Special Commission of Inquiry

into Healthcare Funding

Before: The Commissioner,
Mr Richard Beasley SC

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

Thursday, 1 August 2024 at 2pm

(Day 042)

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 for NSW Health

THE COMMISSIONER: Good afternoon.

MR MUSTON: Good afternoon. The next witness, Commissioner, is Dr Andrew Hallahan.

<ANDREW ROBERT HALLAHAN, affirmed: [2.01pm]

<EXAMINATION BY MR MUSTON:

MR MUSTON: Q. Dr Hallahan, could you state your full name for the record, please?
A. Andrew Robert Hallahan.

Q. You are the executive director medical services and clinical governance and risk at the Sydney Local Health District?
A. I am.

Q. That's a role you have held since July 2020?
A. Correct.

Q. You prepared a statement to assist the Inquiry with its work, dated 6 June 2024?
A. Mmm-hmm.

Q. Do you have a copy of that statement with you?
A. I do.

Q. Have you had an opportunity to read it before giving your evidence today, by which I mean recently?
A. Yes.

Q. You are comfortable that its contents are true and correct?
A. Yes.

MR MUSTON: Commissioner, that will be tendered. I think it's exhibit H5.3, or thereabouts. For the benefit of the record, it's [MOH.9999.1294.0001].

Q. I think, Doctor, you have prepared a second statement dated 30 July 2024?
A. That's correct.

Q. Do you have a copy of that statement with you as well?
A. I do.

1 Q. Again have you had an opportunity to refresh your
2 memory of that statement, to the extent it needed to be
3 refreshed, over the last 48 hours?
4 A. Correct, I have.
5
6 Q. You are comfortable that its contents are true and
7 correct?
8 A. Yes.
9
10 MR MUSTON: That statement will also be tendered,
11 Commissioner. At least in my folders it is in a separate
12 folder. I'm not exactly sure where, amongst the folders
13 that you have available to you --
14
15 THE COMMISSIONER: It is where I have put it, so - yes.
16
17 MR MUSTON: For the benefit of those who don't have
18 folders, it is [MOH.0011.0033.0001].
19
20 Q. Could I take you to your first statement, Doctor, and
21 just ask you to turn forward to paragraph 29?
22 A. Mmm-hmm.
23
24 Q. I think you tell us in that paragraph that part of
25 your role is consulting with the medical staff councils
26 across the facilities that operate within the local health
27 district?
28 A. Yes, it is.
29
30 Q. And in terms of your interactions with those medical
31 staff councils, at a day-to-day level or in ordinary
32 circumstances, what is the nature of that interaction?
33 A. So I'll attend their regular meetings and then if
34 there are matters which the medical staff council chairs
35 want to talk about, I'd be available to them for
36 discussion.
37
38 Q. And the Concord medical staff council is one of those
39 medical staff councils that you have engaged with
40 throughout your time in the role?
41 A. Mmm-hmm, yes.
42
43 Q. And you have attended periodically the meetings of the
44 Concord medical staff council?
45 A. Yes, I believe I've attended the majority of the
46 meetings that they've had while I've been in the role.
47

1 Q. Could I just take you forward to paragraph 30. You
2 tell us there that the local health district's relationship
3 with the Concord medical staff council has been challenging
4 over the past three years?
5 A. Mmm-hmm.
6
7 Q. You tell us that, at least to your perception, there
8 are multiple reasons for that?
9 A. Mmm-hmm.
10
11 Q. What do you think those reasons are?
12 A. Well, as I outline in my statement, there is
13 a perception that the Concord medical staff council holds
14 that Concord hospital is relatively under-resourced and has
15 been - I think I'd probably say struggling because of that,
16 and there is also a perception which they've articulated
17 that the district executive has not been responsive to the
18 escalations of their concerns.
19
20 Q. Those two perceptions, on the part of at least some
21 members of the Concord medical staff council, are
22 reasonably longstanding?
23 A. Yes, they are. So even from the time that I started
24 in the district, I'd have to say that was a feel of that
25 staff council meeting, yes.
26
27 Q. And in terms of the way in which those or that feel,
28 as you put it, impacts on staff morale at Concord, have you
29 observed it to have an impact, or at least to say what is
30 your view of the staff morale?
31 A. Overall of staff morale at Concord?
32
33 Q. Starting, say, when you first started in the job?
34 A. I should preface this by noting that when I commenced
35 in the district in July of 2020, we were in the middle of
36 a COVID lockdown, so my ability to actually attend and be
37 at Concord hospital on a regular basis was somewhat
38 limited. My view, however, is that Concord hospital
39 actually has a highly engaged clinical staff and morale is
40 actually generally good.
41
42 We have no evidence from, say, the national medical
43 training survey of junior doctors that we have an issue
44 with staff morale. There's been no evidence in other
45 broader surveys of workforce conducted by NSW Health,
46 including the "People Matters" employee survey, that
47 there's been disengagement. In fact, Concord hospital and

1 Sydney Local Health District staff generally have had some
2 of the highest levels of engagement in the system. So from
3 where I sat and also from the individuals I dealt with,
4 I felt I was dealing frequently with a highly engaged group
5 of clinical staff who wished to make the system better.
6
7 Now, look, they weren't - that was not uniform, and
8 I think that is important to note, that there were a group
9 of senior medical staff, a significant group of senior
10 medical staff at Concord hospital, who would not share that
11 view.
12
13 Q. So would it be correct to say, at least at the time
14 that you have been in the district, that there was an
15 observable decline in the morale of the staff at Concord
16 hospital?
17 A. I would not agree with that.
18
19 Q. Would it be correct to say that, at least amongst some
20 people within the medical workforce at Concord hospital,
21 there was a feeling of isolation from each other and from
22 the administration?
23 A. There is a significant group of senior medical staff
24 at Concord hospital who would feel that way, that is
25 correct.
26
27 Q. Would it be correct to say that there is at least
28 a group of the medical workforce at Concord who feel that
29 the workload and job demands have increased?
30 A. That has been expressed, though it is not a uniform
31 thing that has been expressed.
32
33 Q. When you say it's not uniform, it's not an isolated
34 one or two people who have expressed that view?
35 A. They're not isolated, but it is not all.
36
37 Q. It varies from department to department?
38 A. It does.
39
40 Q. Is there a view amongst some medical staff at Concord
41 hospital that administrative tasks have escalated without
42 any increase in administrative support?
43 A. That has been expressed, and I believe is minuted in
44 some of the medical staff council meetings. Again, I would
45 suggest that that is not a uniformly held view across all
46 of Concord hospital, which is not surprising. Concord is
47 a large tertiary hospital, it has over 350 specialist

1 medical staff and, you know, thousands, around 2,500 or so
2 members of staff. So it's not surprising that the views
3 aren't uniformly held.
4
5 Q. Is it correct that amongst the medical staff at
6 Concord there was at least a group who perceived that they
7 were not valued, seen or heard?
8 A. I don't know if that is correct. I - I would find
9 that difficult to answer broadly, to be honest.
10
11 Q. Amongst the medical staff at Concord, was it your
12 observation that there was a group who perceived that they
13 had less access to administration to raise issues?
14 A. Yes. That would be correct.
15
16 Q. And was there a group amongst the medical staff at
17 Concord hospital who were of the view that when issues were
18 raised, they were not adequately addressed?
19 A. Yes, that's been very clearly expressed by the current
20 chair of the Concord staff medical council.
21
22 Q. Was there a view amongst at least some members of the
23 staff at Concord that, were they to speak out about some of
24 these concerns, they feared that there might be some sort
25 of retaliation?
26 A. They had stated that, and that, frankly, has puzzled
27 me, because to find evidence of retaliation - and we have
28 asked for that on multiple occasions. That is something
29 which, in my role, I take extremely seriously and I have
30 yet to be provided with any evidence that any adverse or
31 retaliatory action has been taken against a member of
32 Concord hospital for raising concerns. However, to be
33 fair, they have stated that.
34
35 Q. Is it the case that there are remains a strong culture
36 in medicine not to speak up and not to make waves for fear
37 of reprisal or being seen as difficult or as
38 a troublemaker, do you think? Is that a feature of -
39 perhaps a unique feature of the medical workforce?
40 A. I would not fully agree with that statement. There is
41 actually quite a strong culture of speaking up and of
42 raising concerns and we have evidence for that, including
43 in the, you know, current matters that the Concord medical
44 staff council have raised. I would have to say that my
45 experience in Sydney Local Health District is that the
46 senior and junior medical staff are actually quite happy to
47 raise matters.

1
2 Q. You're aware that Dr Cheung, in his capacity as chair
3 of the medical staff council, sent a letter to the board
4 dated 12 October 2022, in which a number of the medical
5 staff council's concerns, at least as he understood them,
6 were aired?
7 A. I'm aware that a letter was sent, yes.
8
9 Q. At the time of that letter being sent, was it
10 something which was brought to your attention?
11 A. It wasn't sent to myself, it was sent to the board, so
12 I don't recall receiving it personally, but I was aware
13 that the letter had been sent and my understanding, that it
14 mirrored some of the concerns that he had put at the time
15 of his election to the role of chair.
16
17 Q. So some of these concerns that we've just stepped
18 through, which you have accepted were held, not uniformly,
19 but by groups of people within Concord --
20 A. Mmm-hmm.
21
22 Q. -- are things that had been raised at medical staff
23 council meetings prior to the sending of that letter; is
24 that the case?
25 A. Correct. So when Dr Cheung was elected as chair of
26 the Concord medical staff council, he published I believe
27 what he called a manifesto, which articulated - from
28 memory, articulated many of the things that you allude to
29 in the letter to the board, yes.
30
31 Q. To try and summarise those complaints or those
32 concerns that we've just been through, would it be fair to
33 say that three of the core issues which seem to lie at the
34 heart of the concerns being expressed by a body of the
35 medical workforce at Concord were, first, that the hospital
36 was under-resourced, perhaps to a greater extent than some
37 of the other hospitals within the district?
38 A. That is a core belief that that group of senior
39 medical staff have.
40
41 Q. The second core belief, which might capture a number
42 of the issues, was that a group of the staff felt they were
43 not being consulted or listened to by the executive in
44 relation to decisions being made about the hospital?
45 A. That was their belief as well, though the basis for
46 that I have to say I'd question, but that was their belief,
47 yes

1
2 Q. We will come back to that, but a third core belief was
3 that they felt they were not able to speak up about the
4 concerns for fear of reprisals and, in particular,
5 disciplinary action that might be taken against them if
6 they did?
7 A. That is what they've stated, and I would also note
8 that they've spoken up frequently, without reprisal.
9
10 Q. Whilst I gather from some of the answers that you've
11 just given that you are not necessarily convinced that
12 those, at least the second two of those core concerns, are
13 concerns that were able to be substantiated, do you have
14 any reason to think that those concerns were not genuinely
15 felt by at least a portion of the medical staff at Concord?
16 A. I completely agree those concerns were genuinely felt.
17
18 Q. So they weren't just making it up; they genuinely felt
19 that that was the position they were in?
20 A. No, it was actually genuinely felt, and as I think is
21 recorded, you know, they obviously elected a chair who
22 genuinely had those concerns and I think at some point in
23 time in 2023, when a group proposed a vote of no confidence
24 in the chair, I think 80 per cent, at the time, of the
25 group attending the meeting had confidence in the chair.
26 So it was genuinely felt and genuinely a real thing, yes.
27
28 THE COMMISSIONER: Q. Was it no confidence in the chair
29 or the chief executive, or both?
30 A. The meeting was - there were two proposals put. The
31 first was a proposal of vote of no confidence in the chief
32 executive, and there was a counter proposal put for a vote
33 of no confidence in the chair. The vote of no confidence
34 in the chief executive was carried 60 per cent to
35 40 per cent, and the vote of no confidence in the chair was
36 rejected with 80 per cent voting for the chair and
37 20 per cent voting against the chair.
38
39 THE COMMISSIONER: Thanks.
40
41 MR MUSTON: We'll come to that, Commissioner.
42
43 THE COMMISSIONER: Yes.
44
45 MR MUSTON: Perhaps the easiest thing, I'm going to take
46 the doctor through some of the exhibits to Dr Cheung's
47 statement. I will give the operator all of the relevant

1 numbers but to ease us through that process, I might ask
2 that Dr Hallahan be given a copy of the exhibit, just so we
3 can all work from the paper.
4
5 THE COMMISSIONER: Yes.
6
7 MR MUSTON: Q. Which, if you are anything like me, it is
8 a lot easier.
9 A. Thank you.
10
11 Q. You are, of course, welcome to look at what pops up on
12 the screen if that better suits your disposition, but --
13 A. Lovely, thank you.
14
15 Q. You will see there are tabs in that folder. Could
16 I ask you to turn to tab H7.12.8.
17 A. Mmm-hmm.
18
19 Q. Do you see that's an email that you - just looking at
20 the first page, which, for the operator is
21 [SCI.0012.0074.0001], do you see just on that front
22 page there, that's an email that appears to have been sent
23 from Dr Cheung to Dr Sammut, Dr Anderson and yourself?
24 A. Yes.
25
26 Q. Could we just perhaps go through to page 3 in the
27 document to work through it in the reverse order in the way
28 that one does with emails. Do you see at the very bottom
29 of page 3 there, there's what seems to be the start of the
30 email chain, an email of 1 February 2023 from Dr Cheung to
31 Dr Sammut?
32 A. Mmm-hmm.
33
34 Q. A little bit has dropped off the bottom of it. I can
35 show you the rest of it if you need me to, but I'm assuming
36 that this is what was received by you --
37 A. Mmm-hmm.
38
39 Q. -- as part of the chain.
40 A. Mmm-hmm.
41
42 Q. Do you see there, there's a request by Dr Cheung for
43 an opportunity to speak at the clinical quality council
44 meeting?
45 A. Yes.
46
47 Q. You see that in the email?

1 A. Mmm-hmm.
2
3 Q. And a request that some 60 minutes be allocated to
4 five-minute presentations being given by different people
5 from different departments at Concord?
6 A. Yes.
7
8 Q. Do you have a familiarity, or did you at the time of
9 these emails have a familiarity, with what led to this,
10 what the precursor to this email was?
11 A. This was really the - stemmed, if I understand it
12 correctly, from the approach that the Concord medical staff
13 council had made to the board and then a subsequent
14 meeting, and I believe the board chair, noting that Winston
15 Cheung and others had expressed concerns about governance
16 of the district, had invited him as chair of the medical
17 staff council to attend the district clinical quality
18 council, which is our peak safety and quality group, to
19 understand our governance mechanisms for the district,
20 because it appeared, as I - and again, I don't really want
21 to speak for the chair, but it appeared that there was
22 a concern that the Concord medical staff council felt that
23 we did not have robust clinical governance mechanisms for
24 the district, and we felt it was appropriate for them to
25 attend the peak safety and quality council to get an
26 understanding of that.
27
28 Q. So had you been involved in any of the discussions or
29 meetings in the lead-up to it being suggested, or that
30 touched on the suggestion that Dr Cheung might attend this
31 clinical quality council meeting?
32 A. No. I believe that actually stemmed from a meeting -
33 and again, I'm speaking on behalf of others, so please
34 forgive me if I get it wrong, but I believe that there was
35 a meeting between --
36
37 Q. What we're interested in is what you understood at the
38 time about the genesis of that. What were you told at the
39 time about what preceded this?
40 A. My understanding was that Dr Cheung, as the chair of
41 the medical staff council, after a meeting with the board
42 chair, the chief executive and Sr Sammut, was invited to
43 attend the clinical quality council.
44
45 Q. And having received this email, did it appear to you,
46 reading it from the bottom, to see what the genesis of it
47 all was, that Dr Cheung was wanting to take the opportunity

1 to speak to the clinical quality council or have members of
2 the Concord medical staff address the clinical quality
3 council about the concerns that they had at Concord?
4 A. Yes, I understand that and I would also note that this
5 is entirely different from what the clinical quality
6 council does. So Dr Cheung asked for - made this request
7 without actually understanding the normal processes and
8 structure and use of the clinical quality council meeting.
9
10 Q. Well, what Dr Cheung understood about what was going
11 to happen at the clinical quality council meeting is likely
12 to have been informed by discussions that initiated the
13 suggestion that he might wish to attend that meeting?
14
15 MR CHIU: I object.
16
17 THE WITNESS: I'm sorry, I can't speak to that.
18
19 MR MUSTON: That's the answer I wanted.
20
21 THE COMMISSIONER: I take it there was some unhappiness
22 with the question but it may have passed us by, has it?
23
24 MR MUSTON: Q. Could I take you forward to the next
25 email in the chain, an email from - is it Dr Sammut or
26 Mr Sammut?
27 A. Dr Sammut.
28
29 Q. Dr Sammut to Winston Cheung, Dr Anderson and yourself.
30 Do you see that?
31 A. Yes.
32
33 Q. The foot of page 2 is where it commences, it seems to
34 be where you have been brought into the chain?
35 A. Mmm-hmm.
36
37 Q. Had there been any discussions between you, Dr Sammut
38 and Dr Anderson about this prior to you receiving this
39 email, that you can recall?
40 A. No, I cannot recall discussions prior to me receiving
41 this email.
42
43 Q. So looking at that email, after being told that
44 Dr Sammut is a little bit perplexed, Dr Cheung has been
45 told that he can attend and view but the opportunity isn't
46 going to be afforded to have any of the clinicians from
47 Concord address the concerns they have in the way that

1 Dr Cheung was hoping might happen?
2 A. Well, I note that Dr Sammut does propose a way forward
3 in that email. I think he appropriately - and, you know,
4 when I saw this email, there was a discussion, but he
5 appropriately felt that it was very reasonable for the
6 chair of the Concord medical staff council to understand
7 how our peak clinical quality council works and have
8 assurance that we actually have a comprehensive approach to
9 quality and safety in the district.
10
11 He asked that Dr Cheung consider how he would raise
12 those important clinical issues at Concord hospital he
13 refers to; he encouraged him to ensure that he had
14 verifiable data and that if - you know, if that issue
15 remains and - that there should be an intermediate step of
16 meeting with Dr Sammut, chief executive and myself, to
17 further discuss that. So he was proposing what I felt was
18 actually a very reasonable staged approach.
19
20 Q. You'll see, if you track up then to the top of page 2,
21 Dr Cheung's response where he expresses the view that the
22 issues have been raised locally and no significant progress
23 has been made at the local level?
24 A. Mmm-hmm.
25
26 Q. You would have understood that as a manifestation of
27 the perception on behalf of Dr Cheung and others within
28 Concord that they were not being listened to by the
29 executive, whether that be right or wrong?
30 A. That was their perception, noting that I and the chief
31 executive and the general manager had been attending every
32 one of their meetings, addressing their concerns after
33 listening to them carefully. But that was their
34 perception, I agree.
35
36 Q. And their perception was informed by their view,
37 rightly or wrongly, that whilst meetings had been attended
38 and people had listened, there was very little what they
39 saw as tangible progress happening?
40 A. That's what they were saying.
41
42 Q. Let's turn over quickly to tab H7.12.9, so the next
43 one over, which is [SCI.0012.0073.0001]. Do you see on the
44 face of that, it would seem to be an email from Dr Anderson
45 to Dr Cheung?
46 A. Mmm-hmm.
47

1 Q. Copied to Dr Sammut and yourself?
2 A. Yes.
3
4 Q. Go over to page 2, you'll see at the very top of that
5 page there is a response from Dr Anderson:
6
7 *We will arrange a meeting with you and the*
8 *clinicians that you are suggesting with*
9 *John, Andrew and myself and they can*
10 *present to us.*
11
12 A. Mmm-hmm.
13
14 Q. Did you attend that meeting, ultimately?
15 A. Yes, I did.
16
17 Q. And at that meeting, concerns of the type which had
18 been alluded to in the medical staff council meetings that
19 you had attended were expanded upon by clinicians from
20 Concord?
21 A. Yes, there were presentations by, you know, a number
22 of clinicians from Concord. That is correct.
23
24 Q. Again, you had no reason to think, at the time that
25 you attended that meeting, that the concerns being
26 expressed by clinicians who attended were not genuinely
27 held by them?
28 A. I - I concur, they had a genuine belief that those
29 concerns were founded and real, though I would note that
30 they weren't necessarily uniformly shared by all of their
31 colleagues.
32
33 Q. So let's take radiology, for example.
34 A. Mmm-hmm.
35
36 Q. When you say that concerns weren't uniformly shared by
37 all of their colleagues, to the extent that concerns were
38 expressed at that meeting by a representative of the
39 radiology department, was it your view that those concerns
40 were not shared by others within the radiology department?
41 A. Oh, no, those were shared by others within the
42 department. So I was thinking of other departments,
43 frankly. But with respect to radiology, I believe that my
44 colleague, Associate Professor Ridley, expressed concerns,
45 which were largely shared by other specialists within the
46 radiology department.
47

1 Q. Can I ask you to go to the second volume in front of
2 you there?
3 A. Mmm-hmm.
4
5 Q. Go to tab H7.12.60.
6 A. Mmm-hmm.
7
8 Q. Which is [SCI.0012.0160.0001].
9 A. Mmm-hmm.
10
11 Q. Are you familiar with that document? It's
12 headed "Workforce Factsheet CORE Values Behaviours"?
13 A. Mmm-hmm, yes.
14
15 Q. Do you know what the origin of that document is?
16 A. I beg your pardon?
17
18 Q. Do you know what the origin of that document is?
19 A. I was not involved in the development of this
20 document. It was published prior to my entry into the
21 district. It is based on the values of NSW Health and it's
22 published on the - remains published on our intranet site
23 in the workforce space. I looked it up yesterday. It
24 looks like it was published around 2015, I believe, and as
25 I understand it, remains current.
26
27 Q. In its identification of "Below the line behaviour",
28 just in the first box there, headed "Collaboration", poor
29 communication is one aspect of the below the line
30 behaviour?
31 A. Mmm-hmm.
32
33 Q. Disregarding other people's opinions, below the line
34 behaviour?
35 A. Yes.
36
37 Q. Decision-making without consultation, below the line
38 behaviour?
39 A. Mmm-hmm.
40
41 Q. Going down to "Openness", the second bullet point
42 there, ignoring patients or more importantly employees is
43 below the line behaviour?
44 A. Mmm-hmm.
45
46 Q. Turn over to "Respect", on the second page, just
47 looking towards the bottom of that box, consistently

1 agreeing to do something but failing to deliver, without
2 appropriate communication or feedback, is below the line
3 behaviour?
4 A. And your point is?
5
6 Q. Do you agree that that's what it says?
7 A. Yes. I agree it's there.
8
9 Q. Showing disrespect for employees is below the line
10 behaviour?
11 A. Mmm. I agree.
12
13 Q. Contributing to a dysfunctional work environment,
14 below the line behaviour?
15 A. Mmm-hmm.
16
17 Q. If we go down to the last one, "Empowerment", do you
18 see the highlighted section there, "Complain about resource
19 limitations"?
20 A. (Witness nods).
21
22 Q. Was it your understanding at the time that there was
23 some concern within the medical workforce at Concord about
24 how that might operate in the context of the concerns that
25 they had and their ability to speak out about those
26 concerns?
27 A. The first time that this concern was raised to me as
28 a concern of the medical workforce was in an unfortunate
29 meeting in 2023 where Dr Cheung raised this document and
30 effectively yelled at me in an angry voice and shook it on
31 the screen. So I had not previously been advised that this
32 was a concern by specialist medical staff at Concord
33 hospital, to be honest.
34
35 Q. In the context of at least a section of the workforce
36 which genuinely holds those core concerns that you've
37 agreed they held, could you see why identifying a complaint
38 about resource limitations and constraints rather than
39 working, striving to work creatively with available
40 resources leading and looking into innovative solutions
41 might be seen as a concern to them if it's below the line
42 behaviour insofar as they might be wanting to speak out
43 about what they perceived to be serious problems?
44
45 Q. It depends on how you interpret this. So I would
46 point you to the above the line behaviours on the other
47 side of that document around making the best use of

1 available resources to, you know, ensure continuous quality
2 improvement, to regularly reflect on performance - so
3 again, it is a balance of things.
4
5 Now, I would suggest that I am not aware of
6 a situation where any action has been taken against
7 a member of staff because they've pointed out that there's
8 been a resource constraint. We want to know if there are
9 resource constraints, however, from the perspective of the
10 values of the organisation, we want to do that in a
11 collaborative and constructive fashion, so if there is
12 a resource constraint we can work together to solve it,
13 noting that the clinicians actually are the ones who
14 usually have the best suggestions for solutions because
15 they're actually doing the work.
16
17 Q. But you can see, can't you, the potential for this
18 document to create concern on the part of a workforce which
19 feels genuinely that they are seriously under-resourced?
20 A. I can see how they'd feel like that with this.
21 I would - I'm challenged by it in that there is a way of
22 approaching concerns about a document like this, which is
23 to say, "You've got this document. We find it a bit
24 challenging. We'd like to work through it. We'd like to
25 collaborate on it and make it a bit more fit for purpose."
26 That never happened, and it was raised - this was raised,
27 actually, in a very confrontational and adversarial manner,
28 and it was hard to know, you know, really what to do with
29 that.
30
31 THE COMMISSIONER: Q. The document would be better,
32 would you agree, if it had some redrafting on the lines
33 perhaps you suggested, with some form of explanation that
34 that bullet point commencing "Complain about resources"
35 should not be interpreted to mean that staff or senior
36 clinicians are prevented from raising genuine complaints
37 about resourcing and that "As management we want to hear
38 that"? Do you agree with that?
39 A. Yes, I agree with you. I think documents like this do
40 need to be put into context and examples of how they are
41 used do need to be demonstrated.
42
43 From the point of view of district executive, my
44 observation over the last four years is that we've welcomed
45 staff actually saying, "We have a resource constraint.
46 We'd like to work with you about it." There are many, many
47 briefs which have been put up, which I have supported and

1 endorsed to improve resources and improve resource
2 allocation.
3
4 I would note, when it's said and done, that we do not
5 live in an unlimited environment, that we do have resource
6 limitations, and one of our roles, as senior staff,
7 managers and executive, is to use the public dollar wisely.
8
9 Q. A potential problem, though, is it not - and tell me
10 if you disagree - with a document like this, though, is
11 that unless there's some education given or explanation
12 given when it's circulated, that the potential ambiguity or
13 the two-way meaning of that only becomes apparent when
14 a problem emerges, and then it's possibly too late, people
15 have got their backs up, "Oh, there's this problem.
16 I can't raise it." You're making the point, "Well, we
17 don't really mean it in absolutely literal terms, that you
18 can never raise a problem of resourcing", but unless
19 there's some explanation or some change in the wording,
20 there's at least the potential of the problem?
21 A. I can see how that can occur and I completely concur.
22 Documents like this are a point in time document that
23 appropriately need to be reconsidered and discussed. They
24 need to actually be made meaningful and - for those lives
25 of the people working in the organisation, I completely
26 concur with that.
27
28 THE COMMISSIONER: Thank you.
29
30 MR MUSTON: Q. Since the angry meeting where the
31 particular concern about this document was raised, has this
32 document, to your knowledge, been revisited by the local
33 health district as to its appropriateness?
34 A. Not to my knowledge.
35
36 Q. After that meeting, did you take any step to, say,
37 escalate that or suggest to anyone that maybe a revisiting
38 of that, at least that aspect of the document, might be
39 worth some thought?
40 A. I did not take further steps. I was, frankly,
41 somewhat puzzled as to what was being sought by the chair
42 of the Concord medical staff council. I really did not
43 understand what he was looking for.
44
45 Q. Well, let's just take it back to those three core
46 concerns that were held by a group of the medical staff at
47 Concord. First, that they were under-resourced; second,

1 that they were not being listened to and action wasn't
2 being taken in relation to their attempts to deal with that
3 by the executive; and, third, that they feared reprisals if
4 they spoke out. You'd agree, wouldn't you, that a group
5 who had those three genuine beliefs, whether or not you
6 shared them, would see the identification of any complaint
7 about resource limitations and constraints as below the
8 line behaviour as somewhat threatening?
9 A. They could construe it that way.
10
11 Q. Having regard to the last of those core beliefs, one
12 would have thought that they are likely to construe it in
13 that way, wouldn't you agree?
14 A. This is the challenge, is that, you know - and it
15 still exists - that there is a deeply held belief which is
16 difficult to work through. So, you know, again, if you
17 look at Concord hospital on an objective measure, Concord's
18 actually a quite well-resourced hospital, it has resources
19 which colleagues in other hospitals elsewhere in NSW Health
20 would say they're quite envious of.
21
22 If you look at the funding for Concord hospital, it
23 has increased year on year over the last several years. If
24 you look at numbers of medical staff for Concord hospital,
25 they have increased year on year over several years. It's
26 interesting to be faced with a situation where you are
27 given the narrative that we have death by a thousand cuts
28 when objectively, your medical FTE, the numbers of doctors,
29 have been increased at the request of those clinicians.
30
31 So that's - and when it comes to the belief that
32 reprisals will be taken if you express concerns about
33 resourcing but no-one can point to any such reprisal ever
34 being taken, it - and we have on multiple occasions asked
35 for people to raise concerns, to provide evidence, to be
36 specific about what they are worried about so that we can
37 deal with it, we're being told by the chair that, "Those
38 concerns were raised with me confidentially and I can't
39 share them with you."
40
41 Q. Do you doubt that that's the case? Do you have any
42 reason to doubt that that's the case?
43 A. I believe the concerns were raised with him
44 confidentially. But the challenge you have when you're in
45 the executive and management position is that without
46 knowledge of what you can do about it, you know, it's
47 actually very difficult and, you know, again, I would point

1 to the fact that resourcing for Concord hospital has
2 actually been significantly enhanced over the last several
3 years.
4
5 Q. Come back to the proposition, though. You had
6 a section of your workforce at Concord which was
7 increasingly unhappy?
8 A. Mmm.
9
10 Q. And held genuine concerns, whether or not you agreed
11 with them or whether or not your assessment of the
12 information available to you suggested that those concerns
13 ought to have been held?
14 A. Yes.
15
16 Q. And from a management point of view, in order to deal
17 with that, one is required to deal with it with some degree
18 of sensitivity?
19 A. (Witness nods).
20
21 Q. And in a way that presumably does the best that one
22 can to bring all of those clinicians into the tent in terms
23 of the wider data and information that is available so that
24 they can understand why decisions are being made across the
25 network?
26 A. Yes.
27
28 Q. Yes?
29 A. (Witness nods). And that's what we sought to do.
30
31 Q. You agree that's what one needs to do in order to deal
32 with the situation?
33 A. And I would say that that's what we as the district
34 executive were seeking to do.
35
36 Q. And coming back, in terms of needing to deal
37 sensitively with the situation, is that what you as the
38 district were seeking to do?
39 A. We were doing our very best, yes.
40
41 Q. Could I just take you back to paragraph 30 of your
42 statement.
43
44 THE COMMISSIONER: Sorry, can I just check something
45 before you do that?
46
47 MR MUSTON: Please do.

1
2 THE COMMISSIONER: Q. The evidence you gave about asking
3 on multiple occasions to be specific about the concerns
4 that were raised, can I just ask you, at tab 7.12.1, if you
5 can turn that up, it's a letter from Associate Professor
6 Cheung to the board of 12 October 2022. Do you see that on
7 the front page?
8 A. Mmm-hmm.
9
10 Q. If you go to the next tab, it looks as though that
11 letter found its way to Dr Anderson, because she's talking
12 about correspondence received on 13 October, and I think
13 the evidence is that it's that letter?
14 A. Mmm-hmm.
15
16 Q. And she's proposing a meeting. But if we go back to
17 the letter, on page 2 of it it outlines - Associate
18 Professor Cheung's chosen to use bold print to make sure
19 this isn't missed - a number of issues that he wants to
20 raise concerning governance, safety of patients, health and
21 wellbeing, and leaving aside what's on page 2, there's then
22 a number of departments raised on page 3 where a number of
23 times - and I accept this is general - the phrase used is
24 "significant shortage of staff", you know, in anaesthetics,
25 emergency, significant shortage of staff and operational
26 problems; intensive care, significant shortage of staff,
27 et cetera, et cetera. You say that's not specific enough?
28 A. That's very difficult to work with - yes, it really
29 doesn't specify. I mean, our challenge is that when you
30 say the Concord emergency department has a significant
31 shortage of staff, the objective data that I've seen for
32 Sydney Local Health District is that it's actually our best
33 staffed emergency department.
34
35 It has a staffing profile which other hospitals in the
36 state would be very happy to have. It is challenging that
37 when you see a department which appears to be, frankly,
38 very well staffed, to be told that there's a significant
39 shortage, you can have a dialogue about that but it's
40 actually, again, a well-funded department. That's just one
41 of them.
42
43 Q. Okay. But leaving aside whether or not the emergency
44 department of Concord was appropriately staffed or not,
45 this document, at least in relation to what looks like
46 every single department of the hospital, there's
47 a complaint - there's at least a complaint outlined to both

1 governance, that is the board, and management, that is the
2 chief executive --
3 A. Yes.
4
5 Q. -- that at least in the view, and I would presume, of
6 the specialists within these departments, because Associate
7 Professor Cheung can't have his finger on the pulse of
8 every single one of these departments, there's a view that
9 there's a shortage of staff, at least in a general sense?
10 A. Yes.
11
12 THE COMMISSIONER: Thank you.
13
14 MR MUSTON: Q. The dialogue, to pick up on something you
15 said a moment ago, that could be had about that, might
16 involve sitting down with members or representatives of,
17 say, the emergency department with the details and data
18 that's available to you and the information and experiences
19 that they have, which, of course, are available to them,
20 and discussing whether the two match up, and to the extent
21 they don't, why not? Is there perceived to be adequate
22 staff but, in fact, people aren't turning up and doing
23 shifts, or is there in fact more than enough staff and what
24 they're experiencing is a problem in some other facet of
25 the operations which makes it appear as though there's not
26 enough staff? Do you agree with that, as a process?
27 A. As a process, and that's the dialogue which actually
28 occurs on a very regular basis that's managed by the
29 executive management of the hospital. So the general
30 manager, with their director of medical services and their
31 director of nursing, that's their role, is to be over the
32 top of staffing generally and specifically for each
33 department, and if they are unable to deal with that within
34 the resources within the hospital, to escalate that through
35 to district executive, yes.
36
37 Q. It is the role of the general manager to do that, but
38 a letter like the one that you've just been shown
39 containing an expression of concerns of the type which you
40 have said were genuinely held by people within the
41 workforce suggests that there might have been a problem
42 with the extent to which that was happening at Concord,
43 doesn't it - that is, that dialogue?
44 A. Again, I would suggest to you that this was not
45 a uniformly held view across the hospital, but there were
46 a large number of specialists who felt that way, and that
47 there had, have, and continue to be, you know, repeated

1 work - but that's the ongoing work of any, you know, health
2 facility.
3
4 Given that in health we generally have, you know,
5 demand which may feel like it's in excess of what we're
6 able to provide or meet, we do have to actually make some
7 decisions and prioritise and support people. That's the
8 job of management and executives, to make sure that every
9 dollar that the taxpayer provides to us is, you know, well
10 spent and delivers value to the population.
11
12 Q. Thank you. My question was: to the extent that there
13 were, to pick up on your words, a large number of
14 specialist workforce who were feeling the way they were and
15 expressing the concerns that were being expressed, suggests
16 that the dialogue that, as you've said, should be happening
17 every day, might not have been happening very effectively
18 at Concord?
19 A. It wasn't achieving what we would hope it would
20 achieve.
21
22 Q. So a moment ago I asked you whether, as part of good
23 management, you would strive to deal sensitively with the
24 disaffected section of the workforce. Can I perhaps be a
25 little bit more specific about that. In dealing with the
26 workforce, the disaffected group of the workforce at
27 Concord, you would be striving to make sure that you didn't
28 contribute to any of those three core beliefs that they had
29 about the things that were causing them concern, namely,
30 the under-resourcing; the not being listened to; and the
31 fear of reprisals if they spoke out?
32 A. Absolutely. So as executive and as management, we,
33 I believe, have consistently sought to have a, you know,
34 collaborative and open relationship where we solve problems
35 together.
36
37 Q. In relation to that email exchange I showed you
38 earlier about the proposal put forward by Dr Cheung that
39 a number of the clinicians present at the clinical quality
40 council, did it occur to you at the time that that might
41 have been - might have reinforced the view held by some of
42 those clinicians that they were not being listened to -
43 that is to say, the refusal to enable them to take up an
44 hour of the clinical quality council's time to express the
45 concerns that they felt had not been heard?
46 A. They were provided with an alternative way of
47 expressing those concerns, with a specific session with the

1 chief executive and the clinical member of the district
2 board, along with myself. So, you know, we really are the
3 senior people in the district. So they were actually
4 provided with a very adequate opportunity and a generous
5 amount of time to present their concerns, and we genuinely
6 wanted to listen to them and understand them.
7
8 The clinical quality council is not intended to be
9 a forum of that nature.
10
11 Q. It might not be intended to be a forum of that nature,
12 but they had sought to go beyond the executive of the
13 district to the board. The letter that you have been
14 shown --
15 A. And the offer was for them to meet with the, you know,
16 clinical lead of the board and the chief executive. Again,
17 I cannot speak for the district board, but again, my
18 understanding was that the board genuinely wanted to
19 understand and ultimately there was a session where the
20 board listened to the concerns raised by clinicians.
21
22 Q. When you say "ultimately", this was well after the
23 vote of no confidence had occurred in the board?
24 A. It was after the vote of no confidence in the chief
25 executive. I can't remember the date of the board meeting
26 where the board met with the Concord MSC in an open Teams
27 meeting.
28
29 Q. I'll come back to my question, though. Do you accept
30 that a refusal to enable the hour's worth of clinical
31 quality council's time to be taken up with presentations by
32 members of the Concord workforce expressing the concerns
33 that they wanted to express might have been perceived by
34 them as reinforcing the view that they were not being
35 listened to?
36 A. I think this was based on, frankly, a fundamental
37 misunderstanding of the way the clinical quality council of
38 the district works.
39
40 Q. You said that --
41 A. That proposal --
42
43 Q. You said that but --
44 A. -- was put before Dr Cheung had actually --
45
46 THE COMMISSIONER: Everyone, just give me a chance.
47 I don't think that was quite the question. Let me go back

1 to step one.
2
3 Q. Are there terms of reference for this clinical quality
4 council?
5 A. Yes.
6
7 Q. And you felt that the concerns that Associate
8 Professor Cheung wanted to raise were outside those terms
9 of reference?
10 A. They were outside the terms of reference and outside
11 the normal processes of the meeting, yes.
12
13 Q. But the question I think that senior counsel was
14 asking you was more along the lines of, regardless of that,
15 given the gravity of the concerns, did you think that
16 a refusal to allow an hour at that meeting might reinforce
17 the views they had of the concerns that had already been
18 identified?
19 A. So the clinical quality council is chaired by the
20 board clinical member, Dr Sammut, with Dr Anderson. It was
21 not my --
22
23 Q. I'm not sure you're answering my question now.
24 A. It was not my role to actually say that this was
25 a good idea or a bad idea.
26
27 Q. Do I take it that it didn't occur to you --
28
29 MR MUSTON: Q. I don't suggest it was your --
30
31 THE COMMISSIONER: Q. It didn't occur to you that that
32 might --
33 A. What?
34
35 Q. Didn't it occur to you that refusing the request from
36 Associate Professor Cheung to address the concerns he
37 wanted to raise at that meeting might reinforce his
38 perception and those of his colleagues?
39 A. My thought at the time was that Associate Professor
40 Cheung did not understand the way the clinical quality
41 council worked and that we had actually provided him with
42 what was access to the most senior executive and board
43 members in the district. So we had - we were doing our
44 very best to listen and, you know --
45
46 Q. You thought the alternative proposal was a better
47 alternative --

1 A. Correct.
2
3 Q. -- than the hour?
4 A. Yes, I did.
5
6 THE COMMISSIONER: Okay.
7
8 MR MUSTON: Q. Can I take you back to paragraph 30 of
9 your first statement.
10 A. Mmm-hmm.
11
12 Q. You see there, in the third sentence, you tell us that
13 the dissatisfaction of the medical workforce at Concord was
14 reflected in the medical staff council's 2022 proposal for
15 new terms of reference?
16 A. Mmm-hmm.
17
18 Q. Can I take you, in the folder that you have there, to
19 tab H7.12.14, which is [SCI.0012.0041.0001]. Do you see
20 that is the "Concord Repatriation General Hospital Medical
21 Staff Council (Proposed) Terms of Reference"?
22 A. Mmm-hmm.
23
24 Q. You have found that document?
25 A. Yes.
26
27 Q. This is the proposed new terms of reference that you
28 are referring to in paragraph 30, or at least one draft of
29 them.
30 A. Mmm-hmm.
31
32 Q. You tell us in that paragraph that the proposed terms
33 of reference, in effect, would have given Concord medical
34 staff council authority over matters in respect of which
35 the board and the facility's general manager had
36 responsibility.
37 A. Mmm-hmm.
38
39 Q. Could you tell us what you meant by that, perhaps by
40 reference to --
41
42 THE COMMISSIONER: Q. With the aid of the document.
43
44 MR MUSTON: Q. -- the particular sections of the
45 document that you say purported to give the staff council
46 authority over some particular matter that was beyond its
47 remit?

1 A. I guess, you know, it is very broadly worded and, you
2 know, we did seek advice on these terms of reference at the
3 time and they were felt to be much more broad than - and
4 they certainly were more broad than - terms of reference
5 for, you know, others - other medical staff councils in the
6 district were concerned. You know, they have a list of
7 issues there for which they can provide advice.
8
9 Q. Just pausing there, I think the provision of advice
10 doesn't give the medical staff council authority over
11 anything, does it?
12 A. No, that is true. That is true.
13
14 Q. That is, in fact, I think generally accepted to be the
15 role of the medical staff council, is to provide advice in
16 relation to matters, is it not?
17 A. Yes.
18
19 Q. So just coming back to my question, if you're able to
20 identify within the draft here what aspect of it you say
21 gave the medical staff council authority over matters in
22 respect of which the board and the facility's general
23 manager had responsibility?
24 A. Perhaps I can refer you to the next document --
25
26 Q. Just let's stick with this one first, if you wouldn't
27 mind.
28 A. Okay. Well, I guess --
29
30 THE COMMISSIONER: You can come back to the next document
31 later, but let's stick with this one.
32
33 MR MUSTON: Yes, I'll come to it in a moment.
34
35 Q. I'm not so much interested in the correspondence that
36 we will come to. What I'm interested in is what you meant
37 when you wrote in paragraph 30 of your statement that the
38 proposed terms of reference, in effect, would have given
39 the Concord hospital medical staff council authority over
40 matters in respect of which the SLHD's board and facility's
41 general manager had responsibility.
42 A. So I - when I made that statement, I think I was
43 referring to an earlier proposed terms of reference, not to
44 this one.
45
46 THE COMMISSIONER: That's MFI16, I think.
47

1 MR MUSTON: That's a later one, actually.
2
3 THE COMMISSIONER: No, that's earlier. That's May 2022.
4
5 MR MUSTON: Okay. Let's pull that one out.
6
7 THE WITNESS: Having said that, I would note that there
8 were significant concerns about this terms of reference
9 which were the subject of a meeting with the chief
10 executive in which she wrote to him following that meeting,
11 providing our concerns about them.
12
13 MR MUSTON: Q. We'll come back to that.
14
15 THE COMMISSIONER: Q. Just so I understand it, the
16 opinion you're expressing in paragraph 30 does not relate
17 to the document, the draft terms of reference of 3 March
18 2023; it relates to the draft terms of reference of May
19 2022; is that right?
20 A. I would have to look at the terms of reference
21 from May 2022.
22
23 Q. You --
24 A. There were various - there were various things,
25 certainly --
26
27 Q. Just doing it step by step, though --
28 A. Yes.
29
30 Q. -- you say in line 4:
31
32 *This dissatisfaction was reflected in the*
33 *[medical staff council's] 2022 proposal for*
34 *new Terms of Reference ...*
35
36 A. Yes.
37
38 Q. Now, pausing there, the options are you are referring
39 to the 2022 draft, or there's a typo in your statement.
40 A. Mmm-hmm.
41
42 Q. You think you're referring to the - perhaps this MFI16
43 can be shown to the witness. And picking up Mr Muston's
44 question, is there any part of these May 2022 terms of
45 reference that you think, in effect, would have given the
46 medical staff council authority over matters relating to
47 the board, or that the board or the GM had responsibility

1 for?
2 A. If you could give me a couple of minutes to refresh my
3 memory, that would be very helpful.
4
5 Q. Yes, of course. You take your time to flick through
6 it. Sorry, I didn't mean to rush you.
7 A. So just - I draw your attention to page 6 of those
8 terms of reference --
9
10 Q. Yes.
11 A. -- which deals with subcommittees.
12
13 Q. Yes.
14 A. Our view, when we look at those subcommittees, was
15 that they actually potentially fell outside of the remit of
16 the medical staff council, and that there were actually
17 established governance structures in place that were
18 effective, and are effective, at Concord hospital, for
19 instance, in dealing with industrial relations.
20
21 Q. Sure. I think there was some evidence yesterday -
22 well, I've forgotten who, to be honest - that it would be
23 unusual to have these subcommittees in a document like
24 this. But even so, the draft proposing establishment of
25 subcommittees - that doesn't take away any responsibility
26 or usurp responsibility, from the board or the general
27 manager, does it?
28 A. No, it doesn't. You would have to understand that
29 this was proposed in the context of proposals where the
30 chair then - and this is not expressed in the terms of
31 reference, it was expressed in emails - was going to - said
32 that the Concord medical staff council would be undertaking
33 performance reviews of the executive and general manager,
34 which --
35
36 Q. Could I understand, if you can go back to paragraph 30
37 of your statement that Mr Muston took you to --
38 A. Yes.
39
40 Q. -- in the very last line you say - the words begin
41 with:
42
43 *After I obtained legal advice ...*
44
45 A. Yes.
46
47 Q. And nothing inappropriate with that, but should

1 I understand what precedes that to be based on the legal
2 advice or your own conclusions?
3 A. It was based on my conclusions, that was frankly
4 confirmed by the legal advice that the terms of reference
5 that were proposed were unusual.
6
7 Q. All right. Dealing with that step by step, then, your
8 own conclusions, do you agree, flicking through, as we
9 have, or looking at MFI16, the version of 25 May 2022 of
10 the proposed terms of reference, regardless of the fact of
11 the proposition of establishing subcommittees, nothing in
12 the text of the document seems to be an attempt at a
13 usurpation of the powers or responsibilities of either the
14 board or the GM. Do you accept that now?
15 A. Mmm-hmm, I accept that.
16
17 Q. But the legal advice was different, was it?
18 A. The legal advice was that the terms of references
19 proposed were not fully consistent with the model by-laws
20 of NSW Health.
21
22 THE COMMISSIONER: I see, okay. All right, thank you.
23
24 MR MUSTON: Q. On one view, starting with the
25 subcommittees, it was a proposal being put as to the way in
26 which the medical staff council internally would deal with
27 various streams of work that it saw as being matters of
28 concern to the staff at Concord - that is to say, it would
29 appoint subcommittees to deal with various issues so as to
30 ensure that there wasn't one person who was having to deal
31 with all of those issues?
32 A. I believe that's what Dr Cheung has said. Our view
33 was that we would have welcomed more medical staff being
34 involved in the standing committees that dealt with those
35 matters in the hospital rather than establishing
36 independent subcommittees looking at the same thing.
37
38 Q. I understand that. And I think you accepted a moment
39 ago that there's no part of these proposed terms of
40 reference, MFI16, which was seeking to usurp any power
41 which rested properly with the executive or the board. But
42 they really were just an attempt, albeit maybe a slightly
43 ham-fisted one, to create a platform through which members
44 of the medical staff council and the medical workforce
45 could be heard, weren't they?
46 A. Look, we wanted the Concord medical staff council to
47 have a terms of reference which was acceptable to

1 themselves and in keeping with model by-laws.
2
3 Q. Did you understand them, though, or did you interpret
4 them as being an attempt by the medical staff council, or
5 the chair of the medical staff council, to create
6 a platform by which the medical staff council could be
7 heard in relation to matters which were of concern to it
8 and in respect of which it did not feel it was, at that
9 time, being heard?
10 A. I am not sure what the chair of the medical staff
11 council was trying to achieve here.
12
13 THE COMMISSIONER: Q. Without shutting Mr Muston down,
14 just to finish this precise issue off in paragraph 30 of
15 your statement, from my point of view, the proposition
16 I put that you agreed to, that there was nothing in the May
17 2022 draft of the terms of reference usurping or taking
18 away responsibility or power from the board or the general
19 manager applies equally to the March 2023 draft.
20 A. Mmm-hmm.
21
22 Q. You agree with that?
23 A. Yes.
24
25 MR MUSTON: Q. Let's go over to that next document that
26 you were wanting to refer to, H7.12.15, which is
27 [SCI.0012.0079.0001]. This is a letter dated 21 April 2023
28 from Dr Anderson to Dr Cheung. Do you see the date's on
29 the last page of that document?
30 A. Mmm-hmm.
31
32 Q. You need to express your answers verbally, so that
33 they can be taken down by the transcript.
34 A. Yes, I see, yes.
35
36 Q. Just having regard to that date, would it be a safe
37 assumption that, at least at that stage, you were no longer
38 dealing with the draft terms of reference which
39 incorporated the subcommittees but, rather, with the
40 version dated 3 March 2023, which was behind tab H7.12.14
41 that we looked at a moment ago?
42 A. That's stated in the letter, yes.
43
44 Q. Now, this letter was delivered, according to the first
45 page of the letter, by hand.
46 A. Mmm-hmm.
47

1 Q. Were you present when it was delivered to Dr Cheung?
2 A. Yes. I was at that meeting.
3
4 Q. So that was a meeting between Dr Cheung, yourself and
5 Dr Anderson?
6 A. I believe Dr Wallace was there as well.
7
8 Q. Dr Wallace was at that time the general manager of
9 Concord hospital?
10 A. She was the executive director of operations for
11 Sydney Local Health District at that time.
12
13 Q. At that time she was?
14 A. Correct.
15
16 Q. Did you have any hand in drafting this letter?
17 A. No.
18
19 Q. Who did, to the best of your knowledge, if you know?
20 A. You would have to ask Dr Anderson that question.
21
22 Q. Were you provided with a copy of this letter before
23 the meeting?
24 A. I do not recall personally being provided a copy of
25 the letter before the meeting. I was aware that a letter
26 was going to be provided to Dr Cheung which outlined the
27 concerns the chief executive had about the draft terms of
28 reference.
29
30 Q. Did you receive a copy of the letter at the meeting
31 yourself?
32 A. I would like to say I - my memory is I received a copy
33 soon after the meeting.
34
35 Q. It takes, would you agree, a rather legalistic
36 approach to the issue of the terms of reference and their
37 compliance or otherwise with the by-laws?
38 A. I would suggest that it seeks to take a reasonably
39 measured approach to them. I find it difficult to make
40 a value judgment.
41
42 Q. It doesn't suggest anywhere that, whilst there might
43 be differences about the legalities of the terms of
44 reference, "why don't we sit down and work out what you're
45 trying to achieve and see if there is a way that we can do
46 that to try and solve some of these problems at Concord"?
47 A. Again, that's something that we wished to do, however,

1 we were provided - the chief executive was provided with
2 the draft terms of reference which, in her view, after
3 obtaining advice, were outside of the model by-laws and
4 that we needed to be clear about that.
5
6 Q. You say you "wished to do". At the meeting, was there
7 any discussion along the lines of what I've just suggested,
8 namely, "Let's put these terms of reference to one side for
9 the minute and see if we can try to work out what you're
10 really trying to achieve and whether there's a way that we
11 can actually help you do that to solve some of these
12 problems at Concord"?
13 A. The meeting was focused on the draft terms of
14 reference.
15
16 Q. Are you aware of whether, at the end of that meeting,
17 Dr Cheung was also provided with a copy of the NSW Health
18 code of conduct - that is, a hard copy of it?
19 A. I believe he was, yes.
20
21 Q. Do you see the last complete paragraph at the foot of
22 page 3, do you see the reference there to it being:
23
24 *... simply unacceptable that a situation be*
25 *allowed to continue in which you are*
26 *seeking to put forward Terms of Reference*
27 *that are outside the scope of the lawful*
28 *role of a Medical Staff Council.*
29
30 A. Mmm-hmm.
31
32 Q. And then it purports to give a direction?
33 A. Mmm-hmm.
34
35 Q. If you turn over to the next page, you see the final
36 paragraph which reminds Dr Cheung that, as an employee of
37 the Sydney Local Health District, he is required to abide
38 by the code of conduct and that a failure to do so might
39 give rise to disciplinary action against him under the code
40 of conduct?
41 A. Mmm-hmm.
42
43 Q. Did it occur to you at the time of this meeting, or at
44 the time that that letter and the code of conduct were
45 handed to Dr Cheung, that that might serve to reinforce his
46 view, at least, that disciplinary actions or reprisals
47 would be taken against those who spoke out?

1 A. The situation had become increasingly adversarial,
2 unfortunately, and in that situation - and again, I can't
3 speak fully for Dr Anderson - it was felt to be necessary
4 to be clear on the boundaries of what the medical staff
5 council should be doing. The thing which is not in that
6 letter was the, you know, direction to myself to redraft
7 a terms of reference for the Concord medical staff council
8 to consider and come back to us on.
9
10 THE COMMISSIONER: I'm not sure that was an answer to your
11 question, so you might have another go.
12
13 MR MUSTON: Let me put it in a slightly different way.
14
15 Q. To the extent that the situation had become
16 "adversarial", I think was your word - "increasingly
17 adversarial" - a letter of this type concluding with, as it
18 were, a threat of disciplinary action for noncompliance
19 with the code of conduct was hardly going to lower the
20 temperature of that adversarial environment, was it?
21 A. It - probably not.
22
23 Q. Against the background of a group of people who,
24 rightly or wrongly, genuinely felt that there would be
25 reprisals if they spoke out, it could only have made
26 matters worse, couldn't it?
27 A. Our desire remained to work with them constructively
28 and - however, a letter of this nature was felt to be
29 necessary to make it clear what we could do.
30
31 Q. Whilst it might have been felt necessary, my question
32 was, in light of the background, could a letter of this
33 nature, concluding with the threat which appears in the
34 final paragraph of that letter, have done anything other
35 than make the situation worse, insofar as the concerns
36 being felt, genuinely, by the disaffected group at Concord
37 were concerned?
38 A. Well, I would have hoped that he would have considered
39 it and taken a more conciliatory approach and a more
40 constructive approach.
41
42 Q. Do you think it might have been possible or
43 appropriate for the executive to have taken a more
44 conciliatory and appropriate approach in its dealings with
45 Dr Cheung in relation to this matter than that which is
46 reflected in this letter?
47 A. We continued to seek to do so.

1
2 THE COMMISSIONER: Q. Can I just go back to this notion
3 of adversarial approach and also the noncompliance of the
4 by-laws and approach it this way: could we look at - first
5 of all, for the purposes of this question or series of
6 questions, let me accept that some form of adversarial or
7 agitated atmosphere had developed, okay? So we'll accept
8 that?
9 A. Mmm-hmm.
10
11 Q. And let's accept that the proposed terms of reference
12 were not in complete compliance with the by-laws. If we
13 look at them - if you could go back to the 3 March 2023
14 draft - and I'm only dealing with this draft and what is
15 being proposed by the staff council - if you look at
16 page 3, the "Guiding principles", 1, act in the best
17 interests of patients of the hospital; 2, protect health
18 and wellbeing of hospital staff and students; 3, act with
19 integrity; 4, act with accountability and transparency; 5,
20 encourage, facilitate and invest in innovation and
21 excellence; 6, ensure staff, et cetera, determine
22 priorities; 7, protect the needs of disadvantaged
23 populations; 8, acknowledge that resources may be limited;
24 9, manage conflicted opinions in a fair and reasonable
25 manner; 10, manage conflicts of interest in a manner that
26 maintains integrity; 11, ensure diversity in medical staff
27 representation. Looking only at those guiding principles,
28 leaving aside the by-laws, there's nothing terrible about
29 them, is there? They're all good ideals and all good
30 principles. You agree with that?
31 A. I agree with that.
32
33 Q. And if we look at what is proposed as the function,
34 then, on the next page, for the staff council:
35
36 *Provide advice --*
37
38 I'm not going to read all this out, but:
39
40 *Provide advice to the Chief Executive and*
41 *Board on medical matters; and ...*
42
43 then there's a process thing. The next paragraph:
44
45 *Provide advice to the Chief Executive and*
46 *Board on matters [relating to model*
47 *by-laws].*

1
2 Then:
3
4 *Issues for which advice may be provided may*
5 *include, but are not limited to ...*
6
7 And then you've got the efficient and economic operation of
8 the hospital; standards of care and services; health needs;
9 strategies to ensure balance in provision; effective
10 communication; adequate arrangements for effective
11 communication. Now, just looking at that, whether or not
12 they comply with the by-laws, there doesn't seem to be, at
13 least to me, anything radical, and radically wrong, with
14 the staff council wanting to give that sort of advice or
15 provide that sort of advisory opinions on those matters.
16 Is there anything wrong with that?
17 A. Our difficulty with that, which was expressed in the
18 chief executive's letter back, was that those clauses are
19 actually taken from a section of the model by-laws --
20
21 Q. Don't get me wrong --
22 A. -- for the board --
23
24 Q. -- assume for the purposes they may not comply with
25 the by-laws, which I accept is a separate issue --
26 A. Yes.
27
28 Q. -- but if we accept that, it's not as though they're
29 drafting something that says, "Take over the
30 decision-making capacity from the general manager or the
31 chief executive". It's advising on these sorts of things,
32 none of which seem wildly crazy, that seem all related to
33 hospital and making the hospital better; do you agree with
34 that?
35 A. Correct, if you accept that they can adopt the same
36 clauses as would apply to the board.
37
38 Q. Let's accept there's a problem with how it's drafted
39 in terms of the by-laws. What is actually stated there,
40 though, is an attempt, is it not, to give advice from the
41 council with its experience and expertise to help make the
42 hospital a better place, in general terms?
43 A. And we completely agreed with that. Completely happy
44 with that.
45
46 Q. Then it's got something about membership of the
47 council, something about who will be on the executive

1 committee, a series of responsibilities of the executive
2 committee, and then just formal things like appointments of
3 chair, et cetera?
4 A. Yes.
5
6 Q. If I just looked at that, or if anyone just looked at
7 that, you'd accept, would you not, that that doesn't scream
8 of an adversarial or hostile approach from the staff
9 council to management. Would you agree with that?
10 A. Not in isolation, it does not.
11
12 THE COMMISSIONER: Okay, all right.
13
14 MR MUSTON: Q. I think you told us or started telling us
15 a moment ago that you were also directed, presumably by the
16 chief executive, to draft a new set or alternative set of
17 terms of reference?
18 A. Mmm-hmm.
19
20 THE COMMISSIONER: Sorry, I've just got one more question.
21
22 MR MUSTON: Of course.
23
24 THE COMMISSIONER: Q. Sorry, this comes back to what
25 Mr Muston first asked you on this topic. We've agreed,
26 I think, that, at least in isolation, this document itself
27 has some appropriate guiding principles and some functions
28 proposed for the council that, whether or not they comply
29 with the by-laws, are at least an attempt for the council
30 to give expressions of opinion within their expertise and
31 experience in an endeavour to, to use my general phrase,
32 make the hospital a better place. In light of that, do you
33 not agree with the proposition Mr Muston first put to you,
34 that in the face of that, the letter of 21 April 2023, that
35 is at H7.12.15, is - Mr Muston used the word "legalistic",
36 I'll just use the phrase, do you think it's a bit over the
37 top as a response to those draft terms of reference?
38 A. If it was in isolation, yes. There was much more,
39 obviously, going on --
40
41 Q. I understand. You've mentioned --
42 A. -- in the whole context of the situation has covered
43 that --
44
45 THE COMMISSIONER: -- events, you say, had developed.
46
47 MR MUSTON: Q. I take you over to the document at

1 H.7.12.18, which is [SCI.0012.0167.0001]. On the face of
2 it, on page 1, it would appear to be an email from you to
3 Dr Cheung copied in to Dr Anderson and Dr Wallace?
4 A. (Witness nods).
5
6 Q. Turn over to page 2. Do you see you refer to the
7 meeting, you refer to the terms of reference, and you say
8 that you attach a revised version, which is what we find on
9 page 4.
10
11 THE COMMISSIONER: Sorry, this is my fault, but I let my
12 transcript go, so the screen went off, and I'm not sure
13 which document you're on.
14
15 MR MUSTON: It's H7.12.18.
16
17 THE COMMISSIONER: Thank you. This is this very short
18 email; is that what I'm looking at?
19
20 MR MUSTON: Yes.
21
22 Q. Just scrolling back up to page 2, you say at the
23 conclusion of your email that you "welcome further
24 discussion once you have considered these".
25 A. Mmm-hmm.
26
27 Q. You sent that email, I gather?
28 A. Yes, I did.
29
30 Q. If we turn over to the next tab, which is H7.12.19,
31 [SCI .0012.0008.0001], again, this is one of these chains
32 of emails, so we have to scroll all the way forward to
33 page 4 to see, again, your email that we just looked at --
34 A. Mmm-hmm.
35
36 Q. -- attaching the new terms of reference. We then
37 see, if we go back to page 3, Winston's responded to you
38 seeking clarification in relation to a number of matters?
39 A. Mmm-hmm.
40
41 Q. You have responded, "I'll seek further advice and come
42 back to you", at the top of that page?
43 A. Mmm-hmm.
44
45 Q. Who were you going to seek that advice from?
46 A. From colleagues and also the Ministry of Health legal
47 branch who were supporting us with this.

1
2 Q. Which colleagues?
3 A. Other directors of medical services.
4
5 Q. Which ones, names, please?
6 A. So within the district, I work most closely with
7 Dr Kim Hill, who is our executive clinical adviser. But
8 there are a group of other directors of medical services
9 within the district both at Royal Prince Alfred and Concord
10 hospital. So, yes, I did need to consider that and seek
11 advice and, you know, have further reflection and
12 discussion about it.
13
14 Q. Did you do that?
15 A. Yes, I did.
16
17 Q. Did you respond to that email from Dr Cheung?
18 A. There was a further meeting between myself and
19 Dr Cheung on 10 May.
20
21 Q. Let's take it step-wise. Did you send a reply email
22 to this one?
23 A. I did not send a written email back to this, no.
24
25 THE COMMISSIONER: So that we can take it step by step,
26 and this is my fault, the email you have taken Dr Hallahan
27 to of 21 April where he's "Dear Winston, further to the
28 conversation, I'm attaching a draft terms of reference".
29 Are the draft terms of reference that are attached to that
30 email somewhere in here?
31
32 MR MUSTON: Yes. Commissioner, you will find them in the
33 tab immediately before, so tab H7.12.18.
34
35 THE COMMISSIONER: I missed that, sorry. I see. Hang
36 on --
37
38 MR MUSTON: The original version of Dr Hallahan's --
39
40 THE COMMISSIONER: It doesn't seem to be in my folder.
41
42 MR MUSTON: It is on the last page, it's one table.
43 You'll see it on the screen now.
44
45 THE COMMISSIONER: Oh, I see. That is it. Sorry, yes.
46 Thank you. Sorry. I had missed that. My apologies.
47

1 MR MUSTON: Q. I think you were just about to tell us,
2 Doctor, that on 10 May there was a further meeting between
3 you and Dr Cheung?
4 A. Yes, there was.
5
6 Q. What was discussed at that meeting?
7 A. So that meeting was between myself, Dr Cheung and
8 Dr Alicia Smith, who is the chair of the medical staff
9 executive council, and that was to further discuss their
10 terms of reference, and I did send a letter to Dr Cheung
11 following that meeting, I believe it's in his evidence --
12
13 Q. Just before we get to that, before you had your
14 meeting on 10 May, were you shown a copy of Dr Cheung's
15 email to Dr Anderson, which is at page 1 of
16 [SCI.0012.0008.0001] - that is, the first page behind
17 tab H7.12.19?
18 A. I don't recall seeing that email.
19
20 Q. Sorry, I interrupted you. You said there was a letter
21 then sent by you to Dr Cheung?
22 A. Correct. On 10 May. He refers to it in his evidence.
23
24 Q. Can we go to tab H7.12.20, a letter of 10 May. This
25 is [SCI .0012.0168.0008]. If we track through to page 8 in
26 that document, or if you track through to page 8, Doctor?
27 A. Mmm-hmm, got it.
28
29 Q. This is the letter that you are referring to, is it?
30 A. Yes.
31
32 Q. That letter doesn't really engage with any of
33 Dr Cheung's questions or inquiries in relation to the terms
34 of reference, does it?
35 A. It makes one point of clarification about terms of
36 reference, but it doesn't engage with his other questions,
37 I agree with you.
38
39 Q. Did anyone ever engage with Dr Cheung in relation to
40 those questions that he had raised in his email to you?
41 A. He had opportunity to do this at this meeting but did
42 not seem to wish to further discuss it, is my memory of
43 that meeting.
44
45 Q. I suppose, coming back to my question, did anyone ever
46 respond to Dr Cheung's questions about the terms of
47 reference that he had set out in an email to you?

1 A. I did not provide further written response, noting
2 that soon after this there was a vote of no confidence
3 which distracted matters related to this somewhat.
4
5 Q. So, coming back to this letter of 10 May, you say in
6 that letter you're expressing concern about the medical
7 staff council meeting without management or executive
8 presence.
9 A. Yes.
10
11 Q. What was your concern about that?
12 A. That's not in keeping with the model by-laws.
13
14 Q. Putting to one side the model by-laws, at a conceptual
15 matter, you had an unhappy workforce who wanted to meet to
16 discuss the concerns that they had amongst themselves,
17 including concerns about the executive. What was your
18 concern about that happening?
19 A. Well, I was instructed that I could not put aside the
20 model by-laws, to be fair. The model by-laws are
21 actually - we're required to abide by them. So I was given
22 clear direction by the chief executive that I was not at
23 liberty to put aside the model by-laws and I, frankly, was
24 in agreement with that.
25
26 Q. I'll ask my question again. Did you have any
27 particular concern about members of the medical staff
28 council getting together and expressing their concerns to
29 one another, including concerns about the executive, in the
30 absence of management or the executive, if so, what were
31 those concerns?
32 A. The pattern that had developed over the previous year
33 since Dr Cheung's election was that they would get together
34 and have a meeting and then we would get written
35 correspondence of demand basically, you know, requesting,
36 you know, a number of significant things, and that was
37 becoming increasingly, again, adversarial. So it felt to
38 me, as well as to my executive colleagues, that those
39 individual member meetings were essentially planning for,
40 you know, how to put forward demands, and it was not
41 helping in the dialogue, as well as the fact that the model
42 by-laws are clear that meetings of the medical staff
43 council must include the medical administrator of the area,
44 unless that meeting is to discuss the performance of the
45 medical administrator.
46
47 Q. So did it occur to you at the time that you sent this

1 letter that preventing the medical staff council from
2 gathering in the absence of management/the executive to
3 discuss amongst themselves their concerns about management
4 and the executive might have served only to increase the
5 adversarial nature of the engagement between that staff
6 council and the executive?
7 A. My thought at the time was that there was no - there
8 was no - they still had the ability to gather if they so
9 desired; it just could not be done as a formal medical
10 staff council meeting. So the point is that a medical
11 staff council, when it meets, must include the person in my
12 position.
13
14 Q. Do you seriously say that you're suggesting that,
15 through this letter, you were conveying to Dr Cheung that
16 the members of the medical staff council were free to meet
17 and express amongst themselves their concerns about the
18 executive, so long as they didn't call it a meeting of the
19 medical staff council?
20 A. They could choose to do what they wished.
21
22 Q. My question is: do you seriously suggest that that's
23 what you were conveying to them in this letter?
24 A. What I was seeking to convey in this letter --
25
26 Q. Perhaps you could tell us --
27 A. -- is that where they had a meeting, that they needed
28 to invite me to that.
29
30 Q. So you mentioned earlier, as is consistent with the
31 by-laws, that meeting of the medical staff council to
32 discuss the performance of the management or the executive
33 is not something which the management or the executive need
34 to be invited to. Did you think, consistent with your
35 desire to keep true adherence to the by-laws, that it might
36 be worth mentioning that in your letter?
37 A. I could have. They had access to the model by-laws.
38 They're highly intelligent people.
39
40 Q. Could I just go back to page 3 of the documents behind
41 that tab. You see there's an exchange of emails there?
42 The first, which commences at the foot of page 2, that
43 I want to draw to your attention is an email from Dr Cheung
44 to yourself of 10 May at 12.57pm. Do you see that email?
45 A. Mmm-hmm.
46
47 Q. He confirms he's received your letter of 10 May and

1 seeks your permission to share it with members of the
2 medical staff council so there's no ambiguity regarding the
3 instructions?
4 A. Mmm.
5
6 Q. Do you see that?
7 A. Yes.
8
9 Q. You understood that at the time that you received it?
10 A. Yes.
11
12 Q. That's what he was asking for?
13 A. Yes.
14
15 Q. If we then go back to page 2, you've communicated to
16 him in your email of 10 May 2023 at 1.10pm that you are not
17 comfortable with the letter being sent to everyone. Why
18 not?
19 A. My challenge was that this would be publication of
20 a letter intended for an individual and that at the time,
21 that we had very real reason to believe that that, you
22 know, would be sent to various members of the press, and
23 I felt that that was not appropriate.
24
25 Q. Well, what is your concern about the content of this
26 letter being seen more widely?
27 A. It was simply the principle.
28
29 Q. What principle?
30 A. If I write a letter to an individual, that is a letter
31 to that individual. It is not intended to be a letter to
32 the whole audience. If I had intended the letter to be to
33 the whole of the medical staff council, I would have
34 addressed it to the whole of the medical staff council.
35
36 THE COMMISSIONER: Q. But he is the chair of the medical
37 staff council, isn't he?
38 A. He is.
39
40 MR MUSTON: Q. In this letter, you are conveying to him
41 what you say the medical staff council in its totality can
42 and can't do, are you not?
43 A. (Witness nods).
44
45 Q. Again, what was your particular concern about that
46 direction from you as to what the medical staff council
47 could and couldn't do being shared with the medical staff

1 council?
2 A. I had no problem with it being shared and he did,
3 indeed, share it by reading out the key sections of the
4 letter to the medical staff council at the next meeting.
5 I had an objection to the letter being sent to, you know,
6 hundreds of senior medical staff. That was not my intent
7 in writing that letter.
8
9 Q. Hundreds of medical staff at Concord?
10 A. Correct.
11
12 Q. But they are all members of the medical staff council,
13 aren't they?
14 A. And if I had wanted to write to them all I would have
15 addressed it like that. I would not have addressed it to
16 an individual.
17
18 Q. Would you have changed the content of it in any way?
19 A. I don't know.
20
21 Q. Well, at the time when you were refusing to give your
22 consent to it being shared with all of the members of the
23 medical staff council, did you reflect on any aspect of it
24 that caused you particular concern, that you thought you
25 could have or should have expressed differently?
26 A. No. I simply was not comfortable with the letter
27 being sent to such a broad audience.
28
29 Q. I will ask you again: why not?
30 A. Because the letter was meant for the individual.
31
32 Q. So the letter was meant for the individual, but what
33 aspect of that would lead you to feel uncomfortable if it
34 was sent to a wider audience, namely, the members of the
35 medical staff council whose activities it was purporting to
36 regulate?
37 A. It did not feel to me to be appropriate to do that.
38
39 Q. Why not?
40 A. Because it's not the way that I wished to communicate
41 with the broad senior medical staff.
42
43 Q. Why would you be communicating differently with
44 Dr Cheung to the way in which you would be communicating
45 more broadly with the medical staff at Concord hospital who
46 he represented in his role as chair?
47 A. The way you communicate to an individual on

1 a one-on-one basis or when you write them a letter is by
2 necessity going to be different if you're communicating to
3 say, you know, 350 colleagues.
4
5 Q. Well, let's go back to the letter on page 8. What do
6 you say you would have said differently, if you were
7 directing it to 300 colleagues? We can pass over the "Dear
8 Winston Cheung" bit, which presumably would have said "Dear
9 everyone". What would you have said differently?
10 A. I'm sorry, I really don't feel able to redraft the
11 letter while sitting in the stand. I would have probably
12 phrased some things a little differently. I had no problem
13 with this letter being read out to the medical staff
14 council at the time. That was not the issue. The issue
15 was that every time anything was sent to Dr Cheung, it was
16 automatically forwarded on to the rest of the medical staff
17 council, and I found that behaviour problematic.
18
19 THE COMMISSIONER: Q. Is this fair, that the substance
20 of the letter wouldn't have changed, only some cosmetic
21 tweaks because it was going to a larger group; is that
22 fair?
23 A. Correct. The substance would have been the same.
24
25 MR MUSTON: Q. You'd been present at medical staff
26 council meetings where there was - there were views being
27 expressed, were there not, that Dr Cheung's communications
28 on behalf of the medical staff council should be shared
29 more widely with the medical staff council. There was
30 a complaint that certain members of the staff council were
31 making that they weren't being provided with full details
32 of those communications?
33 A. Look, with the benefit of hindsight, I could have said
34 "yes". It doesn't actually - I chose at the time, though,
35 to say "no", and to say that it was okay for him to read it
36 out to the staff council, as it felt to me to be a more
37 appropriate way of communicating it.
38
39 Q. Did it occur to you at the time that refusing to allow
40 him to share the letter with the medical staff council
41 might serve to exacerbate the tensions which were
42 developing at Concord?
43 A. It did not feel to me that that was the case.
44
45 Q. Can I take you forward to tab H7.12.22. It's
46 a meeting of the medical staff, or minutes of the meeting
47 of the medical staff council on 22 June 2023, which is

1 [SCI.0012.0170.0001]. Do you have that?
2 A. (Witness nods).
3
4 Q. You attended that meeting?
5 A. Mmm-hmm, I did.
6
7 Q. That's the meeting at which there was a great deal of
8 discussion about the proposal to put a vote of no
9 confidence in the chief executive at an upcoming meeting of
10 the medical staff council?
11 A. Yes.
12
13 Q. Do you recall that?
14 A. (Witness nods).
15
16 Q. There seems to be an excessively large amount of
17 discussion at the beginning of the meeting about the
18 formalities of meetings, but the substance seems to start
19 to kick in at about page 21. Do you recall being present
20 and hearing the presentations that were given by - starting
21 on page 21 there - Belinda Hokin, in respect of the
22 emergency department?
23 A. I - again, this is some time ago, but she did present
24 at the meeting, yes.
25
26 Q. If you turn to page 21, you will see the presentation
27 that she gave. Take as long as you need, but that was her
28 expressing concerns which were consistent with those that
29 had been expressed by those working in the emergency
30 department for some time in this forum - not universally?
31 A. Yes, so the views in the emergency department were not
32 uniform. Belinda had a, you know, specific set of views,
33 which she put, so they're her views, as recorded here.
34
35 Q. But those views were not new to you, the expression of
36 those views about at least her perception of the emergency
37 department?
38 A. Yes, noting that these are the views of an individual.
39
40 Q. Now let's go over to page 23, at the very foot of that
41 page, Dr Ridley commences expressing some views he had
42 about the radiology department.
43 A. Yes.
44
45 Q. Those views, again, were consistent with those which
46 had been expressed, or had been being expressed, by members
47 of the radiology department for some time in the lead-up to

1 this meeting?
2 A. Yes.
3
4 Q. And without needing to take you through the minutes in
5 their entirety, unless it's necessary to do so, would this
6 be a fair summary: there were differing views about the
7 appropriateness of putting a vote of no confidence in the
8 chief executive expressed by various people?
9 A. Mmm-hmm.
10
11 Q. But there was no substantial suggestion that the
12 problems at Concord hospital did not exist?
13 A. Correct.
14
15 Q. Rather, that, to the extent there was debate at the
16 meeting, it was about whether a vote of no confidence was
17 going to be the most productive way of resolving those
18 problems which members of the staff council who were
19 speaking at that meeting identified as existing?
20 A. That is correct.
21
22 Q. Ultimately, it was resolved to put the vote of no
23 confidence in the chief executive and a competing vote of
24 no confidence in the chair at the next meeting of the
25 medical staff council?
26 A. Mmm-hmm.
27
28 Q. If I could invite you to turn over to tab H7.12.23,
29 which is [SCI.0012.0015.0001]. It's the minutes of the
30 medical staff council meeting of 29 June 2023. You
31 attended that meeting as well?
32 A. That is correct.
33
34 Q. I think you told us earlier, that's the meeting at
35 which the vote of no confidence in the chief executive was
36 passed by a majority of 60 per cent, and the vote of no
37 confidence in the chair was defeated by a majority of
38 80 per cent. Is that your broad recollection? If you want
39 to check the numbers, it appears they commence at page 10.
40 A. Mmm-hmm, yes.
41
42 Q. The passing of the vote of no confidence in the chief
43 executive, did that in any way suggest to you that the
44 views which were held and had been being expressed by
45 members of the medical staff council about their concerns
46 at Concord up to that point were shared by at least
47 a reasonable majority of members of that group?

1 A. Absolutely.
2
3 Q. And did you understand that as a sign from at least
4 that reasonable majority that they felt the concerns which
5 they had been expressing had not been addressed?
6 A. Yes.
7
8 Q. Could I ask you to go forward to - just before we do
9 that, once the vote of no confidence was passed, did you
10 regard the situation at Concord as quite volatile?
11 A. I regarded the situation as continuing to be volatile,
12 to be honest.
13
14 Q. And needing, from a management point of view, to be
15 handled very, very carefully?
16 A. Of course.
17
18 Q. With great delicacy?
19 A. Of course.
20
21 Q. And in a way that, as best as possible, did not
22 reinforce the perceptions that the disaffected group of the
23 medical staff at Concord hospital had?
24 A. We have and always have wanted to have a collaborative
25 and constructive relationship.
26
27 Q. Just to make sure we're not at cross-purposes, my
28 question was: did you perceive it to be important at that
29 time, in your dealings with Concord and in respect of this
30 volatile situation, to ensure that you did nothing to
31 reinforce the concerns which were held by that substantial
32 majority of the medical staff council, namely, those three
33 core concerns which we identified at the start of your
34 evidence?
35 A. I find it difficult to completely agree with your
36 statement.
37
38 Q. In what way?
39 A. You say "did nothing to" - so again, our role in
40 executive is to, you know, ensure good management of the
41 health system for the good of the public. So, you know,
42 if a group of clinicians is making demands which are
43 unreasonable or cannot be met, then we're not in a position
44 to simply say, "You can have whatever you want."
45
46 Q. Let's stick with the second of --
47 A. So that's - so the short of it is, you know, every -

1 in answer to your question, we would make every effort to
2 improve relationships and to understand and address the
3 concerns of that group of colleagues, and, on the other
4 hand, we weren't simply going to say "yes" to everything
5 they asked for.
6
7 Q. So let's just focus for present purposes on the second
8 and third of those concerns. The concern that they are not
9 being listened to, you would have been cautious, would you
10 not, to ensure that you did nothing that would have
11 exacerbated or reinforced their view that they weren't
12 being listened to?
13 A. I may - had and have continued to make my very best
14 efforts to ensure that they were listened to at all times.
15
16 Q. And in relation to the third of those concerns, the
17 concern that those who speak out might have reprisals
18 brought against them, say, in the form of disciplinary
19 action, you would not wish to do anything that might
20 reinforce that concern unnecessarily; would you agree?
21 A. Within reason.
22
23 Q. Okay. Could I ask you to turn forward to
24 tab H7.12.29, which is [SCI.0012.0161.0001], and perhaps we
25 could go forward to page 16, which is an email from
26 Dr Cheung to Rosalba Cross, containing a communication to
27 the medical staff council members. Do you see that,
28 Dr Hallahan? Have you got that?
29 A. Yes, I have that.
30
31 Q. If we turn back to page 15, you see you sent an email
32 to Dr Cheung and others on 11 July at 15:42:
33
34 *Dear Winston,*
35 *Can you please explain why the*
36 *communication below was not sent to either*
37 *Stewart or myself as Medical Staff Council*
38 *Members? On face value this appears to be*
39 *a breach of the by-laws on which you have*
40 *been clearly and specifically advised.*
41
42 A. Mmm.
43
44 Q. Did you think that was a constructive way of
45 approaching this volatile situation?
46 A. I thought it was a reasonable thing to do, yes.
47

1 Q. Accusing him of an on-the-face breach of the by-laws?
2 A. We had to be clear - I felt we had to be clear.
3
4 Q. Had you made any investigation before you made that
5 accusation as to whether or not he had breached the
6 by-laws, in the way that you suggested?
7 A. I simply said "on face value", and I had not done an
8 investigation other than an examination of the email that
9 he sent and the distribution list, and noted that he had
10 omitted the director of medical services of Concord
11 hospital, who is an appointed member of senior medical
12 staff to Concord hospital, and, by definition, a member of
13 the council, as well as myself.
14
15 Q. And then went on to accuse him of, on the face,
16 a breach of by-laws?
17 A. Correct.
18
19 Q. As it turns out, as we see from what appears above,
20 Dr Cheung wasn't, in fact, responsible for a breach of the
21 by-laws; he had asked Rosalba Cross to send the message to
22 everyone and it appears, from her response, that the
23 oversight was hers.
24 A. And so it was corrected.
25
26 Q. Did you think of perhaps reaching out to Dr Cheung and
27 apologising to him for accusing him of a breach of the
28 by-laws in circumstances where he hadn't, or you just let
29 that one lie?
30 A. I think I acknowledged receipt of the email and did
31 not pursue it further.
32
33 Q. Did you think that the accusation of a breach of the
34 by-laws, particularly in circumstances where it quickly
35 became apparent that he hadn't, might have had the capacity
36 to aggravate what was already a volatile situation?
37 A. I simply said that it was on face value, and I took it
38 no further.
39
40 Q. Do you think that accusing him of, at least on its
41 face, a breach of the by-laws, in circumstances where it
42 quickly became apparent that he hadn't, might have served
43 to reinforce his view that he was facing reprisals for
44 speaking out?
45 A. At the time, no, I didn't.
46
47 Q. Do you now, reflecting on it, see that could be one

1 way of interpreting it?
2 A. You could interpret it that way. That was not the
3 intent.
4
5 Q. It certainly wasn't a conciliatory approach to the
6 issue of the type which you've told us that you and the
7 executive were eager to pursue?
8 A. We were seeking to ensure that there were transparent
9 channels of communication and not being cut out of it. It
10 was a misunderstanding.
11
12 Q. Could I come forward to the second volume that you've
13 got there, H7.12.59, which is [SCI.0012.0036.0001], and
14 it's a meeting of the medical staff council of 12 October
15 2023?
16 A. Mmm-hmm.
17
18 Q. Do you have that?
19 A. I've got that.
20
21 Q. You attended that meeting, or you were included
22 amongst the attendees of that meeting?
23 A. And what I said is in the minutes.
24
25 Q. Could I take you forward to that, which commences at
26 page 34.
27 A. I've got that.
28
29 Q. Do you see you commence with:
30
31 *I'm not sure that I've got much more than*
32 *what Joseph has already outlined to you.*
33 *And I haven't been directly involved in the*
34 *discussions. I can assure you that it's*
35 *been taken seriously.*
36
37 Do you see at the end of this, there's another passage, and
38 then Dr Cheung says:
39
40 *Sorry. Andrew. A detailed action plan.*
41 *You're meeting 3 times a week. And what's*
42 *the action plan?*
43
44 You say, "Correct". Do you see that?
45 A. Yes. I see that.
46
47 Q. And then he asks the question, or commences to ask the

1 question he has asked immediately before that doesn't
2 appear to on its face have been answered:
3
4 *What's, these questions they've been ...*
5
6 And it would appear at least from the transcript that you
7 interrupt him at that point and say:
8
9 *The planning is very ... Winston. It deals*
10 *with staffing. With recruitment. With*
11 *conditions.*
12
13 Just pausing there, do you agree, at least on the face of
14 this transcript, it appears that you did interrupt him at
15 that point? At that point. We'll come to the rest.
16 A. I can't fully recall exactly how that went. I was not
17 seeking to interrupt him. The transcript is simply taken
18 from Teams. As you know, a Teams transcript is not
19 perfect.
20
21 Q. I'm not suggesting you were seeking to interrupt him.
22 All I'm really putting to you is that it appears, at least
23 on the face of the transcript, that you did?
24 A. There's a possibility I was - that would have to be
25 verified otherwise.
26
27 THE COMMISSIONER: I suppose there is a possibility, too,
28 that people are talking at the same time.
29
30 MR MUSTON: Possibly.
31
32 Q. You then give the answer that you give:
33
34 *The planning is very ... Winston. It deals*
35 *with staffing. With recruitment. With*
36 *conditions. With capital works.*
37
38 He says:
39
40 *These have been requested for a long, long*
41 *time, Andrew. Where's the progress?*
42
43 Do you see that?
44 A. Yes.
45
46 Q. Just pausing there, whether or not you agreed with the
47 concerns which were felt by what you knew at this stage to

1 be a substantial majority of the medical staff council, it
2 was correct, was it not, that the concerns or that matters
3 had been requested by them for a long, long time?
4 A. And had been addressed as best we could and, yes,
5 I agree.
6
7 Q. But you also, I think, acknowledged earlier that
8 whether or not that perception was right or wrong, the
9 strong perception which the majority of the medical staff
10 council held was that they had not been addressed - that is
11 to say, their requests?
12 A. Yes.
13
14 Q. So he was, at least in that passage, expressing
15 concerns which were those which at least - which were
16 shared, you understood, by the majority of his medical
17 staff council colleagues?
18 A. Absolutely.
19
20 Q. And you see the next passage there:
21
22 *Well, Winston, it's as Joseph has said.*
23
24 And at the end of that paragraph, which seems to give out,
25 it looks like Dr Cheung interrupted you? Do you see the
26 foot of that page, the foot of page 34, there seems to be
27 an incomplete sentence there?
28 A. Yes.
29
30 Q. On its face, it appears as though Dr Cheung has
31 interrupted you at that point?
32 A. Yes.
33
34 Q. To the extent that the transcript's any sort of
35 accurate record?
36 A. Correct.
37
38 Q. He's asked:
39
40 *What's complex about it? What are the*
41 *complex underlying things.*
42
43 And then you've responded:
44
45 *Look. ... First of all, Winston. I'm*
46 *currently feeling like you're speaking in a*
47 *way which is frankly bullying itself.*

1 *... I would request that we actually have*
2 *a respectful dialogue.*
3
4 What about the way in which Winston Cheung was speaking was
5 "bullying itself", to your view?
6 A. It's not captured in this transcript. My memory, and
7 it is only my memory, was that he interrupted me, he raised
8 his voice, he was red in the face and he looked extremely
9 angered at the time, and my feeling at the time, which is
10 simply my feeling, is that he was seeking to state that,
11 "This is a simple situation which you should have solved
12 a long time ago. It's not complex at all"
13
14 Q. That may well have been his view. Do you dispute
15 that?
16 A. I can only speak to my perception and feelings at the
17 time and my interpretation. I can't speak to what he was
18 thinking at the time.
19
20 Q. To the extent that he - you interpreted him as
21 suggesting that the problem was a simple one, did you have
22 any reason to think that that was not his genuine belief?
23 A. I don't know what he believed at the time. I knew
24 that he appeared to be extraordinarily angry when he made
25 that statement.
26
27 Q. So I take it from your answer that you do not know
28 what he believed at the time that there was no reason you
29 had to believe that it was not his genuine belief?
30 A. Sure.
31
32 Q. This was a Zoom meeting or Teams meeting, was it?
33 A. Teams.
34
35 Q. So you were sitting at your desk in your own office,
36 somewhere remotely attending, as was everyone else?
37 A. It was one of the unfortunate things about the Concord
38 staff council meetings, that they were all conducted
39 virtually.
40
41 Q. Do you consider yourself to be a reasonably
42 experienced and robust medical administrator?
43 A. Yes.
44
45 Q. Do you suggest to the Commissioner that you felt
46 bullied or intimidated by Mr Cheung while he was on his
47 end - Dr Cheung, I should say, while he was on his end of

1 the Teams meeting, red in the face and getting angry about
2 these matters?
3 A. Yes. I do think that - my interpretation at the time
4 was he was seeking to speak over myself in my role as an
5 executive, as the lead executive, you know, doctor for the
6 district, and that felt like he was trying to expert power
7 over me and that it, frankly, felt to me like behaviour
8 which could be described as bullying, yes.
9
10 Q. Did you feel intimated by his behaviour, seriously?
11 A. Yes, I did.
12
13 Q. So you say next you're not going to continue this,
14 you'll log off:
15
16 *... that the approach that is being taken*
17 *here is not helpful to a constructive*
18 *dialogue and is actually not consistent*
19 *with what I expect of a professional*
20 *meeting.*
21
22 Do you see that's potentially, at least when viewed from
23 the perspective of the person that you are talking to,
24 possibly somewhat belittling?
25 A. My view was that that was a reasonable warning. It
26 was a highly - it was a heightened situation.
27
28 Q. Do you accept that, in responding in that way, the
29 situation, to the extent it was heightened, was contributed
30 to by you and the way in which you were engaging during
31 that meeting?
32 A. No, I don't accept that.
33
34 THE COMMISSIONER: Q. When you say "heightened
35 situation, Doctor, do you mean that - we've started on
36 page 34 of this transcript, but there was a fair amount of
37 emotion and tension in the entire meeting from the get-go?
38 A. All of these meetings, there was a fair amount of
39 emotion and tension, and yes, I would have to say that they
40 have not been the easiest meetings to attend.
41
42 MR MUSTON: Q. Coming back to your suggestion that
43 Dr Cheung was speaking in a way which was, frankly,
44 bullying, did you not see that accusing him of bullying in
45 front of the medical staff council in that way might have
46 heightened the tension a little bit?
47 A. So, again, this was a real-time meeting. I wasn't

1 given time to sit back and reflect, and I was doing my best
2 to navigate a heightened situation. However, I did feel it
3 was necessary to call out behaviour which I felt was of
4 a bullying nature. That is actually important when it
5 comes to, you know, the behaviours we expect in the
6 workplace. I felt that I was having a person speak to me
7 in a manner which would not be acceptable in the workplace,
8 whether you were a doctor or a cleaner or a nurse. I did
9 not feel that that was an appropriate way to address
10 another human being.
11
12 Q. But you're neither a cleaner nor a nurse; you're
13 a senior executive within the LHD. My question to you was:
14 do you think that by accusing him of bullying in front of
15 the medical staff council, that that might, on reflection,
16 have contributed to the heightened situation which was
17 developing?
18 A. I would - with respect, I would not agree with you.
19
20 Q. Okay.
21 A. I would suggest that my next sentence is that
22 "I request that we actually have a respectful dialogue",
23 was what I was seeking to do.
24
25 Q. What about the observation:
26
27 *[This] is not ... consistent with what*
28 *I expect of a professional meeting.*
29
30 Do you think that potentially had the capacity - that
31 observation had the capacity to increase the tension in
32 what was a heightened situation?
33 A. I was hoping that that would cause self-reflection and
34 that my colleague would start behaving in a professional
35 manner.
36
37 Q. You were hoping that it would cause self-reflection
38 because you were telling him that, in your view, as
39 a member of the executive, you thought his behaviour was
40 inappropriate; is that right?
41 A. I was saying in my view as a colleague, I wanted to
42 have a constructive dialogue, and what was happening was
43 not consistent with a professional interaction.
44
45 Q. If we turn over to page 36, you see there in the
46 second text block down, attributed to Dr Cheung:
47

1 *So on the district factsheet ...*
2
3 Read that. We're talking about the "CORE" --
4 A. Yes.
5
6 Q. -- document that we've already referred to, that
7 I think you said he might have waved in front of you or put
8 up on the screen?
9 A. He appeared to me to be extraordinarily angry at the
10 time.
11
12 Q. Your response to him, it would appear from the
13 transcript, was initially not to respond at all.
14 A. I was frankly surprised, and no, I did not respond at
15 all initially, because this sort of came out of the blue
16 and I did not know what to make of it.
17
18 Q. When you asked, "And your point is", was that
19 a genuine question?
20 A. I beg your pardon?
21
22 Q. When you asked him, "And your point is" --
23 A. I was seeking to understand where he was going with
24 this.
25
26 Q. Let's go over to page 37 --
27
28 THE COMMISSIONER: Just before you do.
29
30 Q. One, I don't doubt for a moment the genuineness of
31 your offence, and please understand that most people don't
32 particularly like being interrupted, and I understand that
33 this meeting did have some heat in it, and I also
34 understand that part of the context of this meeting has
35 been the prior vote of no confidence in the chief
36 executive, which is a pretty serious thing for everyone,
37 not least her.
38
39 Another approach - and don't think I'm being unduly
40 critical here, but another approach to being interrupted by
41 Dr Cheung, and I know it's easy to do this when we're not
42 in an agitated state, but another approach might have been,
43 instead of saying, "You're bullying me, Winston", would
44 have been, "Look, Winston, can you stop interrupting me.
45 There's something I'd like to say". That could have been
46 an alternative approach, do you agree with that?
47 A. Completely agree that that could have been an

1 alternative approach, yes.
2
3 MR MUSTON: Q. Can we turn over to page 37. Do you see
4 from the commencement of that page, there are some words
5 attributed to you:
6
7 *Winston. We're doing, Winston. We're not*
8 *seeking to put in band-aid solutions.*
9
10 He has responded:
11
12 *And we've got band-aid solutions. But the*
13 *actual --*
14
15 It appears you interrupted him at that point:
16
17 *I'm sorry, the capital works that should*
18 *have been done are not band-aids.*
19
20 Just pausing there, again, assuming the correctness of the
21 transcript, do you think it's a fair - is it fair to assume
22 that you might have interrupted Dr Cheung when he was
23 halfway through a sentence commencing, "But the actual"?
24 A. I would suggest that's probably reading too much into
25 the transcript. It is hard to know.
26
27 Q. So you don't think you interrupted him at the point
28 where he, at least on the transcript, would appear to have
29 been halfway through a sentence?
30 A. I could neither accept nor deny on the basis of that
31 and it is quite some time ago.
32
33 THE COMMISSIONER: Just pausing there for a moment, the
34 witness has been asked questions now for over two hours.
35 You might have some time to go.
36
37 MR MUSTON: A little bit.
38
39 THE COMMISSIONER: We've probably reached the point where
40 it is fair enough that the witness gets a break, which
41 means we probably we should all get a break now and adjourn
42 to 10 o'clock. You're not going to finish in two minutes,
43 I assume.
44
45 MR MUSTON: No, I'm not.
46
47 THE COMMISSIONER: All right. Well, I think we'll have to

1 adjourn, then, now and we'll come back at - is there any
2 reason not to come back at 10 tomorrow?
3
4 MR MUSTON: No.
5
6 THE COMMISSIONER: Even though Dr Hallahan's evidence is
7 going to go over a bit, we'll still complete? We still
8 won't fall out of --
9
10 MR MUSTON: Hopefully not.
11
12 THE COMMISSIONER: All right. We'll adjourn until
13 10 tomorrow. Thank you very much. We'll adjourn to then.
14
15 **AT 4.12PM THE SPECIAL COMMISSION OF INQUIRY WAS ADJOURNED**
16 **TO FRIDAY, 2 AUGUST 2024 AT 10AM**
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

0

0012.0008.0001 [1] - 4446:31
0012.0168.0008] [1] - 4448:25
042 [1] - 4410:24

1

1 [5] - 4410:22, 4418:30, 4443:16, 4446:2, 4448:15
1.10pm [1] - 4451:16
10 [14] - 4443:25, 4447:19, 4448:2, 4448:14, 4448:22, 4448:24, 4449:5, 4450:44, 4450:47, 4451:16, 4455:39, 4466:42, 4467:2, 4467:13
10AM [1] - 4467:16
11 [2] - 4443:26, 4457:32
12 [3] - 4416:4, 4429:6, 4459:14
12.57pm [1] - 4450:44
121 [1] - 4410:18
13 [1] - 4429:12
15 [1] - 4457:31
15:42 [1] - 4457:32
16 [1] - 4457:25

2

2 [12] - 4410:18, 4420:33, 4421:20, 4422:4, 4429:17, 4429:21, 4443:17, 4446:6, 4446:22, 4450:42, 4451:15, 4467:16
2,500 [1] - 4415:1
2.01pm [1] - 4411:6
20 [1] - 4417:37
2015 [1] - 4423:24
2020 [2] - 4411:19, 4413:35
2022 [11] - 4416:4, 4429:6, 4434:14, 4436:3, 4436:19, 4436:21, 4436:33, 4436:39, 4436:44, 4438:9, 4439:17
2023 [13] - 4417:23, 4418:30, 4424:29, 4436:18, 4439:19, 4439:27, 4439:40, 4443:13, 4445:34, 4451:16, 4453:47, 4455:30, 4459:15
2024 [4] - 4410:22, 4411:23, 4411:42, 4467:16
21 [6] - 4439:27, 4445:34, 4447:27, 4454:19, 4454:21, 4454:26
22 [1] - 4453:47
23 [1] - 4454:40
25 [1] - 4438:9
29 [2] - 4412:21, 4455:30
2pm [1] - 4410:22

3

3 [12] - 4418:26, 4418:29, 4429:22, 4436:17, 4439:40, 4441:22, 4443:13, 4443:16, 4443:18, 4446:37, 4450:40, 4459:41
30 [9] - 4411:42, 4413:1, 4428:41, 4434:8, 4434:28, 4435:37, 4436:16, 4437:36, 4439:14
300 [1] - 4453:7
34 [3] - 4459:26, 4461:26, 4463:36
350 [2] - 4414:47, 4453:3
36 [1] - 4464:45
37 [2] - 4465:26, 4466:3

4

4 [4] - 4436:30, 4443:19, 4446:9, 4446:33
4.12PM [1] - 4467:15
40 [1] - 4417:35
48 [1] - 4412:3

5

5 [1] - 4443:19

6

6 [3] - 4411:23, 4437:7, 4443:21
60 [3] - 4417:34, 4419:3, 4455:36

7

7 [1] - 4443:22
7.12.1 [1] - 4429:4

8

8 [4] - 4443:23, 4448:25, 4448:26, 4453:5
80 [3] - 4417:24, 4417:36, 4455:38

9

9 [1] - 4443:24

A

abide [2] - 4441:37, 4449:21
ability [3] - 4413:36, 4424:25, 4450:8
able [5] - 4417:3, 4417:13, 4431:6, 4435:19, 4453:10
absence [2] - 4449:30, 4450:2
absolutely [4] - 4426:17, 4431:32, 4456:1, 4461:18
accept [15] - 4429:23, 4432:29, 4438:14, 4438:15, 4443:6, 4443:7, 4443:11, 4444:25, 4444:28, 4444:35, 4444:38, 4445:7, 4463:28, 4463:32, 4466:30
acceptable [2] - 4438:47, 4464:7
accepted [3] - 4416:18, 4435:14, 4438:38
access [3] - 4415:13, 4433:42, 4450:37
according [1] - 4439:44
accountability [1] - 4443:19
accurate [1] - 4461:35
accusation [2] - 4458:5, 4458:33
accuse [1] - 4458:15
accusing [5] - 4458:1, 4458:27, 4458:40, 4463:44, 4464:14
achieve [4] - 4431:20, 4439:11, 4440:45, 4441:10
achieving [1] - 4431:19
acknowledge [1] - 4443:23
acknowledged [2] - 4458:30, 4461:7
act [3] - 4443:16, 4443:18, 4443:19
action [9] - 4415:31, 4417:5, 4425:6, 4427:1, 4441:39, 4442:18, 4457:19, 4459:40, 4459:42
actions [1] - 4441:46
activities [1] - 4452:35
actual [2] - 4466:13, 4466:23
address [5] - 4420:2, 4420:47, 4433:36, 4457:2, 4464:9
addressed [7] - 4415:18, 4451:34, 4452:15, 4456:5, 4461:4, 4461:10
addressing [1] - 4421:32
adequate [3] - 4430:21, 4432:4, 4444:10
adequately [1] - 4415:18
adherence [1] - 4450:35
adjourn [4] - 4466:41, 4467:1, 4467:12, 4467:13
administration [2] - 4414:22, 4415:13
administrative [2] - 4414:41, 4414:42
administrator [3] - 4449:43, 4449:45, 4462:42
adopt [1] - 4444:35
adversarial [10] - 4425:27, 4442:1, 4442:16, 4442:17, 4442:20, 4443:3, 4443:6, 4445:8, 4449:37, 4450:5
adverse [1] - 4415:30
advice [19] - 4435:2, 4435:7, 4435:9, 4435:15, 4437:43, 4438:2, 4438:4, 4438:17, 4438:18, 4441:3, 4443:36, 4443:40, 4443:45, 4444:4, 4444:14, 4444:40, 4446:41, 4446:45, 4447:11
advised [2] - 4424:31, 4457:40
adviser [1] - 4447:7
advising [1] - 4444:31
advisory [1] - 4444:15
affirmed [1] - 4411:6
afforded [1] - 4420:46
afternoon [2] - 4411:1, 4411:3
aggravate [1] - 4458:36
agitated [2] - 4443:7, 4465:42
ago [8] - 4430:15, 4431:22, 4438:39, 4439:41, 4445:15, 4454:23, 4462:12, 4466:31
agree [30] - 4414:17, 4415:40, 4417:16, 4421:34, 4424:6, 4424:7, 4424:11, 4425:32, 4425:38, 4425:39, 4427:4, 4427:13, 4428:31, 4430:26, 4438:8, 4439:22, 4440:35, 4443:30, 4443:31, 4444:33, 4445:9, 4445:33, 4448:37, 4456:35, 4457:20, 4460:13, 4461:5, 4464:18, 4465:46, 4465:47
agreed [6] - 4424:37, 4428:10, 4439:16, 4444:43, 4445:25, 4460:46
agreeing [1] - 4424:1
agreement [1] - 4449:24
aid [3] - 4434:42, 4466:8, 4466:12
aids [1] - 4466:18
aired [1] - 4416:6
albeit [1] - 4438:42
Alfred [1] - 4447:9
Alicia [1] - 4448:8
allocated [1] - 4419:3
allocation [1] - 4426:2
allow [2] - 4433:16, 4453:39
allowed [1] - 4441:25
allude [1] - 4416:28
alluded [1] - 4422:18
alternative [6] - 4431:46, 4433:46, 4433:47, 4445:16, 4465:46, 4466:1

ambiguity [2] - 4426:12, 4451:2
amount [4] - 4432:5, 4454:16, 4463:36, 4463:38
anaesthetics [1] - 4429:24
Anderson [13] - 4418:23, 4420:29, 4420:38, 4421:44, 4422:5, 4429:11, 4433:20, 4439:28, 4440:5, 4440:20, 4442:3, 4446:3, 4448:15
Andrew [5] - 4411:4, 4411:12, 4422:9, 4459:40, 4460:41
ANDREW [1] - 4411:6
angered [1] - 4462:9
angry [5] - 4424:30, 4426:30, 4462:24, 4463:1, 4465:9
answer [6] - 4415:9, 4420:19, 4442:10, 4457:1, 4460:32, 4462:27
answered [1] - 4460:2
answering [1] - 4433:23
answers [2] - 4417:10, 4439:32
apologies [1] - 4447:46
apologising [1] - 4458:27
apparent [3] - 4426:13, 4458:35, 4458:42
appear [7] - 4419:45, 4430:25, 4446:2, 4460:2, 4460:6, 4465:12, 4466:28
appeared [4] - 4419:20, 4419:21, 4462:24, 4465:9
applies [1] - 4439:19
apply [1] - 4444:36
appoint [1] - 4438:29
appointed [1] - 4458:11
appointments [1] - 4445:2
approach [18] - 4419:12, 4421:8, 4421:18, 4440:36, 4440:39, 4442:39, 4442:40, 4442:44, 4443:3, 4443:4, 4445:8, 4459:5, 4463:16, 4465:39, 4465:40, 4465:42, 4465:46, 4466:1
approaching [2] - 4425:22, 4457:45
appropriate [9] - 4419:24, 4424:2, 4442:43, 4442:44, 4445:27, 4451:23, 4452:37, 4453:37, 4464:9
appropriately [4] - 4421:3, 4421:5, 4426:23, 4429:44
appropriateness [2] - 4426:33, 4455:7
April [3] - 4439:27, 4445:34, 4447:27
area [1] - 4449:43
arrange [1] - 4422:7
arrangements [1] - 4444:10
articulated [3] - 4413:16, 4416:27, 4416:28
aside [5] - 4429:21, 4429:43, 4443:28, 4449:19, 4449:23
aspect [5] - 4423:29, 4426:38, 4435:20, 4452:23, 4452:33
assessment [1] - 4428:11
assist [1] - 4411:22
Assisting [5] - 4410:26, 4410:27, 4410:28, 4410:29, 4410:30
Associate [7] - 4422:44, 4429:5, 4429:17, 4430:6, 4433:7, 4433:36, 4433:39
assume [3] - 4444:24, 4466:21, 4466:43
assuming [2] - 4418:35, 4466:20
assumption [1] - 4439:37
assurance [1] - 4421:8
assure [1] - 4459:34
AT [2] - 4467:15, 4467:16
atmosphere [1] - 4443:7
attach [1] - 4446:8
attached [1] - 4447:29
attaching [2] - 4446:36, 4447:28
attempt [5] - 4438:12, 4438:42, 4439:4, 4444:40, 4445:29
attempts [1] - 4427:2
attend [10] - 4412:33, 4413:36, 4419:17, 4419:25, 4419:30, 4419:43, 4420:13, 4420:45, 4422:14, 4463:40
attended [9] - 4412:43, 4412:45, 4421:37, 4422:19, 4422:25, 4422:26, 4454:4, 4455:31, 4459:21
attendees [1] - 4459:22
attending [3] - 4417:25, 4421:31, 4462:36
attention [3] - 4416:10, 4437:7, 4450:43
attributed [2] - 4464:46, 4466:5
audience [3] - 4451:32, 4452:27, 4452:34
August [1] - 4410:22
AUGUST [1] - 4467:16
authority [6] - 4434:34, 4434:46, 4435:10, 4435:21, 4435:39, 4436:46
automatically [1] - 4453:16
available [8] - 4412:13, 4412:35, 4424:39, 4425:1, 4428:12, 4428:23, 4430:18, 4430:19
aware [6] - 4416:2, 4416:7, 4416:12, 4425:5, 4440:25, 4441:16

B

background [2] - 4442:23, 4442:32
backs [1] - 4426:15
bad [1] - 4433:25
balance [2] - 4425:3, 4444:9
band [3] - 4466:8, 4466:12, 4466:18
band-aid [2] - 4466:8, 4466:12
band-aids [1] - 4466:18
based [4] - 4423:21, 4432:36, 4438:1, 4438:3
basis [5] - 4413:37, 4416:45, 4430:28, 4453:1, 4466:30
Beasley [1] - 4410:14
became [2] - 4458:35, 4458:42
become [2] - 4442:1, 4442:15
becomes [1] - 4426:13
becoming [1] - 4449:37
beg [2] - 4423:16, 4465:20
begin [1] - 4437:40
beginning [1] - 4454:17
behalf [3] - 4419:33, 4421:27, 4453:28
behaving [1] - 4464:34
behaviour [15] - 4423:27, 4423:30, 4423:34, 4423:38, 4423:43, 4424:3, 4424:10, 4424:14, 4424:42, 4427:8, 4453:17, 4463:7, 4463:10, 4464:3, 4464:39
behaviours [2] - 4424:46, 4464:5
Behaviours [1] - 4423:12
behind [3] - 4439:40, 4448:16, 4450:40
belief [10] - 4416:38, 4416:41, 4416:45, 4416:46, 4417:2, 4422:28, 4427:15, 4427:31, 4462:22, 4462:29
beliefs [3] - 4427:5, 4427:11, 4431:28
Belinda [2] - 4454:21, 4454:32
belittling [1] - 4463:24
Below [1] - 4423:27
below [10] - 4423:29, 4423:33, 4423:37, 4423:43, 4424:2, 4424:9, 4424:14, 4424:41, 4427:7, 4457:36
benefit [3] - 4411:38, 4412:17, 4453:33
best [12] - 4424:47, 4425:14, 4428:21, 4428:39, 4429:32, 4433:44, 4440:19, 4443:16, 4456:21, 4457:13, 4461:4, 4464:1
better [7] - 4414:5, 4418:12, 4425:31, 4433:46, 4444:33, 4444:42, 4445:32
between [7] - 4419:35, 4420:37, 4440:4, 4447:18, 4448:2, 4448:7, 4450:5
beyond [2] - 4432:12, 4434:46
bit [10] - 4418:34, 4420:44, 4425:23, 4425:25, 4431:25, 4445:36, 4453:8, 4463:46, 4466:37, 4467:7
block [1] - 4464:46
blue [1] - 4465:15
Board [2] - 4443:41, 4443:46
board [30] - 4416:3, 4416:11, 4416:29, 4419:13, 4419:14, 4419:41, 4429:6, 4430:1, 4432:2, 4432:13, 4432:16, 4432:17, 4432:18, 4432:20, 4432:23, 4432:25, 4432:26, 4433:20, 4433:42, 4434:35, 4435:22, 4435:40, 4436:47, 4437:26, 4438:14, 4438:41, 4439:18, 4444:22, 4444:36
body [1] - 4416:34
bold [1] - 4429:18
bottom [4] - 4418:28, 4418:34, 4419:46, 4423:47
boundaries [1] - 4442:4
box [2] - 4423:28, 4423:47
branch [1] - 4446:47
breach [7] - 4457:39, 4458:1, 4458:16, 4458:20, 4458:27, 4458:33, 4458:41
breached [1] - 4458:5
break [2] - 4466:40, 4466:41
briefs [1] - 4425:47
bring [1] - 4428:22

broad [5] - 4435:3, 4435:4, 4452:27, 4452:41, 4455:38
broader [1] - 4413:45
broadly [3] - 4415:9, 4435:1, 4452:45
brought [3] - 4416:10, 4420:34, 4457:18
bullet [2] - 4423:41, 4425:34
bullied [1] - 4462:46
bullying [8] - 4461:47, 4462:5, 4463:8, 4463:44, 4464:4, 4464:14, 4465:43
BY [1] - 4411:8
by-laws [29] - 4438:19, 4439:1, 4440:37, 4441:3, 4443:4, 4443:12, 4443:28, 4444:12, 4444:19, 4444:25, 4444:39, 4445:29, 4449:12, 4449:14, 4449:20, 4449:23, 4449:42, 4450:31, 4450:35, 4450:37, 4457:39, 4458:1, 4458:6, 4458:16, 4458:21, 4458:28, 4458:34, 4458:41
by-laws] [1] - 4443:47

C

cannot [3] - 4420:40, 4432:17, 4456:43
capacity [5] - 4416:2, 4444:30, 4458:35, 4464:30, 4464:31
capital [2] - 4460:36, 4466:17
capture [1] - 4416:41
captured [1] - 4462:6
care [2] - 4429:26, 4444:8
carefully [2] - 4421:33, 4456:15
carried [1] - 4417:34
case [5] - 4415:35, 4416:24, 4427:41, 4427:42, 4453:43
caused [1] - 4452:24
causing [1] - 4431:29
cautious [1] - 4457:9
cent [7] - 4417:24, 4417:34, 4417:35, 4417:36, 4417:37, 4455:36, 4455:38
certain [1] - 4453:30
certainly [3] - 4435:4, 4436:25, 4459:5
cetera [4] - 4429:27, 4443:21, 4445:3
chain [4] - 4418:30, 4418:39, 4420:25, 4420:34
chains [1] - 4446:31
chair [29] - 4415:20, 4416:2, 4416:15, 4416:25, 4417:21, 4417:24, 4417:25, 4417:28, 4417:33, 4417:35, 4417:36, 4417:37, 4419:14, 4419:16, 4419:21, 4419:40, 4419:42, 4421:6, 4426:41, 4427:37, 4437:30, 4439:5, 4439:10, 4445:3, 4448:8, 4451:36, 4452:46, 4455:24, 4455:37
chaired [1] - 4433:19
chairs [1] - 4412:34
challenge [4] - 4427:14, 4427:44, 4429:29, 4451:19
challenged [1] - 4425:21
challenging [3] - 4413:3, 4425:24, 4429:36
chance [1] - 4432:46
change [1] - 4426:19
changed [2] - 4452:18, 4453:20
channels [1] - 4459:9
check [2] - 4428:44, 4455:39
Cheung [61] - 4416:2, 4416:25, 4418:23, 4418:30, 4418:42, 4419:15, 4419:30, 4419:40, 4419:47, 4420:6, 4420:10, 4420:29, 4420:44, 4421:1, 4421:11, 4421:27, 4421:45, 4424:29, 4429:6, 4430:7, 4431:38, 4432:44, 4433:8, 4433:36, 4433:40, 4438:32, 4439:28, 4440:1, 4440:4, 4440:26, 4441:17, 4441:36, 4441:45, 4442:45, 4446:3, 4447:17, 4447:19, 4448:3, 4448:7, 4448:10, 4448:21, 4448:39, 4450:15, 4450:43, 4452:44, 4453:8, 4453:15, 4457:26, 4457:32, 4458:20, 4458:26, 4459:38, 4461:25, 4461:30, 4462:4, 4462:46, 4462:47, 4463:43, 4464:46, 4465:41, 4466:22
Cheung's [8] - 4417:46, 4421:21, 4429:18, 4448:14, 4448:33, 4448:46, 4449:33, 4453:27
Chief [2] - 4443:40, 4443:45
chief [23] - 4417:29, 4417:31, 4417:34, 4419:42, 4421:16, 4421:30, 4430:2, 4432:1, 4432:16, 4432:24, 4436:9, 4440:27, 4441:1, 4444:18, 4444:31, 4445:16, 4449:22, 4454:9, 4455:8, 4455:23, 4455:35, 4455:42, 4465:35
Chiu [1] - 4410:35
CHIU [1] - 4420:15
choose [1] - 4450:20
chose [1] - 4453:34
chosen [1] - 4429:18
circulated [1] - 4426:12
circumstances [4] - 4412:32, 4458:28, 4458:34, 4458:41
clarification [2] - 4446:38, 4448:35
clauses [2] - 4444:18, 4444:36
cleaner [2] - 4464:8, 4464:12
clear [7] - 4441:4, 4442:4, 4442:29, 4449:22, 4449:42, 4458:2
clearly [2] - 4415:19, 4457:40
clinical [27] - 4411:15, 4413:39, 4414:5, 4418:43, 4419:17, 4419:23, 4419:31, 4419:43, 4420:1, 4420:2, 4420:5, 4420:8, 4420:11, 4421:7, 4421:12, 4431:39, 4431:44, 4432:1, 4432:8, 4432:16, 4432:30, 4432:37, 4433:3, 4433:19, 4433:20, 4433:40, 4447:7
clinicians [13] - 4420:46, 4422:8, 4422:19, 4422:22, 4422:26, 4425:13, 4425:36, 4427:29, 4428:22, 4431:39, 4431:42, 4432:20, 4456:42
closely [1] - 4447:6
code [5] - 4441:18, 4441:38, 4441:39, 4441:44, 4442:19
collaborate [1] - 4425:25
collaboration [1] - 4423:28
collaborative [3] - 4425:11, 4431:34, 4456:24
colleague [3] - 4422:44, 4464:34, 4464:41
colleagues [11] - 4422:31, 4422:37, 4427:19, 4433:38, 4446:46, 4447:2, 4449:38, 4453:3, 4453:7, 4457:3, 4461:17
comfortable [4] - 4411:33, 4412:6, 4451:17, 4452:26
coming [5] - 4428:36, 4435:19, 4448:45, 4449:5, 4463:42
commence [2] - 4455:39, 4459:29
commenced [1] - 4413:34
commencement [1] - 4466:4
commences [5] - 4420:33, 4450:42, 4454:41, 4459:25, 4459:47
commencing [2] - 4425:34, 4466:23
COMMISSION [1] - 4467:15
Commission [1] - 4410:7
Commissioner [7] - 4410:13, 4411:4, 4411:37, 4412:11, 4417:41, 4447:32, 4462:45
COMMISSIONER [44] - 4411:1, 4412:15, 4417:28, 4417:39, 4417:43, 4418:5, 4420:21, 4425:31, 4426:28, 4428:44, 4429:2, 4430:12, 4432:46, 4433:31, 4434:6, 4434:42, 4435:30, 4435:46, 4436:3, 4436:15, 4438:22, 4439:13, 4442:10, 4443:2, 4445:12, 4445:20, 4445:24, 4445:45, 4446:11, 4446:17, 4447:25, 4447:35, 4447:40, 4447:45, 4451:36, 4453:19, 4460:27, 4463:34, 4465:28, 4466:33, 4466:39, 4466:47, 4467:6, 4467:12
committee [2] - 4445:1, 4445:2
committees [1] - 4438:34
communicate [2] - 4452:40, 4452:47
communicated [1] - 4451:15
communicating [4] - 4452:43, 4452:44, 4453:2, 4453:37
communication [7] - 4423:29, 4424:2, 4444:10, 4444:11, 4457:26, 4457:36, 4459:9
communications [2] - 4453:27, 4453:32
competing [1] - 4455:23
complain [2] - 4424:18, 4425:34
complaint [5] - 4424:37, 4427:6, 4429:47, 4453:30
complaints [2] - 4416:31, 4425:36
complete [3] - 4441:21, 4443:12, 4467:7
completely [7] - 4417:16, 4426:21, 4426:25, 4444:43, 4456:35, 4465:47
complex [3] -

4461:40, 4461:41, 4462:12
compliance [2] - 4440:37, 4443:12
comply [3] - 4444:12, 4444:24, 4445:28
comprehensive [1] - 4421:8
conceptual [1] - 4449:14
concern [21] - 4419:22, 4424:23, 4424:27, 4424:28, 4424:32, 4424:41, 4425:18, 4426:31, 4431:29, 4438:28, 4439:7, 4449:6, 4449:11, 4449:18, 4449:27, 4451:25, 4451:45, 4452:24, 4457:8, 4457:17, 4457:20
concerned [2] - 4435:6, 4442:37
concerning [1] - 4429:20
concerns [71] - 4413:18, 4415:24, 4415:32, 4415:42, 4416:5, 4416:14, 4416:17, 4416:32, 4416:34, 4417:4, 4417:12, 4417:13, 4417:14, 4417:16, 4417:22, 4419:15, 4420:3, 4420:47, 4421:32, 4422:17, 4422:25, 4422:29, 4422:36, 4422:37, 4422:39, 4422:44, 4424:24, 4424:26, 4424:36, 4425:22, 4426:46, 4427:32, 4427:35, 4427:38, 4427:43, 4428:10, 4428:12, 4429:3, 4430:39, 4431:15, 4431:45, 4431:47, 4432:5, 4432:20, 4432:32, 4433:7, 4433:15, 4433:17, 4433:36, 4436:8, 4436:11, 4440:27, 4442:35, 4449:16, 4449:17, 4449:28, 4449:29, 4449:31, 4450:3, 4450:17, 4454:28, 4455:45, 4456:4, 4456:31, 4456:33, 4457:3, 4457:8, 4457:16, 4460:47, 4461:2, 4461:15
conciliatory [3] - 4442:39, 4442:44, 4459:5
concluding [2] - 4442:17, 4442:33
conclusion [1] - 4446:23
conclusions [3] - 4438:2, 4438:3, 4438:8
Concord [82] - 4412:38, 4412:44, 4413:3, 4413:13, 4413:14, 4413:21, 4413:28, 4413:31, 4413:37, 4413:38, 4413:47, 4414:10, 4414:15, 4414:20, 4414:24, 4414:28, 4414:40, 4414:46, 4415:6, 4415:11, 4415:17, 4415:20, 4415:23, 4415:32, 4415:43, 4416:19, 4416:26, 4416:35, 4417:15, 4419:5, 4419:12, 4419:22, 4420:2, 4420:3, 4420:47, 4421:6, 4421:12, 4421:28, 4422:20, 4422:22, 4424:23, 4424:32, 4426:42, 4426:47, 4427:17, 4427:22, 4427:24, 4428:1, 4428:6, 4429:30, 4429:44, 4430:42, 4431:18, 4431:27, 4432:26, 4432:32, 4434:13, 4434:20, 4434:33, 4435:39, 4437:18, 4437:32, 4438:28, 4438:46, 4440:9, 4440:46, 4441:12, 4442:7, 4442:36, 4447:9, 4452:9, 4452:45, 4453:42, 4455:12, 4455:46, 4456:10, 4456:23, 4456:29, 4458:10, 4458:12, 4462:37
Concord's [1] - 4427:17
concur [3] - 4422:28, 4426:21, 4426:26
conditions [2] - 4460:11, 4460:36
conduct [5] - 4441:18, 4441:38, 4441:40, 4441:44, 4442:19
conducted [2] - 4413:45, 4462:38
confidence [20] - 4417:23, 4417:25, 4417:28, 4417:31, 4417:33, 4417:35, 4432:23, 4432:24, 4449:2, 4454:9, 4455:7, 4455:16, 4455:23, 4455:24, 4455:35, 4455:37, 4455:42, 4456:9, 4465:35
confidentially [2] - 4427:38, 4427:44
confirmed [1] - 4438:4
confirms [1] - 4450:47
conflicted [1] - 4443:24
conflicts [1] - 4443:25
confrontational [1] - 4425:27
consent [1] - 4452:22
consider [4] - 4421:11, 4442:8, 4447:10, 4462:41
considered [2] - 4442:38, 4446:24
consistent [8] - 4438:19, 4450:30, 4450:34, 4454:28, 4454:45, 4463:18, 4464:27, 4464:43
consistently [2] - 4423:47, 4431:33
constraint [3] - 4425:8, 4425:12, 4425:45
constraints [3] - 4424:38, 4425:9, 4427:7
constructive [6] - 4425:11, 4442:40, 4456:25, 4457:44, 4463:17, 4464:42
constructively [1] - 4442:27
construe [2] - 4427:9, 4427:12
consultation [1] - 4423:37
consulted [1] - 4416:43
consulting [1] - 4412:25
containing [2] - 4430:39, 4457:26
content [2] - 4451:25, 4452:18
contents [2] - 4411:33, 4412:6
context [6] - 4424:24, 4424:35, 4425:40, 4437:29, 4445:42, 4465:34
continue [3] - 4430:47, 4441:25, 4463:13
continued [2] - 4442:47, 4457:13
continuing [1] - 4456:11
continuous [1] - 4425:1
contribute [1] - 4431:28
contributed [2] - 4463:29, 4464:16
contributing [1] - 4424:13
conversation [1] - 4447:28
convey [1] - 4450:24
conveying [3] - 4450:15, 4450:23, 4451:40
convinced [1] - 4417:11
copied [2] - 4422:1, 4446:3
copy [10] - 4411:26, 4411:45, 4418:2, 4440:22, 4440:24, 4440:30, 4440:32, 4441:17, 4441:18, 4448:14
CORE [2] - 4423:12, 4465:3
core [10] - 4416:33, 4416:38, 4416:41, 4417:2, 4417:12, 4424:36, 4426:45, 4427:11, 4431:28, 4456:33
correct [26] - 4411:20, 4411:34, 4411:43, 4412:4, 4412:7, 4414:13, 4414:19, 4414:25, 4414:27, 4415:5, 4415:8, 4415:14, 4416:25, 4422:22, 4434:1, 4440:14, 4444:35, 4448:22, 4452:10, 4453:23, 4455:13, 4455:20, 4455:32, 4458:17, 4461:2, 4461:36
correct" [1] - 4459:44
corrected [1] - 4458:24
correctly [1] - 4419:12
correctness [1] - 4466:20
correspondence [3] - 4429:12, 4435:35, 4449:35
cosmetic [1] - 4453:20
council [109] - 4412:34, 4412:38, 4412:44, 4413:3, 4413:13, 4413:21, 4413:25, 4414:44, 4415:20, 4415:44, 4416:3, 4416:23, 4416:26, 4418:43, 4419:13, 4419:17, 4419:18, 4419:22, 4419:25, 4419:31, 4419:41, 4419:43, 4420:1, 4420:3, 4420:6, 4420:8, 4420:11, 4421:6, 4421:7, 4422:18, 4426:42, 4431:40, 4432:8, 4432:37, 4433:4, 4433:19, 4433:41, 4434:34, 4434:45, 4435:10, 4435:15, 4435:21, 4435:39, 4436:46, 4437:16, 4437:32, 4438:26, 4438:44, 4438:46, 4439:4, 4439:5, 4439:6, 4439:11, 4442:5, 4442:7, 4443:15, 4443:34, 4444:14, 4444:41, 4444:47, 4445:9, 4445:28, 4445:29, 4448:9, 4449:7, 4449:28, 4449:43, 4450:1, 4450:6, 4450:10, 4450:11, 4450:16, 4450:19, 4450:31, 4451:2, 4451:33, 4451:34, 4451:37, 4451:41, 4451:46, 4452:1, 4452:4, 4452:12, 4452:23, 4452:35, 4453:14, 4453:17, 4453:26, 4453:28, 4453:29, 4453:30, 4453:36, 4453:40, 4453:47,

4454:10, 4455:18, 4455:25, 4455:30, 4455:45, 4456:32, 4457:27, 4458:13, 4459:14, 4461:1, 4461:10, 4461:17, 4462:38, 4463:45, 4464:15
Council [3] - 4434:21, 4441:28, 4457:37
council's [5] - 4416:5, 4431:44, 4432:31, 4434:14, 4436:33
councils [4] - 4412:25, 4412:31, 4412:39, 4435:5
Counsel [5] - 4410:26, 4410:27, 4410:28, 4410:29, 4410:30
counsel [1] - 4433:13
counter [1] - 4417:32
couple [1] - 4437:2
course [6] - 4418:11, 4430:19, 4437:5, 4445:22, 4456:16, 4456:19
covered [1] - 4445:42
COVID [1] - 4413:36
crazy [1] - 4444:32
create [3] - 4425:18, 4438:43, 4439:5
creatively [1] - 4424:39
critical [1] - 4465:40
cross [3] - 4456:27, 4457:26, 4458:21
cross-purposes [1] - 4456:27
culture [2] - 4415:35, 4415:41
current [3] - 4415:19, 4415:43, 4423:25
cut [1] - 4459:9
cuts [1] - 4427:27

D

Daniel [1] - 4410:30
data [4] - 4421:14, 4428:23, 4429:31, 4430:17
date [2] - 4432:25, 4439:36
date's [1] - 4439:28
dated [5] - 4411:23, 4411:42, 4416:4, 4439:27, 4439:40
day-to-day [1] - 4412:31
deal [12] - 4427:2, 4427:37, 4428:16, 4428:17, 4428:31, 4428:36, 4430:33, 4431:23, 4438:26, 4438:29, 4438:30, 4454:7
dealing [6] - 4414:4, 4431:25, 4437:19, 4438:7, 4439:38, 4443:14
dealings [2] - 4442:44, 4456:29
deals [3] - 4437:11, 4460:9, 4460:34
dealt [2] - 4414:3, 4438:34
Dear [2] - 4453:7, 4453:8
dear [2] - 4447:27, 4457:34
death [1] - 4427:27
debate [1] - 4455:15
decision [2] - 4423:37, 4444:30
decision-making [2] - 4423:37, 4444:30
decisions [3] - 4416:44, 4428:24, 4431:7
decline [1] - 4414:15
deeply [1] - 4427:15
defeated [1] - 4455:37
definition [1] - 4458:12
degree [1] - 4428:17
delicacy [1] - 4456:18
deliver [1] - 4424:1
delivered [2] - 4439:44, 4440:1
delivers [1] - 4431:10
demand [2] - 4431:5, 4449:35
demands [3] - 4414:29, 4449:40, 4456:42
demonstrated [1] - 4425:41
deny [1] - 4466:30
department [20] - 4414:37, 4422:39, 4422:40, 4422:42, 4422:46, 4429:30, 4429:33, 4429:37, 4429:40, 4429:44, 4429:46, 4430:17, 4430:33, 4454:22, 4454:30, 4454:31, 4454:37, 4454:42, 4454:47
departments [5] - 4419:5, 4422:42, 4429:22, 4430:6, 4430:8
described [1] - 4463:8
desire [2] - 4442:27, 4450:35
desired [1] - 4450:9
desk [1] - 4462:35
detailed [1] - 4459:40
details [2] - 4430:17, 4453:31
determine [1] - 4443:21
developed [3] - 4443:7, 4445:45, 4449:32
developing [2] - 4453:42, 4464:17
development [1] - 4423:19
dialogue [10] - 4429:39, 4430:14, 4430:27, 4430:43, 4431:16, 4449:41, 4462:2, 4463:18, 4464:22, 4464:42
differences [1] - 4440:43
different [6] - 4419:4, 4419:5, 4420:5, 4438:17, 4442:13, 4453:2
differently [5] - 4452:25, 4452:43, 4453:6, 4453:9, 4453:12
differing [1] - 4455:6
difficult [7] - 4415:9, 4415:37, 4427:16, 4427:47, 4429:28, 4440:39, 4456:35
difficulty [1] - 4444:17
directed [1] - 4445:15
directing [1] - 4453:7
direction [4] - 4441:32, 4442:6, 4449:22, 4451:46
directly [1] - 4459:33
director [5] - 4411:14, 4430:30, 4430:31, 4440:10, 4458:10
directors [2] - 4447:3, 4447:8
disadvantaged [1] - 4443:22
disaffected [4] - 4431:24, 4431:26, 4442:36, 4456:22
disagree [1] - 4426:10
disciplinary [5] - 4417:5, 4441:39, 4441:46, 4442:18, 4457:18
discuss [7] - 4421:17, 4448:9, 4448:42, 4449:16, 4449:44, 4450:3, 4450:32
discussed [2] - 4426:23, 4448:6
discussing [1] - 4430:20
discussion [7] - 4412:36, 4421:4, 4441:7, 4446:24, 4447:12, 4454:8, 4454:17
discussions [5] - 4419:28, 4420:12, 4420:37, 4420:40, 4459:34
disengagement [1] - 4413:47
disposition [1] - 4418:12
dispute [1] - 4462:14
disregarding [1] - 4423:33
disrespect [1] - 4424:9
dissatisfaction [2] - 4434:13, 4436:32
distracted [1] - 4449:3
distribution [1] - 4458:9
district [28] - 4412:27, 4413:17, 4413:24, 4413:35, 4414:14, 4416:37, 4419:16, 4419:17, 4419:19, 4419:24, 4421:9, 4423:21, 4425:43, 4426:33, 4428:33, 4428:38, 4430:35, 4432:1, 4432:3, 4432:13, 4432:17, 4432:38, 4433:43, 4435:6, 4447:6, 4447:9, 4463:6, 4465:1
District [6] - 4411:16, 4414:1, 4415:45, 4429:32, 4440:11, 4441:37
district's [1] - 4413:2
diversity [1] - 4443:26
do" [1] - 4441:6
Doctor [2] - 4411:41, 4448:2
doctor [6] - 4412:20, 4417:46, 4448:26, 4463:5, 4463:35, 4464:8
doctors [2] - 4413:43, 4427:28
document [32] - 4418:27, 4423:11, 4423:15, 4423:18, 4423:20, 4424:29, 4424:47, 4425:18, 4425:22, 4425:23, 4425:31, 4426:10, 4426:22, 4426:31, 4426:32, 4426:38, 4429:45, 4434:24, 4434:42, 4434:45, 4435:24, 4435:30, 4436:17, 4437:23, 4438:12, 4439:25, 4439:29, 4445:26, 4445:47, 4446:13, 4448:26, 4465:6
documents [3] - 4425:39, 4426:22, 4450:40
dollar [2] - 4426:7, 4431:9
done [5] - 4426:4, 4442:34, 4450:9, 4458:7, 4466:18
doubt [3] - 4427:41, 4427:42, 4465:30
down [7] - 4423:41, 4424:17, 4430:16, 4439:13, 4439:33, 4440:44, 4464:46
Dr [96] - 4410:28, 4411:4, 4411:10, 4416:2, 4416:25, 4417:46, 4418:2, 4418:23, 4418:30, 4418:31, 4418:42, 4419:30, 4419:40, 4419:47, 4420:6, 4420:10, 4420:25, 4420:27, 4420:29, 4420:37, 4420:38, 4420:44, 4421:1, 4421:2, 4421:11, 4421:16, 4421:21, 4421:27, 4421:44, 4421:45, 4422:1, 4422:5, 4424:29, 4429:11, 4431:38, 4432:44, 4433:20, 4438:32, 4439:28, 4440:1, 4440:4, 4440:5, 4440:6, 4440:8, 4440:20, 4440:26, 4441:17, 4441:36, 4441:45,

4442:3, 4442:45, 4446:3, 4447:7, 4447:17, 4447:19, 4447:26, 4447:38, 4448:3, 4448:7, 4448:8, 4448:10, 4448:14, 4448:15, 4448:21, 4448:33, 4448:39, 4448:46, 4449:33, 4450:15, 4450:43, 4452:44, 4453:15, 4453:27, 4454:41, 4457:26, 4457:28, 4457:32, 4458:20, 4458:26, 4459:38, 4461:25, 4461:30, 4462:47, 4463:43, 4464:46, 4465:41, 4466:22, 4467:6
draft [18] - 4434:28, 4435:20, 4436:17, 4436:18, 4436:39, 4437:24, 4439:17, 4439:19, 4439:38, 4440:27, 4441:2, 4441:13, 4443:14, 4445:16, 4445:37, 4447:28, 4447:29
drafted [1] - 4444:38
drafting [2] - 4440:16, 4444:29
draw [2] - 4437:7, 4450:43
dropped [1] - 4418:34
during [1] - 4463:30
dysfunctional [1] - 4424:13

E

eager [1] - 4459:7
ease [1] - 4418:1
easier [1] - 4418:8
easiest [2] - 4417:45, 4463:40
easy [1] - 4465:41
economic [1] - 4444:7
Ed [1] - 4410:26
education [1] - 4426:11
effect [3] - 4434:33, 4435:38, 4436:45
effective [4] - 4437:18, 4444:9, 4444:10
effectively [2] - 4424:30, 4431:17
efficient [1] - 4444:7
effort [1] - 4457:1
efforts [1] - 4457:14
either [2] - 4438:13, 4457:36
elected [2] - 4416:25, 4417:21
election [2] - 4416:15, 4449:33
elsewhere [1] - 4427:19
email [37] - 4418:19, 4418:22, 4418:30, 4418:47, 4419:10, 4419:45, 4420:25, 4420:39, 4420:41, 4420:43, 4421:3, 4421:4, 4421:44, 4431:37, 4446:2, 4446:18, 4446:23, 4446:27, 4446:33, 4447:17, 4447:21, 4447:23, 4447:26, 4447:30, 4448:15, 4448:18, 4448:40, 4448:47, 4450:43, 4450:44, 4451:16, 4457:25, 4457:31, 4458:8, 4458:30
emails [5] - 4418:28, 4419:9, 4437:31, 4446:32, 4450:41
emergency [9] - 4429:25, 4429:30, 4429:33, 4429:43, 4430:17, 4454:22, 4454:29, 4454:31, 4454:36
emerges [1] - 4426:14
emotion [2] - 4463:37, 4463:39
employee [2] - 4413:46, 4441:36
employees [2] - 4423:42, 4424:9
Empowerment [1] - 4424:17
enable [2] - 4431:43, 4432:30
encourage [1] - 4443:20
encouraged [1] - 4421:13
end [5] - 4441:16, 4459:37, 4461:24, 4462:47
endeavour [1] - 4445:31
endorsed [1] - 4426:1
engage [3] - 4448:32, 4448:36, 4448:39
engaged [3] - 4412:39, 4413:39, 4414:4
engagement [2] - 4414:2, 4450:5
engaging [1] - 4463:30
enhanced [1] - 4428:2
ensure [11] - 4421:13, 4425:1, 4438:30, 4443:21, 4443:26, 4444:9, 4456:30, 4456:40, 4457:10, 4457:14, 4459:8
entire [1] - 4463:37
entirely [1] - 4420:5
entirety [1] - 4455:5
entry [1] - 4423:20
envious [1] - 4427:20
environment [3] - 4424:13, 4426:5, 4442:20
equally [1] - 4439:19
escalate [2] - 4426:37, 4430:34
escalated [1] - 4414:41
escalations [1] - 4413:18
essentially [1] - 4449:39
established [1] - 4437:17
establishing [2] - 4438:11, 4438:35
establishment [1] - 4437:24
et [4] - 4429:27, 4443:21, 4445:3
events [1] - 4445:45
everyone" [1] - 4453:9
evidence [14] - 4411:30, 4413:42, 4413:44, 4415:27, 4415:30, 4415:42, 4427:35, 4429:2, 4429:13, 4437:21, 4448:11, 4448:22, 4456:34, 4467:6
exacerbate [1] - 4453:41
exacerbated [1] - 4457:11
exactly [2] - 4412:12, 4460:16
examination [1] - 4458:8
example [1] - 4422:33
examples [1] - 4425:40
excellence [1] - 4443:21
excess [1] - 4431:5
excessively [1] - 4454:16
exchange [2] - 4431:37, 4450:41
executive [60] - 4411:14, 4413:17, 4416:43, 4417:29, 4417:32, 4417:34, 4419:42, 4421:16, 4421:29, 4421:31, 4425:43, 4426:7, 4427:3, 4427:45, 4428:34, 4430:2, 4430:29, 4430:35, 4431:32, 4432:1, 4432:12, 4432:16, 4432:25, 4433:42, 4436:10, 4437:33, 4438:41, 4440:10, 4440:27, 4441:1, 4442:43, 4444:47, 4445:1, 4445:16, 4447:7, 4448:9, 4449:7, 4449:17, 4449:22, 4449:29, 4449:30, 4449:38, 4450:2, 4450:4, 4450:6, 4450:18, 4450:32, 4450:33, 4454:9, 4455:8, 4455:23, 4455:35, 4455:43, 4456:40, 4459:7, 4463:5, 4464:13, 4464:39, 4465:36
Executive [2] - 4443:40, 4443:45
executive" [1] - 4444:31
executive's [1] - 4444:18
executives [1] - 4431:8
exhibit [2] - 4411:38, 4418:2
exhibits [1] - 4417:46
exist [1] - 4455:12
existing [1] - 4455:19
exists [1] - 4427:15
expanded [1] - 4422:19
expect [3] - 4463:19, 4464:5, 4464:28
experience [3] - 4415:45, 4444:41, 4445:31
experienced [1] - 4462:42
experiences [1] - 4430:18
experiencing [1] - 4430:24
expert [1] - 4463:6
expertise [2] - 4444:41, 4445:30
explain [1] - 4457:35
explanation [3] - 4425:33, 4426:11, 4426:19
express [5] - 4427:32, 4431:44, 4432:33, 4439:32, 4450:17
expressed [21] - 4414:30, 4414:31, 4414:34, 4414:43, 4415:19, 4416:34, 4419:15, 4422:26, 4422:38, 4422:44, 4431:15, 4437:30, 4437:31, 4444:17, 4452:25, 4453:27, 4454:29, 4454:46, 4455:8, 4455:44
expresses [1] - 4421:21
expressing [10] - 4431:15, 4431:47, 4432:32, 4436:16, 4449:6, 4449:28, 4454:28, 4454:41, 4456:5, 4461:14
expression [2] - 4430:39, 4454:35
expressions [1] - 4445:30
extent [11] - 4412:2, 4416:36, 4422:37, 4430:20, 4430:42, 4431:12, 4442:15, 4455:15, 4461:34, 4462:20, 4463:29
extraordinarily [2] - 4462:24, 4465:9
extremely [2] - 4415:29, 4462:8

F

face [15] - 4421:44, 4445:34, 4446:1, 4457:38, 4458:1, 4458:7, 4458:15, 4458:37, 4458:41, 4460:2, 4460:13, 4460:23, 4461:30, 4462:8, 4463:1
faced [1] - 4427:26
facet [1] - 4430:24
facilitate [1] - 4443:20

facilities [1] - 4412:26
facility [1] - 4431:2
facility's [3] - 4434:35, 4435:22, 4435:40
facing [1] - 4458:43
fact [8] - 4413:47, 4428:1, 4430:22, 4430:23, 4435:14, 4438:10, 4449:41, 4458:20
Factsheet [1] - 4423:12
factsheet [1] - 4465:1
failing [1] - 4424:1
failure [1] - 4441:38
fair [12] - 4415:33, 4416:32, 4443:24, 4449:20, 4453:19, 4453:22, 4455:6, 4463:36, 4463:38, 4466:21, 4466:40
fall [1] - 4467:8
familiar [1] - 4423:11
familiarity [2] - 4419:8, 4419:9
fashion [1] - 4425:11
fault [2] - 4446:11, 4447:26
fear [3] - 4415:36, 4417:4, 4431:31
feared [2] - 4415:24, 4427:3
feature [2] - 4415:38, 4415:39
February [1] - 4418:30
feedback [1] - 4424:2
feelings [1] - 4462:16
fell [1] - 4437:15
felt [32] - 4414:4, 4416:42, 4417:3, 4417:15, 4417:16, 4417:18, 4417:20, 4417:26, 4419:22, 4419:24, 4421:5, 4421:17, 4430:46, 4431:45, 4433:7, 4435:3, 4442:3, 4442:24, 4442:28, 4442:31, 4442:36, 4449:37, 4451:23, 4453:36, 4456:4, 4458:2, 4460:47, 4462:45, 4463:6, 4463:7, 4464:3, 4464:6
final [2] - 4441:35, 4442:34
finger [1] - 4430:7
finish [2] - 4439:14, 4466:42
first [16] - 4412:20, 4413:33, 4416:35, 4417:31, 4418:20, 4423:28, 4424:27, 4426:47, 4434:9, 4435:26, 4439:44, 4443:4, 4445:25, 4445:33, 4448:16, 4450:42
First [1] - 4461:45
fisted [1] - 4438:43
fit [1] - 4425:25
five [1] - 4419:4
five-minute [1] - 4419:4
flick [1] - 4437:5
flicking [1] - 4438:8
focus [1] - 4457:7
focused [1] - 4441:13
folder [4] - 4412:12, 4418:15, 4434:18, 4447:40
folders [3] - 4412:11, 4412:12, 4412:18
following [2] - 4436:10, 4448:11
foot [6] - 4420:33, 4441:21, 4450:42, 4454:40, 4461:26
forgive [1] - 4419:34
forgotten [1] - 4437:22
form [3] - 4425:33, 4443:6, 4457:18
formal [2] - 4445:2, 4450:9
formalities [1] - 4454:18
forum [3] - 4432:9, 4432:11, 4454:30
forward [14] - 4412:21, 4413:1, 4420:24, 4421:2, 4431:38, 4441:26, 4446:32, 4449:40, 4453:45, 4456:8, 4457:23, 4457:25, 4459:12, 4459:25
forwarded [1] - 4453:16
founded [1] - 4422:29
four [1] - 4425:44
frankly [11] - 4415:26, 4422:43, 4426:40, 4429:37, 4432:36, 4438:3, 4449:23, 4461:47, 4463:7, 4463:43, 4465:14
Fraser [1] - 4410:29
free [1] - 4450:16
frequently [2] - 4414:4, 4417:8
FRIDAY [1] - 4467:16
front [6] - 4418:21, 4423:1, 4429:7, 4463:45, 4464:14, 4465:7
FTE [1] - 4427:28
full [2] - 4411:10, 4453:31
Fuller [1] - 4410:30
fully [4] - 4415:40, 4438:19, 4442:3, 4460:16
function [1] - 4443:33
functions [1] - 4445:27
fundamental [1] - 4432:36
funded [1] - 4429:40
Funding [1] - 4410:9
funding [1] - 4427:22

G

gather [3] - 4417:10, 4446:27, 4450:8
gathering [1] - 4450:2
general [15] - 4421:31, 4429:23, 4430:9, 4430:29, 4430:37, 4434:35, 4435:22, 4435:41, 4437:26, 4437:33, 4439:18, 4440:8, 4444:30, 4444:42, 4445:31
General [1] - 4434:20
generally [5] - 4413:40, 4414:1, 4430:32, 4431:4, 4435:14
generous [1] - 4432:4
genesis [2] - 4419:38, 4419:46
genuine [7] - 4422:28, 4425:36, 4427:5, 4428:10, 4462:22, 4462:29, 4465:19
genuinely [15] - 4417:14, 4417:16, 4417:18, 4417:20, 4417:22, 4417:26, 4422:26, 4424:36, 4425:19, 4430:40, 4432:5, 4432:18, 4442:24, 4442:36
genuineness [1] - 4465:30
get-go [1] - 4463:37
given [14] - 4417:11, 4418:2, 4419:4, 4426:11, 4426:12, 4427:27, 4431:4, 4433:15, 4434:33, 4435:38, 4436:45, 4449:21, 4454:20, 4464:1
Glover [1] - 4410:27
GM [2] - 4436:47, 4438:14
governance [7] - 4411:15, 4419:15, 4419:19, 4419:23, 4429:20, 4430:1, 4437:17
gravity [1] - 4433:15
great [2] - 4454:7, 4456:18
greater [1] - 4416:36
group [24] - 4414:4, 4414:8, 4414:9, 4414:23, 4414:28, 4415:6, 4415:12, 4415:16, 4416:38, 4416:42, 4417:23, 4417:25, 4419:18, 4426:46, 4427:4, 4431:26, 4442:23, 4442:36, 4447:8, 4453:21, 4455:47, 4456:22, 4456:42, 4457:3
groups [1] - 4416:19
guess [2] - 4435:1, 4435:28
guiding [3] - 4443:16, 4443:27, 4445:27

H

H.7.12.18 [1] - 4446:1
H5.3 [1] - 4411:38
H7.12.14 [2] - 4434:19, 4439:40
H7.12.15 [2] - 4439:26, 4445:35
H7.12.18 [2] - 4446:15, 4447:33
H7.12.19 [2] - 4446:30, 4448:17
H7.12.20 [1] - 4448:24
H7.12.22 [1] - 4453:45
H7.12.23 [1] - 4455:28
H7.12.29 [1] - 4457:24
H7.12.59 [1] - 4459:13
H7.12.60 [1] - 4423:5
H7.12.8 [1] - 4418:16
H7.12.9 [1] - 4421:42
halfway [2] - 4466:23, 4466:29
Hallahan [6] - 4411:4, 4411:10, 4411:12, 4418:2, 4447:26, 4457:28
HALLAHAN [1] - 4411:6
Hallahan's [2] - 4447:38, 4467:6
ham [1] - 4438:43
ham-fisted [1] - 4438:43
hand [3] - 4439:45, 4440:16, 4457:4
handed [1] - 4441:45
handled [1] - 4456:15
hang [1] - 4447:35
happy [3] - 4415:46, 4429:36, 4444:43
hard [3] - 4425:28, 4441:18, 4466:25
hardly [1] - 4442:19
headed [2] - 4423:12, 4423:28
health [9] - 4412:26, 4413:2, 4426:33, 4429:20, 4431:1, 4431:4, 4443:17, 4444:8, 4456:41
Health [13] - 4410:35, 4411:15, 4413:45, 4414:1, 4415:45, 4423:21, 4427:19, 4429:32, 4438:20, 4440:11, 4441:17, 4441:37, 4446:46
Healthcare [1] - 4410:9
hear [1] - 4425:37
heard [5] - 4415:7, 4431:45, 4438:45, 4439:7, 4439:9
hearing [1] - 4454:20
heart [1] - 4416:34
heat [1] - 4465:33
heightened [7] - 4463:26, 4463:29, 4463:34, 4463:46, 4464:2, 4464:16, 4464:32
held [16] - 4411:19, 4414:45, 4415:3, 4416:18, 4422:27, 4424:37, 4426:46, 4427:15, 4428:10, 4428:13, 4430:40, 4430:45, 4431:41, 4455:44, 4456:31, 4461:10
help [2] - 4441:11, 4444:41

helpful [2] - 4437:3, 4463:17
helping [1] - 4449:41
highest [1] - 4414:2
highlighted [1] - 4424:18
highly [4] - 4413:39, 4414:4, 4450:38, 4463:26
Hilbert [1] - 4410:35
Hill [1] - 4447:7
hindsight [1] - 4453:33
hmm [52] - 4411:24, 4412:22, 4412:41, 4413:5, 4413:9, 4416:20, 4418:17, 4418:32, 4418:37, 4418:40, 4419:1, 4420:35, 4421:24, 4421:46, 4422:12, 4422:34, 4423:3, 4423:6, 4423:9, 4423:13, 4423:31, 4423:39, 4423:44, 4424:15, 4429:8, 4429:14, 4434:10, 4434:16, 4434:22, 4434:30, 4434:37, 4436:40, 4438:15, 4439:20, 4439:30, 4439:46, 4441:30, 4441:33, 4441:41, 4443:9, 4445:18, 4446:25, 4446:34, 4446:39, 4446:43, 4448:27, 4450:45, 4454:5, 4455:9, 4455:26, 4455:40, 4459:16
Hokin [1] - 4454:21
holds [2] - 4413:13, 4424:36
honest [4] - 4415:9, 4424:33, 4437:22, 4456:12
hope [1] - 4431:19
hoped [1] - 4442:38
hopefully [1] - 4467:10
hoping [3] - 4421:1, 4464:33, 4464:37
hospital [43] - 4413:14, 4413:37, 4413:38, 4413:47, 4414:10, 4414:16, 4414:20, 4414:24, 4414:41, 4414:46, 4414:47, 4415:17, 4415:32, 4416:35, 4416:44, 4421:12, 4424:33, 4427:17, 4427:18, 4427:22, 4427:24, 4428:1, 4429:46, 4430:29, 4430:34, 4430:45, 4435:39, 4437:18, 4438:35, 4440:9, 4443:17, 4443:18, 4444:8, 4444:33, 4444:42, 4445:32, 4447:10, 4452:45, 4455:12, 4456:23, 4458:11, 4458:12
Hospital [1] - 4434:20
hospitals [3] - 4416:37, 4427:19, 4429:35
hostile [1] - 4445:8
hour [3] - 4431:44, 4433:16, 4434:3
hour's [1] - 4432:30
hours [2] - 4412:3, 4466:34
human [1] - 4464:10
hundreds [2] - 4452:6, 4452:9

I

Ian [1] - 4410:29
idea [2] - 4433:25
ideals [1] - 4443:29
identification [2] - 4423:27, 4427:6
identified [3] - 4433:18, 4455:19, 4456:33
identify [1] - 4435:20
identifying [1] - 4424:37
ignoring [1] - 4423:42
immediately [2] - 4447:33, 4460:1
impact [1] - 4413:29
impacts [1] - 4413:28
important [4] - 4414:8, 4421:12, 4456:28, 4464:4
importantly [1] - 4423:42
improve [3] - 4426:1, 4457:2
improvement [1] - 4425:2
inappropriate [2] - 4437:47, 4464:40
include [3] - 4444:5, 4449:43, 4450:11
included [1] - 4459:21
including [4] - 4413:46, 4415:42, 4449:17, 4449:29
incomplete [1] - 4461:27
incorporated [1] - 4439:39
increase [3] - 4414:42, 4450:4, 4464:31
increased [4] - 4414:29, 4427:23, 4427:25, 4427:29
increasingly [4] - 4428:7, 4442:1, 4442:16, 4449:37
indeed [1] - 4452:3
independent [1] - 4438:36
individual [9] - 4449:39, 4451:20, 4451:30, 4451:31, 4452:16, 4452:30, 4452:32, 4452:47, 4454:38
individuals [1] - 4414:3
industrial [1] - 4437:19
information [3] - 4428:12, 4428:23, 4430:18
informed [2] - 4420:12, 4421:36
initiated [1] - 4420:12
innovation [1] - 4443:20
innovative [1] - 4424:40
inquiries [1] - 4448:33
Inquiry [2] - 4410:7, 4411:22
INQUIRY [1] - 4467:15
insofar [2] - 4424:42, 4442:35
instance [1] - 4437:19
instead [1] - 4465:43
instructed [1] - 4449:19
instructions [1] - 4451:3
integrity [2] - 4443:19, 4443:26
intelligent [1] - 4450:38
intended [5] - 4432:8, 4432:11, 4451:20, 4451:31, 4451:32
intensive [1] - 4429:26
intent [2] - 4452:6, 4459:3
interaction [2] - 4412:32, 4464:43
interactions [1] - 4412:30
interest [1] - 4443:25
interested [3] - 4419:37, 4435:35, 4435:36
interesting [1] - 4427:26
interests [1] - 4443:17
intermediate [1] - 4421:15
internally [1] - 4438:26
interpret [3] - 4424:45, 4439:3, 4459:2
interpretation [2] - 4462:17, 4463:3
interpreted [2] - 4425:35, 4462:20
interpreting [1] - 4459:1
interrupt [4] - 4460:7, 4460:14, 4460:17, 4460:21
interrupted [9] - 4448:20, 4461:25, 4461:31, 4462:7, 4465:32, 4465:40, 4466:15, 4466:22, 4466:27
interrupting [1] - 4465:44
intimated [1] - 4463:10
intimidated [1] - 4462:46
intranet [1] - 4423:22
invest [1] - 4443:20
investigation [2] - 4458:4, 4458:8
invite [2] - 4450:28, 4455:28
invited [3] - 4419:16, 4419:42, 4450:34
involve [1] - 4430:16
involved [4] - 4419:28, 4423:19, 4438:34, 4459:33
isolated [2] - 4414:33, 4414:35
isolation [4] - 4414:21, 4445:10, 4445:26, 4445:38
issue [8] - 4413:43, 4421:14, 4439:14, 4440:36, 4444:25, 4453:14, 4459:6
issues [11] - 4415:13, 4415:17, 4416:33, 4416:42, 4421:12, 4421:22, 4429:19, 4435:7, 4438:29, 4438:31, 4444:4
itself [3] - 4445:26, 4461:47, 4462:5

J

job [3] - 4413:33, 4414:29, 4431:8
John [1] - 4422:9
Joseph [2] - 4459:32, 4461:22
judgment [1] - 4440:40
July [4] - 4411:19, 4411:42, 4413:35, 4457:32
June [3] - 4411:23, 4453:47, 4455:30
junior [2] - 4413:43, 4415:46

K

keep [1] - 4450:35
keeping [2] - 4439:1, 4449:12
key [1] - 4452:3
kick [1] - 4454:19
Kim [1] - 4447:7
knowledge [4] - 4426:32, 4426:34, 4427:46, 4440:19

L

large [4] - 4414:47, 4430:46, 4431:13, 4454:16
largely [1] - 4422:45
larger [1] - 4453:21
last [10] - 4412:3, 4424:17, 4425:44, 4427:11, 4427:23, 4428:2, 4437:40, 4439:29, 4441:21, 4447:42
late [1] - 4426:14
lawful [1] - 4441:27
laws [29] - 4438:19, 4439:1, 4440:37, 4441:3, 4443:4, 4443:12, 4443:28, 4444:12, 4444:19, 4444:25, 4444:39, 4445:29, 4449:12, 4449:14, 4449:20,

4449:23, 4449:42, 4450:31, 4450:35, 4450:37, 4457:39, 4458:1, 4458:6, 4458:16, 4458:21, 4458:28, 4458:34, 4458:41
laws] [1] - 4443:47
lead [5] - 4419:29, 4432:16, 4452:33, 4454:47, 4463:5
lead-up [2] - 4419:29, 4454:47
leading [1] - 4424:40
least [37] - 4412:11, 4413:7, 4413:20, 4413:29, 4414:13, 4414:19, 4414:27, 4415:6, 4415:22, 4416:5, 4417:12, 4417:15, 4424:35, 4426:20, 4426:38, 4429:45, 4429:47, 4430:5, 4430:9, 4434:28, 4439:37, 4441:46, 4444:13, 4445:26, 4445:29, 4454:36, 4455:46, 4456:3, 4458:40, 4460:6, 4460:13, 4460:22, 4461:14, 4461:15, 4463:22, 4465:37, 4466:28
leaving [3] - 4429:21, 4429:43, 4443:28
led [1] - 4419:9
legal [6] - 4437:43, 4438:1, 4438:4, 4438:17, 4438:18, 4446:46
legalistic [2] - 4440:35, 4445:35
legalities [1] - 4440:43
less [1] - 4415:13
letter [63] - 4416:3, 4416:7, 4416:9, 4416:13, 4416:23, 4416:29, 4429:5, 4429:11, 4429:13, 4429:17, 4430:38, 4432:13, 4439:27, 4439:42, 4439:44, 4439:45, 4440:16, 4440:22, 4440:25, 4440:30, 4441:44, 4442:6, 4442:17, 4442:28, 4442:32, 4442:34, 4442:46, 4444:18, 4445:34, 4448:10, 4448:20, 4448:24, 4448:29, 4448:32, 4449:5, 4449:6, 4450:1, 4450:15, 4450:23, 4450:24, 4450:36, 4450:47, 4451:17, 4451:20, 4451:26, 4451:30, 4451:31, 4451:32, 4451:40, 4452:4, 4452:5, 4452:7, 4452:26, 4452:30, 4452:32, 4453:1, 4453:5, 4453:11, 4453:13, 4453:20, 4453:40
level [2] - 4412:31, 4421:23
Level [1] - 4410:18
levels [1] - 4414:2
LHD [1] - 4464:13
liberty [1] - 4449:23
lie [2] - 4416:33, 4458:29
light [2] - 4442:32, 4445:32
likely [2] - 4420:11, 4427:12
limitations [4] - 4424:19, 4424:38, 4426:6, 4427:7
limited [3] - 4413:38, 4443:23, 4444:5
line [13] - 4423:27, 4423:29, 4423:33, 4423:37, 4423:43, 4424:2, 4424:9, 4424:14, 4424:41, 4424:46, 4427:8, 4436:30, 4437:40
lines [3] - 4425:32, 4433:14, 4441:7
list [2] - 4435:6, 4458:9
listen [2] - 4432:6, 4433:44
listened [11] - 4416:43, 4421:28, 4421:38, 4427:1, 4431:30, 4431:42, 4432:20, 4432:35, 4457:9, 4457:12, 4457:14
listening [1] - 4421:33
literal [1] - 4426:17
live [1] - 4426:5
lives [1] - 4426:24
Local [6] - 4411:15, 4414:1, 4415:45, 4429:32, 4440:11, 4441:37
local [4] - 4412:26, 4413:2, 4421:23, 4426:32
locally [1] - 4421:22
lockdown [1] - 4413:36
log [1] - 4463:14
longstanding [1] - 4413:22
Look [1] - 4465:44
look [14] - 4414:7, 4418:11, 4427:17, 4427:22, 4427:24, 4436:20, 4437:14, 4438:46, 4443:4, 4443:13, 4443:15, 4443:33, 4453:33, 4461:45
looked [6] - 4423:23, 4439:41, 4445:6, 4446:33, 4462:8
looking [10] - 4418:19, 4420:43, 4423:47, 4424:40, 4426:43, 4438:9, 4438:36, 4443:27, 4444:11, 4446:18
looks [4] - 4423:24, 4429:10, 4429:45, 4461:25
lovely [1] - 4418:13
lower [1] - 4442:19

M

Macquarie [1] - 4410:18
maintains [1] - 4443:26
majority [9] - 4412:45, 4455:36, 4455:37, 4455:47, 4456:4, 4456:32, 4461:1, 4461:9, 4461:16
manage [2] - 4443:24, 4443:25
managed [1] - 4430:28
management [16] - 4425:37, 4427:45, 4428:16, 4430:1, 4430:29, 4431:8, 4431:23, 4431:32, 4445:9, 4449:7, 4449:30, 4450:3, 4450:32, 4450:33, 4456:14, 4456:40
management/the [1] - 4450:2
manager [11] - 4421:31, 4430:30, 4430:37, 4434:35, 4435:23, 4435:41, 4437:27, 4437:33, 4439:19, 4440:8, 4444:30
managers [1] - 4426:7
manifestation [1] - 4421:26
manifesto [1] - 4416:27
manner [5] - 4425:27, 4443:25, 4464:7, 4464:35
March [4] - 4436:17, 4439:19, 4439:40, 4443:13
match [1] - 4430:20
matter [3] - 4434:46, 4442:45, 4449:15
matters [19] - 4412:34, 4415:43, 4415:47, 4434:34, 4435:16, 4435:21, 4435:40, 4436:46, 4438:27, 4438:35, 4439:7, 4442:26, 4443:41, 4443:46, 4444:15, 4446:38, 4449:3, 4461:2, 4463:2
Matters [1] - 4413:46
mean [6] - 4411:30, 4425:35, 4426:17, 4429:29, 4437:6, 4463:35
meaning [1] - 4426:13
meaningful [1] - 4426:24
means [1] - 4466:41
meant [4] - 4434:39, 4435:36, 4452:30, 4452:32
measure [1] - 4427:17
measured [1] - 4440:39
mechanisms [2] - 4419:19, 4419:23
Medical [3] - 4434:20, 4441:28, 4457:37
medical [126] - 4411:14, 4412:25, 4412:30, 4412:34, 4412:38, 4412:39, 4412:44, 4413:3, 4413:13, 4413:21, 4413:42, 4414:9, 4414:10, 4414:20, 4414:23, 4414:28, 4414:40, 4414:44, 4415:1, 4415:5, 4415:11, 4415:16, 4415:20, 4415:39, 4415:43, 4415:46, 4416:3, 4416:4, 4416:22, 4416:26, 4416:35, 4416:39, 4417:15, 4419:12, 4419:16, 4419:22, 4419:41, 4420:2, 4421:6, 4422:18, 4424:23, 4424:28, 4424:32, 4426:42, 4426:46, 4427:24, 4427:28, 4430:30, 4434:13, 4434:14, 4434:33, 4435:5, 4435:10, 4435:15, 4435:21, 4435:39, 4436:33, 4436:46, 4437:16, 4437:32, 4438:26, 4438:33, 4438:44, 4438:46, 4439:4, 4439:5, 4439:6, 4439:10, 4442:4, 4442:7, 4443:26, 4443:41, 4447:3, 4447:8, 4448:8, 4449:6, 4449:27, 4449:42, 4449:43, 4449:45, 4450:1, 4450:9, 4450:10, 4450:16, 4450:19, 4450:31, 4451:2, 4451:33, 4451:34, 4451:36, 4451:41, 4451:46, 4451:47, 4452:4, 4452:6, 4452:9, 4452:12, 4452:23, 4452:35, 4452:41, 4452:45, 4453:13, 4453:16, 4453:25, 4453:28, 4453:29, 4453:40, 4453:46, 4453:47, 4454:10, 4455:25, 4455:30, 4455:45, 4456:23, 4456:32, 4457:27, 4458:10, 4458:11, 4459:14, 4461:1, 4461:9, 4461:16, 4462:42, 4463:45, 4464:15
medicine [1] - 4415:36
meet [4] - 4431:6, 4432:15, 4449:15, 4450:16
meeting [84] - 4413:25, 4417:25, 4417:30, 4418:44,

4419:14, 4419:31, 4419:32, 4419:35, 4419:41, 4420:8, 4420:11, 4420:13, 4421:16, 4422:7, 4422:14, 4422:17, 4422:25, 4422:38, 4424:29, 4426:30, 4426:36, 4429:16, 4432:25, 4432:27, 4433:11, 4433:16, 4433:37, 4436:9, 4436:10, 4440:2, 4440:4, 4440:23, 4440:25, 4440:30, 4440:33, 4441:6, 4441:13, 4441:16, 4441:43, 4446:7, 4447:18, 4448:2, 4448:6, 4448:7, 4448:11, 4448:14, 4448:41, 4448:43, 4449:7, 4449:34, 4449:44, 4450:10, 4450:18, 4450:27, 4450:31, 4452:4, 4453:46, 4454:4, 4454:7, 4454:9, 4454:17, 4454:24, 4455:1, 4455:16, 4455:19, 4455:24, 4455:30, 4455:31, 4455:34, 4459:14, 4459:21, 4459:22, 4459:41, 4462:32, 4463:1, 4463:20, 4463:31, 4463:37, 4463:47, 4464:28, 4465:33, 4465:34

meetings [16] - 4412:33, 4412:43, 4412:46, 4414:44, 4416:23, 4419:29, 4421:32, 4421:37, 4422:18, 4449:39, 4449:42, 4453:26, 4454:18, 4462:38, 4463:38, 4463:40

meets [1] - 4450:11

member [8] - 4415:31, 4425:7, 4432:1, 4433:20, 4449:39, 4458:11, 4458:12, 4464:39

Members [1] - 4457:38

members [21] - 4413:21, 4415:2, 4415:22, 4420:1, 4430:16, 4432:32, 4433:43, 4438:43, 4449:27, 4450:16, 4451:1, 4451:22, 4452:12, 4452:22, 4452:34, 4453:30, 4454:46, 4455:18, 4455:45, 4455:47, 4457:27

membership [1] - 4444:46

memory [7] - 4412:2, 4416:28, 4437:3, 4440:32, 4448:42, 4462:6, 4462:7

mentioned [2] - 4445:41, 4450:30

mentioning [1] - 4450:36

message [1] - 4458:21

met [2] - 4432:26, 4456:43

MFI16 [4] - 4435:46, 4436:42, 4438:9, 4438:40

middle [1] - 4413:35

might [40] - 4415:24, 4416:41, 4417:5, 4418:1, 4419:30, 4420:13, 4421:1, 4424:24, 4424:41, 4424:42, 4426:38, 4430:15, 4430:41, 4431:17, 4431:40, 4431:41, 4432:11, 4432:33, 4433:16, 4433:32, 4433:37, 4440:42, 4441:38, 4441:45, 4442:11, 4442:31, 4442:42, 4450:4, 4450:35, 4453:41, 4457:17, 4457:19, 4458:35, 4458:42, 4463:45, 4464:15, 4465:7, 4465:42, 4466:22, 4466:35

mind [1] - 4435:27

Ministry [1] - 4446:46

minute [2] - 4419:4, 4441:9

minuted [1] - 4414:43

minutes [7] - 4419:3, 4437:2, 4453:46, 4455:4, 4455:29, 4459:23, 4466:42

mirrored [1] - 4416:14

missed [3] - 4429:19, 4447:35, 4447:46

misunderstanding [2] - 4432:37, 4459:10

mmm-hmm [52] - 4411:24, 4412:22, 4412:41, 4413:5, 4413:9, 4416:20, 4418:17, 4418:32, 4418:37, 4418:40, 4419:1, 4420:35, 4421:24, 4421:46, 4422:12, 4422:34, 4423:3, 4423:6, 4423:9, 4423:13, 4423:31, 4423:39, 4423:44, 4424:15, 4429:8, 4429:14, 4434:10, 4434:16, 4434:22, 4434:30, 4434:37, 4436:40, 4438:15, 4439:20, 4439:30, 4439:46, 4441:30, 4441:33, 4441:41, 4443:9, 4445:18, 4446:25, 4446:34, 4446:39, 4446:43, 4448:27, 4450:45, 4454:5, 4455:9, 4455:26, 4455:40, 4459:16

model [12] - 4438:19, 4439:1, 4441:3, 4443:46, 4444:19, 4449:12, 4449:14, 4449:20, 4449:23, 4449:41, 4450:37

MOH.0011.0033.0001] [1] - 4412:18

MOH.9999.1294.0001] [1] - 4411:39

moment [8] - 4430:15, 4431:22, 4435:33, 4438:38, 4439:41, 4445:15, 4465:30, 4466:33

morale [6] - 4413:28, 4413:30, 4413:31, 4413:39, 4413:44, 4414:15

most [4] - 4433:42, 4447:6, 4455:17, 4465:31

MSC [1] - 4432:26

multiple [4] - 4413:8, 4415:28, 4427:34, 4429:3

must [2] - 4449:43, 4450:11

Muston [6] - 4410:26, 4437:37, 4439:13, 4445:25, 4445:33, 4445:35

MUSTON [42] - 4411:3, 4411:8, 4411:10, 4411:37, 4412:10, 4412:17, 4417:41, 4417:45, 4418:7, 4420:19, 4420:24, 4426:30, 4428:47, 4430:14, 4433:29, 4434:8, 4434:44, 4435:33, 4436:1, 4436:5, 4436:13, 4438:24, 4439:25, 4442:13, 4445:14, 4445:22, 4445:47, 4446:15, 4446:20, 4447:32, 4447:38, 4447:42, 4448:1, 4451:40, 4453:25, 4460:30, 4463:42, 4466:3, 4466:37, 4466:45, 4467:4, 4467:10

Muston's [1] - 4436:43

N

name [1] - 4411:11

namely [4] - 4431:29, 4441:8, 4452:34, 4456:32

names [1] - 4447:5

narrative [1] - 4427:27

national [1] - 4413:42

nature [7] - 4412:32, 4432:9, 4432:11, 4442:28, 4442:33, 4450:5, 4464:4

navigate [1] - 4464:2

necessarily [2] - 4417:11, 4422:30

necessary [5] - 4442:3, 4442:29, 4442:31, 4455:5, 4464:3

necessity [1] - 4453:2

need [9] - 4418:35, 4425:40, 4425:41, 4426:23, 4426:24, 4439:32, 4447:10, 4450:33, 4454:27

needed [3] - 4412:2, 4441:4, 4450:27

needing [3] - 4428:36, 4455:4, 4456:14

needs [3] - 4428:31, 4443:22, 4444:8

network [1] - 4428:25

never [2] - 4425:26, 4426:18

new [6] - 4434:15, 4434:27, 4436:34, 4445:16, 4446:36, 4454:35

New [1] - 4410:19

next [16] - 4411:3, 4420:24, 4421:42, 4429:10, 4435:24, 4435:30, 4439:25, 4441:35, 4443:34, 4443:43, 4446:30, 4452:4, 4455:24, 4461:20, 4463:13, 4464:21

no-one [1] - 4427:33

nods) [7] - 4424:20, 4428:19, 4428:29, 4446:4, 4451:43, 4454:2, 4454:14

noncompliance [2] - 4442:18, 4443:3

none [1] - 4444:32

normal [2] - 4420:7, 4433:11

note [7] - 4414:8, 4417:7, 4420:4, 4421:2, 4422:29, 4426:4, 4436:7

noted [1] - 4458:9

nothing [7] - 4437:47, 4438:11, 4439:16, 4443:28, 4456:30, 4456:39, 4457:10

noting [6] - 4413:34, 4419:14, 4421:30, 4425:13, 4449:1, 4454:38

notion [1] - 4443:2

NSW [6] - 4410:35, 4413:45, 4423:21, 4427:19, 4438:20, 4441:17

number [11] - 4416:4, 4416:41, 4422:21, 4429:19, 4429:22, 4430:46, 4431:13, 4431:39, 4446:38, 4449:36

numbers [4] - 4418:1, 4427:24, 4427:28, 4455:39

nurse [2] - 4464:8, 4464:12

nursing [1] - 4430:31

O

o'clock [1] - 4466:42

object [1] - 4420:15

objection [1] - 4452:5

objective [2] -

4427:17, 4429:31
objectively [1] - 4427:28
observable [1] - 4414:15
observation [4] - 4415:12, 4425:44, 4464:25, 4464:31
observed [1] - 4413:29
obtained [1] - 4437:43
obtaining [1] - 4441:3
obviously [2] - 4417:21, 4445:39
occasions [3] - 4415:28, 4427:34, 4429:3
occur [8] - 4426:21, 4431:40, 4433:27, 4433:31, 4433:35, 4441:43, 4449:47, 4453:39
occurred [1] - 4432:23
occurs [1] - 4430:28
October [4] - 4416:4, 4429:6, 4429:12, 4459:14
OF [1] - 4467:15
offence [1] - 4465:31
offer [1] - 4432:15
office [1] - 4462:35
omitted [1] - 4458:10
on-the-face [1] - 4458:1
once [2] - 4446:24, 4456:9
one [41] - 4412:38, 4414:34, 4418:28, 4421:32, 4421:43, 4423:29, 4424:17, 4426:6, 4427:11, 4427:33, 4428:17, 4428:21, 4428:31, 4429:40, 4430:8, 4430:38, 4433:1, 4434:28, 4435:26, 4435:31, 4435:44, 4436:1, 4436:5, 4438:24, 4438:30, 4438:43, 4441:8, 4445:20, 4446:31, 4447:22, 4447:42, 4448:35, 4449:14, 4449:29, 4453:1, 4458:29, 4458:47, 4462:21, 4462:37, 4465:30
one-on-one [1] - 4453:1
ones [2] - 4425:13, 4447:5
ongoing [1] - 4431:1
open [2] - 4431:34, 4432:26
openness [1] - 4423:41
operate [2] - 4412:26, 4424:24
operation [1] - 4444:7
operational [1] - 4429:25
operations [2] - 4430:25, 4440:10
operator [2] - 4417:47, 4418:20
opinion [2] - 4436:16, 4445:30
opinions [3] - 4423:33, 4443:24, 4444:15
opportunity [7] - 4411:29, 4412:1, 4418:43, 4419:47, 4420:45, 4432:4, 4448:41
options [1] - 4436:38
order [3] - 4418:27, 4428:16, 4428:31
ordinary [1] - 4412:31
organisation [2] - 4425:10, 4426:25
origin [2] - 4423:15, 4423:18
original [1] - 4447:38
otherwise [2] - 4440:37, 4460:25
ought [1] - 4428:13
outline [1] - 4413:12
outlined [3] - 4429:47, 4440:26, 4459:32
outlines [1] - 4429:17
outside [6] - 4433:8, 4433:10, 4437:15, 4441:3, 4441:27
overall [1] - 4413:31
oversight [1] - 4458:23
own [3] - 4438:2, 4438:8, 4462:35

P

page [52] - 4418:20, 4418:22, 4418:26, 4418:29, 4420:33, 4421:20, 4422:4, 4422:5, 4423:46, 4429:7, 4429:17, 4429:21, 4429:22, 4437:7, 4439:29, 4439:45, 4441:22, 4441:35, 4443:16, 4443:34, 4446:2, 4446:6, 4446:9, 4446:22, 4446:33, 4446:37, 4446:42, 4447:42, 4448:15, 4448:16, 4448:25, 4448:26, 4450:40, 4450:42, 4451:15, 4453:5, 4454:19, 4454:21, 4454:26, 4454:40, 4454:41, 4455:39, 4457:25, 4457:31, 4459:26, 4461:26, 4463:36, 4464:45, 4465:26, 4466:3, 4466:4
paper [1] - 4418:3
paragraph [16] - 4412:21, 4412:24, 4413:1, 4428:41, 4434:8, 4434:28, 4434:32, 4435:37, 4436:16, 4437:36, 4439:14, 4441:21, 4441:36, 4442:34, 4443:43, 4461:24
pardon [2] - 4423:16, 4465:20
part [8] - 4412:24, 4413:20, 4418:39, 4425:18, 4431:22, 4436:44, 4438:39, 4465:34
particular [7] - 4417:4, 4426:31, 4434:44, 4434:46, 4449:27, 4451:45, 4452:24
particularly [2] - 4458:34, 4465:32
pass [1] - 4453:7
passage [3] - 4459:37, 4461:14, 4461:20
passed [3] - 4420:22, 4455:36, 4456:9
passing [1] - 4455:42
past [1] - 4413:4
patients [3] - 4423:42, 4429:20, 4443:17
pattern [1] - 4449:32
pausing [6] - 4435:9, 4436:38, 4460:13, 4460:46, 4466:20, 4466:33
peak [3] - 4419:18, 4419:25, 4421:7
people [18] - 4413:46, 4414:20, 4414:34, 4416:19, 4419:4, 4421:38, 4426:14, 4426:25, 4427:35, 4430:22, 4430:40, 4431:7, 4432:3, 4442:23, 4450:38, 4455:8, 4460:28, 4465:31
people's [1] - 4423:33
per [7] - 4417:24, 4417:34, 4417:35, 4417:36, 4417:37, 4455:36, 4455:38
perceive [1] - 4456:28
perceived [5] - 4415:6, 4415:12, 4424:43, 4430:21, 4432:33
perception [12] - 4413:7, 4413:13, 4413:16, 4421:27, 4421:30, 4421:34, 4421:36, 4433:38, 4454:36, 4461:8, 4461:9, 4462:16
perceptions [2] - 4413:20, 4456:22
perfect [1] - 4460:19
performance [4] - 4425:2, 4437:33, 4449:44, 4450:32
perhaps [12] - 4415:39, 4416:36, 4417:45, 4418:26, 4425:33, 4431:24, 4434:39, 4435:24, 4436:42, 4450:26, 4457:24, 4458:26
periodically [1] - 4412:43
permission [1] - 4451:1
perplexed [1] - 4420:44
person [4] - 4438:30, 4450:11, 4463:23, 4464:6
personally [2] - 4416:12, 4440:24
perspective [2] - 4425:9, 4463:23
phrase [3] - 4429:23, 4445:31, 4445:36
phrased [1] - 4453:12
pick [2] - 4430:14, 4431:13
picking [1] - 4436:43
place [3] - 4437:17, 4444:42, 4445:32
plan [2] - 4459:40, 4459:42
planning [3] - 4449:39, 4460:9, 4460:34
platform [2] - 4438:43, 4439:6
point [25] - 4417:22, 4423:41, 4424:4, 4424:46, 4425:34, 4425:43, 4426:16, 4426:22, 4427:33, 4427:47, 4428:16, 4439:15, 4448:35, 4450:10, 4455:46, 4456:14, 4460:7, 4460:15, 4461:31, 4465:18, 4465:22, 4466:15, 4466:27, 4466:39
pointed [1] - 4425:7
poor [1] - 4423:28
pops [1] - 4418:11
population [1] - 4431:10
populations [1] - 4443:23
portion [1] - 4417:15
position [4] - 4417:19, 4427:45, 4450:12, 4456:43
possibility [2] - 4460:24, 4460:27
possible [2] - 4442:42, 4456:21
possibly [3] - 4426:14, 4460:30, 4463:24
potential [4] - 4425:17, 4426:9, 4426:12, 4426:20
potentially [3] - 4437:15, 4463:22, 4464:30
power [3] - 4438:40, 4439:18, 4463:6
powers [1] - 4438:13
preceded [1] - 4419:39
precedes [1] - 4438:1
precise [1] - 4439:14
precursor [1] - 4419:10
preface [1] - 4413:34
prepared [2] - 4411:22, 4411:41
presence [1] - 4449:8
present [9] - 4410:33, 4422:10, 4431:39, 4432:5, 4440:1, 4453:25, 4454:19, 4454:23, 4457:7
presentation [1] -

4454:26
presentations [4] - 4419:4, 4422:21, 4432:31, 4454:20
press [1] - 4451:22
presumably [3] - 4428:21, 4445:15, 4453:8
presume [1] - 4430:5
pretty [1] - 4465:36
prevented [1] - 4425:36
preventing [1] - 4450:1
previous [1] - 4449:32
previously [1] - 4424:31
Prince [1] - 4447:9
principle [2] - 4451:27, 4451:29
principles [4] - 4443:16, 4443:27, 4443:30, 4445:27
print [1] - 4429:18
priorities [1] - 4443:22
prioritise [1] - 4431:7
problem [11] - 4426:9, 4426:14, 4426:15, 4426:18, 4426:20, 4430:24, 4430:41, 4444:38, 4452:2, 4453:12, 4462:21
problematic [1] - 4453:17
problems [7] - 4424:43, 4429:26, 4431:34, 4440:46, 4441:12, 4455:12, 4455:18
process [4] - 4418:1, 4430:26, 4430:27, 4443:43
processes [2] - 4420:7, 4433:11
productive [1] - 4455:17
professional [4] - 4463:19, 4464:28, 4464:34, 4464:43
Professor [7] - 4422:44, 4429:5, 4429:18, 4430:7, 4433:8, 4433:36, 4433:39
profile [1] - 4429:35
progress [3] - 4421:22, 4421:39, 4460:41
properly [1] - 4438:41
proposal [9] - 4417:31, 4417:32, 4431:38, 4432:41, 4433:46, 4434:14, 4436:33, 4438:25, 4454:8
proposals [2] - 4417:30, 4437:29
propose [1] - 4421:2
Proposed [1] - 4434:21
proposed [14] - 4417:23, 4434:27, 4434:32, 4435:38, 4435:43, 4437:29, 4438:5, 4438:10, 4438:19, 4438:39, 4443:11, 4443:15, 4443:33, 4445:28
proposing [3] - 4421:17, 4429:16, 4437:24
proposition [4] - 4428:5, 4438:11, 4439:15, 4445:33
protect [2] - 4443:17, 4443:22
provide [8] - 4427:35, 4431:6, 4435:7, 4435:15, 4443:36, 4443:45, 4444:15, 4449:1
Provide [1] - 4443:40
provided [12] - 4415:30, 4431:46, 4432:4, 4433:41, 4440:22, 4440:24, 4440:26, 4441:1, 4441:17, 4444:4, 4453:31
provides [1] - 4431:9
providing [1] - 4436:11
provision [2] - 4435:9, 4444:9
public [2] - 4426:7, 4456:41
publication [1] - 4451:19
published [5] - 4416:26, 4423:20, 4423:22, 4423:24
pull [1] - 4436:5
pulse [1] - 4430:7
purported [1] - 4434:45
purporting [1] - 4452:35
purports [1] - 4441:32
purpose [1] - 4425:25
purposes [4] - 4443:5, 4444:24, 4456:27, 4457:7
pursue [2] - 4458:31, 4459:7
put [23] - 4412:15, 4413:28, 4416:14, 4417:30, 4417:32, 4425:40, 4425:47, 4431:38, 4432:44, 4438:25, 4439:16, 4441:8, 4441:26, 4442:13, 4445:33, 4449:19, 4449:23, 4449:40, 4454:8, 4454:33, 4455:22, 4465:7, 4466:8
putting [3] - 4449:14, 4455:7, 4460:22
puzzled [2] - 4415:26, 4426:41

Q

quality [22] - 4418:43, 4419:17, 4419:18, 4419:25, 4419:31, 4419:43, 4420:1, 4420:2, 4420:5, 4420:8, 4420:11, 4421:7, 4421:9, 4425:1, 4431:39, 4431:44, 4432:8, 4432:31, 4432:37, 4433:3, 4433:19, 4433:40
questions [7] - 4443:6, 4448:33, 4448:36, 4448:40, 4448:46, 4460:4, 4466:34
quickly [3] - 4421:42, 4458:34, 4458:42
quite [7] - 4415:41, 4415:46, 4427:18, 4427:20, 4432:47, 4456:10, 4466:31

R

radical [1] - 4444:13
radically [1] - 4444:13
radiology [7] - 4422:33, 4422:39, 4422:40, 4422:43, 4422:46, 4454:42, 4454:47
raise [9] - 4415:13, 4415:47, 4421:11, 4426:16, 4426:18, 4427:35, 4429:20, 4433:8, 4433:37
raised [16] - 4415:18, 4415:44, 4416:22, 4421:22, 4424:27, 4424:29, 4425:26, 4426:31, 4427:38, 4427:43, 4429:4, 4429:22, 4432:20, 4448:40, 4462:7
raising [3] - 4415:32, 4415:42, 4425:36
rather [5] - 4424:38, 4438:35, 4439:39, 4440:35, 4455:15
reached [1] - 4466:39
reaching [1] - 4458:26
read [5] - 4411:29, 4443:38, 4453:13, 4453:35, 4465:3
reading [3] - 4419:46, 4452:3, 4466:24
real [4] - 4417:26, 4422:29, 4451:21, 4463:47
real-time [1] - 4463:47
really [12] - 4419:11, 4419:20, 4425:28, 4426:17, 4426:42, 4429:28, 4432:2, 4438:42, 4441:10, 4448:32, 4453:10, 4460:22
reason [8] - 4417:14, 4422:24, 4427:42, 4451:21, 4457:21, 4462:22, 4462:28, 4467:2
reasonable [7] - 4421:5, 4421:18, 4443:24, 4455:47, 4456:4, 4457:46, 4463:25
reasonably [3] - 4413:22, 4440:38, 4462:41
reasons [2] - 4413:8, 4413:11
receipt [1] - 4458:30
receive [1] - 4440:30
received [6] - 4418:36, 4419:45, 4429:12, 4440:32, 4450:47, 4451:9
receiving [3] - 4416:12, 4420:38, 4420:40
recently [1] - 4411:30
recollection [1] - 4455:38
reconsidered [1] - 4426:23
record [3] - 4411:11, 4411:39, 4461:35
recorded [2] - 4417:21, 4454:33
recruitment [2] - 4460:10, 4460:35
red [2] - 4462:8, 4463:1
redraft [2] - 4442:6, 4453:10
redrafting [1] - 4425:32
refer [4] - 4435:24, 4439:26, 4446:6, 4446:7
reference [42] - 4433:3, 4433:9, 4433:10, 4434:15, 4434:27, 4434:33, 4434:40, 4435:2, 4435:4, 4435:38, 4435:43, 4436:8, 4436:17, 4436:18, 4436:20, 4436:45, 4437:8, 4437:31, 4438:4, 4438:10, 4438:40, 4438:47, 4439:17, 4439:38, 4440:28, 4440:36, 4440:44, 4441:2, 4441:8, 4441:14, 4441:22, 4442:7, 4443:11, 4445:17, 4445:37, 4446:7, 4446:36, 4447:29, 4448:10, 4448:34, 4448:36, 4448:47
Reference [3] - 4434:21, 4436:34, 4441:26
reference" [1] - 4447:28
references [1] - 4438:18
referred [1] - 4465:6
referring [5] - 4434:28, 4435:43, 4436:38, 4436:42, 4448:29
refers [2] - 4421:13, 4448:22
reflect [3] - 4425:2, 4452:23, 4464:1
reflected [3] - 4434:14, 4436:32, 4442:46
reflecting [1] - 4458:47
reflection [4] -

4447:11, 4464:15, 4464:33, 4464:37
refresh [2] - 4412:1, 4437:2
refreshed [1] - 4412:3
refusal [3] - 4431:43, 4432:30, 4433:16
refusing [3] - 4433:35, 4452:21, 4453:39
regard [3] - 4427:11, 4439:36, 4456:10
regarded [1] - 4456:11
regarding [1] - 4451:2
regardless [2] - 4433:14, 4438:10
regular [3] - 4412:33, 4413:37, 4430:28
regularly [1] - 4425:2
regulate [1] - 4452:36
reinforce [7] - 4433:16, 4433:37, 4441:45, 4456:22, 4456:31, 4457:20, 4458:43
reinforced [2] - 4431:41, 4457:11
reinforcing [1] - 4432:34
rejected [1] - 4417:36
relate [1] - 4436:16
related [2] - 4444:32, 4449:3
relates [1] - 4436:18
relating [2] - 4436:46, 4443:46
relation [11] - 4416:44, 4427:2, 4429:45, 4431:37, 4435:16, 4439:7, 4442:45, 4446:38, 4448:33, 4448:39, 4457:16
relations [1] - 4437:19
relationship [3] - 4413:2, 4431:34, 4456:25
relationships [1] - 4457:2
relatively [1] - 4413:14
relevant [1] - 4417:47
remained [1] - 4442:27
remains [4] - 4415:35, 4421:15, 4423:22, 4423:25
remember [1] - 4432:25
reminds [1] - 4441:36
remit [2] - 4434:47, 4437:15
remotely [1] - 4462:36
Repatriation [1] - 4434:20
repeated [1] - 4430:47
reply [1] - 4447:21
representation [1] - 4443:27
representative [1] - 4422:38
representatives [1] - 4430:16
represented [1] - 4452:46
reprisal [3] - 4415:37, 4417:8, 4427:33
reprisals [8] - 4417:4, 4427:3, 4427:32, 4431:31, 4441:46, 4442:25, 4457:17, 4458:43
request [7] - 4418:42, 4419:3, 4420:6, 4427:29, 4433:35, 4462:1, 4464:22
requested [2] - 4460:40, 4461:3
requesting [1] - 4449:35
requests [1] - 4461:11
required [3] - 4428:17, 4441:37, 4449:21
resolved [1] - 4455:22
resolving [1] - 4455:17
resource [9] - 4424:18, 4424:38, 4425:8, 4425:9, 4425:12, 4425:45, 4426:1, 4426:5, 4427:7
resourced [5] - 4413:14, 4416:36, 4425:19, 4426:47, 4427:18
resources [7] - 4424:40, 4425:1, 4425:34, 4426:1, 4427:18, 4430:34, 4443:23
resourcing [5] - 4425:37, 4426:18, 4427:33, 4428:1, 4431:30
respect [9] - 4422:43, 4423:46, 4434:34, 4435:22, 4435:40, 4439:8, 4454:21, 4456:29, 4464:18
respectful [2] - 4462:2, 4464:22
respond [4] - 4447:17, 4448:46, 4465:13, 4465:14
responded [4] - 4446:37, 4446:41, 4461:43, 4466:10
responding [1] - 4463:28
response [6] - 4421:21, 4422:5, 4445:37, 4449:1, 4458:22, 4465:12
responsibilities [2] - 4438:13, 4445:1
responsibility [7] - 4434:36, 4435:23, 4435:41, 4436:47, 4437:25, 4437:26, 4439:18
responsible [1] - 4458:20
responsive [1] - 4413:17
rest [3] - 4418:35, 4453:16, 4460:15
rested [1] - 4438:41
retaliation [2] - 4415:25, 4415:27
retaliatory [1] - 4415:31
reverse [1] - 4418:27
reviews [1] - 4437:33
revised [1] - 4446:8
revisited [1] - 4426:32
revisiting [1] - 4426:37
Richard [1] - 4410:14
Ridley [2] - 4422:44, 4454:41
rightly [2] - 4421:37, 4442:24
rise [1] - 4441:39
risk [1] - 4411:15
ROBERT [1] - 4411:6
Robert [1] - 4411:12
robust [2] - 4419:23, 4462:42
role [14] - 4411:19, 4412:25, 4412:40, 4412:46, 4415:29, 4416:15, 4430:31, 4430:37, 4433:24, 4435:15, 4441:28, 4452:46, 4456:39, 4463:4
roles [1] - 4426:6
Rosalba [2] - 4457:26, 4458:21
Ross [1] - 4410:27
Royal [1] - 4447:9
rush [1] - 4437:6

S

safe [1] - 4439:36
safety [4] - 4419:18, 4419:25, 4421:9, 4429:20
Sammut [13] - 4418:23, 4418:31, 4419:42, 4420:25, 4420:26, 4420:27, 4420:29, 4420:37, 4420:44, 4421:2, 4421:16, 4422:1, 4433:20
sat [1] - 4414:3
saw [3] - 4421:4, 4421:39, 4438:27
say" [1] - 4465:45
SC [2] - 4410:14, 4410:26
SCI [2] - 4446:31, 4448:25
SCI.0012.0008.0001 [1] - 4448:16
SCI.0012.0015.0001] [1] - 4455:29
SCI.0012.0036.0001 [1] - 4459:13
SCI.0012.0041.0001] [1] - 4434:19
SCI.0012.0073.0001] [1] - 4421:43
SCI.0012.0074.0001 [1] - 4418:21
SCI.0012.0079.0001] [1] - 4439:27
SCI.0012.0160.0001] [1] - 4423:8
SCI.0012.0161.0001 [1] - 4457:24
SCI.0012.0167.0001] [1] - 4446:1
SCI.0012.0170.0001] [1] - 4454:1
scope [1] - 4441:27
scream [1] - 4445:7
screen [5] - 4418:12, 4424:31, 4446:12, 4447:43, 4465:8
scroll [1] - 4446:32
scrolling [1] - 4446:22
second [11] - 4411:41, 4416:41, 4417:12, 4423:1, 4423:41, 4423:46, 4426:47, 4456:46, 4457:7, 4459:12, 4464:46
section [5] - 4424:18, 4424:35, 4428:6, 4431:24, 4444:19
sections [2] - 4434:44, 4452:3
see [54] - 4418:15, 4418:19, 4418:21, 4418:28, 4418:42, 4418:47, 4419:46, 4420:30, 4421:20, 4421:43, 4422:4, 4424:18, 4424:37, 4425:17, 4425:20, 4426:21, 4427:6, 4429:6, 4429:37, 4434:12, 4434:19, 4438:22, 4439:28, 4439:34, 4440:45, 4441:9, 4441:21, 4441:22, 4441:35, 4446:6, 4446:33, 4446:37, 4447:35, 4447:43, 4447:45, 4450:41, 4450:44, 4451:6, 4454:26, 4457:27, 4457:31, 4458:19, 4458:47, 4459:29, 4459:37, 4459:44, 4459:45, 4460:43, 4461:20, 4461:25, 4463:22, 4463:44, 4464:45, 4466:3
seeing [1] - 4448:18
seek [5] - 4435:2, 4442:47, 4446:41, 4446:45, 4447:10
seeking [14] - 4428:34, 4428:38, 4438:40, 4441:26, 4446:38, 4450:24, 4459:8, 4460:17, 4460:21, 4462:10, 4463:4, 4464:23, 4465:23, 4466:8
seeks [2] - 4440:38, 4451:1
seem [7] - 4416:33, 4421:44, 4444:12, 4444:32, 4447:40, 4448:42
self [2] - 4464:33, 4464:37
self-reflection [2] - 4464:33, 4464:37
send [4] - 4447:21, 4447:23, 4448:10, 4458:21
sending [1] - 4416:23
Senior [1] - 4410:26
senior [14] - 4414:9, 4414:23, 4415:46, 4416:38, 4425:35,

4426:6, 4432:3, 4433:13, 4433:42, 4452:6, 4452:41, 4458:11, 4464:13
sense [1] - 4430:9
sensitively [2] - 4428:37, 4431:23
sensitivity [1] - 4428:18
sent [19] - 4416:3, 4416:7, 4416:9, 4416:11, 4416:13, 4418:22, 4446:27, 4448:21, 4449:47, 4451:17, 4451:22, 4452:5, 4452:27, 4452:34, 4453:15, 4457:31, 4457:36, 4458:9
sentence [5] - 4434:12, 4461:27, 4464:21, 4466:23, 4466:29
separate [2] - 4412:11, 4444:25
series [2] - 4443:5, 4445:1
serious [2] - 4424:43, 4465:36
seriously [6] - 4415:29, 4425:19, 4450:14, 4450:22, 4459:35, 4463:10
serve [2] - 4441:45, 4453:41
served [2] - 4450:4, 4458:42
services [6] - 4411:14, 4430:30, 4444:8, 4447:3, 4447:8, 4458:10
session [2] - 4431:47, 4432:19
set [4] - 4445:16, 4448:47, 4454:32
several [3] - 4427:23, 4427:25, 4428:2
share [5] - 4414:10, 4427:39, 4451:1, 4452:3, 4453:40
shared [12] - 4422:30, 4422:36, 4422:40, 4422:41, 4422:45, 4427:6, 4451:47, 4452:2, 4452:22, 4453:28, 4455:46, 4461:16
shifts [1] - 4430:23
shook [1] - 4424:30
short [2] - 4446:17, 4456:47
shortage [6] - 4429:24, 4429:25, 4429:26, 4429:31, 4429:39, 4430:9
show [1] - 4418:35
showed [1] - 4431:37
showing [1] - 4424:9
shown [4] - 4430:38, 4432:14, 4436:43, 4448:14
shutting [1] - 4439:13
side [3] - 4424:47, 4441:8, 4449:14
sign [1] - 4456:3
significant [10] - 4414:9, 4414:23, 4421:22, 4429:24, 4429:25, 4429:26, 4429:30, 4429:38, 4436:8, 4449:36
significantly [1] - 4428:2
simple [2] - 4462:11, 4462:21
simply [9] - 4441:24, 4451:27, 4452:26, 4456:44, 4457:4, 4458:7, 4458:37, 4460:17, 4462:10
single [2] - 4429:46, 4430:8
sit [2] - 4440:44, 4464:1
site [1] - 4423:22
sitting [3] - 4430:16, 4453:11, 4462:35
situation [22] - 4425:6, 4427:26, 4428:32, 4428:37, 4441:24, 4442:1, 4442:2, 4442:15, 4442:35, 4445:42, 4456:10, 4456:11, 4456:30, 4457:45, 4458:36, 4462:11, 4463:26, 4463:29, 4463:35, 4464:2, 4464:16, 4464:32
SLHD's [1] - 4435:40
slightly [2] - 4438:42, 4442:13
Smith [1] - 4448:8
solutions [4] - 4424:40, 4425:14, 4466:8, 4466:12
solve [4] - 4425:12, 4431:34, 4440:46, 4441:11
solved [1] - 4462:11
somewhat [5] - 4413:37, 4426:41, 4427:8, 4449:3, 4463:24
somewhere [2] - 4447:30, 4462:36
soon [2] - 4440:33, 4449:2
sorry [13] - 4420:17, 4428:44, 4437:6, 4445:20, 4445:24, 4446:11, 4447:35, 4447:45, 4447:46, 4448:20, 4453:10, 4459:40, 4466:17
sort [5] - 4415:24, 4444:14, 4444:15, 4461:34, 4465:15
sorts [1] - 4444:31
sought [4] - 4426:41, 4428:29, 4431:33, 4432:12
South [1] - 4410:19
space [1] - 4423:23
speaking [7] - 4415:41, 4419:33, 4455:19, 4458:44, 4461:46, 4462:4, 4463:43
SPECIAL [1] - 4467:15
Special [1] - 4410:7
specialist [3] - 4414:47, 4424:32, 4431:14
specialists [3] - 4422:45, 4430:6, 4430:46
specific [6] - 4427:36, 4429:3, 4429:27, 4431:25, 4431:47, 4454:32
specifically [2] - 4430:32, 4457:40
specify [1] - 4429:29
spent [1] - 4431:10
spoken [1] - 4417:8
Sr [1] - 4419:42
Staff [3] - 4434:21, 4441:28, 4457:37
staff [144] - 4412:25, 4412:31, 4412:34, 4412:38, 4412:39, 4412:44, 4413:3, 4413:13, 4413:21, 4413:25, 4413:28, 4413:30, 4413:31, 4413:39, 4413:44, 4414:1, 4414:5, 4414:9, 4414:10, 4414:15, 4414:23, 4414:40, 4414:44, 4415:1, 4415:2, 4415:5, 4415:11, 4415:16, 4415:20, 4415:23, 4415:44, 4415:46, 4416:3, 4416:5, 4416:22, 4416:26, 4416:39, 4416:42, 4417:15, 4419:12, 4419:17, 4419:22, 4419:41, 4420:2, 4421:6, 4422:18, 4424:32, 4425:7, 4425:35, 4425:45, 4426:6, 4426:42, 4426:46, 4427:24, 4429:24, 4429:25, 4429:26, 4429:31, 4430:9, 4430:22, 4430:23, 4430:26, 4434:14, 4434:34, 4434:45, 4435:5, 4435:10, 4435:15, 4435:21, 4435:39, 4436:33, 4436:46, 4437:16, 4437:32, 4438:26, 4438:28, 4438:33, 4438:44, 4438:46, 4439:4, 4439:5, 4439:6, 4439:10, 4442:4, 4442:7, 4443:15, 4443:18, 4443:21, 4443:26, 4443:34, 4444:14, 4445:8, 4448:8, 4449:7, 4449:27, 4449:42, 4450:1, 4450:5, 4450:10, 4450:11, 4450:16, 4450:19, 4450:31, 4451:2, 4451:33, 4451:34, 4451:37, 4451:41, 4451:46, 4451:47, 4452:4, 4452:6, 4452:9, 4452:12, 4452:23, 4452:35, 4452:41, 4452:45, 4453:13, 4453:16, 4453:25, 4453:28, 4453:29, 4453:30, 4453:36, 4453:40, 4453:46, 4453:47, 4454:10, 4455:18, 4455:25, 4455:30, 4455:45, 4456:23, 4456:32, 4457:27, 4458:12, 4459:14, 4461:1, 4461:9, 4461:17, 4462:38, 4463:45, 4464:15
staffed [3] - 4429:33, 4429:38, 4429:44
staffing [4] - 4429:35, 4430:32, 4460:10, 4460:35
stage [2] - 4439:37, 4460:47
staged [1] - 4421:18
stand [1] - 4453:11
standards [1] - 4444:8
standing [1] - 4438:34
start [4] - 4418:29, 4454:18, 4456:33, 4464:34
started [4] - 4413:23, 4413:33, 4445:14, 4463:35
starting [3] - 4413:33, 4438:24, 4454:20
state [4] - 4411:10, 4429:36, 4462:10, 4465:42
statement [19] - 4411:22, 4411:26, 4411:41, 4411:45, 4412:2, 4412:10, 4412:20, 4413:12, 4415:40, 4417:47, 4428:42, 4434:9, 4435:37, 4435:42, 4436:39, 4437:37, 4439:15, 4456:36, 4462:25
stemmed [2] - 4419:11, 4419:32
step [10] - 4421:15, 4426:36, 4433:1, 4436:27, 4438:7, 4447:21, 4447:25
step-wise [1] - 4447:21
stepped [1] - 4416:17
steps [1] - 4426:40
Stewart [1] - 4457:37
stick [3] - 4435:26, 4435:31, 4456:46
still [4] - 4427:15, 4450:8, 4467:7
stop [1] - 4465:44
strategies [1] - 4444:9
streams [1] - 4438:27
Street [1] - 4410:18
strive [1] - 4431:23
striving [2] - 4424:39, 4431:27
strong [3] - 4415:35, 4415:41, 4461:9
structure [1] - 4420:8
structures [1] -

4437:17
struggling [1] - 4413:15
students [1] - 4443:18
subcommittees [9] - 4437:11, 4437:14, 4437:23, 4437:25, 4438:11, 4438:25, 4438:29, 4438:36, 4439:39
subject [1] - 4436:9
subsequent [1] - 4419:13
substance [3] - 4453:19, 4453:23, 4454:18
substantial [3] - 4455:11, 4456:31, 4461:1
substantiated [1] - 4417:13
suggest [12] - 4414:45, 4425:5, 4426:37, 4430:44, 4433:29, 4440:38, 4440:42, 4450:22, 4455:43, 4462:45, 4464:21, 4466:24
suggested [5] - 4419:29, 4425:33, 4428:12, 4441:7, 4458:6
suggesting [4] - 4422:8, 4450:14, 4460:21, 4462:21
suggestion [4] - 4419:30, 4420:13, 4455:11, 4463:42
suggestions [1] - 4425:14
suggests [2] - 4430:41, 4431:15
suits [1] - 4418:12
summarise [1] - 4416:31
summary [1] - 4455:6
support [2] - 4414:42, 4431:7
supported [1] - 4425:47
supporting [1] - 4446:47
suppose [2] - 4448:45, 4460:27
surprised [1] - 4465:14
surprising [2] - 4414:46, 4415:2
survey [2] - 4413:43, 4413:46
surveys [1] - 4413:45
Sydney [7] - 4410:19, 4411:15, 4414:1, 4415:45, 4429:32, 4440:11, 4441:37
system [3] - 4414:2, 4414:5, 4456:41

T

tab [16] - 4418:16, 4421:42, 4423:5, 4429:4, 4429:10, 4434:19, 4439:40, 4446:30, 4447:33, 4448:17, 4448:24, 4450:41, 4453:45, 4455:28, 4457:24
table [1] - 4447:42
tabs [1] - 4418:15
Tamsin [1] - 4410:28
tangible [1] - 4421:39
tasks [1] - 4414:41
taxpayer [1] - 4431:9
Teams [6] - 4432:26, 4460:18, 4462:32, 4462:33, 4463:1
temperature [1] - 4442:20
tendered [2] - 4411:37, 4412:10
tension [4] - 4463:37, 4463:39, 4463:46, 4464:31
tensions [1] - 4453:41
tent [1] - 4428:22
Terms [3] - 4434:21, 4436:34, 4441:26
terms [49] - 4412:30, 4413:27, 4426:17, 4428:22, 4428:36, 4433:3, 4433:8, 4433:10, 4434:15, 4434:27, 4434:32, 4435:2, 4435:4, 4435:38, 4435:43, 4436:8, 4436:17, 4436:18, 4436:20, 4436:44, 4437:8, 4437:30, 4438:4, 4438:10, 4438:18, 4438:39, 4438:47, 4439:17, 4439:38, 4440:27, 4440:36, 4440:43, 4441:2, 4441:8, 4441:13, 4442:7, 4443:11, 4444:39, 4444:42, 4445:17, 4445:37, 4446:7, 4446:36, 4447:28, 4447:29, 4448:10, 4448:33, 4448:35, 4448:46
terrible [1] - 4443:28
tertiary [1] - 4414:47
text [2] - 4438:12, 4464:46
themselves [4] - 4439:1, 4449:16, 4450:3, 4450:17
thereabouts [1] - 4411:38
these" [1] - 4446:24
they have [6] - 4415:33, 4420:47, 4427:25, 4430:19, 4435:6, 4463:39
they've [6] - 4412:46, 4413:16, 4417:7, 4417:8, 4425:7, 4460:4
thinking [2] - 4422:42, 4462:18
third [5] - 4417:2, 4427:3, 4434:12, 4457:8, 4457:16
thousand [1] - 4427:27
thousands [1] - 4415:1
threat [2] - 4442:18, 4442:33
threatening [1] - 4427:8
three [6] - 4413:4, 4416:33, 4426:45, 4427:5, 4431:28, 4456:32
throughout [1] - 4412:40
Thursday [1] - 4410:22
TO [1] - 4467:16
today [1] - 4411:30
together [4] - 4425:12, 4431:35, 4449:28, 4449:33
tomorrow [2] - 4467:2, 4467:13
took [2] - 4437:37, 4458:37
top [5] - 4421:20, 4422:4, 4430:32, 4445:37, 4446:42
topic [1] - 4445:25
totality [1] - 4451:41
touched [1] - 4419:30
towards [1] - 4423:47
track [3] - 4421:20, 4448:25, 4448:26
training [1] - 4413:43
transcript [13] - 4439:33, 4446:12, 4460:6, 4460:14, 4460:17, 4460:18, 4460:23, 4462:6, 4463:36, 4465:13, 4466:21, 4466:25, 4466:28
transcript's [1] - 4461:34
transparency [1] - 4443:19
transparent [1] - 4459:8
troublemaker [1] - 4415:38
true [5] - 4411:33, 4412:6, 4435:12, 4450:35
try [3] - 4416:31, 4440:46, 4441:9
trying [4] - 4439:11, 4440:45, 4441:10, 4463:6
turn [14] - 4412:21, 4418:16, 4421:42, 4423:46, 4429:5, 4441:35, 4446:6, 4446:30, 4454:26, 4455:28, 4457:23, 4457:31, 4464:45, 4466:3
turning [1] - 4430:22
turns [1] - 4458:19
tweaks [1] - 4453:21
two [8] - 4413:20, 4414:34, 4417:12, 4417:30, 4426:13, 4430:20, 4466:34, 4466:42
two-way [1] - 4426:13
type [4] - 4422:17, 4430:39, 4442:17, 4459:6
typo [1] - 4436:39

U

ultimately [4] - 4422:14, 4432:19, 4432:22, 4455:22
unable [1] - 4430:33
unacceptable [1] - 4441:24
uncomfortable [1] - 4452:33
under [6] - 4413:14, 4416:36, 4425:19, 4426:47, 4431:30, 4441:39
under-resourced [4] - 4413:14, 4416:36, 4425:19, 4426:47
under-resourcing [1] - 4431:30
underlying [1] - 4461:41
understood [6] - 4416:5, 4419:37, 4420:10, 4421:26, 4451:9, 4461:16
undertaking [1] - 4437:32
unduly [1] - 4465:39
unfortunate [2] - 4424:28, 4462:37
unfortunately [1] - 4442:2
unhappiness [1] - 4420:21
unhappy [2] - 4428:7, 4449:15
uniform [4] - 4414:7, 4414:30, 4414:33, 4454:32
uniformly [6] - 4414:45, 4415:3, 4416:18, 4422:30, 4422:36, 4430:45
unique [1] - 4415:39
universally [1] - 4454:30
unless [4] - 4426:11, 4426:18, 4449:44, 4455:5
unlimited [1] - 4426:5
unnecessarily [1] - 4457:20
unreasonable [1] - 4456:43
unusual [2] - 4437:23, 4438:5
up [23] - 4415:36, 4415:41, 4417:3, 4417:8, 4417:18, 4418:11, 4419:29, 4421:20, 4423:23, 4425:47, 4426:15, 4429:5, 4430:14, 4430:20, 4430:22, 4431:13, 4431:43, 4432:31, 4436:43, 4446:22, 4454:47, 4455:46, 4465:8
upcoming [1] - 4454:9
usurp [2] - 4437:26, 4438:40
usurpation [1] - 4438:13

usurping [1] - 4439:17

V

value [5] - 4431:10, 4440:40, 4457:38, 4458:7, 4458:37
valued [1] - 4415:7
Values [1] - 4423:12
values [2] - 4423:21, 4425:10
varies [1] - 4414:37
various [6] - 4436:24, 4438:27, 4438:29, 4451:22, 4455:8
verbally [1] - 4439:32
verifiable [1] - 4421:14
verified [1] - 4460:25
version [4] - 4438:9, 4439:40, 4446:8, 4447:38
view [33] - 4413:30, 4413:38, 4414:11, 4414:34, 4414:40, 4414:45, 4415:17, 4415:22, 4420:45, 4421:21, 4421:36, 4422:39, 4425:43, 4428:16, 4430:5, 4430:8, 4430:45, 4431:41, 4432:34, 4437:14, 4438:24, 4438:32, 4439:15, 4441:2, 4441:46, 4456:14, 4457:11, 4458:43, 4462:5, 4462:14, 4463:25, 4464:38, 4464:41
viewed [1] - 4463:22
views [13] - 4415:2, 4433:17, 4453:26, 4454:31, 4454:32, 4454:33, 4454:35, 4454:36, 4454:38, 4454:41, 4454:45, 4455:6, 4455:44
virtually [1] - 4462:39
voice [2] - 4424:30, 4462:8
volatile [5] - 4456:10, 4456:11, 4456:30, 4457:45, 4458:36
volume [2] - 4423:1, 4459:12
vote [18] - 4417:23, 4417:31, 4417:32, 4417:33, 4417:35, 4432:23, 4432:24, 4449:2, 4454:8, 4455:7, 4455:16, 4455:22, 4455:23, 4455:35, 4455:36, 4455:42, 4456:9, 4465:35
voting [2] - 4417:36, 4417:37

W

Wales [1] - 4410:19
Wallace [3] - 4440:6, 4440:8, 4446:3
wants [1] - 4429:19
warning [1] - 4463:25
Waterhouse [1] - 4410:28
waved [1] - 4465:7
waves [1] - 4415:36
week [1] - 4459:41
welcome [2] - 4418:11, 4446:23
welcomed [2] - 4425:44, 4438:33
well-funded [1] - 4429:40
well-resourced [1] - 4427:18
wellbeing [2] - 4429:21, 4443:18
whilst [4] - 4417:10, 4421:37, 4440:42, 4442:31
whole [4] - 4445:42, 4451:32, 4451:33, 4451:34
widely [2] - 4451:26, 4453:29
wider [2] - 4428:23, 4452:34
wildly [1] - 4444:32
Winston [14] - 4419:14, 4420:29, 4447:27, 4453:8, 4457:34, 4460:9, 4460:34, 4461:22, 4461:45, 4462:4, 4465:43, 4465:44, 4466:7
Winston's [1] - 4446:37
wise [1] - 4447:21
wisely [1] - 4426:7
wish [3] - 4420:13, 4448:42, 4457:19
wished [5] - 4414:5, 4440:47, 4441:6, 4450:20, 4452:40
witness [11] - 4411:3, 4424:20, 4428:19, 4428:29, 4436:43, 4446:4, 4451:43, 4454:2, 4454:14, 4466:34, 4466:40
WITNESS [2] - 4420:17, 4436:7
word [2] - 4442:16, 4445:35
worded [1] - 4435:1
wording [1] - 4426:19
words [3] - 4431:13, 4437:40, 4466:4
Workforce [1] - 4423:12
workforce [20] - 4413:45, 4414:20, 4414:28, 4415:39, 4416:35, 4423:23, 4424:23, 4424:28, 4424:35, 4425:18, 4428:6, 4430:41, 4431:14, 4431:24, 4431:26, 4432:32, 4434:13, 4438:44, 4449:15
workload [1] - 4414:29
workplace [2] - 4464:6, 4464:7
works [4] - 4421:7, 4432:38, 4460:36, 4466:17
worried [1] - 4427:36
worse [2] - 4442:26, 4442:35
worth [3] - 4426:39, 4432:30, 4450:36
write [3] - 4451:30, 4452:14, 4453:1
writing [1] - 4452:7
written [3] - 4447:23, 4449:1, 4449:34
wrongly [2] - 4421:37, 4442:24
wrote [2] - 4435:37, 4436:10

Y

year [5] - 4427:23, 4427:25, 4449:32
years [5] - 4413:4, 4425:44, 4427:23, 4427:25, 4428:3
yelled [1] - 4424:30
yes" [1] - 4453:34
yesterday [2] - 4423:23, 4437:21
yourself [7] - 4418:23, 4420:29, 4422:1, 4440:4, 4440:31, 4450:44, 4462:41

Z

Zoom [1] - 4462:32