

GENERAL PURPOSE STANDING COMMITTEE NO. 2

Friday 23 August 2013

Examination of proposed expenditure for the portfolio area

Health and Medical Research

The Committee met at 2.00 p.m.

MEMBERS

The Hon. M. A. Ficarra (Chair)

The Hon. P. Green (Deputy Chair)
The Hon. J. A. Gardiner
The Hon. J. Kaye

The Hon. L. Foley
The Hon. T. Khan
The Hon. A. Searle
The Hon. H. Westwood

PRESENT

The Hon. Jillian Skinner, *Minister for Health and Medical Research*

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

Corrections should be marked on a photocopy of the proof and forwarded to:

**Budget Estimates secretariat
Room 812
Parliament House
Macquarie Street
SYDNEY NSW 2000**

CHAIR: I declare this hearing for the inquiry into budget estimates 2013-14 open to the public. Before I commence I acknowledge the Gadigal clan of the Eora nation, who are the traditional custodians of this land. I pay respects to the elders past and present of the Eora nations and extend that respect to other Aboriginal people present.

I welcome Minister Jillian Skinner and accompanying officials to this hearing. Today the Committee will examine the proposed expenditure for the portfolios of Health and Medical Research. In accordance with the Legislative Council guidelines for the broadcast of proceedings, only Committee members and the witnesses may be filmed or recorded. People in the public gallery should not be the primary focus of any filming or photographs. In reporting the proceedings of the Committee, members of the media must take responsibility for what they publish or what interpretation they place on anything that is said before the Committee. The guidelines for the broadcast of proceedings are available on the side table by the door. I note that today's hearing is open to the public, and is being webcast live via the Parliament's website.

Before we commence I will make some comments about procedural matters. Any messages from advisers or members' staff seated in the public gallery should be delivered via the Chamber and support staff, or the Committee clerks. Minister, I remind you and the officers accompanying you that you are free to pass notes and refer directly to the advisers seated at the table behind you. Transcripts of this hearing will be available on the web from tomorrow morning. Minister, the House has resolved that answers to questions on notice must be provided within 21 days. I remind everyone to turn off their mobile phones or to place them on silent and away from the microphones.

All witnesses from departments, statutory bodies or corporations will be sworn prior to giving evidence. Minister, I remind you that you do not need to be sworn as you have already sworn an oath to your office as a member of Parliament. I also remind Dr Kerry Chant and Mr Ken Whelan from the Ministry of Health that they do not need to be sworn in as they were sworn in at an earlier budget estimates hearings. I will ask all other witnesses, each in turn, to state their full name, job title and agency; and then I will ask them to either swear an oath or make an affirmation.

KERRY CHANT, Chief Health Officer and Deputy Director General, Population and Public Health, NSW Ministry of Health, and

KEN WHELAN, Deputy Director General, System Purchasing and Performance, NSW Ministry of Health, on former oath:

MARY CHRISTINE FOLEY, Director General, NSW Ministry of Health,

KAREN JAN CRAWSHAW, Deputy Director General, Governance, Workforce and Corporate, NSW Ministry of Health,

JOHN ROACH, Chief Finance Officer, NSW Ministry of Health, and

ROHAN HUNGERFORD HAMMET, Deputy Director General, Strategy and Resources, NSW Ministry of Health, sworn and examined:

CHAIR: I declare the proposed expenditure for the portfolio of Health and Medical Research open for examination. As there is no provision for the Minister to make an opening statement we will be going from Opposition members to crossbenchers to Government in 20 minutes segments.

The Hon. TREVOR KHAN: Is it appropriate to tell the Minister that matters of Health and Medical Research are being done together?

CHAIR: Minister, are you prepared to have the medical research component, rather than being the last hour, to take generalised questions during that time?

Mrs JILLIAN SKINNER: Yes.

CHAIR: The Minister is au fait with her portfolio. I thought she would have no problems with that.

The Hon. LUKE FOLEY: Minister, I noted your response a few days ago to the funding pledge from Prime Minister Rudd concerning Westmead Hospital. You said, "Westmead is among the hospitals that is on our forward capital works plan." What is the funding commitment for Westmead Hospital in the forward capital works plan that you referred to?

Mrs JILLIAN SKINNER: Thank you, Mr Foley. I did make that commitment when I heard that the Prime Minister had committed \$100 million to Westmead Hospital. Westmead Hospital does need renovating and upgrading, there is no doubt about that. What we have done is to write to all of our local health districts asking them to give us advice as to what they see as the requirements in terms of capital development. You understand that we inherited a huge backlog of needed upgrades to hospitals right across the State. In the first term we have allocated nearly \$5 billion to the task. In Western Sydney we have, for example, allocated substantial funding for Blacktown-Mount Druitt and additional funding for the Nepean car park, which I was thrilled to open recently.

In south-west Sydney we allocated more than \$130 million to upgrade Campbelltown Hospital. In terms of Westmead we have started initial work, for example, with \$5 million to upgrade the emergency department. As we move into the forward capital works programming we are looking at all of those projects that the local health districts—in this case Western Sydney, chaired by Professor Stephen Leeder with Mr Danny O'Connor, the Chief Executive—have identified as their priorities. I cannot tell you the quantum because I do not have the figures in front of me. It is forward capital works and we identify those forward capital works when it is time to go into the next budget cycle. As I responded, in relation to the offer from the Commonwealth—and we do not have any proof that it has actually got the money—I have said that after 7 September I will be happy to go to Canberra to seek, from whichever party is in office, an agreement about how we move forward in terms of not only funding capital works but recurrent funding in an ongoing sense.

The Hon. LUKE FOLEY: I want to probe this term "forward capital works plan" that you cited the other day. We are a budget estimates committee and we have the budget papers here that involve an infrastructure statement. There is an allocation there for planning for a possible Westmead Hospital car park, is not there?

Mrs JILLIAN SKINNER: Yes, indeed. Car parks are a very important part of our hospital build. You would be surprised by how many people are very critical of builds that have been done without provision for car parking. Across the State we have \$100 million allocated for car parking.

The Hon. LUKE FOLEY: Correct me if I am wrong, but that is the only reference to Westmead Hospital that I can see in the infrastructure statement of this year's budget.

Mrs JILLIAN SKINNER: Yes, for this year.

The Hon. LUKE FOLEY: Is that a fair statement?

Mrs JILLIAN SKINNER: That is absolutely fair.

The Hon. LUKE FOLEY: You have received a report from the Western Sydney Local Health District—

Mrs JILLIAN SKINNER: I have.

The Hon. LUKE FOLEY: —that outlines the infrastructure needs of the district for the 10 years from 2012 to 2022.

Mrs JILLIAN SKINNER: Correct.

The Hon. LUKE FOLEY: Have you not?

Mrs JILLIAN SKINNER: Yes.

The Hon. LUKE FOLEY: But you have not released that publicly, have you, Minister?

Mrs JILLIAN SKINNER: No government ever releases that kind of information publicly, and neither did your government when you were in office. It is an indication of the gigantic amount of infrastructure catch-up we have to do because your government, when it was last in office, failed to deliver. We would never publish that data. It has never been done. I have, through the Ministry, received that—

The Hon. LUKE FOLEY: Minister, I can go to several—

Mrs JILLIAN SKINNER: Would you care to let me answer the question?

The Hon. LUKE FOLEY: —local health district websites and find the 10-year plans, but not when I go to the Western Sydney Local Health District. I am just wondering why there is an anomaly.

Mrs JILLIAN SKINNER: That is up to the local health district, what they publish on their local websites. In our devolved district structure, as I have indicated to you previously, I am not dictating to those boards what they must do. But those are all wish lists, if you like. They are their assessment of work that needs to be done over the next 10 years. We take that into consideration through the Ministry, through Health infrastructure, taking into the context our budget availability and money that is provided by the Commonwealth, if indeed there is any. Then we will make an assessment of how much, when, and whether it is staged. I have no qualms about giving that information. It is absolutely accurate.

The Hon. LUKE FOLEY: Minister, you have not released that document.

Mrs JILLIAN SKINNER: No. You would not.

The Hon. LUKE FOLEY: A copy happened to fall off the back of a truck and I was walking by.

Mrs JILLIAN SKINNER: Is this part of your media stunt, Mr Foley? I think we are on to it now.

The Hon. LUKE FOLEY: This document reveals "that Westmead is struggling to provide efficient health services to the people of Western Sydney", does it not?

Mrs JILLIAN SKINNER: I think it fell off a truck long before it got to you, Mr Foley. That has been in the public domain for quite some time. Indeed, I think Dr Brian Owler, when the Prime Minister announced his \$100 million the other day, was scathing and said it is not enough. That was an assessment made by some of the doctors out there, and it is true. It is 35 years old—that is what I think you will find in that document—there is a need for its upgrade, and that is what I have just said. The problem is, when I became the Minister I discovered that more than 40 per cent of our hospitals were more than 50 years old, so we have a lot of catching up to do, including work at Westmead.

The Hon. LUKE FOLEY: Minister, you tell us \$100 million from Kevin Rudd for Westmead is not enough.

Mrs JILLIAN SKINNER: No, I said Dr Owler. Dr Owler said that was not enough. Do not misquote me. Do not verbal me.

The Hon. LUKE FOLEY: Yet you allocate a couple of million for planning for a possible future car park at Westmead.

Mrs JILLIAN SKINNER: Yes.

The Hon. LUKE FOLEY: You think you are meeting your fair share of the contribution to the upgrade of Westmead, do you?

Mrs JILLIAN SKINNER: I said, as I have indicated, that many people have indicated that the first step in upgrading a hospital is making sure you have the parking right. For example, Nepean had a substantial upgrading previously by your Government when you were in office, and the Commonwealth.

The Hon. LUKE FOLEY: That was \$170 million.

Mrs JILLIAN SKINNER: Some of that was State funding. But they did not build a car park, so there was terrible disquiet out in that area. The Nurses Union and many others were saying, "They should have done the car park first", which is what in fact we are doing at Westmead, and we will make provision in our forward capital works, as I have indicated, for the upgrade of that hospital. After 7 September I will seek from an incoming Federal Government its advice about what contribution it is able to make.

The Hon. LUKE FOLEY: This document that I am releasing today told you that with respect to the Institute for Clinical Pathology and Medical Research at Westmead Hospital, the external eaves are 37 years old and that 10 millimetres of asbestos is cracking and falling out of the roof, and told you that there is a poor level of demonstrated building security, both active and passive—for example, undedicated entry to the facility is possible through unlocked exit—and the building is under ASIO watch, did it not?

Mrs JILLIAN SKINNER: Well, I have not seen that document. I believe it did fall off the back of a truck somewhere.

The Hon. LUKE FOLEY: You have not seen the document?

Mrs JILLIAN SKINNER: No, I have not. Maybe somebody in the Ministry has. Maybe they could answer.

The Hon. LUKE FOLEY: Are you sure about that? Do not do a Pru Goward, Minister. Are you sure you have not seen it?

Mrs JILLIAN SKINNER: I can tell you that if it fell off the back of a truck to you, as you have just indicated, then it is bound to be in the public domain.

The Hon. LUKE FOLEY: Have you or have you not seen—

The Hon. TREVOR KHAN: Point of order—

Mrs JILLIAN SKINNER: As I have said to you—

The Hon. LUKE FOLEY: —the asset strategic plan of the Western Sydney Local Health District?

CHAIR: Order!

The Hon. TREVOR KHAN: The point of order that I take is the point of order that I have taken on others when—

The Hon. HELEN WESTWOOD: When you want to stop them asking questions.

The Hon. TREVOR KHAN: When Mr Foley becomes excitable, he should allow the Minister to answer the question before attempting to jump down the Minister's throat.

CHAIR: I uphold the point of order. Ask the question, allow the Minister to answer it without talking over her, and it will be a more pleasant afternoon. The Minister has the call.

Mrs JILLIAN SKINNER: Thank you. What I would ask, Madam Chair—

The Hon. LUKE FOLEY: We are not here for pleasantness.

The Hon. HELEN WESTWOOD: Or to sing kumbahya.

The Hon. LUKE FOLEY: I am here to ask questions.

CHAIR: It is the honourable member's time that is being taken up. It is up to you. The Minister has the call.

Mrs JILLIAN SKINNER: What I would ask, Madam Chair, is: Could Mr Foley hand over that document so that we can have a look at it to determine whether it has been seen by the Ministry and whether I have seen a precis of it in one form or another?

The Hon. LUKE FOLEY: There you go, Minister.

Mrs JILLIAN SKINNER: Thank you. Do you believe you have seen that? I think it has come into the Ministry and, as I said, that is where we make assessments on where we put our priority in capital works. You would find that there are many hospitals where they would say that there are real problems with the buildings because there has not been the investment in these hospitals over many, many years. So that will not surprise me. Maybe Dr Hammett could answer.

The Hon. LUKE FOLEY: To be clear—

Mrs JILLIAN SKINNER: I will just ask Dr—

The Hon. LUKE FOLEY: —I am giving you the opportunity to correct the record. Do you stand by your statement that you have not seen it before today, or are you correcting that statement?

Mrs JILLIAN SKINNER: I am correcting the statement in as much as it has now been, I think, seen by the Ministry, and there have been precis of those sorts of documents provided to me and my staff.

The Hon. LUKE FOLEY: Thank you.

Mrs JILLIAN SKINNER: But whether I have actually seen that physical document or not, I cannot swear on a stack of bibles. But certainly—

The Hon. LUKE FOLEY: Best to be careful, Minister.

Mrs JILLIAN SKINNER: I am not rising to your stunts.

CHAIR: I do not think the Minister needs your advice, but anyway thank you for it.

Mrs JILLIAN SKINNER: Dr Hammett would be better able to answer the question.

Dr HAMMETT: Mr Foley, perhaps I could explain the process of asset planning as it arises through the State. We currently have 17 local health districts and specialty health networks with 239 hospitals around the State. Each of those districts and health networks undergoes an annual cycle. Every year they have a look at the needs of their services, the growth in the population that they are facing in their district, the state of the asset infrastructure that they have, and they put together a strategy which, as the Minister says—

The Hon. LUKE FOLEY: A 10-year plan.

Dr HAMMETT: It is renewed on an annual cycle.

The Hon. LUKE FOLEY: So it is a rolling 10-year plan.

Dr HAMMETT: It is a rolling 10-year plan; that is right. That is then fed into the Ministry where we analyse all of those asset strategies and have to come up with the priorities for the system. We have hospitals throughout the State that require infrastructure investment. As the Minister has mentioned, there has been substantial investment and we continue to do that. Every year we see documents like that from all of the local health districts. It is quite common—as you will be aware, asbestos was widely used in the construction industry in this country for many years—for asbestos to be used in hospital buildings and in buildings throughout the State. It is not uncommon for that to appear in reports.

The Hon. LUKE FOLEY: Thank you, Dr Hammett. Minister, are you aware that this document told you "that delay in upgrading the infrastructure will lead to increased disruption and risk to patients" and assesses that as a high risk. Are you aware of that?

Mrs JILLIAN SKINNER: Look, it would not surprise me, Mr Foley. That is why we have invested in the emergency department and the car park, and that is the next stage of our forward capital works. That is why we have given this a very high priority in our forward capital works, as I have indicated to you, but as I also indicated to the press when I was asked about this just two Sundays ago.

The Hon. LUKE FOLEY: Are you aware that the document told you that there is increased demand for birthing at the Westmead Hospital, women's, infants and ambulatory care and says "that there is a lack of birthing capacity to meet demand, increased hospitalisations, increased infection rates, increased length of stay". What are you doing about that?

Mrs JILLIAN SKINNER: That is why we plan to do our capital redevelopment—to address issues like that—and it is not—

The Hon. LUKE FOLEY: You are building a car park.

Mrs JILLIAN SKINNER: It is not unique to that hospital. For example, when I got on with the job—

The Hon. LUKE FOLEY: Will women be able to give birth in your new car park?

The Hon. TREVOR KHAN: Point of order—

CHAIR: Order! The Hon. Luke Foley asked the Minister a question. Stop, take a breath, and allow the Minister to answer.

Mrs JILLIAN SKINNER: For example, when I followed up on my commitment to re-open the maternity unit at Mona Vale Hospital it took much longer than I anticipated because it was riddled with asbestos.

The Hon. LUKE FOLEY: Come on, Minister, Mona Vale is a long way from Westmead.

Mrs JILLIAN SKINNER: It had been left there for 16 years by the former Government. We got on with the job of renovating the hospital. As Dr Hammett has said, we will have to do that in many hospitals.

The Hon. LUKE FOLEY: But you have not committed a brass razoo.

CHAIR: Order! Members should ask their question and allow the Minister to answer. Minister, do not answer until you have silence. The member is using up his time, but the ball is in his court.

Mrs JILLIAN SKINNER: I think I am repeating myself. As I have indicated, the car park is important.

The Hon. LUKE FOLEY: Will women be able to give birth there?

Mrs JILLIAN SKINNER: The next step is to get on with the upgrade of the other parts of the hospital, as indicated in the asset review. I will do that after—

The Hon. LUKE FOLEY: Where is the funding commitment beyond planning for a new car park at Westmead? Your Government has not committed a brass razoo to Westmead, has it?

Mrs JILLIAN SKINNER: The forward capital works will indicate the total estimated cost of the building and how we will stage or develop it over time. I hope it will indicate that substantial funding will be coming from the Commonwealth Government. However, as I have previously indicated, I cannot plan that until after 7 September.

The Hon. LUKE FOLEY: I give you the opportunity now to present a single piece of paper indicating a funding commitment from the New South Wales Government to address the severe infrastructure risks as outlined in the document you have kept secret. Will you do that now? Will you give an indication of the Government's funding commitment to upgrade Westmead Hospital?

Mrs JILLIAN SKINNER: I believe I have given a commitment to the New South Wales Government's intention to get on with developing Westmead Hospital as a priority in our forward capital works. That is no different from what has happened under any other government. We do not announce prior to the budget what will be in our forward capital works program. That is ridiculous.

The Hon. LUKE FOLEY: This secret document—

Mrs JILLIAN SKINNER: It is not a secret document.

The Hon. LUKE FOLEY: Not since I have released it.

Mrs JILLIAN SKINNER: I beg your pardon. It is an internal document that was provided at its request to the ministry to help determine our priorities for forward capital works. It is not a secret document.

The Hon. LUKE FOLEY: That document—whether secret or not—told you that Westmead Hospital's pathology building is in poor condition, and that there are unsafe working areas, poor environmental controls, poor configuration, an ongoing inability to meet Australian standards, a poor working environment, equipment damage and staff injuries. The work that needs to be done is estimated to cost approximately \$60 million. You have not allocated a single dollar to address that damning indictment of the pathology infrastructure at Westmead Hospital, have you?

Mrs JILLIAN SKINNER: Damning indictments like that were produced for your Government time and again. Those secret documents were never released and that is why we have to spend \$5 billion on capital works over our first four-year term. I assure you that we will give priority to that department at Westmead Hospital and many others in the forward capital works. That is normal practice not only at Westmead Hospital but also at other hospitals where work desperately needs to be done.

The Hon. LUKE FOLEY: You have kept this report under lock and key because it tells us that Westmead Hospital is struggling to provide efficient health services to the people of Western Sydney. Despite that, you have not budgeted a brass razoo for new infrastructure, have you? That is why you have kept it secret, is it not?

Mrs JILLIAN SKINNER: It is not a secret document. Let me examine your words.

The Hon. LUKE FOLEY: It was until 10 minutes ago.

Mrs JILLIAN SKINNER: The hospital is 35 years old and it has asbestos. Do you think that happened in the past two years? Why did your Government not plan for this during its 16 years in office? You could read a report like that about many hospitals. You might have kept documents like that secret when you were in government, but this Government is now working on—

The Hon. LUKE FOLEY: It was produced in June 2012.

Mrs JILLIAN SKINNER: —developing a forward capital works plan that will include the upgrade of Westmead Hospital. I am very proud of the work that the doctors, nurses and others are undertaking at that hospital and tremendous improvements they are making to deliver quality patient care.

The Hon. LUKE FOLEY: Then why will you not give them a dollar so that they have the facilities that they and their patients need? Why will you not make a commitment?

Mrs JILLIAN SKINNER: I am making a commitment that the forward capital works plans will include plans to upgrade that hospital. I think that is a commitment they will understand and accept. It is exactly what you did when you were in government.

The Hon. LUKE FOLEY: But we have the forward estimates and there is nothing for Westmead Hospital.

Mrs JILLIAN SKINNER: That is this year's budget for one year; it is not the forward estimates from next year onwards. You are misleading the Committee.

The Hon. LUKE FOLEY: This is a budget estimates hearing and we are examining the budget papers and expenditure for the Health portfolio.

Mrs JILLIAN SKINNER: Yes, for this year.

The Hon. LUKE FOLEY: There is nothing for Westmead Hospital other than planning for a new car park as a possibility. There is nothing else you can point to, is there?

Mrs JILLIAN SKINNER: You are deliberately misleading this Committee. That document refers to this year's budget. It does not refer to the forward estimates and it never has.

The Hon. LUKE FOLEY: I invite you to present a single piece of paper that indicates—

Mrs JILLIAN SKINNER: Does that mean you will not take my word for it?

The Hon. LUKE FOLEY: —allocated expenditure for the upgrade of Westmead Hospital's infrastructure. There is not a skerrick of evidence.

CHAIR: The Minister will repeat her last statement so that it is on the record.

Mrs JILLIAN SKINNER: The budget that this Committee is examining refers to the money allocated this year. Forward capital works will be from next year and for the next 10 years. The honourable member should take my word for that. If he doubts it, I take great offence. The Government will include the upgrade of Westmead Hospital in its forward capital works for the next 10 years.

The Hon. LUKE FOLEY: You will after today.

CHAIR: The honourable member should not credit himself with that much power.

Dr JOHN KAYE: I refer to your letter to nurses dated July this year in which you said that 4,000 new nurses have been employed. Over what period have those new nurses been employed?

Mrs JILLIAN SKINNER: Since I became Minister.

Dr JOHN KAYE: That would be from March 2011.

Mrs JILLIAN SKINNER: I can provide an updated figure. That was the figure to the end of May. As at the end of June, the figure was 4,100 headcount. In full-time equivalent terms that is more than 2,800.

Dr JOHN KAYE: How many nurses have left the system during that same period?

Mrs JILLIAN SKINNER: That figure takes that into account.

Dr JOHN KAYE: Are you saying that is the net figure?

Mrs JILLIAN SKINNER: Yes.

Dr JOHN KAYE: So there are more than 4,100 new heads.

Mrs JILLIAN SKINNER: Yes, there are, but it takes into account those who have left.

Dr JOHN KAYE: How many have left the system?

Mrs JILLIAN SKINNER: I cannot answer that.

Ms CRAWSHAW: The 4,100 is a net figure, as is the 2,800.

Dr JOHN KAYE: Can you take on notice the question about how many have left?

Ms CRAWSHAW: I do not know whether we have the capacity to identify that from our data. It comes off a payroll and I do not think we would be able to answer that question.

Dr JOHN KAYE: So you have no idea of the number of nurses who have left the public health system since you became Minister?

Mrs JILLIAN SKINNER: We can tell you where the numbers started.

The Hon. TREVOR KHAN: Point of order—

The Hon. HELEN WESTWOOD: He is asking a question.

Dr JOHN KAYE: I had not finished my question.

The Hon. HELEN WESTWOOD: Give him a go. Fair dinkum.

The Hon. TREVOR KHAN: I will not pursue the point of order, but I do not need editorial comment from Ms Westwood.

Mrs JILLIAN SKINNER: I will provide a comparison. In March 2011, there were 40,216 nurses, and as at 13 June this year there were 43,042 full-time equivalents. That is the number of people on the payroll.

Dr JOHN KAYE: And they are full-time equivalents.

Mrs JILLIAN SKINNER: It is a net figure.

Dr JOHN KAYE: How do you know that there are 2,800 full-time equivalents?

Mrs JILLIAN SKINNER: Again, it is from payroll.

Dr JOHN KAYE: So payroll can tell you the number of new—

Mrs JILLIAN SKINNER: The headcount takes into account individuals who may work part-time, which is why there is a difference between the two figures, as you would understand. And the full-time equivalent figure is the number when you roll it into a full-time worker equivalent.

Dr JOHN KAYE: Do you know the number of nurses you need to bring on board in order to push up the net FTE count?

Ms CRAWSHAW: I think the figure of 40,216 back in March was the number of nurses, in an FTE sense, that were being paid by us. In June 2013 we were paying, in FTE terms, 43,042. Now, obviously 10,000 could have gone and 6,000 could have come in.

Dr JOHN KAYE: I understand what you are saying, that is not a hard concept to get one's head around. My question is, because you do not know the number of nurses leaving the system, you do not have data on the number of nurses leaving the public health system, in order to fulfil your promise of 4,000, how did you know how many you needed to recruit?

Mrs JILLIAN SKINNER: I do not understand your question, I am sorry.

Dr FOLEY: It is about the total size of the workforce and at any point in time, made up of people who have been recruited yesterday or who may have been there for 40 years and all points in between—and people who come and go—but that is the quantum of nurses. Then, if that quantum is going to be lifted to meet increasing demand and to make sure that appropriate staffing levels are met under agreements about the number of nurses related to patient acuity and so on, then that can be determined as a quantum and you add that quantum. What you cannot necessarily say from the payroll data is to answer your question of how many left and how many are rehired. It is the total quantum of nursing workforce at points in time.

Dr JOHN KAYE: Are you concerned, Minister, that you do not know the number of nurses leaving the system in the period that you have been the Minister?

Mrs JILLIAN SKINNER: I know that the number of nurses that are in the system now, compared to when I became the Minister, is greater.

Dr JOHN KAYE: I am asking a separate question.

Mrs JILLIAN SKINNER: It is irrelevant though.

Dr JOHN KAYE: I do not think it is irrelevant, Minister.

Mrs JILLIAN SKINNER: It is, because, in net terms, there is that extra number.

Dr JOHN KAYE: You and I are talking about two different things. I understand where you are coming from, the argument you are having is about how many nurses there are on wards and are there more or less than when you came in.

Mrs JILLIAN SKINNER: Yes.

Dr JOHN KAYE: We can come back to that in a minute. However, I am asking you a totally different question that relates to workforce management and, in particular, the concern I am expressing, that you do not know the number of nurses who are leaving. The system cannot calculate the number of nurses who are leaving, therefore you do not have a strong handle on the retirement processes and the separation processes and the issues that are driving nurses to go.

CHAIR: They have the question now.

Ms CRAWSHAW: Individual districts would monitor turnover rates. There is also coming through, I think it is through the National Registration Board, having a look at turnover rates. That sort of information is factored into local plans around recruitment and retention.

Dr JOHN KAYE: So, individual Local Health Districts [LHDs] would be able to answer my question?

Ms CRAWSHAW: They would be able to give you turnover rates in their district.

Dr JOHN KAYE: But you do not collect that data centrally?

Ms CRAWSHAW: Not on a State basis, no.

Mrs JILLIAN SKINNER: If I am not mistaken, some of the work being done by the Australian Health Workforce body is—

Dr JOHN KAYE: They have a national basis.

Mrs JILLIAN SKINNER: But they break it down as well and in briefings to me they have indicated that the drop-out rate for nurses has dramatically reduced, so we are retaining nurses longer than ever before.

Dr JOHN KAYE: Isn't that an important piece of data that you ought to have directly?

Mrs JILLIAN SKINNER: It is particularly important for those at the hospital level, where they are planning their workforce. In fact, in terms of rolling out our nursing hours per patient day, that is known at that level.

Dr JOHN KAYE: But you talk to your colleague, Mr Piccoli, the Minister for Education, about planning the workforce. It is a crucial issue across Australia—the looming shortage of nurses; how we are going to deal with it; how big it is; where it is; and what sort of nursing expertise we need. Surely, part of that conversation must be informed by your knowledge of the number of nurses—and you have given us a piece of good news here, or at least an allusion to a piece of good news here. Surely you would be worried about that data and monitoring it carefully?

Mrs JILLIAN SKINNER: Indeed. At the local level, where this is taking place, where they are actually rolling out the nursing hours per patient day obligation, they know that kind of thing and we have done a 10-year workforce plan for New South Wales which is building on the work done at the national level, that looks at retention and growth in the nursing workforce. I think the best thing is to take some of these specific questions on notice and I will get them from the Local Health District because that is where we need to go.

Dr JOHN KAYE: I am interested that you have not already been getting that information from the Local Health District. It is a more general question. Do you regularly collect a range of statistics from the LHDs about workforce and about other performance matters?

Mrs JILLIAN SKINNER: We do, but also the Nursing and Midwifery Office [NAMO] in the ministry is the part of the system that collects all this data. They are not represented here today but I will go to them.

Ms CRAWSHAW: Certainly NAMO does and our workforce planning groups have a range of outward year forecasts on every one of the professions. NAMO is the Nursing and Midwifery Office.

Mrs JILLIAN SKINNER: That was just mentioned by the Hon. Paul Green, he being a nurse. He mentioned that to me.

Dr JOHN KAYE: A very good nurse too.

Mrs JILLIAN SKINNER: That's right.

Dr JOHN KAYE: It is a profession he should not have left.

Mrs JILLIAN SKINNER: It is a good thing to have nurses in Parliament—we have a couple. The important thing is that we are growing the nursing workforce, in net terms. That means that we can meet our obligations to not only fill the nursing hour per patient day but we can grow it beyond that. I will come back to that later.

The Hon. PAUL GREEN: Certainly it was my practice that every year, when one registered, one had to fill in a fairly detailed survey and that, I am sure, was for data collection of why I was not practising at that time as much as other people were practising or why they were leaving the industry. I want to ask a couple of questions following up from a question by the Hon. Luke Foley. You talked about \$100 million for car parks. I know that times are changing and that a lot of those car parks have a cost recovery amount. Can you indicate what sort of cost recovery of that \$100 million you might get back?

Mrs JILLIAN SKINNER: Some of it goes into the building of future car parks. You should also know that there is always provision made for subsidised parking for critical staff and for patients, particularly patients with chronic illnesses who need to come in on a regular basis. In terms of how much comes back to Health, I will have to take that on notice.

The Hon. PAUL GREEN: My point being that the \$100 million multiplies itself to a factor and I wondered where it went to, whether to more car parks or back to the hospital for asset management. That is my next question. We hear about Westmead being 35 years old and I think you said that 40 per cent of New South Wales' hospitals were over 50 years old. I note that some comments were that there are 17 LHDs in the area, with 236 hospitals. How do you prioritise New South Wales hospitals, as to which ones should be renovated first?

Mrs JILLIAN SKINNER: We have in the ministry, but also Health Infrastructure, a whole process that looks at that and we also engage the boards and the Local Health Districts in identifying those priorities. The documentation that has been referred to by the Hon. Luke Foley, I think I have seen the total but the documents are thick, massive. That is why I cannot remember every single page or what they say in all of them. But there is a process where you go through those and assess them against things like future patient demand, the state and age of the asset, whether it is going to last another X years and so on. That comes down to what goes in the next year's budget and so on.

The Hon. PAUL GREEN: Is there a specific way of addressing New South Wales' hospitals where asbestos issues are a concern?

Mrs JILLIAN SKINNER: Wherever we find asbestos, an immediate assessment is made. Like any buildings around that vintage, if there is a risk it is dealt with appropriately, either through containment or by demolition—through proper processes. That is true, as it is in any building. As has been said, I think, some of these hospitals were built or upgraded at a time when the use of asbestos was widespread. So it is an ongoing issue.

The Hon. PAUL GREEN: How many regional cancer centres are up and going? What is the projection?

Mrs JILLIAN SKINNER: That is a very good question. This is an area where there has been a very good Commonwealth-State partnership. It is making a real difference to the ability of patients in the country to access cancer services. While the officers are getting the figures I will talk about some that I know. I have recently been up to Tamworth, where that service has just been opened. That is a brilliant service. I am told, for example, that some patients there had previously chosen not to have radiation therapy because of the problems of having to come to the city—leaving their families and businesses, et cetera. That centre is now addressing some of those issues.

The Central Coast Cancer Centre was completed in March and opened this year. I was at the opening at Gosford. The brilliant thing about that service—I was there only two weeks ago with the ministerial advisory committee—is that it has attracted some of the best staff you could imagine to the Central Coast. The centre is acting like a magnet, pulling in staff that they previously had great difficulty attracting. It is a marvellous boon for the people of the Central Coast. The Commonwealth Government provided \$28.6 million towards that. We provided \$10 million and the recurrent costs. These figures are for the capital costs. The Illawarra Cancer Care Centre was completed in June this year. It is at Shoalhaven and, again, it provided a tremendous boost there.

The Hon. PAUL GREEN: Can I ask a question about that. Are there any budgetary issues preventing the South Coast cancer care centre from starting chemotherapy sessions immediately?

Mrs JILLIAN SKINNER: I do not know. I will have to take that on notice. It might be a staffing issue. Sometimes there are staffing issues. In New England the Armidale chemotherapy suite is to be completed by September this year. The Shoalhaven Regional Cancer Care Centre was completed in July.

The Hon. PAUL GREEN: It is looking fantastic.

Mrs JILLIAN SKINNER: Yes, it is. They are beautiful.

The Hon. PAUL GREEN: It probably has the best sunset in Australia.

Mrs JILLIAN SKINNER: Some of these buildings are spectacular. For the first time, cancer patients have a setting that looks out onto trees and—

The Hon. PAUL GREEN: Beautiful rivers.

Mrs JILLIAN SKINNER: I think these patients deserve that, frankly, considering the things they have to go through.

The Hon. PAUL GREEN: Do you have an opening date for the South Coast cancer centre?

Mrs JILLIAN SKINNER: I am not sure. I will have to let you know. You will be invited. I know you were a very strong supporter of that service.

The Hon. PAUL GREEN: I very much am a strong supporter, and have been. Thank you. If that opportunity arises it would be one of the proudest times in my life. In terms of Shoalhaven there has been comment that the local health district has been reducing the level of services available, which has necessitated local patients being treated at other hospitals. Are you aware of such instances?

Mrs JILLIAN SKINNER: No, the Illawarra-Shoalhaven local health district—like all of them—has had an increase in its budget to accommodate increased patient demand, whether that is in emergency, stays in overnight acute beds or elective service. That includes, as well, some of the community based services. One of the challenges for the districts is to ensure that they have a spread of services across the district. It might be that in order at Shoalhaven to make some of those services more accessible, for example, they are contracting the services at Wollongong.

The Hon. PAUL GREEN: I understand that.

Mrs JILLIAN SKINNER: I cannot give you specific examples but that may be the case.

The Hon. PAUL GREEN: That is a wise use of resources, on occasion.

Mrs JILLIAN SKINNER: Certainly Bulli is one case in point, where the local health district has determined that some of those services would be better provided at Wollongong Hospital and that the Bulli Hospital should focus on becoming a centre of excellence in geriatric care. Those kinds of configurations are happening all the time. I have great confidence in the board and the clinicians at Illawarra getting on with that job.

The Hon. PAUL GREEN: That brings me to my next question about the local health districts. Have they also been reducing the capacity for local hospitals to offer obstetric services across a range of needs, and therefore forcing pregnant mothers to travel longer distances for this service? Is that happening?

Mrs JILLIAN SKINNER: There certainly was an issue that some doctors raised down at Shoalhaven. It arose—this is from memory—when the hospital aligned the maternity services with the level of neonatal care. It was felt that if the neonatal service was not able to cater for more high-risk births then those births should be sent, I believe, to Wollongong. That adjustment was made. I know there was a bit of angst about that. I was there and met with those doctors with the member for South Coast. The chair of the board went down there and spoke to them about that matter. These decisions are always about patient safety. As a nurse you would understand that having babies born when the neonatal intensive care unit was not equipped to deal with them is problematic.

The Hon. PAUL GREEN: You are absolutely right; you want to give them the best opportunity. There is no doubt about that. Have you had any feedback that there is any angst among the healthcare professionals?

Mrs JILLIAN SKINNER: There was. I have not had any update on that. I was of the impression that it had been understood, even if it was not altogether happily accepted, that that was the rationale.

The Hon. PAUL GREEN: In terms of recent reports that the aged care industry is facing a staffing crisis and that, as a consequence, aged residents are suffering unacceptable abuse and neglect, what specific steps are you taking to improve staffing of aged care facilities?

Mrs JILLIAN SKINNER: The State Government has only 11 facilities. The rest are the responsibility of the Commonwealth—either through the private sector and bed licensing or otherwise. In terms of our own facilities I believe they provide excellent care. Some of them provide care to residents in the high end of demand. Nothing has been brought to my attention that has not been addressed. I think there was one incident that has now been addressed. I have confidence that those are very high-quality services.

It has been exciting for me to see programs where nursing homes or aged care residential facilities are working much more closely with hospitals to avoid unnecessarily sending their residents in an ambulance to an emergency department when they can be better treated in situ. There is some wonderful working going on in that space. I might get around to describing that later.

The Hon. PAUL GREEN: It was a good initiative.

The Hon. JENNIFER GARDINER: Going back to the capital works backlog for hospitals across the State, which was inherited by the Liberal and Nationals Government, could you give the committee a snapshot of some of the projects which are underway across the state to address that massive backlog.

Mrs JILLIAN SKINNER: The capital works expenditure has increased this year. It is up over the \$1.1 billion mark. As I indicated in an earlier response we have allocated nearly \$5 billion—I think it is \$4.7 billion—over the first four-year term of the O'Farrell-Stoner Government. I hope it is the first four-year term! This expenditure is providing major upgrades to many hospitals. I think the Parliament—the lower House anyway—knows off by heart those buildings that I am referring to, because this is so often a matter that I receive questions about. For the 16 years I was shadow Minister I was well aware of the promises that the Labor Party had made about upgrading many hospitals. Starting in the north of the State and going around, there were hospitals in Tamworth, Dubbo, Parks, Forbes, Wagga Wagga and Bega. Those are just the hospitals in the country. I agree with some Commonwealth funding. For example, the estimated total cost for Bega Hospital is \$170 million. We have put in our share of money. It is only a smaller share but, nevertheless, we have purchased the site for that hospital and work is underway.

In Dubbo, this year we allocated \$35.8 million of a \$79.8 million project. We allocated this year \$12.6 million towards the upgrade of two separate hospitals in Forbes and Parkes. At Kempsey we have early works and this year \$9 million was provided towards the total \$80 million project, which is joint \$40-\$40 million funding with the Commonwealth. We have allocated \$20 million of our share of the \$80.25 million much-needed upgrade to Lismore Base Hospital, particularly the emergency department. Port Macquarie Hospital has been allocated \$59.5 million this year for that \$110 million upgrade. Tamworth Hospital has received \$77.5 million this year. Our contribution is \$120 million towards the \$220 million upgrade. At Wagga Wagga this year we have allocated \$42.1 million of that \$282 million upgrade. The bulk of that money is from the State—\$215 million. I should add that the first part of that building is the car park, which is welcomed by the patients of Wagga Wagga. They are just the country ones. I could go on if you want me to give you more details of some city upgrades.

The Hon. JENNIFER GARDINER: Sure.

Mrs JILLIAN SKINNER: Would you like me to do that?

The Hon. JENNIFER GARDINER: Yes.

Mrs JILLIAN SKINNER: In the city I have mentioned already Western Sydney. The total project at Blacktown Hospital, which, again, includes the car park, is \$324 million. This is completely State Government funding. Of that, \$24 million is the car park. Again—

The Hon. LUKE FOLEY: You are the Minister for car parks.

Mrs JILLIAN SKINNER: I am because the former Government so neglected this part of the work.

The Hon. LUKE FOLEY: In 50 years time you may have a car park named after you.

Mrs JILLIAN SKINNER: In Campbelltown, \$139 million has been allocated and, again, it has a car park. For Hornsby Hospital we have allocated \$40.6 million in this year's budget towards the \$120 million upgrade. In the new Northern Beaches Hospital we have allocated \$29.1 million. As you would know, expressions of interest have been issued seeking the involvement of the private or not-for-profit sector to design, build, operate and maintain that hospital. As well, we have allocated \$19.5 million this year towards the \$39 million upgrade of the St George Hospital emergency department. There are also smaller projects.

The Hon. JENNIFER GARDINER: Car parks are very important at hospitals as well as the planning of hospitals. Is it not true that the previous Labor Government had to build the car park of the new Bathurst Hospital twice?

Mrs JILLIAN SKINNER: Yes.

The Hon. JENNIFER GARDINER: They had to dig it up and do it again?

Mrs JILLIAN SKINNER: Yes.

The Hon. JENNIFER GARDINER: So it is pretty important to get it right in the first place, is it not?

Mrs JILLIAN SKINNER: It is very important to get it right and to do it. I told this story when I was at the opening of Nepean Hospital car park the other day with nurses and others gathering around and celebrating. I went there just before the last election and visited a specialist in his rooms up the road. He said to me, "Would you mind meeting one of my patients?" I said, "Fine." He introduced me to a woman who was desperately sick, who had had an appointment at the hospital. She had a friend drive her there and they drove round and round for an hour and a half. They could not get a parking space and she was going home when her friend said, "No, let's go and visit your specialist in his rooms." He was just one of the many people saying to me, "For God's sake, get on with the job, build the car park before you build the hospital next time round." So the money is there for car parks. We will build, plan and get on with the job of building hospital car parks at Blacktown, Nepean, Sutherland, Westmead and Wollongong.

The Hon. TREVOR KHAN: Could you give us an update on the performance of New South Wales hospitals against national benchmarks for elective surgery and emergency department access?

Mrs JILLIAN SKINNER: I am delighted to do so. In fact, the figures have just come out today from the ministry. It is an analysis of the figures for January to June this year, the first six months of this year, for emergency department performance. These are national emergency department figures known as NEAT—national emergency access target. This is where they are supposed to see patients within four hours. Our target for the end of this year is 71 per cent. From January to June, 65.6 per cent of our patients were leaving emergency departments within four hours. This is a significant improvement on the 59.3 per cent for the same period in the previous year. It indicates that we are well on our way to meeting our 71 per cent target by the end of this year. In fact, I am convinced we will meet our 71 per cent target. This is all due to the fantastic staff in our hospitals—not only those working in the emergency department, the nurses, doctors, allied health workers and others, but across the system.

I congratulate Mr Ken Whelan, who has been leading a group of clinicians in a program called Whole of Hospital where they have been showing hospitals how they can change their practice to improve the flow of patients from the emergency department. That is why we are seeing such dramatic improvement. For example, hospitals that have already reached that 71 per cent NEAT figure are Tweed, Fairfield, Manly, Griffith, Bathurst, Ryde, Auburn, Sydney and Sydney Children's. Some hospitals have made incredible improvements. Hornsby has gone up from 49 per cent to 64 per cent and Nepean has gone up from 46 per cent to 60 per cent. These are incredible improvements based on the marvellous work of our health staff, those in the hospital and the people in Mr Whelan's team. I will go on with NEST figures for elective surgery, if you want.

The Hon. TREVOR KHAN: Yes.

Mrs JILLIAN SKINNER: Elective surgery is an area where we have always had very good performance. In fact, we have led the country. New South Wales is ahead of the country in performance in NEST, as it is known. For example, as at 23 August, so this is recent, and as a result of the hard work, we have made dramatic improvements as well as maintaining our lead in elective surgery. It goes in categories of

urgency. Urgent patients are supposed to be seen in 30 days. We are ahead of Labor's target for that with 99 per cent being seen on time. The last time the former Labor Government reported, it was 92 per cent. I think the target is 90 per cent. Semi-urgent patients are supposed to be seen within 90 days. We are seeing them 94 per cent on time. Labor was 87 per cent on time. Non-urgent are supposed to be seen within the year: 94 per cent were seen on time and under Labor it was 92 per cent. The Labor Government's figures are all well under our targets. We have a lot to be proud of in our achievements in elective surgery. Again, it is down to the wonderful work of our staff in our hospitals.

The Hon. JENNIFER GARDINER: Could you give the Committee a picture of the recurrent budget for NSW Health, in particular the year-on-year increases and what that is doing to enhance front-line services?

Mrs JILLIAN SKINNER: As I have indicated, our Health budget this year has gone up by 5.2 per cent as, indeed, it did last year.

Dr JOHN KAYE: Is that budget to budget or revised to budget?

Mrs JILLIAN SKINNER: This is revised to budget. We have record funding: this year \$17.9 billion in recurrent terms. That is up 5.2 per cent. That funding includes additional money to treat additional patients; 69,000 extra emergency patients; 34,000 extra patients admitted to hospital; and 3,000 elective surgeries. We also set targets for last year and exceeded every single one. I do not have those figures in front of me, but if someone does they might pass them to me. It is amazing; we actually doubled the number we saw within the targeted time. As I also indicated, these expenses growths have been incremental. In 2010-11 the budget was \$15.5 billion, in 2011-12 it was \$16.4 billion, in 2012-13 it was \$17.3 billion and this year it is \$17.9 billion. Those are just the recurrent budgets. We have increased the capital budget as well, as I have already indicated.

The Hon. TREVOR KHAN: Minister, again I will turn to a different subject, and that is beds. How is the Government tracking towards its commitment to make some 1,390 beds available in its first term of government?

Mrs JILLIAN SKINNER: We are on track to make the 1,390 additional beds available by March 2015. These additional beds have been made available through a variety of means—for example, opening new beds—and some of the capital works that I have identified will account for some of that. I think we identified how this would be broken down when we made this commitment prior to the election. But it also arises by freeing up existing beds using new models of care to reduce the length of time patients spend in hospital, as well as allowing patients to be cared for at home, avoiding the need for admission to hospital, and so on.

In fact, yesterday I was joined by the Federal Leader of the Opposition at St Vincent's Hospital and we visited a theatre where they were doing cardiac interventions by keyhole means, and the incredible physician, doctor—cardiologist, I suppose—was saying that by using this technique he had reduced the number of bed days dramatically. He turned to Mr Abbott and said, "I am making more beds available"—it came from the horse's mouth. There were many cameras around; I hope they captured it because that is exactly what I meant when I talked about making more beds available.

Again, there are really exciting things happening around the system through examples like that—new models of care with a developed structure that have captured the imagination—and giving those clinicians the opportunity to come up with ways to better see their patients through the system and, at the same time, make more beds available. I am convinced that we will easily make that target. As at June 2013, of that target there were 835 additional beds made available. That accounted for 304 subacute beds funded by COAG, which was part of what we identified in our commitment; there were 175 State-funded acute beds fully funded by the New South Wales Government; and 356 acute beds kept open following a reduction of COAG funding, because you will understand we had to provide over \$100 million that had previously been allocated through COAG under the National Partnership Agreement that ceased, so we had to therefore pick up some of that funding, and that same matter will arise again.

The other important point, and I know Dr Hammett made this last time but I want to particularly stress it, is that around the State and internationally we are looking at the number of extra patients we are treating, the extra care we are providing, as a means of accounting for the extra beds, because in 2012-13 NSW Health purchased an additional 38,000 cost-weighted inpatient separations—that is, the times they went into hospital—across the system, and this additional activity is equivalent to 369 beds or treatment spaces. That number of extra patients is equivalent to those beds. So it really shows that these new models of care, the way we are

treating patients, will make a huge difference to bed availability. The same is for 2013, when 34,000 additional cost-weighted inpatient separations will be purchased, which is equivalent to a further 320 beds or treatment spaces.

The Hon. JENNIFER GARDINER: Following on from that, Minister, in terms of trying to keep people out of hospital can you give the Committee an update on what the Government is doing in relation to preventive health?

Mrs JILLIAN SKINNER: Preventive health and new models of care are particularly some of the areas where I think we are making a huge difference. We have an Office for Preventive Health, which has been established within Liverpool Hospital and which provides funds for programs such as better eating and lifestyle changes. I have a ministerial advisory committee on preventive health, chaired by Professor Stephen Leeder, which has some real expert membership—Dr Kerryn Phelps, Dr Kerry Chant is a member of that as well—and they have highlighted a project on diabetes as their priority, and we are working very closely with others in that space, including the Commonwealth.

As well, some of those preventive programs are about looking after people with chronic illnesses better—in other words, not allowing their condition to deteriorate to the point where they have to come in to an acute hospital bed—and also providing care for patients in other settings such as at home. Hospital in the Home is a program that has been going for many, many years but which has been beefed up and is providing tremendous alternatives. I have met patients who have previously been put in a hospital bed who are now having their treatment at home—it might be IV antibiotics with a nurse attending regularly, it might be people with wounds that need dressings changed—and they are being cared for by people who are not in a hospital. As well as that there are a whole range of other models of care and innovations that are, I think, making a huge difference to our patients. Would you like me to talk about models of care?

The Hon. TREVOR KHAN: Yes.

CHAIR: We are learning all the time, Minister.

Mrs JILLIAN SKINNER: I am excited about it because it is one of the things that has happened through the devolution and re-engagement of clinicians. I get no greater kick than going to a hospital—as I am sure all my colleagues here do—and hearing the doctors say, "Thank God, at last we are able to come up with our ideas and have them implemented." I have talked about Dr Mathew Vukasovic out at Westmead on an endless number of occasions. He is the one who has really made a huge difference out there by his new ways of treating emergency patients.

At Griffith Hospital the emergency department has been heavily reliant on locums for years and years. A department's director position was vacant for three years and only three of the nine career medical officer positions had been filled. Then a highly successful recruitment strategy filled the vacant positions, facilitating improved patient care through the permanent appointment of the medical staff, and we now, as a consequence of this, have overall hospital savings in that hospital, by avoiding the use of locums, of approximately \$905,000 this financial year. That is just one example that improves patient care but it is also about better use of resources.

Auburn Hospital: high volume, short stay. This is a part of the day surgery there where up to three days post-care patients are taken from Westmead to Auburn and then they are geared to provide a quick turnover and discharge via the use of clinical pathways which guarantee best practice for those patients, better patient outcomes and happy staff, and it relieves Westmead of some of the burden it had previously. I could go on; I have got pages and pages of these.

The Hon. HELEN WESTWOOD: Who authorises voluntary redundancies? Is it the director general or is it you as the Minister?

Ms CRAWSHAW: Local health districts authorise them.

The Hon. HELEN WESTWOOD: Have any voluntary redundancies been offered at Prince of Wales in the last six months?

Mrs JILLIAN SKINNER: I cannot answer that question because it is up to Prince of Wales. Do you have any information on that, Karen?

Ms CRAWSHAW: Not on Prince of Wales, no. I am not aware of any clinical redundancies at Prince of Wales.

The Hon. HELEN WESTWOOD: As far as you are aware, there are no plans to offer voluntary redundancies in the next six months?

Ms CRAWSHAW: Again, we would have to take that up and talk to the chief executive of the local health district. It is a sort of local decision about how they configure their workforce.

CHAIR: Do you want them to take it on notice?

The Hon. HELEN WESTWOOD: Yes. Could you take that on notice? Is it true that the Government is waiting until after the Federal election to offer voluntary redundancies at Prince of Wales Hospital?

Mrs JILLIAN SKINNER: Certainly not.

The Hon. HELEN WESTWOOD: Have we got a commitment from you that that is not happening?

Mrs JILLIAN SKINNER: I do not know about voluntary redundancies, so it is an academic question.

Ms CRAWSHAW: It comes to our attention—

The Hon. HELEN WESTWOOD: You are not waiting? Will we get an announcement after the Federal election that there are a couple of hundred jobs going at Prince of Wales?

Mrs JILLIAN SKINNER: The management of Prince of Wales is up to the local health district.

The Hon. HELEN WESTWOOD: So you cannot tell us, Minister?

Mrs JILLIAN SKINNER: I cannot tell you.

The Hon. HELEN WESTWOOD: You cannot tell me whether or not there will be a couple of hundred jobs going from Prince of Wales?

Mrs JILLIAN SKINNER: I think that would be highly unlikely, but—

The Hon. HELEN WESTWOOD: Highly unlikely?

Mrs JILLIAN SKINNER: Highly unlikely.

The Hon. HELEN WESTWOOD: Okay. What is the labour expense cap savings for figures for Prince of Wales Hospital, please?

Mrs JILLIAN SKINNER: Mary? There are no labour expense cap figures this year. They have already been deducted from the allocations that have been made from our budget. The \$17.9 billion recurrent budget has already had labour expense provisions taken out of it, if I am correct.

Dr FOLEY: That is correct. The labour expense cap savings were applied against the growth funds so that when the budgets were allocated to local health districts, all of them receiving significant growth funding, the labour expense cap had already been calculated into that quantum. Individual hospital budgets are then set by the local health district, and their local health districts are in the process of setting those budgets.

The Hon. HELEN WESTWOOD: Minister, in respect of the Cochrane Collaboration, I am sure you noted the report in yesterday's *Sydney Morning Herald* that midwife-led models of care for pregnant women have much better outcomes for mother and baby. The review found that there is a reduction in epidurals, episiotomies, instrumental births, 19 per cent fewer foetal deaths before 24 weeks gestation and 23 per cent less

being born prematurely. Minister, do you agree that most women should be offered midwife-led continuity care, given the proven better outcomes for women and their babies?

Mrs JILLIAN SKINNER: I know that many women are offered midwife-led care through our hospital system, particularly for low-risk births. I have read that report. I have met with the professor previously as well. One of the things that my advisers point out, and I accept entirely, is that if there is any risk it is really important that they have access to expert care, should the need arise, in the form of obstetricians, anaesthetists and paediatricians.

The Hon. HELEN WESTWOOD: Yes, that certainly would be available under that model. The Cochrane Collaboration tells us this is the gold standard of care for pregnant women and it should be available.

Mrs JILLIAN SKINNER: That is why most of our hospitals—many of our hospitals—are now moving to offer midwife-led models of care. In fact, my last grandchild was born using a midwife.

The Hon. HELEN WESTWOOD: As I understand it, eligible midwives have been waiting for nearly three years for NSW Health to release its document on clinical privileges for midwives.

Mrs JILLIAN SKINNER: I would have to take that on notice.

The Hon. HELEN WESTWOOD: Why has that not been released? I know that process began under the former Government.

Mrs JILLIAN SKINNER: Why was it not finished then? I do not know. I will have to take that on notice.

The Hon. HELEN WESTWOOD: It is a process. Is it being blocked in your office?

Mrs JILLIAN SKINNER: No, certainly not.

The Hon. HELEN WESTWOOD: Why has it taken more than three years? It cannot be that difficult.

Mrs JILLIAN SKINNER: You would have to ask your colleagues. If it was more than three years, that is before my time. I will make inquiries about that.

The Hon. HELEN WESTWOOD: As I understand, the midwives have been making inquiries.

Mrs JILLIAN SKINNER: Not to me, they have not.

Ms CRAWSHAW: Regarding the clinical privileges for independent practising midwives, there are some issues around, obviously, indemnity cover. I believe that is being worked through. There is also an issue about access through the Commonwealth Medicare Benefits Schedule [MBS], or equivalent. Also with the clinical privileges my recollection is that there is a discussion going on about the need to partner with, or have available, an obstetrician so that there is some fallback and proper back-up in the event that that is required, so I think they are the issues still being worked through.

The Hon. HELEN WESTWOOD: Do have you a time frame?

Mrs JILLIAN SKINNER: Can I come back to that, because I have now been reminded. This is a matter that is on the Standing Council on Health agenda and it has been ever since I have been there. It has been held over from previous Ministers, but it is still there. It boils down to this matter of providing indemnity. I think we came close to coming up with a temporary solution, at least, but beyond that I cannot give you information. We will take that on notice.

Ms CRAWSHAW: We will have to take on notice where it is currently at.

Mrs JILLIAN SKINNER: It is tied up in the Standing Council on Health.

The Hon. HELEN WESTWOOD: Given the evidence that this model of care provides the best outcomes for women and their babies, should that not be a high priority? It has taken three years to get this document and we still do not have a time when it is to be released.

Mrs JILLIAN SKINNER: But you are mixing two things together: midwife-led models of care, which might be provided through a public hospital—

The Hon. HELEN WESTWOOD: But it is a very small number.

Mrs JILLIAN SKINNER: Hang on, let me answer—and private midwives delivering babies at home, and that is a different thing.

The Hon. HELEN WESTWOOD: We are talking about hospitals as well.

Mrs JILLIAN SKINNER: If they are linked to a hospital and if they have on-call obstetricians who are part of the practice, that is one thing. Midwives independently acting on their own at home, that is where you have the medical indemnity issues, and that is what the Health Ministers' council still has on its agenda. My recollection is we came up with a temporary fix, but it is not completed yet. I will get back to you on that.

Ms CRAWSHAW: Can I also add that I believe it is a very, very small number of independent practising midwives who would be seeking access to our hospitals. The vast bulk of midwifery-led care is from our employed midwives.

Mrs JILLIAN SKINNER: Yes, that is correct.

The Hon. HELEN WESTWOOD: Will you tell the Committee the number of registered midwife positions that are vacant at a number of hospitals? How many positions are vacant in Nepean?

Mrs JILLIAN SKINNER: I believe they did have a shortage. There is a problem worldwide and Australia-wide in respect of midwives. I have been following this and speaking to the chief executive out there. In recent months they have employed an extra 12. They have been overseas recruiting midwives and some have come on. If they are not on already, they have been waiting for their registration to go through. I think they are still trying to recruit, to fill the last few positions, but they are getting there.

The Hon. LUKE FOLEY: Have they recruited 12, Minister, or have they not?

Mrs JILLIAN SKINNER: Yes, they have recruited 12.

Ms CRAWSHAW: Thirteen.

Mrs JILLIAN SKINNER: Thirteen, actually.

Ms CRAWSHAW: I have the up-to-date information.

Mrs JILLIAN SKINNER: They have still got some more.

The Hon. HELEN WESTWOOD: Can we have those?

Ms CRAWSHAW: They have recruited to 14.5 vacancies. Some of them are overseas so they are still going through the process.

The Hon. HELEN WESTWOOD: Do you have starting dates for those positions?

Ms CRAWSHAW: I do not have that detail.

The Hon. HELEN WESTWOOD: Will you take that on notice?

Mrs JILLIAN SKINNER: Some have already started.

Ms CRAWSHAW: Yes, some have started.

The Hon. HELEN WESTWOOD: You will give us the information of how many are still vacant?

Ms CRAWSHAW: Yes.

The Hon. HELEN WESTWOOD: How many are vacant at John Hunter?

Ms CRAWSHAW: Can I emphasise that even if you have vacancies, it does not mean that those positions are not being filled in another way.

Mrs JILLIAN SKINNER: That is right.

Ms CRAWSHAW: They are being filled either through part-timers increasing their work, casuals, and, if we need to, agency.

The Hon. HELEN WESTWOOD: Do you have the figures for the number of midwife positions at John Hunter?

Ms CRAWSHAW: I only have the Hunter-New England figure and the permanent vacancies that are being recruited to at the moment are 11.5. That is for the whole of the Hunter-New England.

The Hon. HELEN WESTWOOD: Will you provide the starting dates for the positions that have recently been recruited?

Ms CRAWSHAW: As I said, they are vacancies at the moment. I do not know what has been recruited to. I know all of Nepean's vacancies have been recruited to, but they are start dates. For the others, I do not have how many of them are applications in train versus still looking.

Mrs JILLIAN SKINNER: Also, because midwives are in short supply, we are doing our own training. We will provide some extra detail about that because that is a very worthwhile project.

The Hon. HELEN WESTWOOD: How many of those positions at Nepean have been filled? We had 15—

Ms CRAWSHAW: The advice I have got is they have been recruited to the 14.5, but some have not yet started.

The Hon. HELEN WESTWOOD: Will you provide the starting date?

Ms CRAWSHAW: Yes, I am happy to go back to Nepean Blue Mountains and get that.

The Hon. HELEN WESTWOOD: I understand there are 11 vacancies at Canterbury Hospital.

Ms CRAWSHAW: Again I do not have them on a hospital-by-hospital basis. I have them on a district basis. I am looking at south-western Sydney and I have a district figure, certainly not a—

The Hon. HELEN WESTWOOD: What is the vacancy rate?

Ms CRAWSHAW: The district figure is around 16.

The Hon. HELEN WESTWOOD: When will they be filled?

Ms CRAWSHAW: Again I will have to take that on notice because that is dealt with at a local level.

The Hon. HELEN WESTWOOD: How many of the staff in the maternity unit at Nepean are registered midwives as opposed to registered nurses and assistants in midwifery?

Ms CRAWSHAW: I will have to take that on notice. We certainly do not have unit-by-unit data.

Mrs JILLIAN SKINNER: We will take that on notice. That is the best thing we can do. At Nepean they currently have 132.8 full-time equivalent nurses and midwives in the women's health service.

The Hon. HELEN WESTWOOD: In the women's health service. So that is maternity?

Mrs JILLIAN SKINNER: Yes.

CHAIR: Gynaecology.

The Hon. HELEN WESTWOOD: Yes, that is more than maternity though.

Mrs JILLIAN SKINNER: There are 147 full-time equivalent nurses and midwives in the women's health service to meet birth rate plus requirements and we recently recruited 13 full-time equivalent interstate and overseas midwives. I will get you the starting dates if there are some who have yet to go through the process.

The Hon. HELEN WESTWOOD: And a breakdown of those positions.

Mrs JILLIAN SKINNER: I am happy to do that.

The Hon. HELEN WESTWOOD: You talked about training. The fact is that there is no shortage of applications to universities to undertake midwifery courses but the universities cannot find the clinical placements at hospitals due to a lack of clinical educators. What are you doing about this?

Mrs JILLIAN SKINNER: I find that hard to believe. If that is the case, I will certainly look into it.

The Hon. HELEN WESTWOOD: That is what is happening.

Mrs JILLIAN SKINNER: For example, we have an additional six student midwives completing their training in August this year who, once registered, would be eligible to apply for positions over coming months. That is at Nepean. In fact, at the Nurse and Midwife Association's annual meeting recently I announced an additional 40 clinical nurse educators and clinical nurse specialists because we place great importance on those positions.

The Hon. JENNIFER GARDINER: You should have got a standing ovation.

Mrs JILLIAN SKINNER: I did get a standing ovation.

CHAIR: They have been stressing that and aiming towards that for years.

Ms CRAWSHAW: I think accommodating nursing and midwifery students, it is not just a clinical nurse educator or a clinical midwife educator requirement from the hospital. It is also capacity issues, numbers of births, and also from the university's point of view making sure that they have preceptors available to support the students.

The Hon. HELEN WESTWOOD: That is certainly what we are hearing from the universities. The problem is about the clinical educators in the hospitals, and that is why they are not able to get clinical placements. You only have to look at the number of nursing students and midwifery students at universities. If you can take that on notice, that would be good.

Mrs JILLIAN SKINNER: Can I just give you additional information to your question? Nepean Hospital welcomed eight student midwives in February this year and a further six student midwives started in July.

The Hon. HELEN WESTWOOD: The Cooma Sexual Assault Service released a statement recently which stated, "Cooma sexual assault service is regretfully having to inform the community referring services and new clients that after thorough consultation there is no capacity to respond to the higher caseload. We are temporarily closing our books to new clients that fall into categories 4 to 7." As you know, there are seven categories of sexual assault. It is now only able to see clients in the first three categories of seven.

Dr JOHN KAYE: Are they the most severe?

The Hon. HELEN WESTWOOD: Yes. How many other New South Wales sexual assault services have closed their books to victims of sexual assault and in which categories have they had to close their books?

Mrs JILLIAN SKINNER: I will take that on notice because I do not have that kind of information. But I can tell you generally—and this has been ongoing for quite some time—that a lot of the country general practitioners [GPs] who have been providing that service have said that they just do not have the capacity to deal with their GP patients and provide this service. It is a real dilemma. It is partly because once they do that they may then be required to go to court, et cetera, and do the follow-up, so they are away from their community and their practices. It has been a challenge and one where there has been examination of new models where we might train nurses and others to take on this work. I will get you more specific detail about that and how widespread it is because it is an important issue and I am working with the Minister for Women to try to address it.

The Hon. HELEN WESTWOOD: Are sexual assault workers front-line workers?

Mrs JILLIAN SKINNER: Most of the people doing sexual assault assessment, et cetera, would be nurses and doctors and they are certainly front-line.

The Hon. HELEN WESTWOOD: So they are front-line.

Mrs JILLIAN SKINNER: Absolutely.

The Hon. HELEN WESTWOOD: What is the waiting time for a client to be seen by a sexual assault forensic expert in their own town?

Mrs JILLIAN SKINNER: That is exactly the answer I have just given you, and it has been ever thus. It has been like that for about 10 years, sadly, because of the problems with having GPs do this work and then being away from their practices. For example, I recall some years ago in the Griffith area there was a marvellous woman GP doing this work who reluctantly gave it up because it meant she was leaving town and leaving her patients. I will try to get feedback on this—I will get feedback before I answer it on notice—exactly how we are doing it to address that.

The Hon. HELEN WESTWOOD: I am not actually talking about the GPs; I am talking about the sexual assault workers employed within sexual assault services in NSW Health.

Mrs JILLIAN SKINNER: I will ask Dr Chant to answer that.

Dr CHANT: I suppose there are three elements to sexual assault. If a sexual assault patient presents to an emergency department, obviously the care and physical health needs of that patient are met. There is also the separate issue of whether the person wants the collection of specimens for the purposes of forensics examination. In those cases we often need to bring in someone who is proficient at collecting that evidence. There are also the psychosocial aspects of a woman's management. They are all very important elements and they may be provided in different ways in different settings. We clearly acknowledge the need; with someone who has experienced sexual assault, we are endeavouring to ensure that all of those elements of care can be provided as close to home as possible. There are initiatives underway to train and upskill various categories of staff particularly to do the forensic element, and there has been some progress. I would be happy to find out some details for the Committee on what is being done and the locations of people who are able to take the forensics analysis.

The Hon. HELEN WESTWOOD: As you mentioned, equally important is the role of sexual assault workers in supporting sexual assault victims through that process of assessment. They are also the advocate during those forensic examinations. Are those workers considered front-line workers by the department?

Dr CHANT: I would consider that they would be front-line workers in terms of the psychosocial and emotional support for women.

The Hon. HELEN WESTWOOD: How many sexual assault worker positions are there in Bourke? I am sure you know that Bourke has one of the highest rates of sexual assault in New South Wales?

Dr CHANT: I would have to take that on notice. I note that it may be a particular social worker with experience. There may be different skill mixes that provide the dynamics of psychosocial support for the women. We would be happy to broadly address that question in terms of the specifics, but maybe other care and other non-government organisations that we might fund to provide those services would assist. I would be happy to take that on notice.

The Hon. HELEN WESTWOOD: You could then include Moree, Lightning Ridge, Cooma and Tamworth in the question you have taken on notice.

Dr CHANT: Thank you, yes.

CHAIR: Time has expired. Dr John Kaye will ask questions.

Dr JOHN KAYE: To return to the issue of nurse numbers. I will not belabour this too much longer. Minister, is it not true that the figures you gave me show 7 per cent growth over a 2½ year period?

Mrs JILLIAN SKINNER: I have not done a percentage.

Dr JOHN KAYE: You will have to believe my mathematics.

Mrs JILLIAN SKINNER: All right, I will believe you.

Dr JOHN KAYE: That equates to a 2.75 per cent growth rate annually.

Mrs JILLIAN SKINNER: I have not done the percentage calculation.

Dr JOHN KAYE: So it is?

Mrs JILLIAN SKINNER: What I can tell you—

Dr JOHN KAYE: Can I finish my question?

Mrs JILLIAN SKINNER: Okay.

Dr JOHN KAYE: Is it not true therefore that all you are doing is keeping up with demand? The budget papers tell us that indeed the growth rate in inpatient separation over the past year was 2.8 per cent and the growth rate in emergency department attendances was about 2.6 per cent. In fact, almost everything in New South Wales grew by between 2.6 per cent and 2.8 per cent because that is the rate of growth of population. Indeed, your trumpeted additional 4,000 positions was really only keeping up with growth in demand.

Mrs JILLIAN SKINNER: As I have indicated, through new models of care some of that care is not actually provided in the hospitals. That is why we are able to do so much more with the staff and the facilities we have. That is why I am so thrilled about the work going on in out-of-hospital care in preventing those people being put in acute beds. So you have this growth in the workforce able to meet a growing number of patients because so many of them are now being provided in other settings. Since we are quoting figures can I say—

Dr JOHN KAYE: You did not do something with inpatients—they grew by 2.8 per cent. If your nurse workforce is growing by 2.75 per cent, it is actually growing at a lower rate than the rate of inpatient growth.

Mrs JILLIAN SKINNER: We are using the growth in nurses allocated through the health system according to the nursing hours per patient day formula and other workplace formula so that they are able to treat this extra demand. As pointed out by the Director General, the biggest jump came in 2011-12. We were only keeping up with demand prior to that.

Ms CRAWSHAW: Could I add something?

Dr JOHN KAYE: Could you do it briefly? I have a few other issues to address.

Ms CRAWSHAW: Very briefly, there is no doubt that there has been a very significant upward trend in nursing compared with previous years. If you look at June 2009 we had 39,137—

Dr JOHN KAYE: Can I encourage you to table that document or to take it on notice?

Ms CRAWSHAW: It just gives you the figures from 2009 to 2013 and we go like that.

Dr JOHN KAYE: I would love those figures but not now.

Mrs JILLIAN SKINNER: Except that it is in answer to your question.

Dr JOHN KAYE: I understand what you are saying: the previous Government did not keep up and you have kept up. Congratulations.

Mrs JILLIAN SKINNER: No, we have dramatically accelerated. Earlier you asked some questions about the attrition rate; it is down. The attrition rate was 7.6 per cent in 2012-13 and in the previous year it was 8.8 per cent, so the attrition rate is dropping.

Ms CRAWSHAW: I emphasise that you need to look at attrition rates on a local basis because some districts have an older nursing population than others. A statewide figure is not the critical figure; the critical figure is a local figure.

Dr JOHN KAYE: I turn now to an issue that I raised with you last year—namely, co-payments for patients having chemotherapy in hospital. As of last year in New South Wales—and I am told the situation still continues—even where there is a repeat on the one prescription, a patient has to pay a co-payment on each subsequent payment.

Mrs JILLIAN SKINNER: I think that is wrong.

Dr JOHN KAYE: But in every other State except for New South Wales and the—

Mrs JILLIAN SKINNER: No, your information is quite wrong. There is a co-payment on the first but not the repeat. I will ask Dr Hammett to answer your question because we have had conversations about this.

Dr HAMMETT: Dr Kaye you did raise this issue last year. We looked into that and changed the policy within New South Wales hospitals so that cancer patients only pay a co-payment on the first prescription.

Dr JOHN KAYE: That is good news. The co-payment on the first prescription is in line with the Federal Government's policy on co-payments?

Dr HAMMETT: Correct. It is the same co-payment as the Pharmaceutical Benefits Scheme [PBS] co-payment.

Dr JOHN KAYE: That has been fixed. I will close that file and throw it away. Congratulations. That is great. I turn now to the urgent care centres.

Mrs JILLIAN SKINNER: I am glad you like it, Dr Kaye.

Dr JOHN KAYE: I do like it. Minister, without wasting any more of my time, I acknowledge that is a step forward from a previously unacceptable situation, which I know you found unacceptable. It is great that it has been fixed. Minister, in October 2010 you asked a question about urgent care centres of the previous health Minister, Carmel Tebbutt. You said, "Why is the Minister pushing ahead with urgent care centres when professional health groups are totally opposed to them?"

Mrs JILLIAN SKINNER: I was silly, wasn't I?

Dr JOHN KAYE: Minister, you just said you were silly when you asked that question.

Mrs JILLIAN SKINNER: Yes. They are fantastic. I love urgent care centres.

Dr JOHN KAYE: In July 2012 in a document headed "Emergency Department Models of Care", your department said: "There is currently no evidence from Australia's supported widespread implementation." Is that document still accurate?

Mrs JILLIAN SKINNER: I cannot remember that document but I guess it depends on how you define what an urgent care centre does. Let me give you an example from my recent visit to the mid North Coast. I had visited Wauchope hospital, which had a very poor, small emergency department that was seeing very few patients overnight, but the community was adamant that they had to keep it. A year later I went there and saw the plans for the extended urgent care centre—it was modern and able to appropriately deal with less serious patients up to 10 o'clock at night—and the community was rejoicing. Why? They had worked out what was going to be done and the linkages with other nearby hospitals so that those patients who needed that extra level of care could be transported off to Port Macquarie. The same thing will happen at Bulli where the local health district has put in a proposal for an urgent care centre, which I have supported.

Dr JOHN KAYE: An urgent primary care centre.

Mrs JILLIAN SKINNER: Yes. The same thing will happen at Mona Vale as that new hospital is developed.

Dr JOHN KAYE: Is an urgent primary care centre the same as an urgent care centre?

Mrs JILLIAN SKINNER: I guess it is in the terminology.

Dr JOHN KAYE: Last year when I asked you about this issue you told me that you were going to review the five pilot sites. Have you reviewed those five pilot sites?

Mrs JILLIAN SKINNER: Certainly the one I mentioned down at Bulli is definitely a goer.

Dr JOHN KAYE: But have you reviewed—

Mrs JILLIAN SKINNER: I have not looked—

Dr JOHN KAYE: There has not been a formal review of the five pilot sites?

Mrs JILLIAN SKINNER: I do not know. I cannot answer that question. I will take it on notice. But I can certainly tell you the communities where this is now in train. I think it is great, as do the clinicians.

Dr JOHN KAYE: But you will get back to me as to whether there has been a review of those?

Mrs JILLIAN SKINNER: Yes, I will.

Dr JOHN KAYE: I turn now to the issue of eHealth. I know this is a Federal issue.

Mrs JILLIAN SKINNER: No, it is mine too.

Dr JOHN KAYE: Why have there been such substantial uptake problems with eHealth? What are you doing to address those uptake problems? Is it true that general practitioners wishing to be part of the eHealth system, the PCEHR, have to buy their own software?

Mrs JILLIAN SKINNER: You are talking about a Federal matter. You are calling it eHealth when you are talking about personally controlled electronic health records [PCEHR] and that is Commonwealth. But eHealth is also about medical records attached to a patient within a hospital so they can track where you are and it is about imaging so that those images can be read anywhere digitally—that is all eHealth.

Dr JOHN KAYE: But it is the same system, is it not?

Mrs JILLIAN SKINNER: Not necessarily, no.

Dr JOHN KAYE: So the State is running a separate system to the Commonwealth?

Mrs JILLIAN SKINNER: Yes. We are running a system that can link with the personally controlled electronic health records—when they get it right—but we are the most advanced State in the country in terms of eHealth. A lot of eHealth helps us to roll out services to country New South Wales.

Dr JOHN KAYE: So the department has no direct involvement in the PCEHR?

Mrs JILLIAN SKINNER: I will ask the Director General to respond.

Dr FOLEY: The PCEHR means a health record that is personal to the individual. The vision is that that patient can give a whole range of healthcare providers—public, private, public hospital systems run by State Governments, general practice and allied health professionals in the community, et cetera, who provide a wide and diverse range of health care in this country—access to the one record of the patient. There has been a national planning process over a number of years to develop the infrastructure to be able to do that. It is very complex because, by definition, all of the different providers have their own systems. For example, the sort of system a general practitioner has on their desk to support their general practice is nothing like the sort of system that an allied health practitioner needs and that is nothing like the sort of system that a busy public hospital needs. That is why you need a PCEHR.

In the United Kingdom health system it is all one system and even the Hong Kong health system is pretty much all one system. If we had that, then the public hospital system would be the one that everybody uses. But in this country we have a very pluralist model and, therefore, part of it is in the public sector, the part the States run, and the rest of it is in the private sector, which are more subject to Commonwealth policy and funding settings. Therefore, for the personally controlled electronic health records [PCEHR] you have to develop common standards, common identifiers and common processes, privacy and security and other things so that the patient record can be shared across those boundaries safely and securely, and given that all the different providers have different systems.

The States signed up to being on the hook to make sure their own electronic medical records systems within their own systems are able to connect to and speak with the emerging national model. We are doing that, but what you are starting to see now that it is in the news is that people are starting to sign up for the personally controlled electronic health records. It is early days, but once you have got your personally controlled electronic health record it is useful because you can see your National Benefits Services and your Pharmaceutical Benefits Scheme records. But there is still not a lot in it because it is just the very beginnings. We as a State are developing our system so it can speak to that system. Eventually the vision is we will all be able to connect up, but it is very early stages and it does mean that we are a long way yet from having that completely shareable interruptable record for the patient.

The Hon. PAUL GREEN: Minister, earlier you spoke about a most excellent South Coast Cancer Care Centre and issues that have prevented it from starting chemotherapy sessions immediately. I think you said there might be staffing issues. Are there any budgetary issues?

Mrs JILLIAN SKINNER: The Illawarra Local Health District got a 5.3 per cent increase in its budget so I would find it very difficult to believe it was anything to do with budget. It may well just have something to do with recruitment at this point, but I will find out.

The Hon. PAUL GREEN: Given our well documented shortage of nurses—

Mrs JILLIAN SKINNER: Midwives.

The Hon. PAUL GREEN: Midwives and nurses.

Dr FOLEY: No, not nurses.

The Hon. PAUL GREEN: New South Wales hospitals have a full complement?

Mrs JILLIAN SKINNER: We do not have trouble recruiting nurses.

Ms CRAWSHAW: There is not a shortage of nurses across the board. It is a distributional issue that is not connected to lack of nurses; it is about attracting nurses to certain specialties and to certain areas.

The Hon. PAUL GREEN: Given that current nursing registration standards prohibit registered nurses who have been out of work for five years or more from registering, and given that the only refresher course offered in New South Wales is prohibitively expensive, has the Government considered making refresher courses available under the Higher Education Contribution Scheme?

Mrs JILLIAN SKINNER: Yes, we have, and we do. This matter came to my attention. You would understand the registration of nurses is now a national requirement. It is part of the legislation that we supported in Opposition but was introduced by the former Government. This is called recency of practice. It was \$10,000 to do the first part of the course, which was being provided by the College of Nursing. That was to follow up with some on-the-job experience. I thought that was over the top, and so we provided full scholarships of \$10,000.

The Hon. PAUL GREEN: How many?

Mrs JILLIAN SKINNER: We offered 60 over two years.

Ms CRAWSHAW: We offered 60 and 47 took it up.

Mrs JILLIAN SKINNER: There are still some available.

Ms CRAWSHAW: We are proposing to do the same thing for midwife re-entry.

The Hon. PAUL GREEN: Are the scholarships on offer for nurses who are trying to return to work on casual or part-time basis or just full-time?

Mrs JILLIAN SKINNER: There is a return of service obligation but I think it is available for part-timers.

Ms CRAWSHAW: It varies, it could be part-time.

Mrs JILLIAN SKINNER: They have to sign up to a return of service of two years, which I think all have been willing so to do.

The Hon. PAUL GREEN: They can do that two years over a four-year period?

Ms CRAWSHAW: I will need to double-check that.

Mrs JILLIAN SKINNER: I am pretty sure it is.

Ms CRAWSHAW: I think there is that flexibility. I wish to confirm that.

The Hon. PAUL GREEN: If not, given the fact that 13 have not been taken up, I suggest there might a little room to move on that.

Mrs JILLIAN SKINNER: It surprised me actually. The Nurses Union ran a big campaign about this and I expected that we would have trouble in meeting demand but, as I said, there are still some available.

The Hon. PAUL GREEN: In relation to those 60 positions, is there data about whether they are regional and rural nurses?

Mrs JILLIAN SKINNER: There is a mix. I have been out to the College of Nursing and met the first few and there was a mix. There were some people from the North Coast, western New South Wales, as well as Sydney. Also, following that we discussed with the Nursing and Midwifery Office, not here in New South Wales, Australia-wide, and now there is some provision from the job catch-up for, I think, midwives.

The Hon. PAUL GREEN: We know that the NSW Nurses Association is trying to get the nurse-to-patient ratio down to 1:4 in general, 1:3 for children and accident and emergency, and 1:1 in the intensive care unit. How are negotiations going in adjusting the ratios?

Mrs JILLIAN SKINNER: NSW Health offered nurses a 2.5 per cent increase on 19 May which included the compulsory workers compensation element. We did that through the Industrial Relations Commission and it has been accepted by the commission and it will backdated to 1 July. The nurses have the 2.5 per cent increase. In relation to ratios, the former Government knocked out the idea of ratios. In fact, I have been fond of quoting the former Minister for Health, Carmel Tebbutt, who rejected ratios because it was too inflexible. It did not allow nurse unit managers across a hospital to negotiate with each other to shift nurses according to the complexity of their patient load.

For example, a ward could on any particular day have some very seriously complex patients compared to a nearby ward which has a different load. So nursing hours for patient days allows for them to negotiate and be flexible. That is what former Health Minister Carmel Tebbutt pointed out and I totally agree with her. So that is what our position has been in terms of nurse to so-called patient ratios. Contrary to some of the claims put out by nurses, we have had ongoing discussions with them about that and many other things to do with workplace matters.

When I attended the Nurses and Midwife's Association annual meeting recently I was able to announce new positions over and above those announced in this year's budget, which included 40 extra clinical nurse educators and clinical nurse specialists for small-to-medium rural facilities. That is in addition to the 275 positions committed in our pre-election policy. We announced 35 extra senior nurses to ensure a consistent level of support for our busiest level 3 and level 4 emergency departments, and 60 new clinical support officers for community health and community mental health services to relieve nurses from a range of non-clinical duties, including paperwork, freeing them up to focus on patient care. At least 45 of the 115 clinical nurse educators and clinical nurse specialists grade 2 positions are earmarked for 2014-15 as part of the Government's four-year commitment to community health.

The Hon. PAUL GREEN: Nurses also request a four-hour cap on patient contact time in community health. What impact would meeting that request have on community health?

Mrs JILLIAN SKINNER: That is a far too simplistic approach, as you would know being a former nurse. I will ask Karen to answer.

Ms CRAWSHAW: Obviously it would result in a loss of productivity. Certainly it is less than you would find the average community nurse is currently doing. The difficulty of trying to come up with a rigid number of patient hours or face-to-face time, particularly in a community setting, is that so much of it can depend on things like travel time. It is a fairly dynamic environment. We can also look at how to improve the face-to-face time that nurses spend with patients through things such as better tools—for example, remote devices and route planners. The Minister mentioned that we have put in clinical support officers—about 60 of them to begin with. If that is successful then we feel that is a better option for taking the administrative burden off our community mental health and community health nursing staff so that they can focus on time with patients.

The Hon. PAUL GREEN: I think we only have 40 seconds left before it is time for a cup of tea.

CHAIR: The tea is on its way.

Mrs JILLIAN SKINNER: Is that why we do not have any Labor members in the room? They have gone for a cup of tea.

The Hon. PAUL GREEN: Minister, I congratulate you and the Department of Health on the mobile phone app focused on sepsis. I acknowledge the arrival of the Hon. Adam Searle.

Mrs JILLIAN SKINNER: I welcome the Hon. Adam Searle. This must be the start of the second shift.

The Hon. PAUL GREEN: That phone app is fantastic. The only problem is that I cannot get it on my phone. Has it been launched?

Mrs JILLIAN SKINNER: This is one of the initiatives of the Clinical Excellence Commission. It has been launched.

The Hon. PAUL GREEN: I think it is a great initiative and a new model of care.

Mrs JILLIAN SKINNER: They have now released a paediatric sepsis program as well. We will check whether it is up. The paediatric program was developed subsequent to the adult one. The Coroner making a particular finding in relation to the death of a child held off on the final deliberation and announcement while that paediatric sepsis program was finalised. It is a great compliment to the people behind that program.

Dr CHANT: We are checking on the app—we are trying to find the app on the website. There is a website with extensive resources. We are just trying to find it.

The Hon. PAUL GREEN: So it is on the website and not on the phone app site? I could not find it there. I am very curious to learn more.

Dr CHANT: We will give you the date for that.

The Hon. PAUL GREEN: As I said, it is a great initiative and an example of the creed that prevention is better than cure.

Mrs JILLIAN SKINNER: There are some wonderful health apps—there is another one that reminds people to vaccinate their children.

The Hon. PAUL GREEN: Is there one coming for fluoridation?

Mrs JILLIAN SKINNER: That is highly likely—we could put that in our discussion paper.

Dr CHANT: The vaccination one is called "Save the Date to Vaccinate".

CHAIR: We are going to break for afternoon tea very shortly; we are just waiting for the beverages to arrive. In the interim we will start with some Government questions and then have a bit of a break in the middle.

The Hon. JENNIFER GARDINER: Minister, on the issue of improving the State's ambulance services, could you update the committee on aeromedical retrieval services and the response to that part of the review?

Mrs JILLIAN SKINNER: Yes, I would be delighted to. In late 2011 I asked the Director General of the Department of Health to commission an independent review of the Ambulance Service. It was really a review of reviews because there had been so many done previously. That review included having a look at aeromedical operations. The independent review sought to ensure that patient needs were being met appropriately and that taxpayers were getting value for money when it came to these contracted services. Following the independent review by consultants Ernst and Young into the aeromedical services, we released their report and entered into extensive stakeholder consultations, including with clinicians, helicopter operators and the general public.

On July 17 we announced the Government's Reform Plan for Aeromedical (Rotary Wing) Retrieval Services in NSW. We announced in that plan that, for the first time, there would be either a doctor and a paramedic or a doctor and a nurse on every flight from every base across the new helicopter retrieval network. This has been very well received across the board. It will mean that patients receive better and faster emergency care, with bases operating 24/7—including bases at Newcastle, Tamworth, Orange, Wollongong, Canberra and Lismore. This will allow aircraft to respond to emergencies up to 30 minutes faster. To boost services we will be providing an additional 11.5 new full-time equivalent [FTE] retrieval doctors and 18 new FTE paramedics. These will be funded by a \$151.2 million commitment from the Government, including an additional \$39.1 million in new funding, over the next three years.

This reform plan guarantees that the helicopter retrieval network can meet the growing demand for retrieval missions in New South Wales. Demand is expected to increase by 23 per cent by 2022, which is quite a dramatic increase. The current fleet of helicopters will be streamlined, which will reduce the range of helicopters not the number necessarily. That will reduce the cost of maintenance, parts and training for each helicopter type and of course enable the different bases to take advantage of being able to share helicopters should the need arise when helicopters are down for maintenance and so on. The reform plan has six key strategic directions, which grew from the recommendations of the Ernst and Young report and the feedback.

The strategic directions will guide the direction of our rotary-wing services over the next decades and inform the procurement process for the next round of contracts. The six directions include: growing to meet demand, improving tasking and coordination, enhancing crewing models, updating infrastructure, increasing standardisation and interoperability, and strengthening governance. The new Statewide Medical Retrieval Executive Governance Committee will oversee the implantation of this reform plan for the service. The request for tender for services, because I know that will be the next question, will be issued by the end of 2013. The Ministry of Health will lead that procurement process for the next round of contracts. For the first time ever, NGOs and commercial operators will be able to tender on a level playing field for government-funded helicopter contracts.

The Hon. TREVOR KHAN: I will change the subject for a second, although we may come back to aeromedical services later. What is the Government doing to continue to support the successful Multi-Purpose Service [MPS] Program in regional New South Wales?

Mrs JILLIAN SKINNER: The Multi-Purpose Service [MPS] Program is very important in the provision of health care to country communities. It is a joint Commonwealth-State program. I first became aware of this program when I became the shadow Minister for Health in March 1995. At that time, MPS was a relatively new program and communities were wary of it. It was a way of replacing often out-of-date country hospitals that were really no longer suitable. On many occasions they were mostly occupied by aged care residential type patients. The program gradually gathered momentum and now there is a great demand for multipurpose services. As the name implies, these services bring together under one roof a combination of services—depending on the local need and so forth—which might include: aged care residential services, rooms for general practitioners or other services such as the Aboriginal Medical Service, allied health services and so on. It might have a small emergency capability or urgent-care centre.

It might even have a couple of acute-care beds. The projects currently underway include: the Gulgong Multi-Purpose Service, due to be completed early in 2014; the Hillston MPS, with early works to be awarded this month—in fact I am due to go out there soon—the Lockhart Multi-Purpose Service, which is under construction and due to be completed in 2014; and the Peak Hill Multi-Purpose Service, which had early works awarded in July. These multipurpose services range in cost from \$12 million to \$7 million and are generally funded Commonwealth to State, although not always. We have completely funded the Lockhart project ourselves and we can expect over time that there will be even more of these multipurpose services as we replace old, smaller country hospitals that are no longer up to date for modern health practice and we can bring together this range of services under one roof. Could I give a supplementary answer to the Hon. Paul Green?

CHAIR: Sure.

Mrs JILLIAN SKINNER: In relation to the return of nursing—this is the recency of practice—they require a minimum of two days a week for two years, so it is available for part-time nursing, which is great news. It accommodates many different people.

The Hon. PAUL GREEN: How is the sepsis app?

Mrs JILLIAN SKINNER: We have got a note on the sepsis app. It is available now, the adult one only. The adult sepsis app should be available. Maybe we had better come and help you load it. We will send it to you. That advice came from the clinical experts division.

(Short adjournment)

The Hon. JENNIFER GARDINER: The Federal Liberal-Nationals Coalition health policy has been released. From a New South Wales budget point of view, can you give the Committee an update on the implications for the health system in New South Wales and the budget if there is a change of government, which hopefully there will be?

Mrs JILLIAN SKINNER: Yes. I was privileged to join Mr Tony Abbott yesterday, along with Professor Michael Feneley, who is the head of the heart unit at St Vincent's Hospital, where they announced the policy. I must say it was a great pleasure to be going through that hospital, particularly to be met at the door by Sister Jacinta—and you would know her, Director General—who reminded Mr Abbott that he had provided her with money for an MRI and now she needed another one. I think that nuns do very well.

They announced, I think particularly importantly, a commitment to maintain the activity-based funding approach that they would keep all the funding in health; there would be no cuts to health funding front-line services. In fact, they said there would be an increase. The only area where they said there would be reallocation of funding was from the bureaucracy to the front line. They said that \$340 million would be saved from cuts to the bureaucracy and that money would be allocated to support—I thought very importantly—100 additional medical intern places this year. That is something we have been calling for for a very long time and there has been nothing offered by the current Federal Government.

This is \$40 million over the forward estimates to support these 100 additional medical intern places each year. To put it in the context, we provided 925 last year and 957, if my memory serves me correctly, in New South Wales this year, so we are getting up there and I hope this will make a big difference. They said there would be \$119 million over four years to double the practice incentive payment for a general practice. This will enable them to provide teaching opportunities, which is important in getting general practitioners out to country areas. Even though general practitioners are a Commonwealth responsibility, because so many of them have visiting medical officer status in our country hospitals, they are of course very valuable and important to us. They would also allocate an additional \$13.4 million to provide 500 additional nursing and allied health scholarships to students from rural and remote areas, which of course will help us as well.

They allocated money to accelerate the full implementation of the biennial bowel cancer screening for people aged 50 to 74 by 2015-20. That is being substantially brought forward, and that has a positive consequence because if you detect cancer early and treat patients it is of benefit not only to them but also to our health system. They allocated \$35 million to the Juvenile Diabetes Research Foundation's clinical research network to help find a cure for type 1 diabetes. That is another example of the kind of preventative work that we are focused on in New South Wales. Overall, I believe that this is an important announcement for the future of health beyond 7 September should there be a change of government in Canberra.

The Hon. TREVOR KHAN: Minister, will you tell the Committee what the recent announcement at Wollongong aeromedical base related to?

Mrs JILLIAN SKINNER: A proposition was put forward in the Ernst and Young report that that base could be closed and relocated to the city if a new base was built in the city. On reflection, and after considering the submissions from a number of sources—including the very vocal member for Kiama, who must have tapped me on the shoulder 200 times about this—we decided that was not the way to go. We have supported the retention of the Wollongong helicopter base to meet the needs of the people in the Illawarra and South Coast.

Under the reform plan, the Government has announced \$150,000 for building modifications at the base to bring staff accommodation closer to the helicopter hangar. I believe there is some discussion about other work there, which is outside this. Shellharbour council has applied for funding through the Restart NSW Illawarra Infrastructure Fund, and that has been shortlisted. That application is for a new facility for an aeromedical helicopter service at Albion Park. If that is the case then we will put our money towards that project as well.

The Hon. JENNIFER GARDINER: Will you give us an update on the response to the strategic review in relation to improving the Ambulance Service of NSW?

Mrs JILLIAN SKINNER: As I mentioned when I was talking about the aeromedical review, there had been many previous reviews of the ambulance service but the former Government never acted upon them. At my invitation, the director general set up a task force. We set up a review process and we came up with the reform plan that we put out some months ago now, which has been well received. It is about doing a number of things in five key strategic directions. It seems a no-brainer, but the first was talking about the integration of the Ambulance Service of NSW within the broader health system.

Many comments had been made over the years, and I was conscious of them over those years, that the Ambulance Service was somehow seen as separate to our hospitals and the rest of our health service. When I visited hospital emergency departments I always made a point of making my way to the ambulance bay to talk to the paramedics. I certainly have continued to do that as Minister, and the paramedics are shocked. They say it is the first time that a health Minister has done that. That indicated to me the importance of bringing them into the picture. I am thrilled that that is already starting to take effect with this new plan. We are seeing real

improvements in the relationships between the two and that is gathering momentum with the appointment of Mr Ray Creen as the new chief executive. That was the first strategic direction.

The second, which I think will become increasingly important, is separating the non-emergency patient transport system from urgent medical retrieval patient services so that the Ambulance Service of NSW is better able to focus on the core business of responding to emergencies. That had been recommended in many of the previous reviews, most obviously in the Garling report. There are pages in the Garling report where he talked about the number of non-urgent transports between hospitals that were being done by paramedics in emergency vehicles. I think there were more than 100,000 a month, so it was really important to separate out the non-urgent transports.

We have started work on that initiative and we have set up a central call centre, which will coordinate the requirements across the State. We will end the practice of an ambulance or a vehicle going from point A to point B and then coming back empty while a patient is waiting at point B. Hopefully that is going to avoid that circumstance and I think there is going to be tremendous savings that can be rolled back into better services, which is much better for patients. The third key strategic direction was developing models of care and investing in new providers to effectively manage demand and have a positive impact on response time. This was about reducing paramedic fatigue and improving the operating costs of the Ambulance Service of NSW. The fourth key strategic direction was ensuring that the service has effective infrastructure—which is about ambulance stations—and has a funding model that ensures financial sustainability in the future.

The fifth key strategic direction is strengthening the leadership workforce and governance structure of the Ambulance Service while embracing the core values. I talk about the core values wherever I go: collaboration, openness, respect and empowerment. We are well on the way to rolling out these reforms and I am very pleased to report that we have seen much improvement already in terms of enthusiasm within the paramedic service, but also much better integration into the rest of the health system.

The Hon. TREVOR KHAN: Minister, what has the Government done to address the issue of low organ donation rates?

Mrs JILLIAN SKINNER: Organ donation was another one of my major priorities. I have a number of these documents if anyone wants to see them. Organ donation is a personal interest of mine. I had friends who were on a waiting list for organ donation and I saw the stress and anxiety that they and their families went through. At the time I became Minister I was alarmed at the really low rate of organ donation in New South Wales compared with other jurisdictions. We set about reviewing the whole process of organ donation. I consulted extensively with experts in the field and we came up with a number of recommendations. The main ones that had a huge impact were ending the licencing register of intent attached to the old Roads and Traffic Authority [RTA] register and going to the national register which is attached to Medicare. That had the effect of making you think about it twice, being proactive and having that conversation with your families.

The other really important aspect was employing what we call "designated requesters". They are highly experienced clinicians working in a hospital who are independent of the donor, their family and recipients who are able to work the family through the process, allay their concerns and answer their questions. Since the launch of the plan in August last year we have record donation rates from deceased donors in New South Wales for solid organs, corneas and other tissues. Organ donation rates increased from 10.7 donors per million in 2011-12 to 15.7 in 2012-13. That is a major improvement. There were 88 deceased donors in 2012 compared with 77 in 2011. From 1 January to 31 July there were 70 deceased organ donations compared with 45 for the same period last year. It is gradually increasing.

Doing the rounds of hospitals I have met a number of the clinicians who are designated requesters. I was in the Tweed on one occasion where I met one of the designated requesters. He was enthusiastic about the work and support he is providing to families. You can see the impact when you look at those specific places. When I was in Orange I met doctors there who said, "And do not forget tissue donation." Some country hospitals do not have the capacity to participate in solid organ donation but with tissue they can. One of the things that is interesting is corneal transplants rose by 16 per cent from 2011-12 to a record level of 744 transplants in 2012-13, reducing the wait for corneal transplants by 53 per cent. I was at the eye bank recently in relation to that and it was fascinating. They showed me some slides of tissue from the corneal donations and there was almost no microscopic difference between a donation from a two-year-old and a donation from a 90-year-old, which puts paid to the belief among people, "I am too old. I am no good as an organ donor." Do not think that for one minute; everybody can contribute.

As well as the eye bank they have a bone bank. It can be a living donation from a person who has had a hip replacement, for example, me. They have the crushed bone treated and stored there and it can be then used in other procedures. It is an important part of donations. All around I think we are doing well. There is always more to be done. One of the other things that needs to be remembered is that part of the reason why there are fewer deceased organs for donation is that we have done a lot to improve the road death toll. I urge anyone and everyone to please put your name on the donor register. We ran a day in Parliament in the lobby where we invited members of staff and politicians to sign up during DonateLife Week last year. The Director General and I joined there and signed up, and I was thrilled with the number of staff and members of Parliament that did so. It is really important.

CHAIR: Hear, hear!

The Hon. LUKE FOLEY: Hear, hear!

Mrs JILLIAN SKINNER: Did you do so, Mr Foley?

The Hon. LUKE FOLEY: Yes.

CHAIR: We will keep all those organs in tip-top condition.

Mrs JILLIAN SKINNER: I will check the register. Did you, Dr Kaye?

Dr JOHN KAYE: I think I am already registered because I did it on my licence. Is that correct?

Mrs JILLIAN SKINNER: Yes. When we ended it we took a snapshot of people.

The Hon. LUKE FOLEY: It is on my licence.

The Hon. ADAM SEARLE: It is on my licence.

Dr CHANT: We are encouraging you to go to the national register.

CHAIR: They can quickly look up that you are Dr John Kaye, your address and whip out your organs.

The Hon. LUKE FOLEY: I will. We will have a unity ticket on this one.

Mrs JILLIAN SKINNER: We can donate together.

CHAIR: We now go into the last round of questioning: it will be 30 minutes to the Opposition, 15 minutes each to the crossbenchers and Government and then we will conclude the hearing.

The Hon. LUKE FOLEY: Minister, are you familiar with the New South Wales Auditor-General's report Focusing on Health that was released last December?

Mrs JILLIAN SKINNER: Yes.

The Hon. LUKE FOLEY: What is your reaction to that report?

Mrs JILLIAN SKINNER: Just remind me, which parts are you referring to, Mr Foley?

The Hon. LUKE FOLEY: I thought I would give you the opportunity to provide some general comments.

Mrs JILLIAN SKINNER: The Auditor-General puts out a number of reports.

The Hon. LUKE FOLEY: Volume Eleven 2012, Focusing on Health.

Mrs JILLIAN SKINNER: The general report?

The Hon. LUKE FOLEY: Yes. It is date 18 December, Volume Eleven 2012, Focusing on Health. Do you think the Auditor-General's work was rigorous?

Mrs JILLIAN SKINNER: The Auditor-General is always rigorous. He has meetings with the Director General and others to clarify some of the matters. We always put in a response to the special performance reports, if that is what you are talking about. In terms of the general reports as part of the normal government business then generally he is accurate, yes.

The Hon. LUKE FOLEY: Have you taken issue with any of the matters in his report of December 2012?

Mrs JILLIAN SKINNER: I am not sure which particular issue you are referring to. If you would like to be more specific I will be more specific in my reply.

The Hon. LUKE FOLEY: I will get to specific issues in a moment. Are there any figures that he reported on that you have taken issue with or disputed with him?

Mrs JILLIAN SKINNER: I have not disputed anything with the Auditor-General. The Government response in all of those reports is the response put in by the director general from the Ministry. We will look up that particular report, but I am not sure which one and what you are referring to in particular.

The Hon. LUKE FOLEY: I see Mr Roach champing at the bit.

Mrs JILLIAN SKINNER: Yes.

Mr ROACH: The report does deal with financial matters as well as performance matters, so it depends what specifically you are talking about.

Mrs JILLIAN SKINNER: Yes, you need to be specific.

The Hon. LUKE FOLEY: Could I take you to page 30?

Mrs JILLIAN SKINNER: Would you like to hand up the report, please?

Dr CHANT: Can we have a copy of the documents?

Ms CRAWSHAW: We would like to see it, exactly.

Dr CHANT: Or the name of the report?

Mrs JILLIAN SKINNER: Or the name of the report, which might be better.

Mr WHELAN: It is finding it that is difficult.

The Hon. LUKE FOLEY: It is the New South Wales Auditor-General's Report, Financial Audit Volume Eleven 2012, Focusing on Health.

Dr FOLEY: We do not have it here, Mr Foley.

Mrs JILLIAN SKINNER: No.

The Hon. LUKE FOLEY: This is somewhat of an annual exercise, is it not, Dr Foley or Minister?

Dr FOLEY: Yes.

Mrs JILLIAN SKINNER: I have been reading this for 15 years.

The Hon. LUKE FOLEY: No doubt you have.

Mrs JILLIAN SKINNER: I have.

The Hon. HELEN WESTWOOD: You were more familiar with it when you were the shadow Minister.

The Hon. LUKE FOLEY: Do you have the document now? Are you familiar with it?

Mrs JILLIAN SKINNER: To which page are you referring?

The Hon. LUKE FOLEY: Could I take you to page 30, I think it was? I have lost my copy, but I am happy for you to have it. But I have committed some things to memory, Minister—

Mrs JILLIAN SKINNER: Oh, thank God you got to bed numbers. I was waiting for it.

The Hon. LUKE FOLEY: —that I will now question you on. The Auditor-General reports an increase of bed numbers between 2010 and 2012 of 214, does he not?

Mrs JILLIAN SKINNER: Where are we?

The Hon. LUKE FOLEY: Do you have page 30?

Mrs JILLIAN SKINNER: Yes.

The Hon. LUKE FOLEY: I think I have even scribbled some maths there for you to assist you.

Dr FOLEY: You have. You have done the maths.

Mrs JILLIAN SKINNER: You have done the maths for us.

CHAIR: Did you scribble the killer question?

The Hon. ADAM SEARLE: We know he can count.

The Hon. TREVOR KHAN: There are probably comments like, "You little ripper."

The Hon. LUKE FOLEY: In 2010, there were 23,927 beds. That is what he says.

Mrs JILLIAN SKINNER: Yes.

The Hon. LUKE FOLEY: In 2011, there were 24,016, were there not?

Mrs JILLIAN SKINNER: In 2011, 24,016 according to this report.

The Hon. LUKE FOLEY: And in 2012, there were 24,141, were there not?

Mrs JILLIAN SKINNER: Sorry?

The Hon. LUKE FOLEY: In 2012, he reports on page 30, a number of 24,141 beds and treatment spaces.

Mrs JILLIAN SKINNER: Yes.

The Hon. LUKE FOLEY: I am not going to argue the toss with you this year on treatment spaces, you will be pleased to know.

Mrs JILLIAN SKINNER: No, we did that one last year.

The Hon. LUKE FOLEY: I will let you count them all as beds this year, Minister.

Mrs JILLIAN SKINNER: Yes.

The Hon. LUKE FOLEY: Given we agree on what he has reported—

Mrs JILLIAN SKINNER: That is what he has reported.

The Hon. LUKE FOLEY: —he reports that there are 214 more beds at 2012 compared to 2010, does he not? I think I have even scrawled that there.

Mrs JILLIAN SKINNER: Maybe I can ask the director general to add some matters to this. It is quite complicated.

Dr FOLEY: I do need to make—and I do not know if I can do it on the spot—a comparison between the particular bed numbers the Auditor-General has used in this report at this time for this purpose and the end-of-year set of numbers that appear in our annual reports, where we have given a consistent dataset. We are very happy to do that because I need to do that comparison. However, the principle is that the Government's commitment of the 1,390 beds, which the Minister referred to earlier, included a commitment to maintain the funding of the Council of Australian Governments [COAG] beds that had been agreed between the State and Federal Government at the time of the beginning of the period we are talking about and to maintain those.

They are already in the base—in the base year. Then of course the Government has had to do that because the funding for those Council of Australian Governments beds was time limited, and the State has provided a supplementary budget from State funds to maintain those. To be able to reconcile these numbers back to what is in our report and back to the Government commitment in terms of the number of beds achieved against that commitment, you would have to include those Council of Australian Governments beds that were open at the beginning of the time period.

The Hon. LUKE FOLEY: Thank you, Dr Foley. It is the case, Minister, is it not, that the Auditor-General reports that there are 214 more beds at 2012 as compared to 2010. That is right, is it not: 24,141 at 2012 and 23,927 in 2010?

Mrs JILLIAN SKINNER: Yes, sure.

The Hon. LUKE FOLEY: Two hundred and fourteen additional beds. That is a long way short of the 835 you claimed here earlier this afternoon, is it not, Minister?

Dr FOLEY: No. The difference is the base.

Mrs JILLIAN SKINNER: You are counting totally different things, Mr Foley.

The Hon. LUKE FOLEY: I am counting additional beds.

Mrs JILLIAN SKINNER: No, no. Just listen to me. Our promise, as I have pointed out, was to make more beds available. "Available" is the operative word. That 835 additional beds, available beds, were 304 beds that were funded by Council of Australian Governments—that was accounted for in our promise.

The Hon. LUKE FOLEY: You count 304 federally funded beds as your additional beds, do you?

Mrs JILLIAN SKINNER: That was in my election promise statement, so it was absolutely what we promised to do.

The Hon. HELEN WESTWOOD: Incredible.

Mrs JILLIAN SKINNER: In fact, we said there would be 356 Commonwealth-funded beds.

The Hon. LUKE FOLEY: You have kept them open, you told us earlier.

Mrs JILLIAN SKINNER: And 459 Commonwealth-funded subacute beds. That is what we said in our promise. I am sticking to the promise we made pre-election. I can get you the press release. I will table it, or I will give it to you on notice, if you wish. It is totally consistent. Some of those are, as the director general indicated, included in base. As well as that of course we have had to provide additional money to keep acute beds open following reduction of the Council of Australian Governments funding. Some of this is tied up with

decisions by your political colleagues in Canberra to end funding for some of these beds. It is all very well to announce you are going to have X amount of money to put on board an acute bed, but then if you end it, who is going to pick it up? The State. That is what we have done. We have kept those and made those beds available, and legitimately then included them in our bed count.

The Hon. LUKE FOLEY: To be clear, I think we are agreed on this, Minister. Of the 835 that you cited earlier, there are three categories: 356 are beds you say you have kept open after Council of Australian Governments funding ceased.

Mrs JILLIAN SKINNER: Yes.

The Hon. LUKE FOLEY: Three hundred and four are federally funded and 175 are State funded. Is that right?

Mrs JILLIAN SKINNER: Yes.

The Hon. LUKE FOLEY: Is that a fair breakdown?

Mrs JILLIAN SKINNER: Yes.

The Hon. LUKE FOLEY: If we go back to what the Auditor-General says, 214, of course in the 2010-2011 figure—you were in government for three of those 12 months—there was an increase of 89 and then in 2011-2012 there was an increase of 125, was there not, Minister?

Mrs JILLIAN SKINNER: Yes.

The Hon. LUKE FOLEY: If I were to be generous to you and give you in your three months in office in 2011, a quarter of the year, even if I gave you 50 of the 89, that would add up exactly to the 175 State-funded additional beds, would it not?

Mrs JILLIAN SKINNER: Mr Foley, I would suggest that you were not listening to my previous answer.

The Hon. LUKE FOLEY: I was.

Mrs JILLIAN SKINNER: I indicated that our promise was to make beds available. Making beds available does not mean you count just the physical bed that is there.

The Hon. LUKE FOLEY: It is a complete rort, is it not, Minister?

Mrs JILLIAN SKINNER: It is about you can use a bed—

The Hon. LUKE FOLEY: You promised 1,390 additional beds.

Mrs JILLIAN SKINNER: Do not be such a bully.

The Hon. LUKE FOLEY: You have delivered 175.

Mrs JILLIAN SKINNER: You can use a bed—

CHAIR: Order! It is true. I will not let you bully the Minister or any of the advisers. You asked a question and you made a provocative statement. Now you will let the Minister finish.

Mrs JILLIAN SKINNER: Correct. My commitment was to make beds available. As I have indicated, you use beds more effectively by keeping patients in beds for a shorter length of time and you make them available. That is what my commitment was. It included new beds. It included Council of Australian Governments beds that we would maintain after the Commonwealth withdrew and it included treating more patients in the same number of beds: As I said, an additional 38,000 cost-rated inpatient separations across the system in 2012-13, which is equivalent to 369 beds and treatment spaces. That is the answer, and that is the

commitment I made before the election. I am very proud that we are able to say we are well on track to keeping this commitment and treating extra patients.

The Hon. LUKE FOLEY: There was not a word before the election that you would count federally funded beds.

Mrs JILLIAN SKINNER: Yes, there was.

The Hon. LUKE FOLEY: You have delivered—

Mrs JILLIAN SKINNER: Yes, there was.

The Hon. LUKE FOLEY: —175—

Mrs JILLIAN SKINNER: No.

The Hon. LUKE FOLEY: —of your promised 1,390 beds. You are running at 15 per cent of your target, are you not, Minister?

Mrs JILLIAN SKINNER: Here is the answer—here is the wording from my election promise—that we would make these beds available, including the Commonwealth-funded beds. Here is the election commitment: Commonwealth-funded acute beds, 356; Commonwealth-funded subacute beds, 459; New South Wales-funded acute beds 175; additional New South Wales-funded adult acute beds, 400; total 1,390. That is directly from my announcement of hospital beds before the election.

The Hon. LUKE FOLEY: Why did you not call the Auditor-General when he reported only 214 extra beds?

Mrs JILLIAN SKINNER: It is in a press release on Barry O'Farrell's letterhead when he was Leader of the Opposition. It is all there in black and white. I will table the document.

Document tabled.

The Hon. LUKE FOLEY: Why did you not rebut the Auditor-General in December last year when he reported that there were only 214 extra beds as at 2012 compared to 2010? Why did you not take issue with him?

Mrs JILLIAN SKINNER: As I have already indicated, you are comparing apples with oranges. In addition, that does not include the third schedule hospital beds, which we also fund. We have had these discussions with the Auditor-General, but you are comparing apples with oranges and you are way off course.

The Hon. HELEN WESTWOOD: Have you seen the asset plan for South Eastern Sydney Local Health District?

Mrs JILLIAN SKINNER: That would be one of the documents in the pile that came to the Ministry. I have had discussions about some of the specifics because I had a meeting with the members of the clinical council from St George Hospital.

The Hon. HELEN WESTWOOD: Then if you have had those discussions I am sure you—

Mrs JILLIAN SKINNER: I will not remember the details, I can assure you.

The Hon. HELEN WESTWOOD: The major issue—it is one of a number—is the condition of St George Hospital. The building is dilapidated. In fact, the assessment lists it as code red. The only category that has a green light is its location. Everything else is code red. What sources of funding have you investigated for the works that need to be carried out to upgrade that hospital?

Mrs JILLIAN SKINNER: Like the other hospitals, it is in the forward capital estimates. I believe that that document is on the website. South Eastern Sydney Local Health District tends to put all its documents on the website. Unlike the previous Government, this Government is committed to openness, transparency and

accountability. We have invested \$39 million in the emergency department at the St George Hospital. I was there with the Premier a few months ago turning the first sod for the building. It will be massive and is welcomed by the local community. The building will provide the foundation for a further seven storeys that will be constructed at some time in the future, and it will accommodate the redevelopment of the rest of the hospital. That will be part of the forward capital works plan. I note that Mr Rudd was out there recently and promised \$22 million for a further floor. We will go to Canberra after 7 September to see if the money is there. I would welcome a contribution because it will be on the forward capital works program.

The Hon. HELEN WESTWOOD: So there is a commitment to develop the hospital now?

Mrs JILLIAN SKINNER: It will be in the forward capital works.

The Hon. HELEN WESTWOOD: What is the time frame?

Mrs JILLIAN SKINNER: The \$39 million emergency department is under construction. It will not be finished until the end of 2014. We cannot do anything beyond that until that building is finished because it is the foundation for the rest of the building. That is what is planned for the forward estimates. That is in addition to plans and demand for replacement of services at Sutherland Hospital in that local health district and other facilities. Given that you have carefully examined those asset plans you would know that there is a view that work needs to be done at Sutherland Hospital either before or in conjunction with the St George Hospital upgrade. We need to provide more ward space so that some of the patients who are now being sent to St George Hospital can be taken home to be treated at Sutherland. I trust you know all about that asset plan. Do you know about Sutherland?

The Hon. HELEN WESTWOOD: I am not focusing on that at the moment.

Mrs JILLIAN SKINNER: They are linked.

The Hon. HELEN WESTWOOD: I understand there are asset plans for the other hospitals.

Mrs JILLIAN SKINNER: But they are linked.

The Hon. HELEN WESTWOOD: I understand that, but I am specifically interested in St George Hospital because of its condition.

Mrs JILLIAN SKINNER: Sutherland Hospital is probably in worse condition. If you look at the asset plan on the website, I think you will find that the board has identified Sutherland Hospital as a higher priority. That would be because patients are going to St George Hospital and increasing demand there when they could be better treated at Sutherland Hospital. They tend to go hand in hand. These are the kinds of things you need to understand and take into account when developing asset plans and building priorities.

The Hon. HELEN WESTWOOD: When will we see the budget?

Mrs JILLIAN SKINNER: In the forward capital estimates.

The Hon. HELEN WESTWOOD: At what stages?

The Hon. HELEN WESTWOOD: It is a 10-year estimate. It will be in the forward estimates some time in that 10 years.

The Hon. ADAM SEARLE: How much is NSW Health expected to save in the 2013-14 financial year as a result of the labour expenses cap?

Mrs JILLIAN SKINNER: I am sorry you were not here earlier when that question was answered.

The Hon. HELEN WESTWOOD: I asked about the Prince of Wales Hospital.

Mrs JILLIAN SKINNER: The answer applied across the board. There is no labour expense cap subtraction from any of the local health districts because it was all subtracted prior to the budget being allocated.

The total allocation is \$17.9 billion recurrent across the whole system, which is a 5.2 per cent increase on last year's budget.

The Hon. ADAM SEARLE: Are you saying that labour expense savings have already been subtracted?

Mrs JILLIAN SKINNER: Yes, before that \$17.9 billion allocation.

The Hon. ADAM SEARLE: How much was taken out?

Mrs JILLIAN SKINNER: Whatever the labour expenses cap was.

Mr ROACH: For this year it is \$91 million.

Mrs JILLIAN SKINNER: Out of a budget of \$17.9 billion. We allocated the money to the districts based on their growth in demand in negotiations on their service agreements, and they have all had an increase.

The Hon. ADAM SEARLE: Can you tell us from where that \$91 million was extracted?

Mrs JILLIAN SKINNER: From the budget before it was allocated.

The Hon. ADAM SEARLE: I understand that, but presumably they were resources that would have been allocated—

Mrs JILLIAN SKINNER: No, they were not allocated; they were subtracted before the funds were allocated. It came out of the total amount.

The Hon. ADAM SEARLE: Which area health services received less funding as a result?

Mrs JILLIAN SKINNER: I am telling you that they have all received more funding, and some substantially more.

The Hon. TREVOR KHAN: We told you that when we debated this in the upper House.

The Hon. ADAM SEARLE: And I still do not believe you.

The Hon. HELEN WESTWOOD: I refer to the 2½ year outpatient waiting list at the Liverpool Eye Clinic.

Mrs JILLIAN SKINNER: How current is that information?

The Hon. HELEN WESTWOOD: That is the latest information we have.

Mrs JILLIAN SKINNER: When did you get it?

The Hon. HELEN WESTWOOD: I understand it was received in the last month. Do you have something more recent? Were you not aware there was a 2½ year waiting list?

Mrs JILLIAN SKINNER: Yes, but I believe that some of that has been addressed.

The Hon. HELEN WESTWOOD: How?

Mrs JILLIAN SKINNER: Since this is a budget estimates hearing you should look at the budget. On page 6-10 you will find that the outpatient services allocation has increased by \$60 million this year. That will provide an additional 53,000 occasions of service. That was after this and we have taken it on board and there was an additional allocation. This has been a really big issue, partly because we had no understanding of how many patients were waiting for treatment at outpatient clinics, and never have done. There was no proper way to count individual patients when the previous Government was in office. It is for that reason that work is going on at a national level to develop a framework to monitor and account for that. Through this increased allocation of funding for outpatient services we are giving extra money to the districts to increase these services. The

Liverpool Eye Clinic is open each day and is available for 92 hours a month. That equates to more than 14,000 occasions of service and about 5,000 surgical procedures each year.

All patients referred to the ophthalmology outpatient clinic are triaged on receipt of their referral and scheduled according to identified clinical need. There are private ophthalmologists in the area who may offer to bulk bill patients and this information is being made available to them by the ophthalmology clinic at Liverpool. Patients are also offered information about other public hospitals that may accept general practitioner referrals for appointments to their eye clinics. The Chief Executive of South Western Sydney Local Health District has proposed a review of various State and national models of care to assess the possibility of introducing such models to the South Western Sydney Local Health District.

The Hon. HELEN WESTWOOD: Minister, did I just hear you say that they are accepting GP referrals now, is that correct?

Mrs JILLIAN SKINNER: Yes, and other hospitals within the local district may also be able to take on some of those to relieve the load. It is unacceptable to have to wait to get into outpatient clinics. I know that and I raised it when I was the shadow Minister and nothing was done about it then. Now we are moving on it. We have increased the funding. Once they have had their appointment and are scheduled for surgery, they are within the timeframe of the urgency of their condition and are not waiting for years and years.

The Hon. HELEN WESTWOOD: Will you publish the waiting lists?

Mrs JILLIAN SKINNER: When we get them. We do not have them.

The Hon. HELEN WESTWOOD: You do not have them now?

Mrs JILLIAN SKINNER: No, that is the whole point.

The Hon. HELEN WESTWOOD: Why is it that you are not?

Mrs JILLIAN SKINNER: Because there has never been a way to actually collect the information about patients waiting. There never was when your party was in office and there is not now, which is why, at a national level, we are developing procedures to correct that.

The Hon. HELEN WESTWOOD: So, once you have got the figures you will publish them?

Mrs JILLIAN SKINNER: We will and we will classify who is waiting and why. For some patients it will be appropriate that they have a long wait because they are not ready. The GP might have said: It is not desperate for you to go in to see the specialist. They might be people who have had an appointment and are waiting for a second appointment. There are often good reasons why they do that. There are a lot of reasons that go into this accounting and it is quite complex. Yes, we will be publishing because—unlike the previous Government—we are committed to openness, transparency and accountability.

The Hon. HELEN WESTWOOD: Can I ask you a question about the Bureau of Health Information [BHI]? Why is it that no-one is allowed to contact them, except through the Minister?

Mrs JILLIAN SKINNER: That is standard practice and I believe it has been standard practice with all governments in the past. We have actually provided a briefing, we have given an opportunity for the shadow Minister for Health to get a briefing from the chief executive of the BHI.

The Hon. HELEN WESTWOOD: If anything, he has in fact received a letter where you tick him off for going directly to them.

Mrs JILLIAN SKINNER: Yes because, as per the protocol—introduced by your Government when it was in office—the standard courtesy is to ask for that permission through the Minister. That was your practice.

The Hon. HELEN WESTWOOD: In opposition you talked about transparency and openness. Why should the Bureau of Health Information be any different?

Mrs JILLIAN SKINNER: It publishes its data on the internet.

The Hon. HELEN WESTWOOD: You know what Garland recommended that it be independent. So why should anyone, for that matter, have to go through the Minister's office, if it is an independent agency?

Mrs JILLIAN SKINNER: It reports independently. It is on the website—all of its stuff is on the website. It is "Garling", not "Garland".

The Hon. HELEN WESTWOOD: I beg your pardon. "Garling"; thank you.

Mrs JILLIAN SKINNER: We have just required the Minister to follow the protocols established by your Government when it was in office. It is a courtesy.

The Hon. HELEN WESTWOOD: You have claimed that you are going to be a government of openness and transparency.

Mrs JILLIAN SKINNER: We are.

The Hon. HELEN WESTWOOD: So why would you not allow the Bureau of Health Information to be independent of you? The NSW Bureau of Crime Statistics and Research [BOCSAR] is. What is the problem? I think you would agree that was recommending that it be based on BOCSAR—independent of government, where anyone can go and request a set of data or information, that they collect and collate.

Mrs JILLIAN SKINNER: May I tell you that the data that it collects and collates is all on the internet. We do not interfere or dictate. It has independence in terms of reporting its data. Some of it is quite controversial but it publishes the lot. That is about our openness, transparency and accountability. The shadow Minister, when he has come through my office or the ministry and asked for approval to meet with, I think Diane Watson, in the first instance—although she has now moved to Canberra—it was willingly given. But that is a courtesy protocol introduced by your Government which we are following.

The Hon. HELEN WESTWOOD: Does your office receive a draft report to vet or comment on before it is published?

Mrs JILLIAN SKINNER: My office does not vet any reports before they are published. I think they provide information for the ministry because it is based on ministry information but we do not alter what they are going to publish.

The Hon. HELEN WESTWOOD: What about press releases? Do press releases come to you first?

Mrs JILLIAN SKINNER: No.

The Hon. HELEN WESTWOOD: You don't see them before they are released to the media?

Mrs JILLIAN SKINNER: No, they provide me an advance copy. I do not alter them in any way, shape or form.

The Hon. ADAM SEARLE: I apologise if I am going over old ground. Are you able to tell us when you envisage finalising the agreement with the Nurses and Midwives Association?

Mrs JILLIAN SKINNER: Well, we did canvas that extensively. Just to reiterate, the Industrial Relations Commission has now approved the 2.5 per cent pay increase and that will be back-dated to 1 July. The ministry is involved in ongoing discussions with the nurses and we have announced a number—or I announced them at the Nurses and Midwives Annual General Meeting—a number of additional positions.

The Hon. TREVOR KHAN: And got a standing ovation.

Mrs JILLIAN SKINNER: Let us be honest, it was not standing—lots of ovations though, for each item that was announced: a sitting ovation.

The Hon. ADAM SEARLE: A question specifically in relation to the ratio campaign: Can you tell us where discussions led to?

Mrs JILLIAN SKINNER: I have answered that. Perhaps it is best to go back and read the record.

The Hon. HELEN WESTWOOD: I refer to the emergency departments ratio. Did you cover that in your questions specifically? As I understand that is one of the key—

Mrs JILLIAN SKINNER: I think there are no ratios, we do not support ratios. As agreed by the previous Minister, Carmel Tebbutt, we prefer nursing hour per patient day as a mechanism because emergency departments are very different. They have a much more dynamic requirement to respond to different circumstances and that is why we have announced these additional positions in levels three and four emergency departments.

Ms CRAWSHAW: May I add that we are not in a greenfield site as far as emergency department [ED] workloads for nursing are concerned. There are award provisions for both community health and ED, but they are not ratios, they are not nursing hour per patient day and our position remains, as far as the ministry is concerned, that the agreement we made in February 2011 is the agreement that we propose to continue with in relation to workload issues. I refer you to the award and the comprehensive provisions around ED in that award.

The Hon. PAUL GREEN: In terms of dentists, is that your area of responsibility—dental training?

Mrs JILLIAN SKINNER: No. I can answer some, but Kevin Humphries will have that.

The Hon. PAUL GREEN: What about medical students and training in regional rural New South Wales?

Mrs JILLIAN SKINNER: Yes, that is mine.

The Hon. PAUL GREEN: I know Kevin Humphries got a question on it and I think he referred that matter to you. Can you clarify what the New South Wales Government is doing in terms of medical training, particularly in rural areas, and particularly if you have any future plan to work with Charles Sturt University in training medical students?

Mrs JILLIAN SKINNER: I did refer earlier on to the Health Professionals Workforce plan. There was not a copy previously but I have it now and I believe it is on the Health website, if anyone is interested. It is a comprehensive document about looking at projected future workforce needs.

The Hon. PAUL GREEN: I am happy for you to table it.

Mrs JILLIAN SKINNER: I will table it, with the approval of the Committee. It has a comprehensive view about where we need to go. Specifically in relation to workforce training, particularly in country areas, I know about the Charles Sturt proposition. Charles Sturt, through their very vocal advocate, Professor John Dwyer, has been to see me. I said, in principle, I was very supportive of what they aim to do but they need to sort out with other universities—particularly, in that case, Sydney University—about how they want to work together because there is no point in their both competing and losing out altogether.

Then they need to go to the Commonwealth of course because that is a Commonwealth decision. I am pleased that, since then, both of the major city universities—the University of New South Wales and Sydney University—are looking at developing clinical schools for medical students from the beginning to the end. It will not just be a two-year clinical school; they will be establishing medical schools that go from year one right through to the end. I know that has resonated out in country New South Wales and they have been to meet with me on a regular basis.

The Hon. PAUL GREEN: I know that Shoalhaven hospital has done that with the University of Wollongong and it has been tremendously successful so I would have thought that the template was already there for Charles Sturt University to piggyback on, with whatever university they could for such a great initiative.

Mrs JILLIAN SKINNER: Indeed, and those conversations are happening between universities. I do not have the details but my recollection is that the Charles Sturt University proposal was quite different because it was a rural school. They wanted to train doctors with a focus on rural general practice and to give them generalist training. They wanted to have an emphasis on rural work. Yes, they should work with other

successful universities—not only with what I would call the ivy league universities such as the University of Sydney and New South Wales University but also with Wollongong University and Newcastle University, which is a fabulous University. The University of Western Sydney is doing amazing work as well.

I would like to speak about the matter of intern placements because this is a topic that has caused a lot of anxiety. I mentioned briefly, previously, that this year we are providing 954 intern positions for 2013-14. That is up by 27 placements from last year, and up by 104 since 2012. So we really are pulling our weight. In fact we provide many more internships than any other State. For the year 2013 the Commonwealth made 60 offers of internships to international full-fee-paying medical graduates and only 22 were taken up.

We guarantee all of our Commonwealth supported medical graduates an internship, including our New South Wales universities' domestic full-fee-paying students. We sought Commonwealth funding for at least 100 additional positions for 2014 and I am very pleased, as I indicated earlier, that the Federal Opposition has come to the party in providing some funding into the future for internships which will be in the private hospital setting and in general practice. All of these internships that I am talking about are in public hospitals, with the exception I think of the Sydney Adventist Hospital [SAN], which has come on board and is providing six internships. So New South Wales is really making a major contribution to training the medical workforce. Many of those doctors will do rotations to country New South Wales.

The Hon. PAUL GREEN: I have a few questions on the research portfolio. Can you comment on whether the Federal Government's implementation of Gonski, with proposed cuts to universities, is still going ahead? Are there any there are any possible implications for university driven medical research?

Mrs JILLIAN SKINNER: I cannot comment as I do not have the answer to the first part of your question. I know that universities and the independent medical research institutes are very keen to continue their investment in medical research. I do a lot of work in medical research because I am the first medical research Minister in the country. It really has given a huge lift in profile to medical research in this State. We are now attracting first-class researchers back to New South Wales.

One of them, John Mattick—who inspires me every time I speak to him—has been attracted back to the Garvan Institute, and his area of expertise is genomics and bioinformatics. It has been suggested to me that he could well be a future Nobel laureate; he is that good. He is acting as a magnet for a whole lot of other very well-respected researchers from overseas and other parts of Australia. I made a commitment before the election that we would increase the medical research support program from base funding of \$17 million just a few years ago to \$38 million now. That program will be funded annually for the four years of the term. Also we have established the Office for Health and Medical Research.

We are developing other strategies such as hub networks. I have recently announced the winners of a grant program to support the development of medical devices. The program is relatively small in budgetary terms—\$8 million this year, with a \$5 million allocation each year. In the first round there were nearly 150 applicants. We announced five winners. They were chosen by an independent panel headed by Mary O'Kane. Each of the five winners at that launch—it was done at the Cochlear office because, frankly, I was inspired by the Cochlear success story—has the potential to go on and be another Cochlear in their implications for health around the world. One of them—Saluda Medical—is a closed loop spinal cord stimulation for chronic pain. It is amazing. As a layperson I will describe it this way. It can identify when there is a pain signal going to the brain. It can then block that. It can do that automatically in a closed loop circuit. So you can imagine the application of this. It also has applications for Parkinson's disease and other chronic diseases.

One of the winners was Elastagen, which is in the final stages of clinical development. It is the commercialisation of skin repair products. Another is Endoluminal Sciences, which is for a minimally invasive heart valve replacement. HearWorks is about a novel, fully-automated cortical audiometer. MobiLIFE assists in improving patient outcomes through commercialisation of a mobile drip. It will mean that you can go back to work with a drip.

Dr JOHN KAYE: I do that!

Mrs JILLIAN SKINNER: The things that really stunned me at this launch were the video clips about these products. I think they are on the website. The video clips showed the application that some of these products could have in Third World countries. Some of these products can transform health care. Our very small

investment is acting as an attractor to other potential investors. The goal is to further develop these products so that they can get to the point where venture capitalists are interesting.

The Hon. PAUL GREEN: Most of those initiatives are being carried out in particular universities.

Mrs JILLIAN SKINNER: Yes. Some of these initiatives have university scientists working on them. The grant was open to everybody to apply for. In fact I think some of them were collaborations involving institutes, individual researchers, hospitals and universities. There is a key link between clinicians, researchers and universities. I should say on that score that the whole idea of establishing a separate health and medical research office as part of the health portfolio came from my discussions with many people, while we were in opposition, including vice chancellors from all of the universities in New South Wales. I will table this document entitled, "Medical Devices Fund".

Document tabled.

The Hon. PAUL GREEN: You talked about one individual who has particular opportunities. What other initiatives and programs is New South Wales currently involved in to attract overseas medical researchers in New South Wales? You said that some of those you just mentioned would naturally attract talent. Are there any more?

Mrs JILLIAN SKINNER: One thing we did as part of medical research in the first instance was that I commissioned Peter Wills, who is well known for his reviews on intermedical research at a Commonwealth level, to do a review and then make recommendations. One was about the need to attract and keep those very skilled medical researchers in New South Wales. Part of the recommendations he made were about capacity building. In 2012-13 we developed the Research Capacity Building Program, which will be funded recurrently at \$1 million per annum—it has \$2 million this year—to retain and attract new leading researchers to New South Wales. The Office of Medical Research has been working with stakeholders to develop an implementation plan that supports the research workforce. The initial focus has been on bioinformatics. I know they had discussions with Professor John Maddock.

The Hon. PAUL GREEN: Do you have figures for how much year's budget has allocated for spinal cord injury research and Parkinson's disease?

Mrs JILLIAN SKINNER: Someone will get it to me while I talk generally. I believe we have allocated over \$200 million for medical research across the system. Some of it is difficult to quantify because some is in the Medical Research Support Program; some is in cancer research grants, which are quite substantial, particularly translational grants that take the findings from the laboratory to the bedside to actual treatment of patient and through clinical trials; and some is research in hospitals. Nearly every one of our senior doctors in our hospitals is involved not only in treating patients but also in teaching and research. Sometimes it is difficult to quantify what element of their time is dedicated to teaching and research.

Our best estimate at this stage is \$200 million annually, and I think that is conservative. As we progress with the activity-based funding arrangements through COAG we use clearer criteria to identify those different elements. I believe the allocation this year for the spinal cord injury program is \$2.9 million. Let me give you a bit more detail. There were two grants totalling 765,000 awarded in 2012-13 to 2014 to promote translational research into spinal cord injuries and neurological conditions. One is to Professor James Middleton to look at developing a community of practice for knowledge translation and practice improvement in spinal cord injury and traumatic brain injury. Another went to Professor John Worthington for the project Home to Outcomes—a data-linkage study of the stroke journey. Then there were further allocations taking it to the total, I believe, of \$2.88 million.

Dr JOHN KAYE: Minister, you claim to be the first Minister for Medical Research?

Mrs JILLIAN SKINNER: Yes.

Dr JOHN KAYE: You would need to fight that out with Jodi McKay, who was the Minister for Science and Medical—

Mrs JILLIAN SKINNER: No, she was a Minister assisting.

Dr JOHN KAYE: No, she was the Minister for Science and Medical Research.

Mrs JILLIAN SKINNER: No. But she was not health and medical research.

Dr JOHN KAYE: Sure.

Mrs JILLIAN SKINNER: No, hang on. This is a very important distinction. I am glad you raised it.

Dr JOHN KAYE: I am sorry I raised it.

Mrs JILLIAN SKINNER: No, I am glad you did. I think I might have said this last year, the Office of Science and Medical Research was located in the Regional Development portfolio.

Dr JOHN KAYE: That is correct.

Mrs JILLIAN SKINNER: And it did some very good work, make no mistake. I am not decrying the work Jodi McKay did. I think she did a good job in that portfolio, but it was not in the Health portfolio. That is the difference.

Dr JOHN KAYE: I take your point. While we are talking about that, I note that in the teaching and research budget allocation agency within the Health cluster if you go from revised to budget it has a 1.2 per cent decline in its spending, and if you go from budget to budget between 2012-13 and 2013-14 it is about a 2.5 per cent decline.

Mrs JILLIAN SKINNER: Yes. There are some technicalities here that I want the Chief Financial Officer to give.

Dr JOHN KAYE: Most of that appears to be within the issue of grants and subsidies?

Mrs JILLIAN SKINNER: Yes.

Dr JOHN KAYE: Although there are others.

Mrs JILLIAN SKINNER: Let me get the Chief Financial Officer to answer.

Mr ROACH: In the 2012-13 year there were grants for the Millennium Institute of over \$50 million, which were one-off grants. That is the major difference between that and the forward figures.

Dr JOHN KAYE: If you can provide more information on that Millennium grant, that would be useful.

Mrs JILLIAN SKINNER: I can give it to you right now.

Dr JOHN KAYE: Not now, on notice. No, I have other things I want to talk about.

Mrs JILLIAN SKINNER: It went to the Children's Medical Research Institute and the Millennium Institute and because there is a hub, it was an election commitment before the last election.

Dr JOHN KAYE: Minister, your NSW Tobacco Strategy 2012-2017 contains a commitment to advocate for a national approach on removing smoking ban exemptions for casino private gaming areas. Is that commitment not somewhat in tatters now? Would you not be the laughing stock of your ministerial council having been part of the O'Farrell Government that is well on its way to approving and has accepted absolutely another private gaming room with smoking in it? In fact, your members of Parliament voted against my amendment and Labor's amendment to remove the smoking exemption.

Mrs JILLIAN SKINNER: Yes. I am very proud of the work we have done in tobacco control. We announced the latest round of amendments to the Smoke-free Environment Act, which will restrict smoking in a number of areas, particularly regarding families and children.

Dr JOHN KAYE: But not casinos?

Mrs JILLIAN SKINNER: Not casinos.

Dr JOHN KAYE: My question really is about casinos—

Mrs JILLIAN SKINNER: I know it is, but I am doing a little preamble.

Dr JOHN KAYE: —not about the other things. We supported the other things.

Mrs JILLIAN SKINNER: I am sure you were very congratulatory about—

Dr JOHN KAYE: I was, but not about casinos.

Mrs JILLIAN SKINNER: I think I gave a commitment to raise this with my colleagues in other States to see if we could have a joint view about this. I did raise it and the answer was no.

Dr JOHN KAYE: Surely, they did not take you seriously, given that the O'Farrell Government is on its way—

Mrs JILLIAN SKINNER: This was before that. I raised it not long after we introduced this. The answer was no. You know my personal view. I would rather not have it, but that is the reality.

Dr JOHN KAYE: I refer to another issue about which you and I share a concern: tobacco vendors who do not obey the rules and the Cancer Council's recent study that showed that about one in four are not obeying the rules. The Cancer Council came to what I think is a very sensible solution, which was to licence vendors. What are you doing to enforce the rules and where are you on the issue of licensing vendors?

Mrs JILLIAN SKINNER: I did receive that report from the Cancer Council. I have very high regard for the Cancer Council. I have worked with it for a number of years over a number of initiatives and in developing our approach to tobacco control. I have said that we would look into its recommendation about a taskforce. I would like to bed down the reforms we have now before we go to the next step, but that is not ruling out licensing altogether. In respect to the measures we have taken, I will ask the Chief Health Officer to fill that in, but we have actually fined a number of—

Dr JOHN KAYE: Minister, with all due respect to Dr Chant, because our time is limited, can I ask that we not do that?

Mrs JILLIAN SKINNER: All right. I am happy to.

Dr JOHN KAYE: I accept that you are doing a lot. I would be happy for you to take that on notice. On that particular issue, do you have a view on the need to reduce the number of tobacco outlets? Licensing has two benefits. One is to force obedience of the rules, but the second is to make tobacco availability less convenient.

Mrs JILLIAN SKINNER: Yes. I cannot answer that question because I need to understand the number of contractions already, because I suspect there have been some. If you are not prepared to let Kerry Chant answer the question, let us take it on notice.

Dr JOHN KAYE: That sounds fair enough. I refer to an area where we might not be in such great agreement. The NHMRC's Australian Dietary Guidelines recognise that 455 grams of meat a week is the maximum people should consume. In answer to a question on notice from me you endorsed those guidelines, which, of course, you would.

Mrs JILLIAN SKINNER: Of course.

Dr JOHN KAYE: Yet studies show that if poultry is included, the average Australian bloke is consuming 1.4 kilograms a week. So that is about three times the amount.

Mrs JILLIAN SKINNER: Well, they should not.

Dr JOHN KAYE: I agree with you, they should not. What steps are you taking to reduce the over-consumption of meat?

Mrs JILLIAN SKINNER: Another tabling coming up. I will not go into a lot of detail, but there are some amazing results from our Office for Preventive Health and one of them is a snapshot of the work they have done in reducing adult overweight and obesity, another is childhood, and they have made dramatic inroads. This is not across the whole population but they are targeting areas of socio-economic disadvantage where there is a correlating weight issue. I would be very happy to table that.

Dr JOHN KAYE: Obesity is one issue, and you and I share a view, but the issue I was specifically asking you about is the correlation between excessive consumption of meat and colorectal cancer, which is a growing field of understanding—in fact, we now have the European health agencies saying that there is a strong connection. My question is specifically with respect to meat consumption. People could be consuming lean meat, which will of course reduce the contribution to obesity, but they will still be increasing their risk of colorectal cancer.

Mrs JILLIAN SKINNER: They are the sorts of answers I leave to the medical experts, which is why we have Dr Kerry Chant here.

Dr CHANT: There is a lot of work that goes into the National Health and Medical Research Council [NHMRC] guidelines; they go through a thorough rigorous systematic review. So we do, as all health bodies in the States, refer to those guidelines and use them. There are many competing things with diet. The interesting thing is how do we then package that up into meaningful messages for individual consumers? I think the key message is eating variety, eating very much more fresh foods, fruit and vegetables, drinking water, avoiding energy-dense, nutrient-poor foods and limiting your consumption of high-fat foods, and eating in accordance with the NHMRC guidelines. We are working with our non-government organisation stakeholders, such as the National Heart Foundation and Diabetes Australia, because I personally think that some of the messages are very mixed and consumers are really struggling to find what they actually need to do. As part of that we are trying to develop some unified, consistent messages to translate these complex things like the guidelines into practical steps for what members of the community should put on the table.

The Minister is alluding to some of the initiatives that we have in place. A particularly interesting one, which is funded under the Commonwealth National Partnership Agreement, is about a health worker initiative, which is around promoting screening and health promotion in a workplace setting. We are rolling that out, interestingly, with WorkCover, which is an interesting partnership, with WorkCover wanting to take a more proactive role. Our Get Healthy Information and Coaching Service is a call line. There is very strong evidence that mentoring about diet and physical activity produces outcomes, and that mentoring can be done over the telephone or it can be done face to face, and there are now some trials where even avatars can do the mentoring. The Knockout Challenge is a particularly interesting initiative because it is about drawing on the strength of sport in Aboriginal communities, and that has been an evidence-based program that has showed weight loss—

Dr JOHN KAYE: Dr Chant, you have gone a long way from my question.

Mrs JILLIAN SKINNER: You asked for a medical opinion.

Dr JOHN KAYE: I asked for an opinion specifically with respect to meat consumption.

Dr CHANT: There are issues around how you put in a holistic diet. Meat is also a good source of protein and nutrients and I think what we are talking about is trying to encourage a balanced set of guidelines.

Dr JOHN KAYE: It is to do with balance. The NHMRC guidelines are 155 grams a week maximum and the average Australian bloke is having 1.4 kilograms a week, including poultry—so it is probably more like one kilogram a week. Are we not in a position where NSW Health should be telling people to eat less red meat, lean or otherwise?

Dr CHANT: I suppose what we are saying is that we now need to unpack those guidelines and work with our non-government organisation partners like Diabetes Australia and the National Heart Foundation, and we are in the process of developing a communication strategy to translate those guidelines into more practical messaging for the community. So we are in that process and I would be happy to show that in the upcoming months.

Dr JOHN KAYE: We would like to see that.

Mrs JILLIAN SKINNER: Indeed, the indicators are for an increase in the fruit and veggie consumption as opposed to meat.

Dr JOHN KAYE: In the hope that it replaces meat.

Mrs JILLIAN SKINNER: Yes, absolutely, both in children's and adult programs.

Dr JOHN KAYE: Can I move to another topic of community health, which is the health impacts associated with living close to coal trains and coal stockpiles, particularly with respect to the hot topic issue now, which is PM10s, PM2.5s and PM1.0? "PM" stands for particulate matter—I think you, Minister, would probably know that and Dr Chant certainly would. Minister, the previous Government's Action for Air 2009 concluded, "there is no safe threshold level to use for setting standards" when they were talking about the PM2.5s. Is that still the Government's position, that there is no safe threshold for setting standards on PM2.5s, and what effort is the Government making to monitor health—not air quality—in the vicinity of generators, of PM2.5s and PM1.0s and PM10s, particularly coal trains and coal stockpiles?

Dr CHANT: The evidence around the health effects of air pollution have been derived from very large studies in populations exposed to air pollution. On our website we have clear guidelines and reports that synthesise the evidence about air pollution being bad for your health, with cardiovascular and lung disease and other health impacts. The issue with many environmental issues is that if there is a gradual incremental risk we are all exposed to it. For instance, we are all exposed to the radiation of the sun; we are all exposed to some things in the environment. The question is: Where do we set it for a social but equitable approach?

In terms of looking at the health of the populations exposed, what we need to understand first is the exposure pathways. For air pollution or coal dust the exposure pathways would be, potentially, inhalation. From our perspective we rely on the Environment Protection Authority to feed out almost like input measures to us to then extrapolate the impact it would have on the community. For instance, we are very interested in the levels of PM2.5s, PM1.0s, PM10s. From those monitors that are in those communities we can then extrapolate, based on international evidence, what would be the likely impacts. It is also important to know that in an environment there is often many sources of pollution and you would be very interested to know that we are doing, in conjunction with CSIRO, the Australian Nuclear Science and Technology Organisation [ANSTO] and the Environment Protection Authority, a characterisation study to tag the particulates to see what the source of those are, because that would certainly guide us also with the remediation strategy we put in place.

Dr JOHN KAYE: That is with respect to the railway lines in the Hunter?

Dr CHANT: That is in respect to the Hunter, and the monitors are in Singleton and Muswellbrook. The issue with the coalmines is that again it is about the exposure pathways. If you just put a monitor next to a railtrack and no-one was living within two metres, that is not necessarily a reliable estimate. So we are engaging with the Environment Protection Authority to look at some of the other monitors there to see the correlation.

Dr JOHN KAYE: I guess my question was with respect to monitoring health outcomes.

CHAIR: The thing that worries us is that Dr Kaye could be here questioning Dr Chant for the next five hours.

Dr CHANT: I would just like to say that in very small populations you cannot detect the health effects.

Dr JOHN KAYE: To be continued. Thank you, Dr Chant, and thank you Minister.

CHAIR: Thank you Minister and thank you to all your officers. We thank you very much for a very illuminating afternoon

(The witnesses withdrew)

The Committee proceeded to deliberate.
