PARLIAMENT OF TASMANIA

HOUSE OF ASSEMBLY

COMMISSION OF INQUIRY SCRUTINY COMMITTEE

TRANSCRIPT OF PROCEEDINGS

with

THE HONOURABLE GUY BARNETT MP
MINISTER FOR HEALTH

Tuesday 5 December 2023

MEMBERS

Mr Wood MP (Chair);
Ms Johnston MP (Deputy Chair);
Ms Butler MP;
Ms Dow MP; and
Dr Woodruff MP

OTHER PARTICIPATING MEMBERS

Mr Bayley MP

WITNESSES IN ATTENDANCE

Hon Guy Barnett MP, Attorney-General, Minister for Justice, Minister for Health, Minister for Veterans' Affairs

Ms Kathrine Morgan-Wicks	Secretary, Department of Health
Mr Dale Webster	Deputy Secretary Community, Mental Health and Wellbeing, Department of Health
Ms Michelle Searle	Chief People Officer, Department of Health
Ms Fiona Lieutier	Chief Executive Hospitals North, Department of Health

PUBLIC

THE COMMISSION OF INQUIRY SCRUTINY COMMITTEE MET IN COMMITTEE ROOM 1, PARLIAMENT HOUSE, HOBART, ON TUESDAY, 5 DECEMBER 2023

The Committee resumed at 1.30 p.m.

CHAIR - The time being 1.30 p.m., the scrutiny of the Minister for Health will now begin, but before we do that I must read a letter from the Speaker.

> Dear Mr Wood
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> In accordance with the provisions of the resolution appointing the commission of inquiry scrutiny committee under 'Membership of Committee' paragraph (3), I hereby nominate Ms Jen Butler MP as a substantive member of the committee in substitute for the Leader of the Opposition from 1.30 p.m. until the conclusion of proceedings on Tuesday 5 December 2023, and Ms Ella Haddad MP as a substantive member of the committee in substitute for the Leader of the Opposition from 2 p.m. until the conclusion of proceedings on Wednesday 6 December 2023.
>
> Yours sincerely
>
> Honourable Mark Shelton MP
> Speaker

Thank you. Good afternoon and welcome to you, minister, and the people attending at the table this afternoon. Minister, I would ask you to please introduce the persons at the table for the benefit of *Hansard*.

Mr BARNETT - Thanks very much, Chair, and it's very good to be with the committee today. Thank you for the opportunity. On my right is Kathrine Morgan-Wicks, Secretary of the Department of Health; to her right is Michelle Searle, Chief People Officer; to my left, Dale Webster, Deputy Secretary, Community Mental Health and Wellbeing; and Fiona Lieutier, Chief Executive Officer of Hospitals North.

CHAIR - Thank you. The time scheduled for scrutiny of the Health portfolio is two hours. Minister, would you like to commence with a brief statement?

Mr BARNETT - Thanks very much, Mr Chair, I appreciate the opportunity. Firstly, I want to acknowledge the victims/survivors who participated in the commission of inquiry. I thank you for your bravery and willingness to share your stories so we can learn from your experiences and act to ensure children and young people are safe in all government settings.

As Minister for Health, I am personally committed to taking all necessary measures to ensure the safety and wellbeing of our children and young people in healthcare settings. This is why we have not waited to take action to strengthen children's safety in our hospitals and health systems and are already implementing a significant body of work, including mandated child safety training, structural changes to reset executive culture, accountability of leadership and a framework for reporting child safety concerns.

This included the Child Safe Governance Review through which the governance advisory panel, or GAP, undertook an extensive forensic review of child safety and governance with a specific focus on the handling of serious misconduct such as child sexual abuse. A final report with 92 recommendations was delivered and released in December 2022 and these recommendations will strengthen child safety in our hospitals and health settings and will include child safety training, structural changes to reset executive culture, accountability of leadership and frameworks for reporting child safety concerns.

We also undertook a Launceston General Hospital community recovery initiative to begin to rebuild trust in the hospital following the hearings of the commission of inquiry. Recommendations from our governance review and our community recovery initiative are being acted on now; we are not waiting. I am pleased to advise that we have implemented 91 of the recommendations made across the two reviews, with work under way on the remaining recommendations.

A key element of the department's approach is ensuring our staff are educated about child safeguarding and they are supported and encouraged to report child safety concerns. This includes mandatory child safeguarding training for all staff across the Department of Health and as it stands, 98 per cent of all current staff, over 15 500 people, have completed foundational safeguarding training. While this is important to our workplace, it also means we have an increased awareness of child safety in our communities as well.

We've also developed a new statewide complaints management framework, ensuring a consistent and trauma-informed approach to the management of complaints. The statewide Complaints Management Oversight Unit was created in July 2022 to implement immediate improvements in the oversight and management of complaints. The department has established an independent Child Safety and Wellbeing Panel comprised of experts in child safeguarding and health systems, overseeing and monitoring and the investigation of child safeguarding concerns in the Department of Health.

In conclusion, we acknowledge there is still more to do and we're committed to ensuring children and young people are safe in our healthcare settings. We've launched our One Health cultural reforms, bringing together all existing initiatives in the Department of Health such as Speaking Up for Safety, Pathways to Excellence, the Studer Group accountability framework and other resilience work. Cultural reforms are not achieved overnight. Rather, they are a journey that we need to take our staff on, and we are committed to doing this. There is a strong and visible commitment to child safety from my department's leaders and there is also a strong commitment to cultural change over the long term. Keeping our children and young people safe in all government institutions is the most important work we will ever do and I am personally committed to seeing that through.

In conclusion, before I take questions, I need to note that part of the health chapter has been redacted by the commissioners. This redaction is still in place and therefore we must be cognisant of this meaning. We cannot comment on that particular information at this time.

Ms DOW - Minister, the commission's final report contained the alarming revelation that the commissioners found it difficult, and in some cases impossible, to make some of the adverse comments or findings that they wanted to, essentially because of the legal hurdles that they needed to clear beforehand. Of the 22 people potentially involved, just one was named in the final report. As the Minister for Health, are you concerned that the Premier does not know who

those people are and whether they are actually going to be involved in the implementation of the commission of inquiry's recommendations?

Mr BARNETT - Thanks for the question, which is in two parts. First of all, I don't propose to comment on specific employment matters, but there are a range of circumstances identified in the report, from alleged perpetrators to employees mentioned as part of our community, and the findings and individual circumstances relating to State Service employees, both current and former, identified in the report are being considered by the relevant head of agency. Each agency is working through that. My secretary has been working on this and has completed her assessment of all current and former employees, taken the appropriate action, and provided this information to the head of the State Service for the inclusion in the DPAC routine disclosure report.

I think that covers a fair bit of the two parts of the question. I am happy to pass to the secretary. It is fair to say that there are three individuals who were named in the findings from Health in the commissioners' report.

Ms DOW - Do you understand who those people are or have a list of those people, as the responsible Minister for Health?

Mr BARNETT - Yes.

Ms DOW - You do? Those three?

Mr BARNETT - Yes, those three.

Ms DOW- No, of the 22 that I referred to formerly that the Premier does not have a list or an understanding of.

Mr BARNETT - I am referring to the three individuals named in the findings in the report, and I'm more than happy for the secretary to speak to those matters.

Ms MORGAN-WICKS - Is this in relation to the 22 individuals? In relation to section 18 notices of allegations of misconduct and noting that the section 18 notices are not findings but allegations of misconduct, I am aware that some section 18 notices were issued prior to the first instance of the Health hearings. They occurred in June and into the first week of July 2022, but I do not know how many section 18 notices of alleged misconduct were issued. I do not also know how many were withdrawn by the commission of inquiry. There is the potential for them to be withdrawn once oral evidence or written submissions are provided to the commission in response to a particular notice of misconduct.

I do note, however, that as secretary I attended every single day of the Health hearings and I am aware of every single Health employee who gave evidence at those hearings, certainly in terms of public hearings. I am not aware, though, of every Health employee who may have provided evidence in private to the commission. I could only observe and review evidence that was provided that I was able to participate in in terms of a public hearing. Certainly, I have scoured the written report provided to me. I have heard and reviewed the evidence that was provided at the commission of inquiry and I have completed an assessment against all perpetrators named in the three case studies within Health. I have completed an assessment of all employees named in findings, as the minister has just mentioned, and also an assessment

against all employees mentioned in commentary adversely or with the potential for adverse comments. So, we have cast a very broad lens against any individual named in the report. I have conducted those assessments.

Ms DOW - Thank you. Minister, just to be clear, are you aware of each of those individuals? Has that information been provided to you as the accountable minister by the secretary?

Mr BARNETT - The secretary has undertaken that work, as very well outlined, for which I am grateful. That information then goes to the head of the State Service, so the Department of Premier and Cabinet secretary.

Ms DOW - But to be clear, you weren't informed as the responsible minister of those people?

Mr BARNETT - In terms of process, I will ask the secretary to outline the process.

Ms MORGAN-WICKS - Noting that the employer is actually the Premier, I have conducted that assessment as my obligation as head of agency for the Department of Health and have provided that information to the head of the State Service, Jenny Gale.

Ms DOW - Just to be clear again, would the Premier be aware of those list of individuals or would it only be the secretary of DPAC?

Mr BARNETT - I am not the Premier. It's a fair question for the Premier but I can't answer that question for and on behalf of the Premier, what he knows and what he doesn't know.

Mr BAYLEY - Before I start, I add my voice to the acknowledgement of victims/survivors, whistleblowers, advocates and others who so bravely stood up and got us to the place where we are here today, which is scrutinising some very important Government decisions. I acknowledge the work of those people and stand in solidarity and offer my strength to them.

Just quickly, on those three people who are named, how many are still working in the Health department?

Ms MORGAN-WICKS - The three people who are named in findings in the final report are no longer working in the Department of Health.

Mr BAYLEY - None of them is working in the department. Thank you.

Recommendation 12.21 would appear to be a very logical step, given the demonstrable health impacts inside youth detention - a recommendation that would, at face value, be very simple to implement. I am perplexed as to why it wouldn't have long been standard practice. I will read it out:

> That the Tasmanian Government should ensure children and young people in detention (including on remand): receive a mental and physical health

> assessment on admission to the detention facility, and when needed while in detention...

Understandably, the commission delivered this in a very short-term window to be delivered before July 2024. But the Government's response indicates that implementation will be subject to an expanded existing in-reach health model designed to accommodate the now Southern Detention Centre, which is still many years away, and the two assisted bail facilities. And it won't start until 2024 and be completed by 2026. I find the explanation of this in the response relatively shallow and bureaucratic, and I think it leaves children in Ashley at risk. If the existing model is to be expanded, how will it be changed to include assessments on admission? And why is there is the resistance to implementing this up front?

Mr BARNETT - Thank you for the question. There is definitely a strong element of that relating to mental health and wellbeing for the young Tasmanians to which the member refers. I have the secretary on my right but the deputy secretary covers the mental health and wellbeing aspects. I would like to see if the deputy secretary could respond to that question.

Mr WEBSTER - As answered by the Premier in a previous session, we are growing this service over time. It will grow to match the additional buildings that occur across youth justice. It isn't a case of we are waiting for the buildings but we will recruit to grow to that service. Recruitment is under way. The reason we are saying it starts in 2024 is recruiting, particularly for the mid north to Deloraine, has proved difficult. But we do actually provide 10 hours a day a nurse on site who does assessments. That is supported by 24/7 on-call to our Correctional Primary Health Service. There is actually a 24/7 service available. We need to grow that and we've got plans for additional staff being employed over the period - then the resources matching to the buildings when we've got multiple facilities. That's why it looks like it's a long-term goal but we'll start straight away, then match as we build.

Mr BAYLEY - I understand that but is there a reason why there is no assessment done on admission? I assume the recommendation from the commission is simply so that you can have a base-level assessment of that child or young person as they enter your facility and you know then how to treat them. Are you telling me that children still go into that facility today, if they are admitted, and don't have that assessment up front to inform their care going forward?

Mr WEBSTER - No, they have an assessment now.

Mr BAYLEY - A mental health and a health assessment?

Mr WEBSTER - A physical and a mental health assessment. What we're growing is the additional resources because there are a number of recommendations in this space, one of which is that we have a psychiatrist on deck once a fortnight and psychologist resources. As we explained earlier to the hearing, we have advertised those. We're hopeful of having the psychiatrist relatively soon, as early as February next year. The psychologist roles have been advertised, or are about to be advertised, I think he said this morning. So, we are moving forward with the recommendation to grow resources to make sure we are implementing all of the suite of recommendations around mental health support for people in detention.

Mr BAYLEY - What are the assessments they get today if they were to go into the detention facility? You would read the commission of inquiry report and their recommendation

that these children receive a mental and physical health assessment on admission as meaning that they don't at the moment. So, what is changing? Did the commission get it wrong?

Mr WEBSTER - The commission had evidence before it but what we do: on admission a nurse takes them through a number of assessments - everything from their physical health, suicidal ideation is looked at as well because we need that information up front, as well as an assessment of mental health. We want to improve the mental health side of that by employing specific mental health staff such as the psychiatrist and the psychologist.

Mr BAYLEY - And it's simply a recruitment issue that means you can no longer deliver it in the 1 July 2024 time frame?

Mr WEBSTER - We will deliver the first element of it by July 2024 if we can recruit, and we're pretty confident of that, given what I have just said about us having one under way. But we won't complete it because the recommendation is that we provide that to all the facilities, and the facilities aren't there yet. We didn't want to say we've completed this by July 2024 when, in fact, we won't have the facilities to deliver it in. It aligns with other recommendations.

Ms MORGAN-WICKS - As Mr Webster has just mentioned, we need to then align that physical recruitment with the location of the services as they are going to change over time, which can often be tricky in a health environment. What we do to try to get around that is to recruit on a statewide basis and set expectations as to the amount of travel, or the location of services that a particular clinician is required to provide.

Mr BAYLEY - I still find it curious because the recommendation is blind around the future models of care and detention. It's just talking about, as of today, children and young people in detention should receive these health assessments on admission. I accept what you're telling me but, in black and white, in terms of the commission report and, indeed, the Government's response, they don't fully add up. I think there should be stronger emphasis on ensuring that everything is covered as at today in terms of those children and young people when they're admitted.

Ms MORGAN-WICKS - I would also say that Correctional Primary Health has significant experience, not just in the assessment of youth detention but also adult detention. That is something that we provide on a daily, if not hourly, basis, particularly, for example, at Risdon Prison. We have significant resources that are already contained within Correctional Primary Health. We note that the commission has made that recommendation. The commission has many other recommendations, for example, in relation to health culture, where we had provided evidence to the commission about the steps that we were taking to improve the culture within Health. We can't comment on how that has reached that formal conclusion. We're very happy to be reminded that it's a requirement. It's absolutely significant in the commission's view that we get that right, so we accept that.

Mr BAYLEY - I accept that you have those steps in place and that evidence was presented to the commission. I would contend that if the commission nonetheless issued a written explicit response asking for some level of change, they didn't necessarily have confidence in the procedures and the practice as it stands today and they wanted to see some change into the future.

Mr WEBSTER - We fully accept that, which is why we are growing our workforce to make sure that we are delivering that absolute top-notch. Professor McDermott, who is our statewide clinical director of CAMHS (Child and Adolescent Mental Health Services), was at the table earlier and explained the need to recruit and the need to develop a model of care that fits not just admission to youth detention, but admission to youth justice.

Ms DOW - Minister, are you confident that none of those 22 - you don't know who they are and the Premier doesn't know - are involved in the implementation of the commission of inquiry recommendations?

Mr BARNETT - In terms of the implementation of the commission's recommendations, I can absolutely confirm that consideration has been given to that question. I'd like to pass to the secretary.

Ms MORGAN-WICKS - While I don't know the 22 names on the list, I am aware, through attending the hearings and scouring the reports, the individuals who have been named either as a perpetrator or as an employee involved with adverse comment. I can guarantee that none of those people has been involved in the preparation of Health's response, which has been included in the Government's response.

Ms DOW - Will they be involved in the implementation though?

Ms MORGAN-WICKS - No, they will not.

Ms DOW - Minister, since October 2020, there have been 72 code-of-conduct investigations into state servants as a result of allegations of child sex abuse. That was reconfirmed in this morning's hearings. How many of these relate to Department of Health staff?

Mr BARNETT - I will check with the secretary and all those at the table to assist the committee. I was not in the hearings this morning, but we'll see if we can assist the committee.

Ms MORGAN-WICKS - If this relates to the routine disclosure table that is published by Premier and Cabinet, and has done so since October 2020, I had 74, apologies Ms Dow I heard 72, but 74 on the table, including all agencies. We don't specify the different agencies that are involved. They publish the regions. That's because as this table may move up by one, or potentially by two, there's that potential to identify particular individuals, if departmental information is included. However, every single employee within Health who is stood down or suspended is immediately notified to the Department of Premier and Cabinet.

We have taken action that's outside of the commission of inquiry employee matters. There are additional employees who have been identified through the conduct of our training, for example. As we have trained over 15 500 people across the Department of Health, we have had an uptick in reports that we have received from employees, reporting either historical conduct or current. We've taken action to immediately stand down, suspend, and then conduct an ED5 investigation if we're able to, if it relates to a current employee, as it relates to child sexual abuse. We then notify those numbers through to Premier and Cabinet.

Ms DOW - Just to be clear, you, as the secretary, and the minister don't know who those people are and whether they're employed by the Department of Health?

Ms MORGAN-WICKS - I know exactly who those individuals are because I am the head of agency that determines whether an ED4 suspension is going to occur or whether an ED5 investigation is going to occur. My associate secretary, Mr Shane Gregory, also has delegation to suspend or to investigate an employee. We provide that information through to the head of the State Service.

Ms DOW - I understand that. Thank you. If there's an investigation into a health worker that proceeds despite their resignation, what notifications are made to other regulatory bodies that they may be associated with? Who takes carriage of that investigation, given that it's been a significant issue in the past that we've heard about through the hearings?

Mr BARNETT - It's operational, so I'll pass to the secretary.

Ms MORGAN-WICKS - Ms Dow, if we receive an allegation in relation to child sexual abuse in relation to an employee, whether they're current or former, we will conduct an assessment of that allegation. Importantly, if they're a current employee, we will immediately stand down that employee because of the concern or risk to child safety within the workplace.

We will then make a determination on suspension and whether there's an ED5 investigation to be commenced. In my experience, we have commenced an ED5 investigation in relation to each of those allegations that have come before me. If it relates to a historical matter, if an employee has raised a concern in relation to a former doctor or a former nurse or a former aide, for example, we will check our employment history and we will make all relevant notifications. Regardless if they're not an employee, we also do that for current employees.

For everyone we will make the notifications, whether it's to Tasmania Police, whether it's to the advice or referral line, if there's a current suspicion of harm to a child now, we will make working with vulnerable people notifications. If they're a health practitioner that's registered with AHPRA (Australian Health Practitioner Regulation Agency), we will also make a notification to AHPRA.

Mr BAYLEY - I'm keen to understand budget a little bit more. One of the things that we requested during the debate on the commission of inquiry response and setting up these committees was that the Government provide a high level of transparency around budgets. I think it's important for everybody to know which of the short-term actions are budgeted for, where they're budgeted from, how they're going to be paid for and what they cost. Are they coming from the 2023-24 Budget or from the appropriation? Are they being funded from existing funds and so forth?

Are you able to provide a detailed budget for all of the actions that are proposed to be undertaken in the Health space? The budget in terms of the short-term ones up until July 2024 and then the projected costs of the other budgets and how they will be funded?

Mr BARNETT - Very good questions on funding and where it's coming from and where it's going to. The Department of Health received total funding of $7.9 million in the 2023-24 year in relation to approved commission of inquiry projects and activities. The 2023-24 Budget included $30 million within the Department of Premier and Cabinet to establish a commission of inquiry response fund. On 30 August 2023, the Department of Health was allocated funding of $2.621 million by the Department of Premier and Cabinet for two items approved to be

funded from the commission of inquiry response fund as follows: first, the child safety governance of new child safety arrangements, $2.3 million; second, the historic sexual assault and family violence record digitisation of $321 000. This funding's been transferred from the Department of Premier and Cabinet to the Department of Health as part of the interagency transfer facilitated by Treasury. On 21 September 2023, Department of Health was allocated funding of $1.965 million by DPAC for six items approved to be funded by the commission of inquiry response fund. Those six items are the Child and Adolescent Mental Health Services $538 261; Statewide Mental Health Services $677 009; community sector organisations $100 000; at-risk groups $282 732; Alcohol and Drug Service north $142 697; and family violence counselling support service $214 047. I could add to that but hopefully that is a summary. That funding, I am advised, is being transferred from DPAC to Health as part of the interagency transfer facilitated by Treasury.

The Department of Health was allocated a further $3.3 million in the Supplementary Appropriation Bill 2023-24 which received royal assent on 2 November. This included funding for human resources information systems of $2 million; child safety and wellbeing panel and service $891 000; and child safety and wellbeing framework $450 000. The Department of Health received its Treasury expenditure control authority in respect of this additional funding on 23 November this year.

In conclusion, in relation to ongoing funding for commission of inquiry projects and activities, which was the last part of your question, options to integrate the commission of inquiry recommendations are being explored and will be incorporated as part of the 2024-25 budget development process.

Mr BAYLEY - That's great. Thank you very much, that's really helpful. It is hard from seeing those numbers, for example, to understand recommendation 12.21 we just talked about before where you're recruiting some mental health professionals for the Ashley Youth Detention Centre. How are they funded? Are they coming out of any of these funds and so forth? I guess my question is to you, minister, and perhaps you can take this on notice, but for each of the recommendations that pertain to Health I'd be very interested in understanding the budget implications of them. Are they funded? From which budget are they funded, the original budget or the supplementary budget? Are they going to be funded out of the existing departmental funds? Then with the actions that go out into the future, I'd like an estimate of projected costs so that we can look for them in future budgets and track their progress going forward.

Mr BARNETT - I will pass to our Deputy Secretary who is across that question.

Mr WEBSTER- In relation to the forensic mental health recommendation, that was a recommendation of the CAMHS review, which was undertaken by Professor Brett McDermott three to four years ago now. The Government allocated $40 million in the state Budget to the CAMHS stage 1 and stage 2 reforms, which included forensic mental health, so the changes we're now making were already funded prior to the commission of inquiry and we're building on those as we go.

In relation to the forward budget, obviously appropriation for 2024-25 will be part of next year's state Budget so we will be making submissions to the budget process as we work through the needs and the costings for each of these steps over the next few years. They may in fact be over a number of budgets given that we're aligning with future developments - such

as once there is a replacement for Ashley south, there will be four facilities, and we will align our budget ask to that actually starting, so we'll go through a budget process.

Mr BAYLEY - With respect to the mental health professionals you're talking about that's really useful for me to know that that's from a bucket of funding that has come in years past and was invested. I guess this is the kind of information I'm wondering whether you're willing to take on notice, minister, and give us some clarity on each of the recommendations and whether they have funding implications. Some of them may well not and if they do, from where they are going to be funded? Are you able to take that on notice and give us some clarity on that?

Mr BARNETT - It's a question that we'd like to answer. I understand where you're coming from and providing clarity and the way forward as to which way we go. Obviously there are budget processes, but that question is best answered by the secretary to outline the process going forward.

Ms MORGAN-WICKS - Some of the items we've already had well established, so for example, Mr Bayley, we've had our One Health culture initiative and program well under way and I know exactly how much they cost. We have an estimated cost of $2.5 million for the rollout of One Health and I'd like to see that funded over future years. We've received an allocation, though, from the commission of inquiry in relation to 2023-24 and I'll be putting in a budget submission in relation to One Health, using it as an example in the January period.

Some of the other recommendations to provide in the final response we're still working through in terms of models of care - the exact staffing models, for example, that might be required, whether it's one psychiatrist versus three psychologists versus five admin, et cetera. We will work through that and make sure we have a detailed budget submission, which is due in January 2024. Obviously it's up to a minister whether to take questions on notice but we are still working through the full budget implications and particularly where there are recommendations that are not due until 2026 or 2029 we'll do our best to make sure that Health is appropriately funded and roll out things as quickly as we can to respond to the recommendations.

Mr BAYLEY - I can completely understand how you are still doing work on them but I'll put the question again. Can you, will you - certainly for the actions that are due to be completed in July 2024 - provide us with some clarity on how they are funded, from where they are funded and whether we can expect anything in the coming Budget?

Mr BARNETT - To be clear, in terms of progress and work from the Department of Health through to 30 June 2024, the funding is there. That's my advice, so I am -

Mr BAYLEY - Are you able to demonstrate that in writing and take it on notice?

Mr BARNETT - I think I have outlined quite clearly in my opening remarks in response to your first question where those funds are and where they're going to, which includes funding through to 30 June next year.

Mr BAYLEY - Does that address every recommendation to be delivered by 2024?

Mr BARNETT - Yes, for the work we're doing and the Department of Health is doing through to 30 June, that's the funding we've got. We believe that's adequate to do the job.

Ms MORGAN-WICKS - In addition, from our current appropriation, which is our 2023-24 Budget, we are utilising funds, for example, in our training and education space to conduct the training for 15 500 people. We didn't receive a specific allocation which is tagged and most recent through the COI; we utilised existing resources within our Health budget.

Mr BAYLEY - In that instance, does that mean that something gets missed off that that training budget would have been spent on that no longer does? You can see what I'm getting at. There's concern and we get contact from people concerned about a diversion of existing budgets to address commission of inquiry recommendations, acknowledging there's a significant investment in some items.

Mr BARNETT - The answer is that we are very focused. This is a priority. We're using some of those existing funds but I know my Deputy Secretary would like to make a contribution so I will pass to him.

Mr WEBSTER - To add one more cost to the recent list, there is funding for the task force to monitor what's happening and that's a transfer from the Department of Premier and Cabinet. That was confirmed only last week so it wasn't in the minister's brief, and that was just over $400 000 for that.

Mr BAYLEY - This is all very good information and I appreciate it. It would just be useful to have it stepped out recommendation by recommendation so that there can be clarity and understanding on where this money is coming from.

Mr BARNETT - We are totally committed through to 30 June next year in terms of the funding support. My department is working with other departments and other agencies. My Secretary, for example, is on the interagency child safety committee. I'm obviously a member of the Cabinet subcommittee which is really important in terms of these matters. There's a lot of work across Government as well as within the Department of Health and we're very committed through to 30 June and then going forward to implement all those recommendations. We have to go through a budget process, as I think the Secretary has outlined. January is obviously a very important period in terms of drafting that Budget. We'll have more to say about that in the new year. As Minister for Health, I'm a strong advocate for the sector and for my department.

Ms DOW - I want to be clear about this because it is really important and it perplexes me somewhat that you appear not to know this. The state's lawyers have had a list of people the commission intended to issue section 18 notices to since April. Have you requested access to that list?

Mr BARNETT - I think you are asking questions regarding the Department of Justice. I am more than happy to assist the member in the committee in that regard.

Ms DOW - As the responsible Minister for Health.

Mr BARNETT - I think the Secretary has answered the questions in terms of the people, in terms of the Department of Health.

Ms DOW - So you haven't?

Mr BARNETT - I am referring to the Secretary to confirm that that is your position?

Ms MORGAN-WICKS - As I mentioned in the prior answer, I am not aware of the 22 names on a list. What I am aware of are the health employees I have seen provide evidence, and that I have reviewed through the report.

Ms DOW - Thank you, Secretary. My question was really to the minister and whether he is aware of those individuals. And if not, why not? Wouldn't he want to be, as a responsible minister for implementing the recommendations of this very important inquiry?

Mr BARNETT - It is an important matter and I think you are very much talking about the legal processes. I am sitting here as Minister for Health to support my department. I think the Secretary has answered the question very comprehensively and firmly. I am more than happy to assist the committee in this forum and in this forum tomorrow.

Ms DOW - With all due respect, yes, the Secretary has answered the question, and I thank you for that. But, minister, you haven't answered my question and it is not clear to me why you would not want to know that information.

Mr BARNETT - Let me confirm that I have full confidence in my Secretary, who is sitting next to me, to have acted in accordance with best practice, in accordance with protecting the safety of children in the workplace and in health settings. My Secretary has outlined in some detail the measures that have been undertaken in the Department of Health to respond accordingly. I have confidence in my Secretary in terms of protecting children accordingly.

Ms DOW - You are confident, then, that these individuals will play no role - as the responsible minister, this is, not the Secretary of the department - that they will play no role in the implementation of these recommendations?

Mr BARNETT - The Secretary has already outlined that, and the level of confidence the Secretary has in terms of those people not playing any role.

Ms DOW - It is about your confidence.

Mr BARNETT - I am passing on that level of confidence as well, for and on behalf of the Government, and my confidence in the minister.

Ms DOW - Minister, as a responsible executive of Government that is responsible for implementing this, really it's a point in time in Tasmania, this is such an important report that has been handed down. It's an important plan for the future. I would have thought that it would be imperative for the responsible ministers of the executive of Government to be informed of these matters and these individuals.

Mr BARNETT - Let's be very clear, the Secretary has expanded in great detail on her level of confidence with respect to the Department of Health personnel, staff, workforce, and in terms of the confidence that she has. She has made those assessments. She has completed the assessments of all current and former employees. The Secretary said that just a few

moments ago. She has taken appropriate action and provided that information to the head of the State Service. The Secretary has said that, I think, a couple of time now. I'm letting you know that I have confidence in my Secretary and I have confidence that those actions have been undertaken.

There was reference earlier to the routine disclosure, which DPAC is definitely progressing in terms of the 74. You keep referring to 22 but in terms of the 74 and any others. The Secretary has made it clear, she has given that undertaking, done those assessments and implemented that accordingly.

Ms DOW - As a responsible minister have you requested access to that information?

Mr BARNETT - What information are you talking about?

Ms DOW - The list of individuals, minister.

Mr BARNETT - I don't think the secretary has that information. Let me just check.

Ms MORGAN-WICKS - I don't have a list of 22 individuals by which to inform the minister of. I have provided the minister with updates in relation to the process I've undertaken for the employees that I have identified, either through sitting at hearings, looking at all of the submissions that have been published online - for example, for the Department of Health and for which we've received notices, for example, from the commission to produce documents or evidence that the Department of Health may hold. We have taken all of that information into account and conducted an assessment.

Mr BARNETT - To assist the member, the routine disclosure notifications of state servant suspensions from duty as a result of allegations of child sexual abuse since October 2020, that number is 74 and they've got locations, as the Secretary has outlined, in the north and south and different parts of it. That's on the public record. I note that and note again that the secretaries make those assessments with respect to the Department of Health and I have confidence in the Secretary that that work has been undertaken.

Ms DOW - Thanks, minister. I take you then to the budget, further to Mr Bayley's questions. Obviously, there will be an enormous amount of money that will need to be expended to implement many of these recommendations over a significant period of time. What areas of the Health budget will be cut to accommodate that?

Mr BARNETT - We have made a commitment to implement all 191 recommendations. That is our commitment, that is a top priority of Government. The Premier has said it. I've said it. Everybody has said it. It is really important. We have already, in terms of the budget, the funding that I've made reference to, the $30 million, we've got $25 million in addition to that, so a little bit more than $55 million, which is on the public record. The Treasurer has made reference to that and, indeed, the Premier. We will work through the budget process for 2024-25 in the first quarter of next year and in the lead-up to the budget in the usual way. As a Government, we will be putting our shoulder to the wheel to ensure that we have the funding necessary to implement each of the 191 recommendations.

Ms DOW - In addition to all of the other competing priorities of the Health portfolio, minister?

Mr BARNETT - Yes, there are many priorities in the Health portfolio. That's why I'm proud to be the Health minister, working with my department Secretary, the department and the health workers across Tasmania. That's why we have record funding of more than $12 billion over the forward Estimates - $8.3 million a day. That's why we have the biggest proportion across Australia of our budget that's being spent in health. We are very committed to delivering better health services across the state.

Ms DOW - It is very important that these recommendations are implemented and funded, and each of these initiatives. But I want to be clear that there won't be cuts to other areas of health to ensure that these can be prioritised and implemented.

Mr BARNETT - The commission of inquiry work is independent and separate. We've responded to it. We are going to implement all 191 recommendations. We're going through a budget process. There's already been a little over $55 million allocated, thanks to the Treasurer and, of course, the Premier and the Cabinet, for which I am very grateful. Some of that is going to the Department of Health, for which I am very grateful as a strong advocate for the Health portfolio. We will work through this in the first quarter of next year as we go through the budget process in the lead-up to the budget in May, to deliver a very strong, professional and to deliver what is necessary to implement our 191 recommendations.

Ms DOW - Part of the recommendations is employing more staff, which we know is desperately needed across the health system and other areas of government. How many additional staff will need to be employed across the health system in response to this plan?

Mr BARNETT - Thank you for the question. I will refer to the secretary in a moment. It touches on Mr Bayley's question just a few moments ago. We have all the funding in place to deliver on the recommendations through to 30 June this year then we have plans for the future. In terms of the budget and how that will be meted out, obviously, that's going through the budget process in the first quarter of next year, working with the Treasurer and Treasury. I'll pass to the secretary to add to that answer.

Ms MORGAN-WICKS - Thank you, minister. I am just trying to work out the numbers in my head at the moment because we have been implementing many of the items that are the subject of recommendations in the final report since 2020. For example, if I could talk about One Health, I've been in discussions with the head of the state service, Ms Gale, in relation to a whole-of-government cultural improvement program.

The Department of Health has stood up One Health. We have stood up a team that has 11 FTEs and which we are continuing to recruit to and can expand upon to really take that cultural improvement framework across the State Service. We have already conducted and stood up significant leadership development programs. We have Aspire, we have our Elevate program, which several hundred staff have gone through at Health. That is something we can also pick up and offer to other agencies to participate in.

In terms of the number of FTE involved, we have teams in our new centralised complaints management oversight unit who are not just handling child sexual abuse or grooming complaints, they are looking at all types of misconduct at the most serious end in that centralised unit. It wasn't that we didn't have people working on complaints before, but we are

now upping that and we will also put in further budget bids in relation to that continued management.

We have a child safeguarding directorate and service with four child safeguarding advisers in each of our major hospitals who have already been recruited. I don't have my hand on a single number. It has probably changed over time since 2020. With the new COI recommendations, as particular mental health units are built, we will look at those staffing profiles depending on the model of care as we develop that over coming months.

Mr BARNETT - The Secretary has made reference to the One Health cultural program. I'm really proud of this. The biannual report just came out in October. I will table that to members of parliament who may be interested. It's a very good report. I've been involved in supporting the Secretary and the department in rolling that out. I've been to one or two of the functions and events and it is very, very good.

We need a short-term response, medium and long-term. Changing the culture is critical to that. Compassion, accountability, respect and excellence are the key themes in that report.

Mr BAYLEY - I want to spend more time on budget. I hear you saying that you've got all the funding in place until 30 June. You are confident. You have rattled off a number of initiatives, but you're resistant to giving it to us in a recommendation by recommendation context. I'm perplexed by that and alarmed. You say you have confidence, and that's great, but the exercise we're in at the moment is all about giving the public confidence, victims/survivors, other parliamentarians confidence.

I'm alarmed that you're not willing to take on notice - I'm not expecting it here and now - to have a recommendation by recommendation articulation of the funding commitments, where they are coming from. We understand if there is already work under way and it's already funded and it's internal. That just needs to be articulated. That'll help give people more clarity and more confidence that this is being delivered with new money and we're not going to see elements of the Health budget cannibalised to deliver commission of inquiry recommendations.

Minister, you frown but we are already getting feedback to that effect. This has happened, not necessarily in the Health budget but in other portfolio areas. We note that it has been observed in the past and it is not exactly surprising.

This is about building confidence for the public in your response. I'm asking again as to whether you're willing to take on notice a question about a recommendation by recommendation, at least up until 30 June 2024, and just tell us how much money there is, where it is coming from. That will be satisfactory.

Mr BARNETT - I appreciate the question, I think it's in two parts. One, we are on a unity ticket in terms of building confidence and rebuilding trust. That's why the Government has responded so comprehensively in our report last week, which I had the honour of delivering on behalf of the Government. It was a very proud moment, because it's the most important piece of work, in my view, of our Government to date and going forward. I said that last Friday, I mean it. I am sitting here as Minister for Health with total commitment to implement the recommendations. In terms of the Budget, I've outlined - I think pretty comprehensively - the various parts of the Health budget that directly relate to the commission of inquiry recommendations. I cannot speculate with respect to the budget bids in the first quarter.

Mr BAYLEY - Minister, my question was around your confidence up until 30 June 2024. You told me that all the funding is in place. I'm not asking for speculation, I'm asking for, on notice, an articulation of that budget confidence that you have, to share that with us as the committee and the public as a result.

Mr BARNETT - I am making the point that I won't be speculating on future budgets because we have to work that through with Treasury.

Mr BAYLEY - Understood.

Mr BARNETT - I appreciate your acknowledgement of it. I do know that the deputy secretary can have more to say and could add to my answer about what is happening between now and 30 June 2024. I will pass to the deputy secretary.

Mr BAYLEY - But that's a no on taking it on notice?

CHAIR - Order.

Mr BARNETT - No, well, let's try to answer the question.

Mr WEBSTER - The difficulty we have is we haven't split it up by recommendation because if you read the recommendations, several of them will come together to form one action, if you know what I mean. For instance, if we take the accompanying person observer policy, we can take that recommendation and say the cost of that is zero. But that has to then go into our training budget, because we need to train people into it. Several other recommendations will be funded, such as the Child Safety Service, so it's misleading to say we're spending zero on it, because we are spending it under other recommendations.

Similarly, Child Safety Service, that cuts across about 10 of our recommendations. It's almost like a pool of money that goes with an action, rather than with a recommendation. That's why the minister went through a series of actions, rather than recommendations, because they don't exactly match - one recommendation equals this dollars - it's really this group equals this dollars.

Mr BAYLEY - I am sure there is a way of articulating it, with respect, Mr Webster. I am asking for each recommendation, whether it's lumped in with another one, whether there are five that are funded through a pool, just an articulation of how that is funded. You're telling us it's going to be delivered, and that's great, we accept that at face value. We're trying to understand where the funding is being drawn from, whether it's from the original budget, whether it's from the supplementary budget, whether it's from a 2020 budget, just so that there is clarity on how this is going to be taken forward.

Ms MORGAN-WICKS - For example, recommendation 15.5 relates to directing that accountability is inserted or child safety obligations are inserted into employee statements of duties, which I have done, and hasn't required a budget, because I have issued a direction as secretary.

Mr BAYLEY - And presumably you could articulate that.

Ms MORGAN-WICKS - I may speak a little bit as an ex-deputy secretary of Treasury, in terms of the articulation of budget estimates, which occur within the budget papers on an annual basis within additional request of funding. If I require additional funds to complete a recommendation, I can make that request through my minister to the Treasurer. If it is accepted, it's then articulated in a supplementary appropriation bill, for example, and fully examined by parliament. In terms of transparency, we have outlined each individual monetary allocation that my department has received. I've also explained that we have been implementing several of these recommendations for several years now, and they're already embedded into appropriated people budgets. For example, I already have the staff that are involved in my centralised complaints management unit and that's appearing in the current budget papers. At the very best internally, and I don't have this, would be trying to articulate an estimate per each recommendation, but as Mr Webster has explained, if we went through and ticked off this recommendation, 5, 6, 7, 8 are being delivered by the Child Safety Directorate, which is fully funded as explained by the minister in reading out the allocation of funding for that directorate.

CHAIR - The time being 2.30 p.m. we will adjourn for a five-minute break.

The committee suspended from 2.30 p.m. to 2.37 p.m.

CHAIR - Welcome back everyone. Minister, you have something to table.

Mr BARNETT - Yes, Chair. Before the break we'd had a few questions on the budget. We're trying really hard to support the committee and be as expansive as we possibly can. We've outlined the budget process into the first half of next year and ongoing, but we do have a copy of table 1, Commission of Inquiry Funding, Department of Health 2023-24, with a very long list, pretty much a summary of what I shared earlier, but I think it might assist the way it's broken up for honourable members of the committee and I will make that available to the committee for members.

CHAIR - Thank you, minister.

Ms DOW - Whilst that information will be useful, minister, I think what we were really looking for was those forward projections and costings and what your expectations are around that and particularly the recruitment of staff as well. Just on that, there are obviously significant shortages. How do you propose to be able to attract the staff that you're going to need to implement these recommendations? Will you be providing incentives? What's your plan, minister?

Mr BARNETT - Thanks very much for that. First of all, as you know, we're totally committed to the 191 recommendations and implementing them, and that in some respects that will require further funding support going forward and further resources going forward, and those resources are important. In terms of access to those resources, I will pass to the secretary to speak to that matter. It is an important matter, I appreciate that and acknowledge the question.

Ms MORGAN-WICKS - The Department of Health has recently participated very positively in relation to the new enterprise bargain arrangements we've entered into, particularly from both the medical, a nursing and midwifery, but also in terms of a general health perspective and supported the whole-of-government approach to that. Certainly, all of

the feedback that we're currently receiving in relation to the recruitment, particularly of clinicians and the very competitive nature of their remuneration packages. Now that we're getting these agreements registered in the TIC, that we're able to then proactively advertise and encourage, but certainly we've been reaching out to each of those groups.

It will depend, however, a lot of these recommendations will be undertaken by our existing child safeguarding and wellbeing directorate, of which Dale Webster, as deputy secretary, has responsibility within his own division. We've already recruited, for example, the four child safeguarding advisors within our major hospitals, which I think also Ms Lieutier, as the chief executive for Hospitals North, could also attest to in terms of their presence, ongoing reminder. But also, the rounding that those advisors are doing throughout the hospitals to be both visible to patients and their carers or families, but also to staff as a constant reminder of the work that we have underway to improve that recognition of child sexual abuse or harm or grooming behaviours within Health Services.

Ms DOW - One of the things the unions have been asking for for some time now is around utilising market allowances as a way of attracting and retaining professionals. I understand that there has been some work done around that in CAMHS particularly, but is there a view to do that across other disciplines to ensure that we can get the right people for the right jobs?

Mr BARNETT - I might throw to the secretary in a moment, but remind each of us around this table, we've employed an extra 2500 healthcare workers since we came to government in 2014. At the moment you ask about the extra capacity, we have the Allied Healthcare Workers Scholarship Program, which -

Ms DOW - It was about market allowances.

Mr BARNETT - I think you're talking about resources as well. I will pass to the secretary and/or the deputy secretary about the market allowances. We've obviously got results, in terms of - you mentioned the unions - in terms of getting a solution with the nurses more recently. We're working across different parts of the healthcare workforce and they're all very important people. I will pass to the secretary.

Ms MORGAN-WICKS - We have had existing market allowances applied, for example, in relation to psychiatrists. Mr Webster can correct me if I get this wrong. Also, in our new nursing and midwifery agreement there is capacity for where there is evidence of scarcity, and in working with the head of the State Service, in terms of approval of market allowance arrangements, that that could be applied. So, if there was a particular, for example, mental health nurses and our campaigns to improve and increase our mental health nursing capacity, we may need to apply, for example. for approval of a market allowance.

But, certainly, we will determine, we will run the recruitment campaigns where we are struggling. To be honest, health services across the world are constantly struggling in terms of that ability to recruit and retain. That’s why things like our One Health cultural improvement program are critical to maintain that positive workplace culture, otherwise people don't want to come to join. We need that positive workplace culture and develop those workplaces where not just individuals that are currently working within health, we have many that have family members that work across health. We want to make it safe for them individually. I often say

to staff, safe for you, but also safe for your own family members working across different areas of our health sector, with some 16 000 employees.

I think Mr Webster might be able to provide other examples of market allowances we have applied.

Ms DOW - That's all right, I am really conscious of time and I think that has answered my question, thank you very much. The only other point that I wanted to ask on that is around any sort of training that will be implemented by the Government or career pathways to make sure that we can train local people to be in these positions, particularly around our mental health.

Mr BARNETT - Very good question. The department - I know - has put a lot of time and effort into this, so I'd like to refer to the deputy.

Mr WEBSTER - We have developed workforce development plans for most of our workforce and we are working our way through the rest of it, but importantly, graduate programs and growing our own is the way forward. Bringing people in relatively junior and having our programs in place to grow them into the clinicians of the future. For instance, we have our transition to practice for nurses, allied health professional scholarships. In addition to that, we have placements from universities to try and attract, graduate programs, all of those sorts of things that mean we're taking people in and trying to keep them.

In the doctor space, for instance, we now have length-of-training contracts. Previously, the process was each year registrars had to sort of reapply for a new contract and it rolled over. What that does is make a decision point at the end of each year about, 'Do I want to stay or do I not?'. By moving to length of training, which can be four- or six-year contracts, the decision point gets pushed out and we keep those doctors more readily.

So, we are trying every trick in our book to bring people in and then keep them. That includes training our own.

Ms DOW - Thank you. I take you now to recommendation 15.14, which is around the Department of Health's chaperone policy. The commission wanted that to be updated to require the presence of an extra staff member during examinations or episodes of care where there were no family members or carers that could be present. I consider this a really important recommendation. The implementation timeline includes broad consultation, with the new policy commencing in July 2024. Up until that point in time, what's going to be put in place to ensure that this is safe for people and that we can make sure that that has been addressed in the first instance? To my mind, if you're wanting to increase trust and wanting people to feel comfortable accessing health services, particularly these type of examinations, you really need to put something in place immediately rather than wait until July next year.

Mr BARNETT - Recommendation 15.14 is important to Government. We've outlined that in a brief response, but I think there is a more detailed response and that is it is important. As a recommendation of the independent Child Safe Governance Review, the Department of Health is developing a support person and health observer policy to replace the existing chaperone policy. There has been consultation, as I understand it, across the health service. I would like either the secretary or the deputy secretary to add detail to that because it's an important recommendation.

Mr WEBSTER - This is one where we pre-empted this recommendation. This work has already been very much underway. We are in the final stages of consultation, so whilst the commission of inquiry said by 1 July, we are confident that we'll have this in place in January 2024.

Ms DOW - That explains the conflicting dates.

Mr WEBSTER - Yes. We're literally in the final consultation step at the moment, so we are confident that this will be issued early. In the meantime, I'd emphasise our child-safe training and our child-safe behaviours training, which emphasise the need to assess what you're doing in terms of child safety across our workforce. That was part of the mandatory training that everyone received. This then puts it into a policy.

Ms MORGAN-WICKS - As many of us here are parents of children that attend the hospitals, we have made, particularly with the new women's and children's services at the LGH, there is space for a carer, support person, parent or older sibling - if that's someone that can stay with a paediatric patient - within each room now at the newly developed women's and children's precinct at the LGH. We also have that availability within our other hospitals.

Certainly, for anyone that is watching who has a child within our service, you have that ability to be able to stay with your child, or to nominate a person to remain with them to assist. Not everyone has that ability, which is why we need to make sure this policy can nominate, whether it's a nominated observer, friend or support person, or just another staff member to be there to observe and support during, for example, intimate examinations that are undertaken.

Ms DOW - I am conscious of the sensitivity of this issue. Right now, what happens if there isn't someone that is able to be a family member to accompany that child? What is the practice at the moment?

Ms MORGAN-WICKS - My understanding is the practice is that a second support person is sourced from within staff, depending on the type of procedure that's undertaken.

Mr BAYLEY - Earlier, we talked about the three former health service employees subject to findings from the commission of inquiry report. Were any of these people subject to ED5 investigations?

Mr BARNETT - The three that were named in the report? individual names in terms of the findings in the commission of inquiry?

Mr BAYLEY - That's right. We spoke of them earlier, the three former employees.

Mr BARNETT - Would you be able to repeat your question, please?

Mr BAYLEY - Were any of these subject to ED5 investigations, the three former health service employees that we discussed earlier?

Ms MORGAN-WICKS - Those individuals are named within the report and I'm not going to comment on investigations that may or may not have occurred in relation to those three named individuals.

Mr BAYLEY - But you can -

Ms MORGAN-WICKS - I have conducted assessments of each of those three individuals and I've taken action and made all appropriate notifications in relations to those three.

Mr BAYLEY - And you confirmed earlier that they're no longer working with the service?

Ms MORGAN-WICKS - I confirm that they are no longer working.

Mr BAYLEY - Were they terminated?

Ms MORGAN-WICKS - I'm not going to comment on the individual employee matters as they're identified.

Mr BAYLEY - Right. This morning we heard from the head of the State Service that there'd been no terminations. Therefore, under what circumstances did these Health employees with findings against them named in the report finish their employment with the department? We had the head of the State Service talking about no terminations, I think it's a fair question to understand the context around the departure of these three employees.

Ms MORGAN-WICKS - I'm not going to comment on the three individuals, but I can comment in relation to my assessment of the 20 employees that were assessed through my process of looking at the conduct through the commission of inquiry, but I am not going to comment on the three individuals who are very clearly named in the final report. Their own employment arrangements are subject to confidentiality and privacy requirements.

Mr BAYLEY - I guess I would make the case that for victims/survivors and indeed others, the level of accountability and transparency around some of the people named in the report is really important. You've confirmed they're no longer in the State Service. I guess that's welcome, but the questions around what consequences they faced and how they came to no longer be in the State Service are really important ones that I think the public deserve an answer to.

Ms MORGAN-WICKS - I have absolutely every respect for our victims/survivors with whom I have had very lengthy and personal interaction throughout the course of the Health hearings. Many have provided quite significant feedback to me for which I'm deeply appreciative. In relation to identifying individual employees and the outcome of particular actions, I am not able to comment in relation to that. What I can comment, that is, for example, in relation to the three perpetrators that were named in case studies in the Department of Health report: one is deceased; one had an ED5 investigation concluded, a breach found and a sanction of termination determined, but that was prior to the hearings of the commission of inquiry; and one has an ED5 that will commence if they seek to be re-employed within the State Service.

Mr BAYLEY - The inquiry had a key finding in it that, 'James Bellinger did not conduct a proper investigation into James Griffin's complaints history and misled the secretary of the department and the Integrity Commission'. Do you not think it's appropriate that the public

have some transparency around the investigation and the action that was taken in relation to this person?

Ms MORGAN-WICKS - The commission of inquiry has clearly made a finding against three individuals in relation to their employment with the Department of Health. My role as secretary is to conduct an assessment of that conduct and to take employment action under the existing employment arrangements which are set in place by the Tasmanian State Service. I can confirm that I have done that but I'm not going to comment in relation to individual -

Mr BAYLEY - But you're not willing to go into the details of the consequences or the employment action?

Ms MORGAN-WICKS - That information has been provided to the head of the State Service, and my understanding also, which she confirmed this morning - Ms Jenny Gale - is that information will be provided in a disclosure and also the annual report in relation to each of the assessments that are undertaken for any employee that has been named in the report.

Mr BAYLEY - When was that going to happen? Forgive me, I wasn't in the room this morning.

Ms MORGAN-WICKS - Neither was I but I was watching online. My understanding was that that disclosure was going to occur this week, but apologies, I don't have a better time line.

Mr BAYLEY - Thank you.

Ms DOW - I find it really perplexing, minister, that you're not answering any of these questions but are deflecting to the secretary, when clearly, they're directed at you. Anyway, I will take you now to recommendation 15.20 which is all about restoring trust, which is absolutely critical to the healing of the Tasmanian community and in essence what this whole process is about. 15.20 requires the department, the LGH and Police to continue to support known and unknown victims/survivors of child sex abuse by James Griffin. I note in the government response that information and assistance may be provided. I also further note in recommendation 17.4 that individual apologies will be offered to those victims/survivors who request one. Minister, what specific action is the department taking to proactively inform potential victims/survivors of James Griffin and other known paedophiles within the health system?

Mr BARNETT - It's a very important question and certainly, I want to say it's a commitment of our Government to ensure ongoing support and wraparound services and assistance for victims/survivors. As I said in my opening line today, I thank the victims/survivors and those who have come forward and expressed their thoughts and views to the commission. We are very grateful as a government for that. Certainly, as detailed in this recommendation 15.20, it's quite detailed and there will be support which is known now and also support going forward which is unknown now in terms of what will be available.

Ms DOW - What are those actions, minister?

Mr BARNETT - I will come to that. We have the independent Child Safe Governance Review recommendations in terms of trauma-assisted support and assistance for

victims/survivors. In terms of the LGH, the head of the LGH is here today, but it's to be carefully worked through, in terms of James Griffin and those who have been impacted adversely so, it's a very deep and concerning matter. As a government we have taken action already and quickly and we're not waiting. You would have seen the new executive at the LGH, for example, and the new approach that has been taken there with the cultural changes, which I've made mention of.

In terms of specific actions, I think it's best to pass to the secretary and/or the deputy, and the head of the LGH is here for Hospitals North, but we take this matter very seriously.

Ms MORGAN-WICKS - In terms of trying to identify potential victims of Mr Griffin at the Launceston General Hospital, we have had an open inquiry line that has been available since October 2020. We've received and scoured, for example, in relation to our own records, attempting to identify any complaints that are known that have been received from patients or from family members and we've provided all of that information through to the commission. We've also had victims/survivors - and it often comes up - for example, when someone is now trying to seek health care and in terms of the trauma that they have experienced and they're concerned to approach the hospital. We have met with several victim/survivor representatives to talk about their colleagues, or people who may not want to identify themselves, how they can safely access care at the Launceston General Hospital, which is through a support person that's able to assist them and make sure that they are able to enter the hospital and feel that they do not have to retell their story to every health professional they encounter at the LGH and that that's supported.

I believe we will still receive incremental advice as to people coming forward in their own time as they choose to, and we will support their effort to obtain any information - a copy of their own patient records and files - so that we can determine, for example, was Mr Griffin was rostered on at a particular time that might have coincided with their care, what information do have that we can provide them, and importantly, what support they need going forward in terms of counselling or other therapeutic supports. I think Ms Lieutier may be able to provide further examples.

Ms LIEUTIER - We do have the ability to provide wraparound supports for people who aren't able to attend the LGH. In some cases, people have personal phone numbers of people that they can access within the hospital if they do need support. In other cases, it's a matter of identifying their name when they come to the triage desk, for example, in the emergency department and then the wraparound supports are brought in without them needing to go into the details of what they have been through and why they are reporting.

Obviously, there's going to be unknown people that will come forward. Once they identify themselves we will certainly put wraparound supports around them. We are very keen to make sure that our hospital is a welcoming place for victims/survivors and anyone in the community that needs health services.

Ms DOW - Minister, is compensation being made available to these people?

Mr BARNETT - There is already in the public arena a number of litigation initiatives that have been enacted. I am happy for the secretary to add to that and to outline to the extent that it is possible and legally appropriate to do so, to assist the committee.

Ms MORGAN-WICKS - I am not aware of one of the civil litigation matters that has yet reached its conclusion in relation to liability or payment of compensation. I am aware of the matters that have been initiated, claims that have been filed. I have instructed my Department of Health team to provide every piece of information that's available to assist in discovery and also to try and seek to see these proceedings go to mediated outcomes as quickly as possible.

Ms DOW - Minister, how many people are awaiting claims?

Mr BARNETT - I will need to check with the secretary. We might need to take that one on notice if that would be okay?

Ms DOW - I will put that on notice, thank you. You've outlined the process of what happens if someone comes forward, but how are you ensuring that people aren't further traumatised by the claims process itself?

Mr BARNETT - It is an operational matter but it is an important question. I appreciate the question.

Ms MORGAN-WICKS - Explaining the Department of Health's component of it, we are not responsible for the conduct or the running of the litigation. We have the information, the files, the documents and at times the individual witnesses that may be required if it does go to trial, for example. From our perspective we have provided, and I have instructed the team to provide, all information that we have. We have been conducting analysis to try to determine - find all of the patient records, look at the rostering, when people were rostered onto shift and who was caring for whom. Some of it is quite historical and can be limited. In terms of the retraumatising nature, we are trying to do everything from our perspective to support the Office of the Chief Litigator and also the Office of the Solicitor-General in the conduct of those matters.

Mr BAYLEY - To tie off the last line of questioning, I respect that you don't want to go into the specifics around those three instances. Perhaps a different way of asking the question is to ask the number of terminations in Health due to matters related to child sexual abuse perpetrating or other misconduct since October 2020. Can you give us that information?

Mr BARNETT - I will jump in before passing to the secretary to make it clear. As I said in my remarks, the secretary has undertaken assessment of all current and former employees and has taken the appropriate action and has passed that information onto the head of the State Service, Ms Jenny Gale. We've heard about the routine disclosure today with 74 that have been identified on that disclosure document which is on the public record. I share that again to assist the committee, and then pass to the secretary.

Mr BAYLEY - Thank you, the question is the number of terminations that are related to child sexual abuse since October 2020?

Ms MORGAN-WICKS - Before I go to since October 2020, because I think that relates then to the 74 individuals that are named in the DPAC routine disclosure table, I mentioned before the one termination that had occurred for a perpetrator that was named in the commission of inquiry final report. In relation to the 74, I'll just consult.

Mr BAYLEY - Thank you.

Ms MORGAN-WICKS - My understanding is in relation to the 74, the one that I've mentioned as being one of the perpetrators for the commission of inquiry is the one termination that we have in relation to that 74, but we have several matters underway.

Mr BAYLEY - So, there is only one termination since October 2020, but then you have active processes going on.

Ms MORGAN-WICKS - Active processes underway. We also obviously have one that is deceased.

Mr BAYLEY - We did speak of James Griffin earlier. One of the reasons that his offending went unaddressed for so long was broadly a lack of understanding about reporting obligations and mechanisms. Recommendation 5.12 from the commission's report largely relates to reporting policies and procedures and awareness of mandatory and voluntary reporting obligations, including to the Australian Health Practitioner Regulation Agency.

Your response, minister, says that mandatory child safeguarding training, recognising harm, grooming behaviours and how to report has been rolled out to over 15 500 staff, volunteers, contractors and will be mandatory for new employees.

That is very welcome and that's a lot of people that you've got through, but I'm interested in the detail about that training. What was it, how long was it, is it delivered in person, are they online modules, do they have to pass an exam following the training? Can you paint us a picture about the work you're doing in that space to train your staff when it comes to reporting? It was a key failure.

Mr BARNETT - The reason I put it in my opening remarks is because it's an important initiative, we are proud of it. There's still more work to do, but 15 500 Department of Health employees is a sizeable number. The deputy secretary has more detail to assist the honourable member.

Mr WEBSTER - The training was in two parts. There was face-to-face training which leadership of the Department of Health as well as staff of key units such as paediatric units et cetera undertook. That training was delivered as two two-hour sessions. Then, even if you did that, all 15 500 also then did an online module.

Mr BAYLEY - How many people would that have picked up?

Mr WEBSTER - That picked up around 500-600. That wasn't the mandatory training, that was mandatory mandatory if you'd like. You had to do that, then you also had to do the online training, which every employee had to do. That varied, depending on your skillset, between 1 hour and 1.5 hours. That was developed externally for us to cover A) grooming behaviours and what that looked like, but secondly what were our reporting requirements as health professionals. Every employee did that.

To make sure that it was accessible, it went workplace by workplace. For some of our staff such as cleaners who just don't have access to a computer as part of their duties, we provided kiosks within the hospital where they could go to. If we identified that somebody

didn't have computer skills, we delivered the online training as face-to-face training and took them through that way. Both the face-to-face training and the online modules have assessment points. You can't pass that point unless you've answered the questions and got them right.

Mr BAYLEY - When did that training start?

Mr WEBSTER - It started, I want to say, in the first half of last year. What I would say to you is that from January next year we're in the process, because this now becomes mandatory training every 12 months. From January next year we start rolling out the refresher training for those that did it at first, so we're going through that. The other major part of this was to codify what the reporting lines were for mandatory reporting, either child protection or AHPRA, and have that as a poster that's in all our wards and all of our workplaces so the staff, at a glance, can see that.

Mr BARNETT - I wonder if we could table that. It's a very easy, one-page, front and back document to table that for the colleague members. I think it's a really good indication of the strength of the effort being undertaken at Health.

Mr BAYLEY - Given that the training was developed and delivered well before the commission of inquiry handed down its response, you're confident that it covers off on all the commission's expectations when it came to this recommendation and what they had in mind?

Mr BARNETT - Yes.

Mr MORGAN-WICKS - As an example, we will review to make sure that it does align with any recommendations of the commission; in particular I'm thinking the independent monitor, for example. We will adjust our mandatory reporting and notifications to make sure we're complying in terms of that further referral to an independent monitor, but it's not to stop. It was very critical for us from the hearings that were conducted through Health to make sure it was very clear for staff what the steps are and what the flow is in terms of the mandatory notifications, and a key role of the safeguarding advisors walking around hospitals is also to try to help staff..

Mr BAYLEY - Do you check in with staff to ensure that they've registered and they've got it and they've sort of digested it all properly?

Mr MORGAN-WICKS - Yes. For example, we have also included a new module within our SRLS system, our safety reporting and learning system, that is child safety-specific and I was just going to find the number of notifications. From memory it was around 153 that have already been made in relation to not just a report in relation to child safety as an incident but improvements that can be made in the workplace to make it more welcoming and safe.

Mr BAYLEY - So that was 153?

Mr MORGAN-WICKS - My apologies, Mr Bayley. A total of 153 child safeguarding SLRS reports have been submitted since the middle of 2022 when we introduced that dedicated SLRS for child safety notifications.

Mr WEBSTER - The role of the child safeguarding officer in each of the regions is to get out and - we call it -'rounding', which means they're out talking to people, checking on

them, understanding, giving advice, those sorts of things, but if you walk into any of our major hospitals or major facilities you will see pop-up banners which have child safety and wellbeing messages on them with a QR code which you can access to make a report or to find out about the process and these business cards are also on reception desks right across Health as well to really reinforce that we want people to speak up, we don't want people to stay silent about child safety issues.

Ms DOW - Just a very quick one. You spoke before when I asked about changing the policy around having someone with a child when they are examined about what happens on the wards, but what happens in an emergency department situation? We are aware that obviously the pressure is on emergency departments and the lack of space currently across the state. What measures are put in place in that environment to make sure that it's a private and well-supported procedure as well?

Mr MORGAN-WICKS - I'd have to say that over the last couple of years our COVID-19 protocols have also not always assisted in terms of having those additional visitors or family support members for all ages. We've always attempted to prioritise the additional members for paediatric or particularly vulnerable patients. In our emergency departments, however, depending on the triage category and the height of the emergency, so if it's someone that's requires resuscitation, for example, that will require the exposure of the chest or other parts of the body to deal with the emergency, they will be conducted according to clinical advice as to that approach, so that our staff members will always take into account. Usually, with emergencies, there's more than one staff member who is attempting to render aid or assistance to that particular patient, so assisted by having several members of the emergency department team actively working on a patient but to try and assist. I don't know whether, for example, Mr Webster has further detail on the ED or Ms Lieutier?

Ms DOW - My next question relates to recommendation 16.6 which talks about increasing the availability of forensic medical examination services across the state. Minister, I'd like you to outline to the hearing areas across Tasmania where that service currently isn't available. I'm aware that in some more rural and remote communities you have to travel quite a distance to be able to access such a service and I understand that there is a sense of urgency and timeliness around this procedure as well. I'd also like you to outline how many additional staff will be trained across each of the respective agencies to enable more people to have access to this closer to where they live rather than having to travel to major centres, which was a key recommendation of the commission of inquiry.

Mr BARNETT - Thanks very much for the question. Recommendation 16.6 has been accepted by the Government and will be completed by July 2026, but there is work underway in terms of that work, and then to staff resources, I think that's best answered by the department and I will pass to the secretary.

Ms MORGAN-WICKS - Any allegation of sexual abuse by a child, young person or adult is obviously a very serious matter and our clinicians are well used to dealing with presentations across our 330 different locations, so it could occur at any point in terms of our locations. All children and young people up to 17 years presenting as victims/survivors of sexual abuse are offered a forensic examination if the alleged abuse occurred within the previous 72 hours, and beyond that if deemed appropriate, but that's a clinical judgment in conversation with the presenting patient and their family member.

The clinical examination and care of children suspected of having being sexually assaulted is highly specialised and it can be very difficult to recruit clinicians to this service. It requires specialist training, after-hours on-call work and also the preparation of medico-legal reports and court appearances to support if you're undertaking those types of examinations. We are looking at increasing the trained resources that are available, noting that particularly in the north-west we've had to depend on the on-call paediatrician and there can be, at times, difficulty in accessing them if they are attending to emergencies for paediatric patients, so we absolutely acknowledge that.

I should note that additional funding has recently been provided to purchase new equipment to allow Forensic Science Services Tasmania to increase its evidence storage capacity for sexual assault evidence and other samples that have been taken. We note and absolutely accept the recommendations of the commission in this regard and that we have a lot of further work to do in terms of attracting and retaining high-quality and appropriately qualified and trained staff to work in sexual assault within our hospital and health services, but that is not to degrade the amazing efforts of the staff that have been participating now for many years in this, but there are improvements that we are committed to making.

Ms DOW - My question was around highlighting those areas where that service is not available. Will you be looking to provide it closer to where people live in those rural and remote communities?

Mr BARNETT - Yes, thanks very much for the question. Obviously, the rural and regional areas are very important to the Government and to Tasmania. In terms of the south, north-west and the north, I can outline a little bit of detail there from the advice I have.

Sustainability and key person dependency are issues, it's true. In the south, there's only one FTE clinical nurse consultant employed within the sexual assault medical service; in the north-west, there's only a 0.6 FTE clinical nurse consultant employed to provide sexual assault care; in the north, there is only a 0.4 FTE clinical coordinator employed to provide sexual assault care. There are also paediatricians and gynaecologists trained in paediatric sexual assault care. However, they are not always available, as the secretary has outlined in some detail, to provide that service in addition to their existing duties.

Mr BAYLEY - Recommendations 15.7 through 15.10 from the commission of inquiry report relate to the empowerment of children, their participation in their own care and collaboration with children and young people to make the health setting a safer and more secure space for them. Your Government's response acknowledges the importance of working with children from the Aboriginal, LGBTIQA+ and culturally and linguistically diverse communities to ensure the health environment is safe and welcoming. It says:

> The Department of Health has established a children and young people advisory group to strengthen engagement with young Tasmanians.

Does this statement represent a standalone advisory group within the Department of Health, as recommended in 15.7, or is it part of the advisory group led by the Department of Justice?

Mr BARNETT - If we're talking about recommendation 15.7, the department and the Government acknowledge the challenges in terms of supporting younger Tasmanians in those

healthcare settings and there is the Health Service's young people's advisory group. I could speak more about that at a higher level but, in terms of the detail, it's best for the Secretary or the deputy to outline the best response to assist the committee.

Mr WEBSTER - The child and youth advisory group we've put together is separate to the Department of Justice group. We've done that through an expression-of-interest process but we started by having focus groups with our children to learn what they wanted us to do in terms of an advisory group and how they could provide us with feedback. The minister has just reminded me that part of that was finding a different way to get that feedback. Adults can fill out forms and do surveys and things like that, but children don't normally give us feedback in that way. So, how do we actually give children a voice to tell us what their experience is? I'll hand to the minister.

Mr BARNETT - We're very pleased, the department has just finished producing this book, *My Say, Our Voices*, for children and young people's ideas to improve the Tasmanian Health Service. This is innovative, it's slightly crazy, it's kid-focused and it's fun. This is one way to engage with the children. I would like to table this for the committee. I know you'll be interested in having a flick through because it's very kid-focused. That's one way to get the kids' and young people's feedback, take it on board and then respond to that. The deputy has already talked about the advisory group we have with children, so I'd like to table that document.

Mr BAYLEY - On the advisory group, minister, that was my question. We note that the Justice advisory group is instructed to have a cross-section of community members. From what I understand, it lacks representation from the LGBTIQA+ community and also from rural and remote communities. I can't find anything online or in any of your information about the standalone Health department advisory group. Are you able to list which groups you have managed to recruit to be participants on that advisory panel?

Mr BARNETT - I will quickly respond, then pass to the deputy. In short, we want to be inclusive, we want everybody to have a say and have the right to have a say, and take it on board and respond accordingly. Efforts have been made to establish a membership that is a mixture of age, gender and representation from a range of backgrounds: young Tasmanians with experience of using Tasmanian government health services such as our public hospitals; Aboriginal and Torres Strait Islander young people; young people with disability; young carers; young Tasmanians with refugee and/or migrant backgrounds; young Tasmanians from rural, regional and remote areas; young people with experience of homelessness and out-of-home care; young people with low-income backgrounds; and, of course, LGBTQIA+ young people.

Mr BAYLEY - Is that the aspiration or the list of representative groups you have on the advisory panel as it stands today?

Mr WEBSTER - That is aspirational but at the first meeting we will be talking to the young people we have recruited about how we can extend. We have also gone back out to the community sector, because they are more in touch with these groups than us, to nominate additional people. The idea of this is that it is not a static group that we have selected and they are it for the next period of time; it is who can attend, let's add to it, if someone moves on, let's replace them quickly. We want this to be dynamic.

Mr BAYLEY - Are you noticing any obvious gaps? Is it hard to attract and recruit certain cohorts?

Mr WEBSTER - The same as Justice; the LGBTQIA+ group is the one we have most difficulty identifying, probably because of the age range we are aiming at. But we will continue to work with the community sector, particularly Working It Out, to make sure they have a voice.

Ms DOW - I will take you back to where we started, which is to those 22 individuals who were asked to formally respond to letters regarding their conduct as part of the commission of inquiry process, and who the commissioners felt they were unable to fully investigate as part of the process. Did you or have you received a list of those original 22 people?

Mr BARNETT - You asked questions around this earlier and I made reference to the 74, because it is not just the 22 that you keep referring to. The routine disclosure sets out the 74. There is a list there and the locations of them. I have outlined my confidence in the Secretary, and the Secretary's very comprehensive response in terms of addressing both current and former employees -

Ms DOW - Minister, these are the people who the commission of inquiry intended to investigate but were unable to.

CHAIR - Order.

Mr BARNETT - to take appropriate action. I am making the point that in terms of health and the Health department, that work and that assessment have been undertaken, and a very comprehensive effort has been undertaken.

Ms DOW - Have you received that information about those 22 people?

Mr BARNETT - The advice that the secretary provided earlier makes it very clear that that information and advice have gone straight to the DPAC secretary, who is the head of the State Service.

Ms MORGAN-WICKS - As I have answered several times, I do not know who the 22 names are on the list. I have identified the employees who are involved in both the health hearings under notices to produce that the Department of Health has assisted with, in written submissions that we have identified, and in the final report.

In terms of any list that may exist, or any names on a list at a particular point in time, the health hearings that have been going on and the information that has been provided to the commission of inquiry in relation to health has gone on over many months. I think the ability to transparently identify any individual that the commission was interested in occurred through several days of health hearings, but also through written submissions and statements that were elicited from Health staff and now through the final report, in which Health has three individuals named in findings. I want to confirm that every single referral that was made to the Department of Health, whether it is section 34A notices or through requests for other information from Health, we acted upon and we provided the information to the commission. I have now assessed in terms of the individuals that I have been able to identify and my staff have been able to identify through the final report.

Ms DOW - But the minister does not have an understanding of who is on that list.

Mr BARNETT - We went through this question earlier, where the Secretary outlined that that work and that assessment is undertaken and provided to the head of the State Service, which is the secretary of the Department of Premier and Cabinet, Ms Jenny Gale.

Mr BAYLEY - The department's child safety and wellbeing framework outlines a commitment to the provision of LGBTIQA+ inclusive health care and is guided by the Tasmanian Government's overarching framework for lesbian, gay, bisexual, transgender and intersex Tasmanians. This framework was developed in 2015 and doesn't appear to have been updated in eight years. A notable emission in its language is the complete lack of acknowledgement of Tasmanians who are non-binary and don't identify as male or female and who don't fit the framework's definition of transgender. When will you commit to updating this framework with the LGBTIQA+ communities? Has there ever been an assessment of how effective it has been in increasing the inclusion for LGBTIQA+ Tasmanians?

Mr BARNETT - I will pass to the Secretary or the deputy secretary shortly regarding the importance of the trial safety and wellbeing framework. It is an important document and we take it very seriously. I made the point earlier about the importance of an inclusive environment in Tasmania. We want that, not just in our health sector and in our hospitals but all around Tasmania. I will pass to the secretary on the operational parts of this question.

Ms MORGAN-WICKS - Health's relationship with the LGBTIQA+ community has been significant and ongoing. We are about to celebrate the 25th anniversary of our liaison and work to improve and make more welcoming to our community a minority cohort who we are concerned aren't always accessing health care across Tasmania.

Mr BAYLEY - Do you have an appetite to update the framework, to update those additional cohorts of people who now identify within that broader community?

Ms MORGAN-WICKS - Sorry if I was being a bit slow in answering. We have relied on that community to identify priorities for us in addition to other education and surveys that we have conducted across Tasmania to identify what are the highest priority needs for that group to improve the health service provisions. We are happy to have a look at that framework and to discuss that at our own steering committee.

Mr WEBSTER - The training package that we deliver for the community on behalf of the community which was developed with the community, we are currently adding modules to that, one of which is a transgender module.

Ms DOW - Recommendations 15.3 and 15.16 are all about improving the complaints and concerns process regarding child sexual abuse, including clear policies, processes and dedicated staff to deal with complaints and concerns. You have set an implementation date for July 2024. How many vacancies currently exist in a statewide complaints management oversight unit, human resources, workplace relations and any related investigation unit? What is your plan to fill these critical roles to ensure robust and timely processes for investigating these matters?

Mr BARNETT - In terms of recommendation 15.3, we take it very seriously. We have accepted that recommendation for implementation by 1 July. Our greatest asset in the health system is our people. I often talk about the awesome health workers and how important they are. We want to be a workplace of choice where everyone feels valued and included and staff are recognised.

Ms DOW - How many vacancies are there, minister?

Mr BARNETT - In terms of the resources and the employees and the numbers, I will pass to the Secretary to assist the committee.

Ms MORGAN-WICKS - For specific vacancy numbers as at today, I would need to go away and find that information for you, Ms Dow. We have had significant and continuing recruitment efforts to recruit staff to our central complaints management unit. We will continue to expand that unit. They have had significant reports coming through, particularly as we trained our staff in the identification of child sexual abuse.'

CHAIR - The time for scrutiny has expired, thank you. The next portfolio for scrutiny is Out-of-Home Care. We will resume at 3.45 p.m.

THE WITNESS WITHDREW.

The committee suspended at 3.35 p.m.