WITNESS STATEMENT OF TERRY SYMONDS

Name:	**Terry Symonds**
Address:	50 Lonsdale Street, Melbourne, Vic, 3000
Occupation:	Deputy Secretary, Health and Wellbeing, Department of Health and Human Services
Date:	18 September 2020

1. I make this statement to the Board of Inquiry in response to **NTP-137,** the Notice to Produce a statement in writing (**Notice**). This statement has been prepared with the assistance of lawyers and Departmental officers.

2. This statement is true and correct to the best of my knowledge and belief. I make this statement based on matters within my knowledge and documents and records of the Department. I have also used and relied upon data and information produced or provided to me by officers within the Department.

Roles and Responsibilities

Question 1: Please describe your relevant professional experience and qualifications.

3. In July 2017, I commenced in the role of Deputy Secretary of the Health and Wellbeing Division in the Department of Health and Human Services. I have held a range of senior roles in the Department, including:

   (a) Deputy Secretary, Strategy and Planning Division (2015-2017);

   (b) Director, Performance, Acute Programs and Rural Health (2011-2014).

4. I have worked in health services and government health departments in Queensland and Victoria for more than 25 years. During this time, I have worked with non-government organisations, mental health services, and hospitals.

5. I studied at the University of Queensland where I obtained a Master of Health Studies, a Graduate Certificate in Health Promotion and Prevention, and a Bachelor of Arts.

Question 2: What is your role within the Department of Health and Human Services (the Department) and for what are you and your division ordinarily responsible?

6. I am the Deputy Secretary of the Health and Wellbeing Division within the Department.

7. The Health and Wellbeing Division is responsible for policy, strategy and the commissioning of services in primary healthcare (community-based services such as those provided in

community health centres or by general practitioners), secondary healthcare (assessment and care by a medical specialist, generally linked to a hospital) and tertiary healthcare (highly specialised hospital-based treatments such as neurosurgery, transplants and secure forensic mental health services).

8. The responsibilities of the Division include:

   (a) stewardship, funding, performance monitoring and system planning of public health, mental health and aged care services and ambulance services;

   (b) stewardship and commissioning of healthcare delivered by non-government organisations (for example maternal and child health services, community health, dental health, community mental health and alcohol and other drug services);

   (c) a range of strategic support and reform areas in digital health, health and medical research and international engagement;

   (d) a focus across all areas of the Division on advancing self-determination and improving outcomes for Aboriginal Victorians.

9. The branches in my Division include the following:

   (a) Health services policy and workforce;

   (b) Seniors, ageing and carers;

   (c) Community-based healthcare policy;

   (d) Mental health and alcohol and drugs;

   (e) International health;

   (f) Performance and improvement metro health and ambulance services;

   (g) Performance and improvement rural health;

   (h) Aged and community care and cancer services, and

   (i) Planning, funding and monitoring.

   The division also incorporates the teams of the Chief Digital Health Officer, Chief Aboriginal Health Advisor and the health reform group.

10. In the mission structure put in place for the State health emergency, my role was referred to as Scope Lead, Health System Response.[1] In this role, I continued to report to the Secretary to the Department (as I ordinarily would), who was referred to as the 'Mission Lead'. In relation to the COVID-19 pandemic response under that mission structure, the role of the Health and Wellbeing Division covered the broader health system response including:

    (a) health service readiness — such as system response to maintain essential service safety and access through peak demand, increasing public beds and ICU capacity, agreements with private hospitals, expansion of mental health and alcohol and other drugs support to respond to demand, and supporting continuity of care for non COVID-19 patients;

    (b) workforce readiness and support — such as developing targeted surge workforce strategies, attracting additional workforce, delivering training for key skills, promoting safe working practices, supporting workforce wellbeing (including with accommodation support when needed), and active engagement with unions; and

    (c) supply chain — such as developing strategies to ensure supply and distribution of appropriate personal protective equipment, critical hospital equipment and medicines, engaging with suppliers for critical procurement categories, and exploring alternatives such as local production for at-risk supplies.

11. As Deputy Secretary, my ordinary role includes policy and budget responsibilities for a range of public health and hospital services in Victoria including mental health and public sector residential aged care services. Examples of functions I undertook in the context of the pandemic response include:

    (a) overall executive leadership of the Health and Wellbeing Division's structures and responses to the pandemic;

    (b) leading negotiations during March and April with Victorian private hospitals to establish commercial agreements for the use of their facilities to increase the capacity of the State to respond to the pandemic;

    (c) regularly participating in Health Services Pandemic Leadership Team (**HSPLT**) Meetings, which were also attended by other departmental officers and by representatives of hospitals and other health agencies;

    (d) leading the Department's engagement with the Commonwealth in respect of the pandemic response for the aged care sector.

[1] DHS.0001.0013.0408

12. As a Deputy Secretary, I am also a member of the Department's Executive Board. As the emergency response to the COVID-19 pandemic intensified, Executive Board meetings moved from once to twice a week to ensure all deputy secretaries were kept informed of COVID developments, and to ensure effective co-ordination and oversight of departmental activities, risks and issues.

Health and wellbeing

Question 3: What role did the Department's health and wellbeing division play in the Hotel Quarantine Program and for what was your division responsible?

13. The Health and Wellbeing Division's involvement in Victoria's pandemic response more broadly is set out in my response to the previous question. Neither I nor my Division were involved in the operations of the Hotel Quarantine Program directly, though the Division provided support functions related to its usual responsibilities and expertise.

14. The Division usually takes a 'relationship lead' role within the Department in respect of the relationships between the Department and a range of health sector service providers. Consistently with this role, during the Hotel Quarantine Program, the Health and Wellbeing Division adopted a relationship-liaison role in that it assisted in brokering connections between Operation Soteria and the health service providers it sought to engage for the Hotel Quarantine Program.

15. The support functions provided by the Division to the Hotel Quarantine program included:

    (a) supporting the establishment of transfer arrangements between the quarantine hotels and hospitals for those needing acute care;[2]

    (b) facilitating the initial engagement of general practitioner services to provide primary care in quarantine hotels;[3]

    (c) the Chief Mental Health Nurse and the Mental Health branch advising on mental health screening for returned travellers entering quarantine;

    (d) assisting Operation Soteria staff with, and advising on, engaging and coordinating mental health and wellbeing supports for people in the quarantine hotels;[4]

    (e) facilitating the engagement of health services to provide nurses for quarantine hotels in April 2020; and

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[2] The Health and Wellbeing Division was involved in drafting a 'process for transferring passengers in compulsory quarantine to and from hospital': DHS.5000.0096.3707.

[3] See DHS.5000.0054.2874, DHS.5000.0084.0078

[4] DHS.5000.0016.5051; DHS.5000.0016.5052; DHS.5000.0016.5047; DHS.5000.0016.5054.

(f) facilitating the engagement of Alfred Health to take on operational management of clinical and ancillary services at the COVID-positive quarantine hotel from about June 2020.

16. As a member of the Executive Board, I received general updates about the range of priority emergency response activities being led by the Department, including the Hotel Quarantine Program. By way of example, I recall one discussion on the Hotel Quarantine Program that occurred at the Executive Board on 28 April, in relation to a draft Crisis Council of Cabinet (**CCC**) submission. The draft CCC submission canvassed alternative and sustainable quarantine options to address the future public health risk of COVID-19, seeking to balance the public health risk with the human rights of returned travellers. Records show that the Executive Board approved the drafting of the CCC submission and its high-level recommendations.[5]

17. I discuss other instances where my Division had some involvement in the Hotel Quarantine Program in my responses to Questions 6 to 8 below.

Question 4: From a health and wellbeing perspective, what are your views in respect of the:

(a) conceptualisation;

(b) planning;

(c) operation; and

(d) oversight,

of Victoria's Hotel Quarantine Program? Please provide reasons for your views.

18. As set out in my response to question 3, I was not directly involved in the Hotel Quarantine Program. As such, my knowledge and views regarding the conceptualisation, planning, operation and oversight of the Program are limited and I do not wish to speculate.

Question 5: If the Health and Wellbeing division of the Department had taken a lead role in the Hotel Quarantine Program, what would have been different (if anything) in the:

(a) conceptualisation;

(b) planning;

(c) operation; and

(d) oversight,

[5] DHS.0001.0002.0119.

of the Program? Please provide details.

19. To the best of my knowledge, consideration was not given to the Health and Wellbeing Division taking a lead role in the Hotel Quarantine Program. This partly reflects the many other priorities facing the Health and Wellbeing Division in responding to the COVID-19 pandemic, but also that the Hotel Quarantine Program was not primarily a health care intervention.

20. In general, if the Health and Wellbeing Division had played a stronger role, the Division would have led the program in the same way that it conducts its work generally. That is, it would not have delivered the program directly, but would have commissioned the services of healthcare and other relevant service providers under a suitable governance structure led by my division.

21. It is difficult to comment as to how different the arrangements for the non-health elements of the quarantine hotels program may have been had my Division taken a lead role, as we would have been likely to have relied on many of the same government departments and contracted service providers that I understand were engaged in the actual program.

22. I am informed that the services required for Hotel Quarantine went well beyond health-related services and included the contracting of hotels and security by the Department of Jobs, Precincts and Regions, traffic management and other containment tasks by Victoria Police and transport by the Department of Transport.

<u>**Complaints and concerns**</u>

Question 6. What complaints or concerns, arising from the Hotel Quarantine Program (if any), came to your attention? In relation to each, please:

(a) provide the details of each complaint or concern;

(b) explain how the complaint or concern was dealt with, including any persons to whom the complaint was relayed; and

(c) describe what outcome, if any, was achieved in relation to the subject matter of the complaint?

Please refer to and produce relevant documents, where appropriate.

23. In about mid-April, the Secretary raised with me the issue of whether mental health consultations for returned travellers were working effectively and whether hospitals considered the model was operating successfully.

24. Following my phone calls, I asked staff in the Mental Health and Drugs Branch of my Division to look into these issues and I understand they separately followed up with mental health providers. I understand that the Mental Health and Drugs Branch subsequently set up a module in the Victorian database for registered mental health clients so that health services

involved in mental health consultations could keep records of visits with returned travellers. This meant that returned travellers who were not previously mental health clients (and were therefore not already in the system) could be recorded in the clinical mental health system.

25. In about mid-April 2020, a concern was raised in respect of some hotels in the Hotel Quarantine Program being short on nurses given how rapidly the program had expanded. I understand my Division facilitated the engagement of Alfred Health to provide ten nurses to fill shifts at hotels on short notice and also assisted with engaging Alfred Health, Melbourne Health and St Vincent's Health agency nursing staff for further shifts.

7. Did you (or, to your knowledge, any member of your division) express any reservations about any aspect of the Hotel Quarantine Program? If so, what were those reservations and to whom were those reservations expressed?

Please refer to and produce relevant documents, where appropriate.

26. In mid-April, I recall a daily executive team 'stand up' briefing at which an unexpected death in Hotel Quarantine was mentioned. I queried with the Deputy Secretary, Regulation, Health Protection and Emergency Management (Melissa Skilbeck) whether hotels required more support from health services and whether she would like to discuss that further. Ms Skilbeck's response is set out in my response to Question 8 below.

27. Other than this instance, I do not recall expressing any reservations about the Hotel Quarantine Program. I do not recall any reservations expressed to me by my staff regarding the Hotel Quarantine Program.

8. What response, if any, was given to the reservations expressed in answer to the previous question. Please identify each such response, including the person and/or team from where each came.

Please refer to and produce relevant documents, where appropriate.

28. On 15 April 2020, Melissa Skilbeck advised me that an overall health and welfare review in the context of the Hotel Quarantine Program was being undertaken, led by Professor Euan Wallace as the State Health Coordinator.

29. I did not personally participate in the review but nominated an Executive Director in my Division, Helen Mason, to assist, as requested by Ms Skilbeck. I understand that Ms Mason attended a telephone conference later that day and was involved in discussions regarding staffing for welfare checks, escalation processes for nurses, doctors and welfare staff at hotels, governance processes and information sharing.

9. What, if anything, do you consider that:

(a) the Department;

(b) other government departments or private organisations;

(c) you,

should have done differently, in relation to the Hotel Quarantine Program?

30. Given that I was not involved in the Hotel Quarantine Program, it is difficult for me to answer this question without speculating on the basis of subsequent media coverage.

31. I will note that is also important not to overlook how pernicious this virus is and that outbreaks have occurred even in hospitals throughout Australia and internationally, despite their highly skilled and medically trained staff.

32. The engagement of Alfred Health to provide operational management of clinical and ancillary services at the COVID-positive quarantine hotel from mid-June 2020 is an example of the evolution of the program and movement towards more stable settings.

33. While I do not know whether the engagement of health services to provide full operational management of COVID-positive quarantine hotels at the outset of the program would have been possible given the then anticipated pressures on the wider health system, particularly intensive care, I am generally supportive of this development to embed a specific health service in delivery of clinical aspects of the Hotel Quarantine Program, particularly for COVID-19 positive guests.

Signed at Melbourne

in the State of Victoria

on 18 **September 2020**

Terry Symonds