4391:41,
 4393:24
specifics [3] -
 4337:31, 4344:23,
 4348:8
speed [1] - 4387:42
spend [3] - 4317:34,
 4317:35, 4347:9
spending [1] -
 4348:29
spin [1] - 4384:39
spoken [1] - 4327:41
sport [1] - 4318:24
spreadsheet [2] -
 4384:22, 4402:14
SRMOs [1] - 4385:43
staff [104] - 4310:9,
 4313:23, 4314:11,
 4316:5, 4316:37,
 4337:13, 4340:17,
 4340:47, 4342:25,
 4342:31, 4342:34,
 4342:36, 4342:37,
 4343:12, 4343:26,
 4343:27, 4343:34,
 4343:37, 4343:43,
 4344:11, 4344:14,
 4344:20, 4344:30,
 4345:1, 4345:33,
 4346:4, 4346:25,
 4347:24, 4347:38,
 4347:41, 4347:42,
 4347:47, 4348:3,
 4348:26, 4348:36,
 4348:38, 4349:16,
 4351:25, 4352:35,

4352:41, 4352:42,
 4353:24, 4357:39,
 4358:2, 4358:33,
 4360:14, 4361:33,
 4361:36, 4361:40,
 4362:8, 4362:11,
 4362:16, 4364:28,
 4364:30, 4364:33,
 4364:47, 4365:6,
 4365:9, 4365:10,
 4365:15, 4365:16,
 4365:17, 4365:37,
 4365:38, 4366:2,
 4366:32, 4367:1,
 4373:32, 4379:11,
 4383:15, 4383:16,
 4383:17, 4383:19,
 4384:27, 4384:28,
 4385:9, 4386:32,
 4386:35, 4386:37,
 4387:17, 4387:20,
 4389:23, 4391:23,
 4392:35, 4393:4,
 4394:41, 4394:42,
 4397:44, 4401:5,
 4401:17, 4401:23,
 4401:27, 4401:30,
 4401:34, 4401:35,
 4401:42, 4402:33,
 4402:45, 4406:31,
 4406:42, 4407:6
Staff [1] - 4360:2
STAFF [1] - 4360:6
staffed [1] - 4387:3
staffing [7] - 4345:18,
 4347:30, 4347:31,
 4348:2, 4367:22,
 4378:24, 4401:25
stage [3] - 4358:2,
 4406:17, 4407:14
stages [2] - 4325:10,
 4362:30
stakeholders [1] -
 4323:32
stamp [2] - 4382:33,
 4396:45
stance [2] - 4379:20,
 4379:22
standard [7] -
 4322:35, 4324:31,
 4326:6, 4328:22,
 4328:27, 4328:29
standards [21] -
 4314:13, 4314:21,
 4322:34, 4324:28,
 4324:36, 4325:3,
 4327:19, 4327:21,
 4328:3, 4328:16,
 4328:31, 4328:32,
 4329:11, 4332:2,
 4334:43, 4338:27,
 4338:30, 4338:31,
 4339:11, 4366:5,
 4366:34
starred [1] - 4360:24
start [12] - 4320:20,
 4320:24, 4323:38,
 4323:47, 4331:34,
 4372:45, 4372:46,
 4374:26, 4383:45,
 4384:46, 4387:26,
 4401:41
started [11] - 4309:41,
 4309:45, 4320:25,
 4330:18, 4346:20,
 4360:22, 4376:25,
 4376:26, 4376:43,
 4379:19
starting [5] - 4319:42,
 4333:10, 4361:16,
 4384:44, 4391:47
starts [3] - 4325:37,
 4375:18, 4383:30
state [8] - 4311:38,
 4319:3, 4319:8,
 4323:25, 4329:45,
 4340:13, 4362:12,
 4362:16
state-based [2] -
 4311:38, 4319:3
statement [40] -
 4309:16, 4309:24,
 4309:43, 4310:28,
 4312:37, 4313:21,
 4315:20, 4316:46,
 4318:22, 4319:12,
 4321:45, 4323:10,
 4339:25, 4340:24,
 4340:28, 4340:32,
 4340:35, 4341:6,
 4341:21, 4341:38,
 4341:39, 4353:45,
 4354:43, 4357:38,
 4358:5, 4358:21,
 4359:36, 4362:29,
 4367:20, 4368:33,
 4368:36, 4369:1,
 4369:3, 4369:6,
 4372:8, 4373:15,
 4373:21, 4384:33,
 4388:32, 4409:13
statements [1] -
 4384:35
states [1] - 4318:36
static [1] - 4323:3
station [1] - 4344:4
statistically [1] -
 4326:10
statistics [2] -
 4319:18, 4335:32
stats [1] - 4323:38
status [2] - 4389:40,
 4395:28
stay [1] - 4383:39
stayed [1] - 4380:44
stemmed [1] - 4349:7
step [3] - 4333:45,
 4343:42, 4404:30
stick [1] - 4328:37
stifling [1] - 4324:26
still [16] - 4317:31,
 4326:5, 4326:20,
 4326:31, 4333:40,
 4333:42, 4335:23,
 4335:44, 4345:43,
 4350:18, 4361:20,
 4367:22, 4384:19,
 4385:42, 4386:42,
 4388:6
stood [1] - 4368:9
stop [2] - 4311:3,
 4328:7
stopping [1] - 4352:41
story [1] - 4353:12
straight [1] - 4384:37
strain [4] - 4346:38,
 4349:6, 4387:15,
 4387:16
stream [3] - 4352:22,
 4352:23
streams [1] - 4312:33
Street [1] - 4308:18
striking [1] - 4327:11
striving [1] - 4389:31
struggle [2] - 4398:23,
 4398:37
struggling [2] -
 4319:5, 4398:39
students [1] - 4366:2
stuff [1] - 4393:21
style [1] - 4394:31
sub [9] - 4317:13,
 4317:15, 4317:16,
 4317:22, 4317:26,
 4317:29, 4317:32,
 4317:37, 4322:30
sub-specialities [1] -
 4322:30
sub-specialties [6] -
 4317:13, 4317:16,
 4317:22, 4317:26,
 4317:29, 4317:32
sub-specialty [2] -
 4317:15, 4317:37
subcommittee [1] -
 4406:42
subcommittees [16] -
 4358:30, 4360:28,
 4360:32, 4361:7,
 4361:25, 4361:26,
 4361:32, 4362:3,
 4362:12, 4362:17,
 4362:20, 4363:4,
 4363:33, 4363:36,
 4406:34, 4406:37
subgroups [1] -
 4329:32
subject [2] - 4311:16,
 4332:35
submission [4] -
 4331:41, 4371:3,
 4390:29, 4401:24
submissions [6] -
 4350:2, 4401:15,
 4401:17, 4401:19,
 4401:31, 4401:34
submissions [1] -
 4397:11
submit [1] - 4332:4
submitted [1] -
 4346:41
subsequent [7] -
 4360:35, 4382:40,
 4382:43, 4383:8,
 4384:7, 4393:34,
 4406:15
subsequently [2] -
 4369:31, 4377:2
substance [1] -
 4374:29
substandard [1] -
 4377:8
substantive [1] -
 4342:3
successful [1] -
 4320:29
successfully [2] -
 4322:38, 4326:37
sudden [1] - 4347:15
suggest [3] - 4362:39,
 4362:47, 4363:1
suggested [4] -
 4355:34, 4370:39,
 4400:6, 4406:1
suggesting [2] -
 4334:37, 4405:38
suggestion [5] -
 4355:32, 4386:14,
 4386:22, 4394:36,
 4404:26
suicide [1] - 4344:3
summary [4] -
 4326:23, 4334:12,
 4334:13, 4405:1
superficial [2] -
 4401:12, 4401:27
supervises [1] -
 4314:38
supervision [2] -
 4315:47, 4316:20
supervisor [3] -
 4314:31, 4315:26,
 4316:3
supervisors [4] -
 4314:22, 4314:27,
 4315:1, 4315:19
supplementary [1] -
 4359:35
support [11] - 4310:6,
 4311:30, 4311:34,
 4314:16, 4317:41,
 4320:14, 4320:27,
 4322:22, 4327:5,
 4336:3, 4336:37
supportive [6] -
 4315:27, 4315:28,
 4321:12, 4321:18,
 4321:23, 4335:37
suppose [1] - 4394:3
supposed [1] -
 4401:21
surgical [2] - 4397:44,
 4397:47
surplus [2] - 4348:32,
 4348:34
surprise [1] - 4330:26
survey [2] - 4334:33,
 4402:10
survival [2] - 4398:24,
 4398:38
suspect [2] - 4369:21,
 4409:27
sustainable [2] -
 4320:21, 4330:46
sustained [1] -
 4316:36
sustaining [1] -
 4316:31
sworn [1] - 4309:7
Sydney [6] - 4308:19,
 4313:47, 4388:28,
 4390:8, 4397:23,
 4397:36
synonymous [1] -
 4329:38
system [29] - 4319:34,
 4319:43, 4319:47,
 4320:5, 4320:32,
 4344:7, 4344:13,
 4344:20, 4344:23,
 4344:26, 4344:27,
 4344:29, 4346:21,
 4346:28, 4346:37,
 4346:46, 4347:1,
 4347:3, 4347:5,
 4347:7, 4348:41,
 4349:3, 4366:19,
 4380:35, 4387:38,
 4387:39, 4390:40,
 4391:20, 4398:40

systemic [2] - 4334:26, 4336:43	4330:41, 4332:19, 4333:10, 4333:22,	4324:3, 4341:27, 4345:41, 4345:47,	tracked [3] - 4358:23, 4387:8, 4387:9	4312:18, 4312:28, 4312:36, 4312:46,
systems [3] - 4345:32, 4346:47, 4390:39	4333:29, 4333:44, 4333:46, 4336:39, 4337:40, 4338:46, 4342:14, 4348:21, 4349:3, 4349:12, 4350:5, 4352:2, 4357:39, 4357:42, 4357:46, 4358:21, 4362:26, 4362:36, 4363:1, 4363:29, 4364:6, 4364:29, 4364:38, 4365:28, 4368:6, 4369:18, 4369:20, 4369:22, 4369:31, 4372:17, 4379:20, 4379:22, 4387:29, 4397:9, 4406:24, 4406:31, 4407:16, 4407:18, 4407:26, 4407:35, 4408:16, 4408:35	4374:2, 4376:4, 4376:6, 4376:24, 4376:25, 4376:26, 4376:32, 4377:5, 4377:10, 4377:28, 4377:32, 4386:33, 4387:2, 4393:36, 4398:33, 4401:4, 4409:10	tracking [1] - 4387:36 trail [1] - 4337:31 train [1] - 4310:7 trained [2] - 4335:1, 4346:27 trainee [25] - 4311:27, 4311:31, 4311:34, 4316:32, 4317:14, 4317:33, 4317:46, 4318:10, 4319:5, 4319:35, 4320:12, 4321:37, 4321:44, 4322:22, 4322:36, 4324:4, 4325:22, 4325:26, 4325:33, 4325:34, 4326:7, 4335:3, 4335:31, 4337:13, 4339:12 trainee's [6] - 4318:15, 4320:38, 4320:45, 4321:14, 4328:47, 4335:11 trainees [59] - 4311:10, 4313:29, 4314:22, 4314:26, 4314:28, 4314:35, 4314:36, 4314:39, 4315:2, 4318:15, 4318:18, 4318:22, 4318:32, 4318:35, 4319:15, 4319:22, 4320:10, 4320:27, 4321:30, 4321:46, 4322:14, 4322:20, 4322:29, 4322:38, 4323:1, 4323:4, 4323:7, 4323:29, 4323:30, 4323:33, 4323:40, 4324:2, 4324:26, 4325:18, 4325:22, 4325:30, 4326:9, 4326:45, 4327:11, 4328:28, 4329:45, 4330:33, 4332:3, 4334:9, 4334:17, 4334:27, 4334:33, 4334:40, 4335:8, 4335:13, 4335:23, 4335:25, 4335:30, 4335:33, 4335:36, 4335:39, 4335:40, 4335:47 trainees! [1] - 4319:28 training [55] - 4309:41, 4309:47, 4310:11, 4310:30, 4310:44, 4310:47, 4312:1, 4312:3,	4313:3, 4313:9, 4313:14, 4313:28, 4314:28, 4314:31, 4314:32, 4315:2, 4315:20, 4315:22, 4315:26, 4316:34, 4317:2, 4317:3, 4318:5, 4318:11, 4318:19, 4318:23, 4318:39, 4319:20, 4319:30, 4319:37, 4320:7, 4320:11, 4320:23, 4320:26, 4320:36, 4320:40, 4321:16, 4321:24, 4322:2, 4322:5, 4322:7, 4322:16, 4322:29, 4322:37, 4322:42, 4324:3, 4325:27, 4326:14, 4326:22, 4328:34, 4383:27
<hr/> T <hr/>				
tab [5] - 4359:15, 4371:39, 4371:45, 4399:7, 4407:37	4363:1, 4363:29, 4364:6, 4364:29, 4364:38, 4365:28, 4368:6, 4369:18, 4369:20, 4369:22, 4369:31, 4372:17, 4379:20, 4379:22, 4387:29, 4397:9, 4406:24, 4406:31, 4407:16, 4407:18, 4407:26, 4407:35, 4408:16, 4408:35	three-quarters [1] - 4316:47 throughout [1] - 4401:2 THURSDAY [1] - 4409:41 tick [3] - 4317:15, 4317:23, 4338:38 tighten [1] - 4348:28 timeline [1] - 4327:32 timely [2] - 4380:23, 4380:29 titled [1] - 4360:1 TITLED [1] - 4360:5 TO [1] - 4409:41 today [7] - 4324:44, 4333:22, 4334:3, 4335:8, 4339:25, 4340:29, 4409:7 together [2] - 4323:47, 4377:38 toilet [1] - 4346:12 tomorrow [4] - 4409:8, 4409:11, 4409:12, 4409:36 took [5] - 4325:43, 4345:42, 4347:6, 4399:6, 4401:42 tool [1] - 4337:7 top [13] - 4349:46, 4355:11, 4355:29, 4372:22, 4372:33, 4375:6, 4375:13, 4381:47, 4388:22, 4390:7, 4393:14, 4405:15, 4405:33 topic [6] - 4369:16, 4369:45, 4373:27, 4373:30, 4403:9, 4406:23 touch [3] - 4314:25, 4319:14, 4320:3 touched [3] - 4327:19, 4335:8, 4338:20 towards [4] - 4310:11, 4327:2, 4328:21, 4378:20 track [2] - 4337:17, 4387:10	traced [3] - 4358:23, 4387:8, 4387:9 tracking [1] - 4387:36 trail [1] - 4337:31 train [1] - 4310:7 trained [2] - 4335:1, 4346:27 trainee [25] - 4311:27, 4311:31, 4311:34, 4316:32, 4317:14, 4317:33, 4317:46, 4318:10, 4319:5, 4319:35, 4320:12, 4321:37, 4321:44, 4322:22, 4322:36, 4324:4, 4325:22, 4325:26, 4325:33, 4325:34, 4326:7, 4335:3, 4335:31, 4337:13, 4339:12 trainee's [6] - 4318:15, 4320:38, 4320:45, 4321:14, 4328:47, 4335:11 trainees [59] - 4311:10, 4313:29, 4314:22, 4314:26, 4314:28, 4314:35, 4314:36, 4314:39, 4315:2, 4318:15, 4318:18, 4318:22, 4318:32, 4318:35, 4319:15, 4319:22, 4320:10, 4320:27, 4321:30, 4321:46, 4322:14, 4322:20, 4322:29, 4322:38, 4323:1, 4323:4, 4323:7, 4323:29, 4323:30, 4323:33, 4323:40, 4324:2, 4324:26, 4325:18, 4325:22, 4325:30, 4326:9, 4326:45, 4327:11, 4328:28, 4329:45, 4330:33, 4332:3, 4334:9, 4334:17, 4334:27, 4334:33, 4334:40, 4335:8, 4335:13, 4335:23, 4335:25, 4335:30, 4335:33, 4335:36, 4335:39, 4335:40, 4335:47 trainees! [1] - 4319:28 training [55] - 4309:41, 4309:47, 4310:11, 4310:30, 4310:44, 4310:47, 4312:1, 4312:3,	transcribe [1] - 4372:19 transcribed [1] - 4372:18 transcribes [1] - 4372:15 transcript [7] - 4365:33, 4371:45, 4372:46, 4373:32, 4374:14, 4375:40, 4379:45 transcripts [1] - 4395:43 transferred [1] - 4397:27 transient [3] - 4318:10, 4318:38, 4321:37 transparency [8] - 4332:19, 4348:24, 4353:6, 4353:16, 4366:7, 4366:33, 4398:26, 4402:42 transparent [8] - 4313:8, 4326:1, 4326:8, 4331:8, 4332:6, 4337:46, 4339:6, 4353:4 transpired [1] - 4363:24 trauma [1] - 4317:1 treated [1] - 4343:12 tried [1] - 4336:31 Trotman [7] - 4394:11, 4394:14, 4394:38, 4395:8, 4395:47,
tasked [1] - 4322:46	TERMS [1] - 4360:6 tertiary [2] - 4317:18, 4317:21 thanked [1] - 4369:27 theme [2] - 4329:20, 4382:38 themes [5] - 4333:21, 4333:28, 4333:37, 4334:3, 4339:5 themselves [2] - 4329:2, 4345:43 there'd [3] - 4317:12, 4320:34, 4323:19 therein [1] - 4361:38 thereof [1] - 4387:42 they have [5] - 4314:9, 4314:33, 4316:15, 4334:35, 4401:8 they've [9] - 4317:35, 4318:35, 4323:6, 4333:35, 4333:36, 4335:28, 4335:40, 4336:24, 4393:45 thinking [5] - 4310:42, 4315:12, 4321:5, 4323:5, 4332:44 thinks [1] - 4335:19 third [5] - 4359:1, 4366:3, 4386:47, 4387:3, 4406:47 thorough [1] - 4381:8 thousand [1] - 4343:44 threatening [1] - 4408:32 three [25] - 4316:47, 4317:16, 4318:35,			
task [2] - 4322:46, 4325:9				
tasks [1] - 4347:14				
tea [1] - 4339:43				
team [8] - 4316:27, 4316:29, 4318:24, 4330:37, 4335:1, 4336:42, 4338:5, 4347:41				
Teams [1] - 4385:29				
technology [1] - 4333:43				
temperature [1] - 4402:45				
temporarily [1] - 4404:7				
tender [1] - 4331:27				
tendered [2] - 4309:28, 4341:10				
tense [1] - 4373:1				
tenth [1] - 4352:2				
tenure [1] - 4360:13				
Teresa [1] - 4359:36				
term [2] - 4322:38, 4402:16				
Terms [1] - 4360:2				
terms [69] - 4310:7, 4311:26, 4311:30, 4312:1, 4312:32, 4313:24, 4314:34, 4315:44, 4316:5, 4316:31, 4318:20, 4319:2, 4319:21, 4321:1, 4322:24, 4323:38, 4325:12, 4325:40, 4326:36, 4326:43, 4328:44, 4329:30, 4330:16,				

4396:17, 4396:24
trouble [2] - 4316:5, 4316:15
true [7] - 4309:24, 4336:11, 4340:33, 4341:7, 4351:32, 4373:35, 4384:6
truth [1] - 4383:5
try [9] - 4319:14, 4327:5, 4329:14, 4334:29, 4337:16, 4348:43, 4400:11, 4407:21, 4407:27
trying [15] - 4311:18, 4311:19, 4337:9, 4345:20, 4376:32, 4383:46, 4386:11, 4387:34, 4387:37, 4387:45, 4398:12, 4406:8, 4406:11
turn [9] - 4333:35, 4333:39, 4333:40, 4336:25, 4341:39, 4358:6, 4360:26, 4369:11, 4404:43
turned [1] - 4344:47
two [24] - 4309:38, 4318:15, 4318:23, 4320:25, 4323:39, 4324:9, 4325:33, 4332:11, 4333:26, 4344:16, 4345:46, 4346:45, 4349:2, 4359:25, 4360:43, 4366:46, 4379:5, 4386:33, 4387:5, 4394:43, 4395:33, 4401:45, 4406:35
two-way [2] - 4323:39, 4324:9
type [3] - 4404:14, 4404:15, 4408:33
typing [1] - 4347:10

U

ultimate [2] - 4335:45, 4407:5
ultimately [1] - 4319:27
unaccredited [3] - 4314:26, 4314:35, 4314:39
uncertain [1] - 4408:35
uncomfortable [2] - 4332:7, 4334:46
under [11] - 4310:9, 4310:28, 4324:34, 4333:24, 4334:23,

4362:4, 4371:8, 4371:12, 4383:3, 4387:15, 4387:16
underlies [1] - 4407:28
underlying [6] - 4349:5, 4380:25, 4381:42, 4382:2, 4382:4, 4382:7
underneath [1] - 4344:23
underreporting [1] - 4342:19
understaffing [4] - 4342:8, 4342:10, 4342:15, 4346:39
understood [6] - 4317:6, 4325:16, 4386:15, 4399:21, 4406:34, 4408:28
undertake [1] - 4320:45
undertaken [1] - 4381:27
undoubtedly [1] - 4404:6
undue [2] - 4384:43, 4386:10
unfair [2] - 4396:13, 4405:1
unfairness [4] - 4351:27, 4351:36, 4351:37, 4400:37
unfavourable [2] - 4401:9, 4401:10
unhappy [1] - 4351:18
unit [59] - 4313:23, 4313:26, 4313:29, 4313:46, 4314:1, 4314:8, 4314:24, 4314:38, 4314:47, 4315:3, 4315:6, 4315:9, 4315:14, 4315:31, 4315:44, 4316:4, 4317:24, 4317:25, 4317:28, 4317:43, 4317:46, 4318:7, 4321:22, 4323:21, 4323:22, 4323:30, 4325:28, 4326:30, 4326:31, 4326:39, 4327:1, 4327:2, 4327:37, 4328:18, 4328:26, 4328:39, 4328:47, 4329:2, 4329:9, 4329:16, 4329:19, 4329:32, 4329:40, 4329:44, 4330:20, 4330:21, 4330:36,

4330:45, 4331:6, 4334:29, 4334:38, 4334:42, 4336:18, 4337:33, 4338:6, 4338:34, 4339:7, 4340:18
unit-wide [1] - 4334:29
units [39] - 4311:43, 4313:13, 4313:32, 4313:36, 4313:39, 4313:43, 4314:4, 4314:7, 4314:16, 4314:33, 4314:37, 4315:1, 4315:27, 4315:28, 4315:33, 4315:46, 4316:4, 4316:14, 4316:37, 4317:2, 4317:12, 4317:20, 4317:21, 4317:22, 4317:33, 4317:39, 4321:21, 4326:42, 4327:34, 4327:39, 4327:41, 4327:43, 4328:38, 4328:45, 4330:30, 4334:38, 4338:2, 4338:37, 4338:43
unless [3] - 4324:4, 4330:4, 4396:12
unnecessary [1] - 4366:29
unplug [1] - 4375:39
unreasonable [5] - 4363:40, 4363:42, 4364:1, 4364:8, 4364:20
unreported [2] - 4380:36, 4381:9
untenable [1] - 4380:46
unwarranted [1] - 4392:38
unwell [2] - 4345:38, 4345:45
up [72] - 4310:5, 4310:20, 4313:26, 4313:42, 4314:24, 4317:34, 4318:18, 4318:26, 4319:4, 4319:27, 4321:2, 4323:31, 4325:30, 4330:21, 4330:23, 4331:30, 4334:28, 4334:32, 4335:3, 4335:5, 4335:11, 4336:32, 4336:34, 4337:34, 4337:35, 4337:42, 4337:47, 4342:31, 4344:47,

4345:38, 4346:35, 4346:37, 4346:46, 4347:6, 4352:13, 4354:42, 4355:1, 4355:13, 4356:11, 4357:28, 4359:25, 4359:31, 4360:27, 4364:28, 4365:2, 4365:15, 4365:29, 4367:17, 4367:44, 4369:11, 4373:41, 4375:3, 4375:15, 4376:22, 4376:28, 4378:4, 4379:7, 4379:12, 4384:17, 4386:37, 4387:9, 4389:2, 4389:25, 4390:38, 4391:22, 4391:29, 4393:11, 4394:23, 4396:19, 4396:47, 4406:8, 4407:46
up-front [1] - 4336:34
updated [2] - 4331:18, 4331:40
updates [1] - 4332:1
upholding [1] - 4328:32
uses [1] - 4393:21
utmost [1] - 4377:23

V

vacant [1] - 4316:10
vague [1] - 4386:12
vaguely [1] - 4386:11
valid [1] - 4364:27
value [1] - 4311:17
Values [1] - 4388:38
values [9] - 4366:9, 4366:10, 4388:27, 4389:38, 4390:2, 4390:3, 4390:5, 4392:10, 4392:17
varied [1] - 4318:26
various [11] - 4310:10, 4310:19, 4318:27, 4322:39, 4325:43, 4329:32, 4343:45, 4350:22, 4362:30, 4378:4, 4403:2
vast [1] - 4318:33
ventilated [1] - 4407:14
version [20] - 4358:4, 4358:16, 4358:20, 4358:21, 4358:27, 4358:29, 4358:36, 4358:39, 4358:41, 4359:18, 4359:24,

4360:10, 4363:2, 4369:33, 4369:34, 4369:35, 4369:37, 4369:40, 4369:41
Version [1] - 4360:3
VERSION [1] - 4360:7
versions [1] - 4359:21
versus [1] - 4346:20
viable [1] - 4316:20
victim [1] - 4370:42
vied [1] - 4360:43
view [38] - 4327:46, 4328:2, 4328:31, 4328:40, 4329:13, 4334:7, 4345:8, 4350:5, 4361:31, 4361:33, 4364:20, 4364:21, 4364:46, 4365:2, 4365:26, 4365:30, 4368:3, 4377:7, 4380:40, 4381:6, 4393:23, 4395:39, 4396:26, 4397:15, 4397:17, 4397:18, 4397:21, 4397:25, 4397:33, 4397:35, 4397:40, 4397:43, 4398:27, 4399:15, 4402:13, 4402:39, 4406:11
viewed [1] - 4398:24
views [2] - 4363:38, 4406:30
visibility [1] - 4402:26
vision [1] - 4360:46
visit [3] - 4334:35, 4337:43, 4338:38
VMO [1] - 4384:29
voice [4] - 4364:47, 4367:33, 4407:6
volume [1] - 4403:30
volunteered [1] - 4380:47
vote [11] - 4373:21, 4373:24, 4375:26, 4376:28, 4379:26, 4383:13, 4395:9, 4396:39, 4396:41, 4397:1
votes [3] - 4379:24, 4395:7, 4395:40
vulnerable [1] - 4344:14

W

WA [3] - 4320:18, 4320:24, 4320:29
wait [3] - 4354:41, 4392:45

Wales [19] - 4308:19, 4313:42, 4316:14, 4316:41, 4319:39, 4319:40, 4319:42, 4319:43, 4320:1, 4322:28, 4323:4, 4323:12, 4327:16, 4327:39, 4328:46, 4329:38, 4337:30	4384:45, 4385:9, 4385:41	4380:30, 4396:30	4385:37
walk [1] - 4329:33	wide [3] - 4314:35, 4334:29, 4334:30	wording [2] - 4373:47, 4374:1	Xiang [1] - 4385:35
walked [1] - 4406:4	willing [3] - 4329:34, 4349:30, 4349:31	words [5] - 4355:42, 4361:24, 4367:44, 4396:24, 4407:7	<hr/> Y <hr/>
wants [2] - 4333:15, 4385:45	Winston [6] - 4339:37, 4340:7, 4340:15, 4378:23, 4399:27, 4405:36	work/life [5] - 4320:37, 4321:1, 4321:23, 4322:21, 4335:34	year [16] - 4309:39, 4321:43, 4322:3, 4322:8, 4323:47, 4324:23, 4325:41, 4326:8, 4327:25, 4330:18, 4338:33, 4348:27, 4348:34, 4353:17, 4380:12, 4401:13
ward [6] - 4344:36, 4344:39, 4344:44, 4345:8, 4345:14, 4345:37	WINSTON [1] - 4340:9	workforce [12] - 4311:18, 4311:21, 4311:25, 4313:27, 4323:31, 4323:36, 4324:19, 4324:25, 4325:29, 4344:32, 4361:9, 4388:37	yearly [2] - 4332:1, 4338:44
wards [1] - 4345:16	withdraw [1] - 4337:3	Workforce [1] - 4388:28	years [15] - 4309:38, 4318:35, 4324:3, 4327:39, 4330:7, 4343:43, 4346:28, 4348:30, 4348:31, 4348:32, 4351:19, 4365:38, 4385:8, 4401:4, 4402:16
waste [1] - 4348:40	withdrawal [1] - 4330:23	workload [1] - 4385:42	years' [1] - 4338:40
watch [1] - 4405:6	withdrawing [1] - 4327:35	workplace [5] - 4311:11, 4327:10, 4335:16, 4338:11, 4338:12	yesterday [1] - 4359:37
Waterhouse [1] - 4308:28	withdrawn [1] - 4330:2	works [11] - 4314:5, 4314:8, 4315:5, 4316:30, 4324:10, 4324:40, 4329:9, 4339:2, 4341:28, 4378:25, 4385:4	yielding [2] - 4324:36, 4325:11
watermarked [2] - 4340:47, 4341:3	WITHDREW [2] - 4339:34, 4409:4	world [4] - 4353:2, 4366:38, 4366:41	yourself [3] - 4310:13, 4359:26, 4373:37
ways [6] - 4320:21, 4343:46, 4346:45, 4366:39, 4388:14, 4407:22	witness [27] - 4309:16, 4310:27, 4312:37, 4313:21, 4315:20, 4318:21, 4321:45, 4339:18, 4339:36, 4340:6, 4340:44, 4359:4, 4359:12, 4359:26, 4362:42, 4371:29, 4371:36, 4373:10, 4373:11, 4385:12, 4389:46, 4390:20, 4393:40, 4403:20, 4408:13, 4408:19, 4408:40	worn [1] - 4316:3	<hr/> Z <hr/>
website [13] - 4311:41, 4312:41, 4314:14, 4316:9, 4316:16, 4317:20, 4317:32, 4319:3, 4321:10, 4321:45, 4326:8, 4328:17, 4332:13	WITNESS [29] - 4328:11, 4339:28, 4339:32, 4339:34, 4340:46, 4347:40, 4350:4, 4350:21, 4353:42, 4354:38, 4354:45, 4355:13, 4359:1, 4359:7, 4364:17, 4365:36, 4368:30, 4369:3, 4371:42, 4372:2, 4378:8, 4385:14, 4386:25, 4386:29, 4390:2, 4391:13, 4396:9, 4409:2, 4409:4	worried [3] - 4325:36, 4343:35, 4344:17	Zealand [7] - 4309:5, 4310:31, 4310:39, 4311:13, 4311:21, 4313:2, 4322:4
Wednesday [1] - 4308:22	witness's [1] - 4368:47	worries [3] - 4328:16, 4339:28, 4343:46	Zhang [1] - 4385:16
week [14] - 4333:5, 4333:6, 4374:2, 4376:5, 4376:6, 4376:24, 4376:25, 4376:26, 4376:32, 4377:5, 4377:10, 4377:28, 4377:32, 4393:37	witnesses [3] - 4389:44, 4390:23, 4409:11	worry [1] - 4335:4	zoom [2] - 4372:19, 4372:30
weekend [1] - 4380:38	word [9] - 4341:15, 4341:16, 4348:15, 4367:11, 4367:41, 4374:3, 4377:9,	worst [1] - 4393:44	Zoom [3] - 4372:31, 4385:28, 4388:46
weeks [2] - 4377:33, 4382:28		worth [1] - 4322:44	
welfare [1] - 4343:33		worthwhile [1] - 4322:32	
wellbeing [2] - 4366:2, 4366:32		wrap [1] - 4396:47	
whereas [5] - 4317:22, 4346:20, 4352:23, 4398:33, 4398:42		write [2] - 4347:14, 4360:44	
whilst [2] - 4310:22, 4329:10		writes [1] - 4371:14	
whole [8] - 4338:6, 4344:29, 4349:43, 4355:16, 4355:20,		writing [2] - 4342:30, 4395:41	
		written [1] - 4357:21	
		wrongly [1] - 4352:25	
		wrote [6] - 4342:28, 4343:23, 4350:23, 4365:42, 4402:24, 4408:1	
		<hr/> X <hr/>	
		XIANG [1] - 4385:17	
		Xiang [2] - 4385:33,	