

Health and Regional Health - Supplementary Hearing – Page 3

QUESTION:

The CHAIR: As I'm sure, you're aware, earlier this year the TGA changed its guidelines for the prescription of medical abortion, allowing nurses and midwives to prescribe, which isn't currently permitted by the legislation in New South Wales. Do you have any indication of how many nursing and midwifery practitioners in the State it would enable to provide that service? Would it bolster the service?

SUSAN PEARCE: I think we'd have to take that one on notice. We obviously have hundreds of nurse practitioners across the State. It would be, to some extent, dependent on their area of practice. Clearly, I'm aware that the Government is prepared to consider that in respect of the New South Wales legislation. We obviously would welcome that from a State health system perspective. We don't want to be an outlier in this regard, in respect of the rest of the country. Certainly, from our perspective, given our strong support for nurse practitioners within our own organisation, it's something we would absolutely support. But we've got to work through those legislative amendments, if the Government is minded to do so, obviously with the support of others, into the future.

RESPONSE:

I am advised:

Currently in NSW, only a medical practitioner may prescribe medication for a medical abortion.

According to national registration data, in NSW there are:

- 687 nurse practitioners
- 200 endorsed midwives.

The Ministry will further explore the quantum of nurse practitioners and endorsed midwives working in the area of women's health in anticipation of the potential change in NSW legislation.

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QUESTION:

The CHAIR: While we're talking about legislation, I understand that the five-year review of the Abortion Law Reform Act 2019 was due in October. Can you update us on the status of that review?

SUSAN PEARCE: I'd have to take that one on notice.

RESPONSE:

I am advised:

The review has been finalised and a copy of the report on the review was provided to the Presiding Officer of each House of Parliament.

A copy of the report is on the NSW Health website (www.health.nsw.gov.au/legislation/Pages/acts-under-review.aspx).

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QUESTION:

The CHAIR: As a former GP, I'm a strong supporter of immunisation campaigning, but my question might be better for Population Health. In terms of preventing community spread of viruses coming into winter to reduce that burden on hospitals, were there any other measures taken in addition to immunisation?

SUSAN PEARCE: I might start off, if that's okay, Dr Cohn, and then pass to Dr Cretikos or to Kathy. First of all, we obviously do a lot of public messaging throughout winter. We have, sadly, as a consequence of the pandemic period of COVID, increased the following on our social media channels substantially. As a consequence of that, our ability to communicate with the public has improved. We do a lot of social media messaging, in addition to other public messaging – the usual things: Don't go to work if you're sick, wash your hands, wear a mask et cetera.

In addition to that, within our hospitals we established throughout the pandemic our risk matrix for how we would deal with our workplaces – our hospitals – when COVID is peaking, and other respiratory illnesses as well. I'm sure Dr Cretikos and Ms Dempsey can talk you through that in more detail, but, essentially, whereas once we had a statewide mandate around, for example, the wearing of masks in our hospitals, now we have the ability for a much more nuanced approach to that so that all of the local health districts are aware of the risk matrix and they make their assessments based on what they're seeing in their local community.

If COVID is peaking then they will obviously implement the wearing of masks. Probably only three weeks ago now I was out in Mudgee visiting the hospital there. In particular areas of the hospital, and in the clinical areas, the staff were wearing masks. As a visitor to the hospital, obviously, I was asked to wear one as well, as we were walking around talking to the staff. That's an example of, at a local level, "Look, we've got a few cases in the community and we'd like to address that within the organisation." That's what they do, and that's communicated to them as well. Michelle, did you have anything you wish to add to that?

MICHELLE CRETIKOS: Other than the communications, the weekly surveillance reports are providing, as timely as possible, advice to the community on when we're expecting to see an increase in the rates of COVID, influenza or RSV in the community, in an attempt to advise people – particularly those who may be more vulnerable or at risk of both – that that is a good time to go and get vaccinated, if they haven't been vaccinated recently, and also to take extra care if they're visiting any facilities or visiting anybody that's more vulnerable in the community.

The CHAIR: Ms Pearce, you gave the example of Mudgee Hospital, which is really helpful. I appreciate this may need to be taken on notice, but I'd be interested in, over the winter, which local health districts or which hospitals in addition to Mudgee actually did re-implement universal precautions for respiratory infections.

SUSAN PEARCE: I think that would be very difficult for us to collect. We could do it at a high level across the districts. Across 226 hospitals, it would be very difficult for us to collect that information, so I'll take that on notice and provide to you what we can. As I say, it is clearly communicated to chief executives when the risk panel meets. If they believe that there is a requirement for a more universal approach to be put in place, that is communicated to the system. If they meet and determine that we're at the foundation level, or we've gone up a level to yellow, then that is also communicated. It is then incumbent upon the chief executives across the system to enforce that. My view of it – I do a lot of getting out to our hospitals – is that they tend to err on the side of caution with respect to the application of that risk matrix.



RESPONSE:

I am advised:

During the winter period NSW Health facilities reported the Response and Escalation Framework level applied across the local health districts to the Clinical Excellence Commission. Facilities started reporting during a trial period commencing in March 2024, which extended through winter and across all facilities, ceasing in September 2024.

Local health districts applied the Framework, moving from Foundational level, Foundational with targeted mask wearing where universal masking was required in specific locations/specialties, Yellow level with broader universal mask wearing and, in rare episodes, to Amber with additional controls. Local health districts were able to move up and down levels based on local prevalence and impacts associated with acute respiratory infections including COVID-19.

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QUESTION:

The Hon. DAMIEN TUDEHOPE: In relation to the negotiations with the nurses and midwives' union, how many of those negotiations have you attended?

SUSAN PEARCE: I have been in a few meetings with the Nurses and Midwives' Association leadership. Mr Minns, equally, has been in a number of those meetings. I couldn't give you the exact number. I'd have to come back to you on that, Mr Tudehope.

The Hon. DAMIEN TUDEHOPE: Has the Minister been in attendance at those meetings?

SUSAN PEARCE: The Minister has certainly been in attendance, yes.

The Hon. DAMIEN TUDEHOPE: How many of those meetings?

SUSAN PEARCE: I would have take that on notice.

RESPONSE:

I am advised:

The Secretary, NSW Health has attended several negotiation meetings.

The Minister and his Office have attended many negotiation meetings including throughout the four week intensive negotiation period recommended by the Commission.

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QUESTION:

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The Hon. DAMIEN TUDEHOPE: I'll come back to that. I just want to ask Ms Skulander some questions on Rouse Hill Hospital. Ms Skulander, have any costings been undertaken to determine how much it's going to cost to add a birthing unit at Rouse Hill Hospital?

EMMA SKULANDER: Yes, they have.

The Hon. DAMIEN TUDEHOPE: Are you able to provide us with those costings?

EMMA SKULANDER: I am not. That is information that has been requested of me, but—

The Hon. DAMIEN TUDEHOPE: Have you provided advice to the Minister on the costings?

EMMA SKULANDER: I have and/or it's on its way to the Minister. I was asked that question last week. I have prepared a brief, which is probably on its way to his desk.

The Hon. DAMIEN TUDEHOPE: Okay. I will put this to you: **Are the costings roughly \$200 million?**

EMMA SKULANDER: I actually do not know the answer to that question. I'll have to take it on notice.

The Hon. DAMIEN TUDEHOPE: You do know the answer and you're not telling me. Isn't that the case?

EMMA SKULANDER: I think it depends on specifically what you want to know the costing of because there is range of costings that relate to that number, which are outlined in that brief.

The Hon. DAMIEN TUDEHOPE: Would you agree that, based on the population growth in Rouse Hill, they will require a birthing unit by the 2030s? Is that right?

EMMA SKULANDER: My understanding is that it's within the 2030s, but towards the back end of the 2030s, when you consider it against the entire catchment of Western Sydney Local Health District.

The Hon. DAMIEN TUDEHOPE: When was the Minister first made aware of the fact that Rouse Hill Hospital wouldn't have a birthing unit?

The Hon. Dr SARAH KAINE: Point of order: Mr Tudehope is asking the witness about when the Minister was made aware of something. I think that's a question that's better asked of the Minister, not the witness.

The Hon. DAMIEN TUDEHOPE: Sorry?

The Hon. Dr SARAH KAINE: You are asking the witness to give evidence about when the Minister found out—

The CHAIR: I think that's actually a fair point of order. Mr Tudehope might be able to rephrase the question.

The Hon. DAMIEN TUDEHOPE: When did the department first provide that advice to the Minister?

EMMA SKULANDER: I actually don't know the answer to that question because it would've been before my time in the acting chief executive position. I am able to take that on notice.

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The Hon. DAMIEN TUDEHOPE: Ms Pearce, do you know? Does anyone know when the department first advised the Minister that a birthing unit would be required at Rouse Hill Hospital?

SUSAN PEARCE: Mr Tudehope, with respect, you are assuming something on our behalf. You're sort of putting us in a position of agreeing with what you're saying in terms of the modelling for Rouse Hill Hospital. We are happy to take on notice any advice we've provided with respect to maternity services at Rouse Hill Hospital. My understanding is that the work was done with the district, who look at the requirements for birthing services in Western Sydney. We would have formed – as the district would have – a clinical services plan with respect to what's required. But we'll need to take it on notice.

The Hon. DAMIEN TUDEHOPE: But would you agree that the original plan for the hospital didn't include a birthing unit?

SUSAN PEARCE: I'll need to take that on notice.

...

The Hon. WES FANG: Can I just clarify about the question Mr Tudehope asked about Rouse Hill? Was there an offer to table that document? Was that taken on notice?

The Hon. DAMIEN TUDEHOPE: They took it on notice.

The Hon. WES FANG: Will the document be provided to us?

The CHAIR: The question was taken on notice. By my recollection, no document was referred to.

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The Hon. DAMIEN TUDEHOPE: Ms Skulander, could I return to you for half a moment? You told us earlier that there were various options available and a briefing had gone to the Minister.

EMMA SKULANDER: In relation to?

The Hon. DAMIEN TUDEHOPE: The birthing unit at Rouse Hill Hospital.

EMMA SKULANDER: A briefing has gone to the Minister. Whether the Minister has received the briefing or not, I'm not sure. It's in the approvals chain.

The Hon. DAMIEN TUDEHOPE: But a briefing has gone?

EMMA SKULANDER: In relation to the options, I think I was referencing the scope of what would or could be provided with birthing services.

The Hon. DAMIEN TUDEHOPE: Can you give us some detail in relation to those options?

EMMA SKULANDER: I guess the point to make is that when providing a birthing service at a hospital, it isn't simply the birthing service itself.

The Hon. DAMIEN TUDEHOPE: Those wraparound facilities.

EMMA SKULANDER: It comes with a suite of other things as well as the workforce that would be required with that as well. So the brief outlines all of that within there and provides that advice to the Minister.

The Hon. DAMIEN TUDEHOPE: Can you provide a copy of that to the Committee?

EMMA SKULANDER: I will have to confirm that. I can take the question on notice to confirm if I'm able to provide the brief.

The Hon. DAMIEN TUDEHOPE: In terms of the proposal which you have put to the Minister, have you outlined the various funding options in respect of those options which you have identified?

EMMA SKULANDER: No, my request from the Minister was to provide an outline of what would be required to provide birthing services at Rouse Hill, and that's the question that's answered within the brief.

The Hon. DAMIEN TUDEHOPE: But are you aware that, potentially, in terms of the options, the cost of the options of providing that new birthing unit at Rouse Hill Hospital is about \$200 million?

EMMA SKULANDER: I am aware that there is a proposal within that brief around a suite of services that can be provided, and the number there, I think, is Cabinet in confidence or a confidential number, but I will take that one on notice and confirm.

The Hon. DAMIEN TUDEHOPE: So this is something that has gone to Cabinet?

EMMA SKULANDER: The briefing itself is to inform the Minister, and I don't know the answer to the question.

RESPONSE:

I am advised:

Page 9

Any costs associated with the construction of birthing suites and supporting surgical services at Rouse Hill Hospital or any other hospital development would depend on a number of factors, such as the planning process, design, and specifications.

Page 9 and 10

Advice regarding birthing services at the new \$700 million Rouse Hill Hospital was provided to the Minister's Office in November 2024.

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Refer to the Answer provided to page 9 (above).

Health and Regional Health - Supplementary Hearing – Page 10

QUESTION:

The CHAIR:I wanted to follow up on some of the Opposition's questions about the surgical waitlist. I appreciate this question may need to be taken on notice. How many elective surgeries were either cancelled or postponed during the four-week pause for intensive negotiations with the nurses union?

SUSAN PEARCE: My understanding is that there were no cancellations or pauses associated with the negotiations.

The CHAIR: Just to be clear, I'm not asking about postponements or cancellations associated with the negotiations, just for other routine or operational—

SUSAN PEARCE: During that time frame?

The CHAIR: Yes, that's right.

SUSAN PEARCE: We will have to take that on notice. What I will say to you is this: There was certainly no statewide pausing of surgery at any time this year.

The CHAIR: Certainly. To be clear, that's not what I'm alleging at all.

SUSAN PEARCE: Well, what are you asking me?

The CHAIR: I am aware of data at a local level from the local branch of the Nurses and Midwives' Association in the town that I live in that far more elective surgeries are postponed or cancelled in the average month for operational reasons such as staffing or bed blocks than were cancelled on the three days of industrial actions this year. I am seeking data around that.

SUSAN PEARCE: Are you talking about Albury hospital?

The CHAIR: I'm talking specifically about Albury but I'm interested in whether that is the same statewide or not. I am asking you to provide that data. I'm happy for it to be taken on notice.

SUSAN PEARCE: Sure.

RESPONSE:

I am advised:

The monthly average for surgeries that were cancelled on the day of planned surgery in the year to date from January to October 2024 is 483, which represents less than 2% of all surgeries performed. Cancellations result from a range of factors including the prioritisation of critical or emergency surgeries and unexpected changes in workforce capacity or physical resources.

Health and Regional Health - Supplementary Hearing – Page 14 & 15

QUESTION:

SUSAN PEARCE: I think, Mr Tudehope, if I might say, that's quite different to the department having a position. The provision of information that is relevant to the attendees at a drug summit is not the same as the department having a position. It is not for us to have a position.

The Hon. DAMIEN TUDEHOPE: Then my point remains. **Has the department commissioned any review of the current pill testing arrangements in New South Wales?**

SUSAN PEARCE: Not that I'm aware of, but I'd have to take that on notice.

The Hon. DAMIEN TUDEHOPE: Dr Cretikos?

MICHELLE CRETIKOS: I just mentioned that we currently review the information about drug overdoses and drug incidents. That's available to us through clinical and through forensic information that is captured through police seizures and through the Coroner. But I think you're asking a slightly different question.

The Hon. DAMIEN TUDEHOPE: I am. I'm specifically directing a question about whether the department has commissioned a review about the current arrangements in relation to pill testing.

SUSAN PEARCE: I think we'll take that on notice, Mr Tudehope. Not that I'm aware of. Dr Cretikos is referring to – and you'll note, again, through our social media channels and other media releases, we put out alerts if we find, for example, that there are other toxic substances contained in heroin and so on, and that's what Michelle's referring to. We do that now. You're obviously asking about pill testing as it relates to events and so on. We'll take that on notice, but I will restate it is not for NSW Health to have a position. We provide information broadly with respect to what exists in other places, but that's against a whole range of other things. The drug summit that the Government has commissioned will examine matters. It's got independent people reporting, as you know: John Brogden and Carmel Tebbutt. They will take into account what they hear at the drug summit and make some recommendations. We are participating in that process. It is not a matter for NSW Health to predetermine.

RESPONSE:

I am advised:

Amongst other topics in the lead up to the drug summit, The Ministry of Health commissioned an evidence review on the impacts of drug checking from Monash University. The review informed the *Monitoring and Reporting on Drug Trends in NSW Drug Summit* background paper, which is available on the NSW Health website (www.health.nsw.gov.au/aod/summit/publications/monitoring-and-reporting.pdf).

Health and Regional Health - Supplementary Hearing – Page 16

QUESTION:

The Hon. WES FANG: Ms Pearce, born-before-arrival rates – are you aware of what they are in relation to maternity issues?

SUSAN PEARCE: Yes.

The Hon. WES FANG: Does the department track them?

SUSAN PEARCE: If we do, it's not something that I'm currently aware of.

The Hon. WES FANG: So it's not really something that's been raised and addressed within the department?

SUSAN PEARCE: You're talking about babies that might be born on the way to hospital?

The Hon. WES FANG: Yes.

SUSAN PEARCE: Not specifically, no.

The Hon. WES FANG: Is it your opinion that they – sorry, I won't ask your opinion. Do you believe that the rates are increasing or decreasing at this stage?

SUSAN PEARCE: Nothing that I've seen would indicate an increase. But, given that I've just said to you that I'm not aware that we collect that data, it would be very difficult for me to make that assessment.

The Hon. WES FANG: That's totally fine. If you could take on notice what work is being done in the department around the born-before-arrival rates, that would be great.

SUSAN PEARCE: Sure, happy to – noting that not all babies born in New South Wales come to a New South Wales public hospital, to be clear.

The Hon. WES FANG: I appreciate that. I'm just after what data you might have available.

SUSAN PEARCE: Sure.

RESPONSE:

I am advised:

Babies may be born before arrival to hospital for a variety of reasons, including precipitous (rapid) labour.

Born before arrival rates for NSW overall increased from 0.5% in 2019 to 0.7% in 2022, after being steady for several years prior.

Data on place of birth is published on HealthStats NSW and in the NSW Mothers and Babies Report.

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QUESTION:

The Hon. WES FANG: Can you tell me how many maternity services have closed within the last 12 months?

SUSAN PEARCE: I would need to take that on notice.

RESPONSE:

I am advised:

The Ministry of Health is not aware of any NSW Health maternity services that have closed in the last 12 months.

NSW Health has been advised of the following closures and planned closures of private maternity services:

- Healthe Care plans to close Gosford Private Hospital's maternity service from March 2025.
- HealthScope closed Sydney South West Private Hospital's maternity service on 6 December 2024.

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QUESTION:

The Hon. WES FANG: What birthing services exist at Parkes?

SUSAN PEARCE: Between Forbes and Parkes, obviously over a number of years, given their very close proximity – and both with very nice facilities – there has been quite a lot of work with respect to the birthing services at both. Unless you know, Mr McLachlan, as a former chief executive there – but it's been a while – I would need take on notice the current arrangements. But, given that we're talking about two facilities that are quite close together, you will appreciate that it has been important over time to consolidate services at one rather than trying to spread them thinly across two. But I'd need to come back to you on the current state of affairs at Parkes.

RESPONSE:

I am advised:

Lachlan Health Service provides maternity services to the community at both Parkes and Forbes hospitals. Birthing at Parkes Hospital ceased in 2019. The Lachlan Midwifery Group Practice provides antenatal and postnatal care to women in Parkes, Forbes, Condobolin and surrounding communities, and provides labour and birth care for these women at Forbes.

Western NSW Local Health District is continuing to make efforts to recruit midwives and an additional GP obstetrician to expand maternity services in the Lachlan Health Service, with a rolling recruitment program. The District is committed to further expanding maternity services in Lachlan Health Service to include a full birthing service at Parkes Hospital when it is appropriate.

The recruitment and retention of healthcare workers is one of the greatest challenges faced by regional, rural and remote communities. Midwifery and obstetric positions remain hard to fill across NSW and that is especially felt in Western NSW.

Health and Regional Health - Supplementary Hearing – Page 16

QUESTION:

The Hon. WES FANG: Is there a plan for Muswellbrook to reinstate birthing services?

SUSAN PEARCE: I would need to take that on notice.

RESPONSE:

I am advised:

Muswellbrook Hospital provides outpatient antenatal and postnatal care. Presently, Muswellbrook Hospital is unable to offer a birthing service as there is no general practitioner obstetrician or obstetrician to provide the service.

Since March 2022, Hunter New England Local Health District has been unsuccessful in attempts to recruit a general practitioner obstetrician or obstetrician to the hospital. The District will continue its recruitment efforts.

Health and Regional Health - Supplementary Hearing – Page 17

QUESTION:

The Hon. WES FANG: In relation to what you were saying before, the now Government, when they were in opposition, were quite vocal about their plans for birthing services in rural and regional New South Wales. Ms Pearce, can you tell me what the Government plan is to ensure that rural and regional New South Wales women and their families can birth in or close to their communities?

SUSAN PEARCE: I think I'd take the broader question on notice. Mr McLachlan may be able to assist. One of the things that we're very committed to, and the Government is committed to, is the expansion of midwifery group practice models across the State. We are seeing a number of those increase. Just last week I was down in southern New South Wales and in the Illawarra. We've just started the country's first Birthing on Country service with Waminda. That is also giving access to Aboriginal women to be able to birth on country. So there is a strong commitment to improving the number of sites, particularly for midwifery group practices. But I'll hand to Mr McLachlan for any follow-up.

SCOTT McLACHLAN: There have been some major investments in additional maternity-led care and antenatal and postnatal support services for mothers. That is seeing some significant improvements in those services across the whole of the State. The delivery of birthing services in our hospitals has been challenged by workforce shortages and challenges – both midwives and obstetrician gynaecologists.

RESPONSE:

I am advised:

NSW Health is committed to ensuring access to safe, high quality and timely healthcare, including maternity services, for all rural, regional and remote communities. This includes implementing the recommendations of the NSW Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW. Work to address all 44 recommendations is underway, with many recommendations completed, including the development of the NSW Regional Health Strategic Plan 2022-2032.

Local health districts plan and provide maternity services across NSW in line with local needs, current and projected birth numbers, and staff availability. All maternity and neonatal services are networked to provide access to higher level care when required. This enables consultation, referral, and transfer of women and newborns if they require care and services that are not available locally to ensure pregnant women receive the right care as close to home as possible.

The Pregnancy Connect initiative aims to improve timely access to specialist maternity care and the safe transfer of women who need higher-level care in regional and rural NSW. Pregnancy Connect improves support from specialist obstetricians to regional clinicians, reducing the sense of isolation for clinicians which can be a barrier to rural and regional recruitment and retention of staff.

NSW Health also supports the growth of the midwifery workforce with recruitment strategies such as GradStart and MidStart, and the Rural Postgraduate Midwifery Student Strategy. The Mentoring in Midwifery program assists midwives to develop skills and the confidence to mentor midwifery students and transitioning midwives.

Districts use recruitment efforts including scholarships, internal pathway programs and overseas recruitment drives. Additionally, NSW Health incentivises hard-to-fill critical roles in regional and rural hospitals and offers tertiary study subsidies.

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QUESTION:

The Hon. WES FANG: Can you provide – and I imagine it will be on notice – how many beds each regional hospital has?

SUSAN PEARCE: Do you mean how many beds in total?

The Hon. WES FANG: Yes, for each regional hospital.

SUSAN PEARCE: Okay.

The Hon. WES FANG: I imagine that's on notice.

SUSAN PEARCE: Yes, I don't have that off the top of my head.

The Hon. WES FANG: No, I didn't expect you would, which is why I suspected it might be on notice.

RESPONSE:

I am advised:

The number of beds in regional hospitals can be found on the Australian Institute of Health and Welfare website at Table AS.1 in the *Hospital resources 2022-23 data tables* (www.aihw.gov.au/reports-data/myhospitals/sectors/admitted-patients).

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QUESTION:

The CHAIR: That will take longer than three minutes. I have a question about the Hartley House medical ward at Bellinger River District Hospital. I understand that was closed last year for lift replacement but then remained closed because of staffing shortages. Is there a timeline for the reopening of that ward?

SUSAN PEARCE: I'd have to take that on notice.

The CHAIR: While you're taking that on notice, I have a follow-up question. At the time the announcement was made that it was because of staffing shortages, I'm interested to understand what support the ministry or the department is providing to that local health district to staff that unit. I think people are quite distressed by having to travel to Coffs Harbour.

SUSAN PEARCE: Sure

RESPONSE:

I am advised:

Attracting and retaining healthcare staff in rural and regional areas is a long-standing challenge faced by all state and territory health systems across Australia.

Since the completion of the successful lift replacement, Mid North Coast Local Health District has been recruiting to vacant positions at Bellinger River District Hospital.

A recruitment strategy is in place, which includes:

- Ongoing advertising of both casual and permanent registered nurse, enrolled nurse, and assistant in nursing roles on all platforms (NSW Health jobs, I work for NSW Health, LinkedIn and Seek)
- Reviewing recruitment requisitions and progress with workforce fortnightly
- Developing a promotional video for inclusion in recruitment advertising
- Internal communications plan to inform and attract existing staff
- Maintain open communication with the Bellinger River District Hospital Action Group on progress
- Monthly staff forums held at the Bellinger River District Hospital to provide updates on recruitment progress.

Bellinger River District Hospital has recruited a number of new nurses who have commenced in the inpatient and community settings, with additional nurses to start before the end of 2024. The 2025 Graduate program will see an additional 5 nurse graduates commence in 2025.

The District looks forward to reopening Hartley House Medical Ward when its staff vacancies have been filled.

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QUESTION:

The CHAIR: My question is specifically about meningococcal B, which I understand makes up the majority of cases of meningococcal in the last year. Specifically, do you have data on vaccination rates in New South Wales?

MICHELLE CRETIKOS: I'd have to take that on notice.

The CHAIR: I appreciate that this may well need to be taken on notice as well, but have there been particular localised outbreaks or clusters of meningococcal B in New South Wales?

MICHELLE CRETIKOS: I'll take that on notice.

RESPONSE:

I am advised:

Of Aboriginal children in NSW born between 1 April 2022 and 30 June 2022, 71.5% were fully vaccinated against meningococcal B disease by 2 years of age.

NSW Health does not have data on meningococcal vaccine coverage for people with certain medical conditions associated with increased risk of invasive meningococcal disease.

There have been no localised outbreaks or clusters of meningococcal B disease in NSW in 2023 or 2024.

Health and Regional Health - Supplementary Hearing – Page 19 & 20

QUESTION:

The Hon. WES FANG: Ms Pearce, how many nurses left Blacktown Hospital in 2022?

SUSAN PEARCE: I would need to take that on notice, Mr Fang.

The Hon. WES FANG: Do you think you might be able to come back to me with an answer before we finish at one o'clock today?

SUSAN PEARCE: I'll try.

The Hon. WES FANG: Thank you; I appreciate that. Before the last election, the Premier said that the number that had left was 19, then 25, then 21, then 30. Then he went back to 25 again, then 27, then 29, then 30. And, again, he went to 33 and then 31. Did he receive any advice from the department before making those claims public at press conferences?

The Hon. EMILY SUVAAL: Point of order: The question, as I understood it, related to questions that the now Premier made in opposition. Although, to be fair, it wasn't quite clear to me what the question was and how it related to the Consolidated Revenue of the Health budget.

The CHAIR: I remind Committee members that, in the absence of the Minister, questions need to be framed appropriately for departmental witnesses.

The Hon. WES FANG: Chair, I think I was framing it correctly. It's clear that the number of nurses that were claimed by the now Premier to have left Blacktown Hospital varied in the lead-up to the election. I'm now seeking clarity about the number of nurses that left and whether any advice was given to the now Premier before he made claims to the public prior to the election.

SUSAN PEARCE: Mr Fang, if I can be clear, you're asking us to tell you whether we gave the current Premier, when he was the Leader of the Opposition, information from the department in the lead-up to an election campaign?

The Hon. WES FANG: I think I already know the answer.

SUSAN PEARCE: The answer is no.

The Hon. WES FANG: That's what I would have understood, which is why I think it's interesting that the Premier made those claims.

SUSAN PEARCE: You'll have to put that to the Premier. I'm sorry. We are not —

The Hon. WES FANG: I probably will, but what I need —

The CHAIR: Mr Fang, to the point of order, I'm going to rule all of the parts of this question about claims made by the Premier when he was in opposition out of order. There was a part of the question relating to the nursing workforce at Blacktown Hospital that's potentially in order if you want to continue.

The Hon. WES FANG: I think I got on record what I needed to get on record. I appreciate that.



NSW Health

Questions on Notice - Portfolio Committee No. 2. Supplementary Hearing – 2 December 2024

RESPONSE:

I am advised:

There are more than 56,000 FTE nurses in NSW Health. Since 2022-23, the retention rate for nurses in NSW Health has been steadily rising. Staff leave NSW Health for a variety of reasons including relocation, family reasons and career progression. Not all of these reasons are captured or recorded at the time of separation.

Health and Regional Health - Supplementary Hearing – Page 20 & 21

QUESTION:

Ms CATE FAEHRMANN: Good morning, everybody. I wanted to start with some questions about the media release that was issued, I think, overnight or yesterday in relation to the drug summit funding – or funding at the week of the drug summit. It says:

... \$224 million funding boost from the NSW Government to enhance health services over four years, including \$78 million in Greater Sydney.

Then it lists a range of different treatment services, and what have you, that this money is going towards. How much of that is new money and how much of it is a part of what the Government has already announced two years ago in terms of the \$500 million ice inquiry funding that came out of that process? Is any of this new, or is that just continuing to roll that out?

SUSAN PEARCE: Are you happy to take that, Michelle?

MICHELLE CRETIKOS: I understand that that funding is the response to the special commission of inquiry funding that is being continued to be implemented across New South Wales.

Ms CATE FAEHRMANN: I asked some questions last – I think they were questions on notice, actually, that weren't part of budget estimates last July. There wasn't too much of a breakdown, but, for example, part of that said – let's just choose one. I'm just trying to work out how much is being allocated per year and how much is still to be allocated of that \$500 million funding. When I asked about it last year, the answer I got back – let's take the MERIT program. It said that \$29½ million, approximately, was going to go to public sector and NGO health services to support court diversion programs, including the Magistrates Early Referral into Treatment and Drug Court Dubbo and Sydney. The announcement today has \$4½ million for the expansion of access to treatment and support. That \$4½ million, can I ask, is that the first part of that \$29½ million? Is it the second tranche for the next year? I assume it is part of that \$29½ million.

MICHELLE CRETIKOS: I'd have to take that on notice to be absolutely sure.

Ms CATE FAEHRMANN: Just to be clear, the \$224 million funding in the media release sent out today is not new money. That's just a continuation of the \$500 million ice inquiry funding rollout. Is the \$225 million just the one year, or is it an announcement that this is the remaining expenditure for the next 2½ years, three years? Are we expecting more announcements, or is this it?

MICHELLE CRETIKOS: I'll just take on notice to get the exact clarification of which part of the funding is for which year.

Ms CATE FAEHRMANN: Just so you're aware, I will be putting in supplementary questions asking for a lot of detail for the breakdown in this funding. I have spoken with numerous representatives of organisations, as well as alcohol and other drug services and advocacy groups, that say the transparency around exactly how this \$500 million funding is being spent and the improvements in terms of outcomes for the alcohol and other drug sector and for clients is very opaque. If I put in supplementary questions – and maybe Ms Pearce might direct this to you – is it possible that we're at a position now where we can get a detailed breakdown, so that the community knows where the money is going, what's working and what isn't, to have all of that transparency around what is a significant amount of additional funding, and to make sure that it is additional?

SUSAN PEARCE: We'll take that on notice, Ms Faehrmann, and do our best for you.

Ms CATE FAEHRMANN: Last year I asked for that detailed breakdown and got a not-detailed breakdown. The question is what are the additional supports and services that would not have been provided without that \$500 million. A lot has gone to the LHDs, as you're aware. In my questions last year, there was approximately \$196 million that was going to the LHDs to support alcohol and other drug treatment and support services. Is there somewhere that lists what additional services have been provided in terms of the LHDs for that funding? Is there a separate reporting requirement for that funding to be able to prove that? You would think the Government would want to know this and for them to come back and say, "Here's what we've done against the \$500 million, and here's what's working and what isn't." I am assuming that is happening.

SUSAN PEARCE: We'll take that on notice and come back to you with the specifics. Clearly, whenever there is government funding announced for enhancements or, indeed, election commitments, we do track that money to make sure that it's being directed to the place that it's intended. We're happy to come back to you on that one on notice.

RESPONSE:

I am advised:

The announcement that you refer to relates to services that are funded via the government response to the Special Commission of Inquiry into the drug ice ('Ice Inquiry'). The 1 December 2024 media release *\$236 million for alcohol and drug services across NSW* provides more detail on the range of services (www.health.nsw.gov.au/news/Pages/20241201_01.aspx). Funding amounts are for a 4-year period.

An overall breakdown by location of new services funded by the Ice Inquiry to date is on the NSW Health website (www.health.nsw.gov.au/aod/summit/publications/service-delivery-funding.pdf).

All services funded by NSW Health are required to report on activity and outcomes.

Health and Regional Health - Supplementary Hearing – Page 22

QUESTION:

Ms CATE FAEHRMANN: Speaking of that, I have noticed that over the past couple of weeks, there have been several more New South Wales drug alerts, including one just a couple of week ago that there were multiple heroin overdoses following use of cocaine. That was issued on 21 November. There were also nitazenes causing overdoses in people. Those are fake oxytocin tablets. That is a slightly different issue, but still nitazenes in the drug market. How concerned is NSW Health about this summer in terms of contaminated drugs in the common recreational drugs market? How concerned is NSW Health?

MICHELLE CRETIKOS: I think we have and continue to treat this as a serious issue and a public health concern. We do have surveillance and warning systems in place to ensure that whenever we become aware of a new or emerging issue, we can make information available to the community and to clinicians to ensure that people can take appropriate precautions – including, for example, carrying naloxone – and that clinicians are aware of unusual circumstances such as heroin in cocaine.

Ms CATE FAEHRMANN: But is NSW Health getting information or is it worried that this summer there may be an increase in overdoses as a result of what seems to be an increasingly contaminated illegal drugs market?

MICHELLE CRETIKOS: I think we are maintaining all of the processes that we would normally have in place. I don't think that there is a particular concern, other than the obvious general concern that people may experience substantial, severe adverse effects because of unusual or unknown substances that may be circulating.

Ms CATE FAEHRMANN: Are you getting information from the police or Federal Police, for example, that this summer we could have more contaminated drugs on the market than previous summers?

MICHELLE CRETIKOS: I'm not aware of any advice that would indicate that there was something particularly unusual to be aware of for this summer.

Ms CATE FAEHRMANN: So NSW Health isn't getting any advice from the police or the Australian Federal Police – I assume it's probably the Australian Border Force or the Australian Federal Police – expressing any concern about increasingly contaminated drugs on the market?

SUSAN PEARCE: Ms Faehrmann, we might take that on notice, just so, for the abundance of caution, we can give you the correct answer. But what we're saying is that we're not aware of anything in particular in that regard. But if you could just allow us to check our systems to make sure that we're correct on that, we would be very happy to come back to you. If we can do that before the end of the hearing, we'll do so.

RESPONSE:

I am advised:

NSW Health has not received any advice from the NSW Police Force, the Australian Border Force or the Australian Federal Police expressing concern about increasingly contaminated drugs on the market.

Health and Regional Health - Supplementary Hearing – Page 23

QUESTION:

Ms CATE FAEHRMANN: So there was a NSW Health PFAS fact sheet. There used to be one. There was one at least up until April this year. However, I understand that the Hunter New England LHD – I do have some emails in front of me because I've started to get back the batch of documents from the SO 52 on PFAS. That's all started to come back; there's lots of boxes to go through. Initially, there's concern raised by the Hunter New England LHD, asking or suggesting that the NSW Health PFAS fact sheet be updated to perhaps incorporate the IARC – the International Association for Research on Cancer – decision to update PFOA and PFOS. **Since then, it appears that NSW Health has actually withdrawn its fact sheet, as opposed to updating it. Would that be a correct assumption?**

SUSAN PEARCE: Ms Faehrmann, I think we're going to have to take it on notice. I can see that NSW Health has got the latest guidance on PFAS in drinking water and refers to the NHMRC-proposed guidelines released on 21 October this year. But you will appreciate that it's a complex multi-agency issue; it's not just resting with NSW Health. If we could just come back to you on notice with the specifics around our updated guidelines, we'd be very happy to do that. Obviously the NHMRC release is relevant to this and that's only at the end of October this year, so it would be useful if we could review that and come back to you on that one.

RESPONSE:

I am advised:

In February 2024, NSW Health endorsed the nationally-agreed enHealth guidance statement on PFAS. enHealth is the Environmental Health Standing Committee of the Australian Health Protection Committee, which provides advice on environmental factors affecting health.

To ensure consistency of messaging, the NSW Health website now links to the enHealth factsheet, in place of having a separate factsheet.

While the International Agency for Research on Cancer (IARC) has classified PFOA as a carcinogen and PFOS as a possible carcinogen, it has not yet published its monograph which details the evidence for its classification. NSW Health expects that enHealth will update its statement after analysing the IARC monograph.

Health and Regional Health - Supplementary Hearing – Page 23

QUESTION:

Ms CATE FAEHRMANN: Okay. I might put in some questions on notice. St Vincent's Health Network was provided with \$1.63 million over three years to deliver the service, which was the health intervention appointment for the EDDI scheme – the Early Drug Diversion Initiative. We've spoken about this before in budget estimates that a very surprisingly low number of the thousands upon thousands of people who were caught using or possessing a small quantity of drugs by the police – a very low number – has accessed that service. Do you have an update on how many have actually attended the health intervention service at St Vincent's?

MICHELLE CRETIKOS: Again, there's public information on the drug summit in the background papers. It has a fact sheet on drug data trends and the criminal justice system, which includes information about the diversion programs. That would be the latest information available.

Ms CATE FAEHRMANN: I did have a look at those documents. Thank you very much for producing them. I would suggest it's probably roughly the same amount – maybe 25 or 30, something like that but not very much – unless something has changed significantly. An amount of \$1.63 million over three years to provide that health intervention service is quite a lot of money considering, on average, it would seem that the service might get one call a week. **What else is St Vincent's Health Network doing with the \$1.63 million? Have you enquired about that?**

SUSAN PEARCE: **We would have to take that one on notice, Ms Faehrmann, and come back to you on that as well.**

RESPONSE:

I am advised:

Funding for the Early Drug Diversion Initiative counselling service complements the capacity of the Alcohol and Drug Information Service contact centre, which is available 24/7.

Early Drug Diversion Initiative callers are prioritised to contact centre clinicians who have been trained to deliver the intervention, in addition to the other support services provided.

Health and Regional Health - Supplementary Hearing – Page 23 & 24

QUESTION:

The Hon. DAMIEN TUDEHOPE: I'm going to ask a couple of questions on the IVF program. Who made the decision to cut the rebates in relation to that? Was that Health generated or was it Treasury?

ALFA D'AMATO: I need to take this on notice because I believe that there was a continuation of the scheme.

The Hon. DAMIEN TUDEHOPE: The variation of the scheme, but it was the decision to move to a new scheme motivated by Health or by Treasury?

ALFA D'AMATO: Can I take that on notice?

RESPONSE:

I am advised:

The Fertility Treatment Rebate commenced in January 2023 and was available to 12,000 eligible women. This commitment has been met.

As part of the 2024-25 NSW Budget, the NSW Government is investing \$52.2 million over 4 years to help eligible families undergoing fertility treatment by extending the Fertility Treatment Rebate. The extension is named Fertility Treatment Rebate – 2.

Health and Regional Health - Supplementary Hearing – Page 24 & 25

QUESTION:

The Hon. DAMIEN TUDEHOPE: Ms Pearce, can I come back to you in relation to LHD budgets. Are you able to provide any advice about how many local health districts are currently over budget? Or perhaps that's something for Mr Daly, I don't know, or Mr D'Amato.

SUSAN PEARCE: It's probably something for our chief financial officer.

ALFA D'AMATO: We regularly work with the districts in particular throughout the financial year to assess their budget positions, so I can take that on notice. Ultimately, the annual report, which was tabled to Parliament a few weeks ago, will include the financial position of each district in their reports. That's for the last financial year.

RESPONSE:

I am advised:

Results for 2024-25 year will be available upon release of the 2024-25 audited annual financial statements.

Health and Regional Health - Supplementary Hearing – Page 26

QUESTION:

The Hon. DAMIEN TUDEHOPE: I understand all that, Ms Pearce, and I'm not reflecting in any way about how seriously you take your obligations to patients within the public health system. What I'm saying is, though, there will be targets, for example, about elective surgeries. Are there any targets which are set for LHDs, in terms of where they would go with elective surgeries?

SUSAN PEARCE: We purchase a volume of surgery from districts as part of the annual service agreement process. Matthew can contribute further to that. We then expect them to perform against that purchased activity, and part of this latest budget enhancement that we've just received will be to address areas where they are over activity, where we've got an increased number of overdue patients and so on. But, Matthew, did you want to comment further about that?

MATTHEW DALY: Yes. I think recent announcements really typified the process. That was, with the issuance of the budget, three or four months activity under our belt. It was pretty clear that a number of the LHDs – not all – were going to struggle to meet unplanned presentations, in addition to the known, planned or elective surgical demands, which are all very predictable.

The Hon. DAMIEN TUDEHOPE: Which ones?

MATTHEW DALY: I haven't got the whole list in front of me. But I can say –

The Hon. DAMIEN TUDEHOPE: Can you take that on notice?

MATTHEW DALY: Yes. We can give those who are projecting on zero that I'd spoken to earlier. But it was after –

The Hon. DAMIEN TUDEHOPE: But those ones that aren't also on track.

MATTHEW DALY: Yes. They're not on track now. They may be on track in December or March or June. Every LHD has given me projections right through to June. But, when it became that apparent, we engaged through our Minister to Government. I guess that was the response that we've seen, with the announcement last week, and now I have immense confidence that all planned surgeries will revert to pre-pandemic levels.

RESPONSE:

I am advised:

Annual Service Agreements between the Secretary, NSW Health and Local Health Districts and Specialty Health Networks include the performance expectations for the budget provided. Key performance indicators cover the domains of service access, equity, safety and quality, timeliness, effectiveness and efficiency.

In the 2024-25 Service Agreements (<https://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>), key performance indicators that relate to planned surgery are:

- 100% patients receive their planned surgery within the recommended clinical timeframe. That is, there should be zero overdue procedures across clinical urgency categories of planned surgery.
- Purchased activity, including planned surgery, should be delivered to target.

Health and Regional Health - Supplementary Hearing – Page 26 & 27

QUESTION:

The Hon. DAMIEN TUDEHOPE: Can I just go back and ask some questions about, this time, the Milton hospital? The chief executive of the Illawarra LHD has suggested that birthing services will not return to Milton Ulladulla Hospital. Is that correct?

SUSAN PEARCE: I would need to check what the chief executive has said. I know that there has been ongoing discussion at Milton Ulladulla for quite a long time with respect to its birthing services, and the district is committed to identifying a model that is safe and effective and sustainable. So they're looking at the models as part of the draft health services plan. But, beyond that, I'd have to take that on notice.

The Hon. DAMIEN TUDEHOPE: I accept what you say, but I'll tell you what she said to a community forum. She said, "As outlined during the recent community consultation, the current hospital does not have the appropriate facilities to safely resume birthing services." Is that accurate?

SUSAN PEARCE: Again, I would have to seek more information and come back to you, Mr Tudehope. I don't want to pre-empt what has been said. When was that said?

The Hon. DAMIEN TUDEHOPE: I'd have to come back to you with the date in relation to that, but I will confirm.

SUSAN PEARCE: I'm asking the question because the issue of birthing at Milton has been a longstanding issue.

The Hon. DAMIEN TUDEHOPE: There are various public statements in relation to the manner in which – because the current Government did make a commitment to return those birthing services to Milton hospital, did it not?

SUSAN PEARCE: I would need to take that on notice. I'm not sure what they've made a commitment about with respect to Milton.

The Hon. DAMIEN TUDEHOPE: Currently, of course, there's a suggestion that because of the absence of birthing services at Milton Ulladulla Hospital mothers are being asked to consider having their birthing at home. Are you aware of that?

SUSAN PEARCE: We do provide home birth services across NSW Health, but it is not the situation that, in the absence of providing in-hospital birthing services, we expect people to birth at home. Birthing at home is not for everyone. We respect that, obviously. The reason I'm asking you about the timing of that comment is because the issue of birthing at Milton hospital has been going on for many, many years, certainly well before this current Government was in place. So we have had arrangements for women for birthing at other hospitals within the Illawarra. If a woman wanted to have a home birthing arrangement, of course where that is possible we would support that, but that is not our alternate model to in-hospital birthing services. I want to be very clear about that.

The Hon. DAMIEN TUDEHOPE: It wouldn't be my preference.

SUSAN PEARCE: Nor mine. I wouldn't expect that you would have a preference on that, but it certainly wouldn't be mine.

The Hon. DAMIEN TUDEHOPE: Well, I've been at quite a few. To return to that quote, it was today that the chief executive made that observation.



SUSAN PEARCE: I'm happy to follow up with her and understand what's happening. I do know that, as I said at the start, there's been a community consultation around services at Milton. So I'm happy to come back to the Committee on notice on that one.

RESPONSE:

I am advised:

Illawarra Shoalhaven Local Health District is reviewing maternity models of care for Milton Ulladulla Hospital, including birthing services. This includes assessing clinical safety, workforce, infrastructure and financial requirements to ensure a safe and high-quality service.

Options for maternity models of care form part of the draft Health Service Plan. Community consultation on the draft Health Service Plan provided an opportunity to give feedback and discuss details. Community consultation started in September 2024 and is in progress.

In September 2024, the NSW Government announced a new Midwifery Group Practice service in the Shoalhaven region. The additional 4-midwife Shoalhaven Midwifery Group Practice team will have the capacity to care for up to 134 women a year.

Health and Regional Health - Supplementary Hearing – Page 29

QUESTION:

The CHAIR: I understand that Mr Minns had an answer to the questions I asked this morning about the safe staffing level rollout.

SUSAN PEARCE: Yes, thank you very much. Phil, over to you for safe staffing levels.

PHIL MINNS: As at about two weeks ago, 21 November, we have worked through the rollout of safe staffing levels at 17 level 5/6 emergency departments and we have allocated 473.92 FTE to be rolled out at those sites. As at 21 November, 112.81 FTE have commenced in roles. I can take you through the 17 or I can provide it on notice; whatever you prefer, Chair.

The CHAIR: Can I just clarify? You said 112-something FTE have commenced. Does that mean the remainder are new vacant positions that are currently recruiting? What's the status of the remainder?

PHIL MINNS: That's correct, they're in recruitment. The earliest implementation dates were Liverpool and Royal North Shore. They date back to 2 May when they were allocated their FTE. As an illustrative case, Liverpool has commenced 34.32 FTE of an allocated total of 35.83, so they are very close to the full complement. Then we rolled out to Port Macquarie and Lismore in July; Coffs Harbour and RPA in August; John Hunter, Bankstown and Campbelltown a week later in August; Wollongong and Tamworth in early October; Gosford, Wagga Wagga Base, Nepean, St George, and the Children's Hospital at Westmead all commenced in early November; and Orange commenced and had their allocation on 18 November. It does obviously take time to recruit to the roles. Liverpool is the closest to a full complement at this stage, but we continue to work through.

Just by way of illustration, Orange was probably due to occur in the same first week of November, but there were some matters raised locally and with the association that needed another deep dive, which those councils did jointly, and they eventually resolved the position on the number of FTE that needed to be allocated. There are a further eight, or thereabouts, of level 5/6 EDs that are still in development, and the Minister has asked that we turn our attention to the level 3/4 emergency departments. We will try to finish the eight and then we will move to the 3/4 from about April next year. I make the point that the time to people actually being employed on the ground – from the evidence I've seen – is a pretty substantial improvement on what was achieved in other jurisdictions that have moved to a similar staffing model.

The CHAIR: I appreciate you being able to get that list today, rather than us waiting three weeks for answers on notice, given the time of year. Just to clarify, those are all talking about emergency departments. Are there plans yet for other departments?

PHIL MINNS: There are 17 sites that are level 5/6 emergency departments, and the next candidate for rollout are the 3/4 emergency departments. In part, there's a process whereby we agreed with the association – or the task force members do – about treatment spaces that safe staffing levels should apply to, and that is done in a very rigorous way, involving local people. That's the work that we have to do. We've also rolled out about 50 roles that we would describe as support to implementation at LHDs because it is a major, significant change and it does need to be resourced locally. We've provided funded positions for that resourcing.

RESPONSE:

I am advised:

Please refer to the statements provided by Mr Phil Minns on page 29 of the transcript.

Health and Regional Health - Supplementary Hearing – Page 29

QUESTION:

The CHAIR: I've got a couple of questions about David Berry Hospital. I understand that the Government has opposed legislating against the site of the old hospital from being sold, but that there has been ongoing consultation with the community, and the Government has said it's not its intention to sell it off. Can you provide an update about that community consultation around what the use of the site might be?

SUSAN PEARCE: I'd love to be able to give you the synopsis of that, but I think that community consultation has been extensive and we would need to come back to the Committee on that one on notice because I think that process is still ongoing. I'm not sure how much we can help you in the interim until we get to the end of that and then present that back through to government in terms of what options may exist. But clearly there was a commitment to consult widely, and I know that community in Berry is obviously very active and very interested in the site and the use of that land.

The CHAIR: Is there an expected time frame for that consultation?

LUKE SLOANE: Yes. The next lot of consultation will occur in March next year. It will continue to cover off local residents, clinicians, staff and the Aboriginal community and local Elders, and it will be inclusive of environmental and heritage groups and any other interested parties that are involved.

The CHAIR: I appreciate the time it has taken to be quite thorough. Is there an intention at the end of that process for submissions to be made publicly available, or is that only being provided to government?

SUSAN PEARCE: I'm not aware of that.

LUKE SLOANE: I don't know.

RESPONSE:

I am advised:

Phase one of consultation, the 'Have Your Say' survey, took place in September and October 2024.

The NSW Government will now undertake an in-depth analysis of the feedback from the Have Your Say survey to inform the second phase of consultation. This will include in person, focus groups and sessions, which will begin by the end of March 2025.

Focus groups will include residents, the Aboriginal community and Elders, organisations and businesses, clinicians and staff, community groups and government stakeholders.

Health and Regional Health - Supplementary Hearing – Page 30

QUESTION:

The CHAIR: I have a question for Ms Skulander. I'm following up on a question I asked at the previous estimates about Royal North Shore Hospital. You took a question on notice about the lot that's known as 4B, which was previously part of the health campus. Thank you for the answer that you provided on notice. I understand that the Medical Staff Council at Royal North Shore Hospital have made a submission to Government opposing the current planned rezoning and development on that lot which doesn't align with Health's previous plan. Has Health also made a submission opposing that current development?

EMMA SKULANDER: I'm aware of a submission that was put forward by the local health district. I provided input into a submission from a town planning perspective, because we have town planning expertise within Health Infrastructure. I think that was provided as part of the local health district's submission, but that's the context that I'm aware of from Health.

The CHAIR: I have a couple of questions which may be prior to your time, so I appreciate they may need to be taken on notice. Why was that land on the campus given to Property New South Wales rather than retained for Health, given the intention was that a proportion of residential housing might be key worker housing or directly associated with the health precinct?

EMMA SKULANDER: I'm nodding because I'm aware of the original intention, but I wasn't privy to the decision-making there around why it was, I think, declared surplus and given to Property. I'll take that on notice to provide the context.

The CHAIR: Can I ask as well – also before your time – if there was any financial or other benefit that Health or the local health district obtained because of passing that land over to Property New South Wales?

EMMA SKULANDER: I will have to confirm that.

RESPONSE:

I am advised:

The land at Lot 4b was declared surplus to Health needs following a government review process in 2014.

The transfer was subject to a financial transaction between NSW Health and Property & Development NSW.

Further information provided by Emma Skulander on page 38 of the transcript

Health and Regional Health - Supplementary Hearing – Page 30

QUESTION:

The CHAIR: I've got a much broader question that might be for you, Ms Pearce. I'm interested in LGBTQIA+ data collection, particularly in the context of significant public debate earlier this year around the census and many advocacy groups making it clear how valuable accurate data is for service planning and particularly for health service planning. I'm interested in the work that might be underway in improving data collection.

SUSAN PEARCE: Is there anyone who is across that at the moment?

SCOTT McLACHLAN: I can. Yes, we're doing a lot of work around LGBTQIA+ services right across the State, improving access into our health services and doing a lot of work with our staff around understanding some of the challenges that people come with. In terms of the data collection, there are some new data collections underway. We don't have the results of those yet.

The CHAIR: Can I ask on notice, then, for where that's up to? I'm specifically interested in data collection in this instance rather than service delivery, although I've asked many questions about the health strategy before.

SCOTT McLACHLAN: Sure.

RESPONSE:

I am advised:

The LGBTIQ+ Health Strategy identified better collection of data on LGBTIQ+ communities can lead to better patient experiences, clinical practice and outcomes across the health system.

The Ministry of Health undertook initial work in 2023 to look at the data currently collected and how data collection could be improved. A working group will be established to consider the next steps to improve the collection of sex, gender, sexuality and innate variations of sex characteristics data.

The Single Digital Patient Record also presents a significant opportunity to improve LGBTIQ+ data collection and use. The Single Digital Patient Record Implementation Authority is working closely with its vendor, the Ministry and the LGBTIQ+ community in relation to the data that will be collected and ensure that the privacy and confidentiality of patient information remains a priority.

Health and Regional Health - Supplementary Hearing – Page 31

QUESTION:

The CHAIR: With my last few minutes – sorry, it might be for Ms Skulander again. I should have done these in order. **The Cootamundra Hospital health service plan – is there an updated timeline for the release of the plan?**

EMMA SKULANDER: That is not for me, apologies. I'm not involved in the health service planning at the front end of that point.

The CHAIR: My apologies. Who is that question best directed to?

SUSAN PEARCE: It would be Mr McLachlan, but we're just looking through our notes here to see if we've got anything to offer to you for Cootamundra. If we can perhaps find that and come back before the end of the hearing, we will.

The Hon. WES FANG: If you're not able to, can you take it on notice?

SUSAN PEARCE: Yes.

RESPONSE:

I am advised:

The extended community consultation period for the Cootamundra Health Service Plan has been completed. Murrumbidgee Local Health District updated the Cootamundra Health Service Plan to reflect feedback from community consultation and the future health needs. This has informed the recommendations in the plan to best deliver these services.

A summary of the plan was published on the District's website on 20 November 2024, following a discussion with the Cootamundra-Gundagai Regional Council and the Member for Cootamundra.

The final draft Health Services Plan was submitted to the Ministry of Health on 13 November 2024.

Health and Regional Health - Supplementary Hearing – Page 31

QUESTION:

The CHAIR: My usual question for Mr Sloane – the rural generalist program for next year. How many positions are there confirmed and have they all been filled?

LUKE SLOANE: That's a good question. At present – I might have to come back to you. The last time that we spoke we had the 29 confirmed positions. As I informed the Committee before, we can go up to 80, and that was on top of previous, but I might need to confirm where we're up to with regard to positions at this point of time because we have the second round of recruitment in, I think, September.

The CHAIR: That's all right. I was hoping by this point of the year –

LUKE SLOANE: The numbers move a little bit because people accept at the time of recruitment and then that number changes as we get closer to the start of the clinical year.

The CHAIR: No worries. If you're going to take it on notice, I'd also be interested in the breakdown of the speciality area that people are pursuing – emergency medicine, obstetrics, anaesthetics.

LUKE SLOANE: Yes, no problems. We can come back with that.

RESPONSE:

I am advised:

Please refer to comments from Mr Luke Sloane on page 38 of the transcript.