

**Special Commission of Inquiry
into Healthcare Funding**

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

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

Wednesday, 7 August 2024 at 10am

(Day 046)

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 Richard Cheney SC with Mr Hilbert Chiu for NSW Health

1 THE COMMISSIONER: Good morning.
2
3 MR MUSTON: Commissioner, the last witness for this
4 hearing block is Philip Minns, and he is in the box.
5
6 <PHILIP GREGORY MINNS, sworn: [10am]
7
8 <EXAMINATION BY MR MUSTON:
9
10 MR MUSTON: Q. Mr Minns, could you state your full name
11 for the record, please?
12 A. Philip Gregory Minns.
13
14 Q. You are the deputy secretary people, culture and
15 governance at NSW Health?
16 A. That's correct.
17
18 Q. How long have you held that role?
19 A. I started on 6 November 2017.
20
21 Q. You've prepared three statements to assist the Inquiry
22 with its work, the first dated 9 April 2024, another of
23 7 June 2024, and finally, 17 July 2024. Do you have copies
24 of those statements with you?
25 A. I don't have the first statement with me.
26
27 THE COMMISSIONER: Neither do I. So I'll just ask someone
28 to get that one. I forgot that.
29
30 MR MUSTON: It doesn't matter. You can, but I don't
31 intend to take Mr Minns to that statement. It is the
32 second and third which are of greater relevance for the
33 present hearing block.
34
35 Q. Have you had an opportunity to read the second and
36 third statements before giving your evidence today?
37 A. I have.
38
39 Q. You're comfortable that their contents are, to the
40 best of your knowledge and recollection, true and correct?
41 A. I am.
42
43 MR MUSTON: In due course, Commissioner, they'll form part
44 of the tender.
45
46 Q. Can I start by --
47

1 THE COMMISSIONER: Is there a correction to paragraph 37
2 of one, or has that been made?

3
4 MR MUSTON: I'm sorry.

5
6 THE WITNESS: There is, Commissioner.

7
8 MR MUSTON: Q. We had better deal with that.

9 A. When I was reviewing my statement, I noticed that the
10 table that preceded paragraph - it's got here 36 but
11 I actual think it's 37.

12
13 Q. The table which is headed "Staff Retention Rate"?

14 A. That's right. So I reviewed that table, and I noticed
15 that the paragraph, which I think is on the following page,
16 was slightly inaccurate, and so what it should say is:

17
18 *Nursing and allied health permanent staff*
19 *retention continues to improve. The*
20 *retention of permanent nurses has increased*
21 *from 92.6 in 2023 to 93.6 in 2024, to be*
22 *broadly in line with pre-COVID retention*
23 *levels.*

24
25 Q. Other than that correction, you're satisfied that your
26 statement is true and correct?

27 A. Yes, I am.

28
29 Q. Thank you for that. I want to start by just raising
30 with you an issue that's been touched on by a number of
31 witnesses who've been called during this hearing block,
32 including those from industrial organisations and ministry
33 witnesses, the effect of which is to say that the awards
34 which govern employment in NSW Health are largely outdated.
35 I gather that's a view that you share?

36 A. I do share that view.

37
38 Q. What about the VMO determination? Is it also in need
39 of updating?

40 A. Well, updating, yes, and that is the view of the AMA,
41 but it's not as aged as, say, the medical staff awards
42 which date back to the 1980s. So there's been a more
43 recent adjustment to the VMO arrangement.

44
45 Q. And dealing with the medical staff awards first, is it
46 the case that they don't really reflect the contemporary
47 realities of running a public health system in New South

1 Wales?

2 A. That is the case, and it's most principally about the
3 need for out-of-standard-hours work. Historically, our
4 health system, and pretty much health systems all over the
5 world, have relied upon junior doctors in training being
6 the people who are called out or are working outside of
7 normal hours, and there's been a lot of change in sentiment
8 around that practice for junior doctors, both in New South
9 Wales, Australia, and in many other countries in the last
10 decade.

11
12 Q. To sort of unpack that a little bit, the historical
13 practice was for staff specialists who are fellows or
14 accredited specialists to be delivering care through the
15 day, 8 till 5, and --

16 A. And doing their rounds with the doctors in training.
17

18 Q. And during the evenings the care was historically
19 delivered by junior medical officers who had some capacity
20 to phone a friend in the event that they needed to, but
21 otherwise bore the predominant brunt of providing medical
22 care outside of those traditional working hours?

23 A. And if the junior doctor on a non-daily shift was not
24 a registrar, their first port of call, as I understand it,
25 would normally be to call the relevant registrar, and the
26 registrar would often determine if they felt they needed to
27 speak to the consultant, the specialist.
28

29 Q. In that, as part of that historical practice, the
30 relevant registrar was one of the junior medical officer
31 workforce, albeit a little bit more senior, which was under
32 the arrangements providing care around the clock and
33 outside of those ordinary working hours?

34 A. Yes. So the registrar would be historically, and this
35 is a point of recent change, a doctor with three years'
36 experience in the public health system, and their registrar
37 status is conferred by the fact that they're an accredited
38 trainee in a college specialty program.
39

40 Q. You mentioned the way in which the junior medical
41 officer workforce view that arrangement has shifted in
42 recent times. Has there also been a shift in the
43 complexity and the way in which medicine is delivered,
44 which means that not only from the perspective of the
45 expectation of junior doctors, but also just as a matter of
46 practical reality, more senior doctors need to be involved
47 in the delivery of care to a far greater extent outside of

1 those traditional working hours?
2 A. Noting that I'm not a clinician, but that's what
3 clinical colleagues, you know, both at LHD level and the
4 exec level, have advised me. I think it's about, as
5 I understand it, the increase in specialty and
6 sub-specialty procedures; the fact that there are more
7 treatment opportunities and lifesaving opportunities
8 available now; and obviously our community expects that
9 they should have access to those. So that's a driver in
10 the way that you've described.

11
12 Q. And is the practical consequence of that, at least in
13 relation to staff specialists, that what is built in to
14 their existing award as a reasonable on-call allowance has
15 potentially been stretched in a way that what might once,
16 at the time of the award, have been seen as the realities
17 of being on call, now really has morphed into on call being
18 part of the delivery of 24-hour care in a far more
19 substantive way?

20 A. Look, I think broadly, yes. I think I would go to my
21 team to say, "How consistently similar is that practice?"
22 So it's going to be the case for certain disciplines and
23 specialties but not for all, and, you know, if Ms Collins
24 was here, she could probably rattle off a list for you
25 where it's not very common that there's an out-of-hours
26 requirement for senior medical staff.

27
28 Q. So just to pick an easy example, an intensivist might
29 have out-of-hours obligations in caring for people who are
30 in intensive care which would be, at a practical level, far
31 more burdensome, say, than the likely out-of-hours care
32 required of a dermatologist?

33 A. Of a?

34
35 Q. Dermatologist?

36 A. Yes, that's a good example.

37
38 Q. But the existing award structure is such that it's not
39 easy to tease out amongst those different areas of
40 specialisation what is and isn't reasonably required and
41 the way in which what is reasonably required is dealt with
42 under the award assumes, effectively, that they're all the
43 same?

44 A. Yes, and there's a presumption in the award that it's
45 a salaried award, so there's an onerous hours clause within
46 the award which at times is invoked, and there's also in
47 the secretary's determination an allowance - I hesitate to

1 give you the percentage because it's fuzzy, but I think
2 it's 17 per cent, and that is a - I don't know the date
3 that that was introduced but it's a response to this issue
4 of the changing work requirements and the lack of
5 out-of-hours work recognition through remuneration.
6

7 Q. We've heard from the AMA, at least in relation to the
8 VMO determination, that one area in which it's said that it
9 has not adapted or not yet been adapted is the virtual
10 delivery of health care and the virtual participation in
11 meetings and the like. Before we come to that, can I ask,
12 is that also a feature of the awards - that is to say, is
13 that something which is not well picked up by the existing
14 awards or is not so much a problem in that area?

15 A. I will confine my answer to junior doctors because, as
16 part of the settlement of the ASMOF prosecution for award
17 breach, we have recently agreed to adjust upwards the
18 on-call arrangements and the - I think it's both holding
19 yourself on call and being called. We've adjusted that up
20 considerably as part of that settlement arrangement. I'd
21 need to ask Ms Collins about the detail of the senior
22 medical award.
23

24 Q. Coming back to the VMO determination, do you have
25 a sense that that's an aspect of the VMO determination
26 which has perhaps failed to keep up with the greatly
27 expanded use of virtual health care and virtual attendance
28 at meetings and the like?

29 A. I'd say it's entirely possible without being expert in
30 that particular issue.
31

32 Q. The other issue that you touched on in your statement,
33 and a number of other witnesses have addressed with us, is
34 the fact or the suggestion that the awards currently in
35 place contemplate wages and salaries which are a bit out of
36 step with those which are available in other jurisdictions?

37 A. That's the position that we've evolved to nationally.
38 I would like to add a little bit of information in this
39 context.
40

41 Q. Please do.

42 A. I went back and I asked the finance team to pull out
43 inflation for the March quarter because that was when
44 I asked it to be done, and in eight of the years from 2012
45 to 2024, the 2.5 per cent standard wage increase that was
46 available exceeded that inflation rate, sometimes by
47 a factor of 1.5 per cent. So, you know, for eight of the

1 years of the cap arrangement, you could pretty much say
2 that public sector workforce did relatively well compared
3 to the national inflation rate.
4

5 That obviously changes in the last three years -
6 I think it's about 7.1 per cent; and there was one year
7 where they were equal, they were both at 2.5 per cent.
8 But, you know, the reality is those movements in other
9 states happened even though the national inflation rate was
10 not particularly high, and they were decisions of those
11 jurisdictions.
12

13 Q. So is the point there that there are two things that
14 have driven the disparity between wages and salaries for
15 health workers in New South Wales on the one hand and those
16 in other jurisdictions on the other: the first being the
17 cap on public sector wage increases which contributed to
18 it, and particularly in the last few years to the extent
19 that those wage increases might not have kept up with
20 inflation? Say it out loud for the benefit --

21 A. Yes, yes.
22

23 Q. And the second being that, in the uncapped
24 environments that prevailed in other jurisdictions, they
25 were providing wage increases along the way that were not
26 only in excess of those - not only in excess of inflation
27 but also in excess of those which had been offered in
28 New South Wales?

29 A. Yes, and they tended to roll around at the point of
30 the election cycle.
31

32 THE COMMISSIONER: Q. Inflation's not the only guide
33 point, though, is it? I mean, people in the public sector
34 workforce and the medical workforce might also be looking
35 at the rate at which property prices are going up in Sydney
36 or New South Wales as a guidepost, as much as inflation.

37 A. Certainly. I would agree, Commissioner.
38

39 MR MUSTON: Q. The other point of disparity between the
40 salaries and wages available in - salaries for medical
41 staff, at least, available in the public system, and other
42 medical professionals, is the remuneration which is
43 available to them if they work in the private sector?

44 A. (Witness nods).
45

46 Q. And there is an increasing gulf between what, at least
47 in some areas of specialisation, a doctor can earn in the

1 private sector, as compared with what's available in the
2 public sector?

3 A. I think that's broadly correct but we are aware of the
4 fact that rates of private health insurance are in decline,
5 and so that's possibly having a trend effect on the scope
6 of possible earnings in the private health system.

7
8 Q. In terms of that disparity, though, is there some
9 sense to which the setting of wages and salaries within the
10 public health system needs to take into account what's
11 available in the private sector, not necessarily to match
12 it, but to try and strike a balance which means the gulf is
13 not so large that it disincentivises a large proportion of
14 people from participating in the public sector?

15 A. I think we probably have measures to try and address
16 that. So the fact that we have in the order of 6,000
17 visiting medical officers, that's generally driven by the
18 choice of the clinician, that's how they prefer to work, so
19 that offers them the scope to work in both systems. And
20 the fact that we have the rights to private practice
21 arrangements, which I think Ms Collins is the only person
22 who completely understands those arrangements - the fact
23 that we have those, I think is an attempt to try and
24 address the issue. Because it gives the staff specialists
25 the capacity to generate remuneration from private patient
26 revenue that they contribute to the public hospital.

27
28 Q. We've heard conflicting evidence about the merits of
29 having a large VMO component of the medical workforce in
30 New South Wales. Some industrial organisations take the
31 view that it's not a great strength; another industrial
32 organisation that represents the visiting medical officers
33 has expressed the view that it is a great strength. What's
34 your view?

35 A. I think our view is that, by dint of history, we
36 couldn't run particularly some of our regional hub
37 facilities, hospitals, if we did not have that VMO
38 workforce. So, you know, I understand that the other
39 states evolved differently, and in preparation for this
40 I really only became aware or reacquainted with an idea
41 that I might have once heard that, originally, VMOs were
42 not even paid, they were honorary positions, you know, so
43 they worked in their rooms but they worked in the public
44 health system to try and train the future workforce.

45
46 Now, that arrangement changed somewhere I think in the
47 '70s, or maybe the '60s, but we need those 6,000 VMOs in

1 New South Wales and it would be very difficult in regional
2 hospital environments if we didn't have access to them.

3
4 Q. Does it help to bridge that gap or overcome some of
5 the problems caused by the gap between remuneration
6 available in the public and private sector, in the sense
7 that you can enable people to dip in and out of both and
8 create an income at a level that they are comfortable with,
9 whilst still providing a level of care within the public
10 health sector?

11 A. I would guess that that's the particular view of
12 people who wish to work as a VMO and the view of the AMA,
13 and it's particularly the case for some specialty groups
14 and the one that comes to mind is anaesthetics.

15
16 Q. In terms of anaesthetics, we have heard some evidence,
17 from the anaesthetists, from memory, about a shift in
18 relatively recent times from a reasonable-sized staff
19 specialist anaesthetic workforce into what is now
20 predominantly a VMO-based workforce. Do you have a sense
21 of what the cause of that is?

22 A. Well, I think it is people making personal choices,
23 and they make those choices, in the context of your own
24 remarks in your last question about, you know, "What works
25 for me?" "How do I get the best remunerative outcome
26 that's available?" I think that's why they make that
27 choice.

28
29 Q. One of the suggestions that has been put to us is that
30 the catch-up work for surgery which happened post COVID, so
31 the need to try and reduce the waiting lists for elective
32 surgery post COVID, saw a substantial amount of that work
33 being done in the private sector and that the remuneration
34 available to anaesthetists in the private sector was, to do
35 that same work, superior to that which was available to
36 them in the public sector. Do you have a view on whether
37 that's right or wrong? You may not, but --

38 A. I think I'd be a bit sceptical that it's that much of
39 a linear relationship. My memory of that time was that
40 there was in the order of 300 plus million in COVID-related
41 funding to go after that waiting list issue, and the
42 300 million was about purchasing activity however you
43 could, in whatever way you could, and because of capacity
44 issues in theatres in public hospitals, private hospitals
45 became, you know, an obvious way of trying to do the work.

46
47 The arrangements by which LHDs outsourced that surgery

1 work to a private institution, a private hospital, they
2 were the subject of local negotiation and they relied
3 sometimes on historical custom and practice. So if there
4 was an historical agreement that they were to be paid at
5 a rate of X and had some kind of percentage alignment to
6 the AMA rates that they publish, then that's probably what
7 flowed in the COVID period. But we did not universally as
8 a system promote that outsourced work at elevated fees.
9 Where we thought we could get it done in a comparative pay
10 to the staff specialist arrangement, we sought to hold on
11 to that.

12
13 Q. And that's a time-limited issue, presumably, once
14 we're through COVID and the waiting list starts to get down
15 to a point where it's closer to what we're all accustomed
16 to be seeing and KPIs require, presumably the outsourcing
17 of that work falls away?

18 A. Well, we managed to get the backlog down. I won't
19 remember the month and the year, but I'll reference it to
20 COVID waves. We got it into shape again relatively quickly
21 after the initial COVID wave. Then, of course, it blew out
22 again as we suffered a further need to curtail elective
23 surgery as a result of the Delta wave, and then there's
24 been - I won't get the name right, but there's been a task
25 force in the last year that has again got elective surgery
26 I think down to a number below 2,500 on the waiting list.
27 So, you know, the sort of not high waiting list in elective
28 surgery is an all-government objective. It doesn't matter
29 which government of the day; they all seek to have that
30 position maintained.

31
32 I guess if you're an LHD chief executive and you've
33 got a waiting list issue in your domain, then you're going
34 to find any way to address that because of the keen
35 pressure to get that KPI into a good position. So it could
36 go either way in the future, I guess is what I'm saying.

37
38 Q. You mentioned earlier the indications that there might
39 be a downturn in the rate of people picking up and
40 maintaining private health insurance. What is the
41 relationship between that and the issues that we're talking
42 about?

43 A. Well, not really in my domain, but if there are less
44 people with private hospital - private health insurance,
45 those people are going to seek treatment for whatever
46 procedure they need in a public hospital. If you hold
47 private health insurance and you've got the right mix of

1 cover, you can potentially access care faster, but it is
2 I think pretty clear that the cost of living impacts are
3 producing a trend away from private health insurance, and
4 the Commonwealth Department of Health and Ageing is
5 sufficiently concerned about developments in the private
6 health system that they have commissioned a piece of work
7 to try and understand the viability, sustainability of the
8 current private hospital system, and I think that work is
9 due to report at the end of this year.

10
11 Q. In terms of the process of award reform, the current
12 process, as we understand it, tends to be a logging of
13 a suite of claims by one organisation identifying areas
14 within an award that they say needed adjustment or
15 improvement for the benefit of their members, and then
16 engagement with the ministry in relation to those issues.

17 A. (Witness nods).

18
19 Q. I think you tell us in your statement that that has
20 the capacity to leave particular issues in the award that
21 might be outdated but seen as favourable to the workforce -
22 for example, a particular loading that might be in place
23 for something that maybe in a contemporary space doesn't
24 need to be there, not finding its way on to the table as
25 part of those negotiations. Have I accurately captured the
26 industrial relations process, as you understand it?

27 A. Pretty much. I mean, my history in this goes back to
28 the structural efficiency principle of the national wage
29 case back in the early '80s, before the national wage case
30 that introduced enterprise bargaining.

31
32 Now, in that period I was working in New South Wales
33 Government in the industrial relations unit that oversaw
34 all of the so-called second tier agreements, so you had
35 to - you got a certain wage increase, but to get access to
36 the second available tier, you had to produce bargaining
37 offsets.

38
39 Now, right from that point, most unions - well, in
40 fact, I'd say confidently all unions - have not enjoyed
41 that offset bargaining process. It's - the only time where
42 there's really a concurrence is when the operation of an
43 award clause or matter is - you know, it's stupid for
44 everybody, including the members of the union. Then in
45 that instance, they'll happily have it on the table,
46 particularly if they think it can contribute to an argument
47 as to why they should get access to additional income.

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

Q. Say the hypothetical incinerator allowance in circumstances where hospitals no longer have smoke stacks that puff smoke?

A. Yes - so, yes, people would readily agree to have that removed but it doesn't produce any kind of saving, so there's no actual offset for the bargaining.

Q. There is also, you tell us, and Ms Collins has told us, a vast array of awards which cover different small pockets within the medical - well, the health workforce generally, not just the medical workforce?

A. I think it's 46 awards.

Q. As part of award reform, do you think there would be benefit in effectively scrapping all of them and starting with some blank sheets of paper to identify a suite of - a consolidated suite of awards that adequately covers all of the various facets of contemporary delivery of medicine from cleaning, hotel services, to the medical services which are provided?

A. Look, I think it's a "yes and no" answer. If you could do it, tremendous. Just how long it would take, and most particularly how much it would probably cost, you know, they're both impediments to going from the blank sheet of paper to a tremendous future outcome. If you would like me to expand, I can give you a couple of examples.

Q. Please do.

A. We have been in discussions for - it probably is nearly six months - with the HSU regarding a collection of awards that relate to the allied health workforce broadly. The plan there is to try and come down from a number in the teens to either three or five streams. So those discussions have been ongoing, and they're making progress. They're not complete.

Where it becomes challenging for us and for government is that those awards relate to different those professional groups, and you can do some streaming and that would be effective and it would reduce cost payroll in the system and it would take out some of the complexity that leads to people not being paid correctly and so on. So it would be beneficial. However, the key issue for government will be the conditions award, because if the approach taken is that for every condition award entitlement we would like,

1 please, to have the best one of the suite going forward,
2 then we're adding cost in a net sense with getting a sort
3 of fairly minor payroll administration benefit. And so
4 that is going to become a sticking issue in those
5 negotiations with the HSU.
6

7 Q. That becomes a sticking issue as part of a negotiated
8 process which is seeking to achieve a negotiated outcome.
9 Is there scope for that process to be given some sort of
10 a sunset clause at the end of which an independent arbiter
11 of some sort, perhaps someone sitting two floors above us
12 in this building, takes up the blank sheet of paper or at
13 least the draft that has been agreed upon with the areas of
14 disagreement and resolves the issue for us?

15 A. The short answer is yes. The longer answer is that
16 we're in a fairly - a fairly new horizon with mutual gains
17 bargaining in New South Wales and with the reintroduction
18 of the industrial court within the IRC. All of the major
19 unions that we're dealing with are very keen to have
20 a significant go at mutual gains bargaining, and we're in
21 the process of - we're 10 or so meetings in to discussions
22 with the Nurses and Midwives' Association. I have
23 mentioned that that allied health work has probably
24 started, you know, well before any other, and ASMOF and us
25 have met, I think about a week ago, to have a kick-off
26 meeting, and again they're very keen for mutual gains
27 bargaining to make progress.
28

29 There are complicating factors, for example, that the
30 HSU is in the middle of a process of determining if they're
31 going to accept the government wages offer, which was an
32 arrangement for their general membership, and then
33 a different arrangement for those allied health workers,
34 whereby they would get the year one offer the government
35 had tabled, but they wouldn't be bound by years two and
36 three. They would seek to use the first year to complete
37 that award reform process, and at the end of that, that
38 would dictate outcomes for years two and three.
39

40 Now, all of the unions, the major unions that we deal
41 with, want that kind of bargaining process mostly, with
42 that caveat that I've explained for the HSU. The
43 fundamental issue that we face is that the government,
44 through the expenditure review committee, has made
45 a decision about its offer and that binds us, and so we
46 enter those negotiations in good faith, but we - you know,
47 we have a limit to what we're able to achieve. So it's

1 very likely at some point that one or both parties are
2 going to seek the assistance of the Industrial Relations
3 Commission, and the timing of that I think will come down
4 to the level of progress in those negotiations and things
5 like the uptake of industrial action and how that impacts
6 government services where we seek the help of the
7 commission to resolve the matter, and ultimately, that can
8 lead you to an arbitration.

9
10 Q. Would some sort of a deadline, and park for one moment
11 how far off into the future that deadline might be, would
12 that assist the process?

13 A. Look, I think we've kind of got deadlines as it sits,
14 only they're not uniform. As I understand it, the HSU did
15 not vote to accept the package offer that I described
16 earlier, so we're still waiting to see how that lands
17 within government and what it might dictate about our
18 negotiations on those allied health awards. We're still
19 kind of in a bit of limbo there.

20
21 I think once we commence that bargaining with the
22 other unions - and we already have with nursing - at some
23 point we're going to run up against the fact that if we
24 have bargaining parameters from the government delivered by
25 the expenditure review committee that bind us, that's
26 probably going to initiate a break point in those
27 discussions, and I - you know, for reasons of good faith,
28 I really don't want to offer a timeline on that, but it's
29 not next year.

30
31 Q. That process, hitting that ceiling, which might
32 ultimately be reached, accepting that good work is being
33 done in relation to the attempts to streamline the allied
34 health awards, will allowing the process to run its current
35 natural course to the point where it hits the ceiling and
36 drifts into an arbitration result in the streamlining of
37 any of the other 30-odd awards that sit out there in the
38 health space?

39 A. We'll be in the hands of the commission in terms of
40 the nature of the applications that are made to it.

41
42 Q. Just pausing there, who determines that?

43 A. Well, if we're in conciliation guided by the
44 commission, I think that the commissioners would expect
45 that where the parties could narrow the issues that are
46 unresolvable, that we should. And so to your question
47 about the things that you could work on and negotiate to

1 generate effective reform, you know, a deadline for that of
2 X months would not be unhelpful, but I think Ms Collins has
3 really drawn out the fact that in circumstances where
4 you're seeking to update awards for new and different
5 working arrangements, the sort of savings that you can
6 generate are relatively minor. They're in the back office
7 processing world, and when you compare those to the
8 expectations that are expressed in logs of claim, we're
9 a long way apart.

10
11 It's a chicken and egg thing. A union will generally,
12 I think, not really want to concede on some reform options,
13 even though they might agree that they're desirable, unless
14 they know what the corollary benefit is going to be, and so
15 if that piece cannot be resolved and it's heading to
16 arbitration, it may stall those potential arrangements as
17 well.

18
19 THE COMMISSIONER: Q. When you were talking about new
20 and different working arrangements and the savings might be
21 minor, were you talking about the evidence Ms Collins gave
22 about perhaps changing the rostering system?

23 A. The rostering system for doctors?

24
25 Q. Yes.

26 A. Yes, I think that's correct, Commissioner.

27
28 MR MUSTON: Q. The dollars is obviously a very important
29 part of the process, but there is another element to it,
30 isn't there, which is bringing the awards into a state
31 where they do reflect the contemporary way in which workers
32 within the public health system are working?

33 A. Yes, it would be much preferable that they did reflect
34 the working arrangements, and I think Ms Collins very
35 eloquently explained the way that health dodged the various
36 attempts in the last couple of decades to update awards in
37 Australia. We kind of managed to sit outside those
38 processes.

39
40 Q. You told us in your statement that one of the
41 particular challenges with award reform is the fact that
42 it's currently unfunded, which I think probably comes back
43 to something you told us a moment ago about the ceiling, as
44 it were?

45 A. Yes. So, look, the former government had a wages
46 policy that involved the regulation that Ms Collins
47 discussed, and it produced the 2.5 per cent annual cap,

1 with the exception of 2020, I think it was, when we - when
2 you had an arbitrated 0.3 per cent outcome. Now I've lost
3 the thread of your question.
4

5 Q. The question related to your proposition that one of
6 the challenges with award reform is the fact that it's
7 currently unfunded.

8 A. So we've had a cast back through records and at least
9 in 2020, we can establish that in our package of what
10 I call new policy proposals, to the first round of
11 expenditure review committee deliberations, we put award
12 reform with a cost envelope into that package. I've got
13 a memory that we did it in 2019 as well, but we just can't
14 find it to prove it.
15

16 Late in 2020 and 2021, the health secretary wrote to
17 the secretary of treasury about the issues of - first of
18 all, it was about the issue of what we thought was
19 a pending class action, hadn't yet been received, and the
20 second letter was to say, "Yes, we've got it", and we were
21 saying --
22

23 Q. Just pausing there, that's the junior medical
24 officers' class action?

25 A. Correct. But what we were trying to get treasury at
26 least to understand was this is a problem, being that as
27 different to, you know, worked reality as it is, and
28 there's no magical way that it goes away without funding,
29 and, you know - so very definitely, the first time we put
30 this to treasury officials was 2020. I think it might have
31 been earlier in verbal dialogue.
32

33 Q. Is the underlying proposition, the system would be
34 greatly enhanced by a process of award reform that brought
35 the awards - that consolidated the awards and brought them
36 into line with the contemporary delivery of medicine or
37 public health across the full spread of that workforce?

38 A. Yes, and if you look at the processes Ms Collins
39 described at the national level, the award simplification
40 process, et cetera, I mean, that was the whole logic of it:
41 let's update these, let's make them plain English and
42 current so that - because some of the disputes we
43 experience are driven by the lack of clarity in the awards
44 and the sort of arbitrage that occurs around, well, what
45 does that really mean.
46

47 Indeed that was the case in the class action where

1 there were, you know, what I would have said were settled
2 common interpretations between us and the industrial
3 organisation, ASMOF, but they were challenged in the class
4 action as to the construction of the language in an award
5 that was struck in the early 1980s.
6

7 Q. And the proposition that that process of award reform
8 is unfunded, that presumably reflects at least a practical
9 view that you have that in order to bring all of those
10 awards, consolidate them and bring them up to date, will
11 result in an increase in the wages bill being paid by the
12 state to workers within the medical workforce, and the
13 health workforce?

14 A. It's considerable cost. And being involved with the
15 expenditure review committee and understanding their
16 broader budget context, it's not a problem that I think can
17 be solved in a single year. If our goal is to do something
18 about comparative wages between New South Wales and other
19 jurisdictions, noting what Ms Collins said about we don't
20 have to go to the top, it can't be done in one year. It's
21 a multi-year issue that - because of its impact on budget.
22

23 To that effect, if you add the VMO component to our
24 employee-related costs, I think that takes us to
25 60.5 per cent of our budget is in that labour bucket, and
26 so it's about \$17 billion.
27

28 Q. Putting aside for just a moment the rates of pay and
29 the issue that you raise about bringing them into some sort
30 of conformance, or perhaps not matching but bringing them
31 into a closer conformance with other jurisdictions, are
32 there also costs associated with simply bringing the
33 working conditions contemplated by the award to a point
34 where they reflect the contemporary realities of the way
35 that work is being done?

36 A. There are costs, because, in respect to the 24/7
37 medical system operation, we would be moving to a view that
38 we need a remuneration arrangement that recognises that
39 time that is often being worked, which is currently treated
40 in that salaried manner with an allowance, and we'd be
41 saying, well, we need to recognise more clearly the work
42 that's being done.
43

44 You know, there are mixed views on that. I mean,
45 we've got a matter before the IRC which they've directed us
46 back to bargaining on that relates to the children's
47 hospital network, and in that context, the view of the

1 ASMOF members there is they don't want to be shiftworkers,
2 but the way the award is constructed, we argue that we have
3 a problem making them work outside of the award's standard
4 hours.

5
6 Q. I take it from that answer that you perceive there to
7 be significant benefits on both sides to that process for
8 award reform. Just picking up the shiftworker example, if
9 the contemporary realities of delivering medical care mean
10 people need to work outside of traditional working hours,
11 the system would benefit from having an ability to actually
12 say, "That is what you are required, under the awards, to
13 do if you accept this job, subject, of course, to
14 negotiations with your workplace, and those who set those
15 shifts and rosters"?

16 A. Yes, I think that's correct, but, you know, I don't
17 want to leave the impression that our senior medical
18 workforce refuses to work outside those hours; they do work
19 outside them. I mean, that's the issue, that what they
20 receive in terms of onerous hours allowance and the
21 determination allowance isn't seen any longer as being
22 appropriate.

23
24 Q. Which brings us to the potential benefit of reform to
25 the medical workforce - those who do do that out-of-hours
26 work, which as a matter of contemporary reality, you tell
27 us, and we've heard from many people, lots do, they get
28 recognised and clearly remunerated for that out-of-hours
29 work as opposed to having either a perception or a debate
30 about whether or not what they're doing is genuinely
31 reasonable on-call type work?

32 A. I've lost the thread on that one.

33
34 Q. So have I. The benefit to them is they get - to the
35 extent that they are working out of hours as part of what
36 is, as a matter of practical reality, shiftwork, they're
37 getting recognised and remunerated for that work when it's
38 done?

39 A. Well, I just - I think it goes to certainty, and, you
40 know, people will be clear about what the arrangement is
41 and the payment they receive, and I think that's probably
42 beneficial.

43
44 Q. So the risk of there being a feeling of
45 dissatisfaction because someone feels like the work they're
46 doing amounts to a lot more than being on call will be
47 reduced because they're no longer being told, "Well, we're

1 giving you an on-call allowance to work that night shift",
2 they're being paid a night shift to work a night shift?

3 A. Well, I think you can probably look at the dispute
4 that was quite some time ago, well before me, involving
5 emergency physicians, where, you know, they get an
6 allowance and they can work up to midnight. You know,
7 there was a lot of heat in that industrial dispute.
8 I can't remember which decade it is in, but there was an
9 impact on the availability of emergency doctors at that
10 time, and I don't think we've experienced that problem
11 since.

12
13 Q. We have some indication that, in some of those other
14 areas where 24 hour delivery of medical care by a senior
15 medical workforce is a reality, you can have a situation
16 where a workforce which is - or a unit or group which is
17 working very well together effectively arrange as between
18 themselves and with their head of department a shiftwork
19 type arrangement where they each do their shifts and the
20 system works beautifully. Are you familiar with those
21 sorts of arrangements hovering out there in corners of the
22 system?

23 A. I don't think I particularly am aware of it. I mean,
24 I think Ms Collins might have more clarity on that. It's
25 certainly possible. You know, local custom and practice is
26 a feature of work places.

27
28 Q. The risk of the out-of-date awards, though, is,
29 I think coming back to the point you were making in
30 relation to the Children's Hospital, you're not currently
31 in a position where, to the extent that the system
32 perceives that 24-hour shiftwork type care is required,
33 that you can say to a staff specialist on a staff
34 specialist award, "Tonight's the night shift for you,"
35 because there is no such thing under their award?

36 A. I think that's correct in terms of the award
37 construction, yes.

38
39 Q. It also reduces the risk of perhaps the perception,
40 perhaps the reality, of people who are working under those
41 arrangements and spreading themselves between a staff
42 specialist position in the public system, with some
43 additional work in the private system being seen as
44 double-dipping, because there will be greater clarity
45 around exactly what they're required to do when working in
46 the public system and once they've done their shifts in the
47 public system, if they choose to use their free time, even

1 if that happens to be a Monday or Tuesday, working in the
2 private system, there's far less scope for debate of the
3 type that we have heard some complaint about in our
4 travels?

5 A. Look, I think again, everyone would have certainty and
6 that's preferable in these sorts of workplace matters.

7
8 Q. Do you think there might be benefit, picking up on
9 something the AMA told us, in having the VMO determination
10 review process, arbitration process, whatever the process,
11 appropriate process might be, happening in parallel with
12 the equivalent process that's taking place in relation to
13 the staff specialist award?

14 A. I think so, subject to our capacity to resource it,
15 but, you know, they are two workforce groups that work in
16 combination, so there'd be utility in trying to plot their
17 future in combination.

18
19 Q. In paragraph 61 of your most recent statement - this
20 is the last question on awards - you tell us a little bit
21 about the need for there to be regulatory reform in both
22 awards and legislation to enable an increase in scope of
23 practice.

24 A. (Witness nods).

25
26 Q. Just while we're dealing with the awards, what are the
27 adjustments, in a broad sense, that you contemplate need to
28 be made to awards to improve or increase the scope of
29 practice or the tapping of scope of practice within the
30 medical and non-medical workforce?

31 A. I can't give you a particular and precise answer, but
32 insofar as awards create prescription about what can be
33 done by an occupational group, that will either be the
34 problem or it will be in regulation with respect to the
35 example there that's about prescribing medication. So it's
36 whether the level of prescription in the award offers you
37 agility around workforce mix or not. And if they're very
38 old, they probably don't offer you much agility.

39
40 Q. And does something that flows from that include the
41 broad proposition that, at least to the extent that it's
42 within the state's power to do so, discussions around scope
43 of practice and making sure everyone's working at top of
44 scope to the best of the system's ability to achieve that,
45 that should be on the table as part of these award
46 discussions, as should any adjustments to legislation or
47 New South Wales based regulations which impact on the

1 ability of those people to do so?

2 A. I would agree, but I would also say that - and I think
3 Ms Dominish's evidence on this was very clear, so I don't
4 want to muddy it about the question of scope and beyond
5 scope. The idea about people working to top of scope is
6 very commonly discussed across the system, but it's not
7 necessarily the case that professional groups share the
8 same appreciation of how that will play out in a hospital
9 environment. Yes, I think that's - I don't want to muddy
10 the very clear evidence of Ms Dominish.

11

12 Q. Picking up on just that last point you make, though,
13 so there's possibly a third issue: there's award
14 adjustments to the extent necessary; there's legislative
15 and regulatory adjustments to the extent that that might be
16 necessary; but there's also a significant cultural change
17 piece which needs to be managed very carefully?

18 A. Yes. I think that's a very good observation.

19

20 Q. Can I come now to the non-standard arrangements that
21 you've touched on in your most recent statement, and
22 Ms Collins gave some evidence about. The first question
23 around that is: are they, at least in part, a product of
24 the outdated awards?

25 A. I would say they're - I would say they're recent
26 prevalence, quite potentially so, but we are aware, and
27 I was informed by the person who was the director of
28 workplace relations pretty much a couple of months after
29 I arrived in health that we had significant issues and that
30 one of the ways the system had evolved under the radar to
31 deal with the issues that we faced was this movement to
32 non-standard arrangements which the ministry often - well,
33 certainly hadn't been in the approval gateway, and the
34 ministry often was completely unaware of. So they - and
35 some of them are more than 25 years old.

36

37 Q. When you refer to these arrangements having been
38 brought in to address - under the radar to address issues,
39 I gather one of those issues is the outdated nature of the
40 award, but there are also others?

41 A. I think there are other aspects to why they occur,
42 and, you know, talking to a former chief executive, who is
43 now a colleague in the ministry, he could recall broadly
44 the reason why, when he was at a hospital 20 years ago,
45 they introduced an arrangement, because he got something
46 back in return that probably related to either patient flow
47 issues or maybe about, you know, a scope of work issue

1 between different professional groups. So sometimes
2 there's a - it's a local custom and practice, I think, that
3 reflects a bit of quid pro quo.
4

5 I think the other factor at times is that we've often
6 had workforce shortage, and I think some evidence was given
7 across the last couple of weeks about the way we describe
8 the problem now is similar - I think it might have been in
9 your opening statement - to how someone described it in
10 2001 or thereabouts.
11

12 So these problems are longstanding and in order to get
13 the kind of senior medical staff that you need,
14 particularly in a regional major hub or - and most
15 definitely in a rural setting, you are exposed to the
16 relevant market power that is associated with labour
17 shortage, and, you know, it's a bit like what happens with
18 locum payments. If you decide that - as a general manager
19 or if it escalates to the chief executive, if you decide
20 you're not going to meet the, you know, elevated
21 expectation for a locum payment for a long weekend or for
22 Christmas, that will be in the media, that will be brought
23 to the minister's attention, it will be - and so I think at
24 times they go - the easier pathway here is to keep
25 a doctor, and this doctor wants an arrangement in order to
26 stay. I think they probably assess that the ministry is
27 unlikely to grant approval so they get creative. But I do
28 understand their context for why they get creative, because
29 an enormous amount of pressure is loaded on to them if the
30 issue of there not being a doctor for coverage becomes
31 public.
32

33 Q. In terms of the obtaining approval from the ministry,
34 ministry, you said there might have been a perception that
35 the secretary would withhold approval in a number of the
36 cases that you at least have in mind. What is it about the
37 non-standard arrangements which cause particular problems
38 or challenges within the system such that it would result
39 in a decision being made not to approve the arrangement
40 which would see that doctor being kept in a corner of the
41 health service which the LHD thinks they're needed in?

42 A. So I think Ms Collins stepped through these very well.
43 One of the issues relates to the use of public funds, and
44 so we have a set of awards and relevant determinations that
45 dictate what someone should be paid. So it's not a great
46 thing that they get set aside either temporarily or for
47 a period of years. I think Mr Loy gave that evidence as

1 to, when he was made aware of arrangements at Westmead, he
2 didn't feel that he could just continue the further
3 extension of an arrangement that was possibly 20 years old.
4

5 So I think that's relevant. I think the next point
6 for us is the one about internal market distortion. So we
7 don't really want - even though I think the non-standard
8 arrangements, the fact that they exist, gets us to this
9 point, but as a ministry we don't really want to have
10 a scenario where there's variable remuneration arrangements
11 across a specialty group, because they talk to each other,
12 and particularly the mobility of some medical workforce who
13 work in more than one facility or those who occasionally do
14 locum shifts and so therefore go to a site and understand
15 the arrangement there.
16

17 So it's not great that those arrangements differ, and
18 I think Mr Loy explained very clearly, you know, how the
19 workforce at Westmead felt when he took that action, and
20 I think similar issues impact for radiology at Concord.
21

22 The last thing is the matter of whether or not we feel
23 it's possible to have an appropriate ring fence created
24 that will actually hold and be sustainable. If we can't
25 really form a view, form that view in the ministry, then
26 what my team is - and the secretary has very kindly
27 delegated this function to me, so I'm signing off on an
28 arrangement that is contrary to the government's wages
29 policy, in essence, and that's an uncomfortable position
30 for me to be in.
31

32 Q. The AMA gave some evidence to the effect that it felt
33 approving non-standard arrangements should be something
34 used more widely to try and address maldistribution of the
35 medical workforce within the system. Do you have a comment
36 or a view that you would wish to express in relation to
37 that proposition?

38 A. I think it's my last point, you know, we're not a free
39 agent to engage in remuneration decisions outside the frame
40 of rules and the law and the government's policy. When we
41 felt sufficiently compelled to try and do something about
42 maldistribution in the regions, we started - and I think
43 Mr Griffiths gave the evidence that we started working on
44 this before COVID and it eventually surfaced as the
45 regional and rural incentives scheme. We went through the
46 expenditure review committee for that but we argued that it
47 wasn't at variance with wages policy because there was

1 already a current Premier's Department circular that
2 provided for the payment of rural and regional incentives.
3 But it was structured on a geographical depiction of the
4 state of New South Wales and there was a line and if you
5 were on the left of the line, you could get these.
6

7 We put forward to the secretary of the then Department
8 of Premier and Cabinet, that that line made little sense
9 for us and that we should use the Modified Monash - I can't
10 remember what the last M - Model - stands for, which is
11 a structured way of measuring rurality.
12

13 We said that's a more appropriate framework to use
14 around applicability of an allowance. But the policy as it
15 stood said that this was available to secretaries of
16 departments but they had to fund it themselves, and so we
17 went to ERC saying, "Well, the secretary of premier's and
18 cabinet is prepared to make this modification to his policy
19 circular but we can't fund it," and we sought the money
20 from cabinet and we received it.
21

22 Now, in that kind of elaborate manner, we said, "Well,
23 we're not breaching the government's wages policy. We're
24 using an existing policy framework and we've sought and
25 received approval for it to be funded."
26

27 Q. Is there a challenge that the existing policy
28 framework that you had to walk laboriously through in order
29 to achieve that lacks the agility that might be needed to
30 deal with some of these maldistribution problems before
31 they become entrenched?

32 A. It was very old. I think the circular dated from
33 either the late '90s or the early 2000s, and it hadn't had
34 any update in that time frame. But there has been agility
35 delivered by two secretaries of the former and now current
36 Premier's Department, because the Modified Monash scale
37 didn't fix issues in places like I think the Tweed and in
38 Southern New South Wales because of the proximity of the
39 ACT. So --
40

41 Q. I think we've heard some evidence that --

42 A. Sorry?
43

44 Q. We heard some evidence in Broken Hill, I think, that
45 the Modified Monash Model had Broken Hill being treated as
46 the equivalent of the Blue Mountains, which, from my memory
47 of that evidence, caused them some challenges.

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

THE COMMISSIONER: And Byron.

THE WITNESS: Yes. So we sought from the secretary exemptions for about three different instances, and we've done it, I think, in two batches, and we've received that relatively quickly.

MR MUSTON: Q. In one of your answers a moment ago you told us about the non-standard arrangements having had an effect on the radiology workforce at Concord. What, at least in your sense of it, was the issue there and what was the impact that it had on that little section of the radiology workforce?

A. So it's not something that I have great knowledge of. I think there's some information in the former chief executive's statement, but my - the understanding, such as I have, is that an arrangement had expired and because of the focus that we have as an organisation on these, which is the subject of work that we've asked to have privilege maintained on, I think that that meant that the chief executive at the time did not feel, much as the chief executive of Westmead did not feel, that they could just further extend this agreement, and it's my understanding that that at least is a further source of issues for the radiology department at Concord, but there were others.

Q. As a broad proposition, though, the observation you're making is that where these arrangements have, under the radar, come into existence and are being brought to an end, the cessation of them is something which has the capacity to cause disharmony within a particular section of the workforce at the hospital where that arrangement existed?

A. Yes, I think we've seen it, that it has caused disharmony.

Q. Could I shift to another topic now and ask a little bit - some questions about data sharing. We've heard some evidence from a range of organisations, the HSU, AMA and some of the colleges, about requests that they've made for data which, at least in their perception, have gone unmet. Maybe if we go through them individually, the HSU, I think, tells us that they've sought vacancy rate data which has not been provided. You are aware of that request having been - or requests of that type having been made?

A. Not personally from them. It more likely would have gone through the workplace relations branch. I suspect our

1 issue is that we don't have a system that generates vacancy
2 data, and I think Mr Griffiths has talked about that and
3 explained through the psychiatry example what we have to do
4 to get it.

5
6 Q. The AMA I think had an equivalent - referred to an
7 equivalent request for data about the number of VMOs and
8 their locations across the system. Is there a similar
9 issue there?

10 A. No, the issue there is just administrative failure
11 and, you know, when I see the CEO of the AMA I will
12 apologise for this. I went back and looked at the records.
13 It's an inbound email to me. It's from, I think, an
14 executive assistant to the CE of the AMA. I don't
15 recognise the name. It's in the week preparing for budget
16 estimates hearings. I get sometimes 200 emails a day.
17 I just didn't see it. It came in then again with a re-send
18 on 4 March, and I sent that to the workplace relations
19 branch saying, "Please take a look at this."
20

21 They had to liaise with the workforce planning and
22 talent development branch. Some of the information we had,
23 some we don't have, based on our systems. I understand
24 that they put together some tables. What needed to happen
25 after that was a brief and a letter back to the AMA, and it
26 didn't manifest, and no-one actually knows why.
27

28 Q. But the bottom line is there's no particular reason
29 that you have for not sharing or for the ministry not
30 sharing that sort of information with the AMA?

31 A. Broadly, that's correct. I would just make one caveat
32 to that. Workforce information, workforce data, is
33 a subject of intense political review, regardless of which
34 government, which opposition, you talk about. So I think
35 yesterday Mr Griffiths described the important caveats that
36 you would need to have travel with any kind of data about
37 vacancy rates, and I think the Commissioner made the
38 observation that we might not have confidence that those
39 caveats would travel in tow, and that's often been our
40 experience and that's particularly our experience with the
41 media outlets.
42

43 THE COMMISSIONER: Q. So, sorry, is it that you share
44 the concerns that Mr Griffiths raised about making vacancy
45 rates public in the sense that they could either just be
46 without those caveats, one, misunderstood, or, two - and he
47 didn't blame anyone for this - used in a way that gives an

1 inaccurate or false impression that there's absolutely
2 no-one in that role?

3 A. Correct, yes. So, you know, there are instances where
4 a vacancy is unfilled, if they make a judgment that they
5 can provide the service without it and we're short this
6 week; there are instances where we say it has to be filled,
7 and we use premium labour to fill it. Look, I --

8

9 Q. So there's a vacancy but there's actually someone
10 doing the job until the vacancy is filled?

11 A. Yes. I do understand the unions's perspective, and
12 I know and my workforce team know that there is a point
13 where the level of non-permanent labour in a work unit can
14 have a problem.

15

16 We had a small multipurpose service in the south coast
17 18 months ago that required about seven or eight nursing
18 staff to run it, so it's a fairly small place but it's also
19 got some aged care beds, and they got to a point where
20 I think they had one permanent staff member, and the rest
21 of their staff were premium labour, casual or whatever.
22 Now, that --

23

24 Q. There's a huge amount of work and anxiety just
25 managing that of itself?

26 A. There is. The chief executive was very concerned
27 about it. And a lot was done to try and work with
28 Commonwealth with respect to aged care issues to try and
29 generate a result, and then I think - I think it's
30 occurring just after we've introduced the incentive scheme,
31 so my understanding is things have improved at that site.
32 But that's why I appreciate that a union will say, "We want
33 to know about vacancies", because at one level they will
34 experience the idea that roles aren't being filled, but at
35 another level, they might have a view that the workforce
36 mix is not ideal, particularly clinically, for safe
37 outcomes.

38

39 So, you know, we're alert to that ourselves and
40 I think our teams are alert to that. And so it's why it's
41 not irrelevant data, Commissioner, but given that we can't
42 get it from our system, the regular getting of it is
43 a significant resource requirement and there's not a huge
44 amount of utility that is added by it, because people find
45 out through other means that there's a workforce mix
46 problem at that MPS, you know? It gets elevated without
47 necessarily having that firm evidence base.

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

THE COMMISSIONER: Thank you.

MR MUSTON: Q. Just in terms of the risk that information can be misused by being presented without caveats or an adequate explanation of what it really means, the same could be said for quite a lot of the information that, say, the BHI releases around things like waiting times in emergency and the like; would you agree with that?
A. And that does happen.

Q. It does.

A. And the deputy secretary for - I cannot remember the complete title, but for system performance and sustainability, I think, he has to invest a significant amount of time each time a quarterly report is produced to try and create that broader context that generates an accurate view.

Q. Whilst it's undoubtedly a drain on what are limited resources, is it not, in some respects, a valuable exercise, though, to have that information out there and have a process of educating or assisting the public who receive that information to understand what it means and why, when they pick up the paper and see particular wait times in a particular emergency department, they should not jump readily to the conclusion that every one of those people sat for five hours with a heart attack?

A. There's probably not a good answer for me on this day given what has unfolded elsewhere, but that's not my experience of how the process works with the media. I don't think there's a fulsome dialogue about the media - we certainly provide media statements that try to clarify the facts.

What we experience is that we will generally have a reference in the final paragraph to the fact that a NSW Health spokesperson has said this data interpretation is wrong or inaccurate or incomplete, but the headline is very clear in its intent. Look, it's one of the - I raised it simply to say that we don't hoard our data, but sometimes we have to ask ourselves a strategic question about is its release going to drive the wrong understanding of the context here and is that somehow going to be damaging to us in a workforce attraction sense or in an industrial setting?

1 Q. Would there be some benefit in an organisation like
2 the BHI - perhaps even the BHI - publishing some of this
3 workplace data as part of its annual reporting, bearing in
4 mind that the concerns that you have around those issues
5 that you've just raised and the way in which information is
6 presented are all matters that you would be able to raise
7 with that slightly more independent body?

8 A. Well, I guess the data is the data. I think in my
9 statement, one of my statements, I talk about the
10 impression that there's a flight of New South Wales
11 employees to other jurisdictions, and that claim is made
12 quite regularly in the media, and it's reported quite
13 regularly. We don't have a great deal of evidence to
14 support it. And now, that data exists and we would give
15 that data to trade unions if they requested it, and indeed,
16 I've suggested to industrial associations in the last two
17 weeks that they should go and consult the data report that
18 we prepared for the Commission's hearings in these last
19 three weeks.

20
21 The other point to make about this is that it is not -
22 my team would need to expand to get this vacancy data with
23 any kind of frequency, but it would mean that, in a local
24 health district - and if we pick a regional one - they
25 don't have a particularly large human resources team or
26 people and culture team, and they will be out there calling
27 MPSs to say, "What's going on with your staffing profile as
28 at today, at midday?" You know, we'll be talking to
29 a nurse unit manager or we'll be talking to a director of
30 nursing, so there'll be a whole lot of activity in the
31 system that is really taking people away from their two
32 core roles in this respect.

33
34 The first is what the Commissioner referenced, that,
35 you know, it can be quite anxious trying to operationally
36 fill vacancies that are here now or will be on the next
37 visit, and so they're doing that, and then when they've
38 finished that, they've got to be trying to work on their
39 overall attraction and recruitment strategy. And to
40 instead have them engaged in this data-mining process,
41 which is very manual, I just think it's a burden for them
42 that particularly the rural and regional LHDs would
43 struggle to complete.

44
45 Q. The data, though, would be, even if not shared,
46 useful, would it not, to rural and regional LHDs in those
47 circumstances in terms of their own workforce complaining?

1 A. I think they already know - like, they know that
2 they've got an ongoing requisition for 10 nurses across
3 three of their MPSs. You know, they lodge it. They put it
4 in the ROB - yes, the ROB system. So they know they've got
5 vacancies, and if they meet the criteria of having gone
6 through a certain number of recruitment cycles without
7 success and it's a critical role, they can trigger the
8 rural and regional incentive scheme at that point.
9

10 So I think they're already quite alert to this issue
11 of where I have enduring vacancies, and they're very alert
12 to the issue I mentioned earlier about is it a workforce
13 mix matter that is starting to make the director of medical
14 services have concerns? They're very aware of that.
15

16 If we have it in a report, what they'll have to do is
17 stop working on the solutions, both immediate and
18 strategic, and get engaged in, you know, an argument about,
19 "Why have you got recurring vacancies in nursing, in this
20 MPS?" I just can't see a great deal of utility in it
21 because I think they already understand their context.
22

23 Q. I'll move to another topic. We've heard quite a bit
24 of evidence during this hearing block from colleges about
25 the training of medical specialists. Just picking up on
26 the data issue, the colleges have all told us that they
27 don't have the sort of workforce data which might be needed
28 for them to engage in workforce planning and distribution
29 type exercises. Do you have a view about whether that's
30 right or wrong?

31 A. Look, I honestly don't know. As I said before,
32 I don't think we hoard data and, you know, if people ask us
33 for data, except when we have an administrative failure, we
34 generally will provide it, unless it falls under some kind
35 of risk matter which I've broadly discussed.
36

37 I think Mr Griffiths gave evidence yesterday to the
38 effect that he felt that there was a good opportunity right
39 now for the ministry, his team and colleges, to engage more
40 around the data issues and around how that informs the
41 colleges' approaches to how many students to seek to train
42 across the state and by location.
43

44 So, you know, I think we would already say that the
45 opportunity to do that in a more proactive way has been
46 accepted by us.
47

1 Q. And we have heard some evidence about the basic
2 physician training, for example, and the way in which the
3 networks that have been established by NSW Health to
4 facilitate that training have, we're told, been quite
5 effective. Is there scope, as part of that process of
6 engagement with the colleges, to try and bring more of them
7 into that sort of arrangement where, at least the networks
8 where trainees need to be pushed through bottlenecks and
9 the like, the ministry potentially takes a greater role or
10 plays a greater role in moving people through the system
11 that it operates, and has an understanding of, to ensure
12 that they receive their training and get through those
13 bottlenecks as efficiently and effectively as possible?

14 A. It's not an area that, you know, features large in my
15 working week. It is something that's delegated to
16 Richard's medical workforce team.
17

18 Look, anything that we can do that brings initiatives
19 to bear that address bottleneck issues or geographical
20 location issues, we're up for consideration. I think
21 I might have heard Dr MacPherson, or I might have read in
22 her statement that we had a series of networks but we
23 didn't have funding for additional networks, and so this is
24 a question not unlike the questions that any chief
25 executive in our system faces - it's about rationing the
26 resources that you do have.
27

28 The other dilemma that you experience in health - and
29 I have experienced in the Commonwealth in defence - is that
30 the attitude of the central treasury officials is that you
31 should be able to find several million dollars, you know,
32 to do just about anything, given the size of your budget.
33 So if we were to put forward a new policy proposal with
34 respect to extending networks, the answer would be, "That's
35 a tremendous idea, just absorb it."
36

37 Now, that absorption would mean something else in my
38 branch or in Richard's branch has to give. When I read
39 Richard's - Mr Griffiths' - statement, I discovered things
40 they were doing that I didn't even know about. I think
41 there's an extensive amount of work that we already do to
42 try and address the workforce challenges that we have. It
43 would be hard for him, I think, to deprioritise one of
44 those groups of work to fund an extension of networks.
45

46 Now, the way we kind of deal with that - and we did
47 this, I think, quite cleverly in the rural and regional

1 incentives submission to the expenditure review committee -
2 the big ticket item was the money to pay these incentives
3 across a decade, I think. There were then 16 accompanying
4 minor strategies that had dollars attached to them that
5 were about working on pipeline for rural and regional
6 workforce, and that's how we got little things funded that
7 we otherwise wouldn't have been able to do, because they
8 travelled on the coat-tails of something big.

9
10 Now, if there were a series of recommendations arising
11 from this Commission and they created an approach to the
12 expenditure review committee, we would approach it that way
13 and say, "Let's cluster these and let's bring forward
14 something like additional funding for training networks",
15 explain its importance and attach it to a bigger moving
16 object.

17
18 Q. So is there a risk that there is insufficient funding
19 within the current system to operationalise and produce
20 operational benefits from some of the outstanding work that
21 Mr Griffiths and his team are doing at the moment with the
22 mining and manipulation of data - I don't mean
23 "manipulation" in a bad sense, I mean in a productive and
24 informative sense - to do things like create training
25 networks that use the data that's available to identify
26 a bottleneck like paediatrics within anaesthetics that we
27 were told about and work collaboratively with the
28 anaesthetists to find the very best way of pushing as many
29 people as quickly as possible through that bottleneck?

30 A. So I take the question as it's: have we got a funding
31 issue to get the most out of all of these strategies?

32
33 Q. Well, maybe I should ask it in a much shorter way: if
34 we had more funding, could we get better operational
35 benefits from the work that's being done by teams like
36 yours and by Mr Griffiths'?

37 A. This is a question that will have an impact on my
38 future presentations to the expenditure review committee.
39 The treasurer, in particular, might have a view about what
40 I say from here.

41
42 Look, when we're just having a private conversation
43 amongst ourselves, as the health executive team, we will
44 make the observation that we could always find a use for
45 more money. I think the combined submissions that you've
46 heard to this point about workforce illustrate that just
47 about everybody who has made a submission has said, "More

1 would be good." But, you know, we have to operate in the
2 context of the fact that the '24/25 NSW Health operating
3 budget is 25 point something per cent of the state's
4 operating budget.

5
6 During the COVID years, we had our normal underlying
7 growth but over four years we had more than \$8 billion
8 additional supplementation plugged in to the health budget.
9 So more would always be wonderful, but, you know, we have
10 to respect the guidance about the state's fiscal position
11 in making - and that's why we go through the bid process
12 and we try and do that creatively in the way I've
13 described, to get the best we can.

14
15 THE COMMISSIONER: Q. Can I, just before we take the
16 break, and related to what you just said, I was listening
17 to a podcast the other day where - this was talking about
18 the NHS - the suggestion was that the government of the
19 United Kingdom would just become a health service with
20 a few other things tacked on like roads and police and
21 a few other things. But when you mentioned the dilemma
22 that you experience in health, which is the attitude of
23 central treasury officials is that you should be able to
24 find several million dollars to do just about anything,
25 given the size of your budget, in the context of putting
26 forward a new policy proposal, just help me with how that
27 dialogue goes. I would assume there would be push-back
28 saying, "Hang on, we're in the most massive service
29 delivery area of government and we are stretched providing
30 the health care needs of the citizens of New South Wales
31 and finding several million dollars means something has to
32 give." How does that dialogue go with treasury officials
33 in relation to the point you just made?

34 A. Well, you know, it's a constructive dialogue. I mean,
35 it's led by the chief financial officer, but sometimes I'm
36 in the room if it's workforce connected. There will be
37 occasions where treasury supports our position about
38 a particular funding initiative and they'll support it
39 because it either mitigates financial risk or it generates
40 an avoidance of the rate of future cost growth, and if they
41 can see that logic, they will often be in support. But
42 the --

43
44 Q. You mean like a massive investment in sort of
45 preventative or primary care measures that might shorten
46 the morbidity of the population in terms of chronic
47 disease?

1 A. Conceptually, yes. The huge problem with that
2 arrangement, or that proposition, is that treasury would
3 have a view that the switchover time should be relatively
4 short.

5

6 Q. Treasury raises it in its intergenerational reports,
7 for example, saying, "We must do this".

8 A. Yes.

9

10 Q. Presumably, that also means they think, "We must fund
11 it somehow"?

12 A. Yes, but you're still dealing with the current tail of
13 your current public health history which, you know, is
14 going north through the roof, and then you're trying to do
15 this investment that is probably going to pay you back in
16 20 years.

17

18 Q. Yes, and in an uncertain way.

19 A. Correct. Yes. So I think, you know, at an officer
20 level - and I'd have to say, and I think I can say this
21 without breaching cabinet confidence --

22

23 Q. Don't worry about that.

24 A. Okay. Well, we engaged in a, you know, multi-phased
25 negotiation about this year's budget, and those additional
26 phases were about treasury and the ERC taking on board and
27 listening to the issues we were raising, and there were
28 ultimately funding allocation decisions made.

29

30 THE COMMISSIONER: Thank you. We will take the break
31 until 11.55. Adjourn until then.

32

33 **SHORT ADJOURNMENT**

34

35 THE COMMISSIONER: Yes, when you are ready, thanks.

36

37 MR MUSTON: Q. Just before the adjournment, we were
38 talking a little bit about the colleges. The other role
39 played by the colleges within the system is the
40 accreditation, or the role they play in relation to the
41 accreditation of training positions?

42 A. Yes.

43

44 Q. We've heard some evidence that there are, in essence,
45 two steps in that process: the first is the raising of
46 a position within an LHD - that is, the funding of a salary
47 within the LHD for the prospective trainee. That's the

1 first step?

2 A. Yes.

3

4 Q. And the second step is the accreditation by the
5 relevant college of either the facility or the training
6 position for that trainee?

7 A. As I understand it, yes.

8

9 Q. In relation to that first step, the raising of the
10 training position or creation of a salary for a trainee,
11 that is an area where, do you think, Mr Griffiths' role
12 could potentially provide some real benefit in terms of
13 workplace planning and bringing to the attention of the LHD
14 and working with the LHD and colleges to utilise data
15 that's available to create training positions in areas and
16 locations? When I say "areas", areas of specialisation and
17 in physical locations which best meet what might be seen as
18 workforce needs now and into the future?

19 A. I think it's a challenging area because the decision
20 to create a specialty training position is a function of
21 a much wider dialogue about service planning at that
22 hospital or that facility. So, you know, that planning
23 happens locally. It's meant to be informed by local
24 dialogue, by local consultation and we've been seeking,
25 particularly regionally, to try and - to improve the
26 operation of those local consultation mechanisms.

27

28 So it's a long way for us, in St Leonards, to reach
29 in. To the extent that - and I think this goes to your
30 point before the break - are there enough resources in
31 Mr Griffiths' team that he can do some outreach work to be
32 completely certain that the wider dynamic of workforce
33 metrics and demand and future forecasting - is that always
34 and everywhere being adopted and picked up in the way that
35 we would hope? You know, I don't know, but we don't have
36 the resources to be actively monitoring that. And I don't
37 think we really want to, because they are local hospital
38 planning decisions. But they then have a workforce impact.

39

40 To give you an example of what we do try and do, the
41 Nursing and Midwifery Office, as well as Mr Griffiths'
42 team, worked quite heavily with the nursing network that we
43 call the LDONs - I don't know why, but that's the name of
44 them, someone in health will remember the acronym. But we
45 went from hiring graduates ahead of COVID in the realm of
46 about 2,100 a year, we peaked last year, I think, at about
47 3,550.

1
2 Now, that was us saying to the team, you know, "We've
3 seen some increased separations through the back end of
4 COVID. We have to grow our future nursing workforce,
5 particularly with midwifery, there's a shortage of
6 graduates in the market, so we really have to promote that
7 mid-start scholarship program. So we did engage with all
8 the LHDs, through both the nursing network and the people
9 and culture network, to get that system uplift.

10
11 I think what you're suggesting is could we do a little
12 bit more of that around the blended mix of roles in areas
13 of specialty and location, undoubtedly, we probably can,
14 and it would be good, but I don't think we currently have
15 the resource base that enables us to do that.

16
17 Q. In terms of the second step of the accreditation, the
18 accreditation of the facilities or training places by
19 colleges, the sense that we get from the evidence, or the
20 sense that one might draw from the evidence given is, in
21 most cases, those relationships seem to work pretty well
22 and those accreditation processes seem to roll through
23 without significant incident.

24 A. I think that's correct.

25
26 Q. Just accepting that the absence of conflict is
27 a positive thing, is there, do you think, nevertheless,
28 potentially some scope for a greater level of uniformity in
29 the way in which some of those accreditation processes work
30 through the system?

31 A. I do, and I think I would make two observations. The
32 first one is that, you know, I think it's 16 or 17
33 colleges, so they do all have their own set of internal
34 procedures and processes. One of the particular areas of
35 variance is what happens if a facility wishes to seek
36 review or appeal. Those arrangements are not consistent
37 across the board. Because of that situation - and
38 I honestly can't remember if it arises from the National
39 Health Practitioner Ombudsman's review or whether it's set
40 in train earlier; I believe it is set in train earlier -
41 that there would be a national kind of, not really an
42 appeal process but it's a process review mechanism through
43 that ombudsman's role.

44
45 Now, initially when that scheme was introduced a few
46 years back, the perspective was that you would need to
47 exhaust all of the college internal avenues before going to

1 the Commonwealth ombudsman. You know, that would mean that
2 it was your fourth - third or fourth attempt at review.

3
4 I'm advised by Dr MacPherson that the ombudsman is
5 prepared to engage earlier and not require that, because
6 essentially, the ombudsman can't change the accreditation
7 decision under her authority and because the colleges
8 source their authority from the Australian Medical Council.
9 But what the ombudsman can do is say, "We don't think
10 you've followed your own process", or "We think there are
11 process flaws and we would recommend that you revisit."

12
13 So there is complexity in the fact that if you're
14 a particular hospital, you're going to have to deal with
15 each of these colleges across a rolling sort of three- or
16 five-year process of accreditation review. We have had
17 occasions where we've reminded our chief executives of the
18 importance of their local teams, their local directors of
19 medical services, being ready for an accreditation visit,
20 you know, this is an own goal.

21
22 But I remember a case where we had an accreditation
23 committee arrive and no-one knew - well, someone knew they
24 were coming, but no-one on site that day knew they were
25 coming. Now, that reflected poorly on our facility and on
26 the relevant LHD. It doesn't happen often, to your point,
27 but it does need to be a priority for us but it's
28 a challenge that there's such a level of variance.

29
30 Q. So one level of variance you've told us about is
31 variance in the process and mechanisms by which one can
32 review and seek to challenge decisions made by colleges in
33 relation to accreditation?

34 A. Yes.

35
36 Q. And is it your view that it would be useful if some
37 steps were taken, perhaps even just through a process of
38 collaboration with all of the colleges, to bring that to
39 a point where it was broadly uniform so at least one knew,
40 in respect of whichever college it might be, that this is
41 the process that we follow and if we're unhappy with the
42 outcome, this is how we go about dealing with it?

43 A. I agree with that. It's my understanding that the
44 Commonwealth, as a result of the ombudsman's report and
45 recommendations - the Australian Medical Council is working
46 with colleges to that end right now. And I would make one
47 further point.

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

Q. Yes.

A. We, at the direction of the then minister, convened a roundtable with colleges in 2019, and it was driven by some accreditation decisions which were the not good cases that you've referred to. We had four working groups formed out of that, and one was about how to deal with complaints about college members that would pop up in accreditation, and what was the respective role of the college and what was the role of the local health district or the facility.

The second one was about accreditation escalation pathways and how to get messages through quickly, and there were two more, not so relevant to what we're discussing. But my memory is that each of the first two working groups - and I co-chaired one of them - had 36 members on it, because there are 16 colleges, right, and then we needed some people from the ministry and from a hospital context. They battled gamely through COVID and Teams meetings, but in the end, when the Delta wave hit, it just folded and we've never got back to that table.

In part, the observation of Dr MacPherson to me when I asked her was, you know, "How successful was the progress being made", and she said, "Look, it's limited, because they're national colleges, in many case binational with New Zealand, and we're one jurisdiction trying to have a conversation with them about something that affects all jurisdictions."

So I think it was a grand attempt to have those working groups. It probably couldn't succeed, and COVID made it impossible. But it might have formed part of the context that has led to the developments federally where that work is now happening, and we value that that work will be - we hope that it will proceed and we value its outcomes.

Q. As a consequence of that work we were told, I think by the surgeons, that some earlier ideas that that college had had about a two-stage accreditation process, whereby a facility would be broadly accredited for things like the availability of a library, study spaces, amenities that were required for good training, are all broad issues that covered all of the areas of surgical specialty and could be done as a first pass, and then a second more discrete and targeted wave of accreditation for each of those

1 sub-specialties would occur by the particular - through the
2 particular societies that ran them. That's an idea which,
3 as good as it sounds, is part of this national dialogue
4 that's happening; would that be right?

5 A. I would need Dr MacPherson to confirm, but I think
6 it's a fair assumption.

7
8 Q. Can I move to another topic. We've heard some
9 evidence from a couple of witnesses, including in
10 particular Dr Richards from the Sydney Local Health
11 District, about rates of burnout within the medical
12 workforce. She expressed a view that, on her
13 understanding, something like 70 per cent of the workforce
14 in the post COVID era is affected by burnout. Do you have
15 a view on that, first of all, do you agree that it's
16 a major problem within the - or share her view, I should
17 say, that it's a major problem within the medical
18 workforce?

19 A. And in parts of the nursing workforce. You know,
20 I think you've heard a bit of peripheral evidence about
21 just how impactful the COVID period was, and we've done
22 a lot of things to try and help people recover. We
23 invested in bringing forward relief workforce from future
24 budget years, brought the funding forward to try and say,
25 "This is so you can hire more people now and get your very
26 tired people into leave, et cetera", but despite that,
27 I think there is a sort of enduring consequence of COVID
28 for people with burnout.

29
30 I went back and had a look at some data on this, and
31 the "People Matter" employee survey for '23, I think it was
32 done in August of 2023, just looking at macro numbers -
33 well, I'm not sure if these are macro or Concord, I just
34 scribbled them down, but the number of people who said
35 "Yes, I'm burnt out", was 40.7. I note in the same survey
36 the number of people who said that in education was
37 48 per cent, and in justice, it was 39 per cent. So not
38 surprisingly, health and education both went through, you
39 know, a windmill through COVID; justice equally so.

40
41 I spoke to Mr Griffiths. We're not aware of any data
42 that would point to 70 per cent. We don't think that
43 that's the number that arises out of the various other
44 surveys that are conducted. So when people do their annual
45 reregistration as a medical practitioner, there's a survey
46 associated with that. It gets reasonable response rates,
47 I think in the 30s, 30 per cent. I don't know for a fact

1 the number for burnout, but I do know it's not 70 per cent.
2 So, you know, it is a question of magnitude here, I guess.

3
4 Q. The evidence that was given by Dr Richards referred to
5 the My District OK program that had been rolled out, at
6 least in her view, quite effectively at Sydney Local Health
7 District. Do you have a view that a program like that
8 could be of benefit if it was rolled out more widely across
9 the system?

10 A. It's potentially the case. What I would like to see
11 is an evaluation. So I remember being at an event that
12 possibly is the launch of MDOK - "Medical Doctor OK". That
13 was in 2019, I was invited by the chief executive and
14 I think I was invited because the chief executive's view
15 was that the funding we had made available from the central
16 culture pool that Mr Griffiths administers had been used to
17 get that program rolling.

18
19 So it's 2019, we're in 2024. It's been expanded into
20 other workforce and into other major sites. Right at this
21 stage, you know, the Sydney LHD PMES score, "People Matter"
22 score, is one point better than the next three LHDs that
23 are at the top end of the spectrum. So, you know, like, it
24 needs an evaluation. I think it's a good time for it to
25 occur now.

26
27 Q. In terms of the "People Matter" statistics or results,
28 the other evidence we heard was to the effect that the
29 "People Matter" survey lacks a level of granularity that -
30 perhaps necessarily so - would enable one to get a really
31 detailed read on levels of burnout and levels of workplace
32 satisfaction within the health system and any particular
33 corner of it. Would you agree with that proposition?

34 A. Not completely, no. I would make two points, somewhat
35 defensively as a former deputy commissioner of the Public
36 Service Commission. There's a limit to what it can do as
37 an instrument that we provide to 400,000 people. Health
38 did not participate until the 2016 round of administration,
39 and that was because of the history with the YourSay survey
40 and because, by that point, we had agreed with the
41 Commission - and I think it might have been an agreement
42 health reached with me when I was there - that we would
43 roll about 13 questions from the YourSay survey in, so that
44 we had a continuing time series of that data.

45
46 So it can't be completely granular just by design.
47 Its value is that you get to compare - we get to compare

1 every LHD and every health entity. We can drill down. We
2 are stopped from drilling down at the point where the
3 Public Service Commission decides that there's a data
4 anonymity problem if you go below that. So that call is
5 not made by us, it's made by the administrative function.
6 Now, that function will, in future, be within the Premier's
7 Department, given changes that have happened to the Public
8 Service Commission.

9
10 So, you know, you can go down layers. The second
11 point I would make is I have seen many instances of what
12 you do get in the survey being very well used to effect
13 change in workplace culture. I've seen it in branches in
14 my own current division in health. I've seen it prior to
15 coming to health, and I can tell you that there are some
16 applications in the NSW Health awards that are about
17 particular facilities out there that demonstrate this fact,
18 that, you know, have seen 25 per cent movement in factors
19 that relate to communication or to the effectiveness of
20 teamwork or the extent to which they feel management is
21 listening to them.

22
23 The way it happens, when it does happen like that, is
24 that people get the survey results and they say, "Well, it
25 tells me I've got a problem and it gives me a set of themes
26 about the problem. To get granular, I have to do some kind
27 of further step", and that step is a focus group,
28 a workshop. If there's a view that people won't speak
29 openly in that context, that clearly tells you you've got
30 a problem. So, you know, we would expect our people and
31 culture teams to get a consultant in and a third party
32 person in to be the facilitator of that exploration of what
33 those results mean.

34
35 The other thing you get in the results are verbatim
36 statements, and we do make decisions in people and culture
37 departments about whether or not we share direct verbatim
38 statements or whether we share a thematic summary of them,
39 again, because it goes to people remaining anonymous and it
40 goes to people not receiving unfair feedback without an
41 opportunity for them to respond, if there are personal
42 remarks made about people.

43
44 So between that exploration through, you know, hard
45 work with a team, supported by resources that can elicit
46 the reasons why you've got a declining score on one or many
47 of the items, and that verbatim trigger, you can do quite

1 a lot. Right?

2

3

4 Now, that's not to say that the data collected at
5 Sydney through the wellness program is not excellent. It
6 is excellent. Part of the success, I think, of that
7 program and its expansion is that it evolved locally. If
8 my division was to mandate the arrangements across all
9 local health districts, culturally, that wouldn't go down
10 well. Right? Because, "It's not an idea from here and
11 we're already doing work in our own patch around wellness
12 and you're just going to sweep it all away."

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

Q. Is part of that, if you've got a local and passionate
champion of an idea, who advocates for the creation of
a particular role and a particular function within the
local health district and then is successful in that
advocacy and gets the role, it follows that they are likely
to do a pretty good job of it, whereas if you've got
a position mandated by your group that needs to be filled
within the LHD, you're not necessarily going to be
guaranteed of having that position filled by someone who is
going to be able to do it anywhere near as well as the
passionate champion we've just referred to?

A. I think that's an accurate observation.

Q. You mentioned concerns about a workplace where there's
an unwillingness to speak out. You've no doubt heard the
evidence that has been given by a number of witnesses to
the effect that it is a particular feature of the medical
workforce that, for reasons associated with the structure
of that workplace, that workforce and its history and
culture, there is a reluctance to speak out about matters.
Is that something that you are generally aware of as an
issue that needs to be dealt with as part of the operations
of your group?

A. It is, and I'd like to add a data point --

Q. Please do.

1 A. -- to sort of highlight the extent to which it is
2 a bit particular to medical workforce. Looking back at
3 Concord's PMES results, there is a question that is asked
4 and it's along the lines of - I think I have scribbled it -
5 "Would you be comfortable notifying your manager when you
6 become aware of a risk in the workplace?" Now, the Concord
7 result for that is 86 per cent. So that's kind of
8 suggesting to me that there's a pretty strong culture of,
9 you know, "I'm empowered to raise a risk." There were
10 about 106 doctors in that respondent survey, I think
11 somewhere here I have got it, there was a couple of
12 thousand from - no, 1,200 at Concord, 106 of them medical
13 officers.

14
15 So what is different about the medical workforce
16 construct? You know, if you have an expectation or
17 a career aspiration to become a member of a college as
18 a fellow, then it's very clear to you, I think, from your
19 earliest days as a trainee, training doctor in hospitals,
20 that staff specialist members of the college and VMO
21 members of the college are likely to have a significant
22 impact on your potential selection as a college trainee.
23 And so if you feel that you should raise an issue and speak
24 up about a college member in the specialty you're
25 contemplating seeking to train in, that's a big call, and
26 I think that over many generations, people have decided
27 that the safer path is not to make that call.

28
29 Now, I think witness evidence referred to the fact
30 that back in 2017, before I get to health, we do have some
31 junior doctor suicides. I think it's two to three, I can't
32 be exact. And that leads to a roundtable about the
33 conditions of junior medical officers and a great deal of
34 reform flowed from that, that's in my statement. It
35 remains one of the bedevilling aspects of the arrangement
36 of what is a craft group that trains its future members.

37
38 To give you another bit of context for it, when we
39 started after the JMO roundtable working very, very
40 deliberately on the working conditions of JMOs, that work,
41 started before I arrived at health, is one of the first
42 things I got across. We were trying to introduce some new
43 standards, which we ultimately did, about rostered working
44 hours for junior doctors, that they couldn't be
45 continuously rostered for more than 14 hours and they
46 should have a 10-hour gap; and we also introduced all the
47 measures about claiming your unrostered unplanned overtime,

1 "Here are technological ways to make it easy for you, which
2 we've rolled out in three tranches", together with, you
3 know, "You have to attest to us that you've claimed for all
4 the overtime you've been required to work."
5

6 Now, we've done all of that work because junior
7 doctors - and junior doctors trying to get into training,
8 are exceptionally vulnerable. It's already a stressful
9 work environment. I don't know that the average member of
10 the community fully appreciates that a hospital is
11 a facility that treats patients, but it's also a training
12 factory, you know, and you've got young people in there
13 making very important decisions in their treatment of
14 patients, in sometimes challenging contexts, and if they're
15 suffering any kind of workplace harassment, bullying, poor
16 culture, it just - it gets excessively worse.
17

18 So we've put a lot of effort in to this, but I was
19 reading through some college guidelines - and I'm not going
20 to name the college, but it was 2018 - and it said on the
21 website for people who wanted to apply to train for the
22 college, "You should expect to work 70 to 80 hours a week
23 in our training program if you're going to succeed in
24 getting to fellowship." So that was in 2018, it was after
25 the roundtable.
26

27 Now, it's not there anymore, but I think it took
28 a while for some of the colleges to lose, if I could call
29 it, the sort of, "I went through this. It didn't ruin me,
30 this is how it is", and what we've been trying to say is,
31 "Well, it can't be like that anymore, and, moreover, the
32 demographic of young medical people who now join our
33 system, it's not their expectation that that's what it
34 takes to get trained."
35

36 So, yes, I just think medical is different because of
37 the fact that there is so much on-the-job training going
38 on, and that's not really the case for the rest of our
39 clinical workforce. Yes, they might come in and progress
40 from where they are to a clinical nurse educator role or to
41 a nurse practitioner role, and so they will be learning,
42 but it's mass for the doctor community, you know, and
43 you're either an accredited trainee because you've been
44 accepted to a college, or you are a non-accredited trainee
45 who's trying to see if they can win selection to a college.
46 So if you are in that second category and you are in year
47 four or five of your professional career as a doctor,

1 you're going to be pretty careful about how you traverse
2 that landscape, and I think that really does happen.

3
4 THE COMMISSIONER: Q. Can I just go back, so
5 I understand something you said just earlier when you were
6 talking about Concord's people matters results. You said
7 that there was a question, "Would you be comfortable
8 notifying your manager when you become aware of a risk in
9 the workplace?" Is that literally the question?

10 A. It's very close to it, Commissioner, but I would be
11 very happy for the team to --

12
13 Q. Is there any definition of what is meant by "risk"?

14 A. I don't believe so, in --

15
16 Q. You see, I'd interpret it as like a medical risk, in
17 which case I'm not sure that 86 per cent's that great an
18 answer. I would expect 100 per cent of people to feel
19 comfortable telling their supervisor, or whoever they are,
20 their manager, that there's a medical risk.

21
22 The other thing I'd suggest to you, and like your
23 thoughts on this, is that I think, whether you call it
24 grievances or issues that were raised at Concord, I think
25 they go beyond what I'd call "risk". They go to things
26 like bullying, lack of resources, issues like that, that
27 I think are different to risk. So I don't quite see that
28 there's - when you say there's a pretty strong culture of
29 "I'm empowered to raise a risk", maybe, although, as
30 I said, I might expect that to be close to 100 per cent if
31 it's a medical risk. But I think the issues being raised
32 by the medical staff council at Concord go well beyond
33 that. Do you agree with that?

34 A. Can I go to the first --

35
36 Q. You can go to anything you want to do.

37 A. Thank you, Commissioner. I think that, noting that
38 the 1,200 people at Concord who did the survey, everybody
39 from potentially a wardsperson to a doctor to a senior
40 doctor, risk is going to mean something a bit different for
41 each one of them.

42
43 Q. It might.

44 A. Given the work we put into workplace health and
45 safety, and increasingly over the last two years into
46 psychological safety and risk, that will be a factor for
47 some in their answer. For others, it will be medical risk.

1 You know, what we would hope there is that a medical risk
2 event has been lodged in ims+ --

3

4 Q. There's an element, though, of speculation in what
5 you're saying?

6 A. Correct.

7

8 Q. It may be well-informed speculation, but --

9 A. No, I don't disagree.

10

11 Q. Go ahead.

12 A. And I think the last aspect of risk would be - so
13 there's safety, there's psych safety. I think it could be,
14 you know, bullying, harassment. I think some people could
15 go there.

16

17 I introduced it because I do think there's
18 a particularity about the position of doctors in training,
19 and I think I've been fairly clear, definitive on that.

20

21 The second part to your question is, yes, I would
22 agree that Concord was about many things, but most
23 particularly from my sense of it, which is, you know, not
24 fully conclusive, I've heard some of the evidence, not all,
25 I've had engagements with restorative - ProActive, their
26 restorative process. You know, it's a place where
27 relationships broke down, and the ability for them to be
28 repaired with the community doing it itself had been lost,
29 and therefore, communication failed and trust eventually,
30 you know, declined.

31

32 Q. Sure. Mr Muston may explore that with you. My point
33 was the "People Matter" survey, in the sense that you've
34 raised it, it may have some relevance to that general issue
35 at Concord, but it's by no means perfect data; correct?

36 A. No, I accept that.

37

38 MR MUSTON: Q. I think, to the extent that it assists,
39 we've managed to find the question, which is, "I am
40 comfortable notifying my manager if I become aware of any
41 risks at work." And in larger text, in the margin, it
42 reads the following, "'Risk' refers to the effect of
43 uncertainty in achieving work goals and organisational
44 objectives. Workplace risks can have negative or positive
45 effects on your objectives." Would you accept that doesn't
46 really clarify matters, insofar as the exchange you've just
47 had with the Commissioner is concerned, as to what one

1 might interpret when they read the word "risk"?

2 A. And I couldn't even recall that that, you know,
3 attempt to clarify the nature of the question was there.

4

5 THE COMMISSIONER: That doesn't sound like it necessarily
6 covers bullying or lack of resources, but who knows.

7

8 MR MUSTON: I must say, when I had initially heard the
9 results, I had assumed "risk" might have extended to things
10 like trip and slip hazards and the like.

11

12 THE COMMISSIONER: So did I, yes.

13

14 MR MUSTON: Q. But the point is it will mean different
15 things to different people.

16 A. Yes, and we do talk to our team, our people, a lot
17 about psychological safety at work, because we are required
18 to by legislation.

19

20 Q. One of the challenges that is faced, which contributes
21 to the level of burnout within the workforce we're told, is
22 workforce shortages and staffing challenges. Would you
23 agree with that?

24 A. I think yes, but again, there's a need for a bit of
25 relevant context based on data.

26

27 Q. Yes.

28 A. You know, the impact of furloughing of staff during
29 the COVID period was immense. From memory, the max we had
30 of staff who were at home for either seven or 14 days was
31 over 1,600. Now, that - you know, that really challenged
32 day-to-day rostering in the system. So absolutely through
33 that period of the various COVID waves, there is no
34 question that staff were working unsustainable hours in
35 certain parts of the health system.

36

37 As I've said, junior doctors, you know, are relied
38 upon, and they're rostered and paid to work those back
39 shifts. So there would have been occasions for junior
40 doctors in particular where that standard of 14 hours and
41 10 might have not been available, and they were being asked
42 to do overtime.

43

44 So overtime is worked in our system, but if you look
45 at it in macro terms, it's not really that extensive.
46 I can't recall the number, for medical hours worked, for
47 their overtime, but the nursing and midwifery percentage of

1 hours worked that are overtime hours, for the '23/24 year,
2 is 3.5 or 3.6, and it's a little bit elevated from where it
3 was prior to COVID, by about 0.3 or thereabouts, and it's
4 better than it was during COVID where it lifted above 4.

5
6 Q. Within the medical workforce --

7
8 THE COMMISSIONER: Q. Sorry, are those hours per week,
9 the 3.5?

10 A. No, that's looking at every hour worked by a nurse or
11 midwife across the 12-month period and what proportion of
12 them were, in fact, overtime hours.

13
14 Q. I see, right.

15 A. And some proportion of them would be casual nurse
16 hours, you know, that sort of thing.

17
18 MR MUSTON: Q. Within the medical workforce, you've told
19 us that vacancies don't necessarily equate to a lack of
20 service because premium labour or locums are brought in to
21 fill those positions, but there are cases, aren't there,
22 where positions for, say, staff specialists within
23 particular areas of specialisation are seen as necessary to
24 meet the workload, they are advertised and not filled and
25 not, in the short term, being filled with locums?

26
27 I mean, for example, the radiologists at both Westmead
28 and Concord, we have heard some evidence that one of the
29 challenges that the local health districts respectively
30 were facing was recruiting radiologists into those
31 positions that were seen as needed.

32 A. Yes, it can occur, and in the most recent manual
33 exercise to collect vacancy data that we did for
34 psychiatry, there is a proportion of roles that are not
35 being filled by a VMO and are not being filled by a locum,
36 but, you know, if the Commission would like - I think it is
37 tendered in Mr Griffiths' evidence, but if you go to that
38 addendum, my memory is it's like 14 or 17 that - so the
39 wider number of vacancies is in the order of 60 or 70, but
40 the vast bulk of them are being met through premium labour,
41 but not all of them. So your point is correct.

42
43 Q. In paragraph 62(c) of your most recent statement, you
44 tell us that the overall pipeline and supply of health
45 professionals is strong. Do you have a view about whether
46 the number of at least medical graduates that are being
47 produced by universities in New South Wales is sufficient

1 to meet the demands of the system going forward?

2 A. That's a challenging question because there are
3 different views about whether the problem is about volume
4 or whether it's about maldistribution, and the
5 Commonwealth, at least the last time I was in a
6 conversation with them about this, would take the view that
7 it's about maldistribution not the number of doctors. But
8 I am aware that - and I don't know whether it's the medical
9 deans from the group of eight universities or whether it's
10 a wider community, I am aware, because I was on the
11 webinar, that they have conducted a session in the last
12 18 months to argue the point that the Commonwealth is not
13 right; that, in fact, you're not training enough doctors.
14

15 So my view on it is to kind of back the advice that
16 I get from Mr Griffiths' team, so I would go with what's in
17 his statement.
18

19 Q. Does the approach taken to assessing whether or not
20 the number of graduates is appropriate to meet future
21 workforce needs, at least insofar as you are aware, take
22 into account the reality that the current generation of
23 graduates might not actually want to work full time and in
24 the way that graduates from generations past have?

25 A. I think it's a very good interrogation that needs to
26 be made of the data, because the demographic issues are
27 real and they're quite significant, and they're best summed
28 up with a couple of fact points: one, that more than
29 50 per cent of graduating doctors now in New South Wales
30 are older than 25, where it used to be they were mostly,
31 90 per cent, under 25.
32

33 Many more people are coming to medical training after
34 another discipline of study and that, in turn, creates
35 issues for the impact of specialty training across their
36 years as, you know, I think most people, more than half,
37 have been finishing their training in the ages of 35 to 44
38 or something. I think that's in Dr MacPherson's statement.
39 So that's the first demographic point.
40

41 The second one is that I believe - I would rely on,
42 you know, someone checking the data source - more than half
43 of medical trainees now are women, and I think they - you
44 know, doing specialty training, while that coincides with
45 the years where you might be seeking to have a family, is
46 a further complication and it's a real, challenging one.
47 But we even see with all of our new generations of medical

1 students that they're not that invested in the
2 70-hours-a-week experience as a GP in a rural environment.
3 So the real practical thing that we face when a GP retires
4 in a rural community is that you need three to four GPs to
5 effectively get the cover that you used to achieve with
6 that retiring doctor.

7
8 So there's just a completely different orientation
9 towards the extent to which the profession of practising
10 medicine, particularly for GPs, impacts on someone's wider
11 life.

12
13 Q. You might not know the answer to this, but to the
14 extent that assessments are being made by, say, the
15 Commonwealth, of the adequacy of the number of graduates
16 being produced, do you know whether that's taking into
17 account what would appear to be the growing reality that
18 where one doctor might once have - one graduate might once
19 have been an adequate pathway for that small town, you now
20 need three?

21 A. I would think so, because the issues are well known in
22 all jurisdictions, and - I've not attended many meetings of
23 the health ministerial council, but the one that I did
24 attend, everyone is talking about the same kind of
25 challenges.

26
27 Q. In relation to those training places, we have heard
28 some evidence about the connection between Commonwealth
29 funded training places and the guarantee of an intern
30 position within a hospital in New South Wales. Are you
31 aware of whether the number of intern positions that the
32 state can guarantee are in any way a limiting factor on the
33 number of trainees being produced?

34 A. I don't think so at the moment, because we didn't fill
35 all of our available spaces, even after we went to
36 international medical graduates, who don't have
37 a guarantee. And before we go to international medical
38 graduates, we go to that sort of clearing house that all
39 the jurisdictions run for, "Has anyone missed out on
40 a chair because they wanted to work in Victoria but then
41 didn't get an offer?" So we exhaust that process in
42 about October each year, and then we look at international
43 medical graduates, and we did not fully subscribe our
44 available positions in 2023, and the process is sort of
45 under way in 2024. Most of that undersubscription is
46 outside of metro.

1 Q. I just want to ask you a quick question about locums
2 and premium labour that we've touched on. We have heard
3 evidence to the effect that locums are a very important
4 part of the medical workforce, to the extent that they
5 enable that system to flex and contract where needed and
6 provide opportunities for members of the medical workforce
7 to have a holiday, all of those important things?

8 A. Yes.

9
10 Q. But in some places, locums and premium labour have
11 become a little bit more business as usual rather than
12 something utilised for that flex or contraction. Is that
13 a sense that you have?

14 A. Either Mr Griffiths' statement or mine has some
15 information about the level of uplift in their use. So
16 there is a pattern of more locum use, albeit they're still
17 not a very significant part of the medical workforce, but
18 it has increased.

19
20 Most of that increase has been experienced outside
21 metro. I think some of it does link back to your questions
22 related to the demographic profile of young doctors. So we
23 do see a bit of evidence in the data that - we offer
24 two-year contracts to graduating students. The first year,
25 they have to, you know, complete their registration, but we
26 offer them a second year because they can't really enter
27 college training until they've completed that. I'm not
28 sure all states do. They might by now, but we moved to it
29 some time ago to try and create that certainty for them.

30
31 We do see junior doctors in that second year sort of
32 resigning their role in the last quarter, and they might go
33 and practise locuming for a period of time. So, you know,
34 that's a kind of - it's a lifestyle choice, it's "I might
35 want to travel overseas, have a break. If I work as
36 a locum for three months, that makes that viable and
37 possible and I will come back next year and apply for
38 junior doctor positions and eventually head to a specialty
39 training path."

40
41 I don't think that there's many of the young doctors
42 participating in the locum market in that way that are
43 choosing to be a locum forever. There may be some, but
44 what is happening is that through, this whole mix, the
45 number of people seeking to enter training in general
46 practice has declined pretty much every year since 2015,
47 and that's - you know, that issue is regularly raised with

1 the Commonwealth because it's particularly concerning.

2
3 I think we had one year where it held firm or maybe
4 increased, and that was essentially when the borders were
5 closed and doctors couldn't go elsewhere. So I think
6 that's, you know - look, what we don't like about the locum
7 arrangement is when we can't try to deploy a reasonable cap
8 on the daily rate, and we're trying to work on that with
9 other jurisdictions. And we don't like it when, in
10 connection to that escalating rate, there is a practice of
11 withdrawal and gazumping, effectively.

12
13 Mr Griffiths referred to the vendor management system
14 rollout. The main thing we hope to get from that is better
15 data to manage those locum agencies so that we can confront
16 them about the gazumping activity because they are not
17 meant to be doing that under the arrangement. We're
18 hopeful that that will also generate an ability to stop the
19 growth in the locum agency fee - not the rate paid to the
20 doctor, but the fee paid to the agency.

21
22 Q. I want to move to a different topic now and ask you
23 some questions about medical staff councils. What do you
24 see as the role of medical staff councils within the health
25 system?

26 A. They're very important. They're there to be the voice
27 of the clinical community and provide advice to the
28 relevant facility where that council exists.

29
30 Q. In that sense, do they provide a platform for
31 expressing concerns about resourcing and decisions which
32 might be made in relation to the operation of a facility
33 which at least those working within the facility are
34 troubled by?

35 A. Yes. Yes, I think in short, but the experience that
36 people advise me of is that medical staff councils are -
37 they're a function, a derivative of the wider medical
38 community at that place. In expectation that you were
39 going to ask some questions related to this, we went back
40 and just had a look at a few things. You know, under the
41 arrangements, the by-laws, we're meant to have a medical
42 staff executive council in each LHD. It doesn't make sense
43 to have one in Far West, so there's a medical staff council
44 at Broken Hill Hospital, and there's one LHD where its
45 staff executive council has kind of failed to meet quorum,
46 essentially. So there's a lack of kind of interest in the
47 community to - now, having discovered that in the last

1 24 hours, you know, I think it's important that we go and
2 understand, well, is that because there's no issues, so
3 therefore there's nothing to talk about, or is that because
4 there's a potential issue about the way the relationship
5 between the council and the relevant executive is
6 operating? And we would want to find that out pretty
7 quickly on the basis of what has transpired at Concord.
8

9 Q. For the medical staff council to perform the role that
10 it does within the system, would you agree that it's
11 important that there needs to be a bilateral flow of
12 information - that is, to the extent that the medical staff
13 council might be raising concerns about resourcing or
14 decisions which have been made in relation to the facility,
15 for the system to work well, there needs to be some degree
16 of transparency and engagement with the medical staff
17 council in relation to why those decisions were made in the
18 way that they were made so as to give the staff at the
19 particular facility a better understanding of it?

20 A. I broadly agree. I think what you want to achieve
21 with a medical staff council and a hospital executive team,
22 or with the LHD with the executive staff council, is an
23 effective relationship about raising issues that are
24 a source of concern on either side.
25

26 What I would like to see in a cultural sense is that
27 people operate in a way that's consistent with the core
28 values, which means that it's a collaborative process of
29 exploring problematic issues. I think it's important that
30 those are ground rules fundamentally because, you know,
31 it's almost a designed intention, right? You've got people
32 with a passion for health care delivery, very often with
33 a research interest in a particular development in where
34 health care goes. They want - they like working at the
35 facility they're at, potentially, and they want it to have
36 the best possible level of resourcing to deliver the best
37 possible care that they think is possible in this, you
38 know, current day and age. And that's where you bump into
39 the reality of a budget that has to be managed. And so
40 there is almost a designed intention, and it's really
41 important that the parties find a way to work together to
42 resolve that tension. It can be done. We see it work.
43

44 Concord 's an illustration of where it's not continued
45 to work, and you know, that's really the nature of
46 workplace conflict generally, that you have conditions and
47 people in certain circumstances who can find a way to get

1 out of a wet paper bag, and at other times you don't have
2 the conditions that allow that, either because of some
3 history or because of some disputes on foot that may be
4 industrial in nature or not, or because of some of the
5 individuals concerned not having trusted relationships with
6 people they need to have those with.

7
8 Q. And when you refer to "individuals", I gather you mean
9 individuals on both sides of --

10 A. Absolutely.

11
12 Q. -- discussions, the executive and the medical
13 workforce?

14 A. Absolutely.

15
16 Q. You mentioned a moment ago the need for the medical
17 staff councils to be conducted in a manner - or ideally to
18 be conducted in a manner consistent with the core values.
19 For the avoidance of doubt, I gather you weren't referring
20 to the document that we've seen up on the screen many times
21 throughout the last three weeks, described as "Core values"
22 of the Sydney LHD, and in particular the highlighted
23 passage which I can show you again if you want, but
24 I suspect you know what it says.

25 A. I've read the passage. I'm referring to the fact
26 that, you know, it's collaboration, openness, respect and
27 empowerment. I've asked for some information from the LHD,
28 from the people and culture area, about their understanding
29 of that document. I know that the Commissioner has had
30 occasion to make observations about what might be called
31 "human resources speak".

32
33 Q. I think he was being generous.

34 A. Above and below the line became a bit of a fashion in
35 human resources thinking - look, it's probably 20 years
36 old. What it seeks to do is explore the idea that not
37 every issue of positive action or negative action is
38 absolutely abundantly clear, right, that there's this
39 notion of things that can occur which are either helpful or
40 destructive of a workplace culture, but they're not very
41 obvious, right? And so below the line is trying to call
42 those out so that, as much as anything, you give the staff
43 that you're talking to the power to have some empowerment,
44 right? So if there's a document that has been produced
45 that says, "This is clearly beyond the pale", great, "but
46 this may be an issue if it's occurring and it's repeated" -
47 now, that's what you are trying to do with a document like

1 that.

2

3 I read that passage, I've seen you ask witnesses about
4 it. I think it's a bit clumsily worded. I think it sort
5 of, with other contextual factors, isn't making the point
6 that it likely set out to make. To me, it would have
7 been - the subject would have been better traversed in the
8 collaboration part of the table, because, you know, what
9 you're really trying to say is, "If you've got resource
10 conflict, if you've got disputes about priorities, they
11 should be worked through in a collaborative way, and
12 a collaborative way looks like this, and these forms of
13 behaviour are not very collaborative and they might be
14 destructive of trust in a relationship". I don't think it
15 did that well.

16

17 I also understand that it's not a document still in
18 use, and I've been sent the current slide deck that is the
19 sort of hallmark presentation for working through the
20 values with new groups of staff and it's not a feature in
21 that, and I think it is a more sophisticated document that
22 has now been developed.

23

24 Q. We did hear some evidence that medical staff councils
25 tend to be a little bit dormant when there are no major
26 problems at a hospital, in the sense that people tend not
27 to turn up to them, but where problems start brewing,
28 people might start to turn up in larger numbers. Is that
29 a general sense that you have?

30

31 A. I think so. I think it's unfortunate when they're not
32 turned up to in good times, and, you know, I think some of
33 our - I think many, if not all, of our chief execs would
34 not be very delighted with a not very well functioning
35 medical staff council. They would know that - you know,
36 they've been in the role long enough to know that if people
37 aren't engaged and they're not attending and they're not
38 having a discussion with their executive or defining the
39 issues they want to discuss with the executive, that cannot
40 mean that everything is tickety-boo. I mean, they work in
41 the New South Wales health system. They know the
42 challenges. So I think, you know, it's probably not
43 a universally good sign when there's not a high level of
44 engagement. Yes, it's going to peak and trough, but it's
45 not good if it's very dormant.

46

47 Q. In terms of giving the medical staff and the medical
staff councils that greater sense of being listened to and

1 particularly in relation to matters that they might be
2 raising where they have come to a different view to that
3 being taken by the executive on issues, do you think there
4 would be utility in having the chairs of each medical staff
5 council within a district appointed as an ex officio member
6 of the board of the local health district?

7 A. There is some history to this one.

8
9 Q. Yes?

10 A. So I think earlier in the hearings there was
11 a reference to changes that might have occurred.

12
13 Q. I think we've tracked that down now. I think the
14 current position, as we understand it, is the chair of the
15 executive medical staff council is an invited attendee at
16 board meetings, but not necessarily the chairs of the
17 medical staff councils at each of the constituent
18 facilities.

19 A. Yes. But I think it's possible to have the chairs of
20 the medical staff councils. And there has not really been
21 a change in that; it's really just that matters that were
22 in a regulation are now in a schedule to the Act.

23
24 So to your question about - you know, like, it's going
25 to come down to context. There have been instances in the
26 time I've been in health where people have, as members of -
27 ex officio or whatever, members of a medical staff council,
28 have been quite conflicted about what their role is. Is
29 their role to be representative at a board meeting, and is
30 their role to go back and report everything that was said
31 at a board meeting? And the board chair might say, "Well,
32 this is a confidential discussion of the board and it's not
33 for general consumption across the whole site." You know,
34 I think my legal branch has had, on occasion, the need to
35 provide advice to either the district or the medical staff
36 member about the context that you're in there.

37
38 So that's why I say context is important. If a member
39 sits on the board in whatever capacity but doesn't feel
40 that there are some aspects of the board's deliberations
41 that should be treated confidentially, well, then you're
42 really going to struggle to make that relationship work,
43 right? But I think there are instances where people are
44 ex officio members of boards and they get that. And if
45 they wanted to suggest to the board that something really
46 should be shared with either everyone or a portion of the
47 facility workforce, they would seek to make that case in

1 the board meeting.

2

3 So I think it's going to come down a little bit to
4 local personality and colour.

5

6 MR MUSTON: I note the time, Commissioner. I've probably
7 only got about 15 minutes to go. I'm entirely in your
8 hands, but I'm also mindful of the fact that Mr Minns
9 probably has various other demands on his time.

10

11 THE COMMISSIONER: Yes. Would you prefer - Mr Muston is
12 saying he's only got 15 minutes to go. Will you have any
13 questions so far?

14

15 MR CHENEY: No.

16

17 THE COMMISSIONER: Would you prefer to finish your
18 evidence or take a lunch break?

19

20 THE WITNESS: I would, Commissioner.

21

22 THE COMMISSIONER: Finish?

23

24 THE WITNESS: Yes.

25

26 THE COMMISSIONER: Let's just keep going then.

27

28 MR MUSTON: Q. I want to quickly take you to the Concord
29 situation that we've heard some evidence about through the
30 last two weeks. You're obviously aware of the situation
31 that had developed at that hospital, and that there was
32 a very unhappy section of the medical workforce which had
33 reached the point where it expressed itself through passing
34 a vote of no confidence in the chief executive?

35 A. I am aware. But I did not really become aware until
36 about a week before the meeting when the agenda, which
37 I think included or attached a proposed motion of no
38 confidence, was emailed in to the ministry. I can't recall
39 the exact date of that, but I think it's about a week
40 before the scheduled meeting.

41

42 Q. I gather that having received that information, at
43 least at that point, you weren't in a position to reach any
44 view about what may or may not have gone wrong at Concord
45 to have led to that situation?

46 A. Yes, I basically had no context. And that's a little
47 bit unusual, I would have to say. When we do have pockets

1 of unhappiness about various things, we get a lot of
2 correspondence, and, you know, it can be to the secretary,
3 it can sometimes be to me, quite often to the minister,
4 sometimes to the premier.

5
6 When there is, you know, bubbling unhappiness out
7 there, it generally finds its way to our door, and it was a
8 little bit - I would also raise another conversation with
9 you that was about two or three weeks later. I was talking
10 to the then president of ASMOF, Dr Sara, and I said "Look,
11 we're in this process of procurement to try and get
12 a resourcing to Concord." I said, "What's your sense of
13 this?" And he said, "Well" - I don't think he had
14 a longstanding knowledge of it, and he said, "Well, they're
15 completely split. The clinical community is split down the
16 middle and it's not good."

17
18 So normally I would expect unions to come to me and
19 say, you know, "We've got issues amongst our members at
20 Concord." So I don't know when Dr Sara, you know, came to
21 any clear knowledge of it, but normally I would have
22 expected that if he knew something serious like that was
23 occurring, he would have contacted me.

24
25 Q. You're aware from the evidence that has been given
26 that a letter was sent to the board expressing the concerns
27 held by at least a proportion of the medical staff at
28 Concord. Is that something which, in the ordinary course,
29 you would expect to be brought to your attention, namely,
30 an attempt to go around the executive and engage directly
31 with the board about concerns?

32 A. That's the October --

33
34 Q. October.

35 A. -- '22 letter?

36
37 Q. Yes. Look, I think it's a case of yes or no. And
38 possibly an issue about seniority and tenure of people, you
39 know, it's very much more likely for a new chief executive
40 to our system, someone who has joined us from New Zealand
41 or somebody else, they're probably going to get on the
42 phone much quicker to me about an instance like that than
43 some of our other chief execs who have been in roles for
44 seven years plus.

45
46 Q. It's a personal style thing as well, presumably, as to
47 whether one - the chief executive, whether they be long in

1 the system or a newcomer from New Zealand, whether they see
2 it as a conflict that they want to try and suppress and
3 address locally or whether they see it as a bigger problem
4 that they think they might like to get some assistance from
5 the ministry in relation to?

6 A. And, look, many of the ones who have been in post for
7 a while have faced these sorts of things probably at least
8 once before - perhaps not to the same level and extent, but
9 I'm aware, I think, of at least three instances of either
10 threatened or carried no confidence motions in chief execs.
11 So it is something that is an escalation technique that is
12 used, you know, on occasion.

13
14 It's ultimately a relationship issue or set of issues
15 that has to be resolved locally, and to that end, not
16 necessarily involving us is not in itself something that
17 I think is unusual. I think someone who was brand new to
18 our system would probably be more likely to involve the
19 ministry. But even in doing that, we don't sort of sweep
20 in and - or, what is it, fly in, swoop - that's the word
21 I'm looking for - swoop in and, you know, say, "We're going
22 to fix this", because that would just be disruptive to the
23 future relationships on the site.

24
25 You know, going back to what I said a good
26 relationship looks like between an MSC and an executive
27 team, it's ultimately them who have to fashion that. We
28 can't demand it or decree it or install it, you know.

29
30 Q. Instead of swooping in, is it the approach that
31 ministry takes that - effectively, in those sorts of issues
32 where there are crises and problems to be managed, you wait
33 to be called, like Mr Wolfe from Pulp Fiction was called?

34 A. I think that's mostly true, but with some exceptions.
35 In my statement I made reference to one of the key
36 initiatives I set in train not long - well, probably about
37 a year plus after I arrived, and that was the creation of
38 those portals about the complaints system, because when
39 I arrived, there was a bit of a list of workplace-related
40 challenges and complaints. It reminded me very much of my
41 post in the defence organisation, and I thought these
42 people - a lot of these people do not understand the
43 framework that's in place to try and manage these sorts of
44 matters, and so the essence of the portals was to try and
45 educate people and build consistency about how we dealt
46 with complaint issues.

1 The second initiative that I don't - well, maybe I did
2 reference in my statements, I said, "Look, given that the
3 culture in a place is not for the ministry to either
4 mandate or force in, how does the ministry know when there
5 are cultural problems? How do we know when there are
6 cultural problems? How do we try and run a kind of early
7 warning system? So that was the second initiative that
8 I tried to launch in 2018. And it's a challenging thing to
9 do, one; and, two, it was manifestly disrupted by COVID.
10 The place where we wanted to do a kind of case study was in
11 the Central Coast, and in the end, because of furlough and
12 whatever, we completed the process but we didn't manage to
13 engage with more than half of the staff.

14
15 That remained my advice to the then secretary, that
16 the ministry's got to have a kind of watching intent to use
17 the data sources that we do have, which can be the rumour
18 mill, it can be the unions talking to us, it can be the
19 correspondence that comes in that starts to develop
20 a pattern, it can be the PMES results, such as they are.
21 And we should have a facility and a capability to say,
22 "There's enough smoke around that department in that
23 hospital for us to suggest to the chief executive that
24 there needs to be some kind of intervention."

25
26 Now, we're at the point where we think we've built an
27 analytic tool that delivers against that mission. It's
28 referenced in either mine - I think in mine and in
29 Richard's statement, Mr Griffiths' statement. It is about
30 more granular use by us of the PMES data to go looking for
31 patterns of reversal of trend. But we can also look at the
32 ims+ data about incidents, because we know there's
33 a correlation between workplace culture and incidents of
34 potential harm, and global literature points to that.

35
36 We can also just, you know, utilise the understanding
37 of the number of cases where we're hearing, either through
38 sources with unions or through correspondence to various
39 people, that there might be an issue at that work unit at
40 that site.

41
42 Now, again, we don't want to come in like, you know,
43 members of a secret service. We want to try and be
44 helpful, and what we want to do is we want to help people
45 resolve their own problem. But if they don't have the
46 skill set or the capability to do it, we're going to
47 provide them. And that's, in fact, what we did at Concord.

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

Q. Can I take you to the point at which you became involved in the situation at Concord, other than having a vote of no confidence drawn to your attention, was through the intervention which was undertaken by --

A. ProActive ReSolutions.

Q. -- ProActive ReSolutions?

A. Yes, it's a name I struggle to remember as well.

Q. It's the excessive use of capitals, I think, that confuses me. And Mr McDonald, John McDonald, was the individual from that organisation who was the principal driver?

A. I think he's the principal.

MR MUSTON: Could I ask that the witness be shown a copy of exhibit H8. I don't want this to be brought up on to the screen. I intend to deal with these particular documents in hard copy so as to afford the ministry an opportunity to make a non-publication order in relation to them as they contain some information which would enable people to identify individuals. At this stage, I don't need --

THE COMMISSIONER: Just before you do, then, my apologies, if it's not coming up on the screen, but I understand that completely.

MR MUSTON: I have a copy for you, if that helps.

THE COMMISSIONER: Right, thanks.

MR MUSTON: I think I can deal with this in a way that doesn't require the feed to be cut, but I, just for the avoidance of doubt, we don't want anything up on the screen in terms of these documents, which I will identify, though, so that we all know what we're talking about.

Q. You have a folder in front of you called "Exhibit H8". Could I ask you to go to H8.3, the third tab in that folder. You see there an email commencing at the foot of page 2, in which a view is expressed about what might be seen as the root cause or a root cause of the problem that developed at Concord. Having received that information, did you or anyone from within the ministry do anything in particular in relation to it, to address that, what was

1 perceived to be the problem?

2 A. I'm just reading it through.

3

4 Q. Have particularly in mind the second sentence in the
5 first paragraph - third sentence, I should say.

6 A. What my orientation was at the time was to allow this
7 process of intervention to proceed and to flourish, and to
8 not have it sort of - not have barriers put in its way from
9 any quarter.

10

11 What I would say about the intervention that we
12 executed with ProActive - and I say this based on
13 historical consulting work that I have done, both in a sort
14 of smaller organisation that was focused on industrial
15 mediation and culture back early in my career, and then
16 more recently when I was with a large global HR consultancy
17 where I, at times, would be involved in board-related
18 mediation matters - when you've got a scenario where trust
19 appears to have been lost, and relationships are pretty
20 plainly broken, if you're the party going in as proActive,
21 it's - you're only going to get traction if you listen and
22 you appear to be, as a result of listening, an advocate for
23 the voices that you've heard.

24

25 Q. This email was not a piece of advocacy directed at any
26 of the voices being heard but, rather, a view being
27 expressed to you about what listening to the voices on both
28 sides of that debate had told him and the conclusions he'd
29 reached from it?

30 A. But that would be my point, that when you receive that
31 one side of the set of issues, what you're trying to do
32 from there is get the other side, when I've done this work
33 historically. And you're then trying to say to people,
34 "Well, is there a shared context here? Is that really the
35 intent that you think was the intent? Is there a lack of
36 trust here by circumstance and, you know, unhappy
37 accident?"

38

39 So to me, it's - we're in October. I'm - the really
40 important thing when you do this work is that you're an
41 advocate but you are trying to get a bridge happening
42 between the parties that are effectively in conflict, and
43 to me, reaching that view is not within the brief, and it's
44 without procedural fairness to reach it without due
45 processes. And so I'm aware of it, but to me, the way
46 forward is still to complete the process that has been
47 designed.

1
2 Q. Accepting --

3
4 THE COMMISSIONER: Sorry to interrupt. Perhaps because it
5 is not on the screen, I've lost the - which is the exact
6 part of this that you are directing the witness's attention
7 to?

8
9 MR MUSTON: Tab H8.3, and there is an email of 23 October
10 2023, which commences --

11
12 THE COMMISSIONER: At 11.27pm, that one?

13
14 MR MUSTON: Yes.

15
16 THE COMMISSIONER: I see. Commencing, "Phil"?

17
18 MR MUSTON: Yes. That's the email that I'm trying to
19 obliquely engage with Mr Minns about.

20
21 THE COMMISSIONER: Thanks.

22
23 MR MUSTON: Q. Accepting that, taking any sort of
24 draconian action in respect of the views which had been
25 expressed without affording procedural fairness to those
26 who might be affected by that action - was any step taken
27 by you or anyone else in the ministry to work out whether
28 the view which had been reached was right - that is, the
29 view expressed in the 23 October email.

30
31 THE COMMISSIONER: Sorry, what's the view?

32
33 MR MUSTON: The view referred to in the final sentence of
34 the first paragraph.

35
36 THE COMMISSIONER: Got it. Right. Okay. Yes, thank you.
37 Sorry.

38
39 THE WITNESS: So we did not initiate any kind of
40 substantive review process with respect to that remark, and
41 it's partly about procedural fairness and the fact that
42 this is a - you know, it's an opinion. I had enough
43 information from other sources to suggest that the way in
44 which responsibility is being apportioned there is not
45 reasonable, and so if I was to do something substantive in
46 that matter, I would be effectively cutting across the
47 nature of the initiative that we had put in place. So, you

1 know, at the time, I would have noted that, it doesn't
2 completely accord with my view, although I accept - you
3 know, it's a bit like when we talked about, you know, you
4 mutually contribute to these scenarios. That was the view
5 I held then. It's still a view that I hold.

6
7 Q. You referred to the --

8
9 THE COMMISSIONER: Q. When was ProActive first engaged?

10 A. This email says they commenced their work 17 July, the
11 first meetings commencing 19 July.

12
13 Q. So accepting you have a disagreement with the view
14 that's being expressed in that last sentence of the first
15 paragraph of this email, it's nevertheless a view that's
16 being expressed by Mr McDonald/ProActive after several
17 months of investigation, for want of a better expression?

18 A. Well, I think the expression is an important one,
19 Commissioner. So I've initiated these sorts of things
20 before, and the language I used might be seen as a little
21 bit odd, but I call it an intervention because that's what
22 it is, it's a circuit-breaking --

23
24 Q. Is there a letter of engagement?

25 A. There is.

26
27 MR MUSTON: There is. It's not in this bundle.

28
29 THE COMMISSIONER: Q. And that uses the word

30 "intervention" does it, or --

31 A. My memory would be that it did, but certainly any --

32
33 MR MUSTON: Restorative process, I think, was the phrase.

34
35 THE COMMISSIONER: Q. Was the purpose of ProActive to be
36 to conduct some form of independent intervention?

37 A. An independent --

38
39 Q. They're engaged by the ministry?

40 A. Yes, an independent intervention to try and restore
41 relationships, that kind of thing.

42
43 Q. Tell me - and please, I may be misunderstanding this -
44 if they're independent, it does strike me as - I know we're
45 not dealing with this sentence, but it strikes me as
46 immediately curious why they would be drafting notes for
47 the board chair. It sounds not independent.

1 A. Well, I think - and, you know, the record I hope can
2 be found to support this, Commissioner, but my memory is
3 that Mr McDonald thought it was critical that matters be
4 put to the board and the board make some kind of response
5 and --

6
7 Q. So it was a necessary part of the intervention?
8 A. Yes, yes.

9
10 THE COMMISSIONER: I see.

11
12 MR MUSTON: Q. Can I ask you to go over to H8.5. You
13 will see in there there's a document dated 13 November
14 2023?

15
16 THE COMMISSIONER: Have you had any discussion with
17 Mr Cheney about - is this tendered or --

18
19 MR MUSTON: It will be tendered.

20
21 THE COMMISSIONER: All of it?

22
23 MR MUSTON: All of it. But I anticipate - and the reason
24 I'm being a bit oblique about this is because --

25
26 THE COMMISSIONER: You will make some application that
27 parts of it should be subject to a non-publication order?

28
29 MR CHENEY: Yes, Commissioner.

30
31 THE COMMISSIONER: Yes. I've read it before and I'm not
32 surprised. Yes.

33
34 MR MUSTON: I guessed. Instead of having a debate about
35 that now, having regard to the time, I thought it quicker
36 just to deal with it obliquely.

37
38 THE COMMISSIONER: Yes, that's fine.

39
40 MR MUSTON: Q. You see some of the concerns or
41 conclusions which have been raised in the third
42 paragraph of that document. Do you have a recollection --

43
44 THE COMMISSIONER: So we're looking at the paragraph
45 "Everyone we listen to"?

46
47 MR MUSTON: "Everyone we listen to", yes.

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

THE COMMISSIONER: Thanks.

MR MUSTON: Q. Again, that tends to reinforce the view which had been expressed in that earlier October email about some of the root causes of the problem, but again, would the position be the same: having received this, the process was still rolling through?

A. By November, the process is starting to generate some results. So if you look at the table, you know, three items on page 1, "Significant progress" against "Remote working", "Flexible working arrangements", "Communication".

Q. Just looking at the table, if we turn to page 3, it should be the third row down --

A. Page 3 of the table?

Q. Page 3 of the document, so if you look at the top right-hand corner, there is a number 0003?

A. Yes.

Q. And we're dealing with radiology there, but without reading it out, do you see the third row in that table, commencing "Relationship"?

A. Yes.

Q. That raises some issues which presumably were concerning to --

A. So which - just redirect me to the sentence again?

Q. Do you see --

THE COMMISSIONER: "There was not a single person" - is that it there?

MR MUSTON: Yes.

THE WITNESS: Oh, yes.

MR MUSTON: Q. Was any action, and I don't necessarily mean - well, was any further investigation or any steps taken in response to that information insofar as you are aware?

A. No substantive investigation process. There is something that occurred, but I would prefer that it was not described in open session.

1 Q. Maybe you could provide us with a short supplementary
2 statement which addresses that, and we could have a debate
3 about whether or not a non-publication order ought be made
4 in relation to it, if that's convenient to everyone.

5
6 THE COMMISSIONER: Can I just say, without unduly
7 interrupting - I think I will say this: if you go to
8 page 9, this is to help Mr Cheney, there is a section
9 described "VIP Patients", and some commentary with an
10 update - sorry, there's some commentary in the column
11 "Update" and then a comment.

12
13 You - and I know it was deliberate choice - didn't put
14 any of that to Dr Anderson. I don't think it falls within
15 the Inquiry's terms of reference, we're not investigating
16 that. In those circumstances, my preference would be,
17 rather than making a non-publication order, that at least
18 that row is not part of the tender, given - if you have
19 a different view, please feel free to tell me, but --

20
21 MR MUSTON: Can I take that question on notice?

22
23 THE COMMISSIONER: You can take it on notice, yes. All
24 I'm saying is there are two options with that, one is
25 non-publication, the other is if a decision is made, it
26 hasn't been put to the witness, and it would have to be --

27
28 MR MUSTON: It would have to be. I intentionally did not
29 put it to the witness.

30
31 THE COMMISSIONER: I know.

32
33 MR MUSTON: And I certainly do not intend at any point to
34 invite you to reach any conclusion about whether what is
35 said there is right or wrong.

36
37 THE COMMISSIONER: Yes, and I'd have to be satisfied it's
38 part of the terms of reference for it to actually be part
39 of the tender, because if it's not, I think the proper
40 process would be that it's not part of the tender, rather
41 than making a non-publication order, but I'm happy to hear
42 further from you on that later and from Mr Cheney on that
43 later. We'll move on.

44
45 MR MUSTON: I'm perfectly content to deal with it in that
46 way.

47

1 THE COMMISSIONER: I just raise that because there might
2 be other parts that fall within the same category and we
3 can debate that later rather than holding Mr Minns up.

4
5 MR MUSTON: Q. Perhaps the most efficient way of dealing
6 with it is: there's a constellation of information which
7 has been conveyed to you through this document, much of
8 which, no doubt, are matters that you and the ministry were
9 in some way concerned about?

10 A. (Witness nods).

11
12 Q. Would that be right?

13 A. Look, everything that flowed under the bridge at
14 Concord was a source of some concern.

15
16 THE COMMISSIONER: Q. That's simply because a vote of no
17 confidence in a chief executive of an LHD is a big deal, to
18 put it mildly?

19 A. It's a big deal but it's happened before, when it's
20 not had any material consequence, because in that instance
21 it was so clearly linked to a kind of dispute issue.

22
23 Q. Yes. It might be a big deal, but some are bigger
24 deals than others?

25 A. I think that's true.

26
27 MR MUSTON: The most efficient way of dealing with this
28 might be if Mr Minns were to - my question is going to be:
29 "What was done by the ministry in response to the receipt
30 of this information?" I gather the answer to that will be
31 consistent with or at least involving in part the process
32 that has been alluded to that might appear to be the
33 subject, or might at least be sought to be the subject of
34 a non-publication order, and I'm content for that to be
35 dealt with in writing, if that's convenient to everybody,
36 and in doing so --

37
38 THE COMMISSIONER: Yes. I didn't mean to short-cut what
39 you're doing by raising the concern I had about what's on
40 page 9. So you continue in the way you want to.

41
42 MR MUSTON: Insofar as short cuts are concerned, I've now
43 taken 30 of my 15 minutes. So I am happy to shortcut
44 myself.

45
46 Q. The last document I want to take you to is H8.7. Do
47 you see there there's an email of 14 March 2024 at 5.04pm,

1 which --

2

3 THE COMMISSIONER: Can I just ask a question, though,
4 a general question about this document.

5

6 Q. In a general sense, it certainly doesn't convey any
7 opinion that the problems at Concord hospital were the
8 fault of the medical staff council, does it? That's not
9 the conclusion you would reach by reading this document?

10 A. No, but we did have conversations with ProActive about
11 the behaviour of the medical staff council, which don't
12 feature in those reports.

13

14 Q. Well, I'm only asking you about this document. It
15 doesn't?

16 A. Mmm.

17

18 MR MUSTON: Q. Going to the document which is H8.7, the
19 email of 14 March 2024 at 5.04pm, if I could just invite
20 you to read --

21 A. At 5.04?

22

23 Q. At 5.04. You see there's an email at the top, 3.22,
24 but if you go immediately below that to about the second --

25 A. I've got that.

26

27 Q. -- at point two on the page, there's an email there at
28 5.04pm. Do you see that one, 14 March 2024?

29

30 THE COMMISSIONER: Which part of that email are we looking
31 at?

32

33 MR MUSTON: I'm particularly interested in asking
34 a question about the first two paragraphs.

35

36 THE COMMISSIONER: Right. So starting with "The advice"?

37

38 MR MUSTON: "The advice".

39

40 THE COMMISSIONER: Thanks.

41

42 MR MUSTON: Q. May we take it from that, by 14 March you
43 and those in the ministry who were dealing with this
44 problem, had come to accept the views which had earlier
45 been expressed by Mr McDonald about the root causes of the
46 problems which had emerged at Concord?

47 A. Sorry, I didn't follow that.

1
2 Q. May we gather from the first two paragraphs of that
3 email that you, by that stage - that is, by March 2024 -
4 had come to accept the view which had earlier been
5 expressed in the document behind tab H3 as to the likely
6 root cause of the problems which had emerged at Concord?
7 A. I don't think my statement in those two paragraphs
8 references that issue at all. What had happened in the
9 final meeting that we held with ProActive, myself and the
10 secretary, was a not unexpected suggestion from ProActive
11 about a further series of engagements to do more work.
12

13 I think that work is well described by the phrase - so
14 he talked about a series of capability building workshops
15 that were about relational capabilities, and what I was
16 getting back to here was what we need to see happen at
17 Concord now, as I say, I think, on the second page, is that
18 the exec at Concord needs to own this summary document,
19 it's not a ProActive document, it's an action and intention
20 document owned by the executive, they have to get into the
21 driving seat and implement that, and that the observation
22 that emerged out of the commentary from the two people who
23 we'd seconded in to Concord, they're mentioned in the
24 bullet points --
25

26 THE COMMISSIONER: Q. What does a "101 team management
27 intervention" mean? What's your understanding about that?
28 A. I don't know where "101" comes from, but it's sort of
29 like, you know, essential basics.
30

31 MR MUSTON: It's a first-year subject
32

33 THE WITNESS: Yes, that's right.
34

35 MR MUSTON: That's where it came from.
36

37 THE COMMISSIONER: That's the only part of it
38 I understand.
39

40 Q. But in terms of "a team management intervention",
41 that's 101, what do you mean by that? They need a basic
42 level of intervention or --
43

44 A. We needed them to come together, work as a team, and
45 make sure that they were utterly focused on implementing
46 the actions in that final action plan. Because, as I put
47 to the GM, I think, when I spoke with him - I'm a bit fuzzy
on this - I said, "Concord will recover or it won't

1 recover, based on whether or not implementation occurs in
2 line with this plan, and where it can't occur, there's
3 really clear communication about why." And it was a joint
4 observation of mine and Mr Daly, the deputy secretary for
5 patient - for system performance and patient experience and
6 sustainability, I think. It was a joint observation that
7 it wasn't a given that that was necessarily going to occur.
8 So it was how do we support that? And my view to
9 ProActive was, "You're talking about a skill level that's,
10 you know, elevated from that. Let's get this basic thing
11 happening."

12
13 Q. What about the second paragraph commencing, "In
14 essence", that Mr Muston took you to? I have in my mind
15 what I think, based on the words you're using, a fairly
16 clear idea of what you mean, but this is your chance to
17 tell me whether I'm wrong. What do you - what did you mean
18 by that paragraph?

19 A. I mean, it really is that issue about ownership,
20 Commissioner, that, "You've got to, as a team, now gel and
21 step up and accept that the accountability is on your team,
22 led by the acting GM, to go and implement these actions,
23 because that will be where you either succeed or fail."

24
25 It was the observation particularly, from memory, from
26 Mr Daly that he felt that they needed some support for that
27 to happen, and my memory of this is - but perhaps it's a
28 little unclear - I think Mr Daly discussed with the GM, the
29 acting GM, another consulting resource to do that
30 team-building work.

31
32 Q. I would take it to mean - you tell me if I'm wrong -
33 that what you're expressing there is that the management
34 team needs some work - do some work or receive some
35 assistance - to operate at the level they should. Is that
36 fair?

37 A. I think to say to receive some support to operate at
38 that level, yes, that was my intended meaning.

39
40 THE COMMISSIONER: Thank you.

41
42 MR MUSTON: Those are my questions for this witness,
43 Commissioner.

44
45 Can I just say, having thought briefly on the issue
46 you raised earlier in relation to the table in the document
47 behind H8.5, whilst the correctness or otherwise, in a

1 substantive sense, of what's referred to next to that in
2 the column or the row commencing "VIP Patients" that you've
3 drawn our attention to probably doesn't matter - that is to
4 say, it will be no part of this process to invite you to
5 reach a view about whether that did or didn't happen.
6

7 The fact that that, amongst the constellation of
8 concerns and issues raised, was brought to the attention of
9 the ministry through that document and the way in which the
10 ministry dealt responsively to the issue which was
11 unfolding and the information provided probably is, and so
12 in producing the document that is to be produced explaining
13 the ministry's response to this information and the steps
14 that were taken, just for the avoidance of doubt, it ought
15 not be assumed that matters which, on their face, might
16 not - the correctness or otherwise of them - be considered
17 part of the work of this Commission, nevertheless are, to
18 the extent that the response of the ministry to them and
19 the response of the local - the way in which it might have
20 assisted the local health district in dealing with them, or
21 not, we would say, is plainly relevant.
22

23 THE COMMISSIONER: All right.
24

25 MR MUSTON: On that basis, we would say it probably does
26 need to be tendered, but I would have no issue at all or
27 could not oppose an application for a non-publication order
28 in respect of at least that, if not more.
29

30 THE COMMISSIONER: All right. But before we take any of
31 those routes, would you like some time to consider what
32 Mr Muston just put?
33

34 MR CHENEY: Not the last part, Commissioner. I think what
35 just fell from Mr Muston is reasonable.
36

37 THE COMMISSIONER: You are content with that?
38

39 MR CHENEY: Yes.
40

41 THE COMMISSIONER: Okay, that's what we will do.
42

43 MR CHENEY: May I ask, then, in the treatment of that
44 bundle, whether, at least as an interim measure, you would
45 make a non-publication order in respect of all of it until
46 we have an opportunity to --
47

1 THE COMMISSIONER: I can make a time-limited order. Is
2 there any problem with that?
3
4 MR MUSTON: I think the easier course might be - we all
5 know what it is - I can just defer. I'll defer the tender
6 of it.
7
8 THE COMMISSIONER: Why don't we defer the tender, first,
9 yes, that's the best idea. You two can discuss what an
10 agreed position is, assuming you can reach an agreed
11 position, and then you can just let me know.
12
13 MR MUSTON: Could the document which I have been referring
14 to, exhibit H8, be MFI17.
15
16 THE COMMISSIONER: All right. The folder of documents
17 that is exhibit H8 called "Concord hospital documents" will
18 be MFI17
19
20 **MFI #17 FOLDER OF DOCUMENTS, EXHIBIT H8, HEADED "CONCORD**
21 **HOSPITAL DOCUMENTS"**
22
23 THE COMMISSIONER: The tender is deferred until I hear
24 from counsel about how to approach the tender.
25
26 MR CHENEY: Thank you, Commissioner.
27
28 THE COMMISSIONER: All right, Mr Minns - sorry, you
29 didn't have any questions?
30
31 MR CHENEY: I have no questions.
32
33 THE COMMISSIONER: Mr Minns, thank you very much for your
34 time. We're very grateful and you are excused, at least
35 for now.
36
37 THE WITNESS: Thank you, Commissioner.
38
39 **<THE WITNESS WITHDREW**
40
41 THE COMMISSIONER: We will adjourn until Thursday next
42 week somewhere down south.
43
44 MR MUSTON: In Batemans Bay.
45
46 THE COMMISSIONER: Batemans Bay, is it?
47

1 MR MUSTON: Batemans Bay, I think.

2

3 THE COMMISSIONER: We will adjourn until 10am in Batemans
4 Bay next Thursday. Adjourn until then, thank you.

5

6 **AT 1.43PM THE SPECIAL COMMISSION OF INQUIRY WAS ADJOURNED**
7 **TO THURSDAY, 15 AUGUST 2024 AT 10AM IN BATEMANS BAY**

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

#	4846:12, 4857:43, 4863:7	4838:30, 4838:31	70-hours-a-week [1] - 4839:2	4823:40, 4823:41, 4824:4, 4825:17, 4825:18, 4825:22, 4825:29, 4826:6, 4826:16, 4826:19, 4826:22, 4826:33, 4827:5, 4827:8, 4827:12, 4827:41, 4827:47
#17 [1] - 4862:20	16 [3] - 4821:3, 4825:32, 4827:17	3	8	
\$	17 [5] - 4791:23, 4795:2, 4825:32, 4837:38, 4853:10	3 [3] - 4855:14, 4855:16, 4855:18	8 [2] - 4793:15, 4822:7	
\$17 [1] - 4806:26	18 [2] - 4816:17, 4838:12	3,550 [1] - 4824:47	80 [1] - 4833:22	
'	19 [1] - 4853:11	3.22 [1] - 4858:23	86 [2] - 4832:7, 4834:17	
'22 [1] - 4847:35	1980s [2] - 4792:42, 4806:5	3.5 [2] - 4837:2, 4837:9	9	accredited [5] - 4793:14, 4793:37, 4827:42, 4833:43, 4833:44
'23 [1] - 4828:31	2	3.6 [1] - 4837:2	9 [3] - 4791:22, 4856:8, 4857:40	accurate [2] - 4817:18, 4831:33
'23/24 [1] - 4837:1	2 [2] - 4790:18, 4850:43	30 [2] - 4828:47, 4857:43	90 [1] - 4838:31	accurately [1] - 4800:25
'24/25 [1] - 4822:2	2,100 [1] - 4824:46	30-odd [1] - 4803:37	92.6 [1] - 4792:21	accustomed [1] - 4799:15
'60s [1] - 4797:47	2,500 [1] - 4799:26	300 [2] - 4798:40, 4798:42	93.6 [1] - 4792:21	achieve [6] - 4802:8, 4802:47, 4809:44, 4813:29, 4839:5, 4842:20
'70s [1] - 4797:47	2.5 [3] - 4795:45, 4796:7, 4804:47	30s [1] - 4828:47	A	achieving [1] - 4835:43
'80s [1] - 4800:29	20 [4] - 4810:44, 4812:3, 4823:16, 4843:35	35 [1] - 4838:37	ability [5] - 4807:11, 4809:44, 4810:1, 4835:27, 4841:18	acronym [1] - 4824:44
'90s [1] - 4813:33	200 [1] - 4815:16	36 [2] - 4792:10, 4827:16	able [6] - 4802:47, 4818:6, 4820:31, 4821:7, 4822:23, 4831:31	Act [1] - 4845:22
'Risk' [1] - 4835:42	2000s [1] - 4813:33	37 [2] - 4792:1, 4792:11	absence [1] - 4825:26	ACT [1] - 4813:39
0	2001 [1] - 4811:10	39 [1] - 4828:37	absolutely [5] - 4816:1, 4836:32, 4843:10, 4843:14, 4843:38	acting [2] - 4860:22, 4860:29
0.3 [2] - 4805:2, 4837:3	2010 [1] - 4811:10	4	absorb [1] - 4820:35	action [13] - 4803:5, 4805:19, 4805:24, 4805:47, 4806:4, 4812:19, 4843:37, 4852:24, 4852:26, 4855:40, 4859:19, 4859:45
0003 [1] - 4855:19	2011 [1] - 4811:10	4 [2] - 4815:18, 4837:4	absorption [1] - 4820:37	actions [2] - 4859:45, 4860:22
046 [1] - 4790:24	2012 [1] - 4795:44	40.7 [1] - 4828:35	abundantly [1] - 4843:38	actively [1] - 4824:36
1	2015 [1] - 4840:46	400,000 [1] - 4829:37	accept [9] - 4802:31, 4803:15, 4807:13, 4835:36, 4835:45, 4853:2, 4858:44, 4859:4, 4860:21	activity [3] - 4798:42, 4818:30, 4841:16
1 [1] - 4855:11	2016 [1] - 4829:38	44 [1] - 4838:37	accepted [2] - 4819:46, 4833:44	actual [2] - 4792:11, 4801:7
1,200 [2] - 4832:12, 4834:38	2017 [2] - 4791:19, 4832:30	46 [1] - 4801:13	accepting [5] - 4803:32, 4825:26, 4852:2, 4852:23, 4853:13	adapted [2] - 4795:9
1,600 [1] - 4836:31	2018 [3] - 4833:20, 4833:24, 4849:8	48 [1] - 4828:37	access [5] - 4794:9, 4798:2, 4800:1, 4800:35, 4800:47	add [3] - 4795:38, 4806:23, 4831:45
1.43PM [1] - 4863:6	2019 [4] - 4805:13, 4827:4, 4829:13, 4829:19	5	accident [1] - 4851:37	added [1] - 4816:44
1.5 [1] - 4795:47	2020 [4] - 4805:1, 4805:9, 4805:16, 4805:30	5 [1] - 4793:15	accompanying [1] - 4821:3	addendum [1] - 4837:38
10 [3] - 4802:21, 4819:2, 4836:41	2021 [1] - 4805:16	5.04 [2] - 4858:21, 4858:23	accord [1] - 4853:2	adding [1] - 4802:2
10-hour [1] - 4832:46	2022 [5] - 4792:21, 4828:32, 4839:44, 4852:10, 4854:14	5.04pm [3] - 4857:47, 4858:19, 4858:28	account [3] - 4797:10, 4838:22, 4839:17	additional [6] - 4800:47, 4808:43, 4820:23, 4821:14, 4822:8, 4823:25
100 [2] - 4834:18, 4834:30	2023 [5] - 4792:21, 4828:32, 4839:44, 4852:10, 4854:14	50 [1] - 4838:29	accountability [1] - 4860:21	address [10] - 4797:15, 4797:24, 4799:34, 4810:38, 4812:34, 4820:19, 4820:42, 4848:3,
101 [3] - 4859:26, 4859:28, 4859:41	2024 [13] - 4790:22, 4791:22, 4791:23, 4792:21, 4795:45, 4829:19, 4839:45, 4857:47, 4858:19, 4858:28, 4859:3, 4863:7	6	accreditation [17] -	
106 [2] - 4832:10, 4832:12	23 [2] - 4852:9, 4852:29	6 [1] - 4791:19		
10am [3] - 4790:22, 4791:6, 4863:3	24 [2] - 4808:14, 4842:1	6,000 [2] - 4797:16, 4797:47		
10AM [1] - 4863:7	24-hour [2] - 4794:18, 4808:32	60 [1] - 4837:39		
11.27pm [1] - 4852:12	24/7 [1] - 4806:36	60.5 [1] - 4806:25		
11.55 [1] - 4823:31	25 [5] - 4810:35, 4822:3, 4830:18,	61 [1] - 4809:19		
12-month [1] - 4837:11	25 [5] - 4810:35, 4822:3, 4830:18,	62(c) [1] - 4837:43		
121 [1] - 4790:18		7		
13 [2] - 4829:43, 4854:13		7 [2] - 4790:22, 4791:23		
14 [8] - 4832:45, 4836:30, 4836:40, 4837:38, 4857:47, 4858:19, 4858:28, 4858:42		7.1 [1] - 4796:6		
15 [4] - 4846:7,		70 [5] - 4828:13, 4828:42, 4829:1, 4833:22, 4837:39		

4850:47
addressed [1] - 4795:33
addresses [1] - 4856:2
adequacy [1] - 4839:15
adequate [2] - 4817:6, 4839:19
adequately [1] - 4801:18
adjourn [4] - 4823:31, 4862:41, 4863:3, 4863:4
adjournment [1] - 4823:37
adjust [1] - 4795:17
adjusted [1] - 4795:19
adjustment [2] - 4792:43, 4800:14
adjustments [4] - 4809:27, 4809:46, 4810:14, 4810:15
administers [1] - 4829:16
administration [2] - 4802:3, 4829:38
administrative [3] - 4815:10, 4819:33, 4830:5
adopted [1] - 4824:34
advertised [1] - 4837:24
advice [5] - 4838:15, 4841:27, 4845:35, 4849:15, 4858:36
advice [1] - 4858:38
advise [1] - 4841:36
advised [2] - 4794:4, 4826:4
advocacy [2] - 4831:26, 4851:25
advocate [2] - 4851:22, 4851:41
advocates [1] - 4831:23
affected [2] - 4828:14, 4852:26
affects [1] - 4827:28
afford [1] - 4850:20
affording [1] - 4852:25
age [1] - 4842:38
aged [3] - 4792:41, 4816:19, 4816:28
Ageing [1] - 4800:4
agencies [1] - 4841:15
agency [2] - 4841:19, 4841:20
agenda [1] - 4846:36
agent [1] - 4812:39
ages [1] - 4838:37
agility [4] - 4809:37, 4809:38, 4813:29, 4813:34
ago [8] - 4802:25, 4804:43, 4808:4, 4810:44, 4814:9, 4816:17, 4840:29, 4843:16
agree [13] - 4796:37, 4801:5, 4804:13, 4810:2, 4817:9, 4826:43, 4828:15, 4829:33, 4834:33, 4835:22, 4836:23, 4842:10, 4842:20
agreed [5] - 4795:17, 4802:13, 4829:40, 4862:10
agreement [3] - 4799:4, 4814:24, 4829:41
agreements [1] - 4800:34
ahead [2] - 4824:45, 4835:11
albeit [2] - 4793:31, 4840:16
alert [4] - 4816:39, 4816:40, 4819:10, 4819:11
alignment [1] - 4799:5
all-government [1] - 4799:28
allied [6] - 4792:18, 4801:33, 4802:23, 4802:33, 4803:18, 4803:33
allocation [1] - 4823:28
allow [2] - 4843:2, 4851:6
allowance [9] - 4794:14, 4794:47, 4801:2, 4806:40, 4807:20, 4807:21, 4808:1, 4808:6, 4813:14
allowing [1] - 4803:34
alluded [1] - 4857:32
almost [2] - 4842:31, 4842:40
AMA [12] - 4792:40, 4795:7, 4798:12, 4799:6, 4809:9, 4812:32, 4814:39, 4815:6, 4815:11, 4815:14, 4815:25, 4815:30
amenities [1] - 4827:43
amount [6] - 4798:32, 4811:29, 4816:24, 4816:44, 4817:16, 4820:41
amounts [1] - 4807:46
anaesthetic [1] - 4798:19
anaesthetics [3] - 4798:14, 4798:16, 4821:26
anaesthetists [3] - 4798:17, 4798:34, 4821:28
analytic [1] - 4849:27
Anderson [1] - 4856:14
annual [3] - 4804:47, 4818:3, 4828:44
anonymity [1] - 4830:4
anonymous [1] - 4830:39
answer [12] - 4795:15, 4801:22, 4802:15, 4807:6, 4809:31, 4817:29, 4820:34, 4834:18, 4834:47, 4839:13, 4857:30
answers [1] - 4814:9
anticipate [1] - 4854:23
anxiety [1] - 4816:24
anxious [1] - 4818:35
apart [1] - 4804:9
apologies [1] - 4850:26
apologise [1] - 4815:12
appeal [2] - 4825:36, 4825:42
appear [3] - 4839:17, 4851:22, 4857:32
applicability [1] - 4813:14
application [2] - 4854:26, 4861:27
applications [2] - 4803:40, 4830:16
apply [2] - 4833:21, 4840:37
appointed [1] - 4845:5
apportioned [1] - 4852:44
appreciate [1] - 4816:32
appreciates [1] - 4833:10
appreciation [1] - 4810:8
approach [6] - 4801:46, 4821:11, 4821:12, 4838:19, 4848:30, 4862:24
approaches [1] - 4819:41
appropriate [5] - 4807:22, 4809:11, 4812:23, 4813:13, 4838:20
approval [5] - 4810:33, 4811:27, 4811:33, 4811:35, 4813:25
approve [1] - 4811:39
approving [1] - 4812:33
April [1] - 4791:22
arbiter [1] - 4802:10
arbitrage [1] - 4805:44
arbitrated [1] - 4805:2
arbitration [4] - 4803:8, 4803:36, 4804:16, 4809:10
area [7] - 4795:8, 4795:14, 4820:14, 4822:29, 4824:11, 4824:19, 4843:28
areas [12] - 4794:39, 4796:47, 4800:13, 4802:13, 4808:14, 4824:15, 4824:16, 4825:12, 4825:34, 4827:45, 4837:23
argue [2] - 4807:2, 4838:12
argued [1] - 4812:46
argument [2] - 4800:46, 4819:18
arises [2] - 4825:38, 4828:43
arising [1] - 4821:10
arrange [1] - 4808:17
arrangement [24] - 4792:43, 4793:41, 4795:20, 4796:1, 4797:46, 4799:10, 4802:32, 4802:33, 4806:38, 4807:40, 4808:19, 4810:45, 4811:25, 4811:39, 4812:3, 4812:15, 4812:28, 4814:18, 4814:33, 4820:7, 4823:2, 4832:35, 4841:7, 4841:17
arrangements [26] - 4793:32, 4795:18, 4797:21, 4797:22, 4798:47, 4804:5, 4804:16, 4804:20, 4804:34, 4808:21, 4808:41, 4810:20, 4810:32, 4810:37, 4811:37, 4812:1, 4812:8, 4812:10, 4812:17, 4812:33, 4814:10, 4814:29, 4825:36, 4831:7, 4841:41, 4855:12
array [1] - 4801:10
arrive [1] - 4826:23
arrived [4] - 4810:29, 4832:41, 4848:37, 4848:39
aside [2] - 4806:28, 4811:46
ASMOF [5] - 4795:16, 4802:24, 4806:3, 4807:1, 4847:10
aspect [2] - 4795:25, 4835:12
aspects [3] - 4810:41, 4832:35, 4845:40
aspiration [1] - 4832:17
assess [1] - 4811:26
assessing [1] - 4838:19
assessments [1] - 4839:14
assist [2] - 4791:21, 4803:12
assistance [3] - 4803:2, 4848:4, 4860:35
assistant [1] - 4815:14
assisted [1] - 4861:20
Assisting [5] - 4790:26, 4790:27, 4790:28, 4790:29, 4790:30
assisting [1] - 4817:23
assists [1] - 4835:38
associated [4] - 4806:32, 4811:16, 4828:46, 4831:39
Association [1] - 4802:22
associations [1] - 4818:16
assume [1] - 4822:27
assumed [2] - 4836:9, 4861:15
assumes [1] - 4794:42
assuming [1] - 4862:10
assumption [1] -

4828:6
AT [2] - 4863:6,
 4863:7
attach [1] - 4821:15
attached [2] - 4821:4,
 4846:37
attack [1] - 4817:28
attempt [5] - 4797:23,
 4826:2, 4827:31,
 4836:3, 4847:30
attempts [2] -
 4803:33, 4804:36
attend [1] - 4839:24
attendance [1] -
 4795:27
attended [1] - 4839:22
attende [1] - 4845:15
attending [1] -
 4844:36
attention [7] -
 4811:23, 4824:13,
 4847:29, 4850:4,
 4852:6, 4861:3,
 4861:8
attest [1] - 4833:3
attitude [2] - 4820:30,
 4822:22
attraction [2] -
 4817:45, 4818:39
AUGUST [1] - 4863:7
August [2] - 4790:22,
 4828:32
Australia [2] - 4793:9,
 4804:37
Australian [2] -
 4826:8, 4826:45
authority [2] - 4826:7,
 4826:8
availability [2] -
 4808:9, 4827:43
available [20] -
 4794:8, 4795:36,
 4795:46, 4796:40,
 4796:41, 4796:43,
 4797:1, 4797:11,
 4798:6, 4798:26,
 4798:34, 4798:35,
 4800:36, 4813:15,
 4821:25, 4824:15,
 4829:15, 4836:41,
 4839:35, 4839:44
avenues [1] - 4825:47
average [1] - 4833:9
avoidance [4] -
 4822:40, 4843:19,
 4850:36, 4861:14
award [35] - 4794:14,
 4794:16, 4794:38,
 4794:42, 4794:44,
 4794:45, 4794:46,

4795:16, 4795:22,
 4800:11, 4800:14,
 4800:20, 4800:43,
 4801:15, 4801:46,
 4801:47, 4802:37,
 4804:41, 4805:6,
 4805:11, 4805:34,
 4805:39, 4806:4,
 4806:7, 4806:33,
 4807:2, 4807:8,
 4808:34, 4808:35,
 4808:36, 4809:13,
 4809:36, 4809:45,
 4810:13, 4810:40
award's [1] - 4807:3
awards [31] - 4792:33,
 4792:41, 4792:45,
 4795:12, 4795:14,
 4795:34, 4801:10,
 4801:13, 4801:18,
 4801:33, 4801:40,
 4803:18, 4803:34,
 4803:37, 4804:4,
 4804:30, 4804:36,
 4805:35, 4805:43,
 4806:10, 4807:12,
 4808:28, 4809:20,
 4809:22, 4809:26,
 4809:28, 4809:32,
 4810:24, 4811:44,
 4830:16
aware [23] - 4797:3,
 4797:40, 4808:23,
 4810:26, 4812:1,
 4814:44, 4819:14,
 4828:41, 4831:42,
 4832:6, 4834:8,
 4835:40, 4838:8,
 4838:10, 4838:21,
 4839:31, 4846:30,
 4846:35, 4847:25,
 4848:9, 4851:45,
 4855:43

B

backlog [1] - 4799:18
bad [1] - 4821:23
bag [1] - 4843:1
balance [2] - 4797:12,
 4831:14
bargaining [11] -
 4800:30, 4800:36,
 4800:41, 4801:7,
 4802:17, 4802:20,
 4802:27, 4802:41,
 4803:21, 4803:24,
 4806:46
barriers [1] - 4851:8
base [2] - 4816:47,
 4825:15
based [7] - 4798:20,
 4809:47, 4815:23,
 4836:25, 4851:12,
 4860:1, 4860:15
basic [3] - 4820:1,
 4859:41, 4860:10
basics [1] - 4859:29
basis [2] - 4842:7,
 4861:25
batches [1] - 4814:6
Batemans [4] -
 4862:44, 4862:46,
 4863:1, 4863:3
BATEMANS [1] -
 4863:7
battled [1] - 4827:19
Bay [4] - 4862:44,
 4862:46, 4863:1,
 4863:4
BAY [1] - 4863:7
bear [1] - 4820:19
bearing [1] - 4818:3
Beasley [1] - 4790:14
beautifully [1] -
 4808:20
became [4] - 4797:40,
 4798:45, 4843:34,
 4850:2
become [9] - 4802:4,
 4813:31, 4822:19,
 4832:6, 4832:17,
 4834:8, 4835:40,
 4840:11, 4846:35
becomes [3] -
 4801:39, 4802:7,
 4811:30
bedevilling [1] -
 4832:35
beds [1] - 4816:19
behaviour [2] -
 4844:13, 4858:11
behind [2] - 4859:5,
 4860:47
below [5] - 4799:26,
 4830:4, 4843:34,
 4843:41, 4858:24
beneficial [2] -
 4801:45, 4807:42
benefit [12] - 4796:20,
 4800:15, 4801:16,
 4802:3, 4804:14,
 4807:11, 4807:24,
 4807:34, 4809:8,
 4818:1, 4824:12,
 4829:8
benefits [3] - 4807:7,
 4821:20, 4821:35
best [11] - 4791:40,
 4798:25, 4802:1,

4809:44, 4821:28,
 4822:13, 4824:17,
 4838:27, 4842:36,
 4862:9
better [8] - 4792:8,
 4821:34, 4829:22,
 4837:4, 4841:14,
 4842:19, 4844:7,
 4853:17
between [16] -
 4796:14, 4796:39,
 4796:46, 4798:5,
 4799:41, 4806:2,
 4806:18, 4808:17,
 4808:41, 4811:1,
 4830:44, 4839:28,
 4842:5, 4848:26,
 4849:33, 4851:42
beyond [4] - 4810:4,
 4834:25, 4834:32,
 4843:45
BHI [3] - 4817:8,
 4818:2
bid [1] - 4822:11
big [6] - 4821:2,
 4821:8, 4832:25,
 4857:17, 4857:19,
 4857:23
bigger [3] - 4821:15,
 4848:3, 4857:23
bilateral [1] - 4842:11
bill [1] - 4806:11
billion [2] - 4806:26,
 4822:7
binational [1] -
 4827:26
bind [1] - 4803:25
binds [1] - 4802:45
bit [32] - 4793:12,
 4793:31, 4795:35,
 4795:38, 4798:38,
 4803:19, 4809:20,
 4811:3, 4811:17,
 4814:38, 4819:23,
 4823:38, 4825:12,
 4828:20, 4832:2,
 4832:38, 4834:40,
 4836:24, 4837:2,
 4840:11, 4840:23,
 4843:34, 4844:4,
 4844:25, 4846:3,
 4846:47, 4847:8,
 4848:39, 4853:3,
 4853:21, 4854:24,
 4859:46
blame [1] - 4815:47
blank [3] - 4801:17,
 4801:25, 4802:12
blended [1] - 4825:12
blew [1] - 4799:21

block [4] - 4791:4,
 4791:33, 4792:31,
 4819:24
Blue [1] - 4813:46
board [17] - 4823:26,
 4825:37, 4845:6,
 4845:16, 4845:29,
 4845:31, 4845:32,
 4845:39, 4845:45,
 4846:1, 4847:26,
 4847:31, 4851:17,
 4853:47, 4854:4
board's [1] - 4845:40
board-related [1] -
 4851:17
boards [1] - 4845:44
body [1] - 4818:7
boo [1] - 4844:39
borders [1] - 4841:4
bore [1] - 4793:21
bottleneck [3] -
 4820:19, 4821:26,
 4821:29
bottlenecks [2] -
 4820:8, 4820:13
bottom [1] - 4815:28
bound [1] - 4802:35
box [1] - 4791:4
branch [6] - 4814:47,
 4815:19, 4815:22,
 4820:38, 4845:34
branches [1] -
 4830:13
brand [1] - 4848:17
breach [1] - 4795:17
breaching [2] -
 4813:23, 4823:21
break [6] - 4803:26,
 4822:16, 4823:30,
 4824:30, 4840:35,
 4846:18
breaking [1] - 4853:22
brewing [1] - 4844:27
bridge [3] - 4798:4,
 4851:41, 4857:13
brief [2] - 4815:25,
 4851:43
briefly [1] - 4860:45
bring [5] - 4806:9,
 4806:10, 4820:6,
 4821:13, 4826:38
bringing [6] - 4804:30,
 4806:29, 4806:30,
 4806:32, 4824:13,
 4828:23
brings [2] - 4807:24,
 4820:18
broad [4] - 4809:27,
 4809:41, 4814:28,
 4827:44

broader [2] - 4806:16, 4817:17
broadly [10] - 4792:22, 4794:20, 4797:3, 4801:33, 4810:43, 4815:31, 4819:35, 4826:39, 4827:42, 4842:20
broke [1] - 4835:27
Broken [3] - 4813:44, 4813:45, 4841:44
broken [1] - 4851:20
brought [10] - 4805:34, 4805:35, 4810:38, 4811:22, 4814:30, 4828:24, 4837:20, 4847:29, 4850:18, 4861:8
brunt [1] - 4793:21
bubbling [1] - 4847:6
bucket [1] - 4806:25
budget [12] - 4806:16, 4806:21, 4806:25, 4815:15, 4820:32, 4822:3, 4822:4, 4822:8, 4822:25, 4823:25, 4828:24, 4842:39
build [1] - 4848:45
building [3] - 4802:12, 4859:14, 4860:30
built [2] - 4794:13, 4849:26
bulk [1] - 4837:40
bullet [1] - 4859:24
bullying [4] - 4833:15, 4834:26, 4835:14, 4836:6
bump [1] - 4842:38
bundle [2] - 4853:27, 4861:44
burden [1] - 4818:41
burdensome [1] - 4794:31
burnout [6] - 4828:11, 4828:14, 4828:28, 4829:1, 4829:31, 4836:21
burnt [1] - 4828:35
business [1] - 4840:11
BY [1] - 4791:8
by-laws [1] - 4841:41
Byron [1] - 4814:2

C

Cabinet [1] - 4813:8
cabinet [3] - 4813:18, 4813:20, 4823:21
cannot [3] - 4804:15, 4817:13, 4844:38
cap [4] - 4796:1, 4796:17, 4804:47, 4841:7
capabilities [1] - 4859:15
capability [3] - 4849:21, 4849:46, 4859:14
capacity [7] - 4793:19, 4797:25, 4798:43, 4800:20, 4809:14, 4814:31, 4845:39
capitals [1] - 4850:11
captured [1] - 4800:25
care [22] - 4793:14, 4793:18, 4793:22, 4793:32, 4793:47, 4794:18, 4794:30, 4794:31, 4795:10, 4795:27, 4798:9, 4800:1, 4807:9, 4808:14, 4808:32, 4816:19, 4816:28, 4822:30, 4822:45, 4842:32, 4842:34, 4842:37
career [3] - 4832:17, 4833:47, 4851:15
careful [1] - 4834:1
carefully [1] - 4810:17
caring [1] - 4794:29
carried [1] - 4848:10
case [16] - 4792:46, 4793:2, 4794:22, 4798:13, 4800:29, 4805:47, 4810:7, 4826:22, 4827:26, 4829:10, 4833:38, 4834:17, 4845:47, 4847:37, 4849:10
cases [5] - 4811:36, 4825:21, 4827:5, 4837:21, 4849:37
cast [1] - 4805:8
casual [2] - 4816:21, 4837:15
catch [1] - 4798:30
catch-up [1] - 4798:30
category [2] - 4833:46, 4857:2
caused [3] - 4798:5, 4813:47, 4814:34
causes [2] - 4855:6, 4858:45
caveat [2] - 4802:42, 4815:31
caveats [4] - 4815:35, 4815:39, 4815:46, 4817:6
CE [1] - 4815:14
ceiling [3] - 4803:31, 4803:35, 4804:43
cent [21] - 4795:2, 4795:45, 4795:47, 4796:6, 4796:7, 4804:47, 4805:2, 4806:25, 4822:3, 4828:13, 4828:37, 4828:42, 4828:47, 4829:1, 4830:18, 4832:7, 4834:18, 4834:30, 4838:29, 4838:31
cent's [1] - 4834:17
central [3] - 4820:30, 4822:23, 4829:15
Central [1] - 4849:11
CEO [1] - 4815:11
certain [6] - 4794:22, 4800:35, 4819:6, 4824:32, 4836:35, 4842:47
certainly [8] - 4796:37, 4808:25, 4810:33, 4817:33, 4831:15, 4853:31, 4856:33, 4858:6
certainty [3] - 4807:39, 4809:5, 4840:29
cessation [1] - 4814:31
cetera [2] - 4805:40, 4828:26
chair [4] - 4839:40, 4845:14, 4845:31, 4853:47
chaired [1] - 4827:16
chairs [3] - 4845:4, 4845:16, 4845:19
challenge [3] - 4813:27, 4826:28, 4826:32
challenged [2] - 4806:3, 4836:31
challenges [11] - 4804:41, 4805:6, 4811:38, 4813:47, 4820:42, 4836:20, 4836:22, 4837:29, 4839:25, 4844:41, 4848:40
challenging [6] - 4801:39, 4824:19, 4833:14, 4838:2, 4838:46, 4849:8
champion [2] - 4831:23, 4831:32
chance [1] - 4860:16
change [6] - 4793:7, 4793:35, 4810:16, 4826:6, 4830:13, 4845:21
changed [1] - 4797:46
changes [3] - 4796:5, 4830:7, 4845:11
changing [2] - 4795:4, 4804:22
checking [1] - 4838:42
CHENEY [7] - 4846:15, 4854:29, 4861:34, 4861:39, 4861:43, 4862:26, 4862:31
Cheney [4] - 4790:35, 4854:17, 4856:8, 4856:42
chicken [1] - 4804:11
chief [21] - 4799:32, 4810:42, 4811:19, 4814:16, 4814:21, 4814:22, 4816:26, 4820:24, 4822:35, 4826:17, 4829:13, 4829:14, 4831:18, 4844:32, 4846:34, 4847:39, 4847:43, 4847:47, 4848:10, 4849:23, 4857:17
children's [1] - 4806:46
Children's [1] - 4808:30
Chiu [1] - 4790:35
choice [4] - 4797:18, 4798:27, 4840:34, 4856:13
choices [2] - 4798:22, 4798:23
choose [1] - 4808:47
choosing [1] - 4840:43
Christmas [1] - 4811:22
chronic [1] - 4822:46
circuit [1] - 4853:22
circuit-breaking [1] - 4853:22
circular [3] - 4813:1, 4813:19, 4813:32
circumstance [1] - 4851:36
circumstances [5] - 4801:3, 4804:3, 4818:47, 4842:47, 4856:16
citizens [1] - 4822:30
claim [2] - 4804:8, 4818:11
claimed [1] - 4833:3
claiming [1] - 4832:47
claims [1] - 4800:13
clarify [3] - 4817:33, 4835:46, 4836:3
clarity [3] - 4805:43, 4808:24, 4808:44
class [4] - 4805:19, 4805:24, 4805:47, 4806:3
clause [3] - 4794:45, 4800:43, 4802:10
cleaning [1] - 4801:20
clear [11] - 4800:2, 4807:40, 4810:3, 4810:10, 4817:40, 4832:18, 4835:19, 4843:38, 4847:21, 4860:3, 4860:16
clearing [1] - 4839:38
clearly [6] - 4806:41, 4807:28, 4812:18, 4830:29, 4843:45, 4857:21
cleverly [1] - 4820:47
clinical [5] - 4794:3, 4833:39, 4833:40, 4841:27, 4847:15
clinically [1] - 4816:36
clinician [2] - 4794:2, 4797:18
clock [1] - 4793:32
close [2] - 4834:10, 4834:30
closed [1] - 4841:5
closer [2] - 4799:15, 4806:31
clumsily [1] - 4844:4
cluster [1] - 4821:13
co [1] - 4827:16
co-chaired [1] - 4827:16
Coast [1] - 4849:11
coast [1] - 4816:16
coat [1] - 4821:8
coat-tails [1] - 4821:8
coincides [1] - 4838:44
collaboration [3] - 4826:38, 4843:26, 4844:8
collaborative [4] - 4842:28, 4844:11, 4844:12, 4844:13
collaboratively [1] - 4821:27
colleague [1] - 4810:43

colleagues [1] - 4794:3
collect [1] - 4837:33
collected [1] - 4831:3
collection [1] - 4801:32
college [18] - 4793:38, 4824:5, 4825:47, 4826:40, 4827:8, 4827:9, 4827:40, 4832:17, 4832:20, 4832:21, 4832:22, 4832:24, 4833:19, 4833:20, 4833:22, 4833:44, 4833:45, 4840:27
colleges [19] - 4814:40, 4819:24, 4819:26, 4819:39, 4820:6, 4823:38, 4823:39, 4824:14, 4825:19, 4825:33, 4826:7, 4826:15, 4826:32, 4826:38, 4826:46, 4827:4, 4827:17, 4827:26, 4833:28
colleges' [1] - 4819:41
Collins [13] - 4794:23, 4795:21, 4797:21, 4801:9, 4804:2, 4804:21, 4804:34, 4804:46, 4805:38, 4806:19, 4808:24, 4810:22, 4811:42
colour [1] - 4846:4
column [2] - 4856:10, 4861:2
combination [2] - 4809:16, 4809:17
combined [1] - 4821:45
comfortable [6] - 4791:39, 4798:8, 4832:5, 4834:7, 4834:19, 4835:40
coming [7] - 4795:24, 4808:29, 4826:24, 4826:25, 4830:15, 4838:33, 4850:27
commence [1] - 4803:21
commenced [1] - 4853:10
commences [1] - 4852:10
commencing [6] - 4850:42, 4852:16, 4853:11, 4855:24, 4860:13, 4861:2
comment [2] - 4812:35, 4856:11
commentary [3] - 4856:9, 4856:10, 4859:22
COMMISSION [1] - 4863:6
Commission [9] - 4790:7, 4803:3, 4821:11, 4829:36, 4829:41, 4830:3, 4830:8, 4837:36, 4861:17
commission [3] - 4803:7, 4803:39, 4803:44
Commission's [1] - 4818:18
commissioned [1] - 4800:6
commissioner [1] - 4829:35
Commissioner [23] - 4790:13, 4791:3, 4791:43, 4792:6, 4796:37, 4804:26, 4815:37, 4816:41, 4818:34, 4834:10, 4834:37, 4835:47, 4843:29, 4846:6, 4846:20, 4853:19, 4854:2, 4854:29, 4860:20, 4860:43, 4861:34, 4862:26, 4862:37
COMMISSIONER [66] - 4791:1, 4791:27, 4792:1, 4796:32, 4804:19, 4814:2, 4815:43, 4817:2, 4822:15, 4823:30, 4823:35, 4834:4, 4836:5, 4836:12, 4837:8, 4846:11, 4846:17, 4846:22, 4846:26, 4850:26, 4850:32, 4852:4, 4852:12, 4852:16, 4852:21, 4852:31, 4852:36, 4853:9, 4853:29, 4853:35, 4854:10, 4854:16, 4854:21, 4854:26, 4854:31, 4854:38, 4854:44, 4855:2, 4855:33, 4856:6, 4856:23, 4856:31, 4856:37, 4857:1, 4857:16, 4857:38, 4858:3, 4858:30, 4858:36, 4858:40, 4859:26, 4859:37, 4860:40, 4861:23, 4861:30, 4861:37, 4862:1, 4862:8, 4862:16, 4862:23, 4862:28, 4862:33, 4862:41, 4862:46, 4863:3
commissioners [1] - 4803:44
committee [9] - 4802:44, 4803:25, 4805:11, 4806:15, 4812:46, 4821:1, 4821:12, 4821:38, 4826:23
common [2] - 4794:25, 4806:2
commonly [1] - 4810:6
Commonwealth [10] - 4800:4, 4816:28, 4820:29, 4826:1, 4826:44, 4838:5, 4838:12, 4839:15, 4839:28, 4841:1
communication [3] - 4830:19, 4835:29, 4860:3
Communication" [1] - 4855:12
community [10] - 4794:8, 4833:10, 4833:42, 4835:28, 4838:10, 4839:4, 4841:27, 4841:38, 4841:47, 4847:15
comparative [2] - 4799:9, 4806:18
compare [3] - 4804:7, 4829:47
compared [2] - 4796:2, 4797:1
compelled [1] - 4812:41
complaining [1] - 4818:47
complaint [2] - 4809:3, 4848:46
complaints [3] - 4827:7, 4848:38, 4848:40
complete [6] - 4801:37, 4802:36, 4817:14, 4818:43, 4840:25, 4851:46
completed [2] - 4840:27, 4849:12
completely [9] - 4797:22, 4810:34, 4824:32, 4829:34, 4829:46, 4839:8, 4847:15, 4850:28, 4853:2
complexity [3] - 4793:43, 4801:43, 4826:13
complicating [1] - 4802:29
complication [1] - 4838:46
component [2] - 4797:29, 4806:23
concede [1] - 4804:12
conceptually [1] - 4823:1
concern [3] - 4842:24, 4857:14, 4857:39
concerned [6] - 4800:5, 4816:26, 4835:47, 4843:5, 4857:9, 4857:42
concerning [2] - 4841:1, 4855:28
concerns [10] - 4815:44, 4818:4, 4819:14, 4831:35, 4841:31, 4842:13, 4847:26, 4847:31, 4854:40, 4861:8
conciliation [1] - 4803:43
conclusion [3] - 4817:27, 4856:34, 4858:9
conclusions [2] - 4851:28, 4854:41
conclusive [1] - 4835:24
CONCORD [1] - 4862:20
Concord [31] - 4812:20, 4814:11, 4814:26, 4828:33, 4832:6, 4832:12, 4834:24, 4834:32, 4834:38, 4835:22, 4835:35, 4837:28, 4842:7, 4842:44, 4846:28, 4846:44, 4847:12, 4847:20, 4847:28, 4849:47, 4850:3, 4850:45, 4857:14, 4858:7, 4858:46, 4859:6, 4859:17, 4859:18, 4859:23, 4859:47, 4862:17
Concord's [2] - 4832:3, 4834:6
concurrency [1] - 4800:42
condition [1] - 4801:47
conditions [6] - 4801:46, 4806:33, 4832:33, 4832:40, 4842:46, 4843:2
conduct [1] - 4853:36
conducted [4] - 4828:44, 4838:11, 4843:17, 4843:18
conferred [1] - 4793:37
confidence [7] - 4815:38, 4823:21, 4846:34, 4846:38, 4848:10, 4850:4, 4857:17
confidential [1] - 4845:32
confidentially [1] - 4845:41
confidently [1] - 4800:40
confine [1] - 4795:15
confirm [1] - 4828:5
conflict [5] - 4825:26, 4842:46, 4844:10, 4848:2, 4851:42
conflicted [1] - 4845:28
conflicting [1] - 4797:28
conformance [2] - 4806:30, 4806:31
confront [1] - 4841:15
confuses [1] - 4850:12
connected [1] - 4822:36
connection [2] - 4839:28, 4841:10
consequence [4] - 4794:12, 4827:39, 4828:27, 4857:20
consider [1] - 4861:31
considerable [1] - 4806:14
considerably [1] - 4795:20
consideration [1] - 4820:20
considered [1] - 4861:16
consistency [1] - 4848:45
consistent [4] - 4825:36, 4842:27,

- 4843:18, 4857:31
consistently [1] - 4794:21
consolidate [1] - 4806:10
consolidated [2] - 4801:18, 4805:35
constantly [1] - 4831:13
constellation [2] - 4857:6, 4861:7
constituent [1] - 4845:17
construct [1] - 4832:16
constructed [1] - 4807:2
construction [2] - 4806:4, 4808:37
constructive [1] - 4822:34
consult [1] - 4818:17
consultancy [1] - 4851:16
consultant [2] - 4793:27, 4830:31
consultation [2] - 4824:24, 4824:26
consulting [2] - 4851:13, 4860:29
consumption [1] - 4845:33
contacted [1] - 4847:23
contain [1] - 4850:22
contemplate [2] - 4795:35, 4809:27
contemplated [1] - 4806:33
contemplating [1] - 4832:25
contemporary [8] - 4792:46, 4800:23, 4801:19, 4804:31, 4805:36, 4806:34, 4807:9, 4807:26
content [3] - 4856:45, 4857:34, 4861:37
contents [1] - 4791:39
context [20] - 4795:39, 4798:23, 4806:16, 4806:47, 4811:28, 4817:17, 4817:44, 4819:21, 4822:2, 4822:25, 4827:19, 4827:34, 4830:29, 4832:38, 4836:25, 4845:25, 4845:36, 4845:38, 4846:46, 4851:34
contexts [1] - 4833:14
contextual [1] - 4844:5
continue [2] - 4812:2, 4857:40
continued [1] - 4842:44
continues [1] - 4792:19
continuing [1] - 4829:44
continuously [1] - 4832:45
contract [1] - 4840:5
contraction [1] - 4840:12
contracts [1] - 4840:24
contrary [1] - 4812:28
contribute [3] - 4797:26, 4800:46, 4853:4
contributed [1] - 4796:17
contributes [1] - 4836:20
convened [1] - 4827:3
convenient [2] - 4856:4, 4857:35
conversation [5] - 4821:42, 4827:28, 4831:17, 4838:6, 4847:8
conversations [1] - 4858:10
convey [1] - 4858:6
conveyed [1] - 4857:7
copies [1] - 4791:23
copy [3] - 4850:17, 4850:20, 4850:30
core [4] - 4818:32, 4842:27, 4843:18, 4843:21
corner [3] - 4811:40, 4829:33, 4855:19
corners [1] - 4808:21
corollary [1] - 4804:14
correct [15] - 4791:16, 4791:40, 4792:26, 4797:3, 4804:26, 4805:25, 4807:16, 4808:36, 4815:31, 4816:3, 4823:19, 4825:24, 4835:6, 4835:35, 4837:41
correction [2] - 4792:1, 4792:25
correctly [1] - 4801:44
correctness [2] - 4860:47, 4861:16
correlation [1] - 4849:33
correspondence [3] - 4847:2, 4849:19, 4849:38
cost [7] - 4800:2, 4801:24, 4801:42, 4802:2, 4805:12, 4806:14, 4822:40
costs [3] - 4806:24, 4806:32, 4806:36
council [18] - 4834:32, 4839:23, 4841:28, 4841:42, 4841:43, 4841:45, 4842:5, 4842:9, 4842:13, 4842:17, 4842:21, 4842:22, 4844:34, 4845:5, 4845:15, 4845:27, 4858:8, 4858:11
Council [2] - 4826:8, 4826:45
councils [8] - 4841:23, 4841:24, 4841:36, 4843:17, 4844:24, 4844:47, 4845:17, 4845:20
Counsel [5] - 4790:26, 4790:27, 4790:28, 4790:29, 4790:30
counsel [1] - 4862:24
countries [1] - 4793:9
couple [7] - 4801:27, 4804:36, 4810:28, 4811:7, 4828:9, 4832:11, 4838:28
course [6] - 4791:43, 4799:21, 4803:35, 4807:13, 4847:28, 4862:4
court [1] - 4802:18
cover [3] - 4800:1, 4801:10, 4839:5
coverage [1] - 4811:30
covered [1] - 4827:45
covers [2] - 4801:18, 4836:6
COVID [23] - 4792:22, 4798:30, 4798:32, 4798:40, 4799:7, 4799:14, 4799:20, 4799:21, 4812:44, 4822:6, 4824:45, 4825:4, 4827:19, 4827:32, 4828:14, 4828:21, 4828:27, 4828:39, 4836:29, 4836:33, 4837:3, 4837:4, 4849:9
COVID-related [1] - 4798:40
craft [1] - 4832:36
create [7] - 4798:8, 4809:32, 4817:17, 4821:24, 4824:15, 4824:20, 4840:29
created [2] - 4812:23, 4821:11
creates [1] - 4838:34
creation [3] - 4824:10, 4831:23, 4848:37
creative [2] - 4811:27, 4811:28
creatively [1] - 4822:12
crises [1] - 4848:32
criteria [1] - 4819:5
critical [2] - 4819:7, 4854:3
cultural [4] - 4810:16, 4842:26, 4849:5, 4849:6
culturally [1] - 4831:8
culture [17] - 4791:14, 4818:26, 4825:9, 4829:16, 4830:13, 4830:31, 4830:36, 4831:18, 4831:41, 4832:8, 4833:16, 4834:28, 4843:28, 4843:40, 4849:3, 4849:33, 4851:15
curious [1] - 4853:46
current [14] - 4800:8, 4800:11, 4803:34, 4805:42, 4813:1, 4813:35, 4821:19, 4823:12, 4823:13, 4830:14, 4838:22, 4842:38, 4844:18, 4845:14
curtail [1] - 4799:22
custom [3] - 4799:3, 4808:25, 4811:2
cut [2] - 4850:35, 4857:38
cuts [1] - 4857:42
cutting [1] - 4852:46
cycle [1] - 4796:30
cycles [1] - 4819:6
-
- D**
-
- daily** [2] - 4793:23, 4841:8
Daly [3] - 4860:4, 4860:26, 4860:28
damaging [1] - 4817:45
Daniel [1] - 4790:30
data [43] - 4814:38, 4814:41, 4814:43, 4815:2, 4815:7, 4815:32, 4815:36, 4816:41, 4817:38, 4817:41, 4818:3, 4818:8, 4818:14, 4818:15, 4818:17, 4818:22, 4818:40, 4818:45, 4819:26, 4819:27, 4819:32, 4819:33, 4819:40, 4821:22, 4821:25, 4824:14, 4828:30, 4828:41, 4829:44, 4830:3, 4831:3, 4831:45, 4835:35, 4836:25, 4837:33, 4838:26, 4838:42, 4840:23, 4841:15, 4849:17, 4849:30, 4849:32
data-mining [1] - 4818:40
date [5] - 4792:42, 4795:2, 4806:10, 4808:28, 4846:39
dated [3] - 4791:22, 4813:32, 4854:13
day-to-day [1] - 4836:32
days [2] - 4832:19, 4836:30
deadline [3] - 4803:10, 4803:11, 4804:1
deadlines [1] - 4803:13
deal [17] - 4792:8, 4802:40, 4810:31, 4813:30, 4818:13, 4819:20, 4820:46, 4826:14, 4827:7, 4832:33, 4850:19, 4850:34, 4854:36, 4856:45, 4857:17, 4857:19, 4857:23
dealing [11] - 4792:45, 4802:19, 4809:26, 4823:12, 4826:42, 4853:45, 4855:22, 4857:5, 4857:27, 4858:43, 4861:20
deals [1] - 4857:24
dealt [5] - 4794:41, 4831:43, 4848:45, 4857:35, 4861:10
deans [1] - 4838:9

debate [6] - 4807:29, 4809:2, 4851:28, 4854:34, 4856:2, 4857:3
decade [3] - 4793:10, 4808:8, 4821:3
decades [1] - 4804:36
decide [2] - 4811:18, 4811:19
decided [1] - 4832:26
decides [1] - 4830:3
decision [5] - 4802:45, 4811:39, 4824:19, 4826:7, 4856:25
decisions [11] - 4796:10, 4812:39, 4823:28, 4824:38, 4826:32, 4827:5, 4830:36, 4833:13, 4841:31, 4842:14, 4842:17
deck [1] - 4844:18
decline [1] - 4797:4
declined [2] - 4835:30, 4840:46
declining [1] - 4830:46
decree [1] - 4848:28
defence [2] - 4820:29, 4848:41
defensively [1] - 4829:35
defer [3] - 4862:5, 4862:8
deferred [1] - 4862:23
defining [1] - 4844:37
definitely [2] - 4805:29, 4811:15
definition [1] - 4834:13
definitive [2] - 4831:17, 4835:19
degree [1] - 4842:15
delegated [2] - 4812:27, 4820:15
deliberate [1] - 4856:13
deliberately [1] - 4832:40
deliberations [2] - 4805:11, 4845:40
delighted [1] - 4844:33
deliver [1] - 4842:36
delivered [4] - 4793:19, 4793:43, 4803:24, 4813:35
delivering [2] - 4793:14, 4807:9
delivers [1] - 4849:27
delivery [8] - 4793:47, 4794:18, 4795:10, 4801:19, 4805:36, 4808:14, 4822:29, 4842:32
delta [1] - 4827:20
Delta [1] - 4799:23
demand [2] - 4824:33, 4848:28
demands [2] - 4838:1, 4846:9
demographic [4] - 4833:32, 4838:26, 4838:39, 4840:22
demonstrate [1] - 4830:17
Department [5] - 4800:4, 4813:1, 4813:7, 4813:36, 4830:7
department [4] - 4808:18, 4814:26, 4817:26, 4849:22
departments [2] - 4813:16, 4830:37
depiction [1] - 4813:3
deploy [1] - 4841:7
deprioritise [1] - 4820:43
deputy [4] - 4791:14, 4817:13, 4829:35, 4860:4
derivative [1] - 4841:37
dermatologist [2] - 4794:32, 4794:35
describe [1] - 4811:7
described [10] - 4794:10, 4803:15, 4805:39, 4811:9, 4815:35, 4822:13, 4843:21, 4855:46, 4856:9, 4859:13
design [1] - 4829:46
designed [3] - 4842:31, 4842:40, 4851:47
desirable [1] - 4804:13
despite [1] - 4828:26
destructive [2] - 4843:40, 4844:14
detail [1] - 4795:21
detailed [1] - 4829:31
determination [7] - 4792:38, 4794:47, 4795:8, 4795:24, 4795:25, 4807:21, 4809:9
determinations [1] - 4811:44
determine [1] - 4793:26
determines [1] - 4803:42
determining [1] - 4802:30
develop [1] - 4849:19
developed [3] - 4844:22, 4846:31, 4850:45
development [2] - 4815:22, 4842:33
developments [2] - 4800:5, 4827:34
dialogue [8] - 4805:31, 4817:32, 4822:27, 4822:32, 4822:34, 4824:21, 4824:24, 4828:3
dictate [3] - 4802:38, 4803:17, 4811:45
differ [1] - 4812:17
different [20] - 4794:39, 4801:10, 4801:40, 4802:33, 4804:4, 4804:20, 4805:27, 4811:1, 4814:5, 4832:15, 4833:36, 4834:27, 4834:40, 4836:14, 4836:15, 4838:3, 4839:8, 4841:22, 4845:2, 4856:19
differently [1] - 4797:39
difficult [1] - 4798:1
dilemma [2] - 4820:28, 4822:21
dint [1] - 4797:35
dip [1] - 4798:7
dipping [1] - 4808:44
direct [1] - 4830:37
directed [2] - 4806:45, 4851:25
directing [1] - 4852:6
direction [2] - 4827:3, 4831:14
directly [1] - 4847:30
director [3] - 4810:27, 4818:29, 4819:13
directors [1] - 4826:18
disagree [1] - 4835:9
disagreement [2] - 4802:14, 4853:13
discipline [1] - 4838:34
disciplines [1] - 4794:22
discovered [2] - 4820:39, 4841:47
discrete [1] - 4827:46
discuss [2] - 4844:38, 4862:9
discussed [4] - 4804:47, 4810:6, 4819:35, 4860:28
discussing [1] - 4827:14
discussion [3] - 4844:37, 4845:32, 4854:16
discussions [7] - 4801:31, 4801:36, 4802:21, 4803:27, 4809:42, 4809:46, 4843:12
disease [1] - 4822:47
disharmony [2] - 4814:32, 4814:35
disincentivises [1] - 4797:13
disparity [3] - 4796:14, 4796:39, 4797:8
dispute [3] - 4808:3, 4808:7, 4857:21
disputes [3] - 4805:42, 4843:3, 4844:10
disrupted [1] - 4849:9
disruptive [1] - 4848:22
dissatisfaction [1] - 4807:45
distortion [1] - 4812:6
distribution [1] - 4819:28
District [3] - 4828:11, 4829:5, 4829:7
district [7] - 4818:24, 4827:10, 4831:25, 4845:5, 4845:6, 4845:35, 4861:20
districts [2] - 4831:8, 4837:29
division [2] - 4830:14, 4831:7
doctor [17] - 4793:23, 4793:35, 4796:47, 4811:25, 4811:30, 4811:40, 4832:19, 4832:31, 4833:42, 4833:47, 4834:39, 4834:40, 4839:6, 4839:18, 4840:38, 4841:20
Doctor [1] - 4829:12
doctors [22] - 4793:5, 4793:8, 4793:16, 4793:45, 4793:46, 4795:15, 4804:23, 4808:9, 4832:10, 4832:44, 4833:7, 4835:18, 4836:37, 4836:40, 4838:7, 4838:13, 4838:29, 4840:22, 4840:31, 4840:41, 4841:5
document [23] - 4843:20, 4843:29, 4843:44, 4843:47, 4844:17, 4844:21, 4854:13, 4854:42, 4855:18, 4857:7, 4857:46, 4858:4, 4858:9, 4858:14, 4858:18, 4859:5, 4859:18, 4859:19, 4859:20, 4860:46, 4861:9, 4861:12, 4862:13
DOCUMENTS [2] - 4862:20, 4862:21
documents [4] - 4850:20, 4850:37, 4862:16, 4862:17
dodged [1] - 4804:35
dollars [5] - 4804:28, 4820:31, 4821:4, 4822:24, 4822:31
domain [2] - 4799:33, 4799:43
Dominish [1] - 4810:10
Dominish's [1] - 4810:3
done [21] - 4795:44, 4798:33, 4799:9, 4803:33, 4806:20, 4806:35, 4806:42, 4807:38, 4808:46, 4809:33, 4814:6, 4816:27, 4821:35, 4827:46, 4828:21, 4828:32, 4833:6, 4842:42, 4851:13, 4851:32, 4857:29
door [1] - 4847:7
dormant [2] - 4844:25, 4844:44
double [1] - 4808:44
double-dipping [1] - 4808:44
doubt [5] - 4831:36, 4843:19, 4850:36, 4857:8, 4861:14
down [17] - 4799:14, 4799:18, 4799:26,

4801:34, 4803:3, 4828:34, 4830:1, 4830:2, 4830:10, 4831:8, 4835:27, 4845:13, 4845:25, 4846:3, 4847:15, 4855:15, 4862:42
downturn [1] - 4799:39
Dr [11] - 4790:28, 4820:21, 4826:4, 4827:23, 4828:5, 4828:10, 4829:4, 4838:38, 4847:10, 4847:20, 4856:14
draconian [1] - 4852:24
draft [1] - 4802:13
drafting [1] - 4853:46
drain [1] - 4817:20
draw [1] - 4825:20
drawn [3] - 4804:3, 4850:4, 4861:3
drifts [1] - 4803:36
drill [1] - 4830:1
drilling [1] - 4830:2
drive [1] - 4817:43
driven [4] - 4796:14, 4797:17, 4805:43, 4827:4
driver [2] - 4794:9, 4850:14
driving [1] - 4859:21
due [3] - 4791:43, 4800:9, 4851:44
during [6] - 4792:31, 4793:18, 4819:24, 4822:6, 4836:28, 4837:4
dynamic [1] - 4824:32

E

earliest [1] - 4832:19
early [5] - 4800:29, 4806:5, 4813:33, 4849:6, 4851:15
earn [1] - 4796:47
earnings [1] - 4797:6
easier [2] - 4811:24, 4862:4
easy [3] - 4794:28, 4794:39, 4833:1
Ed [1] - 4790:26
educate [1] - 4848:45
educating [1] - 4817:23
education [2] - 4828:36, 4828:38
educator [1] - 4833:40

effect [11] - 4792:33, 4797:5, 4806:23, 4812:32, 4814:11, 4819:38, 4829:28, 4830:12, 4831:38, 4835:42, 4840:3
effective [4] - 4801:42, 4804:1, 4820:5, 4842:23
effectively [10] - 4794:42, 4801:16, 4808:17, 4820:13, 4829:6, 4839:5, 4841:11, 4848:31, 4851:42, 4852:46
effectiveness [1] - 4830:19
effects [1] - 4835:45
efficiency [1] - 4800:28
efficient [2] - 4857:5, 4857:27
efficiently [1] - 4820:13
effort [1] - 4833:18
egg [1] - 4804:11
eight [4] - 4795:44, 4795:47, 4816:17, 4838:9
either [23] - 4799:36, 4801:35, 4807:29, 4809:33, 4810:46, 4811:46, 4813:33, 4815:45, 4822:39, 4824:5, 4833:43, 4836:30, 4840:14, 4842:24, 4843:2, 4843:39, 4845:35, 4845:46, 4848:9, 4849:3, 4849:28, 4849:37, 4860:23
elaborate [1] - 4813:22
election [1] - 4796:30
elective [4] - 4798:31, 4799:22, 4799:25, 4799:27
element [2] - 4804:29, 4835:4
elevated [5] - 4799:8, 4811:20, 4816:46, 4837:2, 4860:10
elicit [1] - 4830:45
eloquently [1] - 4804:35
elsewhere [2] - 4817:30, 4841:5
email [15] - 4815:13, 4850:42, 4851:25, 4852:9, 4852:18, 4852:29, 4853:10, 4853:15, 4855:5, 4857:47, 4858:19, 4858:23, 4858:27, 4858:30, 4859:3
emailed [1] - 4846:38
emails [1] - 4815:16
emerged [3] - 4858:46, 4859:6, 4859:22
emergency [4] - 4808:5, 4808:9, 4817:9, 4817:26
employee [2] - 4806:24, 4828:31
employee-related [1] - 4806:24
employees [1] - 4818:11
employment [1] - 4792:34
empowered [2] - 4832:9, 4834:29
empowerment [2] - 4843:27, 4843:43
enable [5] - 4798:7, 4809:22, 4829:30, 4840:5, 4850:22
enables [1] - 4825:15
end [10] - 4800:9, 4802:10, 4802:37, 4814:30, 4825:3, 4826:46, 4827:20, 4829:23, 4848:15, 4849:11
enduring [2] - 4819:11, 4828:27
engage [8] - 4812:39, 4819:28, 4819:39, 4825:7, 4826:5, 4847:30, 4849:13, 4852:19
engaged [6] - 4818:40, 4819:18, 4823:24, 4844:36, 4853:9, 4853:39
engagement [5] - 4800:16, 4820:6, 4842:16, 4844:43, 4853:24
engagements [2] - 4835:25, 4859:11
English [1] - 4805:41
enhanced [1] - 4805:34
enjoyed [1] - 4800:40
enormous [1] - 4811:29
ensure [1] - 4820:11
enter [3] - 4802:46, 4840:26, 4840:45
enterprise [1] - 4800:30
entirely [2] - 4795:29, 4846:7
entitlement [1] - 4801:47
entity [1] - 4830:1
entrenched [1] - 4813:31
envelope [1] - 4805:12
environment [3] - 4810:9, 4833:9, 4839:2
environments [2] - 4796:24, 4798:2
equal [1] - 4796:7
equally [1] - 4828:39
equate [1] - 4837:19
equivalent [4] - 4809:12, 4813:46, 4815:6, 4815:7
era [1] - 4828:14
ERC [2] - 4813:17, 4823:26
escalates [1] - 4811:19
escalating [1] - 4841:10
escalation [2] - 4827:12, 4848:11
essence [4] - 4812:29, 4823:44, 4848:44, 4860:14
essential [1] - 4859:29
essentially [3] - 4826:6, 4841:4, 4841:46
establish [1] - 4805:9
established [1] - 4820:3
estimates [1] - 4815:16
et [2] - 4805:40, 4828:26
evaluation [3] - 4829:11, 4829:24, 4831:16
evenings [1] - 4793:18
event [3] - 4793:20, 4829:11, 4835:2
eventually [3] - 4812:44, 4835:29, 4840:38
everywhere [1] - 4824:34
evidence [39] - 4791:36, 4797:28, 4798:16, 4804:21, 4810:3, 4810:10, 4810:22, 4811:6, 4811:47, 4812:32, 4812:43, 4813:41, 4813:44, 4813:47, 4814:39, 4816:47, 4818:13, 4819:24, 4819:37, 4820:1, 4823:44, 4825:19, 4825:20, 4828:9, 4828:20, 4829:4, 4829:28, 4831:37, 4832:29, 4835:24, 4837:28, 4837:37, 4839:28, 4840:3, 4840:23, 4844:24, 4846:18, 4846:29, 4847:25
evolved [4] - 4795:37, 4797:39, 4810:30, 4831:6
ex [3] - 4845:5, 4845:27, 4845:44
exact [3] - 4832:32, 4846:39, 4852:5
exactly [1] - 4808:45
example [11] - 4794:28, 4794:36, 4800:22, 4802:29, 4807:8, 4809:35, 4815:3, 4820:2, 4823:7, 4824:40, 4837:27
examples [1] - 4801:28
exceeded [1] - 4795:46
excellent [2] - 4831:4, 4831:5
except [1] - 4819:33
exception [1] - 4805:1
exceptionally [1] - 4833:8
exceptions [1] - 4848:34
excess [3] - 4796:26, 4796:27
excessive [1] - 4850:11
excessively [1] - 4833:16
exchange [1] - 4835:46
excused [1] - 4862:34
exec [2] - 4794:4, 4859:18
execs [3] - 4844:32, 4847:43, 4848:10
executed [1] - 4851:12
executive [28] - 4799:32, 4810:42,

4811:19, 4814:22, 4814:23, 4815:14, 4816:26, 4820:25, 4821:43, 4829:13, 4841:42, 4841:45, 4842:5, 4842:21, 4842:22, 4843:12, 4844:37, 4844:38, 4845:3, 4845:15, 4846:34, 4847:30, 4847:39, 4847:47, 4848:26, 4849:23, 4857:17, 4859:20	4821:12, 4821:38	F	fall [1] - 4857:2	finishing [1] - 4838:37
executive's [2] - 4814:17, 4829:14	experience [12] - 4793:36, 4805:43, 4815:40, 4816:34, 4817:31, 4817:36, 4820:28, 4822:22, 4839:2, 4841:35, 4860:5	face [3] - 4802:43, 4839:3, 4861:15	falls [3] - 4799:17, 4819:34, 4856:14	firm [2] - 4816:47, 4841:3
executives [2] - 4826:17, 4831:18	experienced [3] - 4808:10, 4820:29, 4840:20	faced [3] - 4810:31, 4836:20, 4848:7	false [1] - 4816:1	first [31] - 4791:22, 4791:25, 4792:45, 4793:24, 4796:16, 4802:36, 4805:10, 4805:17, 4805:29, 4810:22, 4818:34, 4823:45, 4824:1, 4824:9, 4825:32, 4827:15, 4827:46, 4828:15, 4832:41, 4834:34, 4838:39, 4840:24, 4851:5, 4852:34, 4853:9, 4853:11, 4853:14, 4858:34, 4859:2, 4859:31, 4862:8
exemptions [1] - 4814:5	explain [1] - 4821:15	faces [1] - 4820:25	far [6] - 4793:47, 4794:18, 4794:30, 4803:11, 4809:2, 4846:13	first-year [1] - 4859:31
exercise [2] - 4817:22, 4837:33	explained [4] - 4802:42, 4804:35, 4812:18, 4815:3	facilitate [1] - 4820:4	Far [1] - 4841:43	fiscal [1] - 4822:10
exercises [1] - 4819:29	explaining [1] - 4861:12	facilitator [1] - 4830:32	fashion [2] - 4843:34, 4848:27	five [4] - 4801:35, 4817:28, 4826:16, 4833:47
exhaust [2] - 4825:47, 4839:41	explanation [1] - 4817:6	facilities [4] - 4797:37, 4825:18, 4830:17, 4845:18	faster [1] - 4800:1	five-year [1] - 4826:16
EXHIBIT [1] - 4862:20	exploration [2] - 4830:32, 4830:44	facility [16] - 4812:13, 4824:5, 4824:22, 4825:35, 4826:25, 4827:10, 4827:42, 4833:11, 4841:28, 4841:32, 4841:33, 4842:14, 4842:19, 4842:35, 4845:47, 4849:21	fault [1] - 4858:8	fix [2] - 4813:37, 4848:22
exhibit [3] - 4850:18, 4862:14, 4862:17	explore [2] - 4835:32, 4843:36	fact [28] - 4793:37, 4794:6, 4795:34, 4797:4, 4797:16, 4797:20, 4797:22, 4800:40, 4803:23, 4804:3, 4804:41, 4805:6, 4812:8, 4817:37, 4822:2, 4826:13, 4828:47, 4830:17, 4832:29, 4833:37, 4837:12, 4838:13, 4838:28, 4843:25, 4846:8, 4849:47, 4852:41, 4861:7	favourable [1] - 4800:21	flaws [1] - 4826:11
Exhibit [1] - 4850:40	exploring [1] - 4842:29	factoring [1] - 4837:30	feature [5] - 4795:12, 4808:26, 4831:38, 4844:20, 4858:12	flex [2] - 4840:5, 4840:12
exist [1] - 4812:8	express [1] - 4812:36	fact [28] - 4793:37, 4794:6, 4795:34, 4797:4, 4797:16, 4797:20, 4797:22, 4800:40, 4803:23, 4804:3, 4804:41, 4805:6, 4812:8, 4817:37, 4822:2, 4826:13, 4828:47, 4830:17, 4832:29, 4833:37, 4837:12, 4838:13, 4838:28, 4843:25, 4846:8, 4849:47, 4852:41, 4861:7	fell [1] - 4861:35	flexible [1] - 4855:12
existed [1] - 4814:33	expressed [13] - 4797:33, 4804:8, 4828:12, 4846:33, 4850:43, 4851:27, 4852:25, 4852:29, 4853:14, 4853:16, 4855:5, 4858:45, 4859:5	factor [4] - 4795:47, 4811:5, 4834:46, 4839:32	fellow [1] - 4832:18	flight [1] - 4818:10
existence [1] - 4814:30	expressing [3] - 4841:31, 4847:26, 4860:33	factors [3] - 4802:29, 4830:18, 4844:5	fellows [1] - 4793:13	floors [1] - 4802:11
existing [5] - 4794:14, 4794:38, 4795:13, 4813:24, 4813:27	expression [2] - 4853:17, 4853:18	factory [1] - 4833:12	fellowship [1] - 4833:24	flourish [1] - 4851:7
exists [2] - 4818:14, 4841:28	extend [1] - 4814:24	facts [1] - 4817:34	felt [6] - 4793:26, 4812:19, 4812:32, 4812:41, 4819:38, 4860:26	flow [2] - 4810:46, 4842:11
expand [2] - 4801:27, 4818:22	extended [1] - 4836:9	fail [1] - 4860:23	fence [1] - 4812:23	flowed [3] - 4799:7, 4832:34, 4857:13
expanded [2] - 4795:27, 4829:19	extending [1] - 4820:34	failed [3] - 4795:26, 4835:29, 4841:45	few [5] - 4796:18, 4822:20, 4822:21, 4825:45, 4841:40	flows [1] - 4809:40
expansion [1] - 4831:6	extension [2] - 4812:3, 4820:44	failure [2] - 4815:10, 4819:33	fiction [1] - 4848:33	fly [1] - 4848:20
expect [7] - 4803:44, 4830:30, 4833:22, 4834:18, 4834:30, 4847:18, 4847:29	extensive [2] - 4820:41, 4836:45	fair [2] - 4828:6, 4860:36	fill [4] - 4816:7, 4818:36, 4837:21, 4839:34	focus [2] - 4814:19, 4830:27
expectation [5] - 4793:45, 4811:21, 4832:16, 4833:33, 4841:38	extent [17] - 4793:47, 4796:18, 4807:35, 4808:31, 4809:41, 4810:14, 4810:15, 4824:29, 4830:20, 4832:1, 4835:38, 4839:9, 4839:14, 4840:4, 4842:12, 4848:8, 4861:18	fairly [6] - 4802:3, 4802:16, 4816:18, 4835:19, 4860:15	filled [9] - 4816:6, 4816:10, 4816:34, 4831:28, 4831:30, 4837:24, 4837:25, 4837:35	focused [2] - 4851:14, 4859:44
expectations [1] - 4804:8	expenditure [8] - 4802:44, 4803:25, 4805:11, 4806:15, 4812:46, 4821:1,	faith [2] - 4802:46, 4803:27	final [4] - 4817:37, 4852:33, 4859:9, 4859:45	folded [1] - 4827:21
expected [1] - 4847:22			finally [1] - 4791:23	folded [1] - 4827:21
expects [1] - 4794:8			finance [1] - 4795:42	FOLDER [1] - 4862:20
expenditure [8] - 4802:44, 4803:25, 4805:11, 4806:15, 4812:46, 4821:1,			financial [2] - 4822:35, 4822:39	folder [3] - 4850:40, 4850:42, 4862:16
			fine [1] - 4854:38	follow [2] - 4826:41, 4858:47
			finish [1] - 4846:17	followed [1] - 4826:10
			Finish [1] - 4846:22	following [2] - 4792:15, 4835:42
			finished [1] - 4818:38	follows [1] - 4831:26
				foot [2] - 4843:3, 4850:42
				force [2] - 4799:25, 4849:4
				forecasting [1] - 4824:33

forever [1] - 4840:43
forgot [1] - 4791:28
form [4] - 4791:43, 4812:25, 4853:36
formed [2] - 4827:6, 4827:33
former [5] - 4804:45, 4810:42, 4813:35, 4814:16, 4829:35
forms [1] - 4844:12
forward [10] - 4802:1, 4813:7, 4820:33, 4821:13, 4822:26, 4828:23, 4828:24, 4831:20, 4838:1, 4851:46
four [4] - 4822:7, 4827:6, 4833:47, 4839:4
fourth [2] - 4826:2
frame [2] - 4812:39, 4813:34
framework [4] - 4813:13, 4813:24, 4813:28, 4848:43
Fraser [1] - 4790:29
free [3] - 4808:47, 4812:38, 4856:19
frequency [1] - 4818:23
friend [1] - 4793:20
front [1] - 4850:40
full [3] - 4791:10, 4805:37, 4838:23
Fuller [1] - 4790:30
fully [3] - 4833:10, 4835:24, 4839:43
fulsome [1] - 4817:32
function [6] - 4812:27, 4824:20, 4830:5, 4830:6, 4831:24, 4841:37
functioning [1] - 4844:33
fund [4] - 4813:16, 4813:19, 4820:44, 4823:10
fundamental [1] - 4802:43
fundamentally [1] - 4842:30
funded [3] - 4813:25, 4821:6, 4839:29
funding [12] - 4798:41, 4805:28, 4820:23, 4821:14, 4821:18, 4821:30, 4821:34, 4822:38, 4823:28, 4823:46, 4828:24, 4829:15

Funding [1] - 4790:9
funds [1] - 4811:43
furlough [1] - 4849:11
furloughing [1] - 4836:28
future [15] - 4797:44, 4799:36, 4801:26, 4803:11, 4809:17, 4821:38, 4822:40, 4824:18, 4824:33, 4825:4, 4828:23, 4830:6, 4832:36, 4838:20, 4848:23
fuzzy [2] - 4795:1, 4859:46

G

gains [3] - 4802:16, 4802:20, 4802:26
gamely [1] - 4827:19
gap [3] - 4798:4, 4798:5, 4832:46
gateway [1] - 4810:33
gather [7] - 4792:35, 4810:39, 4843:8, 4843:19, 4846:42, 4857:30, 4859:2
gazumping [2] - 4841:11, 4841:16
gel [1] - 4860:20
general [8] - 4802:32, 4811:18, 4835:34, 4840:45, 4844:29, 4845:33, 4858:4, 4858:6
generally [8] - 4797:17, 4801:12, 4804:11, 4817:36, 4819:34, 4831:42, 4842:46, 4847:7
generate [6] - 4797:25, 4804:1, 4804:6, 4816:29, 4841:18, 4855:9
generates [3] - 4815:1, 4817:17, 4822:39
generation [1] - 4838:22
generations [3] - 4832:26, 4838:24, 4838:47
generous [1] - 4843:33
genuinely [1] - 4807:30
geographical [2] - 4813:3, 4820:19
given [15] - 4802:9, 4811:6, 4816:41, 4817:30, 4820:32, 4822:25, 4825:20, 4829:4, 4830:7, 4831:37, 4834:44, 4847:25, 4849:2, 4856:18, 4860:7
global [2] - 4849:34, 4851:16
Glover [1] - 4790:27
GM [4] - 4859:46, 4860:22, 4860:28, 4860:29
goal [2] - 4806:17, 4826:20
goals [1] - 4835:43
govern [1] - 4792:34
governance [1] - 4791:15
Government [1] - 4800:33
government [14] - 4799:28, 4799:29, 4801:39, 4801:45, 4802:31, 4802:34, 4802:43, 4803:6, 4803:17, 4803:24, 4804:45, 4815:34, 4822:18, 4822:29
government's [3] - 4812:28, 4812:40, 4813:23
GP [2] - 4839:2, 4839:3
GPs [2] - 4839:4, 4839:10
graduate [1] - 4839:18
graduates [10] - 4824:45, 4825:6, 4837:46, 4838:20, 4838:23, 4838:24, 4839:15, 4839:36, 4839:38, 4839:43
graduating [2] - 4838:29, 4840:24
grand [1] - 4827:31
grant [1] - 4811:27
granular [3] - 4829:46, 4830:26, 4849:30
granularity [1] - 4829:29
grateful [1] - 4862:34
great [10] - 4797:31, 4797:33, 4811:45, 4812:17, 4814:15, 4818:13, 4819:20, 4832:33, 4834:17, 4843:45
greater [7] - 4791:32, 4793:47, 4808:44, 4820:9, 4820:10, 4825:28, 4844:47

greatly [2] - 4795:26, 4805:34
GREGORY [1] - 4791:6
Gregory [1] - 4791:12
grievances [1] - 4834:24
Griffiths [9] - 4812:43, 4815:2, 4815:35, 4815:44, 4819:37, 4821:21, 4828:41, 4829:16, 4841:13
Griffiths' [9] - 4820:39, 4821:36, 4824:11, 4824:31, 4824:41, 4837:37, 4838:16, 4840:14, 4849:29
ground [1] - 4842:30
group [8] - 4808:16, 4809:33, 4812:11, 4830:27, 4831:28, 4831:44, 4832:36, 4838:9
groups [10] - 4798:13, 4801:41, 4809:15, 4810:7, 4811:1, 4820:44, 4827:6, 4827:16, 4827:32, 4844:20
grow [1] - 4825:4
growing [1] - 4839:17
growth [3] - 4822:7, 4822:40, 4841:19
guarantee [3] - 4839:29, 4839:32, 4839:37
guaranteed [1] - 4831:30
guess [5] - 4798:11, 4799:32, 4799:36, 4818:8, 4829:2
guessed [1] - 4854:34
guidance [2] - 4822:10, 4831:15
guide [1] - 4796:32
guided [1] - 4803:43
guidelines [1] - 4833:19
guidepost [1] - 4796:36
gulf [2] - 4796:46, 4797:12

H

H3 [1] - 4859:5
H8 [4] - 4850:18, 4862:14, 4862:17, 4862:20
H8" [1] - 4850:40
H8.3 [2] - 4850:41, 4852:9
H8.5 [2] - 4854:12, 4860:47
H8.7 [2] - 4857:46, 4858:18
half [3] - 4838:36, 4838:42, 4849:13
hallmark [1] - 4844:19
hand [2] - 4796:15, 4855:19
hands [2] - 4803:39, 4846:8
hang [1] - 4822:28
happily [1] - 4800:45
happy [3] - 4834:11, 4856:41, 4857:43
harassment [2] - 4833:15, 4835:14
hard [3] - 4820:43, 4830:44, 4850:20
harm [1] - 4849:34
hazards [1] - 4836:10
head [2] - 4808:18, 4840:38
headed [1] - 4792:13
HEADED [1] - 4862:20
heading [1] - 4804:15
headline [1] - 4817:39
Health [11] - 4790:35, 4791:15, 4792:34, 4800:4, 4817:38, 4820:3, 4822:2, 4825:39, 4828:10, 4829:6, 4830:16
health [65] - 4792:18, 4792:47, 4793:4, 4793:36, 4795:10, 4795:27, 4796:15, 4797:4, 4797:6, 4797:10, 4797:44, 4798:10, 4799:40, 4799:44, 4799:47, 4800:3, 4800:6, 4801:11, 4801:33, 4802:23, 4802:33, 4803:18, 4803:34, 4803:38, 4804:32, 4804:35, 4805:16, 4805:37, 4806:13, 4810:29, 4811:41, 4818:24, 4820:28, 4821:43, 4822:8, 4822:19, 4822:22, 4822:30, 4823:13, 4824:44, 4827:10, 4828:38, 4829:32,

4829:37, 4829:42,
4830:1, 4830:14,
4830:15, 4831:8,
4831:25, 4832:30,
4832:41, 4834:44,
4836:35, 4837:29,
4837:44, 4839:23,
4841:24, 4842:32,
4842:34, 4844:40,
4845:6, 4845:26,
4861:20

Healthcare [1] -
4790:9

hear [3] - 4844:24,
4856:41, 4862:23

heard [26] - 4795:7,
4797:28, 4797:41,
4798:16, 4807:27,
4809:3, 4813:41,
4813:44, 4814:38,
4819:23, 4820:1,
4820:21, 4821:46,
4823:44, 4828:8,
4828:20, 4829:28,
4831:36, 4835:24,
4836:8, 4837:28,
4839:27, 4840:2,
4846:29, 4851:23,
4851:26

hearing [5] - 4791:4,
4791:33, 4792:31,
4819:24, 4849:37

hearings [3] -
4815:16, 4818:18,
4845:10

heart [1] - 4817:28

heat [1] - 4808:7

heavily [1] - 4824:22

held [5] - 4791:18,
4841:3, 4847:27,
4853:5, 4859:9

help [6] - 4798:4,
4803:6, 4822:26,
4828:22, 4849:44,
4856:8

helpful [3] - 4831:15,
4843:39, 4849:44

helps [1] - 4850:30

hesitate [1] - 4794:47

high [3] - 4796:10,
4799:27, 4844:42

highlight [1] - 4832:1

highlighted [1] -
4843:22

Hilbert [1] - 4790:35

Hill [3] - 4813:44,
4813:45, 4841:44

hire [1] - 4828:25

hiring [1] - 4824:45

historical [5] -
4793:12, 4793:29,
4799:3, 4799:4,
4851:13

historically [4] -
4793:3, 4793:18,
4793:34, 4851:33

history [7] - 4797:35,
4800:27, 4823:13,
4829:39, 4831:40,
4843:3, 4845:7

hit [1] - 4827:20

hits [1] - 4803:35

hitting [1] - 4803:31

hoard [2] - 4817:41,
4819:32

hold [4] - 4799:10,
4799:46, 4812:24,
4853:5

holding [2] - 4795:18,
4857:3

holiday [1] - 4840:7

home [1] - 4836:30

honestly [2] -
4819:31, 4825:38

honorary [1] - 4797:42

hope [5] - 4824:35,
4827:36, 4835:1,
4841:14, 4854:1

hopeful [1] - 4841:18

horizon [1] - 4802:16

Hospital [2] - 4808:30,
4841:44

hospital [22] -
4797:26, 4798:2,
4799:1, 4799:44,
4799:46, 4800:8,
4806:47, 4810:8,
4810:44, 4814:33,
4824:22, 4824:37,
4826:14, 4827:18,
4833:10, 4839:30,
4842:21, 4844:26,
4846:31, 4849:23,
4858:7, 4862:17

HOSPITAL [1] -
4862:21

hospitals [5] -
4797:37, 4798:44,
4801:3, 4832:19

hotel [1] - 4801:20

hour [2] - 4808:14,
4837:10

hours [30] - 4793:3,
4793:7, 4793:22,
4793:33, 4794:1,
4794:25, 4794:29,
4794:31, 4794:45,
4795:5, 4807:4,
4807:10, 4807:18,
4807:20, 4807:25,
4807:28, 4807:35,
4817:28, 4832:44,
4832:45, 4833:22,
4836:34, 4836:40,
4836:46, 4837:1,
4837:8, 4837:12,
4837:16, 4842:1

house [1] - 4839:38

hovering [1] - 4808:21

HR [1] - 4851:16

HSU [7] - 4801:32,
4802:5, 4802:30,
4802:42, 4803:14,
4814:39, 4814:42

hub [2] - 4797:36,
4811:14

huge [3] - 4816:24,
4816:43, 4823:1

human [3] - 4818:25,
4843:31, 4843:35

hypothetical [1] -
4801:2

I

lan [1] - 4790:29

idea [10] - 4797:40,
4810:5, 4816:34,
4820:35, 4828:2,
4831:9, 4831:23,
4843:36, 4860:16,
4862:9

ideal [1] - 4816:36

ideally [1] - 4843:17

ideas [1] - 4827:40

identify [4] - 4801:17,
4821:25, 4850:23,
4850:37

identifying [1] -
4800:13

illustrate [1] - 4821:46

illustration [1] -
4842:44

immediate [1] -
4819:17

immediately [2] -
4853:46, 4858:24

immense [1] - 4836:29

impact [10] - 4806:21,
4808:9, 4809:47,
4812:20, 4814:13,
4821:37, 4824:38,
4832:22, 4836:28,
4838:35

impactful [1] -
4828:21

impacts [3] - 4800:2,
4803:5, 4839:10

impediments [1] -
4801:25

implement [2] -
4859:21, 4860:22

implementation [1] -
4860:1

implementing [1] -
4859:44

importance [2] -
4821:15, 4826:18

important [13] -
4804:28, 4815:35,
4833:13, 4840:3,
4840:7, 4841:26,
4842:1, 4842:11,
4842:29, 4842:41,
4845:38, 4851:40,
4853:18

impossible [1] -
4827:33

impression [3] -
4807:17, 4816:1,
4818:10

improve [3] - 4792:19,
4809:28, 4824:25

improved [1] -
4816:31

improvement [1] -
4800:15

ims [2] - 4835:2,
4849:32

IN [1] - 4863:7

inaccurate [3] -
4792:16, 4816:1,
4817:39

inbound [1] - 4815:13

incentive [2] -
4816:30, 4819:8

incentives [4] -
4812:45, 4813:2,
4821:1, 4821:2

incident [1] - 4825:23

incidents [2] -
4849:32, 4849:33

incinerator [1] -
4801:2

include [1] - 4809:40

included [1] - 4846:37

including [3] -
4792:32, 4800:44,
4828:9

income [2] - 4798:8,
4800:47

incomplete [1] -
4817:39

increase [7] - 4794:5,
4795:45, 4800:35,
4806:11, 4809:22,
4809:28, 4840:20

increased [4] -
4792:20, 4825:3,
4840:18, 4841:4

increases [3] -
4796:17, 4796:19,
4796:25

increasing [1] -
4796:46

increasingly [1] -
4834:45

indeed [2] - 4805:47,
4818:15

independent [7] -
4802:10, 4818:7,
4853:36, 4853:37,
4853:40, 4853:44,
4853:47

indication [1] -
4808:13

indications [1] -
4799:38

individual [1] -
4850:13

individually [1] -
4814:42

individuals [4] -
4843:5, 4843:8,
4843:9, 4850:23

industrial [13] -
4792:32, 4797:30,
4797:31, 4800:26,
4800:33, 4802:18,
4803:5, 4806:2,
4808:7, 4817:46,
4818:16, 4843:4,
4851:14

Industrial [1] - 4803:2

inflation [7] - 4795:43,
4795:46, 4796:3,
4796:9, 4796:20,
4796:26, 4796:36

inflation's [1] -
4796:32

information [22] -
4795:38, 4814:16,
4815:22, 4815:30,
4815:32, 4817:5,
4817:7, 4817:22,
4817:24, 4818:5,
4840:15, 4842:12,
4843:27, 4846:42,
4850:22, 4850:45,
4852:43, 4855:42,
4857:6, 4857:30,
4861:11, 4861:13

informative [1] -
4821:24

informed [3] -
4810:27, 4824:23,
4835:8

informs [1] - 4819:40

initial [1] - 4799:21

initiate [2] - 4803:26,

4852:39
initiated [1] - 4853:19
initiative [4] -
 4822:38, 4849:1,
 4849:7, 4852:47
initiatives [2] -
 4820:18, 4848:36
INQUIRY [1] - 4863:6
Inquiry [2] - 4790:7,
 4791:21
Inquiry's [1] - 4856:15
insofar [5] - 4809:32,
 4835:46, 4838:21,
 4855:42, 4857:42
install [1] - 4848:28
instance [3] -
 4800:45, 4847:42,
 4857:20
instances [7] -
 4814:5, 4816:3,
 4816:6, 4830:11,
 4845:25, 4845:43,
 4848:9
instead [3] - 4818:40,
 4848:30, 4854:34
institution [1] - 4799:1
instrument [1] -
 4829:37
insufficient [1] -
 4821:18
insurance [5] -
 4797:4, 4799:40,
 4799:44, 4799:47,
 4800:3
intend [3] - 4791:31,
 4850:19, 4856:33
intended [1] - 4860:38
intense [1] - 4815:33
intensive [1] - 4794:30
intensivist [1] -
 4794:28
intent [4] - 4817:40,
 4849:16, 4851:35
intention [3] -
 4842:31, 4842:40,
 4859:19
intentionally [1] -
 4856:28
interest [2] - 4841:46,
 4842:33
interested [1] -
 4858:33
intergenerational [1] -
 4823:6
interim [1] - 4861:44
intern [2] - 4839:29,
 4839:31
internal [3] - 4812:6,
 4825:33, 4825:47
international [3] -

4839:36, 4839:37,
 4839:42
interpret [2] - 4834:16,
 4836:1
interpretation [1] -
 4817:38
interpretations [1] -
 4806:2
interrogation [1] -
 4838:25
interrupt [1] - 4852:4
interrupting [1] -
 4856:7
intervention [12] -
 4849:24, 4850:5,
 4851:7, 4851:11,
 4853:21, 4853:30,
 4853:36, 4853:40,
 4854:7, 4859:27,
 4859:40, 4859:42
introduce [1] -
 4832:42
introduced [7] -
 4795:3, 4800:30,
 4810:45, 4816:30,
 4825:45, 4832:46,
 4835:17
invest [1] - 4817:15
invested [2] - 4828:23,
 4839:1
investigating [1] -
 4856:15
investigation [3] -
 4853:17, 4855:41,
 4855:44
investment [2] -
 4822:44, 4823:15
invite [3] - 4856:34,
 4858:19, 4861:4
invited [3] - 4829:13,
 4829:14, 4845:15
invoked [1] - 4794:46
involve [1] - 4848:18
involved [5] - 4793:46,
 4804:46, 4806:14,
 4850:3, 4851:17
involving [3] - 4808:4,
 4848:16, 4857:31
IRC [2] - 4802:18,
 4806:45
irrelevant [1] -
 4816:41
issue [44] - 4792:30,
 4795:3, 4795:30,
 4795:32, 4797:24,
 4798:41, 4799:13,
 4799:33, 4801:45,
 4802:4, 4802:7,
 4802:14, 4802:43,
 4805:18, 4806:21,

4806:29, 4807:19,
 4810:13, 4810:47,
 4811:30, 4814:12,
 4815:1, 4815:9,
 4815:10, 4819:10,
 4819:12, 4819:26,
 4821:31, 4831:43,
 4832:23, 4835:34,
 4840:47, 4842:4,
 4843:37, 4843:46,
 4847:38, 4848:14,
 4849:39, 4857:21,
 4859:8, 4860:19,
 4860:45, 4861:10,
 4861:26
issues [40] - 4798:44,
 4799:41, 4800:16,
 4800:20, 4803:45,
 4805:17, 4810:29,
 4810:31, 4810:38,
 4810:39, 4810:47,
 4811:43, 4812:20,
 4813:37, 4814:25,
 4816:28, 4818:4,
 4819:40, 4820:19,
 4820:20, 4823:27,
 4827:44, 4834:24,
 4834:26, 4834:31,
 4838:26, 4838:35,
 4839:21, 4842:2,
 4842:23, 4842:29,
 4844:38, 4845:3,
 4847:19, 4848:14,
 4848:31, 4848:46,
 4851:31, 4855:27,
 4861:8
item [1] - 4821:2
items [2] - 4830:47,
 4855:11
itself [4] - 4816:25,
 4835:28, 4846:33,
 4848:16

J

JMO [1] - 4832:39
JMOs [1] - 4832:40
job [4] - 4807:13,
 4816:10, 4831:27,
 4833:37
John [1] - 4850:12
join [1] - 4833:32
joined [1] - 4847:40
joint [2] - 4860:3,
 4860:6
judgment [1] - 4816:4
July [3] - 4791:23,
 4853:10, 4853:11
jump [1] - 4817:27
June [1] - 4791:23

junior [18] - 4793:5,
 4793:8, 4793:19,
 4793:23, 4793:30,
 4793:40, 4793:45,
 4795:15, 4805:23,
 4832:31, 4832:33,
 4832:44, 4833:6,
 4833:7, 4836:37,
 4836:39, 4840:31,
 4840:38
jurisdiction [1] -
 4827:27
jurisdictions [11] -
 4795:36, 4796:11,
 4796:16, 4796:24,
 4806:19, 4806:31,
 4818:11, 4827:29,
 4839:22, 4839:39,
 4841:9
justice [2] - 4828:37,
 4828:39

K

keen [3] - 4799:34,
 4802:19, 4802:26
keep [3] - 4795:26,
 4811:24, 4846:26
kept [2] - 4796:19,
 4811:40
key [2] - 4801:45,
 4848:35
kick [1] - 4802:25
kick-off [1] - 4802:25
kind [29] - 4799:5,
 4801:6, 4802:41,
 4803:13, 4803:19,
 4804:37, 4811:13,
 4813:22, 4815:36,
 4818:23, 4819:34,
 4820:46, 4825:41,
 4830:26, 4832:7,
 4833:15, 4838:15,
 4839:24, 4840:34,
 4841:45, 4841:46,
 4849:6, 4849:10,
 4849:16, 4849:24,
 4852:39, 4853:41,
 4854:4, 4857:21
kindly [1] - 4812:26
Kingdom [1] -
 4822:19
knowledge [4] -
 4791:40, 4814:15,
 4847:14, 4847:21
known [1] - 4839:21
knows [2] - 4815:26,
 4836:6
KPI [1] - 4799:35
KPIs [1] - 4799:16

L

laboriously [1] -
 4813:28
labour [9] - 4806:25,
 4811:16, 4816:7,
 4816:13, 4816:21,
 4837:20, 4837:40,
 4840:2, 4840:10
lack [7] - 4795:4,
 4805:43, 4834:26,
 4836:6, 4837:19,
 4841:46, 4851:35
lacks [2] - 4813:29,
 4829:29
lands [1] - 4803:16
landscape [1] -
 4834:2
language [2] - 4806:4,
 4853:20
large [6] - 4797:13,
 4797:29, 4818:25,
 4820:14, 4851:16
largely [1] - 4792:34
larger [2] - 4835:41,
 4844:28
last [27] - 4791:3,
 4793:9, 4796:5,
 4796:18, 4798:24,
 4799:25, 4804:36,
 4809:20, 4810:12,
 4811:7, 4812:22,
 4812:38, 4813:10,
 4818:16, 4818:18,
 4824:46, 4834:45,
 4835:12, 4838:5,
 4838:11, 4840:32,
 4841:47, 4843:21,
 4846:30, 4853:14,
 4857:46, 4861:34
late [2] - 4805:16,
 4813:33
launch [2] - 4829:12,
 4849:8
law [1] - 4812:40
laws [1] - 4841:41
layers [1] - 4830:10
LDONs [1] - 4824:43
lead [1] - 4803:8
leads [2] - 4801:43,
 4832:32
learning [1] - 4833:41
least [31] - 4794:12,
 4795:7, 4796:41,
 4796:46, 4802:13,
 4805:8, 4805:26,
 4806:8, 4809:41,
 4810:23, 4811:36,
 4814:12, 4814:25,
 4814:41, 4820:7,

- 4826:39, 4829:6,
4837:46, 4838:5,
4838:21, 4841:33,
4846:43, 4847:27,
4848:7, 4848:9,
4856:17, 4857:31,
4857:33, 4861:28,
4861:44, 4862:34
leave [3] - 4800:20,
4807:17, 4828:26
led [4] - 4822:35,
4827:34, 4846:45,
4860:22
left [1] - 4813:5
legal [1] - 4845:34
legislation [3] -
4809:22, 4809:46,
4836:18
legislative [1] -
4810:14
Leonards [1] -
4824:28
less [2] - 4799:43,
4809:2
letter [5] - 4805:20,
4815:25, 4847:26,
4847:35, 4853:24
level [27] - 4794:3,
4794:4, 4794:30,
4798:8, 4798:9,
4803:4, 4805:39,
4809:36, 4816:13,
4816:33, 4816:35,
4823:20, 4825:28,
4826:28, 4826:30,
4829:29, 4831:14,
4831:15, 4836:21,
4840:15, 4842:36,
4844:42, 4848:8,
4859:42, 4860:9,
4860:35, 4860:38
Level [1] - 4790:18
levels [3] - 4792:23,
4829:31
LHD [18] - 4794:3,
4799:32, 4811:41,
4823:46, 4823:47,
4824:13, 4824:14,
4826:26, 4829:21,
4830:1, 4831:17,
4831:29, 4841:42,
4841:44, 4842:22,
4843:22, 4843:27,
4857:17
LHDs [5] - 4798:47,
4818:42, 4818:46,
4825:8, 4829:22
liaise [1] - 4815:21
library [1] - 4827:43
life [1] - 4839:11
lifesaving [1] - 4794:7
lifestyle [1] - 4840:34
lifted [1] - 4837:4
likely [9] - 4794:31,
4803:1, 4814:46,
4831:26, 4832:21,
4844:6, 4847:39,
4848:18, 4859:5
limbo [1] - 4803:19
limit [2] - 4802:47,
4829:36
limited [4] - 4799:13,
4817:20, 4827:25,
4862:1
limiting [1] - 4839:32
line [9] - 4792:22,
4805:36, 4813:4,
4813:5, 4813:8,
4815:28, 4843:34,
4843:41, 4860:2
linear [1] - 4798:39
lines [1] - 4832:4
link [1] - 4840:21
linked [1] - 4857:21
list [7] - 4794:24,
4798:41, 4799:14,
4799:26, 4799:27,
4799:33, 4848:39
listen [3] - 4851:21,
4854:45, 4854:47
listened [1] - 4844:47
listening [5] -
4822:16, 4823:27,
4830:21, 4851:22,
4851:27
lists [1] - 4798:31
literally [1] - 4834:9
literature [1] - 4849:34
living [1] - 4800:2
loaded [1] - 4811:29
loading [1] - 4800:22
Local [2] - 4828:10,
4829:6
local [19] - 4799:2,
4808:25, 4811:2,
4818:23, 4824:23,
4824:24, 4824:26,
4824:37, 4826:18,
4827:10, 4831:8,
4831:22, 4831:25,
4837:29, 4845:6,
4846:4, 4861:19,
4861:20
locally [4] - 4824:23,
4831:6, 4848:3,
4848:15
location [3] - 4819:42,
4820:20, 4825:13
locations [3] - 4815:8,
4824:16, 4824:17
locum [11] - 4811:18,
4811:21, 4812:14,
4837:35, 4840:16,
4840:36, 4840:42,
4840:43, 4841:6,
4841:15, 4841:19
locuming [1] -
4840:33
locums [5] - 4837:20,
4837:25, 4840:1,
4840:3, 4840:10
lodge [1] - 4819:3
lodged [1] - 4835:2
logging [1] - 4800:12
logic [2] - 4805:40,
4822:41
logs [1] - 4804:8
longstanding [2] -
4811:12, 4847:14
look [28] - 4794:20,
4801:22, 4803:13,
4804:45, 4805:38,
4808:3, 4809:5,
4815:19, 4816:7,
4817:40, 4819:31,
4820:18, 4821:42,
4827:25, 4828:30,
4836:44, 4839:42,
4841:6, 4841:40,
4843:35, 4847:10,
4847:37, 4848:6,
4849:2, 4849:31,
4855:10, 4855:18,
4857:13
looked [1] - 4815:12
looking [9] - 4796:34,
4828:32, 4832:2,
4837:10, 4848:21,
4849:30, 4854:44,
4855:14, 4858:30
looks [2] - 4844:12,
4848:26
lose [1] - 4833:28
lost [5] - 4805:2,
4807:32, 4835:28,
4851:19, 4852:5
loud [1] - 4796:20
loy [1] - 4811:47
Loy [1] - 4812:18
lunch [1] - 4846:18
-
- M**
-
- MacPherson** [4] -
4820:21, 4826:4,
4827:23, 4828:5
MacPherson's [1] -
4838:38
Macquarie [1] -
4790:18
macro [3] - 4828:32,
4828:33, 4836:45
magical [1] - 4805:28
magnitude [1] -
4829:2
main [1] - 4841:14
maintained [2] -
4799:30, 4814:21
maintaining [1] -
4799:40
major [7] - 4802:18,
4802:40, 4811:14,
4828:16, 4828:17,
4829:20, 4844:25
maldistribution [5] -
4812:34, 4812:42,
4813:30, 4838:4,
4838:7
manage [3] - 4841:15,
4848:43, 4849:12
managed [6] -
4799:18, 4804:37,
4810:17, 4835:39,
4842:39, 4848:32
management [5] -
4830:20, 4841:13,
4859:26, 4859:40,
4860:33
manager [6] -
4811:18, 4818:29,
4832:5, 4834:8,
4834:20, 4835:40
managing [1] -
4816:25
mandate [2] - 4831:7,
4849:4
mandated [1] -
4831:28
manifest [1] - 4815:26
manifestly [1] -
4849:9
manipulation [2] -
4821:22, 4821:23
manner [4] - 4806:40,
4813:22, 4843:17,
4843:18
manual [2] - 4818:41,
4837:32
March [7] - 4795:43,
4815:18, 4857:47,
4858:19, 4858:28,
4858:42, 4859:3
margin [1] - 4835:41
market [4] - 4811:16,
4812:6, 4825:6,
4840:42
mass [1] - 4833:42
massive [2] - 4822:28,
4822:44
match [1] - 4797:11
matching [1] -
4806:30
material [1] - 4857:20
Matter [5] - 4828:31,
4829:21, 4829:27,
4829:29, 4835:33
matter [13] - 4791:30,
4793:45, 4799:28,
4800:43, 4803:7,
4806:45, 4807:26,
4807:36, 4812:22,
4819:13, 4819:35,
4852:46, 4861:3
matters [12] - 4809:6,
4818:6, 4831:41,
4834:6, 4835:46,
4845:1, 4845:21,
4848:44, 4851:18,
4854:3, 4857:8,
4861:15
max [1] - 4836:29
McDonald [4] -
4850:12, 4854:3,
4858:45
McDonald/Proactive
[1] - 4853:16
MDOK [1] - 4829:12
mean [30] - 4796:33,
4800:27, 4805:40,
4805:45, 4806:44,
4807:9, 4807:19,
4808:23, 4818:23,
4820:37, 4821:22,
4821:23, 4822:34,
4822:44, 4826:1,
4830:33, 4834:40,
4836:14, 4837:27,
4843:8, 4844:39,
4855:41, 4857:38,
4859:27, 4859:41,
4860:16, 4860:17,
4860:19, 4860:32
meaning [1] - 4860:38
means [9] - 4793:44,
4797:12, 4816:45,
4817:6, 4817:24,
4822:31, 4823:10,
4835:35, 4842:28
meant [5] - 4814:21,
4824:23, 4834:13,
4841:17, 4841:41
measure [1] - 4861:44
measures [3] -
4797:15, 4822:45,
4832:47
measuring [1] -
4813:11
mechanism [1] -
4825:42
mechanisms [2] -

4824:26, 4826:31
media [6] - 4811:22, 4815:41, 4817:31, 4817:32, 4817:33, 4818:12
mediation [2] - 4851:15, 4851:18
medical [90] - 4792:41, 4792:45, 4793:19, 4793:21, 4793:30, 4793:40, 4794:26, 4795:22, 4796:34, 4796:40, 4796:42, 4797:17, 4797:29, 4797:32, 4801:11, 4801:12, 4801:20, 4805:23, 4806:12, 4806:37, 4807:9, 4807:17, 4807:25, 4808:14, 4808:15, 4809:30, 4811:13, 4812:12, 4812:35, 4819:13, 4819:25, 4820:16, 4826:19, 4828:11, 4828:17, 4828:45, 4831:38, 4832:2, 4832:12, 4832:15, 4832:33, 4833:32, 4833:36, 4834:16, 4834:20, 4834:31, 4834:32, 4834:47, 4835:1, 4836:46, 4837:6, 4837:18, 4837:46, 4838:8, 4838:33, 4838:43, 4838:47, 4839:36, 4839:37, 4839:43, 4840:4, 4840:6, 4840:17, 4841:23, 4841:24, 4841:36, 4841:37, 4841:41, 4841:43, 4842:9, 4842:12, 4842:16, 4842:21, 4843:12, 4843:16, 4844:24, 4844:34, 4844:46, 4845:4, 4845:15, 4845:17, 4845:20, 4845:27, 4845:35, 4846:32, 4847:27, 4858:8, 4858:11
Medical [3] - 4826:8, 4826:45, 4829:12
medication [1] - 4809:35
medicine [4] - 4793:43, 4801:19, 4805:36, 4839:10
meet [7] - 4811:20, 4819:5, 4824:17, 4837:24, 4838:1, 4838:20, 4841:45
meeting [7] - 4802:26, 4845:29, 4845:31, 4846:1, 4846:36, 4846:40, 4859:9
meetings [7] - 4795:11, 4795:28, 4802:21, 4827:20, 4839:22, 4845:16, 4853:11
member [7] - 4816:20, 4832:17, 4832:24, 4833:9, 4845:5, 4845:36, 4845:38
members [14] - 4800:15, 4800:44, 4807:1, 4827:8, 4827:16, 4832:20, 4832:21, 4832:36, 4840:6, 4845:26, 4845:27, 4845:44, 4847:19, 4849:43
membership [1] - 4802:32
memory [11] - 4798:17, 4798:39, 4805:13, 4813:46, 4827:15, 4836:29, 4837:38, 4853:31, 4854:2, 4860:25, 4860:27
mentioned [8] - 4793:40, 4799:38, 4802:23, 4819:12, 4822:21, 4831:35, 4843:16, 4859:23
merits [1] - 4797:28
messages [1] - 4827:13
met [2] - 4802:25, 4837:40
metrics [1] - 4824:33
metro [2] - 4839:46, 4840:21
MFI [1] - 4862:20
MF17 [2] - 4862:14, 4862:18
mid [1] - 4825:7
mid-start [1] - 4825:7
midday [1] - 4818:28
middle [2] - 4802:30, 4847:16
midnight [1] - 4808:6
midwife [1] - 4837:11
Midwifery [1] - 4824:41
midwifery [2] - 4825:5, 4836:47
Midwives [1] - 4802:22
might [68] - 4794:15, 4794:28, 4796:19, 4796:34, 4797:41, 4799:38, 4800:21, 4800:22, 4803:11, 4803:17, 4803:31, 4804:13, 4804:20, 4805:30, 4808:24, 4809:8, 4809:11, 4810:15, 4811:8, 4811:34, 4813:29, 4815:38, 4816:35, 4819:27, 4820:21, 4821:39, 4822:45, 4824:17, 4825:20, 4826:40, 4827:33, 4829:41, 4833:39, 4834:30, 4834:43, 4836:1, 4836:9, 4836:41, 4838:23, 4838:45, 4839:13, 4839:18, 4840:28, 4840:32, 4840:34, 4841:32, 4842:13, 4843:30, 4844:13, 4844:28, 4845:1, 4845:11, 4845:31, 4848:4, 4849:39, 4850:43, 4852:26, 4853:20, 4857:1, 4857:23, 4857:28, 4857:32, 4857:33, 4861:15, 4861:19, 4862:4
mildly [1] - 4857:18
mill [1] - 4849:18
million [5] - 4798:40, 4798:42, 4820:31, 4822:24, 4822:31
mind [5] - 4798:14, 4811:36, 4818:4, 4851:4, 4860:14
mindful [1] - 4846:8
mine [4] - 4840:14, 4849:28, 4860:4
mining [2] - 4818:40, 4821:22
minister [2] - 4827:3, 4847:3
minister's [1] - 4811:23
ministerial [1] - 4839:23
ministry [30] - 4792:32, 4800:16, 4810:32, 4810:34, 4810:43, 4811:26, 4811:33, 4811:34, 4812:9, 4812:25, 4815:29, 4819:39, 4820:9, 4827:18, 4846:38, 4848:5, 4848:19, 4848:31, 4849:3, 4849:4, 4850:20, 4850:46, 4852:27, 4853:39, 4857:8, 4857:29, 4858:43, 4861:9, 4861:10, 4861:18
ministry's [2] - 4849:16, 4861:13
Minns [10] - 4791:4, 4791:10, 4791:12, 4791:31, 4846:8, 4852:19, 4857:3, 4857:28, 4862:28, 4862:33
MINNS [1] - 4791:6
minor [4] - 4802:3, 4804:6, 4804:21, 4821:4
minutes [3] - 4846:7, 4846:12, 4857:43
missed [1] - 4839:39
mission [1] - 4849:27
misunderstanding [1] - 4853:43
misunderstood [1] - 4815:46
misused [1] - 4817:5
mitigates [1] - 4822:39
mix [7] - 4799:47, 4809:37, 4816:36, 4816:45, 4819:13, 4825:12, 4840:44
mixed [1] - 4806:44
mobility [1] - 4812:12
Model [2] - 4813:10, 4813:45
modification [1] - 4813:18
Modified [3] - 4813:9, 4813:36, 4813:45
moment [7] - 4803:10, 4804:43, 4806:28, 4814:9, 4821:21, 4839:34, 4843:16
Monash [3] - 4813:9, 4813:36, 4813:45
Monday [1] - 4809:1
money [3] - 4813:19, 4821:2, 4821:45
monitoring [1] - 4824:36
month [1] - 4799:19
months [7] - 4801:32, 4804:2, 4810:28, 4816:17, 4838:12, 4840:36, 4853:17
morbidity [1] - 4822:46
moreover [1] - 4833:31
morning [1] - 4791:1
morphed [1] - 4794:17
most [17] - 4793:2, 4800:39, 4801:24, 4809:19, 4810:21, 4811:14, 4821:31, 4822:28, 4825:21, 4835:22, 4837:32, 4837:43, 4838:36, 4839:45, 4840:20, 4857:5, 4857:27
mostly [3] - 4802:41, 4838:30, 4848:34
motion [1] - 4846:37
motions [1] - 4848:10
Mountains [1] - 4813:46
move [4] - 4819:23, 4828:8, 4841:22, 4856:43
moved [1] - 4840:28
movement [2] - 4810:31, 4830:18
movements [1] - 4796:8
moving [3] - 4806:37, 4820:10, 4821:15
MPS [2] - 4816:46, 4819:20
MPSs [2] - 4818:27, 4819:3
MSC [1] - 4848:26
muddy [2] - 4810:4, 4810:9
multi [2] - 4806:21, 4823:24
multi-phased [1] - 4823:24
multi-year [1] - 4806:21
multipurpose [1] - 4816:16
must [3] - 4823:7, 4823:10, 4836:8
Muston [6] - 4790:26, 4835:32, 4846:11, 4860:14, 4861:32, 4861:35
MUSTON [56] - 4791:3, 4791:8, 4791:10, 4791:30, 4791:43, 4792:4, 4792:8, 4796:39, 4804:28, 4814:9,

4817:4, 4823:37,
4835:38, 4836:8,
4836:14, 4837:18,
4846:6, 4846:28,
4850:17, 4850:30,
4850:34, 4852:9,
4852:14, 4852:18,
4852:23, 4852:33,
4853:27, 4853:33,
4854:12, 4854:19,
4854:23, 4854:34,
4854:40, 4854:47,
4855:4, 4855:36,
4855:40, 4856:21,
4856:28, 4856:33,
4856:45, 4857:5,
4857:27, 4857:42,
4858:18, 4858:33,
4858:38, 4858:42,
4859:31, 4859:35,
4860:42, 4861:25,
4862:4, 4862:13,
4862:44, 4863:1
mutual [3] - 4802:16,
4802:20, 4802:26
mutually [1] - 4853:4

N

name [6] - 4791:10,
4799:24, 4815:15,
4824:43, 4833:20,
4850:9
namely [1] - 4847:29
narrow [1] - 4803:45
National [1] - 4825:38
national [8] - 4796:3,
4796:9, 4800:28,
4800:29, 4805:39,
4825:41, 4827:26,
4828:3
nationally [1] -
4795:37
natural [1] - 4803:35
nature [6] - 4803:40,
4810:39, 4836:3,
4842:45, 4843:4,
4852:47
near [1] - 4831:31
nearly [1] - 4801:32
necessarily [11] -
4797:11, 4810:7,
4816:47, 4829:30,
4831:29, 4836:5,
4837:19, 4845:16,
4848:16, 4855:40,
4860:7
necessary [4] -
4810:14, 4810:16,
4837:23, 4854:7

need [31] - 4792:38,
4793:3, 4793:46,
4795:21, 4797:47,
4798:31, 4799:22,
4799:46, 4800:24,
4806:38, 4806:41,
4807:10, 4809:21,
4809:27, 4811:13,
4815:36, 4818:22,
4820:8, 4825:46,
4826:27, 4828:5,
4836:24, 4839:4,
4839:20, 4843:6,
4843:16, 4845:34,
4850:24, 4859:16,
4859:41, 4861:26
needed [12] - 4793:20,
4793:26, 4800:14,
4811:41, 4813:29,
4815:24, 4819:27,
4827:18, 4837:31,
4840:5, 4859:43,
4860:26
needs [14] - 4797:10,
4810:17, 4822:30,
4824:18, 4829:24,
4831:28, 4831:43,
4838:21, 4838:25,
4842:11, 4842:15,
4849:24, 4859:18,
4860:34
negative [2] - 4835:44,
4843:37
negotiate [1] -
4803:47
negotiated [2] -
4802:7, 4802:8
negotiation [2] -
4799:2, 4823:25
negotiations [6] -
4800:25, 4802:5,
4802:46, 4803:4,
4803:18, 4807:14
net [1] - 4802:2
network [4] - 4806:47,
4824:42, 4825:8,
4825:9
networks [8] - 4820:3,
4820:7, 4820:22,
4820:23, 4820:34,
4820:44, 4821:14,
4821:25
never [1] - 4827:21
nevertheless [3] -
4825:27, 4853:15,
4861:17
New [23] - 4790:19,
4792:47, 4793:8,
4796:15, 4796:28,
4796:36, 4797:30,

4798:1, 4800:32,
4802:17, 4806:18,
4809:47, 4813:4,
4813:38, 4818:10,
4822:30, 4827:27,
4837:47, 4838:29,
4839:30, 4844:40,
4847:40, 4848:1
new [11] - 4802:16,
4804:4, 4804:19,
4805:10, 4820:33,
4822:26, 4832:42,
4838:47, 4844:20,
4847:39, 4848:17
newcomer [1] -
4848:1
next [8] - 4803:29,
4812:5, 4818:36,
4829:22, 4840:37,
4861:1, 4862:41,
4863:4
NHS [1] - 4822:18
night [4] - 4808:1,
4808:2, 4808:34
no-one [4] - 4815:26,
4816:2, 4826:23,
4826:24
nods [4] - 4796:44,
4800:17, 4809:24,
4857:10
non [19] - 4793:23,
4809:30, 4810:20,
4810:32, 4811:37,
4812:7, 4812:33,
4814:10, 4816:13,
4833:44, 4850:21,
4854:27, 4856:3,
4856:17, 4856:25,
4856:41, 4857:34,
4861:27, 4861:45
non-accredited [1] -
4833:44
non-daily [1] -
4793:23
non-medical [1] -
4809:30
non-permanent [1] -
4816:13
non-publication [9] -
4850:21, 4854:27,
4856:3, 4856:17,
4856:25, 4856:41,
4857:34, 4861:27,
4861:45
non-standard [6] -
4810:20, 4810:32,
4811:37, 4812:7,
4812:33, 4814:10
normal [2] - 4793:7,
4822:6

normally [3] -
4793:25, 4847:18,
4847:21
north [1] - 4823:14
note [2] - 4828:35,
4846:6
noted [1] - 4853:1
notes [1] - 4853:46
nothing [1] - 4842:3
notice [2] - 4856:21,
4856:23
noticed [2] - 4792:9,
4792:14
notifying [3] - 4832:5,
4834:8, 4835:40
noting [3] - 4794:2,
4806:19, 4834:37
notion [1] - 4843:39
November [3] -
4791:19, 4854:13,
4855:9
NSW [7] - 4790:35,
4791:15, 4792:34,
4817:38, 4820:3,
4822:2, 4830:16
number [23] -
4792:30, 4795:33,
4799:26, 4801:34,
4811:35, 4815:7,
4819:6, 4828:34,
4828:36, 4828:43,
4829:1, 4831:37,
4836:46, 4837:39,
4837:46, 4838:7,
4838:20, 4839:15,
4839:31, 4839:33,
4840:45, 4849:37,
4855:19
numbers [2] -
4828:32, 4844:28
nurse [5] - 4818:29,
4833:40, 4833:41,
4837:10, 4837:15
nurses [2] - 4792:20,
4819:2
Nurses [1] - 4802:22
Nursing [1] - 4824:41
nursing [10] -
4792:18, 4803:22,
4816:17, 4818:30,
4819:19, 4824:42,
4825:4, 4825:8,
4828:19, 4836:47

O

object [1] - 4821:16
objective [1] - 4799:28
objectives [2] -
4835:44, 4835:45

obligations [1] -
4794:29
oblique [1] - 4854:24
obliquely [2] -
4852:19, 4854:36
observation [10] -
4810:18, 4814:28,
4815:38, 4821:44,
4827:23, 4831:33,
4859:21, 4860:4,
4860:6, 4860:25
observations [2] -
4825:31, 4843:30
obtaining [1] -
4811:33
obvious [2] - 4798:45,
4843:41
obviously [4] -
4794:8, 4796:5,
4804:28, 4846:30
occasion [3] -
4843:30, 4845:34,
4848:12
occasionally [1] -
4812:13
occasions [3] -
4822:37, 4826:17,
4836:39
occupational [1] -
4809:33
occur [7] - 4810:41,
4828:1, 4829:25,
4837:32, 4843:39,
4860:2, 4860:7
occurred [2] -
4845:11, 4855:45
occurring [3] -
4816:30, 4843:46,
4847:23
occurs [2] - 4805:44,
4860:1
October [7] - 4839:42,
4847:32, 4847:34,
4851:39, 4852:9,
4852:29, 4855:5
odd [1] - 4853:21
OF [2] - 4862:20,
4863:6
offer [9] - 4802:31,
4802:34, 4802:45,
4803:15, 4803:28,
4809:38, 4839:41,
4840:23, 4840:26
offered [1] - 4796:27
offers [2] - 4797:19,
4809:36
office [1] - 4804:6
Office [1] - 4824:41
officer [4] - 4793:30,
4793:41, 4822:35,

- 4823:19
officers [5] - 4793:19, 4797:17, 4797:32, 4832:13, 4832:33
officers' [1] - 4805:24
officials [4] - 4805:30, 4820:30, 4822:23, 4822:32
officio [3] - 4845:5, 4845:27, 4845:44
offset [2] - 4800:41, 4801:7
offsets [1] - 4800:37
often [10] - 4793:26, 4806:39, 4810:32, 4810:34, 4811:5, 4815:39, 4822:41, 4826:26, 4842:32, 4847:3
OK [1] - 4829:5
OK" [1] - 4829:12
old [5] - 4809:38, 4810:35, 4812:3, 4813:32, 4843:36
older [1] - 4838:30
ombudsman [4] - 4826:1, 4826:4, 4826:6, 4826:9
Ombudsman's [1] - 4825:39
ombudsman's [2] - 4825:43, 4826:44
on-call [4] - 4794:14, 4795:18, 4807:31, 4808:1
on-the-job [1] - 4833:37
once [8] - 4794:15, 4797:41, 4799:13, 4803:21, 4808:46, 4839:18, 4848:8
one [74] - 4791:28, 4792:2, 4793:30, 4795:8, 4796:6, 4796:15, 4798:14, 4798:29, 4800:13, 4802:1, 4802:34, 4803:1, 4803:10, 4804:40, 4805:5, 4806:20, 4807:32, 4810:30, 4810:39, 4811:43, 4812:6, 4812:13, 4814:9, 4815:26, 4815:31, 4815:46, 4816:2, 4816:20, 4816:33, 4817:27, 4817:40, 4818:9, 4818:24, 4820:43, 4825:20, 4825:32, 4825:34, 4826:23, 4826:24, 4826:30, 4826:31, 4826:39, 4826:46, 4827:7, 4827:12, 4827:16, 4827:27, 4829:22, 4829:30, 4830:46, 4832:35, 4832:41, 4834:41, 4835:47, 4836:20, 4837:28, 4838:28, 4838:41, 4838:46, 4839:18, 4839:23, 4841:3, 4841:43, 4841:44, 4845:7, 4847:47, 4848:35, 4849:9, 4851:31, 4852:12, 4853:18, 4856:24, 4858:28
onerous [2] - 4794:45, 4807:20
ones [1] - 4848:6
ongoing [2] - 4801:36, 4819:2
open [1] - 4855:46
opening [1] - 4811:9
openly [1] - 4830:29
openness [1] - 4843:26
operate [4] - 4822:1, 4842:27, 4860:35, 4860:37
operates [1] - 4820:11
operating [3] - 4822:2, 4822:4, 4842:6
operation [4] - 4800:42, 4806:37, 4824:26, 4841:32
operational [2] - 4821:20, 4821:34
operationalise [1] - 4821:19
operationally [1] - 4818:35
operations [1] - 4831:43
opinion [2] - 4852:42, 4858:7
opportunities [3] - 4794:7, 4840:6
opportunity [7] - 4791:35, 4819:38, 4819:45, 4830:41, 4831:19, 4850:21, 4861:46
oppose [1] - 4861:27
opposed [1] - 4807:29
opposition [1] - 4815:34
options [2] - 4804:12, 4856:24
order [16] - 4797:16, 4798:40, 4806:9, 4811:12, 4811:25, 4813:28, 4837:39, 4850:21, 4854:27, 4856:3, 4856:17, 4856:41, 4857:34, 4861:27, 4861:45, 4862:1
ordinary [2] - 4793:33, 4847:28
organisation [8] - 4797:32, 4800:13, 4806:3, 4814:19, 4818:1, 4848:41, 4850:13, 4851:14
organisational [1] - 4835:43
organisations [3] - 4792:32, 4797:30, 4814:39
orientation [2] - 4839:8, 4851:6
originally [1] - 4797:41
otherwise [4] - 4793:21, 4821:7, 4860:47, 4861:16
ought [2] - 4856:3, 4861:14
ourselves [3] - 4816:39, 4817:42, 4821:43
out-of-date [1] - 4808:28
out-of-hours [6] - 4794:25, 4794:29, 4794:31, 4795:5, 4807:25, 4807:28
out-of-standard-hours [1] - 4793:3
outcome [5] - 4798:25, 4801:26, 4802:8, 4805:2, 4826:42
outcomes [3] - 4802:38, 4816:37, 4827:37
outdated [4] - 4792:34, 4800:21, 4810:24, 4810:39
outlets [1] - 4815:41
outreach [1] - 4824:31
outside [12] - 4793:6, 4793:22, 4793:33, 4793:47, 4804:37, 4807:3, 4807:10, 4807:18, 4807:19, 4812:39, 4839:46, 4840:20
outsourced [2] - 4798:47, 4799:8
outsourcing [1] - 4799:16
outstanding [1] - 4821:20
overall [2] - 4818:39, 4837:44
overcome [1] - 4798:4
oversaw [1] - 4800:33
overseas [1] - 4840:35
overtime [7] - 4832:47, 4833:4, 4836:42, 4836:44, 4836:47, 4837:1, 4837:12
own [9] - 4798:23, 4818:47, 4825:33, 4826:10, 4826:20, 4830:14, 4831:10, 4849:45, 4859:18
owned [1] - 4859:20
ownership [1] - 4860:19
-
- P**
-
- package** [3] - 4803:15, 4805:9, 4805:12
paediatrics [1] - 4821:26
page [10] - 4792:15, 4850:43, 4855:11, 4855:14, 4855:16, 4855:18, 4856:8, 4857:40, 4858:27, 4859:17
paid [9] - 4797:42, 4799:4, 4801:44, 4806:11, 4808:2, 4811:45, 4836:38, 4841:19, 4841:20
pale [1] - 4843:45
paper [5] - 4801:17, 4801:26, 4802:12, 4817:25, 4843:1
paragraph [13] - 4792:1, 4792:10, 4792:15, 4809:19, 4817:37, 4837:43, 4851:5, 4852:34, 4853:15, 4854:42, 4854:44, 4860:13, 4860:18
paragraphs [3] - 4858:34, 4859:2, 4859:7
parallel [1] - 4809:11
parameters [1] - 4803:24
park [1] - 4803:10
part [36] - 4791:43, 4793:29, 4794:18, 4795:16, 4795:20, 4800:25, 4801:15, 4802:7, 4804:29, 4807:35, 4809:45, 4810:23, 4818:3, 4820:5, 4827:23, 4827:33, 4828:3, 4831:5, 4831:22, 4831:43, 4835:21, 4840:4, 4840:17, 4844:8, 4852:6, 4854:7, 4856:18, 4856:38, 4856:40, 4857:31, 4858:30, 4859:37, 4861:4, 4861:17, 4861:34
participate [1] - 4829:38
participating [2] - 4797:14, 4840:42
participation [1] - 4795:10
particular [31] - 4795:30, 4798:11, 4800:20, 4800:22, 4804:41, 4809:31, 4811:37, 4814:32, 4815:28, 4817:25, 4817:26, 4821:39, 4822:38, 4825:34, 4826:14, 4828:1, 4828:2, 4828:10, 4829:32, 4830:17, 4831:24, 4831:38, 4832:2, 4836:40, 4837:23, 4842:19, 4842:33, 4843:22, 4850:19, 4850:47
particularity [1] - 4835:18
particularly [22] - 4796:10, 4796:18, 4797:36, 4798:13, 4800:46, 4801:24, 4808:23, 4811:14, 4812:12, 4815:40, 4816:36, 4818:25, 4818:42, 4824:25, 4825:5, 4835:23, 4839:10, 4841:1, 4845:1, 4851:4, 4858:33, 4860:25
parties [4] - 4803:1, 4803:45, 4842:41, 4851:42
partly [1] - 4852:41
parts [4] - 4828:19,

4836:35, 4854:27,
4857:2
party [2] - 4830:31,
4851:20
pass [1] - 4827:46
passage [3] - 4843:23,
4843:25, 4844:3
passing [1] - 4846:33
passion [1] - 4842:32
passionate [2] -
4831:22, 4831:32
past [1] - 4838:24
patch [1] - 4831:10
path [2] - 4832:27,
4840:39
pathway [2] - 4811:24,
4839:19
pathways [1] -
4827:13
patient [4] - 4797:25,
4810:46, 4860:5
Patients [2] - 4856:9,
4861:2
patients [2] - 4833:11,
4833:14
pattern [2] - 4840:16,
4849:20
patterns [1] - 4849:31
pausing [2] - 4803:42,
4805:23
pay [4] - 4799:9,
4806:28, 4821:2,
4823:15
payment [3] -
4807:41, 4811:21,
4813:2
payments [1] -
4811:18
payroll [2] - 4801:42,
4802:3
peak [1] - 4844:43
peaked [1] - 4824:46
pending [1] - 4805:19
people [77] - 4791:14,
4793:6, 4794:29,
4796:33, 4797:14,
4798:7, 4798:12,
4798:22, 4799:39,
4799:44, 4799:45,
4801:5, 4801:44,
4807:10, 4807:27,
4807:40, 4808:40,
4810:1, 4810:5,
4816:44, 4817:28,
4818:26, 4818:31,
4819:32, 4820:10,
4821:29, 4825:8,
4827:18, 4828:22,
4828:25, 4828:26,
4828:28, 4828:34,
4828:36, 4828:44,
4829:37, 4830:24,
4830:28, 4830:30,
4830:36, 4830:39,
4830:40, 4830:42,
4831:17, 4832:26,
4833:12, 4833:21,
4833:32, 4834:6,
4834:18, 4834:38,
4835:14, 4836:15,
4836:16, 4838:33,
4838:36, 4840:45,
4841:36, 4842:27,
4842:31, 4842:47,
4843:6, 4843:28,
4844:26, 4844:28,
4844:35, 4845:26,
4845:43, 4847:38,
4848:42, 4848:45,
4849:39, 4849:44,
4850:23, 4851:33,
4859:22
People [5] - 4828:31,
4829:21, 4829:27,
4829:29, 4835:33
per [23] - 4795:2,
4795:45, 4795:47,
4796:6, 4796:7,
4804:47, 4805:2,
4806:25, 4822:3,
4828:13, 4828:37,
4828:42, 4828:47,
4829:1, 4830:18,
4832:7, 4834:17,
4834:18, 4834:30,
4837:8, 4838:29,
4838:31
perceive [1] - 4807:6
perceived [1] - 4851:1
perceives [1] -
4808:32
percentage [3] -
4795:1, 4799:5,
4836:47
perception [4] -
4807:29, 4808:39,
4811:34, 4814:41
perfect [1] - 4835:35
perfectly [1] - 4856:45
perform [1] - 4842:9
performance [2] -
4817:14, 4860:5
perhaps [13] -
4795:26, 4802:11,
4804:22, 4806:30,
4808:39, 4808:40,
4818:2, 4826:37,
4829:30, 4848:8,
4852:4, 4857:5,
4860:27
period [8] - 4799:7,
4800:32, 4811:47,
4828:21, 4836:29,
4836:33, 4837:11,
4840:33
peripheral [1] -
4828:20
permanent [4] -
4792:18, 4792:20,
4816:13, 4816:20
person [4] - 4797:21,
4810:27, 4830:32,
4855:33
personal [3] -
4798:22, 4830:41,
4847:46
personality [1] -
4846:4
personally [1] -
4814:46
perspective [3] -
4793:44, 4816:11,
4825:46
phased [1] - 4823:24
phases [1] - 4823:26
Phil [1] - 4852:16
Philip [2] - 4791:4,
4791:12
PHILIP [1] - 4791:6
phone [2] - 4793:20,
4847:42
phrase [2] - 4853:33,
4859:13
physical [1] - 4824:17
physician [1] - 4820:2
physicians [1] -
4808:5
pick [3] - 4794:28,
4817:25, 4818:24
picked [2] - 4795:13,
4824:34
picking [5] - 4799:39,
4807:8, 4809:8,
4810:12, 4819:25
piece [4] - 4800:6,
4804:15, 4810:17,
4851:25
pipeline [2] - 4821:5,
4837:44
place [10] - 4795:35,
4800:22, 4809:12,
4816:18, 4835:26,
4841:38, 4848:43,
4849:3, 4849:10,
4852:47
places [6] - 4808:26,
4813:37, 4825:18,
4839:27, 4839:29,
4840:10
plain [1] - 4805:41
plainly [2] - 4851:20,
4861:21
plan [3] - 4801:34,
4859:45, 4860:2
planning [6] -
4815:21, 4819:28,
4824:13, 4824:21,
4824:22, 4824:38
platform [1] - 4841:30
play [2] - 4810:8,
4823:40
played [1] - 4823:39
plays [1] - 4820:10
plot [1] - 4809:16
plugged [1] - 4822:8
plus [3] - 4798:40,
4847:44, 4848:37
PMES [4] - 4829:21,
4832:3, 4849:20,
4849:30
pockets [2] - 4801:11,
4846:47
podcast [1] - 4822:17
point [47] - 4793:35,
4796:13, 4796:29,
4796:33, 4796:39,
4799:15, 4800:39,
4803:1, 4803:23,
4803:26, 4803:35,
4806:33, 4808:29,
4810:12, 4812:5,
4812:9, 4812:38,
4816:12, 4816:19,
4818:21, 4819:8,
4821:46, 4822:3,
4822:33, 4824:30,
4826:26, 4826:39,
4826:47, 4828:42,
4829:22, 4829:40,
4830:2, 4830:11,
4831:45, 4835:32,
4836:14, 4837:41,
4838:12, 4838:39,
4844:5, 4846:33,
4846:43, 4849:26,
4850:2, 4851:30,
4856:33, 4858:27
points [4] - 4829:34,
4838:28, 4849:34,
4859:24
police [1] - 4822:20
policy [12] - 4804:46,
4805:10, 4812:29,
4812:40, 4812:47,
4813:14, 4813:18,
4813:23, 4813:24,
4813:27, 4820:33,
4822:26
political [1] - 4815:33
pool [1] - 4829:16
poor [1] - 4833:15
poorly [1] - 4826:25
pop [1] - 4827:8
population [1] -
4822:46
port [1] - 4793:24
portals [2] - 4848:38,
4848:44
portion [1] - 4845:46
position [21] -
4795:37, 4799:30,
4799:35, 4808:31,
4808:42, 4812:29,
4822:10, 4822:37,
4823:46, 4824:6,
4824:10, 4824:20,
4831:28, 4831:30,
4835:18, 4839:30,
4845:14, 4846:43,
4855:7, 4862:10,
4862:11
positions [9] -
4797:42, 4823:41,
4824:15, 4837:21,
4837:22, 4837:31,
4839:31, 4839:44,
4840:38
positive [3] - 4825:27,
4835:44, 4843:37
possible [11] -
4795:29, 4797:6,
4808:25, 4812:23,
4820:13, 4821:29,
4840:37, 4842:36,
4842:37, 4845:19
possibly [5] - 4797:5,
4810:13, 4812:3,
4829:12, 4847:38
post [5] - 4798:30,
4798:32, 4828:14,
4848:6, 4848:41
potential [5] -
4804:16, 4807:24,
4832:22, 4842:4,
4849:34
potentially [9] -
4794:15, 4800:1,
4810:26, 4820:9,
4824:12, 4825:28,
4829:10, 4834:39,
4842:35
power [3] - 4809:42,
4811:16, 4843:43
practical [6] -
4793:46, 4794:12,
4794:30, 4806:8,
4807:36, 4839:3
practice [14] - 4793:8,
4793:13, 4793:29,
4794:21, 4797:20,

4799:3, 4808:25,
4809:23, 4809:29,
4809:43, 4811:2,
4840:46, 4841:10
practise [1] - 4840:33
practising [1] - 4839:9
Practitioner [1] -
4825:39
practitioner [2] -
4828:45, 4833:41
pre [1] - 4792:22
pre-COVID [1] -
4792:22
preceded [1] -
4792:10
precise [1] - 4809:31
predominant [1] -
4793:21
predominantly [1] -
4798:20
prefer [4] - 4797:18,
4846:11, 4846:17,
4855:45
preferable [2] -
4804:33, 4809:6
preference [1] -
4856:16
Premier [1] - 4813:8
premier [1] - 4847:4
premier's [1] -
4813:17
Premier's [3] - 4813:1,
4813:36, 4830:6
premium [6] - 4816:7,
4816:21, 4837:20,
4837:40, 4840:2,
4840:10
preparation [1] -
4797:39
prepared [4] -
4791:21, 4813:18,
4818:18, 4826:5
preparing [1] -
4815:15
prescribing [1] -
4809:35
prescription [2] -
4809:32, 4809:36
prescriptive [1] -
4831:14
present [2] - 4790:33,
4791:33
presentation [1] -
4844:19
presentations [1] -
4821:38
presented [2] -
4817:5, 4818:6
president [1] -
4847:10
pressure [2] -
4799:35, 4811:29
presumably [6] -
4799:13, 4799:16,
4806:8, 4823:10,
4847:46, 4855:27
presumption [1] -
4794:44
pretty [13] - 4793:4,
4796:1, 4800:2,
4800:27, 4810:28,
4825:21, 4831:27,
4832:8, 4834:1,
4834:28, 4840:46,
4842:6, 4851:19
prevalled [1] -
4796:24
prevalence [1] -
4810:26
preventative [1] -
4822:45
prices [1] - 4796:35
primary [1] - 4822:45
principal [2] -
4850:14, 4850:15
principally [1] -
4793:2
principle [1] - 4800:28
priorities [1] - 4844:10
priority [1] - 4826:27
private [23] - 4796:43,
4797:1, 4797:4,
4797:6, 4797:11,
4797:20, 4797:25,
4798:6, 4798:33,
4798:34, 4798:44,
4799:1, 4799:40,
4799:44, 4799:47,
4800:3, 4800:5,
4800:8, 4808:43,
4809:2, 4821:42
privilege [1] - 4814:20
pro [1] - 4811:3
proactive [2] -
4819:45, 4851:20
Proactive [11] -
4835:25, 4850:6,
4850:8, 4851:12,
4853:9, 4853:35,
4858:10, 4859:9,
4859:10, 4859:19,
4860:9
problem [24] -
4795:14, 4805:26,
4806:16, 4807:3,
4808:10, 4809:34,
4811:8, 4816:14,
4816:46, 4823:1,
4828:16, 4828:17,
4830:4, 4830:25,
4830:26, 4830:30,
4838:3, 4848:3,
4849:45, 4850:44,
4851:1, 4855:6,
4858:44, 4862:2
problematic [1] -
4842:29
problems [12] -
4798:5, 4811:12,
4811:37, 4813:30,
4844:26, 4844:27,
4848:32, 4849:5,
4849:6, 4858:7,
4858:46, 4859:6
procedural [3] -
4851:44, 4852:25,
4852:41
procedure [1] -
4799:46
procedures [2] -
4794:6, 4825:34
proceed [2] - 4827:36,
4851:7
process [54] -
4800:11, 4800:12,
4800:26, 4800:41,
4802:8, 4802:9,
4802:21, 4802:30,
4802:37, 4802:41,
4803:12, 4803:31,
4803:34, 4804:29,
4805:34, 4805:40,
4806:7, 4807:7,
4809:10, 4809:11,
4809:12, 4817:23,
4817:31, 4818:40,
4820:5, 4822:11,
4823:45, 4825:42,
4826:10, 4826:11,
4826:16, 4826:31,
4826:37, 4826:41,
4827:41, 4835:26,
4839:41, 4839:44,
4842:28, 4847:11,
4849:12, 4851:7,
4851:46, 4852:40,
4853:33, 4855:8,
4855:9, 4855:44,
4856:40, 4857:31,
4861:4
processes [6] -
4804:38, 4805:38,
4825:22, 4825:29,
4825:34, 4851:45
processing [1] -
4804:7
procurement [1] -
4847:11
produce [3] - 4800:36,
4801:6, 4821:19
produced [7] -
4804:47, 4817:16,
4837:47, 4839:16,
4839:33, 4843:44,
4861:12
producing [2] -
4800:3, 4861:12
product [1] - 4810:23
productive [1] -
4821:23
profession [1] -
4839:9
professional [4] -
4801:40, 4810:7,
4811:1, 4833:47
professionals [2] -
4796:42, 4837:45
profile [2] - 4818:27,
4840:22
program [9] - 4793:38,
4825:7, 4829:5,
4829:7, 4829:17,
4831:4, 4831:6,
4831:16, 4833:23
progress [6] -
4801:36, 4802:27,
4803:4, 4827:24,
4833:39, 4855:11
promote [2] - 4799:8,
4825:6
proper [1] - 4856:39
property [1] - 4796:35
proportion [5] -
4797:13, 4837:11,
4837:15, 4837:34,
4847:27
proposal [2] -
4820:33, 4822:26
proposals [1] -
4805:10
proposed [1] -
4846:37
proposition [8] -
4805:5, 4805:33,
4806:7, 4809:41,
4812:37, 4814:28,
4823:2, 4829:33
prosecution [1] -
4795:16
prospective [1] -
4823:47
prove [1] - 4805:14
provide [11] - 4816:5,
4817:33, 4819:34,
4824:12, 4829:37,
4840:6, 4841:27,
4841:30, 4845:35,
4849:47, 4856:1
provided [4] -
4801:21, 4813:2,
4814:44, 4861:11
providing [5] -
4793:21, 4793:32,
4796:25, 4798:9,
4822:29
proximity [1] -
4813:38
psych [1] - 4835:13
psychiatry [2] -
4815:3, 4837:34
psychological [2] -
4834:46, 4836:17
Public [3] - 4829:35,
4830:3, 4830:7
public [26] - 4792:47,
4793:36, 4796:2,
4796:17, 4796:33,
4796:41, 4797:2,
4797:10, 4797:14,
4797:26, 4797:43,
4798:6, 4798:9,
4798:36, 4798:44,
4799:46, 4804:32,
4805:37, 4808:42,
4808:46, 4808:47,
4811:31, 4811:43,
4815:45, 4817:23,
4823:13
publication [9] -
4850:21, 4854:27,
4856:3, 4856:17,
4856:25, 4856:41,
4857:34, 4861:27,
4861:45
publish [1] - 4799:6
publishing [1] -
4818:2
puff [1] - 4801:4
pull [1] - 4795:42
pulp [1] - 4848:33
purchasing [1] -
4798:42
purpose [1] - 4853:35
pursue [1] - 4831:19
push [1] - 4822:27
push-back [1] -
4822:27
pushed [1] - 4820:8
pushing [1] - 4821:28
put [18] - 4798:29,
4805:11, 4805:29,
4813:7, 4815:24,
4819:3, 4820:33,
4833:18, 4834:44,
4851:8, 4852:47,
4854:4, 4856:13,
4856:26, 4856:29,
4857:18, 4859:45,
4861:32
putting [2] - 4806:28,

4822:25	ran [1] - 4828:2	4812:7, 4812:9,	record [2] - 4791:11,	4813:2, 4818:24,
	range [1] - 4814:39	4812:25, 4817:6,	4854:1	4818:42, 4818:46,
	rate [11] - 4795:46,	4818:31, 4824:37,	records [2] - 4805:8,	4819:8, 4820:47,
	4796:3, 4796:9,	4825:6, 4825:41,	4815:12	4821:5
	4796:35, 4799:5,	4829:30, 4833:38,	recover [3] - 4828:22,	regionally [1] -
quarter [3] - 4795:43,	4799:39, 4814:43,	4834:2, 4835:46,	4859:47, 4860:1	4824:25
4840:32, 4851:9	4822:40, 4841:8,	4836:31, 4836:45,	recruiting [1] -	regions [2] - 4812:42
quarterly [1] - 4817:16	4841:10, 4841:19	4840:26, 4842:40,	4837:30	registrar [6] - 4793:24,
questions [10] -	Rate [1] - 4792:13	4842:45, 4844:9,	recruitment [2] -	4793:25, 4793:26,
4814:38, 4820:24,	rates [7] - 4797:4,	4845:20, 4845:21,	4818:39, 4819:6	4793:30, 4793:34,
4829:43, 4840:21,	4799:6, 4806:28,	4845:42, 4845:45,	recurring [1] -	4793:36
4841:23, 4841:39,	4815:37, 4815:45,	4846:35, 4851:34,	4819:19	registration [1] -
4846:13, 4860:42,	4828:11, 4828:46	4851:39, 4860:3,	redirect [1] - 4855:29	4840:25
4862:29, 4862:31	rather [5] - 4840:11,	4860:19	reduce [2] - 4798:31,	regular [1] - 4816:42
quick [1] - 4840:1	4851:26, 4856:17,	realm [1] - 4824:45	4801:42	regularly [3] -
quicker [2] - 4847:42,	4856:40, 4857:3	reason [3] - 4810:44,	reduced [1] - 4807:47	4818:12, 4818:13,
4854:35	rationaling [1] - 4820:25	4815:28, 4854:23	reduces [1] - 4808:39	4840:47
quickly [6] - 4799:20,	rattle [1] - 4794:24	reasonable [7] -	refer [3] - 4810:37,	regulation [3] -
4814:7, 4821:29,	re [1] - 4815:17	4794:14, 4798:18,	4831:13, 4843:8	4804:46, 4809:34,
4827:13, 4842:7,	re-send [1] - 4815:17	4807:31, 4828:46,	reference [7] -	4845:22
4846:28	reach [7] - 4824:28,	4841:7, 4852:45,	4799:19, 4817:37,	regulations [1] -
quid [1] - 4811:3	4846:43, 4851:44,	4861:35	4845:11, 4848:35,	4809:47
quite [17] - 4808:4,	4856:34, 4858:9,	reasonable-sized [1] -	4849:2, 4856:15,	regulatory [2] -
4810:26, 4817:7,	4861:5, 4862:10	4798:18	4856:38	4809:21, 4810:15
4818:12, 4818:35,	reached [5] - 4803:32,	reasonably [2] -	referenced [2] -	reinforce [1] - 4855:4
4819:10, 4819:23,	4829:42, 4846:33,	4794:40, 4794:41	4818:34, 4849:28	reintroduction [1] -
4820:4, 4820:47,	4851:29, 4852:28	reasons [3] - 4803:27,	references [1] -	4802:17
4824:42, 4829:6,	reaching [1] - 4851:43	4830:46, 4831:39	4859:8	relate [3] - 4801:33,
4830:47, 4834:27,	reacquainted [1] -	receipt [1] - 4857:29	referred [9] - 4815:6,	4801:40, 4830:19
4838:27, 4845:28,	4797:40	receive [7] - 4807:20,	4827:6, 4829:4,	related [9] - 4798:40,
4847:3	read [9] - 4791:35,	4807:41, 4817:24,	4831:32, 4832:29,	4805:5, 4806:24,
quo [1] - 4811:3	4820:21, 4820:38,	4820:12, 4851:30,	4841:13, 4852:33,	4810:46, 4822:16,
quorum [1] - 4841:45	4829:31, 4836:1,	4860:34, 4860:37	4853:7, 4861:1	4840:22, 4841:39,
	4843:25, 4844:3,	received [7] - 4805:19,	referring [3] -	4848:39, 4851:17
	4854:31, 4858:20	4813:20, 4813:25,	4843:19, 4843:25,	relates [2] - 4806:46,
	readily [2] - 4801:5,	4814:6, 4846:42,	4862:13	4811:43
	4817:27	4850:45, 4855:7	refers [1] - 4835:42	relation [21] - 4794:13,
	reading [4] - 4833:19,	receiving [1] -	reflect [4] - 4792:46,	4795:7, 4800:16,
	4851:2, 4855:23,	4830:40	4804:31, 4804:33,	4803:33, 4808:30,
	4858:9	recent [9] - 4792:43,	4806:34	4809:12, 4812:36,
	reads [1] - 4835:42	4793:35, 4793:42,	reflected [1] - 4826:25	4822:33, 4823:40,
	ready [2] - 4823:35,	4798:18, 4809:19,	reflects [2] - 4806:8,	4824:9, 4826:33,
	4826:19	4810:21, 4810:25,	4811:3	4839:27, 4841:32,
	real [4] - 4824:12,	4837:32, 4837:43	reform [14] - 4800:11,	4842:14, 4842:17,
	4838:27, 4838:46,	recently [2] - 4795:17,	4801:15, 4802:37,	4845:1, 4848:5,
	4839:3	4851:16	4804:1, 4804:12,	4850:21, 4850:47,
	realities [4] - 4792:47,	recognise [2] -	4805:6,	4856:4, 4860:46
	4794:16, 4806:34,	4806:41, 4815:15	4805:12, 4805:34,	relational [1] -
	4807:9	recognised [2] -	4806:7, 4807:8,	4859:15
	reality [10] - 4793:46,	4807:28, 4807:37	4807:24, 4809:21,	Relations [1] - 4803:2
	4796:8, 4805:27,	recognises [1] -	4832:34	relations [5] -
	4807:26, 4807:36,	4806:38	refuses [1] - 4807:18	4800:26, 4800:33,
	4808:15, 4808:40,	recognition [1] -	regard [1] - 4854:35	4810:28, 4814:47,
	4838:22, 4839:17,	4795:5	regarding [1] -	4815:18
	4842:39	recollection [2] -	4801:32	relationship [8] -
	really [36] - 4792:46,	4791:40, 4854:42	regardless [1] -	4798:39, 4799:41,
	4794:17, 4797:40,	recommend [1] -	4815:33	4842:4, 4842:23,
	4799:43, 4800:42,	4826:11	regional [11] -	4845:42, 4848:14,
	4803:28, 4804:3,	recommendations [2]	4797:36, 4798:1,	4848:26, 4855:24
	4804:12, 4805:45,	- 4821:10, 4826:45	4811:14, 4812:45,	relationship " [1] -

4844:14
relationships [6] - 4825:21, 4835:27, 4843:5, 4848:23, 4851:19, 4853:41
relatively [6] - 4796:2, 4798:18, 4799:20, 4804:6, 4814:7, 4823:3
release [1] - 4817:43
releases [1] - 4817:8
relevance [2] - 4791:32, 4835:34
relevant [12] - 4793:25, 4793:30, 4811:16, 4811:44, 4812:5, 4824:5, 4826:26, 4827:14, 4836:25, 4841:28, 4842:5, 4861:21
relied [3] - 4793:5, 4799:2, 4836:37
relief [1] - 4828:23
reluctance [1] - 4831:41
rely [1] - 4838:41
remained [1] - 4849:15
remaining [1] - 4830:39
remains [1] - 4832:35
remark [1] - 4852:40
remarks [2] - 4798:24, 4830:42
remember [9] - 4799:19, 4808:8, 4813:10, 4817:13, 4824:44, 4825:38, 4826:22, 4829:11, 4850:9
reminded [2] - 4826:17, 4848:40
Remote [1] - 4855:11
removed [1] - 4801:6
remunerated [2] - 4807:28, 4807:37
remuneration [8] - 4795:5, 4796:42, 4797:25, 4798:5, 4798:33, 4806:38, 4812:10, 4812:39
remunerative [1] - 4798:25
repaired [1] - 4835:28
repeated [1] - 4843:46
report [6] - 4800:9, 4817:16, 4818:17, 4819:16, 4826:44, 4845:30
reported [1] - 4818:12

reporting [1] - 4818:3
reports [2] - 4823:6, 4858:12
representative [1] - 4845:29
represents [1] - 4797:32
request [2] - 4814:44, 4815:7
requested [1] - 4818:15
requests [2] - 4814:40, 4814:45
require [3] - 4799:16, 4826:5, 4850:35
required [10] - 4794:32, 4794:40, 4794:41, 4807:12, 4808:32, 4808:45, 4816:17, 4827:44, 4833:4, 4836:17
requirement [2] - 4794:26, 4816:43
requirements [1] - 4795:4
requisition [1] - 4819:2
reregistration [1] - 4828:45
research [1] - 4842:33
resigning [1] - 4840:32
ReSolutions [2] - 4850:6, 4850:8
resolve [3] - 4803:7, 4842:42, 4849:45
resolved [2] - 4804:15, 4848:15
resolves [1] - 4802:14
resource [5] - 4809:14, 4816:43, 4825:15, 4844:9, 4860:29
resources [10] - 4817:21, 4818:25, 4820:26, 4824:30, 4824:36, 4830:45, 4834:26, 4836:6, 4843:31, 4843:35
resourcing [4] - 4841:31, 4842:13, 4842:36, 4847:12
respect [12] - 4806:36, 4809:34, 4816:28, 4818:32, 4820:34, 4822:10, 4826:40, 4843:26, 4852:24, 4852:40, 4861:28, 4861:45
respective [1] -

4827:9
respectively [1] - 4837:29
respects [1] - 4817:21
respond [1] - 4830:41
respondent [1] - 4832:10
response [8] - 4795:3, 4828:46, 4854:4, 4855:42, 4857:29, 4861:13, 4861:18, 4861:19
responsibility [1] - 4852:44
responsively [1] - 4861:10
rest [2] - 4816:20, 4833:38
restorative [3] - 4835:25, 4835:26, 4853:33
restore [1] - 4853:40
result [8] - 4799:23, 4803:36, 4806:11, 4811:38, 4816:29, 4826:44, 4832:7, 4851:22
results [9] - 4829:27, 4830:24, 4830:33, 4830:35, 4832:3, 4834:6, 4836:9, 4849:20, 4855:10
Retention [1] - 4792:13
retention [3] - 4792:19, 4792:20, 4792:22
retires [1] - 4839:3
retiring [1] - 4839:6
return [1] - 4810:46
revenue [1] - 4797:26
reversal [1] - 4849:31
review [17] - 4802:44, 4803:25, 4805:11, 4806:15, 4809:10, 4812:46, 4815:33, 4821:1, 4821:12, 4821:38, 4825:36, 4825:39, 4825:42, 4826:2, 4826:16, 4826:32, 4852:40
reviewed [1] - 4792:14
reviewing [1] - 4792:9
revisit [1] - 4826:11
Richard [2] - 4790:14, 4790:35
Richard's [4] - 4820:16, 4820:38, 4820:39, 4849:29
Richards [2] -

4828:10, 4829:4
right-hand [1] - 4855:19
rights [1] - 4797:20
ring [1] - 4812:23
risk [23] - 4807:44, 4808:28, 4808:39, 4817:4, 4819:35, 4821:18, 4822:39, 4832:6, 4832:9, 4834:8, 4834:13, 4834:16, 4834:20, 4834:27, 4834:29, 4834:31, 4834:40, 4834:46, 4834:47, 4835:1, 4835:12, 4836:1, 4836:9
risk" [1] - 4834:25
risks [2] - 4835:41, 4835:44
roads [1] - 4822:20
ROB [2] - 4819:4
role [22] - 4791:18, 4816:2, 4819:7, 4820:9, 4820:10, 4823:38, 4823:40, 4824:11, 4825:43, 4827:9, 4827:10, 4831:24, 4831:26, 4833:40, 4833:41, 4840:32, 4841:24, 4842:9, 4844:35, 4845:28, 4845:29, 4845:30
roles [5] - 4816:34, 4818:32, 4825:12, 4837:34, 4847:43
roll [3] - 4796:29, 4825:22, 4829:43
rolled [3] - 4829:5, 4829:8, 4833:2
rolling [3] - 4826:15, 4829:17, 4855:8
rollout [1] - 4841:14
roof [1] - 4823:14
room [1] - 4822:36
rooms [1] - 4797:43
root [5] - 4850:44, 4855:6, 4858:45, 4859:6
Ross [1] - 4790:27
rostered [3] - 4832:43, 4832:45, 4836:38
rostering [3] - 4804:22, 4804:23, 4836:32
rosters [1] - 4807:15
round [2] - 4805:10, 4829:38
rounds [1] - 4793:16

roundtable [4] - 4827:4, 4832:32, 4832:39, 4833:25
routes [1] - 4861:31
row [4] - 4855:15, 4855:23, 4856:18, 4861:2
ruin [1] - 4833:29
rules [2] - 4812:40, 4842:30
rumour [1] - 4849:17
run [6] - 4797:36, 4803:23, 4803:34, 4816:18, 4839:39, 4849:6
running [1] - 4792:47
rural [10] - 4811:15, 4812:45, 4813:2, 4818:42, 4818:46, 4819:8, 4820:47, 4821:5, 4839:2, 4839:4
rurality [1] - 4813:11

S

safe [1] - 4816:36
safer [1] - 4832:27
safety [5] - 4834:45, 4834:46, 4835:13, 4836:17
salariied [2] - 4794:45, 4806:40
salaries [5] - 4795:35, 4796:14, 4796:40, 4797:9
salary [2] - 4823:46, 4824:10
Sara [2] - 4847:10, 4847:20
sat [1] - 4817:28
satisfaction [1] - 4829:32
satisfied [2] - 4792:25, 4856:37
saving [1] - 4801:6
savings [2] - 4804:5, 4804:20
saw [1] - 4798:32
SC [3] - 4790:14, 4790:26, 4790:35
scale [1] - 4813:36
scenario [2] - 4812:10, 4851:18
scenarios [1] - 4853:4
sceptical [1] - 4798:38
schedule [1] - 4845:22
scheduled [1] - 4846:40

scheme [4] - 4812:45, 4816:30, 4819:8, 4825:45
scholarship [1] - 4825:7
scope [15] - 4797:5, 4797:19, 4802:9, 4809:2, 4809:22, 4809:28, 4809:29, 4809:42, 4809:44, 4810:4, 4810:5, 4810:47, 4820:5, 4825:28
score [3] - 4829:21, 4829:22, 4830:46
scrapping [1] - 4801:16
screen [5] - 4843:20, 4850:19, 4850:27, 4850:36, 4852:5
scribbled [2] - 4828:34, 4832:4
seat [1] - 4859:21
second [22] - 4791:32, 4791:35, 4796:23, 4800:34, 4800:36, 4805:20, 4824:4, 4825:17, 4827:12, 4827:46, 4830:10, 4833:46, 4835:21, 4838:41, 4840:26, 4840:31, 4849:1, 4849:7, 4851:4, 4858:24, 4859:17, 4860:13
seconded [1] - 4859:23
secret [1] - 4849:43
secretaries [2] - 4813:15, 4813:35
secretary [13] - 4791:14, 4805:16, 4805:17, 4811:35, 4812:26, 4813:7, 4813:17, 4814:4, 4817:13, 4847:2, 4849:15, 4859:10, 4860:4
secretary's [1] - 4794:47
section [4] - 4814:13, 4814:32, 4846:32, 4856:8
sector [13] - 4796:2, 4796:17, 4796:33, 4796:43, 4797:1, 4797:2, 4797:11, 4797:14, 4798:6, 4798:10, 4798:33, 4798:34, 4798:36
see [31] - 4803:16, 4811:40, 4815:11, 4815:17, 4817:25, 4819:20, 4822:41, 4829:10, 4833:45, 4834:16, 4834:27, 4837:14, 4838:47, 4840:23, 4840:31, 4841:24, 4842:26, 4842:42, 4848:1, 4848:3, 4850:42, 4852:16, 4854:10, 4854:13, 4854:40, 4855:23, 4855:31, 4857:47, 4858:23, 4858:28, 4859:16
seeing [1] - 4799:16
seek [9] - 4799:29, 4799:45, 4802:36, 4803:2, 4803:6, 4819:41, 4825:35, 4826:32, 4845:47
seeking [6] - 4802:8, 4804:4, 4824:24, 4832:25, 4838:45, 4840:45
seeks [1] - 4843:36
seem [2] - 4825:21, 4825:22
selection [2] - 4832:22, 4833:45
send [1] - 4815:17
senior [8] - 4793:31, 4793:46, 4794:26, 4795:21, 4807:17, 4808:14, 4811:13, 4834:39
Senior [1] - 4790:26
seniority [1] - 4847:38
sense [26] - 4795:25, 4797:9, 4798:6, 4798:20, 4802:2, 4809:27, 4813:8, 4814:12, 4815:45, 4817:45, 4821:23, 4821:24, 4825:19, 4825:20, 4835:23, 4835:33, 4840:13, 4841:30, 4841:42, 4842:26, 4844:26, 4844:29, 4844:47, 4847:12, 4858:6, 4861:1
sent [3] - 4815:18, 4844:18, 4847:26
sentence [6] - 4851:4, 4851:5, 4852:33, 4853:14, 4853:45, 4855:29
sentiment [1] - 4793:7
separations [1] - 4825:3
series [5] - 4820:22, 4821:10, 4829:44, 4859:11, 4859:14
serious [1] - 4847:22
Service [3] - 4829:36, 4830:3, 4830:8
service [8] - 4811:41, 4816:5, 4816:16, 4822:19, 4822:28, 4824:21, 4837:20, 4849:43
services [5] - 4801:20, 4803:6, 4819:14, 4826:19
session [2] - 4838:11, 4855:46
set [12] - 4807:14, 4811:44, 4811:46, 4825:33, 4825:39, 4825:40, 4830:25, 4844:6, 4848:14, 4848:36, 4849:46, 4851:31
setting [3] - 4797:9, 4811:15, 4817:46
settled [1] - 4806:1
settlement [2] - 4795:16, 4795:20
seven [3] - 4816:17, 4836:30, 4847:44
several [4] - 4820:31, 4822:24, 4822:31, 4853:16
shape [1] - 4799:20
share [7] - 4792:35, 4792:36, 4810:7, 4815:43, 4828:16, 4830:37, 4830:38
shared [3] - 4818:45, 4845:46, 4851:34
sharing [3] - 4814:38, 4815:29, 4815:30
sheet [2] - 4801:26, 4802:12
sheets [1] - 4801:17
shift [8] - 4793:23, 4793:42, 4798:17, 4808:1, 4808:2, 4808:34, 4814:37
shifted [1] - 4793:41
shifts [5] - 4807:15, 4808:19, 4808:46, 4812:14, 4836:39
shiftwork [3] - 4807:36, 4808:18, 4808:32
shiftworker [1] - 4807:8
shiftworkers [1] - 4807:1
short [8] - 4802:15, 4816:5, 4823:4, 4837:25, 4841:35, 4856:1, 4857:38, 4857:42
short-cut [1] - 4857:38
shortage [3] - 4811:6, 4811:17, 4825:5
shortages [1] - 4836:22
shortcut [1] - 4857:43
shorten [1] - 4822:45
shorter [1] - 4821:33
show [1] - 4843:23
shown [1] - 4850:17
side [3] - 4842:24, 4851:31, 4851:32
sides [3] - 4807:7, 4843:9, 4851:28
sign [1] - 4844:42
significant [11] - 4802:20, 4807:7, 4810:16, 4810:29, 4816:43, 4817:15, 4825:23, 4832:21, 4838:27, 4840:17, 4855:11
signing [1] - 4812:27
similar [4] - 4794:21, 4811:8, 4812:20, 4815:8
simplification [1] - 4805:39
simply [3] - 4806:32, 4817:41, 4857:16
single [2] - 4806:17, 4855:33
sit [2] - 4803:37, 4804:37
site [6] - 4812:14, 4816:31, 4826:24, 4845:33, 4848:23, 4849:40
sites [1] - 4829:20
sits [2] - 4803:13, 4845:39
sitting [1] - 4802:11
situation [6] - 4808:15, 4825:37, 4846:29, 4846:30, 4846:45, 4850:3
six [1] - 4801:32
size [2] - 4820:32, 4822:25
sized [1] - 4798:18
skill [2] - 4849:46, 4860:9
slide [1] - 4844:18
slightly [2] - 4792:16, 4818:7
slip [1] - 4836:10
small [4] - 4801:10, 4816:16, 4816:18, 4839:19
smaller [1] - 4851:14
smoke [3] - 4801:3, 4801:4, 4849:22
so-called [1] - 4800:34
societies [1] - 4828:2
solutions [1] - 4819:17
solved [1] - 4806:17
someone [12] - 4791:27, 4802:11, 4807:45, 4811:9, 4811:45, 4816:9, 4824:44, 4826:23, 4831:30, 4838:42, 4847:40, 4848:17
sometimes [9] - 4795:46, 4799:3, 4811:1, 4815:16, 4817:42, 4822:35, 4833:14, 4847:3, 4847:4
somewhat [1] - 4829:34
somewhere [3] - 4797:46, 4832:11, 4862:42
sophisticated [1] - 4844:21
sorry [10] - 4792:4, 4813:42, 4815:43, 4837:8, 4852:4, 4852:31, 4852:37, 4856:10, 4858:47, 4862:28
sort [28] - 4793:12, 4799:27, 4802:2, 4802:9, 4802:11, 4803:10, 4804:5, 4805:44, 4806:29, 4815:30, 4819:27, 4820:7, 4822:44, 4826:15, 4828:27, 4832:1, 4833:29, 4837:16, 4839:38, 4839:44, 4840:31, 4844:4, 4844:19, 4848:19, 4851:8, 4851:13, 4852:23, 4859:28
sorts [6] - 4808:21, 4809:6, 4848:7, 4848:31, 4848:43, 4853:19

sought [6] - 4799:10, 4813:19, 4813:24, 4814:4, 4814:43, 4857:33
sound [1] - 4836:5
sounds [2] - 4828:3, 4853:47
source [5] - 4814:25, 4826:8, 4838:42, 4842:24, 4857:14
sources [3] - 4849:17, 4849:38, 4852:43
South [20] - 4790:19, 4792:47, 4793:8, 4796:15, 4796:28, 4796:36, 4797:30, 4798:1, 4800:32, 4802:17, 4806:18, 4809:47, 4813:4, 4813:38, 4818:10, 4822:30, 4837:47, 4838:29, 4839:30, 4844:40
south [2] - 4816:16, 4862:42
Southern [1] - 4813:38
space [2] - 4800:23, 4803:38
spaces [2] - 4827:43, 4839:35
speak [1] - 4843:31
SPECIAL [1] - 4863:6
Special [1] - 4790:7
specialisation [4] - 4794:40, 4796:47, 4824:16, 4837:23
specialist [8] - 4793:27, 4798:19, 4799:10, 4808:33, 4808:34, 4808:42, 4809:13, 4832:20
specialists [6] - 4793:13, 4793:14, 4794:13, 4797:24, 4819:25, 4837:22
specialties [2] - 4794:23, 4828:1
specialty [12] - 4793:38, 4794:5, 4794:6, 4798:13, 4812:11, 4824:20, 4825:13, 4827:45, 4832:24, 4838:35, 4838:44, 4840:38
spectrum [1] - 4829:23
speculation [2] - 4835:4, 4835:8
split [2] - 4847:15
spokesperson [1] - 4817:38
spread [1] - 4805:37
spreading [1] - 4808:41
St [1] - 4824:28
stacks [1] - 4801:3
staff [54] - 4792:13, 4792:18, 4792:41, 4792:45, 4793:13, 4794:13, 4794:26, 4796:41, 4797:24, 4798:18, 4799:10, 4808:33, 4808:41, 4809:13, 4811:13, 4816:18, 4816:20, 4816:21, 4832:20, 4834:32, 4836:28, 4836:30, 4836:34, 4837:22, 4841:23, 4841:24, 4841:36, 4841:42, 4841:43, 4841:45, 4842:9, 4842:12, 4842:16, 4842:18, 4842:21, 4842:22, 4843:17, 4843:42, 4844:20, 4844:24, 4844:34, 4844:46, 4844:47, 4845:4, 4845:15, 4845:17, 4845:20, 4845:27, 4845:35, 4847:27, 4849:13, 4858:8, 4858:11
staffing [2] - 4818:27, 4836:22
stage [4] - 4827:41, 4829:21, 4850:23, 4859:3
stall [1] - 4804:16
standard [10] - 4793:3, 4795:45, 4807:3, 4810:20, 4810:32, 4811:37, 4812:7, 4812:33, 4814:10, 4836:40
standards [1] - 4832:43
stands [1] - 4813:10
start [6] - 4791:46, 4792:29, 4825:7, 4831:17, 4844:27, 4844:28
started [6] - 4791:19, 4802:24, 4812:42, 4812:43, 4832:39, 4832:41
starting [4] - 4801:16, 4819:13, 4855:9, 4858:36
starts [2] - 4799:14, 4849:19
state [6] - 4791:10, 4804:30, 4806:12, 4813:4, 4819:42, 4839:32
state's [3] - 4809:42, 4822:3, 4822:10
statement [25] - 4791:25, 4791:31, 4792:9, 4792:26, 4795:32, 4800:19, 4804:40, 4809:19, 4810:21, 4811:9, 4814:17, 4818:9, 4820:22, 4820:39, 4831:13, 4832:34, 4837:43, 4838:17, 4838:38, 4840:14, 4848:35, 4849:29, 4856:2, 4859:7
statements [8] - 4791:21, 4791:24, 4791:36, 4817:33, 4818:9, 4830:36, 4830:38, 4849:2
states [3] - 4796:9, 4797:39, 4840:28
statistics [1] - 4829:27
status [1] - 4793:37
stay [1] - 4811:26
step [9] - 4795:36, 4824:1, 4824:4, 4824:9, 4825:17, 4830:27, 4852:26, 4860:21
stepped [1] - 4811:42
steps [4] - 4823:45, 4826:37, 4855:41, 4861:13
sticking [2] - 4802:4, 4802:7
still [9] - 4798:9, 4803:16, 4803:18, 4823:12, 4840:16, 4844:17, 4851:46, 4853:5, 4855:8
stood [1] - 4813:15
stop [2] - 4819:17, 4841:18
stopped [1] - 4830:2
strategic [2] - 4817:42, 4819:18
strategies [2] - 4821:4, 4821:31
strategy [1] - 4818:39
streaming [1] - 4801:41
streamline [1] - 4803:33
streamlining [1] - 4803:36
streams [1] - 4801:35
Street [1] - 4790:18
strength [2] - 4797:31, 4797:33
stressful [1] - 4833:8
stretched [2] - 4794:15, 4822:29
strike [2] - 4797:12, 4853:44
strikes [1] - 4853:45
strong [3] - 4832:8, 4834:28, 4837:45
struck [1] - 4806:5
structural [1] - 4800:28
structure [2] - 4794:38, 4831:39
structured [2] - 4813:3, 4813:11
struggle [3] - 4818:43, 4845:42, 4850:9
students [3] - 4819:41, 4839:1, 4840:24
study [3] - 4827:43, 4838:34, 4849:10
stupid [1] - 4800:43
style [1] - 4847:46
sub [2] - 4794:6, 4828:1
sub-specialties [1] - 4828:1
sub-specialty [1] - 4794:6
subject [10] - 4799:2, 4807:13, 4809:14, 4814:20, 4815:33, 4844:7, 4854:27, 4857:33, 4859:31
submission [2] - 4821:1, 4821:47
submissions [1] - 4821:45
subscribe [1] - 4839:43
substantial [1] - 4798:32
substantive [5] - 4794:19, 4852:40, 4852:45, 4855:44, 4861:1
succeed [3] - 4827:32, 4833:23, 4860:23
success [2] - 4819:7, 4831:5
successful [2] - 4827:24, 4831:25
suffered [1] - 4799:22
suffering [1] - 4833:15
sufficient [1] - 4837:47
sufficiently [2] - 4800:5, 4812:41
suggest [4] - 4834:22, 4845:45, 4849:23, 4852:43
suggested [1] - 4818:16
suggesting [2] - 4825:11, 4832:8
suggestion [3] - 4795:34, 4822:18, 4859:10
suggestions [1] - 4798:29
suicides [1] - 4832:31
suite [4] - 4800:13, 4801:17, 4801:18, 4802:1
summary [2] - 4830:38, 4859:18
summed [1] - 4838:27
sunset [1] - 4802:10
superior [1] - 4798:35
supervisor [1] - 4834:19
supplementary [1] - 4856:1
supplementation [1] - 4822:8
supply [1] - 4837:44
support [7] - 4818:14, 4822:38, 4822:41, 4854:2, 4860:8, 4860:26, 4860:37
supported [1] - 4830:45
supports [1] - 4822:37
suppress [1] - 4848:2
surfaced [1] - 4812:44
surgeons [1] - 4827:40
surgery [6] - 4798:30, 4798:32, 4798:47, 4799:23, 4799:25, 4799:28
surgical [1] - 4827:45
surprised [1] - 4854:32
surprisingly [1] - 4828:38
survey [11] - 4828:31, 4828:35, 4828:45, 4829:29, 4829:39, 4829:43, 4830:12, 4830:24, 4832:10, 4834:38, 4835:33
surveys [1] - 4828:44

suspect [2] - 4814:47, 4843:24
sustainability [3] - 4800:7, 4817:15, 4860:6
sustainable [1] - 4812:24
sweep [2] - 4831:11, 4848:19
switchover [1] - 4823:3
swoop [2] - 4848:20, 4848:21
swooping [1] - 4848:30
sworn [1] - 4791:6
Sydney [7] - 4790:19, 4796:35, 4828:10, 4829:6, 4829:21, 4831:4, 4843:22
system [60] - 4792:47, 4793:4, 4793:36, 4796:41, 4797:6, 4797:10, 4797:44, 4799:8, 4800:6, 4800:8, 4801:42, 4804:22, 4804:23, 4804:32, 4805:33, 4806:37, 4807:11, 4808:20, 4808:22, 4808:31, 4808:42, 4808:43, 4808:46, 4808:47, 4809:2, 4810:6, 4810:30, 4811:38, 4812:35, 4815:1, 4815:8, 4816:42, 4817:14, 4818:31, 4819:4, 4820:10, 4820:25, 4821:19, 4823:39, 4825:9, 4825:30, 4829:9, 4829:32, 4833:33, 4836:32, 4836:35, 4836:44, 4838:1, 4840:5, 4841:13, 4841:25, 4842:10, 4842:15, 4844:40, 4847:40, 4848:1, 4848:18, 4848:38, 4849:7, 4860:5
system's [1] - 4809:44
systems [3] - 4793:4, 4797:19, 4815:23

T

tab [3] - 4850:41, 4852:9, 4859:5
table [13] - 4792:10, 4792:13, 4792:14, 4800:24, 4800:45, 4809:45, 4827:21, 4844:8, 4855:10, 4855:14, 4855:16, 4855:23, 4860:46
tabled [1] - 4802:35
tables [1] - 4815:24
tacked [1] - 4822:20
tail [1] - 4823:12
tails [1] - 4821:8
talent [1] - 4815:22
Tamsin [1] - 4790:28
tapping [1] - 4809:29
targeted [1] - 4827:47
task [1] - 4799:24
team [27] - 4794:21, 4795:42, 4812:26, 4816:12, 4818:22, 4818:25, 4818:26, 4819:39, 4820:16, 4821:21, 4821:43, 4824:31, 4824:42, 4825:2, 4830:45, 4834:11, 4836:16, 4838:16, 4842:21, 4848:27, 4859:26, 4859:40, 4859:43, 4860:20, 4860:21, 4860:30, 4860:34
team-building [1] - 4860:30
teams [5] - 4816:40, 4821:35, 4826:18, 4830:31, 4831:18
Teams [1] - 4827:19
teamwork [1] - 4830:20
tease [1] - 4794:39
technique [1] - 4848:11
technological [1] - 4833:1
teens [1] - 4801:35
temporarily [1] - 4811:46
tend [2] - 4844:25, 4844:26
tended [1] - 4796:29
tender [8] - 4791:44, 4856:18, 4856:39, 4856:40, 4862:5, 4862:8, 4862:23, 4862:24
tendered [4] - 4837:37, 4854:17, 4854:19, 4861:26
tends [2] - 4800:12, 4855:4
tension [1] - 4842:42

tenure [1] - 4847:38
term [1] - 4837:25
terms [19] - 4797:8, 4798:16, 4800:11, 4803:39, 4807:20, 4808:36, 4811:33, 4817:4, 4818:47, 4822:46, 4824:12, 4825:17, 4829:27, 4836:45, 4844:46, 4850:37, 4856:15, 4856:38, 4859:40
text [1] - 4835:41
theatres [1] - 4798:44
thematic [1] - 4830:38
themes [1] - 4830:25
themselves [3] - 4808:18, 4808:41, 4813:16
there'd [1] - 4809:16
there'll [1] - 4818:30
thereabouts [2] - 4811:10, 4837:3
therefore [3] - 4812:14, 4835:29, 4842:3
they have [5] - 4800:6, 4838:11, 4840:25, 4845:2, 4859:20
they've [10] - 4806:45, 4808:46, 4814:40, 4814:43, 4818:37, 4818:38, 4819:2, 4819:4, 4840:27, 4844:35
thinking [1] - 4843:35
thinks [1] - 4811:41
third [10] - 4791:32, 4791:36, 4810:13, 4826:2, 4830:31, 4850:41, 4851:5, 4854:41, 4855:15, 4855:23
this [1] - 4823:7
thoughts [1] - 4834:23
thousand [1] - 4832:12
thread [2] - 4805:3, 4807:32
threatened [1] - 4848:10
three [20] - 4791:21, 4793:35, 4796:5, 4801:35, 4802:36, 4802:38, 4814:5, 4818:19, 4819:3, 4826:15, 4829:22, 4832:31, 4833:2, 4839:4, 4839:20, 4840:36, 4843:21, 4847:9, 4848:9, 4855:10
throughout [1] - 4843:21
Thursday [2] - 4862:41, 4863:4
THURSDAY [1] - 4863:7
ticket [1] - 4821:2
tickety [1] - 4844:39
tickety-boo [1] - 4844:39
tier [2] - 4800:34, 4800:36
time-limited [2] - 4799:13, 4862:1
timeline [1] - 4803:28
timing [1] - 4803:3
tired [1] - 4828:26
title [1] - 4817:14
TO [1] - 4863:7
today [2] - 4791:36, 4818:28
together [5] - 4808:17, 4815:24, 4833:2, 4842:41, 4859:43
tonight's [1] - 4808:34
took [3] - 4812:19, 4833:27, 4860:14
tool [1] - 4849:27
top [6] - 4806:20, 4809:43, 4810:5, 4829:23, 4855:18, 4858:23
topic [4] - 4814:37, 4819:23, 4828:8, 4841:22
touched [4] - 4792:30, 4795:32, 4810:21, 4840:2
tow [1] - 4815:39
towards [1] - 4839:9
town [1] - 4839:19
tracked [1] - 4845:13
traction [1] - 4851:21
trade [1] - 4818:15
traditional [3] - 4793:22, 4794:1, 4807:10
train [7] - 4797:44, 4819:41, 4825:40, 4832:25, 4833:21, 4848:36
trained [1] - 4833:34
trainee [8] - 4793:38, 4823:47, 4824:6, 4824:10, 4832:19, 4832:22, 4833:43, 4833:44
trainees [3] - 4820:8, 4838:43, 4839:33
training [31] - 4793:5, 4793:16, 4819:25, 4820:2, 4820:4, 4820:12, 4821:14, 4821:24, 4823:41, 4824:5, 4824:10, 4824:15, 4824:20, 4825:18, 4827:44, 4832:19, 4833:7, 4833:11, 4833:23, 4833:37, 4835:18, 4838:13, 4838:33, 4838:35, 4838:37, 4838:44, 4839:27, 4839:29, 4840:27, 4840:39, 4840:45
trains [1] - 4832:36
tranches [1] - 4833:2
transparency [1] - 4842:16
transpired [1] - 4842:7
travel [3] - 4815:36, 4815:39, 4840:35
travelled [1] - 4821:8
travels [1] - 4809:4
traverse [1] - 4834:1
traversed [1] - 4844:7
treasurer [1] - 4821:39
treasury [10] - 4805:17, 4805:25, 4805:30, 4820:30, 4822:23, 4822:32, 4822:37, 4823:2, 4823:6, 4823:26
treated [3] - 4806:39, 4813:45, 4845:41
treatment [4] - 4794:7, 4799:45, 4833:13, 4861:43
treats [1] - 4833:11
tremendous [3] - 4801:23, 4801:26, 4820:35
trend [3] - 4797:5, 4800:3, 4849:31
tried [1] - 4849:8
trigger [2] - 4819:7, 4830:47
trip [1] - 4836:10
troubled [1] - 4841:34
trough [1] - 4844:43
true [4] - 4791:40, 4792:26, 4848:34, 4857:25
trust [4] - 4835:29, 4844:14, 4851:18, 4851:36
trusted [1] - 4843:5
try [29] - 4797:12,

4797:15, 4797:23,
4797:44, 4798:31,
4800:7, 4801:34,
4812:34, 4812:41,
4816:27, 4816:28,
4817:17, 4817:33,
4820:6, 4820:42,
4822:12, 4824:25,
4824:40, 4828:22,
4828:24, 4840:29,
4841:7, 4847:11,
4848:2, 4848:43,
4848:44, 4849:6,
4849:43, 4853:40
trying [19] - 4798:45,
4805:25, 4809:16,
4818:35, 4818:38,
4823:14, 4827:27,
4832:42, 4833:7,
4833:30, 4833:45,
4841:8, 4843:41,
4843:47, 4844:9,
4851:31, 4851:33,
4851:41, 4852:18
Tuesday [1] - 4809:1
turn [4] - 4838:34,
4844:27, 4844:28,
4855:14
turned [1] - 4844:31
tweed [1] - 4813:37
two [29] - 4796:13,
4802:11, 4802:35,
4802:38, 4809:15,
4813:35, 4814:6,
4815:46, 4818:16,
4818:31, 4823:45,
4825:31, 4827:14,
4827:15, 4827:41,
4829:34, 4832:31,
4834:45, 4840:24,
4846:30, 4847:9,
4849:9, 4856:24,
4858:27, 4858:34,
4859:2, 4859:7,
4859:22, 4862:9
two-stage [1] -
4827:41
two-year [1] - 4840:24
type [6] - 4807:31,
4808:19, 4808:32,
4809:3, 4814:45,
4819:29

U

ultimately [6] -
4803:7, 4803:32,
4823:28, 4832:43,
4848:14, 4848:27
unaware [1] - 4810:34

uncapped [1] -
4796:23
uncertain [1] -
4823:18
uncertainty [1] -
4835:43
unclear [1] - 4860:28
uncomfortable [1] -
4812:29
under [15] - 4793:31,
4794:42, 4807:12,
4808:35, 4808:40,
4810:30, 4810:38,
4814:29, 4819:34,
4826:7, 4838:31,
4839:45, 4841:17,
4841:40, 4857:13
underlying [2] -
4805:33, 4822:6
undersubscription [1]
- 4839:45
undertaken [1] -
4850:5
undoubtedly [2] -
4817:20, 4825:13
unduly [1] - 4856:6
unexpected [1] -
4859:10
unfair [1] - 4830:40
unfilled [1] - 4816:4
unfolded [1] - 4817:30
unfolding [1] -
4861:11
unfortunate [1] -
4844:30
unfunded [3] -
4804:42, 4805:7,
4806:8
unhappiness [2] -
4847:1, 4847:6
unhappy [3] -
4826:41, 4846:32,
4851:36
unhelpful [1] - 4804:2
uniform [2] - 4803:14,
4826:39
uniformity [1] -
4825:28
union [3] - 4800:44,
4804:11, 4816:32
unions [10] - 4800:39,
4800:40, 4802:19,
4802:40, 4803:22,
4818:15, 4847:18,
4849:18, 4849:38
unions's [1] - 4816:11
unit [5] - 4800:33,
4808:16, 4816:13,
4818:29, 4849:39
United [1] - 4822:19

universally [2] -
4799:7, 4844:42
universities [2] -
4837:47, 4838:9
unless [2] - 4804:13,
4819:34
unlike [1] - 4820:24
unlikely [1] - 4811:27
unmet [1] - 4814:41
unpack [1] - 4793:12
unplanned [1] -
4832:47
unresolvable [1] -
4803:46
unrostered [1] -
4832:47
unsustainable [1] -
4836:34
unusual [2] - 4846:47,
4848:17
unwillingness [1] -
4831:36
up [30] - 4795:13,
4795:19, 4795:26,
4796:19, 4796:35,
4798:30, 4799:39,
4802:12, 4803:23,
4806:10, 4807:8,
4808:6, 4809:8,
4810:12, 4817:25,
4819:25, 4820:20,
4824:34, 4827:8,
4832:24, 4838:28,
4843:20, 4844:27,
4844:28, 4844:31,
4850:18, 4850:27,
4850:36, 4857:3,
4860:21
update [6] - 4804:4,
4804:36, 4805:41,
4813:34, 4856:10,
4856:11
updating [2] -
4792:39, 4792:40
uplift [2] - 4825:9,
4840:15
uptake [1] - 4803:5
upwards [1] - 4795:17
useful [2] - 4818:46,
4826:36
uses [1] - 4853:29
usual [1] - 4840:11
utilise [2] - 4824:14,
4849:36
utilised [1] - 4840:12
utility [4] - 4809:16,
4816:44, 4819:20,
4845:4
utterly [1] - 4859:44

V

vacancies [7] -
4816:33, 4818:36,
4819:5, 4819:11,
4819:19, 4837:19,
4837:39
vacancy [9] - 4814:43,
4815:1, 4815:37,
4815:44, 4816:4,
4816:9, 4816:10,
4818:22, 4837:33
valuable [1] - 4817:21
value [3] - 4827:35,
4827:36, 4829:47
values [4] - 4842:28,
4843:18, 4843:21,
4844:20
variable [1] - 4812:10
variance [5] - 4812:47,
4825:35, 4826:28,
4826:30, 4826:31
various [7] - 4801:19,
4804:35, 4828:43,
4836:33, 4846:9,
4847:1, 4849:38
vast [2] - 4801:10,
4837:40
vendor [1] - 4841:13
verbal [1] - 4805:31
verbatim [3] -
4830:35, 4830:37,
4830:47
viability [1] - 4800:7
viable [1] - 4840:36
Victoria [1] - 4839:40
view [52] - 4792:35,
4792:36, 4792:40,
4793:41, 4797:31,
4797:33, 4797:34,
4797:35, 4798:11,
4798:12, 4798:36,
4806:9, 4806:37,
4806:47, 4812:25,
4812:36, 4816:35,
4817:18, 4819:29,
4821:39, 4823:3,
4826:36, 4828:12,
4828:15, 4828:16,
4829:6, 4829:7,
4829:14, 4830:28,
4837:45, 4838:6,
4838:15, 4845:2,
4846:44, 4850:43,
4851:26, 4851:43,
4852:28, 4852:29,
4852:31, 4852:33,
4853:2, 4853:4,
4853:5, 4853:13,
4853:15, 4855:4,

4856:19, 4859:4,
4860:8, 4861:5
views [4] - 4806:44,
4838:3, 4852:24,
4858:44
VIP [2] - 4856:9,
4861:2
virtual [4] - 4795:9,
4795:10, 4795:27
visit [2] - 4818:37,
4826:19
visiting [2] - 4797:17,
4797:32
VMO [13] - 4792:38,
4792:43, 4795:8,
4795:24, 4795:25,
4797:29, 4797:37,
4798:12, 4798:20,
4806:23, 4809:9,
4832:20, 4837:35
VMO-based [1] -
4798:20
VMOs [3] - 4797:41,
4797:47, 4815:7
voice [1] - 4841:26
voices [3] - 4851:23,
4851:26, 4851:27
volume [1] - 4838:3
vote [4] - 4803:15,
4846:34, 4850:4,
4857:16
vulnerable [1] -
4833:8

W

wage [7] - 4795:45,
4796:17, 4796:19,
4796:25, 4800:28,
4800:29, 4800:35
wages [11] - 4795:35,
4796:14, 4796:40,
4797:9, 4802:31,
4804:45, 4806:11,
4806:18, 4812:28,
4812:47, 4813:23
wait [2] - 4817:25,
4848:32
waiting [8] - 4798:31,
4798:41, 4799:14,
4799:26, 4799:27,
4799:33, 4803:16,
4817:8
Wales [20] - 4790:19,
4793:1, 4793:9,
4796:15, 4796:28,
4796:36, 4797:30,
4798:1, 4800:32,
4802:17, 4806:18,
4809:47, 4813:4,

- 4813:38, 4818:10,
4822:30, 4837:47,
4838:29, 4839:30,
4844:40
walk [1] - 4813:28
wants [1] - 4811:25
wardsperson [1] -
4834:39
warning [1] - 4849:7
watching [1] -
4849:16
Waterhouse [1] -
4790:28
wave [4] - 4799:21,
4799:23, 4827:20,
4827:47
waves [2] - 4799:20,
4836:33
ways [2] - 4810:30,
4833:1
webinar [1] - 4838:11
website [1] - 4833:21
Wednesday [1] -
4790:22
week [9] - 4802:25,
4815:15, 4816:6,
4820:15, 4833:22,
4837:8, 4846:36,
4846:39, 4862:42
weekend [1] - 4811:21
weeks [6] - 4811:7,
4818:17, 4818:19,
4843:21, 4846:30,
4847:9
well-informed [1] -
4835:8
wellness [3] - 4831:4,
4831:10, 4831:16
West [1] - 4841:43
Westmead [4] -
4812:1, 4812:19,
4814:23, 4837:27
wet [1] - 4843:1
whereas [1] - 4831:27
whereby [2] - 4802:34,
4827:41
whichever [1] -
4826:40
whilst [3] - 4798:9,
4817:20, 4860:47
who've [1] - 4792:31
whole [4] - 4805:40,
4818:30, 4840:44,
4845:33
widely [2] - 4812:34,
4829:8
wider [6] - 4824:21,
4824:32, 4837:39,
4838:10, 4839:10,
4841:37
win [1] - 4833:45
windmill [1] - 4828:39
wish [2] - 4798:12,
4812:36
wishes [1] - 4825:35
withdrawal [1] -
4841:11
WITHDREW [1] -
4862:39
withhold [1] - 4811:35
witness [10] - 4791:3,
4796:44, 4800:17,
4809:24, 4832:29,
4850:17, 4856:26,
4856:29, 4857:10,
4860:42
WITNESS [9] - 4792:6,
4814:4, 4846:20,
4846:24, 4852:39,
4855:38, 4859:33,
4862:37, 4862:39
witness's [1] - 4852:6
witnesses [6] -
4792:31, 4792:33,
4795:33, 4828:9,
4831:37, 4844:3
wolfe [1] - 4848:33
women [1] - 4838:43
wonderful [1] - 4822:9
word [3] - 4836:1,
4848:20, 4853:29
worded [1] - 4844:4
words [1] - 4860:15
workers [4] - 4796:15,
4802:33, 4804:31,
4806:12
workforce [73] -
4793:31, 4793:41,
4796:2, 4796:34,
4797:29, 4797:38,
4797:44, 4798:19,
4798:20, 4800:21,
4801:11, 4801:12,
4801:33, 4805:37,
4806:12, 4806:13,
4807:18, 4807:25,
4808:15, 4808:16,
4809:15, 4809:30,
4809:37, 4811:6,
4812:12, 4812:19,
4812:35, 4814:11,
4814:14, 4814:33,
4815:21, 4815:32,
4816:12, 4816:35,
4816:45, 4817:45,
4818:47, 4819:12,
4819:27, 4819:28,
4820:16, 4820:42,
4821:6, 4821:46,
4822:36, 4824:18,
4824:32, 4824:38,
4825:4, 4828:12,
4828:13, 4828:18,
4828:19, 4828:23,
4829:20, 4831:39,
4831:40, 4832:2,
4832:15, 4833:39,
4836:21, 4836:22,
4837:6, 4837:18,
4838:21, 4840:4,
4840:6, 4840:17,
4843:13, 4845:47,
4846:32
workload [1] -
4837:24
workplace [20] -
4807:14, 4809:6,
4810:28, 4814:47,
4815:18, 4818:3,
4824:13, 4829:31,
4830:13, 4831:35,
4831:40, 4832:6,
4833:15, 4834:9,
4834:44, 4835:44,
4842:46, 4843:40,
4848:39, 4849:33
workplace-related [1]
- 4848:39
works [3] - 4798:24,
4808:20, 4817:31
workshop [1] -
4830:28
workshops [1] -
4859:14
world [2] - 4793:5,
4804:7
worry [1] - 4823:23
worse [1] - 4833:16
writing [1] - 4857:35
wrote [1] - 4805:16
-
- Z**
-
- Zealand** [3] - 4827:27,
4847:40, 4848:1

Y

- year** [25] - 4796:6,
4799:19, 4799:25,
4800:9, 4802:34,
4802:36, 4803:29,
4806:17, 4806:20,
4806:21, 4824:46,
4826:16, 4833:46,
4837:1, 4839:42,
4840:24, 4840:26,
4840:31, 4840:37,
4840:46, 4841:3,
4848:37, 4859:31
year's [1] - 4823:25
years [20] - 4795:44,
4796:1, 4796:5,
4796:18, 4802:35,
4802:38, 4810:35,
4810:44, 4811:47,
4812:3, 4822:6,
4822:7, 4823:16,
4825:46, 4828:24,
4834:45, 4838:36,
4838:45, 4843:35,
4847:44
years' [1] - 4793:35
yesterday [2] -
4815:35, 4819:37
young [4] - 4833:12,
4833:32, 4840:22,
4840:41
YourSay [2] - 4829:39,
4829:43
yourself [1] - 4795:19