

SUPPLEMENTARY STATEMENT OF GRANT WILLIAM MILLARD

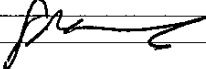

Name: Grant William Millard
 Level 2, Century Corporate Centre
Address: 62 Norwest Boulevard
 Baulkham Hills NSW 2153
Occupation: Chief Executive Officer
Date: 27 August 2020

Introduction

1. This supplementary statement made by me accurately sets out evidence that I am prepared to give to the Royal Commission into Aged Care Quality and Safety (**Royal Commission**). This statement is true and correct to the best of my knowledge and belief.
2. I have previously provided two statements to the Royal Commission, a statement dated 24 July 2020 (**my first statement**) and a supplementary statement dated 10 August 2020. I make this further supplementary statement pursuant to a grant of leave, to address certain matters arising from a report prepared by the NSW Ministry of Health COVID-19 Public Health Response Branch entitled "*Summary Report on Anglicare's Newmarch House, Kingswood*" dated 7 August 2020 and a report prepared by Professor Lyn Gilbert AO and Adjunct Professor Alan Lilly entitled "*Newmarch House COVID-19 Outbreak [April-June 2020]: Independent Review – Final Report*" dated 20 August 2020.

Acknowledgment

3. In my first statement, I acknowledged the devastating and deeply traumatic effect of the COVID-19 outbreak at Newmarch House on the residents and their families and friends, which resulted in a terrible loss of life that was and is deeply grieved. I again acknowledge that the circumstances in which family members and friends lost their loved ones made the loss much greater, because of the distress and trauma caused by the physical separation and the intense worry about those they loved. I again apologise on behalf of Anglicare Sydney for our communication failures that amplified the distress and trauma suffered by our residents, and their families and friends, during the outbreak at Newmarch House.

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CONTINUED SUPPLEMENTARY STATEMENT OF GRANT MILLARD

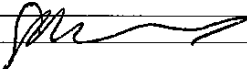

Factual matters

a. Communications with government authorities

4. During the course of the COVID-19 outbreak at Newmarch House, I was in frequent contact with representatives of NSW Health and Commonwealth authorities including the Commonwealth Department of Health and the Aged Care Quality and Safety Commission. At paragraph 127 of my first statement, I describe the daily telephone conferences which took place with key stakeholders, including State and Commonwealth authorities, that commenced on 12 April 2020 and in which I or my direct report participated.
5. At all stages of the outbreak, I understood the importance of liaising with government authorities. As an approved provider of residential aged care, I was very aware that Anglicare's role in responding to this public health emergency required extensive interaction with relevant public health and other governmental officials. Consistent with that understanding, I am not aware of having missed phone calls from NSW Health which I did not return. Nor were any issues raised with me at the time by any government body, including NSW Health, about any difficulty they may have had in promptly contacting me.

b. Cohorting of residents

6. On 11 April 2020, Anglicare Sydney was first advised that a staff member had tested positive for COVID-19. All residents were immediately isolated to their rooms. On 12 April 2020, Anglicare was notified that the first resident had tested positive.
7. The separation (or cohorting) of COVID positive and negative residents was considered by Anglicare Sydney from the earliest stages of the outbreak response. However, as I set out at paragraphs 48 to 49 of my first statement, different stakeholders held different views about the appropriate timing of cohorting COVID positive and negative residents. Dr Branley in particular was resistant to early cohorting because he considered that repeated testing of isolated residents was needed first, to ascertain the true infectious state of all residents before they should be moved. Dr Branley was concerned that residents' negative test results for COVID-19 were not "true negatives" because of the virus' incubation period.
8. As I describe at paragraphs 49 to 52 of my first statement, Anglicare Sydney followed the advice of Dr Branley about cohorting residents. For the reasons set out in my first statement, Anglicare Sydney highly respects Dr Branley's expertise. The separation of COVID positive and negative patients occurred after work by Dr Branley to create a "clean zone" within one wing of Newmarch House, in light of Dr Branley's growing

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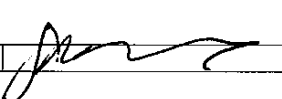
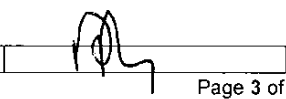
confidence that true COVID-19 negative cases were substantially located in that wing. In the meantime, there was no movement of residents between wings or outside of their rooms and residents were effectively in lockdown in their rooms from the start of the outbreak.

9. When a decision was made to relocate all positive patients out of the Wentworth wing, the cohorting of the resident groups was complex and very time consuming. The many steps involved necessarily occurred while rigorous infection control protocols were observed. The groups were separated over six days, after Anglicare Sydney had the significant benefit of expert advice from the highly qualified and experienced Ms Kathy Dempsey, Senior Manager Healthcare Associated Infections, Clinical Excellence Commission, NSW Health, who first visited the home to conduct an expert onsite infection control audit on 1 May 2020.

c. The index case of COVID-19

10. As I set out above, Anglicare Sydney became aware that a staff member had tested positive to COVID 19 on 11 April 2020 after the staff member was notified of her positive test result. The staff member had been tested on 10 April 2020 and had worked several shifts before being tested, whilst infectious.
11. It is my understanding that the staff member who worked at Newmarch House while COVID positive was at all times asymptomatic during those shifts, although I note that this matter has been incorrectly reported in the media a number of times.
12. Furthermore, it is not clear that this staff member was the index case for the introduction of COVID-19 to Newmarch House. At various times during the outbreak at Newmarch House, I participated in phone calls facilitated by the Health and Social Policy Branch of the NSW Ministry of Health, during which references were made by NSW Health staff to the possibility that two residents who had returned to Newmarch House from Nepean Blue Mountains Hospital may have been infected with COVID-19 but not tested before their discharge from hospital. I also note that Ms Dempsey's Clinical Excellence Commission report into Newmarch House dated 24 May 2020 [ANG.507.006.7856 at 7856] states that:

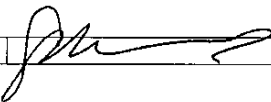
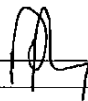
"An epicurve diagram developed by the Public Health Unit of Nepean Blue Mountains Local Health District (NBMLHD) suggest there is now evidence of an earlier case of COVID-19 with identification of a resident testing positive on March 24 2020".

Signature		Witness	
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13. However, despite this information from these separate sources, Anglicare Sydney has not been given access to any epidemiological data that would enable us to confirm whether the staff member who has been described as the index case was in fact the initial case of COVID-19 at Newmarch House.

Signed: _____
Date: 27 AUGUST 2020
Witness: _____
Date: 27 August 2020

Signature		Witness	
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