



PARLIAMENT OF TASMANIA

TRANSCRIPT

HOUSE OF ASSEMBLY

ESTIMATES COMMITTEE B

Hon. Sarah Courtney MP

Monday 23 November 2020

MEMBERS

Mr Street (Chair)
Mr Tucker (Deputy-Chair)
Ms Haddad
Dr Woodruff

SUBSTITUTE MEMBERS

Ms O'Byrne
Ms Dow
Ms O'Connor

WITNESSES IN ATTENDANCE

Hon. Sarah Courtney MP, Minister for Health; Minister for Strategic Growth; Minister for Women; Minister for Small Business, Hospitality and Events

Ms Kathrine Morgan-Wicks, Secretary, Department of Health

Dr Mark Veitch, Director of Public Health

Dr Tony Lawler, Deputy Secretary, Clinical Quality, Regulation and Accreditation/CMO, Department of Health

Mr Shane Gregory, Deputy Secretary, Infrastructure, Department of Health

Mr Ross Smith, Deputy Secretary, Policy, Purchasing, Performance and Reform

Mr Craig Jeffery, Chief Financial Officer, Department of Health

Mr Dale Webster, Deputy Secretary, Community, Mental Health and Wellbeing

Ms Jacqui Allen, Deputy Secretary, Cultural & Tourism Development, Department of State Growth

The Committee met at 9 a.m.

DIVISION 5

Department of Health

CHAIR (Mr Street) - Good morning, I welcome the Minister for Health and other witnesses to the Committee. Time scheduled for the Estimates of the Minister for Health is six hours.

I will remind members to be mindful of not talking over each other, to ensure Hansard are able to hear the proceedings. This is particularly important, please. It's a difficult enough job for Hansard without us making it more difficult for them. We will take a short break for morning tea at 11 a.m. Please be aware that whatever time we take for morning tea has to be made up, so if we can keep it to five minutes, closer to 10 minutes rather than 15 minutes, then it means that we will all get a decent lunch break as well.

It's nobody's first Estimates, so you will all be familiar with the practice of seeking additional information. The question must be asked and the minister must undertake to take the question on notice. The member is then required to submit the request in writing to the Committee secretary, Steph, and it is then included in formal correspondence from the Committee to the minister.

Minister, if you could introduce the people at the table with you, and then if you would like to make an opening statement, you are more than welcome.

Ms COURTNEY - Thank you very much, Chair. It is good to be able to be here today. To my left we have Craig Jeffery, who is the CFO, to my right Kathrine Morgan-Wicks, who is Secretary of the Department of Health; Kathrine is also the State Health Commander with regard to COVID. To her right is Professor Tony Lawler, our Chief Medical Officer.

I will make a brief statement, Chair.

I don't think anyone around this table is in any doubt how challenging 2020 has been. I firstly extend my sincere condolences to those who have lost family members and loved ones during the pandemic.

COVID-19 has touched us all. There is not a Tasmanian who has not had to deal with the issues posed by the virus in some way or another, but I would like to take a moment to acknowledge and thank all of those working within our health system. Our frontline healthcare professionals - nurses, doctors, paramedics, cleaners and infection control experts - were all called on to tackle the biggest health threat we have faced in living memory.

The Tasmanian Health Service, our Health Department, Public Health Services and Ambulance Tasmania, along with local private health services and primary health providers, all went above and beyond, day in, day out. I particularly acknowledge those who were directly affected by COVID-19 when the outbreak occurred in the north-west. These people not only had to deal with the closure of two hospitals, but their own quarantine, as well as the impacts that had on their families and entire community.

The Tasmanian community is resilient, though, even as this pandemic has tested us. I have met and spoken with many of our dedicated staff who worked during and after the outbreak. To all of them, their families and friends who supported them, I reiterate my sincere thanks.

Going forward, my message to Tasmanians is that we must remain vigilant. We have done an incredible job, but each and every one of us has a role to play in continuing to do the right thing, adhering to restrictions, getting tested if any symptoms at all, and also doing what we can to reduce the risk of further outbreaks.

In this context, it has never been more important that we invest in our health system. The Government is focused on building a better health system for Tasmanians, which delivers the right care in the right place at the right time.

This year's Budget includes an unprecedented \$9.8 billion in health spending over the next four years. This extraordinary level of resourcing underpins record staffing levels, and will open and fund new beds to provide healthcare for more Tasmanians.

There is \$600 million in additional funding for the Tasmanian Health Service; a \$45 million injection into elective surgery, which is expected to provide more than 8500 additional surgeries during the next 18 months, along with the money from the Commonwealth; and more than \$300 million to continue to roll out new beds.

There are now 1500 additional staff in our health system when compared to March 2014. This is a huge uptick in any sense of the word, and indicative of our strong commitment to put more resources into our system to meet demand.

We are not just focused on our major hospitals, as important as they are. For our regional communities, the Government will also invest more than \$24 million over the next two years to upgrade and renovate health and ambulance facilities. This is part of a \$391 million capital investment program, including nearly \$80 million over the next four years to redevelop and expand the LGH; \$89 million to continue stage 2 of the Royal Hobart Hospital redevelopment, which includes an expanded emergency department and intensive care unit, with \$33 million to be spent continuing the Mersey Community Hospital redevelopment.

Importantly, Chair, the Government is also investing in our systems that support our hardworking staff to provide care for Tasmanians. There is \$23 million in health technology to modernise our human resources ICT, getting rid of paper-based timesheets, and improved efficiency through to modern ICT systems, as well as delivering a 10-year health digital transformation plan.

The Government will continue to invest in our health system as we have laid out in this Budget. We are focused on the best health system possible that delivers care to patients.

Mr Chair, before we move to questions, I would just like to highlight that the secretary has, I understand, written to the Committee outlining the portfolio breakdown between minister Rockliff and myself, so that there's clarity about that.

Also, with regard to staff and additional support, given the fact that we have limitations on the number of support staff in the room, it would be useful to work through via output

groups. With regard to that I ask the Committee's indulgence - obviously, it's a matter for the Committee. Dr Veitch is obviously extraordinarily busy at the moment, considering we are still in a global pandemic. We have looked at the schedule and asked him to be available between 2 p.m. and 4 p.m. today. If the Committee is fine with that, it allows him to be able to continue his work that he needs to do from a public health perspective.

Ms O'BYRNE - We can probably do that regardless of output groups.

Ms COURTNEY - That would be helpful. I appreciate that.

Ms O'BYRNE - That's alright.

CHAIR - Before we start with questions, we have the minister for six hours. Everybody knows what the rotation of questions is. I am not interested in where we're up to at 9.20 a.m., so don't bother arguing with me about who's getting the question. Just trust me that at the end of the six hours we'll be close to where we need to be in terms of who's had what number of questions.

Ms O'BYRNE - Did you want to do all the Dorothy Dixers first?

CHAIR - We can do them in whatever order you like, Ms O'Byrne, but if you would like to take the first question.

Ms O'BYRNE - Thank you, I appreciate that, Chair.

Minister, we are going to spend a bit of time this morning discussing the events at the Launceston General Hospital surrounding 4K. The James Griffin matter in the community and in the hospital has felt very much like a cover-up at the hospital level, but most disturbingly a cover-up since then by you and your Government, so we may ask questions that we've previously asked, just to ensure we have our time lines correct.

When were you first made aware of reports of sexual abuse allegedly perpetrated by James Griffin?

Ms COURTNEY - Ms O'Byrne, before I get to that answer, and I will directly answer that, I would like to state on the record the Government's highest priority around the safety of our children. We as have taken a number of steps since coming into Government to ensure that children can be safe. We are committed to this matter, as well as other matters that have been raised publicly, to ensure they are investigated fully.

I place on the record how disturbing and simply abhorrent some of the allegations that have come out are. I am committed to ensuring that we do everything we can to make sure that our Tasmanian Health Service is as safe as possible for children. I do not want this to happen again, and I know the secretary shares my strong resolve in this.

With regard to this matter, I was provided with advice on 31 July 2019, that earlier that day the member had been suspended from working with vulnerable people. The staff member was directed to not attend work, and their access to hospital information systems was blocked on that day.

Ms O'BYRNE - Was that the first time you were made aware, or the first time you were formally advised?

Ms COURTNEY - That was the first time I was aware.

Ms O'BYRNE - Thank you. When were you first made aware of the complaints and the reports that had been filed by colleagues of Mr Griffin?

Ms COURTNEY - All these are part of the independent investigation that has been stood up. Further to my notification in July 2019, there was a police investigation which I won't comment on. There was an active disclosure process that was undertaken by the department. Regarding further information that came to light, post media reporting, I then -

Ms O'BYRNE - You were aware of the media reporting? Sorry, I don't in any way want to confuse the information and the time line.

Ms COURTNEY - No, and I don't want to mislead in terms of my comments. Following Mr Griffin's death, the Department of Health worked with Tasmania Police to undertake an open disclosure process in which victims were identified and their families provided with support. Further to the police investigation, on 14 October this year, there was media reporting with extensive detail and further disturbing allegations into Mr Griffin. The information included allegations that I was not aware of. The reporting included part of a coroner's report which was unreleased at the time. On the basis of these concerning allegations, I asked the secretary of the Department of Health to undertake a review.

Ms O'BYRNE - To clarify - because it is important we don't in any way verbal the minister: from 31 July until his death on whatever day of October, you had no information and nothing was provided to you between that day on 31 July and his death?

Ms COURTNEY - I was notified about this matter on 31 July. The department undertook a process in association with the police investigation. I'm sure Ms Morgan-Wicks can expand on the process that was undertaken and particularly the support that was provided to staff. Throughout this time, I acted upon the advice of the department.

Ms O'BYRNE - Are you comfortable if Ms Morgan-Wicks adds to that answer?

CHAIR - If the minister is comfortable, then absolutely.

Ms O'BYRNE - It's just if we understand the time line then we're not going to misrepresent you in any way.

Ms MORGAN-WICKS - Through the minister and also for the record, I was appointed as secretary to the department at the beginning of September 2019. In terms of the support that was provided to 4K staff -

Ms O'BYRNE - I apologise. Just in terms of the time line - in terms of information being provided.

Ms COURTNEY - You mean in terms of advice that's provided between departments and ministers' offices? We don't, obviously, in a range of different areas go into the matter of

advice. What I'm saying very clearly is I was notified on 31 July. Action was undertaken by the department. Further information came to light that I -

Ms O'BYRNE - In only this year though.

Ms COURTNEY - That's when I became aware of it, when it was publicly reported.

Dr WOODRUFF - Minister, I understand in the concurrent committee that the Premier has just announced he is committing to a commission of inquiry. Are you aware of that?

Ms COURTNEY - Yes, I am.

Dr WOODRUFF - On behalf of all the people who have contacted me about this, I can say how welcome that news is. This is truly an awful thing which we are coming to understand more details about. Only a commission of inquiry can properly uncover what has happened and the systemic abuse, as well as the links between different departments and the movement of abusers - which appears very likely - and also the active covering up, tampering or alteration of complaints that were made. That is excellent news, I am very pleased to hear that.

It has taken community outrage. It is a good point. It has taken a journalist - Camille Bianchi - who has done the hard work on behalf of victims and families. It is bit of a stain on your Government that it has taken you more than a year.

The question relates to the Australian Health Practitioner Regulation Agency, AHPRA. In the podcast by journalist, Camille Bianchi, the national director of notifications of AHPRA, Mr Matthew Hardy, was asked about the circumstances that would trigger mandatory notification to AHPRA concerning the failure of hospital administrations or administrators to act appropriately and protect the public. Mr Hardy said on *The Nurse* podcast on 27 October that the AHPRA standards require that if you form a reasonable belief of a practitioner by concerns about a significant departure from accepted professional standards - the standards in the AHPRA guidelines, the national guidelines for registered practitioners - it could trigger an investigation.

I have been told a number of people have made formal complaints about people with clinical responsibilities at the LGH. By Mr Hardy's words, I take it that would trigger a mandatory notification; possibly not only of those individuals but of LGH management.

Are you aware that AHPRA is considering an investigation of some clinical managers or the clinical management at the LGH?

Ms COURTNEY - I cannot comment on what AHPRA might be doing - that is a matter for them. My expectation is that all the allegations that have either been raised in the media and you have outlined them here today, Dr Woodruff, will form part of the investigation of the Commission of Inquiry.

I am conscious that will mean a period of time, and indeed with the work that Maree Norton I expect is starting. The Premier has outlined that in his statement.

I have also tasked the secretary of the department to look at our processes, to ensure that we are looking at any immediate action that needs to be taken. I do not want to wait until we

get a year down the track until we have findings to look at, and then make sure we are doing everything we can. That is part of work I have asked the secretary to undertake. My understanding is that work is currently being undertaken.

I am not going to comment on allegations that are currently being looked at. Considering that there is both an independent inquiry or the impending investigation I understand will form through to the commission of inquiry, those matters are for them to determine.

I will say on the record that I welcome these investigations. It is important for all of us within the system - as a minister of the Crown, but also as a community member - to ensure we have the most robust systems; to ensure we have accountability and clarity about how decisions are made. Making sure that they are embedded across all of our government systems is incredibly important. It is something that I and the Government, take very seriously.

I will, as will be the secretary of the department, be fully cooperating to ensure our system is as robust as it possibly can be. We cannot take a backward step on anything to do with the safety of children. I welcome the fact that we will look to this commission of inquiry to do that.

Dr WOODRUFF - The allegations that have been made on *The Nurse* podcast, are of active tampering of evidence of complaints and also alterations of electronic complaints, post the date that the complaint was made, to reduce the severity of the complaint and possibly other things, to remove information. These are very serious allegations, clearly something that a commission of inquiry would look into forensically and do forensic electronic audits, which is one of the reasons we have been calling for it in the first place. They are the only body that has that power.

Meanwhile, those allegations hang. If it is indeed a year before the commission of inquiry is completed - they are very serious allegations - any prospect the complaints could be badly handled or reduced in severity -

CHAIR - Question, Dr Woodruff?

Dr WOODRUFF - needs immediate action. What are you doing to specifically look into the issue of independence in complaints, and are you considering setting up an independent complaints area?

Ms COURTNEY - Regarding the work that the secretary is undertaking, I'll ask the secretary to respond to that. I am focussed on ensuring we have the right systems in place. As we move through this process I agree that we need to make sure we are taking action swiftly. We have ensured, through my interactions with this matter - with things that have been brought to my attention - appropriate referrals are made, whether that's through to the secretary of the Department of Communities, or whether that is a matter for police investigations.

There are some matters that are not appropriate for the department of Health to investigate because they are criminal in nature, so they are referred to the correct pathways. I'll ask the secretary to talk about the work that I've asked her to undertake, around how we can ensure that we are looking at the shorter-term actions as well, considering the fact that it might be up to a year, or perhaps even longer - I'm not sure, depending on how the commission of inquiry goes - that we have recommendations. So, I will ask the secretary.

Ms MORGAN-WICKS - Thank you. The minister referred to the fact that an internal review was commenced in October and information has been coming through to me from staff and from former staff and members of the public in relation to the matter.

In relation to complaints which have been lodged in an SRLS, and if I may speak generally for a moment, the SRLS system is a system that is used to gather information in relation to a variety of issues. Most commonly it is used in relation a safety event in terms of a clinical or medical treatment, or other workplace health and safety issue. In terms of an SRLS event, there is the ability for various people to access a record that's entered into the SRLS. There is an audit trail that is kept in relation to each entry into the SRLS and the adjustments that are made, and the system in itself does allow for the downgrading or upgrading of a risk rating that is applied to an SRLS event.

So, for example, an SRLS event might be entered as a SAC 1 severity. All SAC 1s get notified to me as secretary. It may be downgraded after review of the appropriate people in the authorising train for a SAC event. Regarding any issues that are raised in relation to the alteration of a record and SRLS, the system itself is designed to allow for further entry, but also an audit trail in relation to that. Regarding allegations in relation to destruction or alteration of a record, that evidence will be gathered from the system and provided to the independent investigator, Maree Norton, and now through to the commission of inquiry.

Mr TUCKER - The Government has laid out a significant infrastructure spending in this year, minister. Are you able to tell the committee more about that in terms of health, please?

Ms COURTNEY - I can, Mr Tucker. As I outlined in my opening statement, we want to create jobs, provide certainty and confidence for Tasmania's future. That is the foundation of this year's entire budget. This year's budget includes \$9.8 billion in health spending, and over the last four years an increase of 21 per cent, with \$1.2 billion more than last year's budget.

Part of our budget includes \$391 million capital program for health, which has \$79.8 million over the next four years to deliver major redevelopment and expansion of the LGH, \$89.8 million to continue Stage 2 of the Royal Hobart Hospital including an expanded ED and ICU, as well as \$33 million to continue the Mersey Community Hospital.

For our rural and regional communities that I know are very close to your heart, the Tasmanian Budget will deliver \$24.4 million over the next two years to upgrade and renovate regional health and ambulance facilities. This is all designed to support better care for patients, modern infrastructure for our staff, and new spaces for paramedics at rural stations.

This is a significant program of work and I have worked with the secretary of the department to establish a dedicated infrastructure services group to improve the delivery of capital program and implement strategic asset management across the health portfolio. All capital projects have an initial period for stakeholder engagement, planning, detailed design approvals prior to construction commencing, which is also managed by this group.

Unfortunately, we have seen the impact of COVID-19 on the capital program, which has been significant, but our infrastructure team remained active while there was a disruption and it committed resourcing to the COVID-19 response, including establishing four drive through COVID-19 clinic sites; implementing the design and construction of modular buildings and

implementation of traffic management; procuring, fitting out and mobilising three buses for mobile testing; establishing four COVID-19 hotels for positive patients; securing additional office space for public health teams and call centres; and I am very proud of the work that has been done by the capital team. Indeed, in the restructure we saw late last year, the dedicated deputy secretary for capital is ensuring we have a cohesive response across health and I am particularly excited about the delivery of the capex into regional areas.

Ms O'BYRNE - Minister, for the last month people have been desperately calling upon you to establish a commission of inquiry. There were concerns that the existing framework did not allow witnesses to be compelled or to have a genuinely holistic approach. You, as late as last week in question time, were adamant that this was not a necessary pathway, that you weren't taking on the concerns of staff around the need for a full commission of inquiry. There has been significant media commentary on your failure to do so. What changed between question time last week and the Premier's announcement this morning?

Ms COURTNEY - I suggest that Ms O'Byrne to refer to the statement that the Premier made this morning. I understand the Premier has made a statement and outlined the Government's rationale, particularly with regard to this matter and what the steps forward will be with regard to engagement with both the current independent investigators that have been engaged and will also obviously be working with the right advice through to the Governor.

Ms O'BYRNE - My question was, minister, what changed? You are the Minister for Health and you were saying we didn't need an inquiry. What changed?

Ms COURTNEY - With regard to this matter, the commission of inquiry will look further than the department of Health. My understanding is in the premier's statement he outlined the other matters that are either under investigation or review in other portfolio areas.

I have oversight over the department of Health as the minister responsible. With regard to the independent investigation, as I have outlined in parliament previously, the mechanism by it and the terms of reference, and indeed the reviewer, that was done on advice from the secretary of the department of Premier and Cabinet along with the secretary of Justice and also legal advice into that to ensure that it was the appropriate mechanism.

Ms O'BYRNE - Minister, you have been dragged kicking and screaming to a commission of inquiry predominantly because of the media scrutiny that has been applied since October this year. My concern, given your time line, is that from October last year, with the death of Mr Griffin, and October this year when there were media reports, it is not clear that you as minister acted on what you knew to be a concern. A member of staff who had worked in the children's ward for many, many years was accused of the most heinous of crimes. The police investigation ended only with his death, and it ended then, minister.

Are you seriously expecting us to believe that you did nothing from October last year, when he died, until there was a podcast that embarrassed you this year?

Ms COURTNEY - I would like to make it really clear how seriously I take this matter, how seriously I take allegations of child sexual abuse, how important it is that we have robust systems within our institutions to ensure that everything possible is done to ensure this

behaviour does not happen, but furthermore robust support mechanisms are obviously in place for reporting as well.

As I have stated, there was obviously a police process underway, and there was a process being undertaken by the department with regard to open disclosure through that period of time - and when further information came to light through the media, and that prompted even more information to come to light, steps were taken very quickly.

Ms O'BYRNE - Minister, clearly, that isn't the case. Whilst it is commendable that you are genuinely concerned about the abuse of children, it is unconscionable that action wasn't taken, and I'm afraid I have to say a little unbelievable that action wasn't taken.

Can you detail what took place from the policy inquiry, ending with his death, and the media exposure of this issue on 14 October? You talk about an open disclosure process, but clearly if that gave you no additional cause for concern and you took no action, then it was not a successful open disclosure process, so can you take us through what happened?

Ms COURTNEY - I will get the secretary to talk about the open disclosure process; that was obviously undertaken by the department. To your question, Ms O'Byrne, these matters are serious. I would not, and this Government would not, do anything to seek to hide or abrogate our responsibilities to children. I take this extraordinarily seriously and, throughout this time, I have acted on the advice of government, and as further information came to light, action was taken very swiftly.

Ms O'BYRNE - Clearly not, minister, because for 12 months nothing occurred.

CHAIR - Order, Ms O'Byrne.

Ms MORGAN-WICKS - Through the minister, if I may just comment that it is the department's awareness that the police investigation did not end on the death of Mr Griffin.

Ms O'BYRNE - Can you tell me when it did end?

Ms MORGAN-WICKS - That is a matter for police to comment on, in relation to the end of their investigation, but certainly the department had information that indicated the police investigation was still ongoing in November -

Ms O'BYRNE - Into the matters at the LGH.

Ms MORGAN-WICKS - Into the matter, because open disclosure and the identification of victims in photographs was a process that was continuing, along with a coroner's investigation in relation to the death of Mr Griffin.

Ms O'BYRNE - When did it end? When did you receive that?

Ms MORGAN-WICKS - I can't answer questions in relation to the coroner. I can comment in relation to the open disclosure process.

Ms O'BYRNE - Can I just confirm - and I appreciate the information you're about to give me on open disclosure - but you're not able to tell us, despite everything that's going on, when the police investigation ended, or when the coronial report was submitted?

CHAIR - Ms O'Byrne, she's made it quite clear that these are responsibilities for the department of Police and the Justice department.

Ms O'BYRNE - To be fair, Chair, I find it unbelievable that the question couldn't be answered here, even though they are matters for both of those departments.

Ms COURTNEY - With regard to Ms O'Byrne's line of questioning, I suggest that she direct matters around police and matters around the coronial process to the relevant ministers who have responsibilities for those areas. My understanding is the coronial report was made public on their website on 23 October this year. That's my understanding, but I would suggest that the member seeks confirmation of that from the minister responsible.

Ms O'BYRNE - Did you have any advice on police, which we can also seek confirmation about?

Ms COURTNEY - That's a matter for police.

Dr WOODRUFF - Thank you. We can get to that next time.

Ms O'BYRNE - It's the same question, Chair.

CHAIR - And you interrupted her and asked another question, so now I'm going to Dr Woodruff.

Ms O'BYRNE - It doesn't bode well if that question's not to be answered on this, Chair, but that's a matter for your Government.

Dr WOODRUFF - Minister, you did say that you take this matter and child sex abuse very seriously. They're the sorts of words people expect a minister to say in a situation like this, but they expect it also to be backed by the evidence. The evidence is clearly that it's hard to accept the truth of that statement, given what has happened since Mr Griffin's death, and the so-called open disclosure process for staff.

Staff I've spoken to, and the allegations made by staff on the podcast, are very clear that the open disclosure process was a sham. It was not a process designed to fully provide an opportunity for staff to talk about the concerns they had about information being suppressed or not acted on.

I'd like you to explain exactly what you mean by the 'open disclosure' process that happened. Can you take us through what happened after Mr Griffin's death with staff? Exactly what was the process of that staffer involved with Mr Griffin's phone, and the photographs on Mr Griffin's phone that was made available from the police to the hospital?

Ms COURTNEY - I'll get the secretary to provide comment on the open disclosure process. I expect that all these matters will form part of both the independent investigator's investigation as well as the commission of inquiry. I'll get the secretary to outline the detail of

the open disclosure process. If there are learnings that come through the commission of inquiry with regard to that process, then I welcome that. I acted on the advice that was provided, but I'll get Ms Morgan-Wicks to talk through the process of open disclosure.

Ms MORGAN-WICKS - Through the minister, I might state at first, in terms of evidence that is collected by Tasmania Police in a criminal investigation, it remains at all times in the custody of Tasmania Police. So in terms of an open disclosure process, it has been one that has been carefully conducted in association with Tasmania Police.

In terms of Health, we don't get to see all the evidence that's held by Tasmania Police in relation to a criminal investigation. We get to see what Tasmania Police provides to us.

Certainly I haven't seen the evidence. A small number of staff members associated with 4K and the LGH were engaged by Tasmania Police to attempt to identify persons in the photographic evidence that had been shown to them. I'm informed, from my internal review, that on 29 October 2019 the THS was contacted by Tasmania Police to inform the hospital that alleged child exploitation photographic material had been uncovered during their investigation.

Dr WOODRUFF - What date, sorry?

Ms MORGAN-WICKS - On 29 October, 2019, and to request assistance from the THS to identify the children in the photographs which were alleged to be a hospital setting.

A small number of patients were identified through this process. With the advice and the assistance of Tasmania Police, and also with appropriate social supports, open disclosure to families of the small number of identified patients has been completed. I have not viewed this evidence in question. At all times, it has remained in the custody of Tasmania Police.

Dr WOODRUFF - Thank you. Following up, perhaps the secretary could answer this question as well. I understand from what the secretary said that the evidence provided - and I understand the photographic evidence provided from Mr Griffin's phone, all of those photographs were looked at by appropriate nursing staff to identify any potential patients who had been in Ward 4K and all of those people that were identified as potential patients were notified or their families were contacted.

Ms COURTNEY - I think that Ms Morgan-Wicks said that. Obviously, the photographs that were provided were able to be viewed by this small number of staff. The police may have other evidence and that is a matter for police. The staff Ms Morgan-Wicks referred to within the THS that undertook this were doing so on the evidence it was provided by police.

Dr WOODRUFF - To continue that question and so with the evidence they were provided, every single person was looked through and identified as a patient or not a patient. Maybe Ms Morgan-Wicks could tell us how those staff were chosen, because it is alleged there wasn't an appropriate complement of staff who potentially had the past knowledge of patients, as well as current staff, so that older staff needed to be sourced to do that work. How was that work done?

Ms MORGAN-WICKS - Stepping back in terms of your question, I cannot confirm THS staff involved in the identification, have seen all photographs on any device. I can't confirm the device. It is a matter for Tasmania Police. I can only comment in relation to the

photos that were provided to the THS. There may be more or other types of evidence held by Tas Police that we cannot comment. I wanted to clarify the all. In terms of all of the photos shown to THS employees, in terms of the small amount you are able distinguish, either a hospital setting or a facial feature, certainly those photographs were identified by the small team of staff members involved. An open disclosure process has been completed or disclosure in relation to those patients involved by those people.

Dr WOODRUFF - Sorry, what does that mean? You never clarified. What does 'open disclosure' mean?

Ms MORGAN-WICKS - The concept of open disclosure, and particularly in a hospital setting, is one that hospitals will pursue. It is usually where there has been an adverse event in terms of an outcome of a patient's presentation at a hospital or surgical procedure for example, or otherwise to explain the care and treatment of a patient in hospital. It is a process that usually, for example, an executive director of medical services together with a treating team, would undertake with appropriate social supports. At times, a social worker or psychologist in terms of social supports to undertake a disclosure process with either the patient as an adult and a support person or, if the patient is a child, their parents or other support people that are involved. In this case open disclosure, given that it is quite rare in a criminal undertaking where Tasmania Police holds the evidence in relation to the matter, that it has to be conducted together with Tasmania Police given the custody of the evidence in question.

You asked how staff were chosen in relation to this matter. I know staff have raised with me concerns they have not all been involved in the identification of the photos. That is something that on risk and balance and also trauma to staff involved, the hospital has had to exercise judgment. We attempted to get a range across the staff members that were involved, given experience, et cetera. I also note in terms of the photos that were provided, we did ask in relation to date ranges, to try to identify, but that metadata was unable to be provided to us by Tasmania Police. It was only on the physical photos themselves.

Ms O'BYRNE - The process of open disclosure that you've outlined clearly is attached only to those children who have been identified in the photographic imagery. The risk to other children in the care of Mr Griffin goes beyond the photographic evidence. What actions were taken to identify and support all families who may have been placed at risk from that period?

For instance, I've had children in the hospital and I've received nothing to say during the time you were in 4K there is an issue, would you like to come forward. I'm assuming that I didn't get missed off a list. I'm assuming that there hasn't been a reach out to all parents, you just assume that they're watching the television and listening to podcasts?

Ms COURTNEY - As I've outlined previously, the very day that the revocation of the working with vulnerable persons was received by the department, this nurse was cut off from the systems and asked not to attend work. I was pleased that part, on the face of it, worked as it was supposed to do.

As the open disclosure process was under way and my understanding it was only completed recently; I don't have that date but I can see whether I can find it for you. When the open disclosure process was finished, it was my intention to look at what further steps were

required once those victims, or alleged victims and families had been identified and contacted. That was the process that was underway.

Ms O'BYRNE - I'm taking it on notice that you'll let us know at some stage during today when the open disclosure completed. How often were you briefed from October last year to October this year on the ongoing process of identification of potential victims?

Ms COURTNEY - I received a number of verbal briefings from the department, as well as advice from the department. As I've said previously, I'm not going to start disclosing advice that is confidential between a department and a minister. Throughout this entire period of time I acted upon the advice, and I'm absolutely committed to ensuring that we do what we can to make sure this never happens again.

Mr TUCKER - Minister, there's been a lot of investment into staffing in Health. I'd be grateful if you were able to provide an update for the committee on the Government's efforts to improve the number of permanent positions in our workforce.

Ms COURTNEY - Yes, I'd be more than happy to do that. This Budget enables \$45 million to be injected into elective surgery. This is just part of our \$98 billion investment into Health over the last four years, and includes a 21 per cent increase. That's a \$1.7 billion increase on last year.

We are also committed to ensuring that the THS is meeting demand in our hospitals, with over \$50.2 million over the next two years to support staff and beds in our major hospitals, on top of \$600 million additional funding announced earlier this year.

There is also \$299 million over four years to continue the rollout of 250 new beds at the Royal Hobart Hospital, as well as \$15.4 million over four years to open and staff new beds on ward 4K on completion of the redevelopment, and \$9.3 million over three years for the new services and staff at the Mersey Community Hospital. This is unprecedented resourcing for our system - delivering record staffing levels, opening beds and investing in the facilities our patients deserve. There has also been significant growth in staffing in the THS, supported with this funding. Between coming to Government in March 2014 and June this year, there are now more than 1 500 additional FTE staff in our health system. This is above and beyond our existing workforce as it was in 2014, not simply the number of people who have been hired.

The Tasmanian Government has a plan to rebuild a stronger Tasmania and we are committed to delivering this. We are supporting staff, driving better care and delivering the best possible outcomes for patients and we will continue to do this.

Ms O'BYRNE - Can I just go to the time frame again. The first complaint was received by police in May and as we have heard through the podcast one of the complaints was not only by the victim, but the victim's family member who worked at the LGH. Police have advised that they advised other departments on 26 July. Was the department or the hospital in receipt of any information from police about a potential paedophile working on a ward with children, between May and 26 July when they advised other departments and 31 July when you were advised, minister. What information came prior to that date to the department or the hospital?

Ms COURTNEY - I can't confirm information that was provided by other agencies. My advice is that the revocation of the Working with Vulnerable Persons was received, I think I said it was 31 July and that was the date that Mr Griffin was asked not to attend work.

Ms O'BYRNE - When was the hospital first advised of the allegations? Was there any information prior to 31 July provided to the hospital about Mr Griffin and the risk to children?

Ms COURTNEY - The secretary is indicating no.

Dr WOODRUFF - Minister, how many ex-patients of ward 4K were contacted by the LGH as a result of the open disclosure process?

Ms COURTNEY - I will see whether the secretary is able to comment on that.

Ms MORGAN-WICKS - Sorry, if you can repeat the question?

Dr WOODRUFF - How many ex-patients of the LGH ward 4K were contacted as a result of the open disclosure process?

Ms MORGAN-WICKS - My understanding is that it is three, but we are just confirming that number.

Dr WOODRUFF - Thank you. Minister, the allegations made directly to the charges that James Griffin had laid against him by the Tasmanian Police, and also the allegations made in *The Nurse* podcast, are not just of pornographic material that was taken of children, but also a range of other truly horrifying abuses, including sedation and touching of children. Not all of those may have been photographed clearly. It is alleged there are many instances where Mr Griffin misused his personality and trust to inappropriately spend time with children in a way that some victims have come forward and they feel it has affected them. Why did you decide that the open disclosure process would only include looking at the photographs that were provided by Tasmania Police?

Ms COURTNEY - Regarding the open disclosure process and the steps the department took, they acted on the information that was provided for them. I can't comment on what the other information the police may or may not have, or on other allegations that have come forward more recently. I don't know if they were a matter of police investigation. My understanding is the department acted on the information that they were aware of.

I would like to state very clearly, as I have previously, we have mechanisms for people to be able to come forward. I personally have had conversations with current and former staff regarding this matter. I want to make sure that people are supported, but also there is a mechanism for them to be able to come forward with their story and to have that looked into. Indeed, through the process the secretary has set up, has set up an email address and I believe a phone number as well within the department for any allegations, whether it is about a matter pertaining to an alleged activity or pertaining to the workplace in any way, so they can come forward.

I understand that moving through that process - with the right caveats around their confidentiality of mechanism, people have come forward, because we want to ensure that they

are protected - that information will be provided to the independent investigator. It is important that people do come forward with the information they have.

Dr WOODRUFF - Did you consider contacting all patients who had been admitted to Ward 4K during the period of time that James Griffin was a nurse on that ward?

Ms COURTNEY - With regard to that matter, the department was undertaking an open disclosure process. Once that process was completed, it was my expectation that we would look at what further steps would be required.

Dr WOODRUFF - I find that really hard to believe, given it was October this year until anybody in the Launceston community really heard about what had happened as a result of a journalist doing a podcast. That is a year after you started the open disclosure statement. Were you ever considering contacting patients who had been admitted to Ward 4K while he was a nurse?

Ms COURTNEY - It was a year after we had commenced a process, based on the information that was provided to us by police.

Dr WOODRUFF - That is a very long time.

CHAIR - Order, Dr Woodruff.

Ms O'BYRNE - Minister, you say for the year in which no public action was taken, that you were receiving ongoing verbal updates and also ministerial advice that you are not prepared to comment on. Who did you advise about this? When did you tell the premier about this, and what discussions did you have with him about this issue?

Ms COURTNEY - I am not going to go into conversations that I have with the premier or other ministers. My understanding is that we kept the premier's office informed.

Ms O'BYRNE - When did that happen? When did the premier's office get informed and how regularly did you inform them of updates? You were getting regular verbal updates. Did you report all of those?

Ms COURTNEY - With regard to engagement with the premier's office or other ministers, I am not going to go into the detail of conversations that I have with other ministers or the premier.

Ms O'BYRNE - I am asking when these conversations took place? That should not be difficult to answer, minister.

Ms COURTNEY - When I am saying I am not going to go into them, I am not going to go into the date ranges of conversations that are confidential.

Ms O'BYRNE - Minister, you have been dragged kicking and screaming into a commission of inquiry, which has had to be ordered by the Premier. When did you first advise the Premier of these allegations and the risk to children in 4K?

Ms COURTNEY - With regard to these matters, I reject any assertion that this Government has been dragged. I feel very strongly about this matter. I have acted upon the advice of the department at all times. As soon as further allegations came to light for me, that is when I asked the secretary to undertake an investigation. Further information came to light and an impending investigation was stood up.

The allegations that have come forward over the past weeks have been deeply disturbing and I want to be clear that the breadth of the allegations that have come forward recently are far beyond the scope of what I had been briefed on and the information that was provided to the department by Tasmania Police.

Ms O'BYRNE - In the one year, where only three families were contacted through your open disclosure process, what legal advice did you receive about risk to the department and their liability for having an unsafe environment in which children could be hurt?

Ms COURTNEY - With regard to advice provided to the department, that is a matter for them to comment on.

Ms O'BYRNE - Could you ask the secretary to answer the question, what legal advice was provided?

Ms COURTNEY - I can ask the secretary, but with regard to legal advice it is usually privileged so I cannot imagine the secretary will disclose it.

Ms O'BYRNE - Perhaps we could ask whether or not legal advice as to the risk proposed to the Crown was received by the department?

Ms COURTNEY - We do not disclose any receipt of advice whether it is sought or what it has received.

Members interjecting.

CHAIR - Ms O'Byrne, Mr Tucker has the call.

Mr TUCKER - Minister, can you outline what progress has been made on the LGH so far this year and provide an update on the LGH master plan process so far?

Ms COURTNEY - Yes, I can. With regard to our capital investment that I talked about earlier, this includes \$79.8 million over four years to deliver a major development and expansion of the LGH. Progress continues to be made on the \$87 million Launceston General Hospital redevelopment and I am pleased to confirm that Stage 2 of the Ward 4K project has recently been completed. Stage 3 will be completed next year. Members of this committee might recall that Stage 1 was finished in June this year and includes negative pressure rooms which have an airlock and en suite, allowing patients to isolate; the first ever bariatric room for adolescents at the LGH; a new adolescent lounge area and contemporary school room to support learning by patients across the primary and secondary age ranges. Stage 1 also delivered a new allied health treatment and rehab space and an activity room for individual or group-based therapy sessions such as yoga or art therapy.

We also completed the \$5 million car park works in September which added new levels and significantly increased parking availability in the area. Since work on the LGH master plan recommenced in late August 2020, the Northern Reference Group has met several times to undertake further clinical service planning analysis and consider the future facility needs of the hospital. It is expected that an advanced draft of the LGH master plan will be completed in December which will be informed by the clinical services planning. There will be further public consultation in early 2021 to ensure that the master plan is aligned with a vision and feedback provided by the community.

Dr WOODRUFF - Minister, Tasmania Police have confirmed that they began investigating allegations against James Griffin in May 2019. The Police minister knew about this investigation in August 2019. As Health minister did you know about this at the same time?

Ms COURTNEY - I can't comment on what the Police minister knew when or where. I can comment on when I was advised, and I was advised of the revocation of the Working with Vulnerable People on the 31 July.

Dr WOODRUFF - On 31 July?

Ms COURTNEY - Correct.

Dr WOODRUFF - Was that the same time the Police minister became aware of it?

Ms COURTNEY - You'll have to ask the Police minister. That is a matter for him. I don't know when he became aware of things.

Mr CHAIR - Ms O'Byrne.

Dr WOODRUFF - Chair, I have a second question.

Mr CHAIR - And you have already had 10 questions, so I am going to Ms O'Byrne.

Ms O'BYRNE - Minister, you became Minister for Health in June?

Ms COURTNEY - I think so, yes.

Ms O'BYRNE - Exactly June. What conversations have you had with the former health minister about this issue?

Ms COURTNEY - As I said in my previous answer, I am not going into conversations that I have with colleagues.

Ms O'BYRNE - Minister, nothing prevented you from advising the public about the circumstance of James Griffin. Nothing prevented you from disclosing this and allowing the community to take what appropriate action they may feel necessary. Who told you not to?

Ms COURTNEY - With regard to the action that was undertaken, there was as I have said previously, an open disclosure process. I acted upon advice from the department and it

was my expectation that once that open disclosure process had completed, then we would look to what appropriate next steps were.

Ms O'BYRNE - Minister, open disclosure is a normal practice within healthcare around the country. There are national guidelines on it. They don't preclude you from taking action in the broader public sphere. They are to do with, predominantly, an adverse effect and where you can provide an apology to the family, an understanding of what happened, allow them to tell their story and then to tell them what action you are taking.

That is different to what was required in this circumstance which was that you needed to come clean with the public about what had gone on, because not only is that the right thing to do in terms of clarity and not hiding things, it would have given an opportunity for you to identify more people placed at risk. It took you almost a year - November is when we think the open disclosure process completed. It's not clear to me the final time frame. Why, at no time during that process when it was taking so very long, did you not think to go public and tell people what had happened? Why did you need to hide it?

Ms COURTNEY - I would like to be very clear this was not about hiding things; this was working through a process conducted on advice from the department. These are very serious matters and there is a potential for a very real trauma that can be provided by this matter and I took advice on how we should deal with this appropriately.

Dr WOODRUFF - Minister, the concern people in the community have and a number of staff have voiced from the LGH is the process that has been identified by LGH management or THS - I am not sure who is involved for this investigation - has always been about keeping things as quiet as possible.

It just simply doesn't pass the pub test in the community you as Health minister would be aware of the enormous ramifications of not only what Mr Griffin was charged with, but the subsequent allegations voiced by staff. You didn't make some global statement to the community of concern and alert people who may have had children in the ward to the fact this person had worked there and expressed concerns and offered an opportunity for people to come forward publicly.

Can you please explain why you did not step up that process and make a public statement when you really understood the implications of what had happened in November last year?

Ms COURTNEY - With regard to the information provided, I have talked before, as has the secretary, about the information disclosed by Tasmania Police to the department. Recently there has been a lot more information come to light. I want to be really clear I was not aware of that, nor was the secretary of the department. When further information came to light through various mechanisms we acted swiftly.

Dr WOODRUFF - Do you think it's a problem you weren't aware of that information that you, as Health minister and the secretary there had been some blockage you weren't getting that information? That is really very concerning.

Ms COURTNEY - This is where I think the positive thing of the independent investigation, as well as the commission of inquiry are to look at the processes and procedures around matters such as this. It is important people feel safe to be able to come forward with

matters of this nature. We want to make sure we have cultures within our organisations as well as in our communities that drive and foster the support of victims to be able to come forward and be supported and have their stories acted upon in the appropriate mechanisms.

With regard to this matter, I have an expectation all these matters will be looked at through the independent investigator, as well as the commission of inquiry. I have an expectation there will be learnings for Government and there will be learnings for the whole community considering the breadth of the allegations that have to light and the extent of them.

Ms O'BYRNE - Minister, these are all the actions you are taking late this year in recent weeks due to media scrutiny for an internal inquiry and a commission of inquiry now that's finally been announced by the Premier. My concern, minister, is that it does not appear you took any investigative action to identify the scope of Mr Griffins' activities at the LGH from the time you became aware.

It is well and good to say there's a police investigation ongoing; that does not stop you from having a look at your own systems, your own reports, your own department to see what was going on at that time. What did you do to uncover the scope of his behaviour and activities and damage from July last year prior to the investigation?

Ms COURTNEY - As I've outlined, the department acted immediately on notification of the revocation of the working with vulnerable persons card.

Ms O'BYRNE - You don't have a choice to do that. That's actually mandatory.

CHAIR - Order, Ms O'Byrne.

Ms COURTNEY - Yes, and I'm making it very clear that action was taken on the day of that notification, which is important to note. I cannot comment on the information that's contained within the police investigation. The department acted upon the information that was provided by Tasmania Police. They undertook an open disclosure process, and then we looked to what our further steps would have been.

I want to make it very clear that the breadth of things that have been disclosed recently - I was not aware of, the department was not aware of, and these matters need to be looked into. They're incredibly serious. I encourage anyone who is either a former or current employee or patient of the LGH, or indeed are community members who have further information, it's really important that, not just as a government, but as a community, we can understand this situation, and why an alleged perpetrator could have acted over such a long period of time.

The things that have been made public recently are disturbing and quite abhorrent to me, and I want to ensure we have the right systems in place. That is why, on understanding the breadth and information coming to me, I asked the secretary to immediately conduct an internal investigation and look at our systems to see how they have responded.

Ms O'BYRNE - Sorry, when was that?

Ms COURTNEY - That was soon after having more information come to light.

Ms O'BYRNE - We're talking these last few months, though. When you say you acted immediately, minister, you acted immediately after the media exposure of this issue. Do you accept it is reasonable to assume that had you initiated an investigation when you first were aware of this, you may have been able to uncover these things up to 12 months ago? Do you accept that had you'd done an investigation then, you may have been able to do these things and, if so, why didn't you do that?

Ms COURTNEY - I'm not going to go into hypotheticals. I acted on the information that was made available to me. When further information was made available, I acted with regards to requesting the secretary to undertake an investigation.

The breadth and extent of the allegations against this man are very disturbing. If I, or anyone in the community - and I know this person was well known to many people in the Launceston community and engaged in many organisations - if any person I've spoken to, and I know even people around this table, had been aware of the extent of the allegations, then further action at that time would have been taken.

I am sorry, I cannot speculate on hypotheticals.

Ms O'BYRNE - I'm not saying it's hypothetical, minister. What I'm saying is that the abuse of one child in the care of the state in a hospital situation should have been bad enough. The police were investigating more than one such instance. You were responsible at that time, and you chose not to conduct a full inquiry then to understand the scope of risk for children. What advice did you have that suggested you did not need to take that action?

Ms COURTNEY - I want to be very clear that the department acted swiftly with regard to the open disclosure process.

Ms O'BYRNE - No, minister, you've made it clear the department did not act swiftly.

CHAIR - Ms O'Byrne, please.

Ms COURTNEY - Sorry, could you ask the question again? I wasn't quite sure where you were going on that one.

Ms O'BYRNE - Minister, there was enough evidence to indicate that there was significant risk to children simply by the police investigation. For you to say there wasn't enough evidence to prompt an inquiry by the Government, until there were much greater abuses produced, actually takes away from your first responsibility, which was the protection of children, even if one had been harmed.

You knew back in July last year that more than one child had been harmed. What advice did you have that said you did not need to do an inquiry then?

Ms COURTNEY - I'm happy for the secretary to talk to her advice to me, about the steps that were undertaken and the rationale for those steps regarding to the open disclosure. Obviously that process was under way, and the Government has acted to ensure that we have an internal review and an independent investigation and now a commission of inquiry. All these matters, I expect Ms O'Byrne, will be part of that scrutiny.

Ms MORGAN-WICKS - Through the minister, I think we need to be very careful in terms of the roles and responsibilities of departments. The Department of Health is not the Tasmania Police. The Department of Health does not receive a copy of criminal charge sheets, for example, in a criminal proceeding from Tasmania Police. The Department of Health's first notification in relation to serious child sexual abuse allegations was assumed through the notification of the cancellation or suspension of a registration of working with vulnerable people. When those suspensions occur, no suspicions are formed in terms of mind and the concern around the conduct of an employee. We actually don't receive information from the Registrar of Working with Vulnerable People as to the basis on which that registration is cancelled. However, we are compelled to take immediate action once we are informed that someone's registration is actually cancelled.

It is in that context that we need to be careful around what the Department of Health can actually disclose to the community about matters or materials that we do not know. I do not know what information is in the Tasmania Police investigation. I've had conversations, for example, with Commissioner Hine in relation to what information can actually be disclosed by police to an organisation. I do not know when a police investigation is commenced or initiated, but in this case Tasmania Police contacted the THS in relation to evidence and photographic material which we were asked to assist them with, and at all times the investigation at that point remained open and I do not know the date on which the investigation actually concluded.

Mr TUCKER - Minister, can you provide an update on the Government's plan to deliver more support for community-based care?

Ms COURTNEY - Thank you, Mr Tucker. The Government has a strong commitment to Tasmanians receiving more care and support in the community and we've a proven record of investing in community-based models. We know that the more support Tasmanians are able to access outside the hospital, the less chance they will have of needing the services within the hospital. Take the community Rapid Response Service, first initiated in Launceston, now with pilot services expanded state-wide; the Hospital in the Home trial in the south where appropriate patients are receiving acute level hospital service in the comfort of their own home; and our investments in telehealth in the wake of COVID-19 which have bolstered the number of connections we have been able to facilitate from 20 virtual rooms pre-COVID-19, to now accommodating up to 5000 bookings. In addition, there is a mental health Hospital in the Home service being delivered by the Royal Hobart Hospital and Mental Health Services.

We are delivering \$4 million in this year's State Budget for community health providers, to support them to keep doing their important work. This includes: Epilepsy Tasmania; the Stroke Foundation, which is delivering extraordinary support for stroke survivors and their families; the Hobart District Nurses; and Palliative Care Tasmania, with their incredible efforts and advocacy to improve community access to palliative care, as well as end of life care training programs. They are invaluable and irreplaceable. That's why we are proud to be backing them in with \$1 million of funding.

With regard to delivery of cancer related services, programs and support, \$500 000 has also been provided for the Cancer Council Tasmania, and I particularly thank the volunteers and the staff of the Cancer Council for the work they have done in what has been a very difficult year. These organisations are delivering important healthcare and services right across Tasmania.

Furthermore, I was delighted to recently launch Our Healthcare Future, an exciting program that is charting the path for the next stage of our health service reform agenda. The Government is focused on looking at how we can get our services better integrated across the acute and primary health sectors so that patients are getting the best possible care. Immediate actions include a new initiative in the north and north-west to provide GPs and other primary health care professionals with rapid access to non-specialist GPs and the \$23 million health technology package, funded in the Budget, to deliver a new HR system.

This system will reduce paper-based systems for our hardworking staff so they can spend more time with patients, and will also provide better workforce information for our health services.

There is also the 10-year health digital transformation plan, which will lay out the pathway to ensure we are putting improved use of technology at the centre of delivering better patient care.

Our health care future contains a range of actions over the short, medium and longer term that will build a better health system. We are working closely with the community, clinicians and key health stakeholders on what we want the system to look like. With these investments and this Budget, we can see quite clearly this Government's strong commitment to health in our communities. We want Tasmanians to feel supported in the community and we want them to access the services they need where and when they need them.

Ms O'BYRNE - Minister, the Premier has advised the other committee that he was informed about the Griffin issue late last year. When you discussed it with him did you discuss keeping it secret then?

Ms COURTNEY - As I have said previously to other questions, I am not going into conversations that I've had with the Premier or other ministers.

Ms O'BYRNE - Minister, the reason we are having to ask these questions today is because you, your department and your Government have chosen to keep these things secret for as long as you can. Can I please ask you to stop doing that and talk to us now about what actions took place and what conversations took place, because it is only clarity and honesty that is going to get our community through what is an incredibly distressing period. Minister, whose decision was it to keep it a secret?

Ms COURTNEY - Ms O'Byrne, as I said before, I'm not going to go into conversations I've had between the Premier and other ministers. I expect all these matters will be looked into, through both the independent investigation and the commission of inquiry. That is the appropriate mechanism for the scrutiny of these matters. That is the appropriate mechanism for advice about these matters. I encourage Tasmanians to come forward and contribute to these investigation processes to ensure we have the most robust system as possible.

It is important for Tasmanians to understand we have support in place to be able to support you. That is a very important message and I would like to ensure it is strongly communicated to the community.

Ms O'BYRNE - Minister, you said that you want a robust process. You said that you want an appropriate response. Clearly you didn't want that 12 months ago or you would have

had an investigation at that point. Minister, can you confirm that staff were told 'to shut up' or to 'not disclose the circumstances' when they were made aware last year?

Ms COURTNEY - I cannot go to comments that were or were not made or not to staff. The secretary might like to comment. I advised staff were being supported through this very difficult time. Further support is being provided, because it is an extraordinarily challenging time for the current and former staff.

Ms O'BYRNE - Minister, when you heard that staff had been told not to speak, did you investigate that to see if it was the case?

Ms COURTNEY - I might go to the secretary to make a comment.

Ms MORGAN-WICKS - I have spoken with several staff from 4K in relation to this matter. I obviously can't comment where they have provided information to me as a protected interest disclosure. In general terms, I have had conflicting information about allegations that one or more staff were told to be quiet. At the heart of this, and it is certainly an issue throughout our hospitals, is the messaging or training of staff about patient confidentiality and about commenting on or to patients.

The complicating factor here was that Mr Griffin was also a patient of the LGH, prior to his death. I cannot go to the exact time. That hasn't come through in the allegations of when people were allegedly told to be quiet, or whether that related to the timing of an event when Mr Griffin was actually a patient. We can't make any public comment or any kind of social media comment or public comment in relation to that death. We also had the complication of an ongoing police investigation. When that occurs, medical staff will often be told not to make a public comment so as not to compromise the investigation.

I am not trying to defend anyone. I am trying to provide the context in which messages such as protecting patient confidentiality, or protecting the conduct of a police investigation, or protecting the conduct of a coroner's investigation are conveyed, and how those messages are considered by staff to try to decide what actually can be said.

We need to be better at that process. I have spoken to the staff of 4K about our messaging around that. I am setting up a restorative justice process with the staff of 4K to allow them to sit and talk about their feelings, their concerns, and the issues they have raised.

I discussed that with staff over the two lengthy sessions that I have held with them over the last two weeks. The process stems from their calls to continue to have a debrief session - as they do about serious events that often occur in relation to medical treatment in the standard course of practice. I should not say 'often occur'; rather that they would have a debrief session when an event or an adverse occurs on 4K.

Dr WOODRUFF - Minister, a young journalist acting on her own, not even based in Tasmania, was able to uncover details about the extent and extreme seriousness of the abuses that occurred on Ward 4K more effectively than the Tasmanian Health Service or LGH management. Why did staff feel they had to go to this journalist in desperation? Her podcast alleges staff said they were being shut-down by management at the LGH and were not able to speak out. Why did staff feel that they needed to take that step?

Ms COURTNEY - I want to be very clear in my message to staff: we want them to come forward. You can come forward through a range of mechanisms and you will be supported. It is very important through this process that allegations can be looked into and investigated appropriately, whether the allegations are about the deceased nurse or about our systems within the THS now or historically. I expect all those will be looked through in the independent investigation and the commission of inquiry. I understand the terms of reference for the independent investigation were drafted so this information could be looked at.

As Minister for Health, I am very keen that we fully understand the circumstances around the deceased former nurse. That is paramount. However, it is also important to ensure our systems are as robust as they can be and that the culture supports those systems.

Dr WOODRUFF - Minister, with respect, the question was about the past, not what you are doing now. Why did they feel they had to take that step in November last year?

Ms COURTNEY - It would be wrong of me -

Dr WOODRUFF - Was it the iron-grip of control over the management wanting to shut down any conversation in the community about this? They are such serious accusations?

Ms COURTNEY - I do not think that is appropriate. It is not appropriate for me to talk about the mind-set of a worker within the LGH at a period of time.

Dr WOODRUFF - You are not interested in what was going on?

Ms COURTNEY - That is rubbish.

CHAIR - Dr Woodruff, please do not interrupt.

Ms COURTNEY - I have spoken to both current and former staff at the LGH and I have assured them we want them to come forward. We want their stories to be heard and we will provide the support that is most appropriate to them.

Dr WOODRUFF - Thank you. The secretary commented earlier that only the police have a role in investigating serious allegations like this and getting to the bottom of those matters. That is not true, minister. The Health Department itself has already done an internal investigation and now has called for an independent investigation.

Ms COURTNEY - To clarify - the internal investigation I requested the secretary of the department to undertake, is ongoing. That investigation is not complete. As I said earlier, because of the time frames around the independent investigation or the commission of inquiry, if there are immediate learnings I expect to implement them now. When we are talking about such serious allegations, I do not think it is appropriate to simply wait for 12 months before action is taken. As the secretary said, she will provide the investigator with all the information she can, considering the confidentiality that covers people who have come forward. We will cooperate fully.

Dr WOODRUFF - I did not get to ask my question. The question was, minister, what triggered the independent investigation, which you only announced last month? Why didn't you take steps to do that last year?

Ms COURTNEY - As I have said publicly before, I became aware of more information.

Dr WOODRUFF - What was that further information?

CHAIR - Order, Dr Woodruff.

Ms COURTNEY - I am not going into conversations I have had with current and former staff.

Dr WOODRUFF - It came to light after we asked questions in parliament obviously. Minister, what triggered the independent investigation?

Ms COURTNEY - As I have stated many times now - further information came to light. Obviously, there was public reporting. Let me be clear: I was not aware of the nature of a lot of the allegations that were reported. There was also engagement with current and former staff. There was a range of different sources of information that came to me.

Ms O'BYRNE - Minister, you just said that you do not think it is acceptable to wait for 12 months while this inquiry process is undertaken before taking some action. Why was it acceptable to wait for 12 months after you learned of the allegations around Mr Griffin's behaviour?

Ms COURTNEY - Action was taken on the information provided to the department last year about the allegations concerning Mr Griffin's behaviour. The department and I have acted immediately on extensive further information that came to light relatively recently. The allegations that have come forward are abhorrent. We need to ensure we have robust systems in place, cultures in place, not just in the THS, but across our entire community to ensure that this does not happen again. We also need to ensure that we have a culture that encourages victims to come forward, have their experiences heard in a safe way, be supported and have those concerns referred through the appropriate mechanisms.

Ms O'BYRNE - Minister, you say that you acted immediately when further information came to light. The key question that concerns me, and a number of people in the community, is that you chose not to know about those until they came to light in the media. At no time as minister would you have been prevented from launching that immediate inquiry. Let us admit it is over a year and only after you were forced to do it by media exposure. Minister, when you were briefed, did you discuss the need for an immediate investigation? Did you then choose to only do an open disclosure process targeting the known victims?

Ms COURTNEY - I have acted on the advice of the department on processes that have been put in place. The department has acted on the advice that has been made available to them. The extent and breadth of information that has come to light was not known to me previously. When this information was available, steps were taken very quickly to ensure that additional action was taken. Let me be very clear that, as well as an internal investigation and an independent investigation being conducted by Ms Maree Norton, the Premier has announced a commission of inquiry. The Department of Health will cooperate fully. I strongly feel we need to ensure that those matters which have been raised are investigated fully, with appropriate referrals to the right mechanisms, and also that we ensure we have the most robust system possible. That is what I would expect of any government agency and that is what the community expects.

Ms O'BYRNE - Minister, do you accept that -

- allegations and complaints made over many years were downgraded, sometimes destroyed and certainly ignored?
- when allegations were brought to light by police, staff were told not to talk to anyone? I accept the secretary's position about commentary on private information. That should not have precluded staff from coming forward with their concerns- but they felt it did.
- you failed to act until you were drawn in by the media and now are forced to have a commission of inquiry?

Do you accept that people do not have confidence in the ability of this Government and in particular, you as minister, to respond fully and appropriately to this matter?

Ms COURTNEY - No, I do not. I reject that absolutely.

Mr TUCKER - Minister, you mentioned earlier a \$45 million boost for elective surgery. Can you provide more detail about that funding, and what it would mean for Tasmanians waiting for surgery?

Ms COURTNEY - Thank you, Mr Tucker. This year's State Budget will provide a further \$45.5 million into elective surgery over the next 18 months. This will deliver more surgery for more Tasmanians - reducing waiting times, bringing down the waiting list and driving better outcomes for patients. This new funding, together with the previously announced \$15 million provided through the Commonwealth, means our health service is expected to deliver an estimated 8 500 additional elective surgeries for the Tasmanian community over the next 18 months. This is a huge boost to our surgery capacity with an estimated 19 000 surgical procedures now planned for the 2020-21 financial year. Importantly, this also means we have now delivered more than additional \$170.5 million for elective surgery since 2014.

The Government is also delivering more than 11 000 endoscopic procedures in 2020-21. This will be the highest level of endoscopy services over the last seven years, and represents an increase of more than 15 per cent on the levels of service delivered in 2019-20. The Department of Health and surgical service leaders in the THS will work together to plan the additional surgeries and ensure they best meet the needs of the Tasmanian community. We know the national decision to cease most non-urgent elective surgeries, as well as IVF procedures, was a difficult time for many Tasmanians and their families. This period of restrained activity had a negative impact on our elective surgery performance measures, but we are working hard with our clinicians and through this additional investment to ensure we can see more Tasmanians get their surgery sooner.

Dr WOODRUFF - Minister, I'm not sure if you are in a position today to release or tell us about the terms of reference for the commission of inquiry but I want to raise something with you about those terms of reference. As you would know, the medical sector in Launceston is characterised by a significant overlap between public and private practices. The paediatric unit at the LGH is the only dedicated unit for children. The private laboratory, Launceston Pathology, has a monopoly on pathology services. Medical practitioners in private practice regularly attend to children in both public and private medical settings. How will you make

sure - and will you make sure - that the terms of reference for the commission of inquiry include the power to compel evidence from private sector practitioners who are not employed by the state but may have had access to children at Ward K?

Ms COURTNEY - Thank you, Dr Woodruff. The Premier has stated this morning he will be taking advice on the terms of reference over coming weeks so I can't comment on what will be contained in them. I expect the Premier will consider a range of areas which need to be encompassed in the terms of reference, based on the appropriate mechanisms and advice. I expect the terms of reference will have the breadth to ensure any matters pertaining to this can be fully looked at.

Dr WOODRUFF - I will highlight there are real concerns that James Griffin was not only abusing children on ward 4K himself, but was facilitating the access of other abusers to ward 4K to have access to children. I want the public record to note there is a need for this commission of inquiry to be wide in its powers and not solely focused on the public system in this particular case.

Ms COURTNEY - Let me say very clearly - if anybody, whether it's a member of parliament or a member of the community, has any information pertaining to a criminal act against a child, please make sure that they are referred to police. I expect you would do so, Dr Woodruff, if it came to your attention.

It's a really important message - if anybody is aware of allegations of illegal activity when it comes to care for our children, please make sure these are referred to the police. We have the protocols within our systems of reporting to ensure that referrals are made, and mandatory reporting takes place. I repeat, if any member of parliament has any information pertaining to a crime, please tell police.

Dr WOODRUFF - You know how the Greens operate. Our record speaks for itself.

CHAIR - Dr Woodruff, I'm giving the call to Ms O'Byrne.

Dr WOODRUFF - I've only had one question, Chair. That was one question and I have had a long gap in questions.

CHAIR - Dr Woodruff, please don't question the rotation. You have done better than the other two people sitting at this table who have asked questions so far this morning. I can show you the numbers at the morning tea break. Ms O'Byrne.

Ms O'BYRNE - Thank you, Chair. Minister, you said - through the secretary - that you have been able to make contact with three children identified in the open disclosure process, from looking at the photographs. Minister, how many others have you not been able to identify from photographs?

Ms COURTNEY - The secretary has further information pertaining to your last question.

Ms MORGAN-WICKS - Through the minister - I mentioned when answering a previous question that I thought three children were identified, but I would seek confirmation.

I advise the number is three. Two families were offered open disclosure and the third patient had already received disclosure through the police.

Ms O'BYRNE - Sorry, my question was, were there others in the photographs who were not able to be identified by staff and have, therefore, not been offered open disclosure?

Ms COURTNEY - That's a matter for the secretary.

Ms MORGAN-WICKS - I can only speak from the information I have. I am informed that photographs shared with the THS identified facial features to allow for identification -

Ms O'BYRNE - It looked as though they were at a hospital.

Ms MORGAN-WICKS - Yes. In terms of a hospital setting, those patients were identified and disclosure offered.

Ms O'BYRNE - All of those patients?

Ms MORGAN-WICKS - That is what I have been informed.

Ms O'BYRNE - So we're talking -

Ms MORGAN-WICKS - But I have not seen the evidence so I can't validate that process.

Ms O'BYRNE - No, I appreciate that. Is it possible to ask the secretary to find out if there are families who have not been identified?

Ms COURTNEY - I can take that on notice. If the secretary needs to answer that question further or can find information, we will provide it, but I can't guarantee we will have more information that we are able to provide.

Ms O'BYRNE - The question is whether there are other young people who were featured in the photographs and not identified.

CHAIR - If you can put that in writing, Ms O'Byrne, we will then put the question to the minister.

Ms O'BYRNE - Thank you. Minister, how many complaints or reports from staff against Mr Griffin are you now aware of?

Ms COURTNEY - I will ask the secretary to answer.

Ms MORGAN-WICKS - I shared with staff in 4K last week we are aware of nine complaints or alleged incidents raised by colleagues over the course of Mr Griffin's 27 years with the THS. These nine complaints were not held in one system or one location, and have been pieced together to try to create a single picture of Mr Griffin's work history and conduct.

Ms O'BYRNE - To follow up, do you have the numbers that may have been forwarded by family members or children - complaints or reports made by individuals who were directly affected, not colleagues?

Ms COURTNEY - I don't know if we have that information.

Ms O'BYRNE - Is it possible to check? I accept you may not have it.

Ms COURTNEY - We can check to see if there's further information. All this information will be provided to the independent investigator and the commission of inquiry. All these matters will be looked into fully through those processes, in terms of our current and historical systems

Ms O'BYRNE - Do you have a work history for Mr Griffin for the 27 years.

Ms COURTNEY - I am conscious of privacy around Mr Griffin. I know he is deceased but I want to ensure that confidentiality. We have to ensure we do not break any confidentiality requirements that we are legally bound by.

CHAIR - I suggest that question also be put in writing. They have already indicated they will take it on notice.

Ms COURTNEY - Yes, I am happy to do that.

Ms O'BYRNE - Can I then ask what investigations you have now taken around the health services at Ashley.

Ms COURTNEY - With regard to the health services provided through the minister -

Ms O'BYRNE - Yes, through health.

Ms COURTNEY - That is a matter for Communities.

Dr WOODRUFF - Minister, we are coming to understand there is a generation of children in Launceston who went to ward 4K. Has the department looked at the number of children who were exposed to James Griffin while he was working as a nurse in 4K? How are you speaking to children - or maybe now adults - and their families who are coming to terms with the public information about what occurred and asking themselves what happened to them or their children? We hear stories of adults understanding things they had suppressed or not thought of as children. How many children are we talking about, and what are you saying to those people now? What support are you providing?

Ms COURTNEY - I know there is a significant amount of distress in the community. I have spoken to a number of families who have had children who have spent time in that ward 4K. This information has been new and extraordinary distressing for many families and many people in the community. We have stood up the independent investigation, being done by Ms Maree Norton. The independent inquiry will be a way for people to come forward. The internal review being undertaken by the secretary provides mechanisms for employees and people in the community to come forward with information. I know they will consider what support they can provide and what referrals need to be made. We have also referred on a

number of occasions to the support services that are available in the community for victims of any kind of sexual assault.

I encourage anybody who has been impacted to seek the help they need and to come forward to authorities to ensure your story is heard, and the matters are referred to the appropriate mechanisms to be acted on.

Dr WOODRUFF - You did not answer how many children have been through the ward.

Ms COURTNEY - Over that period of time?

Dr WOODRUFF - Eighteen years while Mr Griffin was working there as a nurse.

Ms COURTNEY - I would not have that information.

Dr WOODRUFF - It seems an important piece of information for us to understand.

Ms COURTNEY - I do not think we would even have a system to be able to track over what is an extensive period of time.

Ms O'BYRNE - You would be required to keep the records.

Dr WOODRUFF - Surely there must be records of numbers and admissions and it has gone to the Commonwealth Government - and you know there has been funding as a basis of that information.

Ms COURTNEY - I'm more than happy for the secretary to provide further advice.

Ms MORGAN-WICKS - Through the minister, I don't have a number of patients over the 27 years. We would have to try to piece together Mr Griffin's rostering information over an extensive period of time. We know that information is not currently available to us in a single source in our information system - and that is why I am very pleased to receive funding for a new HRIS system in this year's budget so that rostering information can be stored and held electronically and connected to payroll information, and so on. It's a significant investment being made into HR systems. We have had to try to piece together electronic and paper records and also verbal recollections of staff members involved in the Mr Griffin matter.

Dr WOODRUFF - I suggest you might need to do that work sooner rather than later because it is alleged that complaints were made as early as 2002 and 2003 - we are talking about complaints of alleged abuse happening 18 years ago. It is important to understand the exposure the abuser had to children and what numbers we are talking about. Minister, I believe you and the Department of Health need to consider taking responsibility for providing counselling and support, rather than just sending them off to other services in the community. They may be appropriate for particular things but generally the department needs to put some more resources into counselling for people.

CHAIR - Do you have a question, Dr Woodruff?

Dr WOODRUFF - Yes. Will that happen?

Ms COURTNEY - We are putting more resources into supporting people who need it through this process. I will ask the secretary to provide further comment.

Ms MORGAN-WICKS - THS is aware of three victims, through the open disclosure process. I am not aware of all the victims Tasmania Police have spoken with, or of the support that's usually provided by Tasmania Police or by the Department of Justice, for example. A criminal matter usually proceeds through the court and very careful support is provided to victims to appear as witnesses. This matter did not proceed to that outcome, and victims did not have their information provided or their right to speak in a court process. Support has been offered to the three victims THS is aware of, for the open disclosure process. One of the three refused to participate in the open disclosure process and did not want to receive the information.

Ms O'BYRNE - That's six then.

Ms MORGAN-WICKS - Sorry - three were in the open disclosure process that I have specified.

There are nine incidents and allegations we have been able to piece together in terms of our review. That process has involved searches of all of our systems and also calls to our staff members and to the public, to come forward with information so we can validate we have records relating to each of the incidents or allegations against Mr Griffin.

Dr WOODRUFF - Excuse me, including to past staff members?

Ms MORGAN-WICKS - Yes, I have been contacted by past staff members.

Dr WOODRUFF - You have made calls to past staff members?

Ms MORGAN-WICKS - Public calls have been made through the minister to encourage people to come forward with information to our public telephone number and also our public email address should they wish to provide a protected interest disclosure to the department.

I have shared with staff members on Ward 4K, there is nothing in the nine complaints or alleged incidents to indicate serious criminal sexual abuse, and that from our review of the nine complaints or alleged incidents over 27 years, that they related to professional nursing boundary complaints.

I also make the comment that when a staff member wishes to make a complaint about another staff member, they also need to be aware of their own mandatory reporting obligations. If they consider it is a step beyond a professional boundary, they need to consider whether it should be referred to Tasmania Police. I have shared this with staff, and acknowledge we need to do better to with staff training and continued education, so that if they receive any allegation or are concerned about any matter that they see on the ward, while they are practising, that they have an easy and simple referral pathway.

That referral pathway could be to Tasmania Police; or a mandatory report under the Children, Young Persons and Their Families Act, in terms of a protection of a child; or a mandatory notification to the Australian Professional Health Practitioner Regulation Authority - AHPRA - in relation to professional registration.

Ms COURTNEY - All this information, Chair, will be provided and these will be a matter for the commission of inquiry.

Ms O'BYRNE - Minister, you may be aware that many children regularly attend Ward 4K during their life.

What is in place for identified victims or potential victims, when they present at Ward 4K now, and what assistance is being given to staff to help them in the trauma counselling that may be required?

Ms COURTNEY - I'll ask the secretary to answer that.

Ms MORGAN-WICKS - Support has been provided to staff. Many staff have expressed to me their grief about the allegations against Mr Griffin - and I need to take care, given that they are allegations; they never proceeded to court, and there is no conviction recorded against Mr Griffin.

They have told me that Mr Griffin was their friend and colleague. They have told me of the shock at the events as they unfolded, after Mr Griffin's death, with talking, reporting and wanting to also express their grief about what they called Mr Griffin's two 'Jims' or his conduct in relation to Ward 4K.

Psychological support and counselling were provided to staff at that time. During the last few weeks, several staff have told me they felt they couldn't engage with the psychological support that was offered and they continued to call for a debrief session. We have now offered that to them in terms of a restorative justice session which is being established, to work through with those staff on a voluntary basis.

Not every staff member has expressed a desire to participate in such a session, but several have. That is why we are making it available to staff.

Ms O'BYRNE - I wasn't going to ask this one, but I will just do this, and then I am almost finished.

Restorative justice processes are not normally something that you would use with the complexity of victims that you have in the staff in Ward 4K. You have staff members who have been groomed, or feel that they have been groomed. You also have staff members who are the parents of victims, who have spoken publicly.

What else are you putting in place? Restorative justice and its framework is genuinely not the support one would have imagined. I understand that staff have regularly been met within large groups, which can be very confronting for people who are victims.

Ms COURTNEY - On that point, Chair, I'll outline the support that has been provided and accessed through the contracted Employee Assistance Program.

An additional counsellor has been engaged. That counsellor attended the site for one on-one counselling and support, focussing on grief counselling. The counsellor also provided additional sessions for individual employees where required.

Training sessions were also provided with respect to self-care, responding to trauma and grief, and responding to parents and patients with difficult behaviour. Training sessions with Enterprising Aardvarks was also provided, specifically covering topics related to sex offences. I am advised, with the Executive Director of Medical Services and HR. Further support has been provided, as I think the secretary has already outlined. She may wish to add further comments. I want to make it really clear - I want the mechanisms around support to be as broad and as appropriate as they need to be to support staff. I have spoken to staff and I've said that to them.

If we need to provide further support, and there's further mechanisms that we need to use, that will happen. I am very committed to that. Through you, Ms O'Byrne, I am happy for you to write to me and we can look at any further support that could be provided. I'll return to the secretary.

Ms MORGAN-WICKS - Through the minister - we have arranged for a particular staff member to continue to see a psychologist they had previously accessed. The minister mentioned the Enterprising Aardvark sessions with staff. Laurel House also provided some sessions and staff requested those sessions continue. That request came to me through conversations with Emily Shepherd of the ANMF, and I have advised we can support the continuation of those sessions.

Ms O'BYRNE - That was a double question. You detailed your support for staff who understandably are very distressed. What support is provided to assist them with children who re-present to 4K now? I'm aware that has occurred and has been extremely difficult for staff, because there hasn't been any appropriate support for how they deal with those children and their families now.

Ms MORGAN-WICKS - Members of the public have provided information through to the review. For example, I have spoken with one parent of a victim and provided options for support we can provide to them -

Ms O'BYRNE - When they're on 4K?

Ms MORGAN-WICKS - When they're generally in the community.

CHAIR - With the time having gone past 11 o'clock, I'm going to take a five-minute break for morning tea. As I said at the start, please understand any time we take for morning tea comes off the lunch break which is only an hour, so let's keep it to five minutes and I'll see you back here.

The Committee suspended from 11.02 a.m. to 11.12 a.m.

CHAIR - Ms O'Byrne, I give you the call.

Ms O'BYRNE - I only have a couple more questions on this issue. Minister, you would be aware from public reporting that an anonymous or an unidentified report was made to the Integrity Commission. The Integrity Commission decided in its assessment, and I quote -

Our assessment process included liaison with Tasmania Police and the department and we determined to refer the matter to the secretary on

the basis of an investigation by the commission could inflame existing tension and anxiety amongst staff.

When was that referral made back to the secretary?

Ms COURTNEY - I can't comment on Integrity Commission matters. The secretary may wish to add to that, but I can't.

Ms O'BYRNE - I'm not asking for the details of the report, only for information about when it was referred. It was no longer a matter for the Integrity Commission and was referred to the secretary, so when did the secretary have received that referral.

Ms COURTNEY - It is up to the secretary how she answers that question.

Ms MORGAN-WICKS - Sorry, I was just trying to find a date. I met with the Integrity Commission on 20 November, that is my recollection. I regularly meet with the Integrity Commission on matters they wish to discuss with me.

Ms O'BYRNE - This year, last year?

Ms MORGAN-WICKS - Sorry, 2019. At that meeting, they raised the matter of an anonymous complaint that they wished to refer to me. I received that referral via letter to my email address on 21 November 2019.

Ms O'BYRNE - What action took place as a result of that particular referral?

Ms COURTNEY - I'm not going to comment on the matters that were raised in the Integrity Commission report.

Ms O'BYRNE - Minister, I am fully aware of how the Integrity Commission works. This was no longer a matter for the Integrity Commission. It had been referred to the secretary. I am asking what action was taken by the secretary at that point, without disclosing the incident. What action was taken to further the investigation, as the Integrity Commission has clearly wanted.

Ms COURTNEY - I will ask the secretary to answer, noting I cannot comment on Integrity Commission matters.

Ms O'BYRNE - No, and I am not asking for you to comment. We can pursue that in other forms.

Ms MORGAN-WICKS - We usually check with the Integrity Commission about who we are able to share information with. Strict confidentiality restrictions often apply to Integrity Commission matters about sharing information.

I had permission to share the information with an internal HR team. That team was then able to investigate the matters raised in the anonymous complaint mentioned in the referral.

Ms O'BYRNE - And that investigation was completed and reported back to you, or is ongoing?

Ms COURTNEY - I will let the secretary answer that if she is able to. Again, I note the confidentiality around Integrity Commission matters.

Ms O'BYRNE - I am very comfortable about that. If an investigation was then undertaken by Health, what was the outcome?

Ms MORGAN-WICKS - The department wrote to the Integrity Commission on 10 September 2020 and received a response from the Integrity Commission on 16 September 2020.

Ms O'BYRNE - I have one more and then I am off the subject entirely, if that helps and I will step back for a little while.

Minister, one of the concerning things in the community has not only been people's shock and horror - particularly for anyone who has had a child in Ward 4K. It has been quite confronting and many of them have had frightening moments of reflection.

We are aware presentations are now occurring where families say that they do not feel safe going to Ward 4K. What actions are you taking to ensure that confidence can be rebuilt? It has to be more than saying 'please come forward, you can trust us'. What actions are you taking to build confidence in the community? At this stage it is probably the only care pathway but they have refused it, because they do not feel safe. That situation is confronting both for them and for the staff on the ward.

Ms COURTNEY - The steps that we are taking are the internal investigation, the independent review and the commission of inquiry. They are in place to investigate these matters fully as I have talked about, and to ensure that our systems are as robust as they can be. They are also in place to provide confidence for the community about the hospital and Ward 4K. We have extraordinary staff at that hospital, and we do not want to see the care they provide diminished. Those steps are being taken to ensure we can have broad community confidence in those systems and that staff have confidence in the systems as well.

Ms O'BYRNE - That assumes people are paying attention to those levels of detail. What are you doing in a broader way to ensure people can feel safe - because I don't think a mum in a regional town at 2 a.m. is going to quickly update where the commission of inquiry might be. They do not feel safe.

Ms COURTNEY - Today is a really good opportunity for me to reassure patients and families around the care that is provided at the LGH. I can get Kath or the secretary to provide more detail about safety standards. I want people to feel confident to come forward with their health care needs. We have very dedicated professionals at Ward 4K. That has not changed throughout this process. The work being undertaken already and the outcomes of it, are clearly in place not only to address any concerns and to look at the system. The work is also to ensure the general community has confidence in the LGH, going forward, and also with the commission of inquiry across a range of settings.

Mr TUCKER - Minister, there is growing community understanding of the benefits of community-based care and how it can help take the pressure off our hospital system. With this

in mind, can you outline in some detail around what the Our Healthcare Future consultation paper means, what the process will be and what are the key actions to come out of it?

Ms COURTNEY - I am very pleased to be asked this question, Mr Tucker.

I launched the consultation paper on 6 November. Our Healthcare Future looks at how we can achieve better patient outcomes by connecting and rebalancing our care delivery across the acute, sub-acute, rehabilitation, mental health, primary health and community care settings.

We know patients often end up at our hospitals, not because they need hospital level care but often that's the only care they can access. Our Healthcare Future is about ensuring we are delivering the right care in the right time at the right place as much as possible. Our Healthcare Future immediate actions and consultation paper marks the start of Our Healthcare Future process. It highlights some of the key issues and challenges impacting healthcare in Tasmania in 2020 and looks to the future. It proposes three key improvement areas including immediate actions that the Government will undertake now, as well as consultation questions to guide future planning.

These three key improvement areas are:

- better community care - that's about increasing and better targeting our investment to the right care, the right place at the right time to maximise benefit to patients.
- modernising our health system - investing in modern ICT infrastructure to digitally transform our hospitals, improve patient outcomes and help us better manage the workforce.
- planning for the future - developing long term infrastructure and workforce strategies which align to projected demand and strengthen the clinical and consumer voice in health service planning to support that.

Regarding our immediate actions for better community care, we have a new initiative in the north and north-west to provide GPs and other primary health care professionals with rapid access to non-GP specialists, in addition to the trial of a hospital and a home service that's already under way in the south.

We also have an immediate action of a telehealth strategy for Tasmania that builds on our response to COVID-19 -which had a significant focus on telehealth - by providing high quality patient care and integrating that across different settings.

We are modernising Tasmania's health system. The immediate actions being undertaken include a health ICT plan from 2020 to 2030 including electronic medical records; electronic tools for managing patient care; a new system for HR and patient information; and a new fully integrated HRIS enabling Tasmanian health system staff to reduce paper-based systems and provide better information for our health services. The \$23 million will deliver this.

We're also planning for our future with immediate actions including developing a long-term health infrastructure strategy, led by our deputy secretary, to improve access to care and

help manage demand for acute hospitals. We've released Health Workforce 2040 for consultation. We're looking at how we can establish a statewide clinical senate to provide expert advice to the secretary and to me. The purpose, role and functions of a clinical set up will be co-designed with key stakeholders.

We're also going to establish a future health leaders forum to support and develop emerging leaders. Along with the immediate actions we are taking under Our Healthcare Future, we're now working with the community, clinicians and consumers to plan the next steps. Our first phase of consultation is a call for written submissions responding to the issues and consultation questions in Our Healthcare Future. Written submissions close on 15 January and I encourage people in the community, in our hospitals and in the private sector to provide a submission. This is a unique opportunity, particularly with all the learnings we have had from COVID-19 with the collaboration we have seen through different parts of the system. I truly believe this is a good opportunity to build on some of those learnings, and ensure we have a system that not only is sustainable going forward but importantly is caring for the patient, in the best place for the patient. I think we can make improvements to that.

Dr WOODRUFF - Minister, I want to shift the questioning to talk about our COVID-19 response. COVID-19 has been hugely disruptive everywhere in the world and in Tasmania. Despite our having responded and weathered the situation well, there is still an outstanding level of risk - especially now our borders have opened and we are more exposed than we have been previously. Our understanding is the hotel quarantine that would be used for repatriation flights or mercy flights would use state and federal government employees such as police and defence force staff for security, rather than private security companies. Can you confirm that is true, and tell me whether there will be any staff at the repatriation hotel quarantine facilities who are contracted or employed by private companies? If that is the case, what plans are there to make sure that the risk to the community is minimised?

Ms COURTNEY - Thank you for that important question. We know we have many Australians who are overseas and who want to be able to return home. As a country, it is important for us to ensure we are looking at ways to bring Australians back home. I believe there is a broad community support for this, because people find themselves in very trying circumstances. We also know there is a risk associated with it. We have seen that in other states. A large body of work has been undertaken through federal mechanisms to look at best practice to make sure we are doing things safely.

The quarantine hotels for international visitors are managed through the State Control Centre - SCC. They are managed by Communities Tasmania, and questions about staffing and security are better directed to the appropriate minister. Health provides advice and support about interacting with these quarantine hotels. A lot of work has already been done through Public Health as well as through the THS, to have the right models. We have also engaged with the federal government to ensure we have the right model and the resourcing to support that model. I am happy to ask the department to talk more broadly about what Health is doing, noting there are still further steps required. However, procurement of security is not a matter for the Department of Health. The secretary will provide more information about that.

Ms MORGAN-WICKS - Through the minister, the Department of Health is responsible for the clinical model of care provided for hotel quarantine and particularly in relation to the pending international or mercy flight arrivals. The clinical model of care is currently being discussed with the Commonwealth Department of Health. The Commonwealth Department of

Health has an overarching role in supervision, assistance and support to the states and territories regarding the clinical model of care implemented for hotel quarantine and what happens if a guest develops COVID-19, or has any other medical condition while in quarantine in a state Government-provided facility. If the Chair is in agreement, I will ask Dr Tony Lawler to speak to the development of our clinical model of care.

PROF LAWLER - Thank you. As you highlighted, we have a quarantine system in place because we recognise there is a risk. From the beginning of the pandemic we have managed hotel quarantine in conjunction with Communities Tasmania in all aspects, including providing advice on infection prevention control, providing advice on utilisation of PPE and also the management of guests, or residents, as they become patients. We have had instances where we have had to transfer individuals from quarantine hotel to hospital and that has been undertaken in line with strict Ambulance Tasmania protocols and has been tested and shown to be effective. As we move towards the next stage, which is the acceptance of international arrivals, both through repatriation of Australian citizens and through the seasonal worker scheme, we are working closely with the Commonwealth Government, around their advice and also their requirements for supporting this work.

The clinical model of care has been developed, through discussion with infectious disease infection prevention control expertise and also with the leadership of relevant clinical staff within the Royal Hobart Hospital. The international arrivals will be in the south and it hinges on a number of things, including the separate cohorting of Pacific Labour Scheme versus repatriated Australian citizens, and also the appropriate separation and cohorting of any of those who are identified as COVID-19-positive or diagnosed as COVID-19-positive.

There are close linkages with the Royal Hobart Hospital to provide care for those who have medical need, whether it is through their COVID -19 infection or recognising that those coming under the seasonal worker scheme - and also those who have spent an amount of time outside Australia - will likely have significant comorbidities. It needs to be close to and closely linked operationally with the Royal Hobart Hospital. As the secretary highlighted, various issues around how care within the quarantine hotels can be escalated, and what are the appropriate mechanisms of infection prevention control or education are all being worked out. We expect them to be resolved pretty soon.

Dr WOODRUFF - Thank you. Minister, you'd be aware that the South Australian and Victorian outbreaks were linked to quarantine breakdowns. They were also linked to casualised workforces which have increased in the community, as people working in sensitive facilities like security are also forced to work elsewhere to make ends meet. Would you consider, as the Minister for Health, accepting that Communities Tasmania has overarching responsibility for managing security, but would you also accept the risk is there, with a casualised workforce? Would you move to make an arrangement where, if someone such as a cleaner or someone else working on the site has a second job, you would compensate that person so they did not work in the second job and stayed committed to working in hotel quarantine to minimise risk to the community?

Ms COURTNEY - Thank you for the question. We have learned from other jurisdictions about the management of hotels and management of the workforce. I am afraid I cannot comment on a portfolio I do not manage. I suggest you take those questions to the relevant portfolio minister for the Department of Communities. Employment structures for quarantine hotels for overseas arrivals or even the ones we have stood up for interstate people coming

from medium risk zones and requiring quarantining in a hotel are best directed to the minister responsible.

Dr WOODRUFF - I was talking about the health risk. Do you accept the health risk of the casualised workforce and as Health minister, are you going to make sure the health risk is clearly identified to the responsible department and that that is plugged. The casualisation of the workforce is a health risk, which has been identified in two states, and was the reason for two major outbreaks and for Victoria going into a second lockdown. So, as Minister for Health, are you going to consider recommendations unplugging that risk?

Ms COURTNEY - As the Health minister, when we are looking at standing up mechanisms for international arrivals to potentially land here in Tasmania and quarantine for a period of time, I want to ensure we have the most appropriate standards across all parts of the care. Some areas my department is not responsible for; however, I am confident that other departments seek advice from Public Health.

I also know that a lot of work has been done federally; indeed, we have the Halton review which we participated in. We welcomed the visit to Tasmania to go through not just the health part of our preparedness and our response, but also through different areas. Through the work Jane Halton has done, has come a number of learnings. We have also seen that in jurisdictions and preliminary findings are coming out of the work in Victoria as well, so all of these things are being incorporated and learned from.

I am not going to comment on the model that Communities has stood up. What I can comment on is that from a Health perspective, we are ensuring that our systems are as robust as possible and I am confident that other parts of government that I am not responsible for will be taking on board all the learnings from the various reviews that have been done.

Ms DOW - Minister, the Mersey emergency department will soon be restored to 24 hours a day, seven days a week. Your media release in relation to this said that there will be the appointment of three permanent senior staff specialists and five long-term locums. When do the three permanent senior staff specialists commence and what length of tenure defines a long-term locum?

Ms COURTNEY - Thank you for that question. I would be very pleased to provide an update to the committee on this. I was delighted to be able to announce that the Mersey Community Hospital will be resuming 24-hour service from 30 November. It has always been our priority and my goal as minister to have that happen. It was a difficult decision to have to stand down that service. I know it was very difficult for staff; it was difficult for the community, and it also put increased pressure on the supporting hospitals, particularly the North West Regional Hospital and the Launceston General Hospital. Ambulance Tasmania was also impacted in the patient transfers. I place on record my appreciation of the staff during that very difficult time.

It increased workloads across a number of different sites, and particularly for the staff at the Mersey, at the centre of their desire for the future was making sure that they could service their community. They are very passionate and they do an amazing job servicing their community.

With regard to the solution we have provided, I can get an update on that through Kath and perhaps also through Tony Lawler. It is important to recognise that our response for the ED was done in collaboration with clinicians on the ground at both the Mersey and the North West Regional Hospital. I had the opportunity to sit down and listen not just to the concerns but also the solutions that came forward. It was a very productive meeting that I had and I know that through the department there was significant engagement with the workforce up there.

As you outlined in your question, we have provided for further positions at the Mersey Community Hospital as well as the North West Regional Hospital. We know that some of the challenge had been exacerbated by COVID-19 and the restrictions with travel. We also know that it had been exacerbated by the desire of some locums not to travel. We are not only recruiting these further permanent staff, but also ensuring that the rosters are embedded in a way that creates a safe place for the future. I am not sure whether the secretary would like to provide some more details on that?

Ms MORGAN-WICKS - We recognise that COVID-19 has had a significant impact on the Mersey Community Hospital Emergency Department, which has been operating between 8 a.m. and 6 p.m. since 24 August. The Mersey Community Hospital Emergency Department will return to 24-hour operations on Monday 30 November 2020. We have been able to commit to that re-opening 24 hours a day by providing additional staffing for both the North West Regional Hospital Emergency Department and the Mersey Emergency Department. This includes an additional six specialist doctors and 10 mid-grade training doctors across the north-west region. We have been successful in recruiting three additional permanent senior staff and in hiring five long-term locums to support the service reopening.

We will continue to focus on recruiting permanent staff, that is, staff specialists, registrars and career medical officers to build a sustainable workforce to provide appropriate support for the ED. However, these types of recruitment take time to complete, in particular given the interest of candidates that are currently based overseas. To do this, we need to continue to build our rural generalist emergency specialists' workforce in the Mersey ED. This will provide support for training pathways for local doctors who will not only support the ED but also support a range of other services in the Mersey, like palliative care and community general practice.

As part of our ongoing work with the Mersey ED and also with North West Regional, we will consider and consult staff on the appointment of a specialist rural generalist emergency doctor clinical lead, a nurse practitioner candidate ED position, education and training support for ED nurses at the Mersey and involvement in a statewide emergency care network that among other things can be a forum for improving transport and transfer policies. To help rebuild the services on the north-west, we have recently appointed acting clinical directors for the North West Regional Hospital ED and the Mersey ED.

As part of all of the effort that has gone, in I thank those hardworking staff for their incredible efforts during this time whilst we have had those reduced hours and the impact that that has had on the Launceston General Hospital ED, I know through my conversations with staff members there. I thank them for their support whilst we have had these reduced hours operating.

Ms DOW - I wanted some clarification. I asked about dates. The appointments of those positions and how long the locums were going to be working at the hospitals?

Ms COURTNEY - As the secretary stated, that recruitment is in the market. We have had some obvious gains with regard to recruitment at that site over the past month and as the secretary stated, some of the candidates are from other jurisdictions so there is a time period involved with that. We do not have dates specifically for individual positions. However, we are committed to those positions in resourcing and in supporting the rostering to provide the support across both those sites so that people can be cared for and so it is a robust system.

Ms DOW - You are confident now that the level of staffing will be put in place on 30 November to enable those clinical services to be delivered safely, which was always the argument for why the accident and emergency was closed?

Ms COURTNEY - I am confident that we will be able to return to that service. I also acknowledge though that it is something we are going to have to continue to focus on. The Mersey Community Hospital and the North West Regional Hospital - not just in this term of government - we know that regional areas recruitment is often challenging and so it is a very big focus for us. Also, in our health care future that I launched a couple of weeks ago, we released a workforce planning piece. We are looking for feedback through the consultation process on how we can further embed some of the gains we have made across the north and north-west in terms of recruitment and retention of specialists across a range of areas. We know that it is very competitive.

I have had some very constructive conversations with the university as well as other organisations about how we can collaborate, whether it is the LGH, the Mersey Community Hospital, or the North West Regional Hospital, to make those regional sites as attractive as possible. We all know they are great locations to live and so it's being able to ensure the way that these people can work with regard to teaching and other benefits. I'm not sure whether there's anything further from Kath or Dr Lawler on that? I might get Professor Lawler.

Prof. LAWLER - The first thing in terms of the long-term locums is that there's clearly a commitment that permanent staff who have a permanent commitment to both the hospital and the health service and also to the community is our long-term goal. We know that rural and regional centres around the country struggle to attract permanent suitably qualified senior staff. In terms of long-term locums, we talked there to individuals who aren't coming in on a weekend or a weekly basis, but are staying for some months.

The other thing I would expand on, as the secretary has mentioned, is that the challenge of trying to do what we have always done to get a better outcome is significant. While the COVID-19 challenge has provided particular problems for providing services, it also has provided an opportunity to look at the model that we utilise. While we are committed to maintaining a specialist presence there, looking at the way in which we can use rural generalism as a method of service delivery is not something that's purely being done in Tasmania in the north-west. This is a national push.

Ms DOW - You are looking at a rural generalist model at the Mersey.

Prof. LAWLER - Absolutely, and that's going to be undertaken in conjunction with a number of key players, the THS and the University of Tasmania. There is a push nationally to

have rural generalism recognised as a specialist qualification, and looking at how we can train and develop our own rural generalists locally using the work that is being undertaken our rural generalist co-ordination unit to develop training pathways and also the models of care. We've committed to employing rural generalists within the Mersey Community Hospital, appointing a rural generalist clinical lead and showing that this is a model of care that works extremely well in a rural and regional centre.

Ms DOW - What will be the time frame for the implementation of that?

Ms COURTNEY - To Tony's answer, we're doing a lot of work in terms of the development of the rural generalist model and there's a lot of really good opportunity there. It's also important to note that ED specialists and FACENS [?] also remain a core part of the proposals across both those sites. I make that clear.

Ms DOW - I wanted to know the time for when that new model will commence. Are you working towards time frames?

Ms COURTNEY - We have already begun adding to it and that will continue.

Mr TUCKER - Minister, you recently announced a \$23 million health technology package. Are you able to provide the committee any more details on this package and how it will improve healthcare delivery in Tasmania?

Ms COURTNEY - Technology is a key part of modern health care so it's crucial that Tasmania has the right ICT infrastructure in place to improve outcomes for patients and make working in our health system easier for our health workers.

We know that electronic and digital capabilities are now a part of everyday healthcare delivery which can make a real positive difference to people's health by giving them greater control and better access to information. This is why we need to ensure Tasmania has contemporary and modern ICT capabilities to deliver better patient care and improved outcomes. I am pleased to have recently announced that we have \$23.1 million in our health technology package to modernise our HR systems across the state and develop a 10-year Digital Health Transformation Plan. This includes \$21.6 million for a fully electronic HR information system and \$1.5 million for our health ICT plan development. We know that this new system will deliver new levels of information and automate some of the HR processes that are already done on paper.

It will also mean that the department can better manage its workforce in real time and deliver high-quality health services as well as planning for the future. One of the great benefits will also be freeing up frontline staff to spend less time on paperwork. I have to say that that has been some of the most overwhelming positive feedback I have had from people on the ground who get very frustrated with the time spent filling out manual timesheets, so having this not only will be able to free up their time a lot for patients but also get rid of the inevitable human error that does creep in when you're using paper-based systems.

The 10-year Digital Health Transformation Plan we're also funding will be the first time that Tasmania has had a strategic document laying out our vision for technology in our health system. We'll be working with our clinicians and staff across the health system to progress the Digital Health Transformation Strategy.

We are committed to supporting our staff and delivering better patient outcomes and we know that modern ICT systems are crucial to help our system to deliver world-class care. We have already delivered significant other investments in health technology, including Medtasker which is being rolled out across the state, as well as our expanded telehealth capability and our commitments to further build on this, as I've outlined earlier.

Digital health will remain a key feature of healthcare delivery and our commitment to developing and implementing the strategic plan and ICT reforms will go a long way to ensuring Tasmania is well placed to take advantage of the convenience and the benefits that technology can bring.

Dr WOODRUFF - More than two years ago, in October 2018, then premier Will Hodgman said the elective surgery waiting list at that point was 'not good enough'. Since then the waiting list has increased by more than 2000 patients and its last recording is 11 342 people so, minister, is that good enough and who is responsible for that deterioration and the poor result we're left with in Tasmania?

Ms COURTNEY - I thank the member for her question. Obviously the recognition of our elective surgery waiting lists was demonstrated in our commitment in this Budget, with \$45 million that will provide around 8500 additional surgeries above and beyond. I am very conscious that earlier in the year in response to COVID-19 and our escalation plan we had to cease a lot of non-urgent elective surgeries, so it was only category 1 and urgent category 2 cases that were able to still proceed. This had a large impact on our waiting lists and I am very conscious, particularly from our engagement with members of the community and I know that other members of parliament have engagement with the community as well with regard to the impact that it has on people's lives. I am very cognisant of that.

Dr WOODRUFF - Catastrophic waiting times.

Ms COURTNEY - As I outlined in one of my previous answers, throughout its term the Government has made significant investments into additional elective surgery. This \$45 million, as well as the money brought forward from the federal government, will have a very positive impact to our elective surgery waiting lists. I don't want to see Tasmanians languishing on waiting lists like they did under previous governments.

Dr WOODRUFF - Come off it, it's the worst it's ever been. Please don't go back six years ago, that is shameful.

CHAIR - Order, Dr Woodruff.

Ms COURTNEY - People were waiting 10 years under the Labor-Greens government. I have said that there was more work to be done. We clearly acknowledge that and this Budget has an additional \$45 million through the coming years to make sure we are delivering more surgery. We'll be working through that to ensure we can deliver additional surgeries. We recognise that this is a challenge but it is not unique to Tasmania; this is a challenge facing healthcare system in lots of places. We want to ensure that people are getting the care they need it, which is why we have this additional funding.

Dr WOODRUFF - Minister, since the last election two years ago the overall waiting list for elective surgeries is up 60 per cent but the category 1 waiting list for urgent surgery is up more than 75 per cent. Why has the waiting list for urgent surgery been increasing so much more quickly?

Ms COURTNEY - With regard to the waiting lists and the clinical management of those, I'm happy to ask Dr Lawler or one of the deputy secretaries to answer about the management of waiting lists that it is clinician led. We have a team that looks at how we can deliver elective surgery in the best way for patients, noting the location, the distribution and the capacity within our system to do different types of elective surgery. I am more than happy for the secretary to provide further advice with regard to the management of elective surgery waiting lists.

Ms MORGAN-WICKS - Perhaps while I make some comments in relation to the impact of COVID-19, Ross Smith our Deputy Secretary would be able to join the table, but I ask Mr Jeffrey step back from the table, given our numbers permitted.

Ms COURTNEY - You get the clean seat, Ross. To the table for Hansard is Ross Smith, Deputy Secretary of Policy Purchasing Performance and Reform.

Ms MORGAN-WICKS - If I may comment in relation to the COVID 19 impact on elective surgery, noting on 25 March 2020 National Cabinet acting on the advice of the Australian Health Protection Principal Committee agreed all non-urgent elective surgery was to be temporary suspended. Only category 1 and some urgent category 2 surgery was to continue until further notice at that time. I also note in mid-April 2020 the North-West Regional Hospital and North-West Private were closed. This was on 12 April 2020 for deep cleaning due to the COVID 19 outbreak on the north-west coast and also had impact in terms of elective surgery schedules undertaken in that hospital.

A decision to resume some elective surgery from 27 April 2020 was made by National Cabinet and also reviewed on 15 May 2020 with category 1, category 2 and selected category 3 procedures permitted and guided by principles endorsed by National Cabinet. That included procedures representing low risk, high value care as to determined by specialists. The selection of patients who were at low risk of post-operative deterioration, given the health environment we were operating in at that time, children whose procedures have exceeded clinical wait times, IVF, endoscopic procedures, screening programs and critical dental procedures.

Regarding the Tasmanian position with respect to elective surgery during the COVID-19 pandemic, we have had to take care with respect to the monitoring of impacts of capacity of beds that are available for COVID-19 presentations at any point in time. We've also had to monitor the available pharmaceuticals available and the potential impact in terms of a critical deterioration that may require ventilator assistance that also impacts in terms of a pandemic.

Dr WOODRUFF - Thank you, I appreciate that, but none of that answers the question, which was why is the waiting list for category 1s, for urgent surgery, increasing so much more quickly? You just confirmed there was no break, no cessation in category 1 electives during the COVID-19 period. They were allowed to continue. Why has that continued to go up so much more than category 2 and 3?

Ms COURTNEY - With regards to the management of the elective surgery waiting list, this is done by clinical expertise. I am happy for Ross Smith, Deputy Secretary, to talk about

that and the way we have the structures in place for that decision making to happen appropriate by the professionals in that area.

Mr SMITH - Thank you, minister. If you are looking at the indicators in the Budget Papers -

Dr WOODRUFF - The category 1 waiting list has gone up from 525 to 923, far more than the overall waiting list time, which has gone up from 7098 to 11 342. During the COVID-19 period as I understand it, the overall waiting list for elective surgeries went up 1.5 per cent, but the category 1 waiting list during the COVID-19 period went up 14.5 per cent. I don't understand and I would like an explanation for why urgent surgeries continued to go up so fast?

Ms SMITH - To be able to probably cover the same thing at each hospital those decisions are taken by clinical leaders in terms of the prioritisation of the waiting list. It was certainly the case in 2019-20 last year's surgery, whilst category 1 and urgent surgery was prioritised, the level of surgery - the volumes of surgery - weren't as great as we were anticipating. The announcement at the end of December 2019 about the additional \$15 million that would assist in making sure we got higher volumes in 2019-20 was not possible through the COVID-19 restrictions. We were not able to do as much as we had originally envisaged.

That has been carried over into this year. The priority for this year through the additional state Government boost that the minister mentioned and that additional \$15 million, will ensure that we are focusing very intently on making sure over boundary patients, including category 1 patients, are prioritised.

CHAIR - Ms Dow.

Dr WOODRUFF - Especially category 1. Clearly there is a problem with the clinical decisions that have been taken -

CHAIR - Order, Dr Woodruff. Please don't ignore me from the Chair.

Ms COURTNEY - I would like to make a comment. I have confidence in the decision making of the clinicians within the health system. These are difficult decisions that they have to make, weighing up a range of different bits of information to get the best outcome for Tasmanian patients. This is why I am excited about the \$45 million in this Budget. This is needed and it will be very helpful. It will make a difference to many Tasmanians.

CHAIR - Ms Dow.

Dr WOODRUFF - The Treasurer told them to cut their waiting list by 15 percent, so it makes it hard.

CHAIR - Order, Dr Woodruff. The next time I try to move on and you keep talking, you will be asked to leave.

Ms DOW - Thanks Chair. Minister, what is the Government's position on a single hospital in the north-west?

Ms COURTNEY - Thank you, it is an interesting question, because we know that from comments made recently, particularly federally, that the Labor Party supports the closure of one of our northern hospitals. During federal parliament earlier this month -

Ms DOW - I am asking about your position, minister.

CHAIR - The minister is answering the question, Ms Dow.

Ms COURTNEY - I am providing context. Earlier this year, Mr Wilkie said in a contribution to a motion with regards to health in Tasmania, 'I will take this opportunity again to call for the closure of one of Tasmania's three northern hospitals'. Mr Wilkie went on to say we have too many hospitals. 'I call again for Tasmania to shut one of the three northern hospitals'.

Julie Collins seconded that motion. She said there are clearly significant structural issues in the Tasmanian health system.

Ms O'BYRNE - What is your position, minister?

Ms COURTNEY - I want to make it really clear that this Government is committed to our hospitals. My predecessor worked very hard to ensure that we supported the continuation of the Mersey Community Hospital. We have seen significant investment at that site. We have seen significant investment at the North West Regional Hospital. We know that those hospitals not only provide extraordinarily high quality care to their communities and those communities are growing.

We also know that both those hospitals provide an important workforce in that region. Both hospitals are large employers in the Mersey area and the Burnie area. With regards to planning for the future, if Labor would like to put a position forward through the Our Healthcare Future consultation paper, we would really appreciate that.

Ms O'BYRNE - What is your position?

CHAIR - The minister is answering the question.

Ms O'BYRNE - Answer the question. The minister isn't answering the question. She is saying words, that is not same thing.

CHAIR - Please don't talk over the top of the minister while she is answering the question.

Ms COURTNEY - I have made it very clear that the only Government that supports both the Mersey Community Hospital and the North West Regional Hospital has been us. It is quite clearly Labor's position that they want to close one of the three northern hospitals.

Ms DOW - I would like to get an update, please, Chair, on a number of the state election commitments that were made about health infrastructure across the north-west region. They being the upgrade of the day surgery unit at the Mersey, the palliative care beds which were committed to be funded and built and have dedicated staffing, geriatric beds, the antenatal clinic

at the North West Regional Hospital. I understand there has been an announcement about that, but I would like to understand when that will be completed.

The Burnie Ambulance Station has been a topic of great interest on the north-west coast. Today the Government made an announcement about that. It is not clear when that will be built or exactly where and whether the money that has been allocated, \$6 million, will be enough for that project. The other project I wanted an update on was the Smithton Ambulance Station and Training Centre upgrade. When will that be completed?

Ms COURTNEY - Thank you, I appreciate that question. If the committee wanted to move into Output groups we can go into that detail when we have the responsible deputy secretary. I am more than happy to go into the answers but I don't have the appropriate personnel here, so if we wanted to work through the output that would be a logical way to do that.

I note my prior comments about Dr Veitch's availability, we might want to work through them in a different order. Because of the COVID-19 restrictions we have a significant numbers of staff not here on this floor. I am conscious of having people running in and out the building for the next three hours.

Ms DOW - When would that person be available to answer those questions?

Ms COURTNEY - If the committee would like to move into Output groups -

Dr WOODRUFF - Minister, the problem with going to Output groups is that the way things are structured we can't go back and ask other questions. It is very inflexible.

Ms COURTNEY - If the committee wants to go into detail in Output groups, we are beholden to the committee.

Ms O'BYRNE - Do you want to try just answering the question and if Ms Dow has further questions we can work it out from there?

CHAIR - If the committee doesn't want to move past the overview.

Ms COURTNEY - I have already answered a number of questions this morning from other members about our considerable capital expenditure program. As I stated earlier, there have been impacts on our capex roll out because of COVID-19. Resources were deferred into other areas such as our COVID-19 clinics so there has been some substantial other work. We have learnt from COVID-19 about the way different facilities should be structured that we are incorporating into our future capex plans. For the detail of those, the deputy secretary is the best person when we get to Outputs.

Ms DOW - Is there funding in the Budget this year for an agreement that was going to be struck between the Government and Latrobe Council around the provision of hydrotherapy services for the Mersey Leven area?

Ms COURTNEY - I can take advice on hydrotherapy but I cannot comment on an agreement. I am not aware.

Ms DOW - I thought there had been some discussion between the state Government and the Latrobe Council about working in partnership to provide access to hydrotherapy across the Mersey region, given that there have been some ongoing difficulties with contractual arrangements at Strathdevon and access to that pool for THS patients. It was my understanding that there may have been a commitment made in the State Budget to enable that access once again for patients.

Ms COURTNEY - I'll see if I can provide further advice on the provision of those hydrotherapy services. I can get the secretary to provide some further advice on the hydrotherapy matter.

Ms MORGAN-WICKS - The hydrotherapy service that is provided to patients of the Mersey or the North West Regional Hospital is continuing for those patients. It is set up at locations that the THS has funded and organised together with those patients.

Ms DOW - Is it right that the Burnie hydrotherapy pool will reopen in the new year at the hospital so those patients can access that facility again?

Ms COURTNEY - Work has been under way and, correct me if I am wrong Kath, support has been provided by the department for patients to be able to access -

Ms DOW - I understand that. I wanted to understand when the pool will be open again at the hospital?

Ms MORGAN-WICKS - This is with respect to the North West Regional Hospital pool.

Ms DOW - Yes.

Ms MORGAN-WICKS - The departments of Health and Education are working together in relation to the reopening of the North West Regional Hospital pool for patients, and to resume access for students at the North West Support School. While there are a number of issues to be resolved, it is anticipated the pool will be open for use in early 2021.

Mr TUCKER - Minister, the Government clearly has a strong commitment to investing in our rural health facilities. I understand there has been some work to look at how we can best deliver services to our regional hospitals. Can you provide an update on this work and whether any initiatives have been identified at this stage?

Ms COURTNEY - Thank you. I appreciate that question, because, as I commented on before, Mr Tucker, I know how passionate you are about delivery of rural health services. It was a delight to be able to visit your local hospital in your community with you earlier this year, pre-COVID-19. The staff in that new facility have done a brilliant job.

Following significant engagement with local and key stakeholders, the Tasmanian Health Service will be implementing a new staffing model for rural and regional hospitals in Tasmania. This new staffing model will see a boost to staffing at 13 of our rural and regional hospitals, resulting in approximately 20 FTE additional nurses.

This new model is designed to ensure our regional hospitals are better placed to receive admissions from our major hospitals by increasing the local capacity to look after more acute

patients. This will, in turn, result in better patient flow at our major hospitals, and also better patient outcomes, with care delivered closer to where patients live.

This new model is yet another initiative showcasing the Government's commitment to ensuring more care is delivered in the right place and at the right time in the community, where possible.

Importantly, this follows earlier significant investment in rural and regional communities, including 30 new paramedics recruited under our commitment to deliver 42 new paramedics for local communities, and our \$24.4 million investment in this year's Budget in regional health facilities.

I thank the ANMF for their engagement and advocacy on this issue, and look forward to working closely with them on rolling this new staffing model out at the identified sites. The following sites have been identified to benefit from this initiative - Beaconsfield, Campbell Town, Deloraine, Flinders Island, George Town, Scottsdale, St Helens, St Marys, Midlands (which is at Oatlands), New Norfolk, King Island, Smithton and the west coast.

I am really pleased about this. One of the delights of being minister is visiting some of our district facilities. We have extraordinarily dedicated staff, and supporting them to be able to provide more care to patients is a great benefit for them, for their scope, but also for the patients as well, and I thank the ANMF for the work they have done on this.

Ms DOW - Minister, how long does the contract with the North West Private Hospital to deliver maternity services go for? Are you aware there are concerns for the delivery of this service? Would you consider bringing public maternity services back into the North West Regional Hospital?

Ms COURTNEY - Thank you, Ms Dow, for that question. The maternity services delivered across both the North West Regional and the North West Private are incredibly important. They are provided through an integrated service model, implemented in 2016 as a result of extensive consultation with medical, nursing, midwifery and industrial organisations.

There are some cases where women do have high-risk pregnancies, and they may be referred to another hospital to assist with them. Any referrals come with clinical advice and consultation. With regard to that service, I will see whether the secretary has further information on the contract.

Regarding the detail of the contract, I will have to take that on notice, and we will provide an answer.

Ms DOW - Have concerns about the service being brought to your attention, minister.

Ms COURTNEY - With regards to the service at the North West Regional Hospital we always want to ensure that their high quality service there for our patients, obviously maternity is an area that is close to peoples hearts. I will ask the secretary to outline while the further work has been done there to ensure we have safe clinical models.

Ms MORGAN-WICKS - Thank you, minister. In conversation information has been provided to us by the AMA, in our regular catch-up to raise concerns in relation to particular

cases that they have received feedback on whether it is from clinicians or from the public. As secretary I have approved an independent review of the North West midwifery service to understand based on evidence the qualities safety and management of the integrated service in north-west Tasmania to maintain the public confidence in that maternity service that is provided to the region. To understand the viability of the integrated midwifery service model for the women in Tasmania and also to identify whether there are any inconsistencies between the contract and the health services establishment regulations 2011.

Ms DOW - When will that be concluded that review?

Ms MORGAN-WICKS - That review is under way.

Ms DOW - You haven't got a date for when that will be concluded?

Ms MORGAN-WICKS - I do not have a date for when it will be concluded. It is currently under way.

Ms DOW - Going to another independent review that is under way currently related to the north-west coast and health services and that was into the outbreak and inquiry into the outbreak. Are things progressing to enable that to be completed with a completion date which is the end of this month, and do you have any further updates on the progression of that?

Ms COURTNEY - That is being done independent of health so I do not have advice on those questions. You are best to seek that advice through the Premier who stood that up. I do not have advice on that. That is a matter for the independent investigator. I know that Health has proactively engaged with that. I was very pleased that earlier in the year based on the interim report review that we have implemented all the recommendations and we have a robust system in place to ensure that they continue to be monitored.

Ms DOW - You have not been advised as to whether it is going to be completed, as Health minister, by the end of this year?

Ms COURTNEY - This is a review that is being done at arm's length to my department so I have not received advice on that.

Dr WOODRUFF - Minister, last Budget August 2019 the then treasurer, Peter Gutwein, demanded budget efficiencies across all departments including the department of Health. Surgeons were directed to cut 15 per cent of their priority patients from their waiting lists. The increasing size of the waiting list which has occurred for category 1 patients and for other elective surgeries will lead to more adverse outcomes amongst this patient group. That is a medical fact. The number of people admitted as an emergency patient for the surgery that they are waiting for has surged more than 50 per cent since March between March 2018 and June this year. In the year to June, 131 patients were faced with the situation of being admitted through the emergency department for surgery for their elective surgery that had not been undertaken. In that same period the average overdue days for a category one patient also more than doubled. Doesn't this indicate the massive growth of the waiting list is putting peoples lives at risk for what are mostly entirely avoidable reasons.

Ms COURTNEY - That is quite a broad question. The Premier has been very clear and when he was treasurer that any efficiencies that were made across departments were not being

made into the frontline services. I want to make that very clear so that is something that is, it is wrong to suggest otherwise. With regards to -

Dr WOODRUFF - Excuse me, sorry to interrupt. Can you clarify that, that was not correct that surgeons were not instructed to cut 15 per cent of their waiting list that was widely reported at the time that, that was the case.

Ms COURTNEY - I am not aware of any allegations, except you raised them today. It has not been raised with me.

Dr WOODRUFF - They were widely reported in the media last year by surgeons.

Ms COURTNEY -The Premier, when he was Treasurer, made it very clear - as I did - that efficiency dividends that had been previously implemented were not around frontline delivery. This is why we are continuing to invest. We have seen, earlier in the year, \$600 million further invested in Health - \$9.8 billion in our expenditure in health care has been extraordinary over the last few years. Yes, we have had a response to COVID-19 but the underlying Health expenditure is increasing dramatically. We recognise there is demand there, we are responding. We want to make sure we are continuing to deliver the best health care services for Tasmanians. This Budget has \$45 million to support more elective surgery so we can address some of the waiting lists.

I absolutely acknowledge we need to address the situation for Tasmanians who are on a waiting list for too long. That is what we are doing in this Budget. I know that being on a waiting list can have a huge impact on Tasmanians, and I acknowledge that. It is also why I have recently come out with Our Healthcare Future paper, which acknowledges some of the health challenges we have in Tasmania, in chronic and complex conditions, and how we can work with the primary health sector, as well as others, to look at how we can care for people better and earlier, so that conditions do not deteriorate. This is a really important body of work.

As I said previously, I think in response to Mr Tucker's question, there is a good opportunity for this at the moment. The collaboration we saw throughout COVID-19 was extraordinary. I am really grateful for the way that our state and all our healthcare professionals, both in and out of the state Government system, worked so well together. I am excited by what we can do together in the future to address some of the long-term challenges we have had in Tasmania.

Ms DOW - Minister, can you please provide the number of patients who were diverted from the North West Regional Hospital to Launceston for treatment during the restricted opening hours at the Mersey emergency department?

Ms COURTNEY - The decision around restricting hours at the Mersey Community Hospital was an incredibly difficult decision. It was done to ensure patient safety. We were having challenges with our travel restrictions and border restrictions, particularly with locums. Delivering a safe service across our hospitals, in whatever area, needs to be absolutely front of mind for us. It was an extraordinarily difficult decision; it was not taken lightly. A great amount of work was done to look at how we can stand up the model to support that return to 24/7. The secretary outlined in an earlier answer the breadth of work that was undertaken, and the roles that had been looked at.

During that time there were diversions to different hospitals - the North West Regional and the LGH, and at times there may have been diversions to the Royal Hobart Hospital. I think one of the things it highlighted, as did the closure of North West Regional and the North West Private, was that having one health system, being able to back up each other was really important. I acknowledge, as Kath did, that it did put a lot of pressure on some of those other facilities. I very much acknowledge that, and I particularly acknowledge a team that obviously had to ensure it provided safe transfers for patients.

Kath might provide some more detail about that, but I place on the record my thanks to the staff, my clear acknowledgement that it was not an easy decision, but it was a decision that was based on advice. That decision was publicly supported by the AMA. It was a decision that was supported by clinicians. The Government did everything it could to stand up that service as quickly as possible. We acknowledge, and I know from speaking to staff there, and people in the local community and local leadership, how important that hospital is, and how important that ED is to the community.

Ms MORGAN-WICKS - Through you, minister, it is probably not a simple number to be able to achieve. Presentations from a patient in that area may always have been diverted to the LGH, depending on the patient's condition and depending on the Tasmanian role delineation framework which designates the Mersey Community Hospital as level 3. During this time, both during the north-west outbreak but also through the reduced opening hours of the Mersey, we have had instructions in place for Tas Ambulance in terms of a triage process and to determine which location or which hospital is best designated for their care.

Ms DOW - Would you have data more generally about the number of patients that are transferred out of the north-west region to other centres for treatment if I put that on notice? Would you be able to provide that?

Ms COURTNEY - We will see what information we are able to provide around that through our reporting systems.

Ms DOW - The other question I have is in relation to the Community Rapid Response Team which has been trialled across the north-west and obviously there is not ongoing funding in the Budget for it. I understand there will be a review of the service. I wondered if you could provide more information on whether the service will be extended over time on the north-west, and some of the benefits that have been achieved or any reasons why it would not be ongoing?

CHAIR - Minister, before you answer, to clarify for the secretary, are you going to take that question on notice from Ms Dow?

Ms COURTNEY - Yes, I will take it on notice.

Ms COURTNEY - Again, as with previous answers on that, I will have to seek advice on what type of information we have in a format to be able to provide it - so with that caveat. I'll ask the secretary to outline some of the detail about the Community Rapid Response Service and how we have rolled that out from the north. It has been an incredibly successful program. Again, I have talked about Our Healthcare Future which names up the success of the Community Rapid Response method. It is a mechanism for people to be able to be cared for in their homes or their aged care facilities.

It is a great collaborative model, indeed with nurses as well as peoples' GP, making sure their GP remains a primary point of care for these patients. With the committee's indulgence, I would like to share an anecdote. I met a lady in Launceston who was a recipient of the Community Rapid Response program. She needed intravenous treatment which required her to be hospital. She was able to be cared for with the Community Rapid Response system so she was cared for in her home, and the nurse visited her to be able to provide that care. It was of great benefit to her. The broader benefit for this person - who had quite complex caring responsibilities for a young person - was that the young person's care wasn't uplifted and disturbed. She was able to continue providing the care and the medication this young person needed. The benefit was quite broad. It was not only that this individual didn't have to be cared for in hospital; it meant this young person did not have the upheaval of having to go into some other kind of care during this period or have someone who is unfamiliar come to the house. The benefits for this young person were also huge.

There are obviously benefits for capacity within our hospitals, because we know we sometimes have people in our hospitals who do not require acute level care. Given the pressures for bed-block and patient flow, which I have acknowledged on several occasions, this is a good benefit to patient flow. However, from my perspective the best benefit is the benefit for the patient. I will ask the secretary to outline some of the detail about to how that roll-out is going.

Ms MORGAN-WICKS - The Community Rapid Response Service, or COMRRS as we refer to it, is a hospital avoidance service, as the minister has outlined. It offers responsive and high intensity intermediate management and treatment for people in the community with an acute illness, injury or exacerbation of a pre-existing condition and which would otherwise require a period of hospitalisation.

After a successful trial in the north of the state, the State Government has provided funding of \$6.9 million over six years to make the northern COMRRS permanent. The State Government has also provided funding of \$11.2 million over three years to roll out COMRRS to greater Hobart and the north-west coast as pilot projects. The southern service commenced last year in July 2019 and the north-west service in December 2019. Both those newcomer services in the south and north-west have been welcomed by general practitioners and their patients.

In the last financial year, COMRRS South received approximately 346 referrals from 129 individual GPs and a total of 426 referrals had been received as of the end of 15 October 2020.

The north-west service has received approximately 172 referrals from 93 individual general practitioners in the six-and-a-half months of operation last financial year. Referrals are increasing commensurate with GP confidence in the new service, as evidenced by 220 additional referrals from 1 July to 31 October. COMRRS North, the longer and more established service, received 869 referrals from 109 GPs last financial year.

Arrangements are currently being made to evaluate the southern and the north-west services to determine their viability and sustainability beyond the pilot phase. The evaluation will have regard to a recently developed statewide model of care for COMRRS, the guiding principles of which include client centredness, localised flexibility, equity of access, support for integration of care, efficient utilisation of resources, robust outcome measures, and safe and

quality care. An evaluation report for the southern and north-west services, funded by the Department of Health, is expected in the second half of 2021.

Mr TUCKER - Minister, I seem to recall at the start of COVID-19, the Government moved quickly to improve the telehealth services in the state. Can you provide an update on how that has gone and what the key outcomes have been for patients?

Ms COURTNEY - Thank you, Mr Tucker, I appreciate that question. We know from some of my previous answers how important technology is in delivering outcomes in care. We moved quickly at the start of COVID-19 to increase our telehealth capability. We expanded from 20 virtual rooms to now being able to have 5000 virtual appointments. From May to June this year, there was an incredible 1200 per cent increase in the delivery of telehealth appointments statewide.

It has been received very positively by the community, it has been used for pre-screening new patients before face-to-face visits, and it's been based on the clinical need of a patient. This reduces the total number of presentations assisting with social distancing at busy clinics. It is an effective measure to ensure safety for patients and practitioners during COVID-19.

It has been offered as an option across all hospital outpatient clinics, as well as some specialty clinics at the LGH, the North West Regional Hospital and the Mersey Community Hospital.

The Tasmanian Government welcomed the Australian Government's introduction of its banded Medicare-subsidised telehealth services for all Australians, as well as the provision of extra incentives to general practitioners and other health professionals. This has resulted in the dramatic expansion in the use of telehealth and is key in the fight against COVID-19.

The latest statistics I have indicate between March and September there were 29.6 million Medicare-eligible telehealth services delivered to 10.4 million patients, resulting in \$1.52 billion paid in Medicare benefits.

As I spoke about in one of my previous answers, I think to Ms Dow's question, one of the big benefits for telehealth is also around the individual. Obviously, there are efficiencies for a system, which is helpful considering the size of that investment within Health.

An example of the impact on the individual: I was visiting a patient at the Soldier's Memorial Hospital at Scottsdale, an individual who had to follow up with his specialist around a cardio issue. The benefit for him was in being able to walk from his home to the Soldier's Memorial Hospital and being able to have a telehealth appointment. We know a lot of our district sites like that can provide support for the telehealth. It meant this individual not only got the appointment he needed at a time during COVID-19 where, obviously as an older person, he was very reluctant to go into lots of shared sessions. It also meant he didn't have to travel into Launceston.

For many people I speak to in regional areas, the challenge around getting into a city, effectively, to be able to receive this, is not just the cost, the petrol and the day - often for many people, it is the stress and anxiety it causes. Many people also have caring responsibilities - a lot of older Tasmanians have caring responsibilities for a spouse. When you have caring

responsibilities for a spouse, the logistics of organising for care of that person - usually for an entire day if you need to travel a long distance - is quite immense.

I think it has also helped us with culturally embracing telehealth. We know it has always been a good mechanism to look at, but I think it has also been really helpful. All of us have become a lot more used to doing meetings via videoconference, which perhaps in the past we would have shied away from; it has become more normalised. Through telehealth during COVID, I am hoping those cultures that we have around the use of those technologies can be further utilised, because there are huge benefits for patients. It has impact on our capital planning going forward, indeed, with regard to locations.

I want to thank the team, because they stood up that extra capacity in a really short time to be able to deliver that to Tasmanians.

Also, I can provide a further update to Ms Dow's earlier question regarding contract dates for north-west maternity.

Ms MORGAN-WICKS - Through the minister, the term of the agreement is eight years, to commence on the first day of November 2016, to continue, unless earlier terminated, until 31 October 2024.

Dr WOODRUFF - I said 'Chair'.

CHAIR - You had more questions than you were entitled to, and you still insisted in talking over the top of me, so I am going to Ms O'Byrne.

Ms O'BYRNE - Minister, I would like to take you to the issue of the registrars at the Launceston General Hospital and the concerns they shared. Their letter was reasonably damning, I think you would have to agree.

In the letter it says, and I quote -

Our patients have died unnecessarily.

What action have you taken to identify how many patients died unnecessarily?

Ms COURTNEY - Thank you, Ms O'Byrne, for that question.

There has been extensive engagement with staff and the registrars at the LGH around this matter. Obviously, a range of concerns were raised in their correspondence. The secretary and the Chief Medical Officer sat down and met with the registrars for more than two hours to understand their concerns more fully, and then communicated with them around some of the things we are doing.

I am advised that we have responded formally to the registrars, and I believe that the secretary has also responded formally to the registrars, outlining what steps are being taken to address their concerns. I might pass to the secretary, and perhaps the CMO as well, regarding their engagements.

Ms MORGAN-WICKS - The Chief Medical Officer and I met with a group of the LGH registrars. Obviously it is very difficult to get them all into one space at one time, but certainly they felt they had good representation in terms of that meeting. We had a very long and positive discussion around the concerns, frustrations and issues they are experiencing in an ED, which I as secretary know have been significantly impacted by both the Mersey's reduction in hours, and the efforts taken in terms of diverting patients over time with the north-west outbreak. We are very grateful to them for their efforts in positively maintaining the service.

In terms of the issues they raised with the Chief Medical Officer and I through that meeting were the pressures being currently faced by the ED in terms of attendance numbers, the complexity of those presentations, and the flow and impact of the COVID pandemic, the north-west outbreak and the reduction of hours at the Mersey.

In terms of what we discussed, we talked about various options. We obviously had the options we have been working through from the Access Solutions Meeting in the Royal, which have been integrated into our statewide access and patient flow program, but also the options that we discussed with the LGH in relation to a workshop we conducted in December last year. All those have been prioritised into a program which includes prioritising the rollout, and I have written to the LGH registrars with this regard - the rollout of the Medtasker solution. It will be prioritised to the Launceston General Hospital to commence in January 2021. Extending the rollout of the Partnered Pharmacist Medication Charting - PPMC - to LGH, North West Regional and the Mersey, we are aiming to implement that in parallel with the Medtasker rollout.

Identifying key performance indicators within the LGH ED to enable effective internal management, such as 24-hour stays, timed admission to wards and delays to inpatient review, means such indicators will be more easily measured and analysed with the implementation of Medtasker.

An assessment of key identified LGH policy-based impediments to flow will be undertaken by the LGH leadership, including direct admission protocols in place at the LGH and the authority for ED senior clinical decision-makers to make the decision to admit as outlined in the patient's first suite.

Ms O'BYRNE - Ms Morgan-Wicks, I don't want to be rude, but I do have a copy of your letter. It's great and I'm happy that you are responding, but my question to the minister was whether an investigation was undertaken into how many patients had died unnecessarily?

Ms COURTNEY - With regards to the matters raised by the registrars in the letter, including outcomes for patients, all the matters raised in the letter were part of the engagement with the secretary and the CMO. We do have evidence-based processes in place with regards to adverse outcomes. There are a range of processes which I understand we are also accredited for independently.

I'll ask Professor Lawler to outline what those processes are and the accreditation around them because we do have robust processes with regards to those matters that were raised and the concerns.

Prof. LAWLER - Thank you, minister. As highlighted, in addition to the local hospital management meeting with the ED registrar group, the secretary and I met with them in

mid-October. As you've mentioned, you have our response, but we had a very positive and engaged conversation at that time that did not touch upon specific issues of a clinical nature. We had discussions around processes and how they might be examined and revised. We had a very positive discussion on the culture of the Launceston General Hospital and we will work through that.

The process in place for the reporting investigation of and response to adverse events is well outlined and understood within the THS and also the broader Health system. As the secretary has already highlighted, any time that there is a SAC one event, which is something that is thought to be likely, and also extreme or catastrophic in consequence that will be reported through the system and notified to a number of clinical governance officers and also key leaders within the system.

Those notifications come to myself, my deputy and to the secretary. We have a specific requirement under the policy on the Health service that a reportable event brief needs to be provided to the clinical governance officer within the Health department within 48 hours, and that a root cause analysis has to be undertaken for any SAC one and needs to be completed within seven days.

In terms of the identification or response to avoidable deaths, that starts with the reporting of those deaths and when they come through, they are watched and any investigation that's undertaken is reviewed and signed-off on at a central level within the department.

Ms O'BYRNE - On that matter, the registrars wrote in mid-September. The next day they were berated by hospital management. A month later you met with them and I appreciate that from all reports that meeting went quite well. They then had to write again to try to get a response. They got a response from local management just recently and the response from the secretary to their issues raised in September was written the Friday before Estimates today. Frankly, I think that's a little bit political and you should be reviewing the way you work with your staff.

In relation to my question about avoidable deaths, or adverse outcomes, can I get the adverse outcomes at the LGH for the last 12 months, and the diversion of those patients who were from the northern region and those from the north-west?

Ms COURTNEY - With regard to data related to adverse outcomes, I'm happy for the department to go to that detail. With regard to the engagement with the registrars, this has been, I acknowledge, an extraordinarily challenging year for clinicians across our healthcare system, particularly the LGH. I know North West Regional and North West Private, with regard to the whole situation in the north-west, took on an enormous load.

We also know that when the Mersey Community Hospital limited hours with its ED, there was increased pressure on the LGH. We know these are challenges we were facing last year, which is why a range of mechanisms have been stood up through Access Solutions and in the engagement we had late last year at the LGH, and indeed the work stood up to have a whole-of-system approach in how we can address bed block.

One of the previous answers I spoke about was how we can better use our district sites and have the staffing methods to ensure we have more patients of higher acuity being cared for

at those sites. There is a wide stream of work being done. I acknowledge we still have more to do. It's a clear focus of mine.

With regard to the registrars and engagement with the ED, there has been broad engagement by a range of senior clinicians, both at the LGH, but obviously the CMO as well. I know that the CMO visits hospitals regularly and has had a significant engagement with the LGH. I visited the emergency department also to discuss its concerns as well, so I reject your assertion around the timing.

Work was being done and advice being taken by the secretary and by local management, and work being done through the CMO; indeed, the process has been stood up in the statewide way that we're addressing Access Solutions. There has been positive engagement.

I am sure we will have a further engagement with those staff, as we do with staff in all sorts of parts of our hospital. We appreciate engagement because it's often through those people who are working in a specific area on the front line who have unique insights or specific insights we can learn from. It's also really important we understand how the changes we're making at a system level are having the required impact.

I will go to the secretary or perhaps Professor Lawler regarding the further part of your question but I want to make it really clear that we're going to continue to engage with staff and I'm really grateful for the work they've done. I'm very aware of the pressure we've had at the LGH and at that ED, and we are taking positive steps through the further support of district sites, through Medtasker, through pharmacy charting. All these are parts of a puzzle that will assist.

Prof. LAWLER - Thank you, minister. I can't reflect on the nature of the meeting with senior hospital staff and registrars, but on the matter of the meeting we had, the issue of specific clinical adverse events, as I mentioned, wasn't raised. There was discussion around the desire to address waiting times in the ED and the way in which patients are managed and looked after in the ED. In terms of adverse events, I would just go back to the original comment I made, which is we have a robust process in place whereby those elements -

Ms O'BYRNE - I'm just asking for the data on those now.

Prof. LAWLER - I don't have that data in front of me.

Ms O'BYRNE - Can I put that on notice, minister? We normally have - having had those folders before, I know we normally have a brief with that in it.

Ms COURTNEY - Which ones?

Ms O'BYRNE - For the 12 months.

Ms COURTNEY - I will see what we can get and provide that.

Ms O'BYRNE - Is that yes, I can put it on notice?

Ms COURTNEY - Yes.

Ms O'BYRNE - I have to get that clarified on the record.

Ms COURTNEY - Yes. Yes, I will take that on notice and we will provide the answer we can with the data that we have available.

Ms O'BYRNE - Thank you. Can I just ask -

CHAIR - No. Dr Woodruff.

Dr WOODRUFF - Minister, in October 2018, when Michael Ferguson was the Health minister, he responded to what were shocking new elective surgery waiting lists at the time by saying -

While demand is increasing, it's important to note that the percentage of elective surgery patients being seen within a clinically recommended time remains stable at 70 per cent.

Minister, is 70 per cent of people seen on time the acceptable benchmark for elective surgery?

Ms COURTNEY - With regards to the mechanism with which our benchmarks are reported and, indeed, reported within the Budget Papers, I will ask the secretary and perhaps the CMO, if appropriate. It might actually be Ross Smith who talks about those, but I want to make it clear we recognise there is a challenge. We recognise that people are on the waiting list and have been for too long and why we have \$45 million in this Budget. It is an extraordinary amount of money, I am looking forward to that being rolled out as quickly as possible. I will look to the clinicians to understand what the best way to roll that money is out. I want to see a positive impact for those people waiting too long and I appreciate that particularly with the impact of COVID-19 what this has meant for many Tasmanians and their families.

With regards to some of the targets highlighted within our Budget papers I will get the deputy secretary, Ross Smith, to talk to those. I place on the record as Health minister, I want Tasmanians receiving the best quality care in a timely way that predicates and underpins our healthcare future. A document we have put out for immediate actions and consultations we know there are improvements we can make across here. We know there are improvements we can make to ensure that patients, particularly those with chronic and complex illnesses do not deteriorate. I have high confidence by collaborating across a system we can achieve better outcomes. We might go to Ross.

MS WOODRUFF - Thank you, minister my question was about clarifying the 70 per cent benchmark.

Mr SMITH - In terms of the benchmarks every year following the handing down of the Budget in the normal cycle, the department sits down with surgical team leaders and works out the clinical priorities for how we allocate elective surgery and how we deal with the list within the capacity that exists within the hospitals. Last year, if you can look at the indicators on page 140 of Budget Paper 2, it says, whilst there has been a minor decline in the category 1 seen on time from 71.8 per cent to 68 per cent in 2019-20 and is a result of the lower levels of surgery able to be performed in that year because of the COVID-19 impact.

What we target, and what we have agreed in terms of category 1, is trying to target that 100 per cent of category 1 patients seen within clinically recommended times. With the increase in volumes funded in this year's Budget where we are targeting 19 116 elective surgeries, which is a significant increase on the 15 000 this year, it will provide a better chance of being able to look at that target. We are targeting a significant improvement in terms of those indicators through the increased volumes.

Dr WOODRUFF - Minister, the number of patients seen on time for elective surgery is now 49 per cent. Going back to Michael Ferguson's comments when he was minister at the time, he thought 70 per cent was what was required. Before the last election your Government set a goal of 90 per cent of patients in on time. This is in the Building Your Future document, your target number 24, '90 per cent of Tasmanians will be treated within clinically recommended time frames for their elected surgery by the end of the next four-year term of Government'. Minister, is reaching 90 per cent still your goal? Will the money you have committed be how you get there? Is it possible to get to 90 per cent given we are at 49 per cent now?

Ms COURTNEY - As the Minister for Health I would want a target the highest proportion possible of people being seen on time. We have seen improvements when we came to Government in March 2014, out of category 3 patients they were waiting, on average 530-odd days over boundary. In June this year it was 179 over boundary. That is still not good enough but there is more work to be done and it clearly demonstrates improvements have been made. We know COVID-19 has put unexpected and unprecedented pressure on our health system. I remember standing with the federal minister, Mr Hunt, in January and bringing forward the \$15 million in surgery. No one had anticipated that within a couple of months we would have ceased the majority of surgery across Tasmania for a period of time. That has had a real and significant impact. I can't understate the impact of COVID-19 on surgery for those patients, and particularly those who are continuing to wait. We have \$45 million in this Budget and we also have the additional funding from the federal Government, 8500 additional surgeries.

I cannot predict how many people are going to be put on a waiting list in a period of time. However, I can charge the clinicians responsible for managing these with the responsibility to use this significant amount of money appropriately. I know the clinicians we have in Tasmania want to provide care in a timely way. I have an expectation that this money will be used and decisions will be made prudently to ensure it has a maximum positive benefit for patients across Tasmania -

Dr WOODRUFF - So you've walked away from the goal?

Ms COURTNEY - No, I have not - that is verballing me. I have said nobody predicted a global pandemic. We are committing \$45 million additional funding into elective surgery. This is a strong initiative. This is an extraordinary amount of money for an extraordinary number of surgeries that will be delivered, and I am very pleased that this will have a positive impact on those waiting lists.

Dr WOODRUFF - Do you still have that as your goal?

Ms O'BYRNE - Thank you, Chair, can I get back to the LGH ED? Can you confirm how many medical positions are there, how many are vacant and how that compares with the ASUM [?] recommendation?

Ms COURTNEY - I don't have that data with me.

Ms O'BYRNE - I believe there are 14 positions and only seven are filled. Can we find out if that is true?

Ms COURTNEY - I will get further advice on that.

Ms O'BYRNE - Do you need a question on notice for that?

Ms COURTNEY - Yes, please.

Ms O'BYRNE - I can do that. You should be able to provide this one from my remembrance of what is in your folder. How many FTE permanent medical staff positions are vacant, unfunded or requiring locum or temporary cover at each of our hospitals, what specialities are they and what areas will those vacancies be located?

Ms COURTNEY - I will ask the secretary to go to the detail of the locum positions across Tasmania.

Ms O'BYRNE - These are vacant, unfunded and/or requiring locum or temporary cover. It's an unfunded position that doesn't have a locum included.

Ms COURTNEY - Regarding the provision of services in Tasmania, we have seen a lot of disruption in recruitment because of COVID-19. A good example is at the beginning of the year in response to concerns raised at the Royal Hobart Hospital, the secretary committed a number of additional medical roles, particularly to support the junior doctors at that hospital and their concerns. When COVID-19 hit, permanent recruitment was severely impacted and there have been some challenges across different parts of Tasmania in regional areas and different areas of speciality, around being able to source either locums for a temporary position but also being able to procure for some of those permanent roles that have been committed to.

I will see if the secretary has further information.

Ms MORGAN-WICKS - I don't have a list of vacancies per hospital. I ask that is put as a question on notice, particularly in terms of the breakdown by speciality by region.

I have information on FTE increases, both state-wide and by region, should the Committee wish to receive that information.

Ms O'BYRNE - For the vacant positions?

Ms MORGAN-WICKS - As at the last pay period in June 2020, we had 9 617.71 FTE across the Tasmanian Health Service, and compared to 9 087 at the end of March 2019.

Ms O'BYRNE - The date you used, the first number, was from?

Ms MORGAN-WICKS - The last pay period in June 2020 which was 26 June 2020 pay period.

Between March 2019 and March 2020, over 200 additional FTE can be attributed to both nursing and medical staff. The three-month period between the end of March 2020 and the end of June 2020 also showed significant FTE growth during the peak response period to COVID-19. We also had an additional 268 FTE which was approved for the opening of K-Block with 243.65 of those vacancies now filled for the commissioning of K-Block.

Ms O'BYRNE - The question was around vacancies.

Ms MORGAN-WICKS - At the beginning of my response, I said I would need to take that on notice because I do not have the detailed breakdown by specialty or by region.

Ms O'BYRNE - Thank you very much. Back to the LGH again. I will deal with the issue of the PEN nurse at some stage. However, after 10 o'clock the LGH does not have access to mental health support from social workers - or any mental health support at all - yet most of the presentations occur at that time. What response do you have to that matter, in your broader response to the LGH problems?

Ms COURTNEY - With regard to that, specific advice.

Ms O'BYRNE - Is that going to be a Jeremy question? Okay, that is fine.

Dr WOODRUFF - As I mentioned earlier, minister, the category 1 waiting list has grown by 75.8 per cent since March 2018 and June 2020, which is the last set of data we have. In the same period, the average overdue days waiting figure has more than doubled on that 12-month trend from 39 days to 78.9 days. Meanwhile, patients who have been seen on time, has only reduced by about 10 per cent in that 12-month trend, and the average median wait time is up less than 8 per cent. How do you explain this big difference between the average overdue days and the median wait time?

Ms COURTNEY - I can ask the department to provide advice about how different data sets are calculated across different parts of elective surgery.

We recognise there are challenges in elective surgery, with Tasmanians seeking elective surgery. I repeat - the impact of COVID-19 cannot be downplayed. Having to cease elective surgery has had an enormous impact. It impacted the private system as well as the public system. It took an enormous body of work to be able to ramp that back up in a safe way. The clinicians we have across the system are very dedicated and want to ensure we are doing everything possible to deliver care quickly. We have the \$45 million, along with the funding from the Commonwealth Government, and that funding will ensure that we see around 8500 additional surgeries this year. This is good news for the health system.

I acknowledge it has been challenging and I acknowledge the impact on Tasmanians, their families and their carers. However, the impact of COVID-19 has been enormous and we need to ensure we are doing everything we can to make sure we get this elective surgery out the door. One of the things we think about a lot with our planning and the impact of the COVID-19 outbreaks, isn't only the impact on community restrictions; it is the impact in our hospitals and the care that has to be deferred because it does impact people.

Our health care professionals did a wonderful job caring for people when they were not able to go to hospital. I am not sure whether the department wants to add further with regards to the calculation of that data set?

Dr WOODRUFF - Minister, perhaps I could explain because it was a lot of figures. It is not clear what the issue is. The issue is it seems from the figures that the waiting list is growing -

Ms COURTNEY - The dashboard?

Dr WOODRUFF - Yes, the dashboard figure. The waiting list is growing, fewer procedures are being performed, but patients seen on time has only decreased slightly. Surely the only way that could occur is if patients whose surgery has become overdue are being deprioritised, in favour of cases who are still within the clinically recommended time frame? It is a cherry-picking statistic. How else could those figures be explained?

Ms COURTNEY - I would not suggest for a moment that our clinicians make decisions about patient care based on the ramifications of a reporting data set. I have high expectation and deep confidence that the way this is worked through and prioritised through a clinical setting is appropriate. As minister I often receive constituent requests to say, 'Please can you assist me on the waiting list?'. Professionals make those decisions. I have confidence they are making decisions in the best interests of the patient, and I have nothing to suggest that would be different.

I understand we ensure that those who have been waiting longest do get their surgery first; you want people who have been waiting the longest to be able to get their surgery. However, clinical decisions around categories and how that is determined, is for the professionals.

Dr WOODRUFF - Okay. It's not clear from that, but thank you. In the 2019-20 financial year how many times was an elective surgery cancelled after the patient was already admitted to hospital for the procedure, and how does that compare with the previous two years?

Ms COURTNEY - I do not know whether we have that data set.

Mr SMITH - We have an average monthly cancellation, for want of a better term, after the patient has been admitted into hospital.

Dr WOODRUFF - So we do not keep that information?

Mr SMITH - I think I am saying we have an average monthly.

Dr WOODRUFF - Okay. Would I be able to get the actual details rather than the average, so the absolute numbers?

Ms COURTNEY - I will see what information we have about how it is reported.

Mr SMITH - Regarding the average number per month that are cancelled once the patient has been admitted to hospital, last year that was 57.5 per month compared to 71.9 the year before. That takes into account the two months elective surgery slowdown as a result of

the cessation of non-urgent elective surgery. However, when you take those months out, 2019-20 is lower than the number of cancellations once the patient is in the hospital, than it was in 2018-19. We have looked at the first few months of this year and it around the same levels.

Dr WOODRUFF - What is the average length of time someone has to wait before they get booked in again, before they have their procedure?

Mr SMITH - I do not have that information with me but that would be -

Dr WOODRUFF - Would you be able to take that on notice, minister?

Ms COURTNEY - I am happy to take it on notice, but we need to check whether we collect in that way. If we collect that information then we will provide an answer so I am happy to put it on notice. It might not be a data set that we are able to provide.

Ms MORGAN-WICKS - Length of wait time, but I do not know if it has the wait times on a cancellation.

Ms COURTNEY - We will see whether our mechanisms have a reporting like that. If we do I will provide it but if we do not, I will provide a response for the Committee.

CHAIR - The time being 1.10 I am going to call a lunch break and we will try and start back as close to 2 o'clock as possible.

The Committee suspended from 1.10 to 2 p.m.

CHAIR - The time being 2 o'clock, we will get started again. Minister, we have one new official at the table, if you want to introduce him.

Ms COURTNEY - Yes, Dr Veitch is at the table, the Director of Public Health.

Ms O'BYRNE - Minister, my question goes to the COVID-19 emergency, and the fact that we still have a health emergency. Who made the decision to not brief the members of the Opposition any more? The Premier has been denying us briefings. Was that a decision made by the Premier, or a decision made by the State Controller of Health at this stage, or a decision made somewhere else?

Ms COURTNEY - That communication, I understand, was provided by the Premier's office. That is my understanding. I suggest you direct your questions to the Premier.

Ms O'BYRNE - Could I ask you to ask the State Controller for Health, who is sitting beside you, whether she thinks it is appropriate in a state of emergency for the Premier to deny access to briefings to members of parliament, given parliament was prorogued on the basis that we would be provided with regular briefings?

Ms COURTNEY - Regarding the proroguing of parliament, regular briefings were provided. I have a list of dates of all those briefings, which I can provide. The scrutiny of parliament has recommenced. Indeed, we are here today, at Estimates. We have been before parliament for the past few weeks answering questions. The Premier has stated that if there are

matters you would like followed up, that they can be provided in writing, and they will be responded to.

Ms O'BYRNE - You will not let the person who is responsible for the state of emergency to say whether she felt it was appropriate that we were denied briefings?

Ms COURTNEY - I understand briefings were originally stood up by the Premier. Very early on in the process the Premier had a number of telephone conversations with the Leader of the Opposition, as well as other members of parliament, to provide information on decisions being made. There is a mechanism for scrutiny through parliament, there is a mechanism for scrutiny today, at Estimates. We are here to answer questions about our response - particularly around the Budget response, considering this is Budget Estimates. If there are no further matters -

Ms O'BYRNE - I note the State Controller for Health is not permitted to answer the question, then we can move on. The health commander is not permitted to answer.

CHAIR - Order, Ms O'Byrne, we have been back three minutes.

Ms COURTNEY - The health commander has done an extraordinarily good job throughout this entire process.

The Department of Health has worked hard to ensure we have strong lines of communication, particularly with our staff and our workforce. It is something we have put a lot of work and effort into. I have worked hard to ensure we have regular lines of communication with stakeholders, providing updates. I have lost count of the number of media appearances the Premier and the Director of Public Health have made. The number of hours would be extensive, providing information to members of the community. We also have, through the public information unit, the COVID-19 website, which is effectively the single source of truth in terms of information about COVID-19. But, as the Premier has said publicly, if there are certain things that the Opposition would like information on, he would welcome further correspondence.

Dr WOODRUFF - Minister, through you possibly, to the Director of Public Health. I am interested to understand where our state stands, given - I think the Premier said earlier last week - 11 000 people have travelled to Tasmania only in a couple of weeks, now that our borders are opened. There is a huge number of people moving between states and the potential for movement of the virus, which is still active in a number of states. Could you please outline to us where we are in Tasmania with PPE; the resources in hospitals for staff to be able to deal with tourists and the possibility of an outbreak; and for the real prospect of repatriated Tasmanians returning here, many of whom I understand may be sick, which is why they are desperate to come back to Australia and may come to hospital, and potentially will be at higher risk than other people?

Ms COURTNEY - I will be very pleased to answer that. A number of questions are contained there, Dr Woodruff. While I respond to other parts of your question, I will ask the secretary to provide a detailed update on PPE. She can do that towards the end.

Loosening the restrictions on our borders has been undertaken the entire time on the advice by Public Health. The ultimate decision is enacted through the State Controller. I will have Dr Veitch talk to the risk profile.

We have done a lot of work at our borders to ensure that we have the right processes. Indeed, before people even come to Tasmania we have a risk base standing for different jurisdictions: low, medium, high. That is based on the advice of Public Health. The circumstances and the rules around when people come to Tasmania are different, depending on the different levels. The [coronavirus.tas.gov.au](https://www.coronavirus.tas.gov.au) website has a lot of detail for people before they come and, depending on the risk level of the jurisdiction, how they need to engage with either the Tassie travel app or the Good2Go app. The website provides advice provided on how that can happen.

Everyone who arrives in Tasmania receives a health screening and DPIPW have done a really good job in standing up those processes through Biosecurity, with Public Health advice.

Regarding the travel we are seeing between jurisdictions, we have done that in a way that is safe and based on the circumstances of those jurisdictions. As we've seen in the last week and a half with South Australia, when those circumstances and the risk level is changing in jurisdictions I will act very swiftly - not only on travellers who are due to arrive, but indeed people who are already here in Tasmania. It is something we keep abreast of and the Director of Public Health also does through his regular contact with his AHPPC colleagues.

You also asked about people returning who might be unwell. As part of the planning for the quarantine hotels for international arrivals, I outlined earlier today that the management of those sits within Communities Tasmania. However, if people need to interact with our health system we need to have robust protocols in place, because of the risk. Earlier, Dr Lawler outlined some of those protocols around transport. There is a range of other protocols to ensure high risk patients who might need care are cared for in an appropriate way. I'm sure Dr Lawler can expand on that.

Given the breadth of your question, I will ask Dr Veitch to talk about the risk from travellers and jurisdictions, and then I will get the secretary to run through the PPE component as well.

Dr VEITCH - Thank you, minister. The minister has covered it in broad detail. She has mentioned we have a risk framework for assessing risk that a person coming from another state may pose to the Australian population, should they come here. It's a very conservative risk framework. It really admits very little risk at all. It is principally based on the number of unexplained cases that have occurred in a jurisdiction in the last 28 days. What we have said as our starting point is that if fewer than five unexplained cases have occurred in a jurisdiction in the last 28 days, then that is low risk. In fact, most of the places we've been dealing with have had none, one or two cases of unexplained infection in the last 28 days. We're dealing with risk at the bottom end of low risk.

We have higher risk categories - a medium risk category which talks of having between five and nine unexplained cases in the jurisdiction in the last 28 days; and a high-risk category where there have been 10 or more cases of unexplained transmission in the last 28 days. Once you get to that 10 or more cases of unexplained transmission in the last 28 days, you are dealing

with quite widespread transmission to have that many unexplained or mystery cases in your jurisdiction in the last month.

That is just a starting point. We have to bring a lot of other considerations into play, and in some circumstances the other considerations may be even more important than that raw number. That situation played out last week. The other considerations are not so much the unexplained cases but the explained cases; even cases that are occurring that are linked to each other, we don't want ignore them. They propose a risk also. We take them into account. We look at the trend of the cases. We look at the control efforts in place in the jurisdiction. We look at the testing that has been done in the jurisdiction.

To give you an idea of our thinking about South Australia last week, we knew as the week passed that they had between about 15 and up to just over 20 cases, all very tightly linked to each other. South Australia was in a situation where there were no mystery cases. We all knew where they had all come from, but what we didn't know is whether the places these people had been to when they were infectious could have posed a greater risk. In this case we look beyond that simple one-dimensional metric and say there could be a risk here from South Australia, despite there being no unexplained cases. That was the reason to our approach to requiring quarantine for people from South Australia.

It is a multi-dimensional risk assessment strategy. It is not tied into a hard and fast metric. It also uses some other quantitative and qualitative considerations, and that is how we determine what category we will put a state into. Once we have done that, we look to - in the case of high risk - having the highest level of requirement, which is mandatory hotel quarantine. In the medium risk category, we will typically have people either going into home quarantine or hotel quarantine if they don't have the option of an acceptable place at home. In the low risk category we don't require people to be quarantined but to behave the way that everyone in Tasmania does - get tested when you get sick - so we don't have a high level of requirement.

As we move through this pandemic we are looking to whether we can be a bit more targeted, so we can look at a local government area or even attendance at a particular setting as being the trigger for requiring quarantine. It is quite difficult to confidently confine risk sometimes to those smaller settings.

CHAIR - Let the secretary answer the PPE section and then we will come to Labor.

Ms MORGAN-WICKS - With global demand for PPE at unprecedented levels during the pandemic it has been a key priority area for the Health Emergency Coordination Centre. We have established the PPE State Emergency Medical Stockpile, which is a separate stockpile from usual PPE stocks that we maintain for the THS. It has targets of at least six months of supply, based on our peak COVID-19 PPE usage which we measured and modelled off the north west outbreak PPE usage. As at 16 November 2020 the Department of Health held the following PPE in stock -

- surgical masks - 8.24 million; that is beyond our target in terms of the SEMS;
- gowns - 2.07 million; and we have an additional 14 500 on order above normal supply;
- eye protection and goggles - 1.28 million;

- gloves - 21.41 million; with another 2 million on order above normal supply;
- hand sanitiser - 66 106 litres;
- face shields 168 069; and probably most importantly -
- our P2 or N95 respirators. Those have probably been the most talked about item of PPE throughout the pandemic. We currently hold 427 995 respirators, which is close to 80 per cent of our SEMS target. Our initial target was to reach 544 000. We have 3.33 million on order above normal supply.

I will explain, because they are large numbers they are trying to work out in terms of the modelling. By the end of November, we are predicting we will hold 243 days' worth of N95 respirators. That was based on our existing peak COVID-19 demand. By the end of May, we should reach a total of 3.356 million. This takes into account usage that is estimated during that time, which would then mean we have had 1240 days' worth of N95 supply. We are getting regular drops of the N95 respirators, each month.

Dr WOODRUFF - When is that going to be?

Ms MORGAN-WICKS - We are getting regular drops through each month, so we have estimated drops for November, December, January through to May 2021. However, for example, if you wanted to look at close to a years' worth of supply, that will be by the end of January. That is over and above our current THS normal stock.

Dr WOODRUFF - Sounds comfortable.

Ms WHITE - Minister, while we're speaking about masks, can you confirm whether any masks were disposed of in the course of the COVID-19 pandemic because they were ill fitting.

Ms COURTNEY - We know there are different preferences across different staff about what type of respirators they use. I am happy for the secretary to provide some response to the issue of any normal rotation of supplies.

Ms MORGAN-WICKS - We were aware of reports we had a N95 mask that had straps that had deteriorated while the masks had been in stockpile. When that report came through to the health emergency co-ordination centre, we arranged for the immediate withdrawal of those N95 masks, and replacement.

Ms WHITE - And the quantum of those.

Ms MORGAN-WICKS - We'll take advice on that, but they were replaced. Could we take that on notice?

Ms O'BYRNE - Would you be able to provide us with information about when they were purchased as well, and audited?

Ms COURTNEY - We will see what information we have available about those masks.

Ms WHITE - I'll ask about contact tracing. New South Wales has put in place mandatory tracing using QR code, from today. I understand Victoria is making it mandatory for some venues. Is Tasmania going to consider QR codes as a mandatory way of collecting information? At the moment it is quite individualised, and contact tracing is critical if we are going to respond quickly.

Ms COURTNEY - Thank you for the question. I agree contact tracing is critical, and I commend the extensive number of businesses across Tasmania that are working hard to do the right thing. I really appreciate a lot of businesses have been quite innovative in the way that they do that.

In a moment I will have Dr Veitch talk to the current requirements around hospitality venues and what further steps might be taken.

As the Premier announced last week in parliament, a Government-supported app will be provided soon. However, there is also extensive advice available through WorkSafe as well as through the Business Tasmania website. Their Digital Ready website explains the best advice for different businesses on how they can do it, particularly at different levels depending on their patronage numbers, or their levels of sophistication with IT.

QR codes are extraordinarily effective. I have one on my office door. They are easy. They can remember information. However, a lot of our population doesn't have access to smartphones. We also have a lot of small businesses in regional areas that don't have the internet available to support a QR code. We had to look at what other things we can provide. I understand through Work Safe, templates have been provided and I have seen a number of businesses do innovative things to ensure that privacy can be taken into account.

I urge businesses to look at what they can do with their patrons to work out the best mechanism. I am really pleased how innovative businesses have been. It is a challenging thing to implement, and I strongly urge the community to work hard at complying. The businesses are doing this for the safety of their patrons, and their customers, and their staff ultimately.

. I might ask Dr Veitch to talk about the restrictions that we have in place at the moment and perhaps what may happen in the future.

Ms WHITE - Yes, my interest is whether we're going to go down the same line as New South Wales or Victoria with some technological consistency.

Ms COURTNEY - We're looking at the provision of an app. However, we also know that there are some private providers in the market as well. Some of those private providers provide not only the contact tracing capability, but also a number of other functionalities that mean a business doesn't have to overlay a booking system and other reservation systems. Some of these apps have a functionality that would benefit a business. It's important we allow businesses to look at what other innovative things are in the market, while making sure through Public Health direction that the right criteria are laid out, and the right support - through both a government provided app as well as what's on Work Safe, and also what's on the Digital Ready website -is provided.

I will go to Dr Veitch because ultimately directions are under his hand.

Dr VEITCH - Thank you, minister and Ms White. It's perhaps worth noting there are two broad categories of contacts to be traced. The first are close contacts, which is the people you've spent time with in your household and your workplace, and you've spent more than a couple of hours in the time you have been infectious with them. Overwhelmingly, these are the people who get infected by close contacts. The usual situation with most cases of coronavirus is they infect a small number of their close contacts, and none of them were distant or casual contacts. It is therefore absolutely essential that our contact tracing team that does the phone call to the case when the case gets notified and asks, 'Who do you live with? Who do you work with? Who have you been out with in the last few days?'. They are overwhelmingly the priority for urgent contact tracing. That actually doesn't require much electronic support apart from telephone.

The other group of people who we have become increasingly focused upon over recent weeks and months, are the casual contacts who are the people who might be at the same hotel, or at the same restaurant, or at the same school gathering or sporting event. These could number hundreds or thousands of people, and they could be quite remote from the individual and have absolutely no prospect of being infected by them.

What we are doing, using these technological techniques to gain access to the casual contacts, is throwing a very broad and wide net to leave almost no risk of contacts in nominated settings undiscovered. What we have required by a change to the direction a few weeks ago, as a first tranche of mandatory capturing of these mostly casual contacts, is for people who attend sit-down eating venues and places where alcohol is served to capture the information on someone's name, their telephone number, and the time and day when they went in, using either a piece of paper or one of the electronic mechanisms.

We started out with those settings - the eating and drinking places - because of those public settings, they tend to be the settings that are sometimes implicated in transmission to people you don't anticipate. So, that was our first priority.

We're also in the process now of finalising a list of additional settings that range from sporting venues, formal gatherings that fit under the events framework. I don't actually have the list with me. I don't know that I can run it off the top of my head I'm afraid. It's quite an extensive list of, if you like, elective settings. The sort of things that we actually restricted activities on early on in the piece, when we were trying to limit gatherings. That's currently with the legal drafters to develop a direction and there will be a communications package around those additional settings.

Ms WHITE - They will be made mandatory?

Dr VEITCH - They will be made mandatory, yes. It won't be mandatory to use the electronic method, whether it be the proprietary brands that are available there, or a government supported model, but people will be required to capture information on those. The setting, or the operator of the setting, will be required to provide it as soon as possible to Public Health because there's no point collecting the information and not being able to get it promptly. We would use that information to, for example, reach out with SMS alerting people they have been in setting where there was someone who was infectious; or, if we felt it was justified, actively reach out to each individual. That would be a risk based assessment depending upon the circumstances.

Dr WOODRUFF - Minister, further in that discussion - to ensure the highest level of compliance with the broad catch-all information about who has been in contact with whom, there has to be trust among people in the community about how the information will be gathered and stored and how privacy will be assured. There has been a fair amount of public conversation about the privacy of paper records collected in hospitality venues. Can you please detail for us what the privacy guidelines are? What is mandated? What are simply guidelines? What assurance can Tasmanians have that their information will not be misused.

Ms COURTNEY - Regarding information collected by venues, the order through Public Health includes a statement about what that information can legally be used for. I might get the secretary to talk to that in a moment. Regarding the use of information more broadly, obviously any data collected outside that public health order would still have the usual provisions and covered by privacy legislation. I encourage venues to look at what works well for them. A good example could be a church group that has collected contact details of people who arrive at church. Having a piece of paper with a pen that is cleaned in between uses might work really well for them, because a lot of the people know each other so there is not a concern.

In other venues that may not be the case and that is why it is up to operators to put in what is most appropriate for them and their patrons. I would suggest any patron who has any concerns about the method of collection should speak to the operator or the owner of that venue to seek their own assurance or see if they can provide their information a different way.

I note that as discussed with Ms White many of the venues are moving to QR codes or electronic things. They are quite easy to manage, however they are not going to be applicable in all cases. They won't be able to be used because of limitations around either the customer base, in terms of their access to technology, or the location.

In terms of privacy I will ask the secretary to talk to the provision that is within the public health order.

Ms MORGAN-WICKS - I might also ask Mark to comment in relation to his public health direction.

Businesses are collecting information using various methods. The two concerns we have heard from the public about paper-based records relate firstly to the use of information for promotional materials - which explicitly is not permitted in the collection of information for contact tracing for public health. The second issue is walking in and basically signing on a piece of paper, whether you are consenting to everyone else after you then seeing your phone number, for example, when you can clearly see that 20 other people have signed before you and left their phone number. It is a tricky space for businesses to work through.

Certainly, the recommendation would be that there is a private way in which people could nominate and provide their contact details to that business. While I have stood in a café waiting for a takeaway for example, I have seen customers ask to provide their information in a more private way. So, customers are pushing back.

From the Tasmanian health perspective, we have been working together with ACT Health which has a check in ACT QR code app. They have been very positive in working with our Tasmanian Health developers to create a 'check in Tas' QR code app, which is a very basic and very vanilla and simple to use QR code. As the minister mentioned, there are other

QR code applications available in the market. I know some businesses would prefer to have a higher frilled option in terms of asking specific health screening questions, for example, before people go in and use the QR code at the same time; or if it is a restaurant, to make their menu or booking system also available at the same time as being granted a code. This would simply be a QR code that's available. We are working on a way to have that, and there should be a further announcement this week.

Mr TUCKER - Minister, we know that while the federal government is responsible for the aged care sector, it is a priority setting when it comes to state COVID-19 planning and preparedness. Can you please advise the committee how the state Government is supporting facilities and providers in Tasmania?

Ms COURTNEY - Thank you, Mr Tucker. I appreciate that question. The Premier in many of his contributions around COVID-19 this year has noted the fact that Tasmania has a more vulnerable demographic than a lot of other jurisdictions, and that's something that has been very front of mind in terms of our response. I note that the federal government is responsible for funding and regulating the aged care sector. However, we have a strong interest in the sector and in supporting local facilities. All the staff and the residents are Tasmanians. Residential aged care is provided to approximately 4000 Tasmanians by 29 organisations across 69 sites covering 77 funded Commonwealth services. Aged care is a priority setting and we are continuing to work with the aged care sector as well as the federal government to strengthen our aged care response preparedness and response measures.

Tasmania's commitment and collaborative approach to working with the aged sector has recently been recognised by Dr Finkel in a national review of best practices. Dr Finkel has highlighted our state's efforts to assess the readiness of aged care homes for outbreak as well as our plans to stand up a surge workforce. These efforts have included the establishment of an aged care Emergency Operations Centre (EOC) and this is led by our chief nurse and midwife to undertake a system-wide, coordinated function in preparing for and responding to COVID-19 outbreaks in Tasmanian residential aged care facilities.

Tasmania was also recognised by Dr Finkel for the development of a three-tier model for aged care surge workforce planning, ensuring that in an event an individual facility is unable to manage its own workforce needs, we will work with the facility and Commonwealth, drawing on our own resources where available. In the event of an outbreak, the aged care EOC would be an integral part of and work with the outbreak management coordination team. Providing rapid response and working together is obviously a key outcome.

I understand the EOC presently is focusing on conducting face-to-face health support visits to each and every facility across Tasmania, rolling out a program of face-to-face training on infection prevention and control and these are scheduled this month. Finalisation of a model of care developed in consultation with the GP community and the THS and residential aged care facilities particularly outlining the way we can care for people during an outbreak, also delivering scenario-based discussion exercises to test the preparedness of the aged care sector outbreak management plans.

We have been working through a number of different agencies of the government around specific actions and collaborations and I'm sure that Professor Lawler is able to talk about further clinical engagement and we're happy to talk further about the role that Health has played in the aged care

PROF LAWLER - Thank you, minister.

Ms O'BYRNE - So you're not adding to an answer on the ED.

Ms COURTNEY - Seriously.

PROF LAWLER - Briefly -

Dr WOODRUFF - For goodness sake.

Ms COURTNEY - Aged care is very important and there has been an enormous amount of community and stakeholder interest about this.

Ms O'BYRNE - You have many opportunities to provide that information, minister. This is Estimates.

CHAIR - Order, Ms O'Byrne and Dr Woodruff.

PROF LAWLER - Thank you, minister. There has been a significant amount of liaison and collaboration between the three key players in this space, being the state Government, the Commonwealth Government, and those who provide services within the aged care sector being both residential aged care facilities and general practitioners. There's obviously a level of well-placed concern, among aged care facilities and general practitioners, that our systems are robust and in place, having seen what has happened in other jurisdictions.

Associate Professor Francine Douce is leading the aged care ASC and has been working with Primary Health Tasmania, residential aged care facilities and general practitioners throughout the state to establish a model of care. That's been done in close conjunction with clinical expertise within Public Health Services. It looks to a variety of issues such as -

- infection prevention control training;
- the appointment and recognition and utilisation of lead GPs within the GPs who serve individual residential aged care facilities;
- how care can best be delivered to COVID-19-positive residents, obviously, for those who aren't unwell enough to be receiving care in a hospital setting; we are talking about people in their homes and recognition needs to be given to that issue; and
- how we can best support clinically those individuals who need to be in hospital; that goes back obviously to comments made previously around the robust clinical protocols and practices for transporting COVID-19-positive individuals between facilities.

Ms WHITE - Minister, the Premier has confirmed we will be receiving overseas travellers, likely from 6 December, and the infection rate is expected to be somewhere about 3 per cent of all of those travellers. I was interested to know whether you can confirm that Health is responsible for infection control at these hotel quarantine facilities?

Ms COURTNEY - I accept the premise there is risk from quarantine facilities, and we've seen that in other jurisdictions. We have worked very hard on the models of care for quarantine hotels. We have experience with interstate visitors, but international visitors are obviously a high-risk cohort. We have done a lot of work federally with the Australian Health Protection Principal Committee - AHPPC- through the Halton review, to understand what the best models are. Considering what we've seen in South Australia, it's a timely reminder we have to stay very focused on this. My advice is that South Australia had very robust systems in place, so it also shows in places where you've got quite robust systems that you can still have outbreaks. So, we take this very seriously.

Regarding quarantine hotels, the short answer to your question is yes, we provide advice. Management of the hotels is done through Communities Tasmania; however, we provide -

Ms WHITE - For the overseas quarantine hotel arrivals too?

Ms COURTNEY - That's my understanding, yes. Through Health, we provide advice on infection prevention and control. We also provide health support to quarantine hotels for the individuals who are coming in. I will ask the secretary to talk a little more around that process and about our negotiations with the federal government. We want to ensure that we have not only the most robust system in place in terms of the way that we manage the health needs of the people who are in these quarantine hotels, but also that we have the right staffing models to be able to support it. That is an important consideration - the capacity to be able to staff these models of care, which are the right models of care.

I also note before I hand to the secretary, that there is obviously the risk with these people coming into Australia that they have COVID-19. That is quite a clear risk. We also know, given some of the jurisdictions people are coming from which perhaps don't have healthcare systems as strong as ours, that it is important to ensure we have systems in place for people with escalating health needs. There will be people, I expect, who will come to Tasmania who might need high care because of their health needs. With the cohort of people -

Ms WHITE - I want to ask about that in a minute as well. The staff at the medihotel at Fountainside -

Ms COURTNEY - I will ask the secretary to answer the first question and we can go to subsequent ones.

Ms MORGAN-WICKS - There is one exception in to the running of the hotels and that is Fountainside, which is our COVID-19-positive facility in the south. It is under the control of the Department of Health and THS South, given that it is a health facility. We also had various hotels in the outbreak that we stood up in preparedness for COVID-19-positive patients. Fountainside is the remaining one at the moment.

We've been taking a very close look at the Department of Health responsibility and role in quarantine hotels - given the circumstances and the learnings that have come out from Victoria and from South Australia. We sent a team to have a look at the operations in South Australia. That was based on the recommendation of the Jane Halton Hotel Quarantine Review. Health is responsible for infection prevention and control advice so we set the standards to be applied from an IPC perspective. We're responsible for training of the staff who are operating the hotel to meet the IPC standards that we set. We're also responsible for

the audit role - which we are absolutely focused on for our international hotel provision - and that is getting the best IPC resources that we are able to locate and resource, to make sure that staff absolutely understand the criticality of donning and doffing and procedures around PPE and the handling of all the items that go in and out of a hotel room for a guest.

Ms WHITE - That's for security, cleaning, hospitality staff as well as those Health staff?

Ms MORGAN-WICKS - Yes, for the training of all staff who are involved.

If I may add, in addition to IPC, Health takes responsibility for the clinical model of care that's provided within hotels. I mentioned earlier, we are currently negotiating that clinical model of care for international hotel arrivals with the Commonwealth Department of Health, accessing their experience in looking across the system and seeing the various iterations across different states. If it's okay, minister, I'll ask the CMO to provide advice because he's been intrinsically involved in that model of care set up.

Ms WHITE - That would be great, thank you.

Prof LAWLER - Thank you. As the secretary has highlighted, this is a work in progress of consultation and collaboration between the Commonwealth and the THS. Both quarantine hotels that will be accepting international arrivals and the medi-hotel at the Fountainside are located in the south, so they will be staffed and covered from nursing, medical staff and allied health staff from the south.

The requirements of the Commonwealth for recently returned international arrivals are significant and in keeping with the clinical risk not only from the potential COVID-19 positivity but also from the fact that many will be arriving and may not have had ready and regular access to healthcare. So, we're cognisant there may be comorbidities or potentially untreated chronic disease will present its own concerns so the clinical model of care includes onsite nursing care 24-hours for the first 96 hours and also a health check within 24-hours of arrival. That health check will include not only screening for potential symptoms of COVID-19 infection but will also be aligned with understanding what the baseline health needs are of those individuals who arrive.

There is also a fairly well-developed model of care that includes the capacity for the onsite nurse to escalate care queries if required through either the medical officer-in-charge at the emergency department or potentially to other specialists within the hospital through a medical liaison point of contact. There will also be onsite or accessible mental health workers, because one of the things that was clearly identified through the Halton Review was the need for significant personal and mental health welfare support. That will also include the capacity to access remote assistance from Alcohol and Drug Services because we also recognise that there are challenges in being in quarantine, particularly with drugs of addiction.

The process is supported by robust protocols regarding infection prevention control, as the Secretary has outlined. We also recognise there is a significant challenge in any suggestion to cohort COVID-19 positive and COVID-19 negative quarantined individuals. That's prompted the process we have for quarantining COVID-19 positive individuals within the Fountainside facility, which is within a couple of hundred metres of the Royal Hobart Hospital, and recognises the need for a place to care for COVID-19 positive individuals who do not need hospital level inpatient care.

It is likely that at least in the first instance, we would be screening COVID-19 positive individuals through the Royal, prior to transfer to Fountainside. If we have any suspicion that individuals who need to go to Fountainside have potentially unstable, underlying chronic medical conditions, they would also be screened through the Royal.

We have a fairly robust clinical model of care that includes onsite support; offsite points of escalation through a nurse coordinator, an assistant director of nursing and a medical liaison; support for transport if required through Ambulance Tasmania; and also testing of individuals within day 1 to 3 and day 10 to 12 on leaving quarantine.

CHAIR - Do you have any more questions on the hotel quarantine, Ms White?

Ms WHITE - Yes. It goes to the engagement of private security. The Premier confirmed today that private security would be engaged. It is my understanding the MPA is still be negotiated but the expectation would be that the ADF would provide base-level staff but private security would still be required. Can you confirm that is also your understanding and how are you going to manage that, given the obvious concerns that we have seen present in other jurisdictions?

Ms COURTNEY - The broader management of quarantine hotels is being managed through Communities Tasmania. My understanding, and Kath correct me if I am wrong, that the Department of Health is not employing those staff. That is being done through Communities Tasmania. I suggest you direct your questions there, because I do not have that advice.

Ms WHITE - I suppose the question would be, are you worried by that? You can put in place all the protocols you have described for us, but we know the potential weak point could private security.

Ms COURTNEY - We have had a lot of learnings from the Jane Halton review, and from the staff who were deployed to other jurisdictions to understand their best practice. The secretary has outlined the IPNC functions are undertaken by the Department of Health to different staff that are there. I am not sure whether the secretary wants to respond any further; but the staffing models and the way they are employed with regard to the security mechanism, is a matter for Communities Tasmania.

Dr WOODRUFF - Minister, the report released in April, on the cluster in the North West Hospital, recommends considering the underlying drivers of staff presenting to work while they are unwell with respiratory illnesses and implementing strategies to minimise that. It also recommended reducing the movement of staff between facilities.

The Royal Flying Doctors Association of Tasmania provided a submission to that inquiry. They raised concerns that staff movement between facilities contributed to the outbreak and was partly caused by 'low paid casual carers who have little option but to work across multiple sites'. They were also concerned about sick leave.

Does your recommendation include reviewing staffing and pay structures to make sure that workers are given a reasonable rate of pay and sick leave, so they can take time off when needed?

Ms COURTNEY - Thank you for that question. All 17 recommendations of the report you refer to, the North West Interim Report, are now complete. Work continues in the department, to ensure those completed recommendations are embedded. They were important recommendations, and ensuring that they could be used across a system is critical.

With regard to staffing, we have provided, through the THS, mechanisms to support staff to be able to take leave. One of the most important learnings from the North West, is ensuring that staff felt supported to not turn up to work when they are unwell, so they can be tested.

We have mechanisms for our testing clinics to identify healthcare workers, so we can prioritise those tests to get them back as quickly as possible.

I will get the secretary to outline the leave issue, and how the mechanisms worked earlier in the year, and also the mechanisms we now have for staff to access leave.

It is important to ensure that presenteeism does not impact our system with regards to COVID-19, and it is something we take very seriously.

I do commend the health workers I have spoken to. Everyone is taking this very seriously. I know people are very aware of their symptoms. I think the whole community has a much higher level of awareness around the importance of being well, and not assuming that something is hay fever, for example. I will ask the secretary to speak about the leave provided to staff so they can comply with that.

Dr WOODRUFF - Casualisation versus contract - which would solve the problem?

Ms MORGAN-WICKS - Through the minister, I ask the CMO to discuss presenteeism. He made recommendations in the interim report about presenteeism and can advise on what the Tasmania Health Service Emergency Operation Centre - THS EOC - has actually done with health screening to try to stop staff at the front door should they still be presenting with symptoms of COVID-19.

Prof. LAWLER - The issue of presenteeism is challenging. Individuals are driven in some instances to attend work with symptoms, but there are also other instances where, with the best will in the world, the individuals don't recognise their symptoms are actually presenting risk to others.

We have instituted and consistently apply screening tools in our hospitals through THS EOC, an emergency operations centre that sits under the ECC, which I have the pleasure of chairing.

We have a visitor and staff screening tool that is applied consistently when individuals attend the hospital. It is presented in some places, particularly for visitors, as a paper tool, but for staff as an app. There is the capacity to scan a QR code on arrival, fill in some questions around recent travel, contact with individuals who have been unwell, are you yourself unwell, or are you awaiting the results of a COVID-19 test, and those issues are then flagged with a screening individual who is also there to answer questions.

That has enabled us to have comfort that we are screening both staff and visitors for symptoms. It encourages them not only to consider and reflect on whether they should be

attending work, but also to have a more vigilant approach to those they have been in contact with, or in fact whether they have had symptoms themselves.

It is a method of screening to provide a mental cue as well as a process lock for individuals turning up with symptoms to the workplace.

Dr WOODRUFF - Well, minister, could I ask a follow-up to that?

Ms COURTNEY - I will ask the secretary to complete that answer.

Ms MORGAN-WICKS - In relation to leave, I looked at our sick leave rates again and they are actually declining. We have a COVID-19 special leave provision, which has been available to staff if they need to get a COVID-19 test, and while they are await the test results.

Staff in the north-west outbreak who were required quarantine were paid all the standard normal time as per their contractual arrangements.

Dr WOODRUFF - Minister, the question our rural doctors raised, though, is about casualisation. What Professor Lawler has described is a perfect model, but it can fall down in the real world, where people may be disinclined to be entirely as honest as they might need to be if they need to take the shift simply in order to pay their rent.

This comes from a casualised workforce. Rural doctors proposed transitioning away from that, particularly in the regional hospitals. Is there a consideration of moving away from casualisation of this important workforce?

Ms COURTNEY - We have made lots of steps in recent years, and indeed through this Budget, to ensure we are recruiting more permanent staff across our entire system.

I note this is not only an issue across THS; it is also across private hospitals, in aged care, and other vulnerable settings.

It's something we continue to look at. I'll speak to one example and then perhaps Kath, the secretary, might expand. Through our different escalation protocols, and our different facilities, we have mechanisms in place to ensure we only have staff working in specific areas as a facility escalates.

There'll be mechanisms from the escalations protocols that are right for that location, to ensure we're doing everything we can to prevent infection and the spread of COVID-19. In some facilities I've seen, when things have escalated, staff are working in one department rather than across two departments as they may usually have done.

The annual report shows there has been an increase of more than 600 permanent FTEs across our Health services. We are making significant inroads. We need to ensure our system has robust protocols, as outlined by Professor Lawler, to ensure we minimise the risk wherever we can.

Dr WOODRUFF - That is a commitment to continue that then, is it?

Ms COURTNEY - We've clearly demonstrated that this year.

Ms O'BYRNE - I am absolutely here for the call. I think we're comfortable with Dr Veitch though unless you have further questions. I'm not sure if Rosalie has more questions.

My question goes to the nature of the budgets -

Ms COURTNEY - Is that the committee's decision?

Dr WOODRUFF - I have a lot of other questions. I have things that I want to ask of Dr Veitch but there simply isn't time, given the other questions.

Ms COURTNEY - That's fine, Dr Veitch is here for the next period of time. It was a consensus that he wasn't needed again but, no, that's fine.

Dr VEITCH - I'm here, I'm not running away.

Ms O'BYRNE - My question, minister, is around budgets for hospitals. Given that the Budget has been so late this year and we're still attempting to pass it at the moment, when did or when will hospitals be given their budgets for the 2020-21 year?

Ms COURTNEY - I'll ask the secretary to answer that.

Ms MORGAN-WICKS - Through the minister, if I can introduce our chief financial officer to provide information on when hospitals received budgets for the 2020-21 financial year.

Mr JEFFERY - Thank you, Kath; thank you, minister. The Budget was tabled in November. A preliminary budget was provided to the THS, approved by the secretary, in - I will have to check my records - mid-September, I think, and that was based on the Budget provided in the revised Estimates report updated with end-of-year adjustments.

Ms O'BYRNE - In mid-September they received the budget allocation?

Mr JEFFERY - Yes.

Ms O'BYRNE - Given that the Premier has announced next year's budget is also not going to be on time and is not predicted to be until 26 August, when do you anticipate hospitals getting their 2021-22 budget?

Ms MORGAN-WICKS - Sorry, I was not aware of the announcement about 26 August. It would depend on whether there is a supply bill or how supply will be continued through. I think the last time there was an August budget was around 2014. I am looking at Craig because I am trying to remember from Treasury days. If there is a supply bill, our finance teams are engaged with Treasury to try to provide numbers that support the percentage that would be required for supply. We would then set budgets off that basis - the information that we then provide Treasury. Sometimes a supply bill is not required so we would have to make estimates based on the back of the previous year's budgets.

Ms O'BYRNE - And you wouldn't, minister, be anticipating that hospitals that have gone over budget because they've not been in a position to necessarily understand their budget

position from 1 July that there wouldn't be a requirement to recoup any of that? You would assume that all of that money would just be remaining with them?

Ms MORGAN-WICKS - In terms of hospital budgets and during the COVID-19 pandemic we have been closely monitoring the expenditure to ensure that, and also the request for expenditure that we have received from hospitals. Through the Health Emergency Co-ordination Centre, for example, we have processed and facilitated PPE, equipment requests, FTE, for example, of additional staffing and we haven't placed any upper threshold, if I can say, in relation to that spending in relation to COVID-19.

We have been working through with the chief executives of the hospitals in terms of their monitoring of their financial position, but we haven't had a concern in relation to the information that's gone through to date.

Ms O'BYRNE - Given it's a COVID-19 response do you anticipate that that may be a more difficult response if the Budget is delayed next year for an arbitrary reason not a COVID-19 reason?

Ms COURTNEY - For provision of funding for COVID-19?

Ms O'BYRNE - No, not for COVID-19, for operating purposes. Hospitals like to plan. They hate it that the budgets come in as late as they do when they are due through this process already for a May budget. You've had a COVID-19 response and an appropriate COVID-19 response for their budget flow this year, how easy would that be to do next year or does that become the norm?

Ms COURTNEY - I want to also add that obviously there's been significant additional funding within this year's Budget around COVID-19, both spending and in provision as well as spending in last financial year. We have also seen a significant uplift in this year's Budget with regards to particularly, effectively, funding for beds and staff for want of a better way to describe it. We have embedded additional funding in this year's Budget and that will provide planning particularly as we look at planning for the future through ICT and capital, and obviously through our Health Care Future paper making sure those things are all aligned and we have a cohesive plan across different parts of the agency for planning. All the bits of planning effectively talk to each other in a logical way as we roll things out.

Ms O'BYRNE - Minister, just on the Budget, subject matter, the 2016 Nurses and Midwives Agreement had a commitment for a review to NHPPD. It's 2020 and that review still hasn't taken place, does the Budget that you've handed down give capacity for an implementation for the NHPPD review? When do you anticipate that to be made public?

Ms MORGAN-WICKS - The NHPPD benchmarking exercises occur on an annual basis. I'm certainly aware, because the last time I was in the LGH ED I had the head nurse there actually talking to me about his application for benchmarking and the annual process that they go through to make sure that NHPPD is being recognised and that we are doing appropriate increases to establishment.

In relation to I've had discussions with the ANMF and also with our chief people officer in relation to making sure that the NHPPD review is under way.

Ms O'BYRNE -That's under way for the last four years?

Ms MORGAN-WICKS - I can't speak to the last four years. As I noted I joined as secretary in September last year. I can certainly speak to my conversations with the chief people officer in relation to that review.

Mr TUCKER - As this is the International Year of the Nurse and the Midwife can the minister provide any details on what the Government has done to support Tasmanian nurses and midwives?

Ms COURTNEY - Thank you, Mr Tucker. What an extraordinary year to be the International Year of the Nurse and Midwife. One of the things that I think while we expected this year to be full of celebratory events for nurses and midwives and while that hasn't occurred, one of the things that has been possible is the very widespread community recognition of how important our healthcare workers are.

In terms of the broader community the recognition of how hard our nurses and midwives worked throughout COVID-19, particularly in what was an extraordinarily uncertain time. If we cast our minds back we were all learning, as the world was learning, about the dangers of COVID-19. For these health care workers - these nurses and midwives - to be putting themselves into those work places each day, is commendable.

As we navigate our way through COVID-19, the professionalism, the commitment and the capability that our nurses and midwives has been the very core of our response. They have risen to the challenge, continuing to the deliver high quality front-line care which had to continue while we had the challenges of COVID-19.

In Tasmania, we have more than 8000 nurses and midwives and we are proud to boast one of the highest proportions of nurses and midwives as a percentage of our population in Australia. We are very lucky to have them, and it is also important that we continue to encourage the next generation of nurses and midwives.

The Tasmanian Government continues to increase the numbers across our system. In the past five years, there has been an increase of more than 800 FTE nursing staff across the THS representing an increase of more than 20 per cent of the nursing workforce. The increase in FTE and the steadily decreasing turnover rate reflects the THSs ongoing commitment, not only to recruiting but also retaining our nursing and midwife workforce.

I talked about the future. It is also important we are continuing to support our graduate nurses. The government has nearly doubled the number of placements over the last six years, providing the first step on the career ladder for many nurses. Importantly, this Budget includes \$11.9 million to increase the number of nurse graduates even further. They will join a growing team of dedicated hardworking health professionals. These extra positions, along with the increase of more than 180 nurses in the last 12 months alone, demonstrates this Government is increasing staffing within our system to meet demand.

We will always continue to look at what we can do to further support our nurses and midwives. I thank all of them for their constructive engagement throughout what has been an extraordinary year.

Dr WOODRUFF - Moving to medicinal cannabis. Under the controlled access scheme to medicinal cannabis in Tasmania, many patients seeking to access medicinal cannabis must be referred to a specialist, who must then make an application to the Health Department for assessment by a multi-disciplinary expert panel of clinicians.

In March 2020, a Senate Community Affairs References Committee released their report, *Current Barriers to Patient Access to Medicinal Cannabis in Australia*. A key recommendation from that report was that GPs in Tasmania should be permitted to prescribe medicinal cannabis, in line with other jurisdictions without the need for further approvals. I should note that we are the only state with the dubious infamy of being singled out in this report. Minister, why has Tasmania chosen to continue with this incredibly burdensome and bureaucratic process that requires two medical professionals to make a referral and then a further assessment by a multi-disciplinary expert panel of clinicians in the department?

Ms COURTNEY - Our controlled access scheme has been set up to ensure that Tasmanians are enabled to access medicinal cannabis products in a safe and clinically sound setting. The CAS is specifically designed to support the safe and appropriate use of unproven medicinal cannabis products, through a rigorous assessment of applications, informed by evidence and expert and clinical advice. To protect patient safety, Tasmania's scheme requires that standard, evidence-based treatments be exhausted before any unproven or unregistered medical cannabis is tried.

The Tasmanian Government is the only government in Australia to subsidise the cost of highly expensive medical cannabis products and make their potential benefits accessible to Tasmanians, not only those who can afford to pay.

I will continue to support the judgement of our specialist clinicians and I will always take advice from the experts on this matter. My advice is that we have support for the controlled access scheme of the AMA, RACGP Tasmania as well as Epilepsy Tasmania on the mechanism of our scheme. I will continue to make sure that we look at all current available evidence and make decisions based on that advice.

Dr WOODRUFF - Can you tell me how many times the multi-disciplinary expert panel has rejected an application that was recommended by the treating health professional?

Ms COURTNEY - We have at the table now, Deputy Secretary, Dale Webster who is the Deputy Secretary of Community and Mental Health and Wellbeing. I will ask Mr Webster to provide you with further detail.

Mr WEBSTER - Thank you, minister. Since 17 November, 17 applications have been approved for 16 patients. Thirty-nine applications have been submitted by a relevant medical specialist for 28 patients, as I said resulting in, 17 approvals for 16 patients.

Dr WOODRUFF - Sorry can you say that more slowly, that last part.

Mr WEBSTER - So, 39 applications submitted by relevant medical specialists for 28 patients, resulting in 17 approvals for 16 patients.

Dr WOODRUFF - Does that mean that in 22 cases they were rejected?

Mr WEBSTER - Not rejected; they are sent back if there are other appropriate medications that need to be trialled and clinically acceptable then advice is given back. The application is generally not rejected; they are sent back for further assessment for other clinical pathways.

Dr WOODRUFF - From the patient's point of view that would be a rejection.

Ms O'BYRNE - Minister, going back to the response around how we are dealing with bed block at the LGH. We have a comprehensive letter that was sent on Friday to registrars about the strategies around ED. One concerning matter has come to my attention. A woman broke her leg and presented at the LGH on Sunday 8 November. She was advised on each evening from Sunday through to Thursday night that - despite having been prepped overnight, which meant she fasted from midnight through to 7 p.m. the next day - there was no space for her because a second theatre had not opened.

It was not until Friday that the second theatre was opened and she was able to access her surgery. Minister:

- (a) this is not a clinically appropriate response, and I don't think there is a medical person at the table who would say that it is appropriate to wait that long;
- (b) there is a significant additional cost to the hospital for taking an acute bed;
- (c) can you provide details of how many times people present to the ED and wait more than a 24 hours and more than three days for their surgery?

Ms COURTNEY - I cannot comment on individual matters but we know there has already been substantial amount of work and we are very focused on what can do around bed block. I know there is pressure at the LGH. I am very aware of the impact this has on clinicians, on our patients and on our paramedics.

I am very focused on ensuring we have a broad response. As I have said previously, there is not one silver bullet that is going to address bed block and flow within a hospital. It requires a range of different responses both throughout the hospital but also in the broader community. I have outlined Our Healthcare Future, which looks at how we can provide better care for people in the community. We know we have a substantial number of presentations and people who are cared for in an acute care setting, not because they need acute care services but because it is the only place they can access care. We need to look at what we can do within the hospital, and also within other community settings in aged care, to ensure people are being cared for in the right location.

In addition to the work we have done on a permanent patient flow team at the LGH, we are ensuring that we are rolling out Medtasker and pharmacy charting. As the secretary outlined earlier in her response letter to the registrars, a number of other initiatives are under way. I recognise this is a challenge. One of the immediate funding mechanisms we have in the Budget for the LGH is looking at how we can reconfigure the air lock as well. We are rolling out the broader LGH master plan to see how we can do things immediately, because I am very conscious the challenge is now and that we need to address it.

I will ask the secretary to provide detail about patient statistics.

Ms MORGAN-WICKS - It's probably a combination of the statistics which we are monitoring around ED. COVID-19 had quite an impact - there was a reduction in the number of presentations to ED across all our hospitals. If not for that, looking at the trend we would have probably hit 170 000 ED presentations in 2019-20. That would have been my very rough estimate. The number of ED presentations which have been seen within the recommended time in 2019-20 across all hospitals is currently sitting at 64.6 per cent, which is 0.6 per cent above last year's figure of 64 per cent.

Ms O'BYRNE - Sorry, secretary, can I just confirm, through you minister, that the recommended time is the time that they are triaged and seen. That is not when they actually receive their treatment.

Ms MORGAN-WICKS - No, that is in relation to triage and being seen.

Ms O'BYRNE - I am interested in the length of time that people are then waiting for the delivery of the health care that has been determined at triage and being seen. Do you have the data on that? Because we can access that data reasonably easily?

Prof LAWLER - I have some familiarity with the ED targets. The measures that we record are from time of arrival to time of first clinical contact. That is the first one.

Ms O'BYRNE - What I am interested in is when the first clinical contact determines a pathway of care and the delays before that pathway of care is provided.

Prof LAWLER - That is right. There is just a series. There is that first one which is time to first clinical contact against triage category. We measure from time of arrival to time of departure; we stream them whether they are admitted or whether they are discharged; and we also capture 24 hour stays. Apart from a number of key clinical elements, such as time to antibiotics or time to pain relief, we don't measure from time of arrival to time of theatre - if they need theatre - or from time of arrival to time of a particular treatment commencing.

Ms O'BYRNE - That would clearly have an impact on patient care and be part of the bed block issue.

Prof LAWLER - It would, but it is not a routinely captured metric anywhere.

Ms COURTNEY - I can add to that answer. We have talked about Medtasker. One of the things identified through Access Solutions and indeed by a number of clinicians, is ensuring that we have good data to be able to drive good decision making. Medtasker is part of that.

We have also seen funding within this Budget for an ICT health plan, and that looks at how we can be managing patients better. This is good for patient safety but we are also looking at how we can remove things that are duplicated in a system because they are paper based. How we can use Medtasker and other mechanisms to get the data we need to drive better outcomes and assist clinicians around decision making, because that is a recognised challenge. It is about making sure we have the data to back up these decisions, effectively around time stamps at different parts of somebody's journey through our health care system.

Ms O'BYRNE - Thank you. Minister, one of the issues when we go back to bed block again, is the ability for there to be the appropriate number of staff on duty at any given time. Long service leave, professional development, maternity leave are not covered or funded for relief and that has had an impact at the LGH and other hospitals in terms of meeting the staffing benchmark model. How many times in the last 12 months have you been unable to meet the planned staffing benchmark model, resulting either in beds not being staffed or treatment not being provided?

Ms COURTNEY - I will see whether we have that data available. I will take that on notice.

Ms O'BYRNE - I will write that up in a moment if that is okay. Can I ask the cost of an acute bed daily cost and the daily cost of a sub-acute bed?

Ms COURTNEY - We can take on notice.

CHAIR - Include that in the one question, Ms O'Byrne.

Dr WOODRUFF - Minister, the Senate Committee Report *Current Barriers to Patient Access to Medicinal Cannabis in Australia* March 2020, states that the Tasmanian Government made a sovereign choice not to take part in the streamlined access process that was agreed to by COAG health ministers in April 2018. To be clear, Tasmania is the only state that has not agreed to participate in the special access scheme for medicinal cannabis through the National Therapeutic Goods Administration.

It was further reported in that senate report that the federal Minister for Health, Mr Hunt, has, quote - 'committed to continue to raise the issue of medicinal cannabis access in Tasmania at every opportunity he has'. Minister, can you confirm that you are being lobbied by the federal health minister, Mr Hunt, to adopt the streamlined access process that was agreed to by COAG in 2018?

Ms COURTNEY - Minister Hunt and I have a range of conversations about a range of matters. I am not going to go into the conversations that Mr Hunt and I have. I acknowledge the Tasmanian Government is the only government in Australia to subsidise the cost of highly expensive medical cannabis products. I outlined the process in a previous response and the deputy secretary has provided data on it. In my previous answer I also said we will continue to monitor this situation. The Controlled Access Scheme (CAS) was stood up prior to me being minister and my advice is, as I said in my previous response, that the model we have here in Tasmania is supported by the AMA, RACGP Tasmania, as well as Epilepsy Tasmania. I can assure you we will continue to engage with experts in this area to ensure we are always taking learnings on board regarding access to medical products, but I am not going to pre-empt the future.

Dr WOODRUFF - Minister, can you understand that suffering patients, families with suffering children do not want a hand out. They don't want free medicinal cannabis. If we are the only state, if that the is reason for holding back on allowing access, people don't want that. They simply want the access. A person living in any other state in Australia is able to access medicinal cannabis through one system, through the Therapeutic Goods Administration. This Government in Tasmania is blocking the right of suffering patients to access medicinal cannabis. Can you consider how important it is to reverse this decision which we have been

sticking to. I assumed it was because of the previous health minister. You have the opportunity to make a huge difference in people's lives. It is all very well having a system that is resourced but if no one every gets approved to use it, it costs effectively nothing. People don't want the free drugs. They want access to the drugs that anyone else in Australia could get for the same condition. Will you change the system we have and move to the rest of Australia?

Ms COURTNEY - My advice is that we have a clinically appropriate system. I am advised the system that was stood up was based on clinical advice.

Dr WOODRUFF - Can I respectfully ask you to get some other advice, and to listen to the medical practitioners in every other state of Australia who have got on board with this? For some reason our AMA and RACGP are out of step with the rest of the country. Can I suggest that you look into that please as a matter of priority for patients who are desperate, like Lyn Cleaver and her son. It is painful hearing these stories and having no change year on year. It is something you can do something about.

Ms COURTNEY - I acknowledge we have people in Tasmania who have an enormous amount of suffering because of their conditions. We work really hard to be able to support them.

As I said in my previous answer, Dr Woodruff, I will continue to take advice from the professionals in this space. We know a lot of research continues to be done in this area, and I'll continue to take the advice of experts. I can't pre-empt the future. What I can say, is we'll continue to do that because I don't think anybody wants to see Tasmanians suffering unnecessarily.

Dr WOODRUFF - You're the one who can do something about that. You're in charge.

Ms COURTNEY - I take the Minister for Health role very seriously. I know these are very complex matters and the conditions some Tasmanians suffer from are very complex. I take advice from the experts. As I have outlined, the position is supported by a number of stakeholder groups and I will continue to engage with them. I commit to you, Dr Woodruff, that I will continue to engage in an open way about this matter.

Dr WOODRUFF - And with your federal health minister, who is trying to change your mind.

Ms WHITE - Minister, you would be aware there are corridors linking the Royal Hobart Hospital and the Hobart Private Hospital. Can you confirm there's been a recent change of policy that prevents patients being transferred internally between those two facilities?

Ms COURTNEY - I am not aware of the operational changes you are referring to, but we will seek some advice and come back to you.

Ms WHITE - Can I highlight what this means in practice. I would also like to put the date at which that change took effect in that question on notice. For instance, women who are only 34 weeks and below and due to give birth at the Hobart Private Hospital have to be transferred to the RHH. They now need to call an ambulance to be transferred from Hobart Private Hospital to be taken to the RHH emergency department. You understand how difficult

that is for the patient, the clinician and the under resourced ambulance service. It's very strange, given there is a corridor that links those two facilities.

Once the birth has occurred, these women are often in wheelchairs because they've had an emergency caesarean. When the baby is in NICU, I understand the parents have to travel outside the hospital facility to see their child rather than going internally in the corridors. This has previously been one of the benefits of having the co-located hospital and it seems that those benefits are no longer being realised.

I will put the question on notice including which date this change took place and why.

Ms COURTNEY - I am happy to take that on notice. I won't speculate on the answer. We know many of our facilities had significant changes in the way they operate because of COVID-19 restrictions, however -

Ms WHITE - This wasn't COVID-19.

Ms COURTNEY - I'll take advice regarding that matter. Almost a year ago now, we signed the new agreement with the Hobart Private Hospital and the current provider, and we've seen significant benefits that from that. The emergency department there has been one of the more high-profile ones, but we also know they have a CapEx plan underway to improve those facilities. I am pleased we have a long-term arrangement there now, and continuing to improve that arrangement is embedded through the contract mechanisms. However, I'll take that on notice.

Ms O'BYRNE - I'm interested in the processing of RTIs at the moment. I made an application for an RTI around locums through the normal process; we sent that particular request on 10 August. On 10 September, we had a response from the department's RTI officer asking whether or not we'd bothered to approach the government media office. Do you ask everyone to go through the government media office for RTIs or was that just special treatment for me on that one occasion?

Ms COURTNEY - The way that RTIs are processed happens at arm's length from me. I will ask the secretary to provide a response with regard to that.

Ms O'BYRNE - While you are doing that, it was then accepted on the 11th and it was 19 November before we got a response. Is it normal to suggest people go to the government media office for an RTI?

Ms MORGAN-WICKS - Under Right To Information legislation there are requirements which applicants must satisfy in order for a request to be accepted and these are assessed by RTI officers. One of those is the requirement for applicants to provide details of any efforts undertaken by the applicant to obtain the information they are seeking prior to having lodged their request.

As I am sure you would appreciate, processing RTI requests does come at a cost and the RTI officers take their obligations under the act extremely seriously, including proper assessment of the applications as they presented.

Ms O'BYRNE - Would I have received my answer earlier if I had gone to a government media adviser first, given I didn't get it until November?

Ms COURTNEY - Processing of RTIs is a matter for the department and I'm happy for the secretary to discuss the timeframes.

Ms MORGAN-WICKS - I wasn't aware of the wording in the letter that was provided to you or to your office in relation to that matter. I am informed it refers to regulation 4 of the Right to Information Regulations subsection (f):

The details of any efforts undertaken by the applicant before the application was made and that the determination to ask for that information is made by the RTI officer.

Ms O'BYRNE - Minister, can I ask if the secretary could identify how many times someone has been asked if they've gone to the media office for comment first? From that, how many were then not pursued as a result of that?

Ms COURTNEY - I will have to see if the secretary is able to answer that question.

Ms MORGAN-WICKS - I am not aware of the number. I don't have that data.

Ms O'BYRNE - Are you happy to put that on notice?

Ms MORGAN-WICKS - Yes.

Dr WOODRUFF - Minister, how many patients have had a code blue event while they've been ramped at the Royal Hobart Hospital this year?

Ms COURTNEY - I will ask the CMO to respond to that.

Prof LAWLER - I don't have that data in front of me. The challenge will be that the recording of code blue information, that is when a code blue is activated, is not tied to the location of an individual within the ED. Our ramping definition is based upon the time they enter and leave a particular definition in the ED. We can certainly provide information on how many code blues occur on patients in the ED, but tying that to whether they are currently on the ramp or not is troublesome.

Dr WOODRUFF - Isn't that critical information, to understand the impact of access to ED on patient outcomes?

Ms COURTNEY - Obviously we want to minimise ramping at our different sites to the fullest extent possible. It is not a good outcome for patients no matter their level of acuity and it also provides a lot of challenges for our paramedic staff. We are very focused on a range of solutions that both the secretary and I have talked about at our different sites.

The RHH was obviously part of the former minister's access solutions meeting to ensure that we do have capacity in the emergency department to minimise ramping as much as possible. The CMO has provided an answer in terms of the detail, but I recognise we want to minimise any ramping at our hospitals because of patient safety.

Dr WOODRUFF - I had another part of that question, minister.

CHAIR - I've actually gone to Ms White

Ms WHITE - Minister, I want to ask about K Block. Can you confirm that on level 2 of K Block, the doors are literally falling off?

Ms COURTNEY - Regarding K Block, we have a defects period and through the contract there is a provision to ensure defects are identified and rectified. That is managed through the asset management team, through the deputy secretary who is responsible for infrastructure. In any project of that size - hundreds of millions of dollars - there is an expectation there will be some defects. Many of these defects have been rectified prior to patients and staff moving in. However, as defects are identified there is a process to ensure that they are fixed.

Ms WHITE - Can you confirm that the doors on level 2 of K Block were very problematic and they did literally fall off?

Ms COURTNEY - I will have to seek advice on those particular doors and we don't have the deputy secretary of Capital with us at the moment. The secretary advises me she has not received any reports of doors falling off, however, I take this matter seriously. We know in a facility like this there will be defects from time to time and there is a process of how they are identified and rectified.

Ms WHITE - Can you explain what other defects you have sought rectification on since you took possession of the building in terms of the total number of and what they might relate to?

Ms COURTNEY - That matter would be for the deputy secretary of Capital - do we want to move into capital. I am conscious of numbers of -

CHAIR - You can bring him or her to the table.

Ms COURTNEY - He is in the building just not in the room because of the COVID-19 restrictions.

CHAIR - We will go back to Dr Woodruff with a follow-up question and then we will come straight back to you, Ms White.

Ms COURTNEY - I also have some questions on notice that we can provide.

Regarding the average length of time it takes for patients to be booked back in after a cancellation, I am advised that the Department of Health does not collect this data and, therefore, that data cannot be provided.

Regarding to 2019-20 - how many elective surgeries were cancelled after patient already admitted to hospital for procedure compared to last two years. The total elective surgery cancellations for 2017-18 was 756; for 2018-19 was 863; and for 2019-20 was 690.

Dr WOODRUFF - Minister, the protocol for clinical management of patients affected by ambulance patient off-load delay in the Royal Hobart Hospital Emergency Department guides the clinical management of patients as they have been moved between ambulance and the Emergency Department. The document states that once Emergency Department staff have taken any treatment of a patient on the ramp, that patient then becomes the responsibility of the Emergency Department. In reality, this doesn't always occur. Doctors may be administering medication, for example, for a femoral nerve block, before being forced to move on to another case and so a patient can be left with the paramedics once more. Doctors, nurses and paramedics all report feeling confused by where their responsibilities start and end, and frustrated that this THS protocol doesn't reflect the reality on the ground.

Do you think this protocol is working properly? Do you accept it seems to be an unfair situation for frontline health workers to be facing this confusion? Do you also accept, following on from what Mr Lawler said earlier, perhaps we can't collect the data on code blue stats properly because they're not easily attributable due to this confusion?

Ms COURTNEY - Thank you for the question. Given the operational nature I ask Professor Lawler to outline the detail. We are very focused on having solutions that can resolve the challenges around bed block and ramping at the hospital. I acknowledge the stress ramping puts on our paramedics and hard-working ED staff, and also our patients who are having to wait. I will get Professor Lawler to talk through the response from an operational perspective.

Prof LAWLER - I will make a slight distinction between this and the previous comment around the difficulty in obtaining a linkage between code blue and ramping. That isn't so much a confusion over governance and responsibility; it's because we collect these things in two different systems that don't necessarily align. I understand exactly what you're saying around the confusion of treatment; in fact, that prompted the development of the protocol.

The protocol discussed a number of issues. It's a recognition that the ramp - or the area where patients who are in offload delay - are looked after is a very busy area. It has paramedics providing ongoing supportive care until the patient is offloaded into a formalised treatment space. There is also the need to undertake an early assessment for a number of of a number of including triage and recognition of deterioration. This protocol was extensively consulted and developed between the key stakeholders, the emergency department staff, and the paramedics.

There's a recognition that while there is some attraction to saying no treatment can start until a space is available, or as soon as treatment is started handover has to occur, it also recognises there are circumstances wherein treatment has to be started, purely for humane purposes. You mentioned a femoral nerve block. The provision of adequate analgesia is absolutely key - as I mentioned earlier, the provision of antibiotics in patients with sepsis.

There is a number of instances wherein treatment has to commence. There is a recognition that an overriding priority has to be getting a patient to an appropriate treatment space, and also to free ambulances up to provide operational responsiveness to the community. That's always in the minds of navigating - the nurse navigator, the nurse coordinator, the treating doctors - but there is also a difficulty in navigating the challenges between having a patient in a space where they can be formally treated, versus holding off on treatment which may either influence the ultimate course or even just provide needless pain and suffering.

This is also, at the point of care delivery, a matter of consultation and negotiation between paramedics, between nurses, and between doctors. This is a protocol that provides what should occur. There is also the real time response to that with a patient who requires treatment sometimes in a space that is not optimal.

Dr WOODRUFF - Surely, a protocol is meant to deal with real time situations. Doesn't what you just said indicate there needs to be some clarity in the protocol, a change in the protocol to reflect the real-life circumstances so everything is crystal clear and accidents and terrible situations can be avoided.

Prof LAWLER - The process in negotiation and collaboration of the document has highlighted a number of those issues so I don't believe that we are in a situation where there is widespread confusion or widespread ambiguity. There is a recognition this is also about a conversation and a discussion that occurs between health professionals to provide the best level of care for the patient.

Dr WOODRUFF - Minister, I still don't understand why the THS and Ambulance Tasmania don't have code blue records. Both bodies are required to keep records. Why can't we get the information about the number of code blue events on the ramp at the Royal Hobart Hospital?

Ms COURTNEY - I appreciate the question. Information on a patient's journey through an entire system is part of what we're looking at through our investment in a digital strategy for our health system. We know that it's not only for patients being cared for within the THS; we know we have challenges that we can face. That might be within AT and the THS. It also might be between the THS and somebody's GP in the community.

We also want to make sure we don't have duplication of procedures or tests, as we transfer patients through a hospital, and through different facilities. We want to make sure that information is correct and timely. That will deliver better outcomes for the patient but ultimately, and I think that's the point you are going to, it will give us the information to drive better decision making. At the moment the systems don't give us the detail of the information we need. It is why Medtasker has been rolled out successfully in the Royal Hobart Hospital. It is why we are working with the clinicians in the North and the North West about the rollout of it there to be able to support them.

I think Professor Lawler had a further comment to make.

Professor LAWLER - I don't think the fact that we can't pull a quick data picture of how many code blues occur on a ramp should be taken as representation that we don't keep records on these things. We are able to provide information on ramping numbers, and every code blue that occurs within the ED or within the hospital is recorded and charted, and documented through standardised processes.

The challenge we have is that there are not flags within our patient tracking system, that say this patient had a code blue. We keep code blue records within our digital medical record. That is where we keep our clinical accounts, but they don't link up. I believe it would be highly atypical, if it occurs at all, that there are flags within a system around the country that enabled you to rapidly pull out from the system, this patient had this code blue on this location, in an

emergency department. It is not to say that because we don't have that data, that we are not having adequate and competent recording and documentation of those events.

CHAIR - Ms White, I don't know where they were keeping him but they have summoned him for you.

Ms COURTNEY - I might excuse Dr Veitch, if that is okay. On behalf of the committee, we appreciate the work you have done.

I welcome to the table Shane Gregory, the Deputy Secretary of Infrastructure with DoH.

Perhaps, you could ask your question again.

Ms WHITE - The question was, what are the defects of K Block. What defects have you sought rectification on since you took possession?

CHAIR - There was a question about doors on level 2.

Mr GREGORY - On a building project, defects can be extremely minor things like a scratch on a door, or a light switch that is not working. On a project the scale of K Block, you get quite a few of those. I would have to take on notice the request to provide a list of all the things that have been dealt with. There would literally be hundreds, and I stress that is not unusual.

What I can say is that those still outstanding, waiting to be checked off since practical completion, is just 71 defects, and 65 of those have been completed, and ready to check off. That is the current list. The number that is still to be ticked off, or rectified, is very small. In fact, there really is only six.

Ms WHITE - What are those six?

Mr GREGORY - I don't have the detail of what those individual six are, but I would say that given there is nothing specifically flagged, that they aren't major issues to be resolved.

Ms O'BYRNE - Can we have that on the record.

CHAIR - She nodded that she would take the question on notice.

Ms COURTNEY - The team has done an extraordinary job with K Block. Such an enormous piece of infrastructure, to be commissioned throughout COVID-19 was extraordinary. The commissioning team and the staff who worked on getting K Block able to be a part of our health system during a global pandemic, was extraordinary, and I am very grateful. I place on the record my thanks to the staff.

I know that the project team and the staff who were working on the site at the Royal. In the Year of the Nurse and the Midwife and also a year which is a special milestone for the Royal Hobart Hospital, we would have expected to have celebratory events and acknowledgements on the opening of such an important facility. We haven't been able to do that, but it doesn't detract in any way from our enormous gratitude for what was done. To bring this very challenging project out of the ground, to commission the building, to see patients in

there and to recruit staff is an absolute credit to everyone who is involved with that project. I say thank you to them.

Mr TUCKER - Minister, has the Government supported any improvements to the statewide hospital pharmacy service as part of its COVID-19 response? If so, are you able to provide the committee any details?

Ms COURTNEY - The Government recognises the very integral role that pharmacists play in delivering healthcare in Tasmania. This is why we have supported a range of service improvements to the statewide hospital pharmacy. To support social distancing during the COVID-19 the THS introduced a statewide home medication delivery service on 6 April 2020. This service was provided to facilitate social distancing, and reduce the need for hospital outpatients to attend an acute hospital facility to collect their regular medication. As of 3 July 2020, 1 899 medication deliveries were made directly to patient homes, meaning they did not need to attend an acute hospital pharmacy department to collect their regular medications.

Outpatient medications that were delivered through this service commonly included treatments for chronic diseases including transplant medications and immuno-suppressant medications for rheumatoid arthritis. Many of these medications are only accessible from hospital pharmacies. Importantly, this service has been delivered at no additional cost to patients and will continue while heightened social distancing measures are in place due to COVID-19. In addition to the home medication delivery service, patients have been able to collect medications from their local district hospital. For example, at the LGH patients have been able to wait in the hospital carpark and have medication handed to them, rather than entering the hospital facility itself.

Other improvements include partnered pharmacist medication charting (PPMC). This is also a key THS medication safety initiative, and is currently being piloted at the Royal Hobart Hospital as part of the Access Solutions plan. Evidence shows that PPMC can reduce charting errors or omissions by 97 per cent, and allow patients to be discharged 10 per cent earlier. We are currently looking at how we can roll this out to other locations.

Hospital Pharmacy Service pharmacists are also working collaboratively with nursing and medical colleges through the Safe Medication Practice Unit within the Tasmanian Health Service. This pharmacy-led unit was established in 2019 to identify and implement medicine safety initiatives in the THS. It is leading work across Tasmania's acute hospitals to standardise dosing of high-risk medicines and adopt new practises throughout the health service.

As the latest initiative I am pleased to announce the Tasmanian Health Service will also soon introduce a new drug dispensing system to reduce medication errors and improve patient safety. New infusion pumps and syringe drivers - or smart pumps - will be rolled out across the THS, starting at the Royal. The introduction of this new technology offers a range of benefits, which will help to reduce the potential for medication errors across our hospitals. Clinical staff from across several specialties will participate to ensure the smart pumps meet the needs of all THS patients statewide and maximise their safety.

In addition, \$3.8 million has been allocated to the Royal Hobart Hospital pharmacy to be repurposed with a new purpose-built sterile compounding facility for chemotherapy and other medications. Work has progressed through detailed design and planning.

Finally, to remove barriers to timely inpatient treatment at the Royal, the pharmacy has commenced an extended hours dispensing service and the benefits will ensure that we have timely patient care and will also assist with patient flow. These are also being considered at our other hospitals.

CHAIR - Thanks, minister, we will try to get one more question from Labor and the Greens, so Ms O'Byrne.

Ms O'BYRNE - Thank you. Minister, the letter sent from LGH registrars in ED said that morale amongst their colleagues was low and continues to decline. In the conversations I've had with them, they are still feeling pretty bad. In the letter, they also say that the LGH has been apart of this community since 1863 and right now, it is at its lowest ebb. Do you think that's the reason the RTI that I was finally provided with in November shows that LGH locum costs were over \$13 million, which is high above any of the other hospitals, or do you have another reason for that?

Ms COURTNEY - I'll ask the secretary to go into the detail about locum costs at a specific site. I acknowledge it's been a challenging year for the staff, the registrars and the other clinical staff who work at the ED. The pressure, stress and anxiety around COVID-19 has been ever-present. The closure of the North West Regional and the North West Private meant a significant workload was undertaken by the LGH. Reduced hours at the Mersey emergency department also put an increased load on the LGH. I am very grateful for how hard everybody is working and this has been a very difficult time. We've been very focused on supporting them as we outlined earlier. The CMO, the secretary and I have visited the ED in recent times. We've also ensured there has been continued engagement from senior leadership at that hospital. I'll go to the secretary to provide a response to the detail of the question.

Ms MORGAN-WICKS - Thank you. In my conversations with the registrars in the ED at the LGH, and also with registrars across the north and North West, it's clear 2020 has been a very difficult year for them. My commitment as secretary is to do all we can to try to lift that morale in terms of positivity and through the initiatives we are rolling out in the statewide access and patient flow program. Locum costs by service at the LGH for the period 2019-2020, were \$13 345 497. That is quite similar to 2017-2018, at \$12 766 225.

Ms O'BYRNE - It's not related to COVID-19 then?

Ms MORGAN-WICKS - Locum costs do tend to bounce around quite a bit. During 2020 we've probably had two difficulties in relation to locums and yes, we've had a COVID-19 impact in terms of recruitment. I wouldn't say that Tasmania is the only jurisdiction which has had that pressure in relation to COVID-19 on recruitment and trying to seek specialist positions to support our emergency departments. We certainly saw the impact in our Mersey ED and also our North-West Regional ED. In doing that we showed our commitment to increase the establishment of specialists to be recruited to those EDs. They are long term recruitments. It's something that we can't just turn around in a standard public sector recruitment which usually is three-four months for example.

These medical positions can often take well over nine months and, as has been expressed to me, for CMOs in particular if there's overseas applicants, sometimes 12 to 18 months. But we have made the decision to increase the permanent establishment for medical specialists and in the meantime have those increased locum positions for the Mersey ED and the North West

Regional ED. We have spoken to the LGH registrars and also to the director of emergency medicine at the LGH around her medical establishment and what those needs are.

CHAIR - The time being 4 o'clock, I will now call an afternoon tea break. We will take a five-minute break. Please understand that whatever time we take now, is the time we will be here after 7 o'clock. I thank all the staff from the Department of Health for their time.

Ms COURTNEY - I place on the record my thanks to all the staff and particularly the departmental staff behind me, and the ones who have worked very hard not only for Estimates, but indeed during this entire year. The logistics and the workload have been quite enormous and I am very grateful for the enormous hours put in by a lot of people. Thank you.

The Committee suspended from 4 pm. to 4.08 p.m.

DIVISION 11

Department of State Growth

CHAIR - Welcome the Minister for Small Business, Hospitality and Events to the table. Ms Dow wasn't here for the start of the first session so I'll just reiterate that any questions the minister takes on notice need to be provided to the secretary in writing. I will hand over to the minister for an opening statement.

Ms COURTNEY - Thank you. For Hansard I have Kim Evans, department secretary for State Growth, with me at the table.

Tasmania entered 2020 on a high. Business confidence was strong. Tasmania was the destination of choice for many, and local Tasmanian businesses were reaping the benefits and doing what they do best then came COVID-19 - the largest shock in generations.

We know that Tasmanians have done it tough this year and this pandemic has been so devastating for so many, but we know our community has come together and met the challenges. Despite these challenges we are starting to rebuild our economy. For small business and in particular the hospitality and events sector, many operators are still grappling with the challenges of public health restrictions, changed consumer spending habits and a new COVID-19 safe way of operating. There is light at the end of the tunnel and it's growing brighter. Importantly, these sectors will continue to rebound as restrictions are eased and especially as visitors start to return.

As a state government we have dedicated more than \$1 billion to getting Tasmania through the hardest time of the pandemic. Small business support amounts to \$80 million, forming a significant component of our nation leading COVID-19 support package. So far, more than 14 000 Tasmanian businesses have received direct financial assistance through these grant programs. Available support also includes free business advice via the Enterprise Centres Tasmania Program and \$1 million for a dedicated Small Business Mental Health Support Program. Looking at business conditions, according to the NAB October monthly business survey, in trend terms Tasmania maintains the strongest business conditions in the nation.

Two thirds of Tasmanians who lost their job at the height of the pandemic have now returned to work. Amid tough operating restrictions and social distancing, many hospitality

operators have adapted to new trading measures with innovative ideas for service becoming vital for their survival. Looking ahead, there is \$1 million in this year's Budget over two years to support the establishment of a tourism and hospitality industry-led registered trading organisation.

The Budget last week also announced a \$10 million hospitality energy rebates scheme which will assist businesses offset the cost of their energy bills in the first quarter of the financial year. Events also took a major hit during the pandemic, with cancellations of all major winter events across the state and for this industry generating less than half the projected \$87 million in direct economic return. Through Events Tasmania we have worked closely with our event organisers to support them through this period of great uncertainty, to ensure that our events are in a position to resume full operations as soon as they are able.

Importantly, last month we released the framework for COVID-19 safe events and activities in Tasmania. This will allow larger scale events to resume from 1 December in a COVID-19 safe way, to protect not only those running, participating or attending an event but the community more widely as we have our economic recovery. Excitingly, Chair, this year's Budget also provides \$9.6 million over four years to help establish the Tasmania NBL team - the JackJumpers - and work towards upgrading the Derwent Entertainment Centre (DEC) is progressing. We know this investment will draw thousands of people to the revitalised DEC, which will be a world class sporting and entertainment venue. It will also increase grass root participation and strengthen the pathways for young Tasmanian basketballers to achieve their dreams of playing at the highest level.

We also believe our continued investment in the Collingwood Magpies national netball team partnership will continue to prove a winner, with \$1.8 million budgeted over the next three years. This new agreement will offer sporting entertainment on a national level and importantly, will provide broad development opportunities for access to coaching and official clinics in the state. Overall, across these sectors of small business, hospitality and events we recognise this year has been particularly difficult - and we aren't through it yet. As I said earlier, there is light at the end of the tunnel, and we will continue to work with these industries to support them throughout this recovery period.

Dr WOODRUFF - Minister, the program guidelines for the Small Business Hardship Grants Program advised participants that their details may be made public and specifically it said -

The Department of State Growth disperses public funds and is therefore accountable for the distribution of those funds. As part of the accountability process the department may publicise the level of financial assistance, the identity of the recipient, the purpose of the financial assistance and any other details considered by the department to be appropriate.

Treasury's best practice guide for the administration of grants, fourth edition says -

It is important the agency reports regularly to parliament about the Grants Scheme and its use of public funds. Reports should be in a form that aims and objectives of the Grants Scheme.

It is clear that grant applicants were advised their details may be made public and the Government own best practice guidelines consider reporting to parliament to be important. Minister, how can you argue the successful applicants do not want their information to be made public when they have accepted this when they applied for the grant?

Ms COURTNEY - Dr Woodruff, as I outlined in my opening we are delivering a nation-leading level of economic support for our small businesses. Our \$80 million of small business support has provided more than 20 000 grants to more than 14 000 individual Tasmanian businesses across the state including some of those industries that have been hardest hit. The Department of State Growth has administered the assessment and allocation of these grants at arm's length from government, with a robust and proper process. Many businesses may have closed without this assistance - I am very conscious of that - and we welcome the scrutiny of this grant program as well as other grant programs. I welcome the scrutiny currently being undertaken by the Public Accounts Committee as well as the Auditor General. These are the appropriate mechanisms for scrutiny of this process at the highest level.

We have received strong advice from the Secretary of the Department of State Growth that there is real potential to cause undue harm through publicly identified individual grant recipients. This is because publicising the names of applicants or recipients could seriously exacerbate the already high levels of personal stress that many small business operators are feeling. The recipients of these grants are Tasmanian families, often mum and dad businesses who have been experiencing severe hardship, and as a result are in distress and sadly some are suffering from mental health impacts as well.

Disclosure of the applicant business names could provide information to each other's business competitors regarding its position of distress and vulnerability, and this could expose those businesses to disadvantage. I am advised that this approach is in line with many other states and territories. The department openly reports on the expenditure of public funds in accordance with the requirements of the Treasurer's Instruction under the Financial Management Act. Furthermore, our approach is supported by the business community, including the Tourism Industry Council of Tasmania, the Tasmanian Chamber of Commerce and Industry and the Tasmanian Small Business Council. I also note that many of the small chambers of commerce have also come out in support of our approach.

In terms of businesses, I acknowledge, yes, that the guidelines state that they may be disclosed, but we also know that people were often in a very distressed state when they were putting in their applications. That was quite evident from feedback from the team at Business Tasmania. Many businesses have told me they don't want their details disclosed. I am conscious that the conundrum is that a business can't state that publicly without revealing they received a grant themselves. I am also aware there are many businesses who received a grant and are happy to have that publicly disclosed; and other businesses have disclosed that publicly themselves. However, I am aware there are businesses in enormous hardship, they have been through the most horrendous circumstances and I think is inappropriate to do anything to exacerbate their situation. As I have outlined, we welcome the scrutiny of the Public Accounts Committee and the Auditor General regarding these processes.

Ms DOW - Minister, what ongoing support - and more importantly, mental health support - was provided to those businesses that were not eligible for any funding or only received \$4000-worth of funding when they applied for the \$15 000 grant?

Ms COURTNEY - A significant amount of financial support has been provided through our team at Business Tasmania. We have had a series of business continuity loans to provide \$750 to businesses to seek financial advice. The latest round of those, with additional funding provided, has also provided more flexibility to those businesses to obtain different types of advice. For some businesses, accounting advice is needed to help make decisions. For others, it's marketing advice, or other areas of expertise to help support their specific business.

Through the Minister for Mental Health and Wellbeing, Mr Rockliff, we have also seen a substantial investment in mental health. Pleasingly, we also provided mental health support through the most recent package I released. The \$20 million Small Business Sustainability and Recovery Assistance Package included \$1 million, specifically for small businesses.

Ms DOW - Minister, if I could interrupt you, to clarify my question. At that point when those businesses were notified they weren't successful, what additional information, or were they directed to a mental health support, at that time. As you can imagine that would have been very distressing for them, to have not been successful in their application, or if they received a lesser amount of monies than they felt that their business required to keep getting through that very difficult period of trading.

At that time, in the information and advice provided to those businesses, was there direct reference to mental health support. I acknowledge you have noted that that is a considerable concern of the Government, and the reason for not releasing or disclosing applicants or recipients. I want to understand that priority was given to mental health support at that point in time as well for those applicants.

Ms COURTNEY - I will ask the secretary to go to the advice provided by the Small Business team through Business Tasmania. Regarding the \$1 million package I stood up - that funding was in response to the feedback received from businesses.

When I did my roundtables around the state, it was very apparent that mental health and accessing the right support was still a challenge for many businesses - particularly for small businesses in regional areas, that perhaps don't have the classic employee assistance programs that larger organisations have. This was very apparent. This is why we have worked through Lifeline Tasmania to pull up a specific program for small businesses, and I know many of the small chambers of commerce have worked hard to push that information out.

We are also working with the Mental Health Council of Tasmania to raise awareness. We are working with specific industry bodies about how we can support their members, because different areas of industry have unique challenges, and also are best placed to be able to speak to their members.

I will ask Mr Evans to provide some further comments.

Mr EVANS - Going back to your original question around the time it was all happening. I think it is fair to say that most of those supports came directly through the Business Tasmania team. We had a Hotline stood up, manned seven days a week, for the worst of the COVID-19 pandemic. We significantly increased the resources on the Business Tasmania Hotline. It is fair to say, the staff, under very difficult circumstances, stood up and responded to literally hundreds, if not thousands, of direct concerns from small businesses, that were in a great deal of stress, and often took repeat phone calls from the same individuals.

We worked very collaboratively with peak industry organisations. As an example, we were in regular contact with the Seafood Industry Council (TSIC) about their membership base, and getting a good understanding about who was under the most stress within the seafood industry. I could give you examples with the THA, TICT, and other peak industry bodies. Things were moving very, very quickly. People were very distressed, and we were adding to our resources, to provide as much support as we could through that very difficult period.

Ms COURTNEY - Also, the support we provided through the \$1 million, through my imitative, supplemented the work the Minister for Mental Health and Wellbeing did earlier in the year. He worked to stand up a Tasmanian Lifeline, which also had mechanisms for businesses to seek support. Earlier a provision of mental health services was stood up, through the minister responsible.

Ms DOW - The point I was trying to make is that responses to individual businesses about why they were or were not successful, varied. They were scant on details and that caused businesses considerable distress as well. The information provided back to businesses didn't directly refer to mental health support that was available. Yes, there were links to Business Tasmania and financial counselling and all of those additional supports you've mentioned, minister, but there wasn't a direct line about mental health support. That would have been very important to include when you're providing people with pretty significant bad news, given their current financial situation and duress.

Ms COURTNEY - We communicated with successful or unsuccessful grant applicants in range of different ways. We had to communicate in very short time frames. It's fair to say that there have been some learnings from the experience. However, in saying that, no-one was anticipating the scale and speed of the impact of COVID-19. We were very focused on ensuring that we were providing support as quickly as possible to businesses. The team did an extraordinary job with resourcing and processing the number of applications and requests for information that came through.

As I acknowledged, there will always be learnings from events like these. However, in saying that, I hope we are never in that position again. I hope, during COVID-19 at the moment, we are never in a position where we again need to put such strict restrictions on businesses, because those restrictions are extraordinarily distressing. That goes to why we are so careful about all the public health measures. That's why I implore the community to do the right thing with the restrictions we have on social distancing. I am very aware of the impact that they have on businesses still, and particularly the impact on the hospitality sector. The decisions are not taken lightly - I want to make that very clear. However, we don't want to see a second wave. We know that would be devastating. We've seen the impact on businesses interstate. Tasmania has done an extraordinary job, and that's been because of our whole community's response.

CHAIR - I'll go with Ms Dow, and then I'll go to Dr Woodruff.

Ms DOW - Who was responsible for assessing the eligibility of the first round of small business hardship grants, as they were assessed by the Department of State Growth. For example, in the Burnie office of the Department of State Growth, who would have been involved in that assessment process and from what departments and agencies?

Ms COURTNEY - Assessments of either eligibility or assessment through a competitive assessment in various grant rounds, are done at arm's length from my office. I will ask the secretary about the processes involved in assessment.

Mr EVANS - Before I answer that question, I will add to your previous answer, minister, with respect to where we referred people once they got their information about whether or not they were successful. They were all referred to the Business Tasmania hotline. Business Tasmania hotline staff were trained and encouraged to get as much information from an applicant as possible and, where necessary, refer them to one of the mental health services. But the minister is quite right, we did learn a lot. We were moving so quickly through that period, and I think we could have communicated a little differently and a little better. However, the minute we learned exactly how much distress was out there, within the community, we put a review process in place.

I moved one of my most senior deputy secretaries offline, to take charge of that review process and to personally communicate with each of the applicants who applied for a review, to discuss the outcome of their review and the reasons. It was personal service at the most senior level within my organisation. If you could understand the pressures on that individual at that particular time, with a number of competing demands, that was not a small task. But he stood up and did that, week on week, and did a great job.

Ms DOW - With regards to the assessment process?

Mr EVANS - Regarding the assessment process, we opened the emergency round first. That was a low documentation, low barrier grant system to get money out the door and into the hands of distressed businesses as quickly as we could. That was the \$2500 grants. The minute that was announced, we were ready to stand that system up, and we did so immediately. By the end of that first day, we had approved close to 1000 grants, and by the day after that, money was in the bank of those distressed businesses. Through that program, we managed to get direct support to some 13 100 businesses to get them through that emergency.

The Hardship Grant followed a little later, but only a matter of a week or so. It was made clear that that was a competitive process - \$20 million for \$15 000 grants. If you do the maths, that is 1333 people that can be successful. Because of the level of hardship, we wanted to assess those most in need as they were coming in. The way we did that was to establish a team. Initially there were 10 people, but that was quickly augmented by another 15. So, we had 25 staff assessing applications. They had a guidance manual -

Ms DOW - Across the state - 25.

Mr EVANS - Yes. We stood up a common set of guidance and manuals for them to undertake the assessments, and they were all trained. I should add, they were all trained working at home. We couldn't bring these staff into a room and train them. We were doing this remotely in real time, under very, very stressful conditions - certainly for the businesses, but also for the staff involved. I think they did a sensational job.

To do that work, we undertook batches of assessments each day. Each morning we had a moderation session with the assessors to make sure they could discuss any applications that looked a bit weird, or that they were uncertain about. There was that moderation assessment,

then recommendations were put to the General Manager of Business and Trade, who then assessed and made the decision.

Dr WOODRUFF - Minister, no-one doubts that the need for small business grants was very great. No one doubts the hard work that would have gone into providing them.

The question is the need for the public to have good understanding and transparency around your Government's management of \$26 million. You refused to provide a list of the grant recipients in a public hearing to the Public Accounts Committee. Section 7(3) of the Public Accounts Committee Act states -

Except where it considers that there is good and sufficient reason to take evidence in private, all evidence shall be taken by the Committee in public.

While that section allows for information to be taken in private, when there is good and sufficient reason, the act only allows for the committee to make that determination, not yourself as minister. Section 3, paragraph (a) of the Parliamentary Privilege Act 1858 empowers the House of parliament to summarily punish a person, including a member of the House, for -

The disobedience of any order of either House, or of any Committee duly authorised in that behalf, to attend or to produce papers, books, records, or other documents, before the House, or such Committee.

Minister, did you seek any legal advice before you unlawfully refused to provide these documents to the Public Accounts Committee?

Ms COURTNEY - Let me make it very clear that the details have been provided to the Public Accounts Committee in camera. The Auditor-General is also undertaking work on this matter. Given the remit of the Public Accounts Committee, it is appropriate mechanism to scrutinise the arrangements.

I have appeared a number of times before the Public Accounts Committee under different portfolios and the secretary and I would be happy to appear, either publicly or in camera, to discuss the details if the Public Accounts Committee has concerns around that, or has questions that they would like us to answer.

The secretary of the department has publicly stated his advice about the disclosure of this information. This has been extraordinary difficult time for small business. I take my responsibility very seriously, and I believe in scrutiny - which is why information has been provided to the Public Accounts Committee. I welcome their scrutiny of these grants. We have provided many responses to questions on notice from the Public Accounts Committee. The Auditor General is working on this as well.

I am not going to pre-empt the outcomes of any of those inquiries. There might be recommendations, there might be learnings I don't know; we will wait for the inquiries to go their course. However, I am clear that these programs were set up in an extraordinarily difficult time. We had an extraordinary amount of support for small businesses. I know from speaking to small businesses that the support helped them to stay afloat.

Dr WOODRUFF - Excuse me, minister

CHAIR - The minister is still answering the question, Dr Woodruff.

Ms COURTNEY - I take the welfare of businesses in Tasmania very seriously. As I said earlier, I understand there are some businesses which would be comfortable to have their information disclosed. There are other businesses which would not. I don't want to take any steps to put any further hardship on any business in what has most likely been the most difficult year of their business life.

Dr WOODRUFF - Thank you, I respect your opinion but could you please answer the question I asked - which was did you receive any advice any legal advice or any other advice before you unlawfully refused to provide that material to the Public Accounts Committee in a public forum.

Ms COURTNEY - As I stated in a hearing earlier today, I am not going to provide detail on advice I seek in terms of any legal mechanism. I am not going to respond to the question of legal advice about the disclosure of this information publicly. It is the clear advice of the secretary of the department it would have significant undue hardship on some businesses. I accept the fact that not all the businesses are in that cohort, however there were some. I take that situation very seriously in terms of their welfare, and also for some businesses their relative competitive situation compared to other businesses.

Dr WOODRUFF - Did you cross-check that advice with say the chief psychiatrist or somebody who is an expert in mental health? I take it the secretary is not an expert in mental health. Was that verbal advice or written advice? Did you cross-check it in anyway with a suitable medical practitioner?

Ms COURTNEY - The secretary of the Department of State Growth, Mr Evans, has been engaged at very senior levels for years and years in Tasmania supporting businesses. He has played a key role within government through significant upheavals in industries including upheavals in the forestry industry and other sectors. At times when businesses are for whatever circumstances on their knees, it is the Department of State Growth that deploys staff and works with them to look at how we can not only support the business but importantly support their employees.

I think Mr Evans is very qualified to comment on small businesses. He has held this senior role for a number of years. He has high levels of engagement across industry sectors and I take the advice he provides me very seriously.

Ms DOW - I refer to what you have just been saying about the disclosure of other grants and Mr Evans' involvement in those. There have been transitions in local economies, and I think back to advanced manufacturing which was an incredibly stressful time for many small to medium enterprises and companies right across the northern region of Tasmania, with disruptions to advanced manufacturing and Caterpillar moving off-shore. However, right throughout that process there was public disclosure of a number of those grant recipients.

I know this has been a dreadful time for small businesses but there would be many small to medium enterprises during that time that were really very fearful for their livelihood and were very distressed. I am asking you why a different set of principles applied to that

information being disclosed, and the information about the Hardship Grants not being publicly made available.

There would have been similar experiences for some of those businesses, particularly around the requirement for consideration to be given to their ongoing mental health and wellbeing.

Ms COURTNEY - I appreciate the question. Before I turn to the secretary for his further advice, I am not going to specifically comment on grants that were provided when I was not the minister responsible. I don't have the detail about those programs or how they were stood established, or other details about them. Obviously, the situation around COVID-19 was extraordinary, and swift. The response from the Government needed to be equally as swift, considering the significant hardship.

I will ask the secretary to talk about his advice.

Mr EVANS - I'm happy to do that, minister. I fully acknowledge that usually, and wherever possible, we would disclose the details of the sorts of grant programs that you are talking about. The circumstances, I think, are a little different.

The sorts of programs that you referred to, and I presume closure of Caterpillar is a good example. Potentially a range of businesses in Caterpillar's supply chain could be impacted by that closure. The Grant Programs have helped them to adjust, change, find new markets, do different things; but they are generally focused around the future and how to innovate and develop. That is distinct from, say, bushfire emergency grants, and we haven't, in those circumstances, publicly disclosed the people, businesses, individuals, who have been in receipt of support through those programs.

I liken the COVID-19 emergency grants, and the hardship grants, to those circumstances. These are extraordinary times where businesses are just on their knees. Without some support they would close. They were in high levels of distress. Thankfully most of them have recovered, or are recovering, at this point, but there are still a lot in an extraordinary amount of pain and distress.

We hear that from the peak industry groups - and they have virtually unanimously given us advice that we should not be disclosing those details. When you come into rural and regional communities through chambers of commerce or talking to local government, not universally, but a significant number of them say, we don't want this information released.

I have acted on that basis. In terms of my capacity to assess mental health - I can listen, I can show empathy, I am compassionate, and most importantly, I act. When I have heard that, from peak industry bodies and from individual businesses repeatedly through the COVID-19 pandemic, I believe it is my duty to ensure that the minister understands the degree of, in some cases mental health problems, but certainly pain and distress that exists within the small business community. That advice has been supported by the likes of Lifeline and others as well.

Ms DOW - On Lifeline, for the support services that you have put in place in response to the distress of local businesses and COVID-19 pandemic - what sort of evaluation of that service is being done? Is there any de-identified data being collected around the amount of

small businesses accessing that service, so you can have a good understanding of what the demand is, and whether there is a good utilisation of the support services you are putting in place?

Ms COURTNEY - I thank Lifeline for the work they've done with us to get this program under way. It is called Minding Your Business program. It provides mental health training and support placements in areas such as mental health, first aid, crisis communication and access to a councillor to support small business operators to manage themselves and their employees. It is a very flexible program, and that's one of the things we wanted to ensure Lifeline built into this program. People can engage in person; they can do one-on-one sessions; they can do group situations; they can do it online both in and outside business hours. Through the funding that has been provided we estimate around 1 000 free training placements are available. We are going to monitor that situation. We want to make sure that the support that needs to be provided, is provided.

We also have funding going to the Mental Health Council of Tasmania. They are undertaking a series of activities to raise awareness of all the supports and resources that are available. There is a broad amount of support available to small business owners and employees, in addition to the Lifeline program, and they are going to use a checking campaign as the primary vehicle.

They are going to create a pathway for small business and employers to access the wide range of resources and services that are evidence-based and available. They will provide targeted information resources to employers and employees, as well as work place environments that can better support mental health and wellbeing.

This recognises that business owners are concerned about the mental welfare or the health and wellbeing of their employees. I've had that feedback as well from many businesses. It's about making sure that information is available and can be accessed either by engaging with local government industry councils to support promotion and increased awareness; developing work place kits and resources that can be distributed; and working closely with Lifeline in their work.

We are also working with a range of peak bodies to look at further support that can be provided in partnership with them. I recognise that for the range of industries we have, our peak bodies are often best placed to be able to communicate appropriately with their members. A good example has been the Tasmania Seafood Industry Council, which works closely with their members to provide the appropriate support.

We have that breadth of mechanisms stood up so that people feel safe and comfortable to come forward and the method that is right for them. Concerning the work, we are doing with Lifeline - we will receive data and updates on what is happening. I'll monitor that and see what more needs to be done.

Ms DOW - There is the \$20 million and then there are the other initiatives which are funded in this year's budget, but there are no further budget items over latter years. Is it a reasonable assumption to make that the money that is allocated for the implementation of PESRAC recommendations. Would there be opportunity for additional funding to support small businesses out of that money? Or given the uncertain nature of being in a global pandemic and not really being able to know what is going to happen next, where would you be

looking for funding to provide additional support for small business over the course of the end of this financial year and into the next financial year?

Ms COURTNEY - Regarding the \$20 million sustainability and continuity money, the \$1 million for a range of different grants came through that. We have seen through those that we have had less demand for those grants than we have had from demands for grants earlier in the year. From that, I take it some businesses have been able to recover and we know anecdotally from talking to businesses. We are continuing to look at how we use the funding within that appropriately to support those businesses that are most in need. I am conscious we still have a variety across different sectors, and obviously the hospitality industry is one of the ones that is most impacted. That is why this budget has the additional \$10 million for energy relief. I will be working with the industry to establish that so the ones in the most distress and hardship can access assistance.

Regarding the funding that is available at the moment, we also have the \$750 grants that are available for that broader suite of advice. I also note there is a COVID-19 provision through Finance-General. The uncertainty of COVID-19 is something that we have to be ready to be able to deal with. I very much hope that we don't have a second wave, but I think what's happened in South Australia recently demonstrates that we need to be ready to be able to respond to uncertainty. A lot of businesses have worked really hard to be able to do that.

As we move forward, we will continue to engage with the peak bodies, businesses individually, as well as the chambers of commerce. So, the small chambers of commerce have been an important source of information for the government, but also for dissemination of information. We've seen a lot more engagement with Business Tasmania this year, and the suite of services we provide. So, I am not going to pre-empt the future, in terms of further support, but there is remaining support in the \$20 million that we are continuing to roll out. We will continue to respond to those businesses most in need.

Ms DOW - You've highlighted there is a plethora of information; there's all sorts of different grants. It's quite complex. You've spoken about the effectiveness of working with local chambers of commerce. Is that something you might do more strategically in the future about the provision of information? I note in the business growth strategy that was put together last year it was already identified that it's difficult to communicate all of the support that is available to small businesses, so how do you get those messages through.

There was an undertaking by the Government to improve those communication processes. I would like to understand what you're going to put in place to do that, because it's absolutely critical that people get access to the information about what is available to them.

Ms COURTNEY - I only became the minister for Small Business in January this year, and the vast majority of my time as minister has been through the COVID-19 period. I have had a significant number of roundtables throughout COVID-19, with all the regional chambers of commerce. I can provide further details about those. We've found it helpful. We've had the team from Business Tasmania attend those as well. They've been able to help us understand what are the key issues and challenges for different regions.

I note the different regions are often supporting or are supported by different types of industry. Getting that information has helped us be able to form what we do for support. Importantly, it has been able to help that dissemination of advice. Earlier in the year we also

provided \$100 000 to small chambers of commerce to assist them. We weren't prescriptive on the way that people had to use that to communicate with their members. I know that each chamber of commerce has different levels of IT penetration and things like that.

For some businesses it was around actually providing additional staffing capacity to be able to provide that support to their members through their chamber of commerce - noting a lot of the time they are volunteer organisations. I saw chambers of commerce look at how they could use that for their digital presence to help promote the businesses in their areas. That was very gratefully received by the chambers of commerce and they've done some great things with \$100 000 we provided. I am continuing to have round tables. Obviously, I was able to have face to face round tables a few months ago, which was very useful. Indeed, we invited businesses along to that as well so we could hear directly from businesses around the impact of COVID-19. As we move forward, I am expecting to continue high level engagement with the chambers of commerce through Business Tasmania. While we haven't been able to run as many as we would usually because of COVID-19, there is a range of programs that Business Tasmania runs out in communities, partnering with chambers of commerce to disseminate that information.

One of the learnings from COVID-19, one of the positives, has been the increased partnerships and those communication channels. Not just in the Government and my office, with these many organisations, but also through Business Tasmania and being able to hear these stories one-on-one.

I know they have been very responsive to requests from chambers of commerce, to do a workshop in their community, to explain what support is provided. So, we do go out and work in partnership with chambers of commerce to provide workshops to explain to people what it is available.

I acknowledge, with the federal government as well as local governments providing support it is a challenging space particularly at a time of stress.

Dr WOODRUFF - Minister, this isn't the first time that your Government has unlawfully refused to provide documents to the Public Accounts Committee. Do you understand, that as a minister in the Westminster system, you are accountable to parliament, including a properly constituted committee of the House of parliament. Your Government has the national moniker now for being the most secretive Government in the country. Your Government has also run a hard line law and order agenda. How do you justify having an agenda which is about law and order, pretending that your Government stands for openness and accountability, when you put yourselves above the need to comply with the legislative requirements of the state?

Ms COURTNEY - I make no apologies for our law and order agenda. That has been well supported by the community in terms of the initiatives we have undertaken. It is going to be a continued focus of this Government. I feel confident the Minister for Justice, as well as the Minister for Police, Fire and Emergency Management will be able to outline the important work we have done in our law and order agenda.

Regarding disclosures, as I have said in one of my previous statements, we have provided the details of the grant recipients to the Public Accounts Committee for them to scrutinise. We have the Auditor-General also, I understand, doing work on this. We will look to the recommendations, and see how we can ensure we are always continually improving.

Dr WOODRUFF - Minister, I have another question, since you refuse to provide that information to the public. Wage theft has been a prominent issue in recent years, and many successful court cases have been taken against hospitality businesses, particularly restaurants. Migrant workers are especially vulnerable. This year Victoria passed the Wage Theft Bill 2020. What are you doing to prevent wage theft in your small business and hospitality portfolio, and is your Government considering making wage theft a crime in Tasmania, as it is in Victoria?

Ms COURTNEY - It is important that we have high compliance with all laws in our small businesses across Tasmania, no matter the sector they are in. We would expect all industry sectors to comply and all small businesses to comply with the laws as they pertain to those businesses. That is part of doing business well. Through the Government we can always assist businesses to make sure they have what they need.

Grants are currently available. We have \$750 grants available for businesses to receive accounting advice, if they need advice, to understand what their obligations are under, either state or federal laws. The expert advice is through a registered professional, depending on the type of advice they are seeking. I encourage businesses to do that. We have provided support to peak bodies, such as the TCCI, the Small Business Council, and the Tasmanian Hospitality Association, this year and previously. We know the peak bodies work very closely to ensure that they have strong education campaigns for their staff.

Running a small business is a complicated process. A number of areas of law need to be complied with, and we will continue to support businesses.

Dr WOODRUFF - Do you accept, in an increasingly casualised workforce, that there are vulnerabilities, and there is big change in employment practices and that is why Victoria has taken this important step of recognising it as a crime? It would send a very strong message, rather than simply guidelines, and hoping. The vast majority of employers do the right thing but the ones that don't cannot easily be held to account. There are very difficult hoops for vulnerable workers to jump through. We are aware of a number of cases of people who have made representation to us. It is very difficult for them to act because they are at risk of losing their employment.

It is not just not understanding what the law requires - I accept it is hard for some business to work that through - it is fundamentally about people who actively chose to disregard the law and underpay workers.

Ms COURTNEY - I have high regard for Tasmania business owners. To a very large extent Tasmania business owners do the right thing. If they don't do the right thing then they should feel the full repercussions of that. We have supplied support to the TCCI so they can have industrial relations support for their membership base. It is important that businesses comply and I would expect Tasmania industry to do that.

Mr TUCKER - Minister, there has been a huge surge in businesses seeking advice and support from government since COVID-19. What has your area of Business Tasmania been doing to meet this demand, and what are you doing to make sure regional areas are able to access government support services and information?

Ms COURTNEY - This adds further information regarding your earlier question, Ms Dow. I appreciate the opportunity to be able to respond to this. We have a very committed team within the small business team in the Department of State Growth, who have worked incredibly hard. I know they are very dedicated to ensuring they are working to support small business as best they can. Supporting businesses through the pandemic has been the focus of our small business team as we have led the delivery of the \$80 million small business package.

The Business Tasmania team also provide tailored information and referral to a range of support services and disseminate that information through electronic newsletters, or in hard copy for those who don't have access to the internet. Activity on the Business Tasmania website increased significantly during COVID-19, demonstrating its critical function as a source of information for Tasmania businesses. This increased from 1280 visits in February 2020 to over 47 000 in April 2020.

Business Tasmania has handled more than 11 000 calls since 23 March 2020 and 6200 businesses registered their impact from COVID-19. I am very proud that through the support packages we've been able to support more than 14 000 individual businesses. Direct financial assistance is provided through workshops and information sessions on a range of topics provided around the state throughout the year.

Regarding the work that has been done, it has been a huge effort by the team. I mentioned between 23 March and 11 September this year, Business Tasmania and the Department of State Growth provided advice over the telephone to over 11 000 small businesses. From March to the end of August the Centres Tasmania program has provided specialist business support and advice to 1940 individual clients. From the end of March to 21 August this year, 521 two-hour, one-on-one coaching sessions have been held with individual businesses under the digital ready program. This compares to 287 during the whole of 2019.

As I mentioned, we have also run workshops throughout the state on a range of topics such as effective financial management and COVID-19 safety planning, as well as brand story telling. We have also partnered with regional chambers of commerce to ensure that information gets out to all of the different areas of Tasmania.

CHAIR - I will point out we are more than half way through. It is completely up to the Committee, but if you want to move off small business and into either hospitality or events you will need to let us know so we can bring forward appropriate staff to the table.

Ms DOW - I have one more question it is a series of questions, then happy to move off.

It is a series of questions, actually, and it may be that you take them on notice. I wanted to understand -

- how many businesses received the Small Business Hardship Grant of \$4000;
- how many businesses a Small Business Hardship Grant for \$15 000;
- how many businesses applied for the \$15 000 but only received \$4000; and
- how many businesses received no assistance at all.

Ms COURTNEY - Regarding the grant programs -

The Small Business Emergency Grant Rounds 1 and 2 -

- 14 401 businesses applied.
- 13 289 were funded.

Business Continuity Grant Round 1 -

- 4281 applied
- 2080 were funded.

Small Business Hardship Grant -

- 3998 applied
- 2929 were funded.

The ones that were distributed in this financial year -

The COVID-19 Sustainability and Recovery Grant -

- 2065 applied.
- 1904 were funded.

Small Business Continuity Grant Round 2 -

- 905 applied
- 616 were funded.

Ms WHITE - I wanted to ask about events and hospitality funding. On the forward Estimates there is a clear decline in funding from \$25 million, roughly, in 2020-21, down to just under \$7 million. I can read the explanatory notes, and I can see which events it relates to primarily. Can you indicate whether your Government will continue to support those events, specifically, Mona Foma, Dark Mofo, Event Attraction Initiative and the Hawthorn Football Club arrangement?

Ms COURTNEY - The events portfolio is a very important portfolio for Tasmania, in terms of the events it supports. It has a clear economic impact that on a community. We know that it increases intrastate, as well as interstate visitation. I also know that many events, such as the Supercars, are enjoyed by many Tasmanians as well. There is a deep involvement and engagement with a number of the events.

COVID-19 has been incredibly challenging. The Department has been working with events this year, to respond. We've seen a number of events cancelled.

I have at the table, Jacqui Allen, the Deputy Secretary for Cultural and Tourism Industry Development. I will ask her to outline the process that Events Tasmania worked through this year. As we move forward, we are still very engaged with many of these events, noting that, while we have stood up a framework for events to be able to occur, there is still a degree of uncertainty around COVID-19 for some of these events. There is still work to do with event organisers for the future.

Ms ALLEN - Thank you, minister. You have referred to a number of events where funding is not provided for in the forward Estimates. That reflects the fact that those events are coming to end of their contracted funding period.

The process we usually follow is to commence negotiations with those events in advance of the next contracting period. A conversation with government follows, and a funding package is put forward.

Ms WHITE - Minister, could you outline for the benefit of the Committee, the time lines for each of those funding agreements, when they expire, and how soon prior to their expiration do you commence renegotiations.

Ms COURTNEY - With regard to the expiration of different ones, I will see if the department has that advice to hand.

The time lead on negotiations for different events will vary substantially. There are some events that are in different stages of their development or have different levels of complexity and there are some events that have significantly different scales of funding provided by Government. I'm not sure whether we have that information to hand or what the expiring ones are.

Ms WHITE - I can put that on notice if you like.

Ms ALLEN - Yes, we can do that.

Ms WHITE - That would specifically be when the ones are listed in the Budget Papers expire.

Ms COURTNEY - Yes, we can provide information on when they expire and we'll see what information we can provide about engagement. In terms of the breadth of the events portfolio and the wide range of events from very small to very large, there has been a significant amount of engagement this year. Not only the events that have had to be cancelled, but also events that are looking to next year and how they manage.

The department has looked to ensure we can maintain capacity within those organisations, particularly those events that have been cancelled. We know that for many events in Tasmania and the amazing people who work with those, we don't want to lose the capacity that we have to be able to stand these events up again in the future. That's been part of the work that Events Tasmania has done with these organisations.

Ms WHITE - If I may as well, the Unconformity Festival only has funding in there for one year too. Is that something you're likely to continue to negotiate ongoing funding commitments for?

Ms COURTNEY - The Tasmanian Government through Events Tasmania currently supports Unconformity with a grant of \$900 000 for festivals in 2018, 2020 and 2022. There was a request for additional funding made through the organiser. Perhaps I'll get the deputy secretary to talk through it with regard to their circumstances.

Ms ALLEN - Yes, there was an additional request made to Government which is reflected in the Budget papers. The existing funding deed with Unconformity is still in place. They also have a funding agreement with Arts Tasmania around their activities, so this was a specific request made to Government.

Ms WHITE - Minister, I'd be interested to know of the \$13.5 million the federal government has committed to provide Tasmania for tourism projects or events, are you able to indicate whether any events will receive funding through that or whether Events Tasmania will receive funding through that?

Ms COURTNEY - That's a really exciting program that has been stood up, and I'm really pleased with the level of funding we're looking to be provided to Tasmania. I think that that is really important. We'll continue to work through with the federal government on that to look at the best use of those funds.

Ms WHITE - You're not able to share any information about that yet?

Ms COURTNEY - I don't know whether the secretary has anything further to add.

Mr EVANS - We don't have any resolution or anything definite at the moment but I can talk about the process. We're working very closely with the Tourism Industry Council of Tasmania and the RTOs under the auspicious of the T21 Steering Committee which oversees the tourism recovery plan to work up the highest priorities for the use of those funds from a state perspective in accordance with the recovery plan.

Dr WOODRUFF - Minister, the events and hospitality output under the Budget Papers, page 310 in the second volume, shows an increase this year followed by a sharp decrease over the forward Estimates and that's output group 5.

Ms WHITE - We've already had a warm up question on this so you should get it right.

Dr WOODRUFF - The footnote says - maybe I wasn't attending to that question but I don't think you asked this in particular - that the variation in events and hospitality primarily reflects the profile and funding for the Mona Foma, Dark Mofo, and event attraction fund initiatives and the current Hawthorn Club agreement. The decrease over the forward Estimate is substantial, down roughly a quarter by 2023-24 to what is being allocated in this financial year. Can you provide the specific funding details for Mona Foma, Dark Mofo, the event attraction fund initiatives that's what's listed in the footnote; and the current Hawthorn Football Club agreement.

Ms COURTNEY - Yes, we can work through those.

Dr WOODRUFF - Thank you.

Ms COURTNEY - Noting that there are still conversations happening with some of those organisations. Do we want to go through them one at a time? I might go to Jacqui to work through those.

Ms ALLEN - It's probably worth noting that what's in the Budget Papers reflects the cashflow that's made available to us in terms of working with the organisations. It doesn't

necessarily completely tie-in with the contract. In terms of Dark MoFo their funding falls away in the 2023-24 financial year. The event attraction fund has concluded by the 2021-22 financial year. Hawthorn Football Club by the 2022-23 financial year, and MonaFoma Festival in the 2021-22 financial year.

Dr WOODRUFF - Do I take it to mean then that the Government is not planning on funding any of those three events past the contractual period?

Ms COURTNEY - No, that's not the correct conclusion. We need to commence and do negotiations before we have any degree of certainty about what future payments might be.

Dr WOODRUFF - Okay. Are there any other organisations or bodies that the Government is undergoing contractual discussions with that don't appear in the Budget Papers because you haven't reached a conclusion? Are there any other organisations that would be filtering in there over the forward Estimates?

Ms COURTNEY - There is a very wide breadth of events from quite small to quite large when we're talking about the big variance in those ones. I feel confident Jacqui can talk about the breadth of the events that are funded within the events portfolio.

Depending on the event itself, there are different funding mechanisms for events to apply through to be funded. We have these signature events that are very high profile and indeed have funding deeds, we also have funding mechanisms for smaller community style events. Perhaps Jacqui could expand on that.

Ms ALLEN - Yes, we do have those smaller events. In relation to the larger events, or the signature events as the minister referred to them, we do need to commence and conclude the fee negotiations with the organisations before we would settle that funding. It's probably further complicated this year by the fact that we've been in negotiation with almost all events about whether they will cancel, postpone or deliver some kind of reduced activity. It's not possible for us to go through all of those arrangements with the festivals today, but there are a number of different arrangements and there are contract variations for many events that have been put in place this year that responds to the changed circumstance.

Ms WHITE - Still on events. One of the things you mentioned was the negotiations that are occurring this year because of COVID-19. From discussions that I have had with some of the events, insurance costs are proving to be quite challenging. Has the Government given consideration to assisting events with their insurance costs to make sure that they can manage some of the uncertainty in a COVID-19 environment?

Ms COURTNEY - I understand that insurance is a challenge for some organisations. There is a range of different costs for different types of events. It's effectively under the funding we talked about previously. There's one grant round to support those businesses that are critical businesses for the events industry so that funding round has now -

Ms WHITE - Marquee hire.

Ms COURTNEY - Yes, marquee hire is a really good example. Those types of Tasmanian businesses, maybe kinds of AV-type businesses that have very specialised equipment for the events industry and that we want them to stand back up again in the future.

A lot of them, as well as having very high CapEx costs have quite specialised staffing. That grant round has now closed and is being deliberated on at the moment. I have a nod, that is good.

Mr EVANS - Yes.

Ms COURTNEY - We also, through Events Tasmania, have stood up a funding program which again has closed and is in deliberations at the moment to provide smaller grants for event organisers to be able to respond to the COVID-19 operating environment. I will get Jacqui to talk to that.

Ms ALLEN - That's the Event Ready Grant Program. That was opened on 23 September and closed on 15 November. We have received 72 applications to that fund and our assessment panel will soon convene and have a look at those.

Ms WHITE - Remind me how much was in that fund, please.

Ms ALLEN - \$300 000.

Ms WHITE - Of the 72 applications vying for \$300 000 what is the size of grant that you are looking to provide out of that.

Ms ALLEN - It will depend on the amount that the organisers have applied for and the assessment process that the panel goes through. I don't have that information about the amounts that have been applied for.

Ms WHITE - Are you going to make it publicly known who is successful?

Ms COURTNEY - I have not received advice on that determination.

Ms ALLEN - We haven't considered it at this stage. We've only just closed the program.

Dr WOODRUFF - I have some questions for tourism.

Ms COURTNEY - I am not the tourism minister. You'll have to speak to the Premier.

Dr WOODRUFF - I can't talk about accreditation for tourism, small businesses? I don't understand.

Ms COURTNEY - If we get this done you'll be able to sneak into the other one for a bonus hour.

Dr WOODRUFF - You can't talk about small business operators who are required to become members of the Tourism Industry Council. Why can't you talk about that?

Ms COURTNEY - Because we're talking about accreditation for a peak body that's under a different minister's responsibility. That's a matter for the minister responsible. I can't talk about government policy with regard to tourism businesses and what happens with regard to their industry associations.

Dr WOODRUFF - Okay but you could talk about the fact that small businesses are unhappy about the fact they're forced to be accredited and they feel that it reflects badly on the type of business that they're trying to operate and that a small group of businesses has broken away, refusing to become accredited.

You mightn't talk about the accreditation process, I accept that, but it is concerning that there are businesses now in Tasmania that feel it's operating against bottom line to be forced to become a member of the Tourism Industry Council.

CHAIR - Dr Woodruff, I understand that there's a bit of grey between portfolios but I think this one pretty clearly sits outside of this particular section of the Estimates so I ask you to move on.

Dr WOODRUFF - Could I just ask the minister whether she will be reaching out to have conversations with small businesses who want to be able to better reflect the clean, green brand that they trade under?

Ms COURTNEY - With regard to accreditation of tourism businesses, that's a matter for the minister responsible for tourism.

Dr WOODRUFF - You don't have anything to do in your portfolio with small businesses that happen to work in the tourism area?

Ms COURTNEY - I have a lot to do with businesses across tourism, hospitality, events, mining, forestry, retail - the breadth of businesses - but regarding accreditation of a business if, for example, if you are asking me about accreditation for a small forestry business, the minister responsible for resources would be best placed to answer that. If it's regarding a specific industry accreditation or regulation, that's best dealt by the responsible minister.

Dr WOODRUFF - I don't want you to talk about that. Your door would be open to hear concerns from small business operators who feel that they're not being fairly dealt with by another department in terms of the impact it has on their business?

Ms COURTNEY - My door is open to all small businesses in Tasmania. We've got a wide range of businesses, they've got unique and varied challenges and opportunities - not just through COVID-19, but ordinarily we have very diverse regional areas and as a government we have worked hard with the breadth of businesses. I know the Minister for State Growth, Mr Ferguson, has done an enormous body of work, along with Stuart Clues, the Red Tape Reduction Coordinator, to make sure we are looking across government at how we can reduce red tape. All ministers are always looking at how we can make sure that Tasmania is a good place for businesses to be able to operate. While I am minister for Small Business, my colleagues all work hard to ensure that businesses within their areas of responsibility feel supported.

Ms DOW - Minister, you alluded to this earlier on but I would like to ask you a more direct question about it. Have you felt conflicted as both Minister for Health and minister for Small Business, particularly when it comes to Public Health restrictions and the significant impact that has had on the viability and trading of hospitality businesses across the state?

Ms COURTNEY - Actually I felt very well placed being the minister responsible for both areas. This has been an extraordinary global pandemic and the implications and ramifications have been far-reaching across Tasmania.

As the Minister for Health, the directions around Public Health are a matter for the Director of Public Health. All of those are stood up under the state of public health emergency we are in. All those are determined independently and indeed are under his hand, so with regard to those, they are all a matter for Public Health.

Being the Minister for Hospitality, Small Business and Events, through the information and the forums I am able to be part of as Minister for Health, I think that allows me to be able to be fully informed of all the current information about what is happening and work with businesses to be able to support them.

I completely understand the concerns the hospitality sector has around how restrictions have impacted them and I absolutely acknowledge that Public Health restrictions have impacted on businesses. That is why we have had such a significant support package and why this Budget has \$10 million for the hospitality sector to continue to support them at a time of hardship. I am a strong believer in the small business sector and a strong believer in the hospitality sector.

The hospitality sector has been one of our great strengths in terms of both our achievements as well as our employment. The hospitality industry provides enormous opportunities for our young people and I see that particularly across regional areas. That is why we are pleased that we have the money for the RTO so we can look at complementing the work that is done by other training organisations to make sure all Tasmanians can get access to the support they need and businesses can get access for their employees to the right training for their businesses.

I believe there are meaningful and exciting career pathways in hospitality. I am very confident that the hospitality sector has a strong future and we have worked hard through my office, through the department and the Government, to engage regularly with the sector. I thank the sector for what they have done. The THA has shown extraordinary leadership in what has been an incredibly challenging time.

We were talking about small business and I know how hard the Small Business team within State Growth has worked. I know that the team within the THA have worked incredibly hard. The contractors they have working with them who are deploying a range of programs have all worked very hard this year on supporting businesses through COVID-19. I applaud the THA for the work they have done supporting their sector and am looking forward to this Government being a strong partner with that industry going forward.

Ms DOW - Throughout the course of these past months there have been changes to Public Health restrictions. Do you believe that the level of information and the evidence base, I guess, that has been provided to the hospitality industry and the general public about the reasons why these Public Health restrictions in place has been adequate, or do you think the Government could have done a better job at communicating that information?

Ms COURTNEY - Communicating information during the COVID-19 pandemic has been an extraordinary challenge. There was a lot of information to be disseminated. Often that

information is changing quickly at times, and particularly when restrictions are changing quickly there might not necessarily be full detail or information to be able to provide. I understand that is very frustrating, whether you are in business or an individual in the community. We have worked hard across government and through the State Control Centre we have the PIU, the Public Information Unit, which was stood up earlier in the pandemic. It is not under my area of responsibility so in terms of the detail for that, that is best placed with another minister, however in terms of the output of that, we have seen that as a single source for a range of information around COVID-19 in a quickly changing environment.

We have also seen through Business Tasmania the networks that they already have existing being able to disseminate information. We have worked hard with peak bodies as well as smaller chambers of commerce to ensure we are providing the most current information. I acknowledge that communication is challenging during a pandemic and we will always look to improve the way we can get information out as quickly as possible, however given the fact that decisions are made on evolving information, we have ensured that when decisions are made we seek to disseminate that information to the community as soon as possible and I accept that sometimes when we do that we don't have the detail underneath that immediately to be able to provide and that is something we continue to work on to provide that information to the public.

I note also that there are a number of recommendations within PESRAC that go to this within this portfolio, and it is within the budget papers allocated to this portfolio area but other portfolio areas are working through the Department of Health as well as through the PIU to make sure that information is continued to be improved upon.

Ms DOW - The Public Health restrictions currently in place in relation to vertical drinking which only permits it in outside drinking areas is inequitable for those businesses around the state who do not have outside dining or drinking spaces. An example of that is the Beach Hotel in Burnie, where I am from. How is it that you can stand and drink in pubs in Salamanca that have outside areas whereas in Burnie you have to sit down to have a drink in the pub at the Beach Hotel? Proprietors are suggesting to us that this will mean that their clientele will choose to drink at home and therefore it is further impacting on their business. At the time the directive was made for the permitting of drinking outside, vertical drinking, there was a commitment made by the Government to review that restriction further and I would like to know when that will take place. Will there be a further review of that and looking to lift that restriction further?

Ms COURTNEY - I accept the impact these restrictions have on businesses and on patrons as well. With regard to the detail of the answer to that I'm afraid it would have been better asked when I had Dr Veitch here because these are directions made by the Director of Public Health under the Public Health Act. I don't want to sit here and verbal Dr Veitch on what he would provide, however what he has said publicly is that he is continuing to look at this. We know there is an evolving situation and that things escalated very quickly with South Australia. Quite understandably, at times like that the Director of Public Health's attention is focused on the fact that we had what looked like potentially quite a large outbreak in South Australia.

The team at Public Health are incredibly hardworking and are working through to make sure all these issues are looked at. The Director of Public Health has given a public commitment that he will continue to look at this. I cannot speculate on what his decision may

be. Obviously this goes to the very heart of what he was talking about before in terms of monitoring restrictions and the things that he considers, as a public health expert, with regard to what public health restrictions there are across different things. One of those are indeed events, and that is why we have the events framework with a mechanism through that to be able to get events assessed. I can't speculate on what Dr Veitch's deliberations might be on that.

I can assure you that as a minister for Hospitality, it is something I would like to be able to see further work being done on. I know they do continue to monitor this closely, but we need to make sure - and I don't think it would matter what minister's hat you were wearing - we need to ensure we do things in a safe way. The South Australian example has shown that and we have still got a long way to go with regard to COVID-19.

Mr TUCKER - Minister, can you please update the committee on how the Tasmanian Government is supporting the event sector to operate in a COVID-19 environment please?

Ms COURTNEY - We recognise the significant contribution events make to the Tasmanian economy and the significant impact restrictions have on this sector. Just last year we invested \$13 million through the Events Tasmania Major Partnerships Program, Attractions Fund, Grant Program and other partnerships like Walks, Supercars and Collingwood. I am proud that our state is recognised nationally and internationally for its home-grown events and festivals.

Prior to COVID-19, predicted visitor numbers for people visiting Tasmania just to attend events supported by Events Tasmania was estimated to be around 82 000 people. This is a great achievement because over the past decade the Tasmanian Government has continued to invest in a diverse portfolio of events throughout our regions. This is why we are so committed to this sector.

We launched a round of funding support through the Event, Infrastructure and Critical Support Small Business Grant Program. The program will deliver targeted support to those businesses who are essential to the delivery of major events in Tasmania. The scheme will help ensure we retain the critical support for events - the foundations of the sector - so we can continue to support existing and new events.

Funding of \$2.5 million is being used for a competitive merit-based grant round to assist eligible Tasmanian businesses, ranging from smaller grants for smaller businesses to larger grants of up to \$100 000 for businesses with more turnover. This is a lifeline for businesses providing AV equipment, marquees, temporary structures, on-site infrastructure, as well as waste management. Professional event organisers and promoters are also eligible where they are providing critical services to the delivery of public or ticketed events in Tasmania.

While this grant round focused on supporting critical event infrastructure businesses, we know it has been a challenging time for small-scale and community-based events which is why we launched the Event Ready Program. This one has been stood up because it recognises that we need to support businesses. Funding was made available for events scheduled to occur between September 2020 and the end of 2021 and will provide essential support for new and existing events that are in the process of developing or have developed a COVID-19 safety plan. Importantly, these grants will help event organisers to implement COVID-safe practices,

as well as increase their marketing and promotion capability and support initiatives such as online ticketing and digital marketing options.

We have also commenced our Safe Activities and Events Framework. We have launched that and it will commence from 1 December and that is going to be a major milestone for industry and an important step to be able to provide the certainty businesses need to for operating in a COVID-19 environment.

Dr WOODRUFF - Minister, in 2017 the Clarence City Council approved land on the foreshore at Kangaroo Bay in Bellerive for a very large hotel and hospitality training centre development, much larger than the existing community and Tasmanian Planning Commission planning scheme for the local area allowed. It was a very controversial development. It still has not turned a sod and you would be aware of where that project is up to which is going nowhere clear at the moment.

My question is about the hospitality training centre. There has been a number of attempts over the years for the Government to get something like that partnership going. TasTAFE was thrown I think \$200 000 and it did not result in any money. There was nothing from Drysdale. It looks like the University of Tasmania, although theoretically interested, has no prospect in the coming years to make any sort of extension into that area.

Where is hospitality training in Tasmania and what do you say to people on the eastern shore who have this project hanging over their head?

Ms COURTNEY - The training of our hospitality sector is really important in Tasmania. As I have outlined in a previous question we have a lot of support across a range of different agencies to support training within the hospitality sector.

Regarding the aspiration to grow that even more, we have committed \$1 million in the Budget over two years to support the establishment of a new not-for-profit industry registered training organisation. This is led by industry and the RTO will help build specific skills to meet the demand of emerging markets, including where training is not currently available and it will provide training and experiences differently to reflect a post-COVID-19 environment. It will create new pathways and improve access and employment opportunities for Tasmanians living in regional areas, as well as help for businesses and industries to grow.

From apprentices to front of house staff, to chefs and restaurant managers, we want Tasmanians to have a wide range of training choices tied to meaningful and sustainable career pathways.

The Tasmanian Government already has a record of significant investment into building and training and workforce capabilities of the hospitality sector with our commitment of \$6.8 million over four years to the THA. Informed by these peak bodies - the THA and the TICT - the new RTO will complement private training providers and TasTAFE's Drysdale arm to expand this market. The new RTO will focus on areas that Drysdale does not deliver, such as industry informed non-accredited training with training programs. To support the investment in skills and workforce development the tourist and hospitality workforce advisory committee is currently being established, with representatives from THA and the TICT as well. This will align the tourism industry and other key sectors to ensure they are providing advice to Government through the model that works well for them.

At the same time our support for TasTAFE's Drysdale arm is clear. We have invested \$6.7 million since we came to Government. This has included a range of initiatives from Devonport to Hobart, making sure that we have support in a range of locations.

Dr WOODRUFF - Minister, other than giving money to some very large Liberal Party donors to do some work which may or may not be related to this, it's a very big step down from the proposal that was on the table in 2017 when Shandong Chambroad was putting that development through Clarence City Council. Can I take it from what you have said that there is now no commitment for the State Government to be involved in any capacity in a partnership arrangement for hospitality training with Shandong Chambroad? If that is the case can you let the community and the eastern shore understand that information. They would appreciate knowing what the big development that is proposed is really going to be doing.

Ms COURTNEY - I am not going to comment on that development. What I am commenting on is the support that the Government has been and is currently providing for the hospitality sector. It is really important that we have pathways for training. I know the minister responsible for education and training, Mr Rockliff, can expand on the programs that are available under this portfolio responsibility. In our COVID-19 response, providing more training and support to different sectors is a critical part of that.

I personally feel very strongly that we have good support mechanisms for our young people to be able to transition into meaningful careers in hospitality. We have a good opportunity here. Historically and pre-COVID-19, many businesses in the hospitality sector were struggling to get the trained staff they needed to support their businesses. I have a lot of confidence in the hospitality sector into the future.

COVID-19 has been an extraordinary challenge but we have innovative businesses, we have operators who love what they do, and we want to ensure that while we are providing the support right now - such as the \$10 million in the Budget to support grants for businesses to assist them with their energy costs - we are also focused on the future, and ensuring we are responding to their training needs appropriately as we move through a recovery from COVID-19 and into the strong future the hospitality sector will have.

Ms DOW - My question goes to this further. You made note of the fact that a lot of regional hospitality businesses relied heavily on backpackers or visa workers to fill their workforce, particularly chefs. I know that is the case on the west coast and Circular Head. You have identified you will be working with the THA around this new RTO that we will be looking at, providing skills and training across regional Tasmania. What is happening right now to ensure those opportunities are being made available locally in those communities?

Right now, there is a real issue with a skill shortage which is limiting a lot of businesses from opening. That then has a flow-on when people are using their vouchers to travel around the state. They get to certain towns around the state and there is nothing open to have a meal. They can stay there but there is probably only restaurant open and it has been relayed to me that a lot of that is related to the fact that they cannot get skilled staff. It is an immediate issue that needs addressing. I would like to understand what immediate action is being taken by the Government.

Ms COURTNEY - As I said in the previous answer, challenges around recruitment in hospitality were in existence pre-COVID-19. Through the committing of this funding to the RTO, we are looking at how we assist with that.

The Government did provide substantial support to visa holders. This grant round was not administered through my ministerial responsibilities so I will not go into the detail of it, it was under another minister. But as Hospitality minister, I had a number of representations from small hospitality businesses who are working hard to keep their chefs, who were often from overseas, and other people. I understand that my advice and my understanding was welcomed and was very helpful to be able to be to help the retention of those.

As we move forward, we will continue to work, particularly through Jeremy and his portfolio, around the mechanisms that are already stood up through TasTAFE, through the additional support that is provided in this Budget for additional training across a range of sectors.

I also note that many of the initiatives that have been stood up in other portfolio areas around support for people to employ apprentices and young people, are now spread across a wider range of industries. The Government has direct support available there to help make it easier for businesses to employ young people and apprentices. We will continue to work proactively with Drysdale and we look forward to getting this RTO that has been proposed by the THA and the TICT stood up as quickly as possible.

Ms DOW - What is the time frame for the RTO?

Ms COURTNEY - We have funding allocated across the Budget for this year and next year. We are currently working with them on the model and the governance, I think that would be the correct way to answer that.

Mr EVANS - The establishment of the RTO and the direct response is the responsibility of the Tourism and Hospitality industries directly. We are in the process of negotiating a grant deed with them but I do know they have moved already and they are already in the process of establishing the corporate entity and the board to oversee the funding to establish an RTO.

Ms DOW - Support for regional and hospitality businesses and was within the THA action plan they identified the fact a lot of regional - particularly accommodation - businesses rely on corporate travel during the week and government business enterprises and government departments make up a significant component. There was a recommendation those entities be encouraged to get back out into the regions and support those businesses. Can you provide an update on whether that has been an instruction of Government to do that? Where is that at? What initiative has been put in place to try to increase Government support to those businesses?

Ms COURTNEY - I recognise the importance of being able to have government support those organisations with regards to the different areas of my responsibility. The fact there are still many things undertaken via Skype, Zoom or WebEx at the moment, so there are understandable challenges. I have personally looked in my portfolio areas of how events or things can be out of office. Engaging a meeting room at a facility or something like that the departments can look into. Then that would then determined by secretary heads but there are good opportunities for us to see what we can do.

Mr TUCKER - Minister, as a result of COVID-19 gathering restrictions Tasmania's hospitality businesses were forced to shut down early in the pandemic and are still operating under restrictions that impact their trade. What measures has the Tasmanian Government taken to support the industry to ensure it can remain viable and recover?

Ms COURTNEY - Like all jurisdictions, not just in Australia but also overseas hospitality, has felt the full force of the gathering restrictions we have seen across the globe with regards to COVID-19. We saw bars, crowded cafes, restaurants shut down and many of them overnight. Prior to COVID-19 Tasmania's hospitality industry was thriving, delivering \$744 million to the state growth product, investing \$480 million dollars into Tasmania each year through salaries, which is why this government moved quickly to provide this sector with as much support as we could. The Tasmanian Government Social and Economic Support Packages have delivered over \$24 million dollars across our Small Business Emergency and Hardship Programs to the hospitality and tourism businesses. There has been \$2.5 million dollars distributed to around 500 businesses as part of the Small Business Sustainability and Recovery Grant Program and \$19 million dollars through the Business Growth Loan Scheme.

Building on this we provide waivers to payroll tax and gaming license fees in the 2019-20 financial year, which have delivered savings for them of over \$13 million dollars. Through our partnership with the THA and the TICT we provided \$300 000 to provide business continuity and cash flow advice to Tasmanian and hospitality businesses right across Tasmania.

Other support we have provided included utility and Government fee relief, online business support, assistance for temporary visa holders and a range of skill based initiatives. Combined this delivers more support to hospitality and tourism business than any other sector. In record time, we saw the \$12.5 million dollar Make Yourself at Home travel initiative being welcomed by both the tourism and hospitality industry.

We have worked with Tourism Tasmania and the Tasmanian Hospitality Association to roll out the Welcome Back campaign to encourage Tasmania's to get out and support their local venues when our borders have been closed historically. We acknowledge there is a long way to go for this industry. This is why the 2020-21 state Budget is delivering further support. I have mentioned the \$10 million dollar funding to help support businesses with energy rebates.

Within the Budget there is \$1 million for waiver of annual liquor licensing fees for 2021. We have the \$1 million for the registered training organisations we have discussed. Government businesses will also be able to benefit from the \$22 million invested to drive job creation for apprentices, trainees and youth employment, which includes payroll tax rebates and the extension of a targeted apprentice and trainee grant for small businesses until June 2021. The breadth of support we have provided to the hospitality industry has been significant. We will continue to work with the industry as they continue to operate in what is a restricted time.

Ms WHITE - Minister, I wanted to talk about the support for the hospitality sector when we were having essential workers come into the state, which is presumably something we need to prepare for again if required in the future. The frustration from the hospitality sector, particularly the hotel accommodation providers was somebody show up to check in and they would be from Victoria or a hot spot, granted an exemption from quarantine and nobody at the hotel or accommodation provider had been made aware prior that person was arriving. What protocols or procedures are you going to put in place to make sure that does not continue to

happen, should we have further outbreaks across the country where essential workers are required to come into the state and granted exemption from quarantine? It put extraordinary stress on those venues, but also potentially put their staff at risk.

I am aware of some instances where cleaning staff, for instance, who were scheduled to clean some of those rooms had just recovered from cancer, they were very vulnerable, but still had to go to work every day. I wanted to raise that because it is about preparedness should there be other outbreaks where we will see this same situation occur.

Ms COURTNEY - Thank you, Ms White, I really appreciate the question. We know with regard to the exemptions in place, depending on what level of restriction the jurisdiction is currently allocated from public health, that we do have workers coming in from time to time. There are protocols in place for those workers for what happens when they arrive in Tasmania and screening processes. There are also rules in place for those people how they must conduct themselves when they are here. They are all informed by public health advice. As we move forward, if there are further things we need to do to be able to support industry, we can look towards that.

Ms WHITE - This is primarily to do with communications. When a State Control Centre at that time had granted an exemption from quarantine, the provider of the accommodation just was not told. They did not know until someone showed up.

Ms COURTNEY - Obviously these exemptions are made through the State Control Centre, then although public health obviously provides advice into the criteria of restrictions, the determination around that borders is ultimately up to the state controller. I will take those remarks on board.

Ms WHITE - Further to that, the provision of PPE was something that was brought up with us as a concern, particularly in those environments where you did have people granted exemption from quarantine staying in a venue, cleaners cleaning rooms. The question was raised about who was responsible for providing the PPE and who provides the training and the donning and doffing? It is obviously very important to get that right. It is not just about providing hand sanitiser, it is actually about managing the linen and all the other responsibilities those venues have. What protocols are you putting in place - they were not very good ones previously - but what protocols are you going to put in place - it is about communication again, so those providers feel confident their staff are going to be safe.

Ms COURTNEY - With regard to the protocols we already do have in place and the requirements for these workers when they do come to Tasmania, and I note it is a small cohort, we want to make sure that there is -

Ms WHITE - There were hundreds of them.

Ms COURTNEY - With regard to the cohorts that do come in, to the screening process and to the restrictions they have while they are here, that is always informed by public health. In response to your previous question, I am happy to take that feedback and provide that to the Director of Public Health regarding the advice he provides on management of travellers under different conditions and the way in which they travel to Tasmania.

Ms WHITE - I am surprised. I am presuming you have heard this before, because this is something that has been raised with us, particularly by the peak body, the THA, on behalf of their members, and I know they have regular meetings with you. It is very hard for me to believe that this has not been raised with Public Health prior to now.

Ms COURTNEY - With regard to the rules that are in place for travellers when they come to Tasmania, whether they are an essential traveller or not, there are a range of protocols that are informed by Public Health that obviously have to do with their screening processes as they come into Tasmania. It has to do with how they behave when they are here. Indeed, it goes to their personal PPE usage, and what they do within the community. We want to at all times minimise the risk for all Tasmanians from travellers when they come to our state.

As with all areas of public health, we continue to review the advice and the guidelines we have, to make sure it always reflects best practice. With the hospitality sector, we have had significant positive engagement with the THA on a number of different areas relating to COVID-19 risk management across the community, and indeed their members.

We will continue to have that engagement to ensure that the THA, and their members in particular, have the information that they need.

Ms WHITE - It is about communication, and it is not just about communicating back to Public Health. It is actually fixing some of those breakdowns in communication to the venues themselves if they are dealing with essential travellers.

Presumably there are people still coming into this state, particularly from Victoria, who are granted exemption from quarantine as essential travellers. I haven't checked the website today, but this is something that does need to be fixed now - so, not just talking to Public Health about it. Perhaps it needs to be dealt with through biosecurity as well, for the way the Tas app is managed, and how that is connected into wherever that person's accommodation provider is.

Ms COURTNEY - We have the G2G app as the mechanism for travellers who arrive from those high-risk jurisdictions. That is managed through the SCC to ensure that they have the information they need and that the approval is provided. The SCC and State Controller are ultimately responsible for the people that are granted through that mechanism and, indeed, any conditions that are placed on them. That is done through advice from various agencies, depending on the industry the person is involved in. That information is managed through the SCC. The State Controller is the mechanism where those decisions are managed, and ultimately that decision is for the State Controller.

Ms WHITE - Is there a way, then, for the State Controller to share that information with the accommodation provider, so they have advance notice of somebody who is going to be staying with them who is coming from a hotspot?

Ms COURTNEY - I am happy to raise that with the State Controller.

Ms WHITE - I appreciate that. Thank you.

Ms DOW - I just wanted to understand the mental health funding that was provided by the Government to the THA. It was a request for \$4 million [?] in their action plan. Of the

currently available mental health funding, and all of the support services, was any directly provided to the THA, or is that their own initiative, or -

Ms COURTNEY - We are actually working with a small number of the peak bodies that have been most impacted on how we can offer the support to their members, so within the envelope we obviously provided funding to Lifeline to be able to set up their program that we went through. We also provided funding to the Mental Health Council. There is also funding earmarked to work with a small number of peak sectors of those industries that have been most impacted.

I acknowledge that's beneficial, because often those sectors already have programs in place that particularly speak to their membership base, so being able to leverage what they already have is a useful way to be able to do that.

I am also conscious that different industries have quite different concerns and needs, so we need to be very mindful of providing that support to the industries that can have the best way to communicate with their members, and they are very well placed. From speaking to representatives from peak bodies, I know how important support is around mental health for their members. It has been a very difficult time for many of those peak bodies.

CHAIR - Thank you, we will call a halt there and switch over to the Women's portfolio, if we could do that as quickly as possible.

DIVISION 2

Department of Communities Tasmania

Ms COURTNEY - I will skip through it very quickly. At the table with me, for the purposes of Hansard - to my left we have Michael Pervan, Secretary of the Department of Communities; to my right, Kate Kent, Deputy Secretary of Communities, Sport and Recreation; and at the end we have Courtney Hurworth, Acting Manager, Policy and Programs at Communities, Sport and Recreation.

The Tasmanian Government is committed to creating a more inclusive Tasmania that empowers and enables women and girls to fully participate in our economic, social, political and community life. I would like to place on the record the thanks of my predecessor, Jacqui Petrusma, who I know felt very strongly about this portfolio and continues to work hard in this area. Over the past five years of the Women on Boards Strategy, we have seen a significant increase in the number of women on Tasmanian boards. On 30 June this year, the percentage of board positions held by women was 46.4 per cent. That is an increase of 37 per cent in the ratio of women board members, and an increase of 12.6 percentage points in the number of board positions held by women since 2015.

The ratio of women in paid positions is even higher, at 49.4 per cent. This is a remarkable achievement, and our new strategy, which I launched yesterday, will continue this momentum as we continue our progress. I would like to also acknowledge the former premier, Will Hodgman, on elevating Women to a ministerial portfolio, ensuring that it has an important place in government. Over the past six years, with regard to our achievements within the public service, we have exceeded the target of 40 per cent of women in the senior executive of the

State Service, and as at 30 June, 45.78 per cent of senior executive positions were held by women.

I also acknowledge the women who are on the Tasmanian Women's Council and thank past chair, Annette Rockliff, as well as retiring members for the work that they have done.

As we look towards the future we know that greater workforce participation is important, particularly in our regional communities around Tasmania. That is why this Budget has \$2.5 million over the next two years in a statewide program to support women to participate more broadly in our economy, including in sectors where women are traditionally underrepresented.

We are also investing a further \$400 000 over two years to enhance industry liaison and develop leadership pipelines for women. We are also continuing to work with peak bodies with regard to our scholarships. Our Leadership Scholarships since 2015 have been awarded to 81 women around Tasmania.

I might leave it there, given the time and the fact that we only have half an hour for this. However, hopefully throughout this ministerial responsibility I will have a chance to outline some of the other initiatives we are doing in this field.

Ms O'BYRNE - Minister, my first question comes as no surprise. It has been my first question at the last couple of women's portfolio examinations as well

Ms COURTNEY - It is my first time in this portfolio.

Ms O'BYRNE - I am sure the department read it. Point 4.5 in output group 4 says that -

This output group contributes to the development of policies that [a number of things but including] increase health and wellbeing for Tasmanian women.

Reproductive health services are a women's health issue. Are women able to access publicly funded terminations in Tasmania? What's the progress of the service that your Government promised to set up with Hampton Clinic in 2018, including its commencement time?

Ms COURTNEY - I am happy to provide an answer on women's access for reproductive services.

Access to terminations has been something the Government has continued to work with. It's an important service and it's important for women to be able to have access to reproductive services. Via the Women's Health Fund and the Youth Health Fund we have provided funding to assist women to access contraception and termination care outside the public system. This includes access to both medical and surgical terminations as well as long-acting reversible contraceptions. This is an area in which we continue to work very closely with many of the NGO's. They have a really important role in communicating and supporting women to be able to access a range of different services.

As the Minister for Women and the Minister for Health I am committed to ensuring women have access to these services. They're very important services for women. I want not only for women to be able to access them but feel supported when accessing those services.

I acknowledge, at times, when women are accessing this it can be an incredibly stressful and traumatic time of their lives. I want to make sure that we are supporting them to get the service they need that's right for them and the support they need around those services.

Ms O'BYRNE - Can I confirm that all you've managed to do is to continue the ongoing funding that existed, where services were provided with money to assist people for access and transport but you have yet to ensure that the commitment given to the parliament for a clinic for termination services is provided? At the moment we're operating off the goodwill of a handful of doctors in the private sector who are still charging a round of money that is not affordable for everyone else - \$375 is still a fair amount of money to find. It's still only in the south and for women to navigate this is very difficult.

Are you genuinely going to provide termination access by providing it in the public service and delivering on the commitment your Government made to the parliament for a stand-alone clinic?

Ms COURTNEY - Regarding the provision of services and a new service being established, it would have been better had this been brought up under my portfolio as Minister for Health. There were negotiations by that portfolio with that service provider. The negotiations were commenced prior to me being minister for that portfolio. That would be the correct area for me to get the departmental advice on those negotiations. It's important that these services are provided for Tasmanian women. I feel very strongly about that and we're continuing to work with service providers to ensure that that access can be provided for women.

Ms O'BYRNE - Feeling strong is one thing, delivering is another given the short time line. I can move onto another issue. I'm happy to take another question.

Ms O'CONNOR - I listened really carefully to your answer and you clearly do feel very strongly about the right of women to access safe, legal reproductive services. I couldn't discern from your answer where that left the commitment to a stand-alone service. Do you have some information you can provide on that? Is it possible to draw on your knowledge from the Health portfolio as well as talk about access?

Ms COURTNEY - I have regular discussions with the department about this. Regular engagement is undertaken at senior levels in the department with providers to ensure that women can access the services and support they need. The information around services is challenging. That's an important area for us to do work in.

This year has thrown extraordinary challenges on the health system with regards to provision and services. Throughout COVID-19 termination services were categorised as urgent or category one urgent services so they were able to continue throughout COVID-19 and that's important. We continue to engage in ways that we can improve further access. I acknowledge that for women, particularly in regional areas or areas where services aren't provided, it can be a challenge. That's why we continue to provide the support for women to be able to get to the service as well as having the service that they need. We'll continue to work with providers and see how we can further strengthen that.

Ms O'CONNOR - I'm still not clear about whether there will end up being a stand-alone service, or if we'll end up with an amalgam of the available services under the one service envelope. As Ms O'Byrne was saying, there are some private providers who provide a service. Is there going to be a stand-alone facility, do you think?

Ms COURTNEY - I can't provide the committee with advice on what the service provision might look like. We continue to have conversations with providers in different areas around the state. Having access to terminations, both the surgical and medical, and access to support is important for people in different locations. We are a regionally dispersed place. It is also really important that we have the support mechanisms to support women pre and post. We're working hard to also make sure - in terms of provision of information more broadly - that we have strong pipelines of information with GPs on referral pathways as well. That's really important, to make sure that GPs feel empowered, that they've got the information to be able to provide women. We're continuing to do work in this space.

Without the deputy secretary that I'm thinking of sitting beside me to provide any further information, I can't at the moment. It is an area I feel strongly about. It's important for women to be able to have access to services, have the support, and, as I said at the beginning, have the information and be able to find the information in a way that's easily accessible and digestible in what can be an extraordinarily traumatic and stressful period. We know there are a range of different circumstances that women are in and the range of circumstances is extraordinarily broad. To try to typecast them would be incorrect and would be disrespectful but it's important that we've got those mechanisms to support them.

Ms O'BYRNE - On the same theme, minister, there was a recent report that identified that access to services, information about services and the capacity of GPs to appropriately refer was sketchy at best. That hasn't changed much. In the absence of the standalone facility we were promised, in the absence of a holistic care plan, why will you not even temporarily just commit to public provision because that's the simplest and easiest way until we can get exactly what we would all like to see which is a proper facility with wraparound services dealing with all of reproductive health. In the absence of that, why not just say, yes, we will make them fully accessible in the public system?

Ms COURTNEY - With regard to the provision of services, the Department of Health through a range of providers - I've named a few of them we've got the Women's Health Fund as well as the Youth Health Fund - provide advice, support and access to those services and we will continue to work and I will continue to work on how we can ensure that we have the breadth that we need, the location and support across those.

We are also continuing to work on the provision of information and I acknowledge that is an area where we can do more. It is important not just for a woman, her people around her who are supporting her, to be able to find information that is accurate, timely and able to provide them with the breadth of support. I'm very conscious that we need to ensure that women have got the support they need around decision-making around this as well because these are enormous decisions for a woman to make in a very stressful period of time and so making sure that she is supported around that decision-making is really important.

Ms O'BYRNE - I've got a question on another matter, if you're not on this one any more.

The only measurable performance target identified in the budget papers is a target of 50 per cent women on government boards or committees. Now, that has not been met. It has been the target for the last few years; it hasn't been met. A few years ago, the data we were given indicated an increase in women, but that actually meant a bloke had resigned and not been replaced and that had kind of fudged the figures a bit. In June 2019 there were 46 per cent, in June 2020, 46.4. Can you give me, because it's -

Ms COURTNEY - Sorry, which are those percentages that you're quoting?

Ms O'BYRNE - 46.4 is the figure you were announcing yesterday.

Ms COURTNEY - For the women on boards and committees?

Ms O'BYRNE - Yes, women on boards of committees. It was 46 last year. The data that you released yesterday doesn't have the breakdown of all the boards and committees by head-count which is something that we have in every other year, so can you provide that, or is that something you want me to put on notice?

Ms COURTNEY - No, I can provide that through different -

Ms O'BYRNE - What we normally get is percentage of board positions and actual head-count in each department and statutory board in GBEs and state-owned companies. That wasn't provided in the document released yesterday.

Ms COURTNEY - Okay. I can go through that. With regard to women, the fact we have seen such a substantial increase in the percentage in our time in government is something that should be celebrated. Through the strategy I released yesterday, not only are we going to continue to focus on government boards and committees, but how we can extend that more broadly to a range of different areas. I know we have many thriving industries in Tasmania that tend to have more male representation. I am also conscious if we then look at our government boards and committees they tend to be in the same types of sectors where we have had challenges on getting higher female representation.

What we are doing is looking to work with industry. We have money in the budget that I talked about, but how we can partner with industries because if we are increasing the capacity of those women for leadership opportunities it is obviously hugely beneficial for those industries. It encourages more women to access those pathways but also it means we are helping support those female leaders that then can also in the future take roles in these government positions. We have got lots of bits of different bits of data -

Ms O'BYRNE - Do you want it on notice?

Ms COURTNEY - No, I will work through it. Would you like the number of men and women on each of the boards?

Ms O'BYRNE - Normally we do get that, yes.

Ms COURTNEY - I can go through the GBEs and state and organisations.

Ms O'BYRNE - Yes. It would be easier for you to table it and then you could get another question.

Ms COURTNEY - I will table it.

Ms O'BYRNE - Do you something formal?

Ms COURTNEY - If you put it on notice I am happy to provide that information.

Ms O'BYRNE - Can I ask quickly then, the supporting industry payments for women that you have spoken about already, the \$400 000, do you have a target for women taking up apprenticeships under the program?

Ms COURTNEY - The \$400 000 is in industry liaison.

Ms O'BYRNE - What would be a successful outcome of that investment?

Ms COURTNEY - Regarding funding that is provided within the budget, once we have established the role within that to be able to support it, we will work with industries on what targets we need to look at with specific industries. I am conscious that there is a fair bit of diversity across some sectors in terms of amount of female participation and also what the barriers in opportunities are. I am also conscious that some industries, because of the nature of their industry, have much greater capacity within their industry organisations to be able to deliver support for women within their sector.

If you look across a range of those male-dominated industries, there is a different level of expertise or support they have to be able to provide mechanisms within their sectors. Through this funding we are going to work with a range of different industries on how we can target outcomes best for those industries, noting outcomes for different industries might vary, depending on the industry and their particular circumstances.

I am really pleased we have this funding. I have talked to these sectors around the importance of this for a long time. Prior to being minister for Women, I had building and construction, resources, primary industries. I know there is an enormous amount of genuine leadership and goodwill at the senior levels of the peak bodies. I know there is keenness to engage. I know there is a keenness to be able to work with government on our learnings, so being able to have this resourcing to be able to implement initiatives is exciting and I am glad we have this funding in the budget for it.

Ms O'CONNOR - Minister, you weren't the minister at the last celebration to honour outstanding Tasmanian women and we know how important the Honour Roll for Tasmanian women is to acknowledge the great women who are such an important part of our community.

I'm interested in exploring whether there is going to be an effort to avoid the debacle of the last honour roll, when there were two outstanding nominees, one of whom was Christine Milne, former Australian Greens leader and former vice chair of the International Union for the Conservation of Nature, and the other was former attorney-general the late Vanessa Goodwin, who also missed out on nomination for the honour roll, both of whom at face value are extremely deserving. At the same time, a very well-paid, very senior public

servant was inducted onto the honour roll for doing her job. Can you reassure the committee that the process for this year's honour roll will be substantially improved?

Ms COURTNEY - With regard to the process that is undertaken in the department, I will ask either the secretary or deputy secretary to go to that detail because that doesn't happen in my office. A few things we have done this year that are really important is we've refocused the selection criteria. We've simplified the past criteria to ensure we are capturing the information we need. We've developed guidelines to support the applications including information on who can be nominated and how, ensuring that the information provided provides the panel with the information it needs to make a decision. It's my understanding that there has been historically a very wide range in the type of information that is provided and I think that can provide some challenges for the committee with regard to how they do that.

We have an updated nomination form with additional information for completion, including the topics to address as well as suggested word limits to try to provide consistency in the type of information being used by the panel, and the requirement for at least one referee report using a referee report template. In terms of the actual process that has been undertaken, I will get Kate Kent to talk to that.

Ms O'CONNOR - I understand the process in broad terms because I was the minister once. I want to be really sure that the process this year won't exclude people who potentially should be on the honour roll.

Ms COURTNEY - We won't need to go through it but I have confidence that the refreshed guidelines and material that's provided will provide the panel with the information they need to be able to make the best decisions. I can't comment on what those outcomes will be.

Ms O'CONNOR - They make recommendations to you, though.

Ms COURTNEY - I've not received those, so I can't comment on them.

Ms O'BYRNE - You don't sit on that panel do you, minister?

Ms COURTNEY - No, I don't.

Ms O'CONNOR - I don't need any extra information, Ms Kent, beyond just to flag our concern about the last process and desire for this one not to be the same.

Ms O'BYRNE - Minister, during COVID-19 the Government acted to support public sector employees who were casuals or in insecure work to provide additional support for them. I'm assuming that would have harvested some data on the amount of women who work in the public service who might be in casual and insecure work because they obviously then required assistance. Are you able to give us that kind of data?

Ms COURTNEY - I imagine that information would have to be requested through the output group for the Premier which would include DPAC and the SSMI. That's not collated within Communities Tasmania.

Ms O'BYRNE - But as Minister for Women you would have an interest in that response to the burden that's fallen on women as a result of COVID-19.

Ms COURTNEY - We know COVID has had an extraordinary impact on many Tasmanians and there's been a disproportionate impact on a range of factors including industries that people have worked in and the structure of their employment beforehand. For some people it was when they started their job with regard to some of the federal government support -

Ms O'BYRNE - I'm particularly interested given the nature of this portfolio of Women.

Ms COURTNEY - With regard to work the Government has done, we are looking at how we can provide significantly more training through a range of portfolios. In this Budget as well as the \$400 000, we have significant investment to support engagement with industry so that women can have pathways into these other industries as well. With regard to the state Government response and those data sets, that would be best asked of the secretary of DPAC.

Ms O'BYRNE - Other than the support for women into trades, the \$400 000 that was identified in the Budget, what other actions have taken place or been driven by the Women's Policy Unit to ensure that women are supported or that we deal with some of the structural inequities that have led to women being so disproportionately impacted by COVID-19?

Ms COURTNEY - My predecessor, Jacqui Petrusma, launched the Financial Security for Women Action Plan which outlined a number of actions and I can go through the detail of what is contained within those. We are also looking to ensure that through the leadership and participation action plan that is currently being developed as well as the other policies we have within government, we are looking at a broad range of ways that we can increase participation. It is important that we look at how we can also provide that support in a decentralised way and indeed the Women on Soard strategy talks about the work being done through SSMO around using the support mechanisms they have in place across regional areas.

The leadership and participation plan which is underneath our Women's Strategy will be released early next year. We have been working within government but also seeking advice from the Women's Council on what we need to do to further embed those learnings.

Ms O'BYRNE - Have you done an analysis of the impact on women in Tasmania as minister?

Ms COURTNEY - With regard to the impact on women there is a range of statistics I can go through that are provided from the ABS of key labour figures. What we have done in government, as has been outlined in a previous session, is we have substantial support with regard to leave for staff across different areas of government so that particularly during a pandemic they can be supported to take the leave they need to. As we move into our recovery phase we have seen a number of jobs return across different sectors. That has been substantial and as we move through this recovery we are looking at how we can further engage women across a range of different sectors.

CHAIR - Thank you, we will finish there and call forward any staff for the last output which is Strategic Growth.

DIVISION 9 -

(Department of Premier and Cabinet)

CHAIR - As with the last one, minister, we only have half an hour so a brief opening statement, please.

Ms COURTNEY - Unfortunately the secretary of the Department of Premier and Cabinet, Ms Gale, has been detained in another Estimates hearing. I have with me today Alice Holeywell-Jones, executive director of strategy and engagement.

The Tasmanian Government has a plan to rebuild a stronger Tasmania with the 2020-21 Budget focused on bolstering confidence and creating jobs. Tasmania has experienced steady economic growth in recent years, even in light of COVID-19, but we must acknowledge that the benefits and opportunities of our growing economy are not always felt equally across all of our regions and communities. The Government's vision is to ensure all Tasmanians, no matter where they live or their background or circumstances have opportunities to participate in, and benefit from, Tasmania's growing economy.

Strategic Growth is a new portfolio and it is about unlocking the potential in our regions. It is about working with community groups, industry, local government - indeed all areas of our community - to plan for and enable opportunities for Tasmanian regions for Tasmanians. The elevation of the Strategic Growth initiative to a ministerial portfolio earlier this year is a reflection of the importance of the work the Government is doing. It is a portfolio I am really excited to be leading as we continue our task to deliver a positive future for every Tasmanian.

This Budget includes support for a range of Strategic Growth initiatives which invest in local communities to support resilience and economic and employment growth, as we continue to respond to and recover from the COVID-19 pandemic. We know Tasmanians in some regions face significant social, health, and wellbeing barriers to employment. We have committed funding of \$1.3 million over two years for the Glenorchy jobs hub to assist local business owners to meet their workforce demands and help jobseekers into employment. The jobs hub will provide significant opportunities for Glenorchy residents and businesses, and the potential to support positive change in the region through this project is very exciting.

The Budget also includes continued funding for the Sorell jobs hub with \$950 000 to extend this project for a further two years, ensuring this successful program can continue to deliver services assisting local job seekers in employment in south-east Tasmania. We are also investing \$470 000 over two years to support the Hamlet Employability Program, which provides practical work experience and job readiness training in hospitality to Tasmanians facing multiple barriers to accessing education, training and employment.

We are committed to ensuring Tasmanians have the right education, training and opportunity to meet the future skill needs of employers. This is why we have also invested \$420 000 over two years towards Workskill Inc. Troublesmiths Employment program. This is a unique social enterprise-based work experience, coaching and job placement program focused on assisting Tasmanians aged 15 to 24 into long term employment. In 2020-21, a further \$1.4 million is provided for strategic growth employment partnerships under the COVID-19 provision funding, so we can provide support for locally led solutions to employment challenges and regional disadvantage while supporting recovery.

I take confidence in the fact that the work we are doing is in line with the recommendation in the PESRAC interim report, and I look forward to continuing our work with our communities as we recover from COVID-19. I want to mention that this is in addition to the ongoing community-led projects under way in George Town. Strategic Growth projects like this are helping to create pathways for employment for more Tasmanians, and this budget is going to help deliver that.

I look forward to questions, thanks, Chair.

Ms DOW - Minister, has a framework for the Strategic Growth initiative been developed?

Ms COURTNEY - Regarding Strategic Growth, the need within the community has evolved significantly since January when I became minister. The economic environment and the challenges and opportunities facing different communities has evolved quite significantly throughout COVID-19. We have continued to look at and work with the partnerships that we have already made through the additional funding that is provided in this Budget. We are also looking to implement the outcomes of the PESRAC recommendation. It is important with all the initiatives that we look at through the Strategic Growth portfolio, that we are making sure that they are community led.

We have seen a lot of the successes through those models, and I think the south-east hub is a good one. It has shown that the success of the programs, projects and initiatives is predicated on engagement with local businesses - having local champions who can help not only drive the effectiveness of the Strategic Growth outcomes but can also create those connections within a community.

As we move forward we continue to work with a range of different service providers as well as engaging with different organisations to ensure that those can be delivered.

Ms DOW - In your media release in February this year- and I note things have changed substantially since then - but outlined in that was the intention to form an advisory group around this initiative. Has that happened?

Ms COURTNEY - We had commenced standing up the advisory group. We have had an initial meeting but since that time two members of that advisory group have been accepted to be on the PESRAC Advisory Council. Given the fact that two of the three members are working closely through government through that with response to COVID-19, the decision was made to effectively put that advisory mechanism on hold.

As we have seen, we have the funding through this Budget that will allow us to respond to some of the initiatives that are in the PESRAC recommendations. I have spoken with the Premier about that, given PESRAC was stood up and many of the ideas and experience that these members have is being harnessed by government through that, in what is obviously a much broader response than strategic growth.

As PESRAC continues, we have more work being done by them and more initiatives being developed by them. I have an expectation that we would also look to PESRAC in regard to advice for this portfolio as some of the initiatives that we are looking to be able to implement.

As we go down the track with regard to PESRAC, post-PESRAC and post-recovery, we would look to see the appropriateness of what advice would be required.

We are continuing to engage with many of the organisations and the community groups and councils that I have named in those areas. That local engagement is really important.

For the purposes of Hansard, the secretary of the Department of Premier and Cabinet, Jenny Gale, has joined us.

Having that local engagement, having those ideas come up from the ground and having ownership from the local community is incredibly important. It does take time to get those models right. I am also very conscious that the models that we have seen funded through strategic growth so far and as we go forward, have to be unique for the community.

Each community will have a different challenge, and each community will have different types of opportunities because of the business sectors they have. So, coming with a kind of 'cookie-cutter' approach and plonking one here and one there is not going to get the benefits we want. We have seen the greatest benefits when we have buy-in from local leadership, local businesses and a lot of work goes into getting that - helping support the communities to be able to the model that is right.

If we look across the ones that I mentioned in my opening remarks - and I am sure that the department can go further into each of those if you would like - they each have strong models of local engagement and they are all quite different.

Dr WOODRUFF - Minister, I have come in a little late but I do not think you have any questions from us and I would be interested to understand what Strategic Growth is. We do not understand why Strategic Growth has a mandate for improving only social and economic outcomes across the state. I do not understand why it does not also aim to improve environmental outcomes across the state because, by your own writing about this mysterious portfolio, it is about investing in local communities to support local resilience.

Clearly, in a future where we are in a climate emergency, there is a biodiversity crisis. There are enormous environmental challenges. Why aren't we also investing in environmental outcomes that can benefit local communities, and create new industries?

Ms COURTNEY - I feel confident through the ministers responsible for environment and climate change, that they would be happy to outline the work that the Government has been doing and in the commitments that we have going forward.

Strategic Growth: the portfolio was stood up earlier in this year based on previous work that had been done. I won't read my opening statement again, which goes somewhat to explaining that. It is about ensuring that as many Tasmanians as possible can have access to the opportunities that are available here in Tasmania. Earlier in the year, we knew that the economy was very strong, and through this recovery we are seeing, I am very hopeful that we will return to that. I wanted to make sure that the benefits that we have in our growing economy, the participation within it, that people are able to access the opportunities to be able to participate.

There is a range of different impediments for people about why they can't participate in the economy. Some of these are regionally based, some of them are about age, gender, access to transport. There is a large range of factors that make it difficult for people to engage. We want to make sure that as many Tasmanians as possible have access to the opportunities that are available in Tasmania. We see that very keenly through each of these different projects.

The Sorell hub is looking at how we can provide those pathways into employment in that particular area. If we look at our investment into Hamlet and Troublesmiths, they are focused on a cohort of young people here in Hobart. I met some of these amazing kids. They have some complex challenges and adversity that they have to deal with. I am very hopeful that having the right support around them through those mechanisms will provide them with the pathway that they need. There is a large breadth in this portfolio in the type of support that involves.

Dr WOODRUFF - In similar fashion, minister, other departments are responsible for literacy and training and a whole lot of other social inclusion aspects. I don't understand why your portfolio isn't taking the opportunity to look at the transformations in some of these communities. Strategic Growth is looking at the changes in the future that are facing these communities. The biggest ones are the environmental transformation and the industry transformation. That will happen. Whether communities are prepared for it or are happy about or not, it will happen. We must transition out of native forest logging and look at new industries that are about rewilding and storing carbon.

This is a great opportunity for this portfolio to be looking at how we can transition communities, and have a plan for that. I don't see there is anything to be lost in doing that, do you?

Ms COURTNEY - This portfolio is about helping those Tasmanians who, for whatever reason - and there is often a broad range of reasons, and often the reasons are multifaceted - haven't had the opportunity to participate as fully as they would like, or be able to provide opportunities towards employment or training. We are working hard in this portfolio to look at the different types of challenges in different locations, working closely with communities. As I said in response to an earlier question, each of these different initiatives, takes time to develop. It is not a portfolio where we can simply rollout the same thing for a range of different towns.

We work very closely with communities to ensure that the model of engagement, the local governance that they have around their initiatives is appropriate. There is a lot of opportunity for this portfolio going forward. COVID-19 has been a very challenging year to be able to stand up many of these initiatives. With the enormous shock to the economy, it was a very difficult time to implement new things. However, saying that, we have continued to work very closely, particularly with Glenorchy, about the commitment that was made there. We are continuing to support Sorell and we have had positive community engagement with George Town. It is really exciting to see that they have now announced the three projects that they are going to implement in their local community.

We will continue to engage with a range of communities through the funding that has been provided in this Budget and through the recommendations from PESRAC. I look forward to providing further information and advice to the parliament and the community.

Ms DOW - Minister, I am aware that local government is not represented on PESRAC. I would have thought that local government would be a very important partner when it comes to strategic growth. In fact, a number of local government entities are involved in place-based initiatives, collective impact projects, right around the state. I want to understand how you intend to engage with local government through this initiative?

Ms COURTNEY - PESRAC is in the Premier's area of responsibility. The people the Premier asked to participate in PESRAC have a wide range of experiences. It is a relatively small number of individuals; it was not formed to have a specific 'hat' for each person. The people were chosen by the Premier based on the breadth of their experience. I know from looking at the people on PESRAC there is a broad range of experience there.

Local government plays a key role in our response to COVID-19, as well as other portfolios. We talked about the small business portfolio. The engagement that we have had across a lot of those regional chambers of commerce has also been echoed across the councils as well. I recognise that local government is providing a really important role.

Ms DOW - Are you working directly with them through this initiative?

Ms COURTNEY - We are working directly with a number of different councils. With regard to Glenorchy, we are working closely with them and with the George Town, a commitment was made to the council there. I commend the council on the work they have done on the FIG festival in George Town to stand this up. We are continuing to engage with a range of councils as we rollout these initiatives. I continue to meet with individual councils to discuss the needs in their communities.

Mr TUCKER - Minister, the Glenorchy Jobs Hub presents an exciting opportunity to apply the learnings of the Sorell employment hub into an urban and industrial setting. Can you please provide the committee with an update on the status of the Glenorchy Jobs Hub?

Ms COURTNEY - The Glenorchy Job Hub was announced early in the year. It is a \$1.3 million initiative to assist locals in capitalising on the employment opportunities there, particularly in that region. We have made a lot of progress. The council has commenced phase 1 of the project, with key focus areas being the recruitment of a workforce development coordinator, the development of a Glenorchy City workforce plan, as well as the establishment of a local community-owned and led steering committee to guide the development of a detailed action plan and phase 2 of the project.

As I mentioned earlier, ensuring that we have the right community leadership on these projects is incredibly important. My advice is that the council's expressions of interest process, which I saw advertised in the papers calling for applications from the community, received strong interest from a broad range of applicants. This is very exciting. We look forward to that steering committee being able to provide further leadership and governance for that organisation as it stands up.

Ms DOW - Minister, a number of years ago your government initiated the Jobs Action Package, in partnership with the TCCI and TasCOSS across the state. They were in the communities of the west coast, the Derwent Valley and the east coast. These are a similar type of model around local place-based solutions to pathways to employment and working to break down barriers to accessing employment and training and other opportunities for people,

particularly in regional Tasmania. Have those programs been evaluated by government and are you looking at that evaluation to then inform the further work of the strategic growth initiative?

Ms COURTNEY - With regard to those initiatives, they predated this portfolio. It was also not an area that my ministerial portfolios previously had covered. I will ask the secretary to provide some further information on those things.

Ms GALE - There is a formal evaluation being undertaken at the moment by the University of Tasmania but we don't have the outcomes of that back yet. There have been some interesting achievements, though, that we could report in relation to the jobs action partnership. For example, more than \$1.6 million was made available to community organisations and local projects. There were more than 840 employment and training-related outcomes, which included 240 job outcomes and over 600 training related outcomes for participants in those projects as part of the partnership.

There was the regional employment transport trial, better known as Jobs Bus, in the Derwent Valley and Sorell to transport jobseekers to employment opportunities, education and training or community services, which was a great boon in those areas where transport is often difficult for people who are job-seeking. The partnership also established Journey into Jobs, a jobseeker support program providing intensive case management and addressing barriers to employment for people in the Derwent Valley.

The anecdotally very successful south-east regional community employment hub on which the strategic growth Glenorchy hub is based has provided a physical space and outreach service to create a more networked community and increase engagement in the labour market. In that way we've taken the anecdotal evidence of the success of Sorell and translated that across to the work with the local community in the Glenorchy Jobs Hub prior to any formal evaluation being ready.

Similarly, we've worked to fund the West Coast Connect which expands social enterprise online retail sales and job-readiness activities across the region, and the Break O'Day Employment Connect Service was launched supporting local employment opportunities in the region. Those initiatives were really important. Whilst some of them are still ongoing - so the funding has been provided - we will continue to learn from them as we look at strategic growth projects.

Ms DOW - Is it the intention to continue funding those programs? How will they inform how you roll out the strategic growth initiative across the state? You've identified a couple of sites at Glenorchy and the further development of the Sorell Hub and ongoing funding, but is there any intention to work with local communities to identify other sites to roll it out in? I'm trying to understand what you hope to achieve and what sort of actions you will have and time frames?

Ms COURTNEY - With the additional funding we're being provided through this year's Budget we'll look at the best way to target that investment across different communities. We've had learnings from some of the initiatives that we've already rolled out. This Budget has some additional funding for Sorell in it as well to further embed what they have done and further support that going forward.

With the projects already being delivered we'll continue to monitor their success and look to whether further targets and support is required in those. For some of the projects I know part of what they are doing is transitioning to a pathway where government support is not required in the future, so we'll continue to work closely with them as they make those transitions. We have those other funding mechanisms such as Troublesmiths as well so we'll continue to work with other organisations that already exist within the community providing the support that provides outcomes that align with the Strategic Growth portfolio.

Dr WOODRUFF - Minister, a truly innovative and groundbreaking initiative is the Jobs Guarantee. The Greens alternative budget prioritised \$240 million - \$60 million a year - into a youth jobs guarantee as a first trial towards rolling out to the whole of Tasmania. It is a commitment to find employment for everybody, a meaningful job for those who want it. This sounds exactly the sort of thing that the Strategic Growth portfolio should be looking into. Do you have plans to look into it, especially after parliament agreed that the Government should do that work?

Ms COURTNEY - With regard to this Budget we have seen a commitment across all areas of government around jobs. With the challenges thrown up and the economic impact of COVID it's really important that we're creating opportunities. We have also seen significant support from both the state and federal government for businesses to continue keeping their staff on and I'd like to congratulate the federal government for the significant support they've provided a number of employers across not just Tasmania but across Australia to ensure that they can retain their staff.

If we look across this Budget there are initiatives within the infrastructure space around job creation. We have thousands of jobs set to be created through this year's Budget. In terms of the areas of my responsibility, I spoke to the previous one but I won't go into detail about the initiatives in this year's Budget to support women into jobs with regard to -

Dr WOODRUFF - Minister, this is a specific initiative. In addition to everything else in the Budget that you've funded, we've also funded \$240 million in our budget. Leaving the cost aside, is the Strategic Growth portfolio going to investigate that this year as a matter of priority because it's a great thing that could happen in Tasmania?

Ms COURTNEY - The budget papers outline the commitments that have been made. We'll be working with the funding that's been provided through the recommendations through PESRAC to follow implement and embed those. We're going to continue working with those service providers in those communities to make sure that support is provided.

Dr WOODRUFF - So you're not even going to look into it. You are kidding.

CHAIR - Dr Woodruff.

Dr WOODRUFF - This is something that parliament has directed the Government to investigate. Surely this is a top-order initiative for the Strategic Growth portfolio. If you do anything useful, this would be it.

Ms COURTNEY - I feel very confident that you can put that question to the Premier and Treasurer; that is the appropriate mechanism to do that.

Dr WOODRUFF - What do you do other than just have a couple of grants that you hand out?

Ms COURTNEY - I reject any assertion that some of the things in this are not useful. Having met some of the young people at Troublesmiths and seeing the pride they have, the skills they have learnt and the support they're being provided, I think it is incredibly important and it's disappointing that you don't recognise the significant impact this can make. I'm excited by the Glenorchy initiative and the partnerships that we've formed with council to be able to ensure we are giving not just young Tasmanians but all Tasmanians the opportunity to be able to participate in a meaningful way. This is a portfolio that is very important for Tasmanians.

CHAIR - Minister, the time for this hearing has expired. We've come to the end of the day, so I thank you very much for your time today, minister. We will have a list of questions that you've agreed to take on notice to you tomorrow. I will see the committee back here at 9 a.m. tomorrow morning.

Ms COURTNEY - I thank the department for the work they have done standing up this portfolio this year in what has been a very challenging climate.

The committee adjourned at 7.09 p.m.