PORTFOLIO COMMITTEE NO. 2 - HEALTH

Tuesday 10 September 2024

Examination of proposed expenditure for the portfolio areas

HEALTH, REGIONAL HEALTH, THE ILLAWARRA AND THE SOUTH COAST

UNCORRECTED

The Committee met at 9:15.

MEMBERS

Dr Amanda Cohn (Chair)

The Hon. Susan Carter (Deputy Chair)
The Hon. Greg Donnelly
Ms Cate Faehrmann
The Hon. Emma Hurst
The Hon. Tania Mihailuk
The Hon. Sarah Mitchell
The Hon. Cameron Murphy
The Hon. Emily Suvaal
The Hon. Damien Tudehope
The Hon. Natalie Ward

PRESENT

The Hon. Ryan Park, *Minister for Health, Minister for Regional Health, and Minister for the Illawarra and the South Coast.*

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

The CHAIR: Welcome to the second hearing of Portfolio Committee No. 2 – Health for the inquiry into budget estimates 2024-25. I acknowledge the Gadigal people of the Eora nation, the traditional custodians of the lands on which we are meeting today. I pay my respects to Elders past and present, and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of New South Wales. I also acknowledge and pay my respects to any Aboriginal and Torres Strait Islander people joining us today. My name is Dr Amanda Cohn and I am the Chair of the Committee. I welcome Minister Park and accompanying officials to this hearing.

Today the Committee will examine the proposed expenditure for the portfolios of Health, Regional Health, the Illawarra and the South Coast. I ask everyone in the room to please turn their mobile phones to silent. Parliamentary privilege applies to witnesses in relation to the evidence they give today. However, it does not apply to what witnesses say outside of the hearing. I urge witnesses to be careful about making comments to the media or to others after completing their evidence. In addition, the Legislative Council has adopted rules to provide procedural fairness for inquiry participants. I encourage Committee members and witnesses to be mindful of those procedures.

Mr ALFA D'AMATO, Deputy Secretary, Financial Services and Asset Management, and Chief Financial Officer, NSW Health, sworn and examined

Mr PHIL MINNS, Deputy Secretary, People, Culture and Governance, NSW Health, sworn and examined

Dr KERRY CHANT, AO, PSM, Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Health, affirmed and examined

Mr LUKE SLOANE, Deputy Secretary, Regional Health, NSW Health, affirmed and examined

Ms SUSAN PEARCE, AM, Secretary, NSW Health, sworn and examined

Ms DEBORAH WILLCOX, AM, Deputy Secretary, Health System Strategy and Patient Experience, NSW Health, on former affirmation

Ms JOANNE EDWARDS, Acting Deputy Secretary, System Sustainability and Performance, NSW Health, affirmed and examined

Mr VINCE McTAGGART, Executive Director, Strategic Reform and Planning Branch, NSW Health, affirmed and examined

Ms EMMA SKULANDER, Acting Chief Executive, Health Infrastructure, NSW Health, affirmed and examined

Dr DOMINIC MORGAN, ASM, Chief Executive, NSW Ambulance, affirmed and examined

Ms KATE MEAGHER, Deputy Secretary, Community Engagement, Premier's Department, affirmed and examined

The CHAIR: Welcome and thank you all for making the time to give evidence today. Today's hearing will be conducted from 9.15 a.m. to 5.30 p.m. We're joined by the Minister for the morning session from 9.15 a.m. to 1.00 p.m., with a 15-minute break at 11.00 a.m. In the afternoon we'll hear from departmental witnesses from 2.00 p.m. to 5.30 p.m., with a 15-minute break at 3.30 p.m. During these sessions there will be questions from the Opposition and crossbench members only, and then 15 minutes allocated for Government questions at 10.45 p.m., 12.45 p.m. and 5.15 p.m. We will begin with questions from the Opposition.

The Hon. NATALIE WARD: Minister, last year you promised nurses that you wouldn't, to use your words, be "dicking around". You've had over 10 meetings with the union about their wage claim with no progress. Today nurses across the State are striking because you missed a deadline to present a new pay offer. If that isn't dicking nurses around, then what is it, Minister?

Mr RYAN PARK: Thank you for your question—a little bit ironic coming from a former Cabinet Minister who installed a wages cap that has caused wages—

The Hon. NATALIE WARD: I'm asking about your responsibility.

Mr RYAN PARK: —suppression for over a decade. That is why we've got considerable gaps now between our nurses pay here and nurses pay in other jurisdictions.

The Hon. NATALIE WARD: What's ironic about nurses striking today, Minister?

Mr RYAN PARK: Let me be clear, so everyone understands how we've got to where we are: Ten years of wage suppression under a wages cap will therefore—

The Hon. NATALIE WARD: Minister, 50,000 nurses are striking today.

The Hon. CAMERON MURPHY: Point of order—

The Hon. NATALIE WARD: Could you answer the question today in your responsibility?

The CHAIR: I need to hear the point of order.

The Hon. CAMERON MURPHY: Chair, the opening question was invective and very long. The Minister ought to be given a reasonable opportunity to respond by addressing the various points that were raised and setting the scene. At the moment, the honourable member is continuing to interrupt him by peppering him with new and different questions from that first one.

The Hon. NATALIE WARD: Chair, this member is wasting precious time. I was quoting the Minister. That is all. It wasn't argumentative.

The CHAIR: I remind all members of the procedure fairness requirement. The Minister can continue.

Mr RYAN PARK: To be clear, Chair, through you, 10 years of wages suppression will lead to gaps. That's the reality of it. To make that up in a single year is simply not possible at the moment. That doesn't mean that we are not at the table. It doesn't mean that we're not working through the issues. We've resolved a number of issues that the nurses wanted to do. But most importantly, Chair, can I say this: The nurses and midwives for well over a decade campaigned long and hard against oppositions and governments of all political persuasions, both Coalition and Labor, to introduce a ratio-based system into our staffing. We're the first government to do that. That comes at a cost of around $1 billion.

What we're saying to the nurses and midwives is, over the first 12 months, we've prioritised that. We've got that underway. We've got that rollout started. Would I like it to be going faster? Of course. Would Health like it to be going faster? Of course. Would nurses? Of course. But this is a huge, complex reform. So I say to the member this: Yes, there are gaps—gaps caused by a wages cap for over a decade, gaps now that we are trying to fill. We remain at the table with nurses and midwives. I would challenge anyone to think that they have met the nurses and midwives—any former Minister—more than I have over the last 16 months. I would challenge that.

The Hon. NATALIE WARD: You're entitled to say what you like, Minister, but you are the Minister. This is budget estimates. This is your budget. This is your responsibility. It is not about what I did in my time; it is entirely about you. With 50,000 nurses on strike today—you said that you're at the table. The nurses have not been provided with a new pay offer. With over 50,000 nurses on strike today, why did you miss a deadline to put a new offer to the union? That's a huge own goal by you, isn't it?

Mr RYAN PARK: Let's just talk about that question. There won't be 50,000 nurses on strike today. That's point one.

The Hon. NATALIE WARD: Why did you miss the chance to put an offer to them?

Mr RYAN PARK: Point two—respectfully, through you, Chair. Point two—we wrote to the Nurses and Midwives' Association. One of the asks was, before they go down to the Industrial Relations Commission, an independent umpire, an umpire that the union movement asked us to establish and we established—before they went down there, they wanted a meeting with myself, Treasurer Mookhey and themselves, with Health obviously there. I've arranged that meeting. That meeting was arranged. That meeting is in everyone's diaries. It is for Thursday this week. That's why I was disappointed that they'd taken the action. Working men and women make their choices and unions make their choices and they've got every right to make those choices. But I've got a health system that I have to run and it is disappointing that they are taking strike action today. We remain at the table. I'm not pretending we've got a deal yet, because we haven't.

The Hon. NATALIE WARD: That is clear.

Mr RYAN PARK: But I do say to the community and to nurses that one of their big asks was around ratios. We are the first government to be introducing that here in New South Wales. That's a big reform. That comes at a big investment and that doesn't mean that we're not considering pay. Last year we removed the wages cap with a 4 per cent increase. We've put 10.5 per cent on the table and importantly we remain at the table.

The Hon. NATALIE WARD: Thank you, but that is not what the nurses and midwives' union are saying. They said, "The Government has failed to put a better offer on the table, which leaves us no option." Minister, will you apologise to patients who are having their surgery or care impacted by this strike today?

Mr RYAN PARK: I'm always disappointed and I'm always concerned, as a health Minister who cares deeply about the portfolio that I'm responsible for, when there is an impact on health and hospital services. It doesn't matter how that—

The Hon. NATALIE WARD: Do you take responsibility?

Mr RYAN PARK: The reality is I'm the health Minister. So, of course, that's why I'm here. But I'm a Minister as a part of a government and a Cabinet, and we are making decisions on behalf of the taxpayers of New South Wales. Of course I'm concerned when I hear stories about people missing surgery today. Of course I'm concerned.

The Hon. NATALIE WARD: Will you apologise?

Mr RYAN PARK: Of course I'm concerned. Of course I'm worried for those people.

The Hon. NATALIE WARD: Will you apologise?

Mr RYAN PARK: If this is about "will you apologise", I'm very sorry to anyone who has missed their surgery today or is waiting longer. I apologise, if that's what you want me to say. The reality is this—

The Hon. NATALIE WARD: No, I think the patients waiting for their surgery want you to say that.

Mr RYAN PARK: Of course. I think everyone should be sorry for that. I didn't want to get to this stage. I didn't say that this was the path that I wanted nurses and midwives to go down. I remained at the table. That's what I continue to do and, by the way, that's what I will continue to do, just so everyone knows.

The Hon. NATALIE WARD: In 2022 Chris Minns called the nurses' strikes a cry for help. This is now a scream for help, isn't it, Minister?

Mr RYAN PARK: I will leave others to make that judgment.

The Hon. NATALIE WARD: These are the words from your own leader.

Mr RYAN PARK: What I will say is this. We are working and we will remain at the table with the Nurses and Midwives' Association.

The Hon. NATALIE WARD: Let's talk about that.

Mr RYAN PARK: I understand we haven't reached an agreement yet. But I also understand that we have done a lot of other things. We've removed your wages cap that caused wage suppression in this state for 10 years for frontline workers.

The Hon. NATALIE WARD: Let's talk about your portfolio in these estimates.

Mr RYAN PARK: We've rolled out ratios across New South Wales that have commenced.

The Hon. NATALIE WARD: Yes. You said that, but I'm going to come back to my questions because I have limited time.

Mr RYAN PARK: Secondly, we have also secured the employment of over 1,100 nurses that were going to lose their employment on 1 July this year under your Government.

The Hon. GREG DONNELLY: Hear, hear!

The Hon. NATALIE WARD: We don't need commentary from you, Mr Donnelly. You will have your turn. We don't need press releases from you, Minister. I have questions to ask and I would be appreciative if you would direct your answers to the 50,000 nurses and hundreds of thousands of patients who are waiting for an answer rather than a statement from you and a press release. You have said that everybody should be sorry about this. Should the nurses be sorry as well?

Mr RYAN PARK: I think everyone's got a responsibility to deliver—

The Hon. NATALIE WARD: Do the nurses have a responsibility?

Mr RYAN PARK: Everyone's got a responsibility to deliver health services. I play a role, the secretary plays a role, and our nurses and our frontline clinicians play a role.

The Hon. NATALIE WARD: They should be sorry as well?

Mr RYAN PARK: Cleaners play a role. Allied healthcare staff play a role.

The Hon. NATALIE WARD: Should they be sorry?

Mr RYAN PARK: That's a matter for them.

The Hon. NATALIE WARD: Should cleaners be sorry? Are you seriously saying that today?

Mr RYAN PARK: No, I'm saying who delivers health services, who enables health services to be delivered.

The Hon. NATALIE WARD: You have had over 10 meetings with the union and nothing to show for it except thousands of nurses striking across the State. When can the people of New South Wales expect a resolution to this ongoing industrial dispute with nurses and midwives?

Mr RYAN PARK: It's 10 more meetings than your Government would have had with them.

The Hon. NATALIE WARD: This is your responsibility. You can shirk it, you can blame others but what are you doing about it today?

Mr RYAN PARK: If you let me work through, we remain at the table. In fact, just a couple of days ago I met with nurses and midwives from my own community. I remain committed to continue those discussions this week. The Treasurer and I will meet, as the union asked us to do. We will continue to engage. Have we got a deal yet? No. Can we pay the 15 per cent in a single year? No, we can't.

The Hon. NATALIE WARD: We are aware you don't have a deal.

Mr RYAN PARK: Have we made progress on other things that the nurses and midwives have campaigned for over 20 years on? Yes, we have.

The Hon. NATALIE WARD: Certainly, so let's go to that. The head of the nurses union said, "The State Government is not bargaining in good faith. Not once in our 10 negotiation meetings has the Government sat at the table and discussed nurses and midwives' pay." What do you say to that?

Mr RYAN PARK: Well, let's talk about that. There's been a range of issues that we have been able to resolve with the nurses and midwives.

The Hon. NATALIE WARD: That's not what they're saying.

Mr RYAN PARK: One of the issues that they brought forward was a report that they asked us to review, a report that they commissioned by Deloitte. That report, they thought, made huge savings and delivered huge savings that could be put into the wage offer. I read that report. I then had my chief financial officer work through that report with our executive. I met the author of that report and the nurses a number of times. Unfortunately, that report didn't deliver the savings that the nurses and midwives hoped and a number of assumptions were incorrect, which the author has acknowledged. That's not being disrespectful to anyone. That is just saying that we were hopeful that there might be some savings in there that we could generate in the order of billions of dollars to a claim like this. Now, the nurses' claim is around about, in totality, $6 billion. That's a lot of money.

The Hon. NATALIE WARD: So, they should be paid. Let's go to that. Let's go to the budget. The Government gave paramedics a 25 per cent pay increase and teachers a 12 per cent pay rise. Will you be budging on your current offer to nurses?

Mr RYAN PARK: I'm not going to play out our negotiations publicly and I'm not going to talk about—

The Hon. NATALIE WARD: But it is. It's already doing that. Nurses are on strike today.

Mr RYAN PARK: Sure. But I will negotiate and discuss those arrangements with them and alongside the Treasurer and the Premier and other Cabinet Ministers. I think you would know as a Cabinet Minister, Ms Ward—

The Hon. NATALIE WARD: It's not about me. This is your budget estimates. You are the Minister. I'm asking you.

Mr RYAN PARK: I am saying, you could know as a Cabinet Minister that you were part of a team and that you understand you play a role in that team. I don't think that you would have discussed those types of negotiations publicly and aired those negotiations publicly.

The Hon. NATALIE WARD: Minister, if I was in your role I would not be asking nurses to say sorry. I would not be asking cleaners to say sorry. I would be doing my job and sitting at the table with them.

Mr RYAN PARK: I didn't say nurses should say sorry. You said that. I didn't say nurses should say that.

The Hon. NATALIE WARD: They were your words. "Everyone should be sorry" apparently, according to you, is the answer.

Mr RYAN PARK: No.

The Hon. NATALIE WARD: Are you aware that Western Sydney Local Health District is forcing nursing staff to sign a waiver to reduce their break between shifts by banning them from swapping shifts or assisting their co-workers with overtime?

Mr RYAN PARK: No, I'm not aware of the individual circumstances. I'm more than happy to look into that. Does anyone want to add—

The Hon. NATALIE WARD: No, I've got people in the afternoon. I'm interested in your response, Minister. It's your responsibility. What steps will you take to ensure that our State's overworked nursing staff are given adequate time to rest?

Mr RYAN PARK: Well, a number of things in relation to that. Let's talk about that, because it's obviously a staffing issue. I think you would agree that that relates to probably a staffing issue. I'm not saying it's right, wrong or indifferent; I'm saying I think you would agree with that. One of the things that we did when we first came into office—this is certainly not something that I expected to have to deal with, but I had to deal with it—was that I was informed, probably in week one or week two, that there was one more financial year left for 1,112 nurses in the system. Their employment would cease from 1 July 2024.

The Hon. NATALIE WARD: I'm talking about their breaks. I'm going to come back to that and be specific.

Mr RYAN PARK: No. I am entitled to answer this because this goes to the heart of staffing in our hospitals. You raised an issue about nurses having breaks.

The Hon. NATALIE WARD: Yes. Let's talk about that.

Mr RYAN PARK: I'm going to talk to you about what we're trying to do to enhance staffing so that those nurses can get a break. So, 1,112 nurses were going to be terminated on 1 July this year. We had to make a fairly rapid decision in the lead-up to the budget last year to secure the long-term employment—

The Hon. NATALIE WARD: Minister, when you came to office, 50,000 nurses weren't striking. They are striking today.

The Hon. CAMERON MURPHY: Point of order—

The Hon. NATALIE WARD: I'm talking about when you came to office.

The Hon. CAMERON MURPHY: Chair, I have listened intently. I have let a number of these go. But we are now in a situation where the Minister is attempting to answer the question that's asked. He's just being cut off continuously by being peppered with additional questions. It's not fair. As a matter of procedural fairness, he should be entitled to answer the question that he's asked.

The Hon. NATALIE WARD: Chair, that is not the case. The Minister's had ample opportunity to speak at length where I have not interrupted. He's attempting to waste my time now and I have been very specific. I drew him back to the point of my question and he's filibustering.

The Hon. EMILY SUVAAL: To the point of order: The Minister has been directly relevant in his responses. He may not be answering the question in the way that the honourable member wishes, but he's being directly relevant.

The Hon. NATALIE WARD: It's time wasting.

The Hon. EMILY SUVAAL: I would ask that you remind the honourable member of procedural fairness resolution paragraph 19, which is that witnesses will be treated with courtesy at all times.

The CHAIR: In this particular instance the Minister had made a link between his answer and the specific question. I also acknowledge that members have been allowing the Minister a fair bit of time before attempting to redirect him today. I will allow you to continue.

The Hon. NATALIE WARD: Thank you. I will move on. Minister, are you aware that the area director of nursing for Western Sydney Local Health District issued a direction to send home union members wearing badges as part of industrial action? As a Labor Minister, do you think that's appropriate, given the ongoing difficulties in retaining nurses?

Mr RYAN PARK: I certainly have no issue. I have been in many, many hospitals where there's been more than just a badge; there's been posters and there's been a range of different information. As someone who believes strongly in the rights of working men and women, of course I have no issue with that. I don't know if that's factual or not. I can't comment on the actual substance that you said, but—

The Hon. NATALIE WARD: Are you saying I'm making it up?

Mr RYAN PARK: Absolutely not. I would never say that, Ms Ward. But what I am saying is that I've been in many hospitals, including some very recently, from rural, regional, remote, metropolitan—many people are wearing the badges that the nurses and midwives union have asked them to wear. I've never had an issue with it. I've gone past that in tearooms, where there are posters there.

The Hon. NATALIE WARD: So you disagree with the direction; they should be allowed to wear the badges.

Mr RYAN PARK: I don't have any issue with it. But I just don't know whether it was presented that way or not. So, in context, I'm not sure.

The Hon. SUSAN CARTER: Good morning, Minister. Can we talk about Parkinson's disease. It's been described as a silent pandemic. There have been nurses, specialist nurses, funded over the last four years, through an $8.6 million investment that we made. This funding runs out in June next year. Will you today commit to ensure that that funding remains at the same or, indeed, an enhanced level for our people with Parkinson's disease in New South Wales?

Mr RYAN PARK: It's a very good question the member raises. This is a concern for me, this disease, to be honest. It's an area where, I think, we need to do more. In the lead-up to the next budget—without breaking the law and talking about government deliberations; I will do this broadly—I am looking at what we might be able to do in that space. I think stakeholders have rightly identified that this is a growing problem. I think many of us in this room would struggle to find someone, in our close family or, certainly, within our social circle, that's not impacted by this. This is an issue that I don't think has probably got the attention that it needs for some time. That's not being disrespectful to anyone or any other government. I'm just saying I think this is an area, Ms Carter, where we as a government and the community can do better. So I'm more than happy to look at it. But, without going into what happens in the lead-up to a—

The Hon. SUSAN CARTER: Minister, I appreciate your concern, and I share your concern. Can you commit that there will be funding for these specialist Parkinson's nurses?

Mr RYAN PARK: I can definitely commit that this is an area of health and health policy and health funding that I'm looking at. One of the things that I was able to do, in relation to Parkinson's NSW, was provide a $75,000 enhancement and support for the delivery—and I'm sure you know this program, Ms Carter—of the health and wellbeing program that they help to operate. I also provided, from memory I think it was around about $100,000—I'll stand corrected on that—to support their health line.

The Hon. SUSAN CARTER: We're looking at the future, Minister, your future commitment to Parkinson's in New South Wales.

Mr RYAN PARK: Because this is an area that I've got a good deal of interest in, I'm more than happy to continue to look at this, and I will look at this in the lead-up to the budget. I have made some funding announcements to them—

The Hon. SUSAN CARTER: Let's look at this budget, if you can't commit to the future budget. Parkinson's NSW were getting $75,000—not a whole lot of money—in funding last year. What happened to that funding in this year's budget?

Mr RYAN PARK: As I said to you, I made two funding submissions: one of around $100,000 and one of around $75,000. So I'm not 100 per cent sure where you're referring to, but—

The Hon. SUSAN CARTER: In a letter to Parkinson's NSW, you regretted that they would not be receiving grant funding in 2024-25. Why not?

Mr RYAN PARK: We will continue, Ms Carter, to look at all of our funding options in the lead-up to the next budget. We will continue to do that. It is a priority—

The Hon. SUSAN CARTER: Don't Parkinson's nurses deserve continued funding?

Mr RYAN PARK: Ms Carter, to be fair, I just want to be respectful about this. I'm deeply committed to having a look at the work we're doing in Parkinson's right across the board. I know that this is an area you're interested in—

The Hon. SUSAN CARTER: Does commitment mean funding?

Mr RYAN PARK: I respect that this is an area you're interested in. Whilst I can't disclose Cabinet discussions, I can give you an assurance I will be looking at the funding that they've asked for and identified. Specifically around staffing is something that I'm interested in, because it is a health problem that we as a government, and former governments, can do better.

The CHAIR: Good morning, Minister. As you know, nurses and midwives are on strike today—from my community in Albury all the way up to Tweed. I understand that they're rallying outside your electorate office as we speak today. Nurses are angry. I've spoken to hundreds of them across the State in the last few months. You've already talked about the safe staffing levels rollout this morning, which, I appreciate, is an important piece of work that takes time. So far that's been rolled out in emergency departments in 16 hospitals.

Mr RYAN PARK: I'd like it to go quicker, but yes.

The CHAIR: Do you accept, to start with, that the majority of nurses and midwives in New South Wales have not felt any direct, tangible benefit of the safe staffing rollout, so far, in 16 emergency departments?

Mr RYAN PARK: Yes, because we haven't rolled it out—as you've said, we've knocked it off in around 16. We're rolling it out in 16. That's a lot less than—I think the total number of hospitals in New South Wales is about 228, give or take. So, if you take that number, you'll understand that. Respectfully, through you, Chair, because I know you're interested in this, I think you would understand that this is an extremely significant piece of work, because we're overhauling the way in which our public hospitals are completely rostered. Would I like

things to go fast? Of course. Patience never has been a strong point for me. But, equally, it has to be done properly, and we have the Nurses and Midwives' Association at the table, rolling that out and working that through. Ms Cohn, one of things they do, essentially, ward by ward, is a walkthrough with our Health staff to, essentially, get a factual amount of treatment spaces and then build that up into the number. I'm not saying that's an excuse. I'm just saying it does take a little while. So, yes, I would agree that a lot of them haven't seen it yet, absolutely.

The CHAIR: I appreciate it takes time, and lots of people are watching that work with great interest. But the majority of nurses, as you'd accept, haven't seen any tangible benefit of that. They're very angry now. We've had 18 months of a Labor government that promised to look after essential workers. You were elected on a promise to look after essential workers. Other States, like Queensland and Victoria, have better pay and mandated shift-by-shift safe staffing ratios. So for you to speak about these issues in a way as if it's the choice between ratios or pay—

Mr RYAN PARK: No.

Dr AMANDA COHN: —I think makes a lot of nurses angry because in other States they actually do have both.

Mr RYAN PARK: Could I address that? Is that all right?

The CHAIR: You can.

Mr RYAN PARK: No, I'm not saying it is a choice. If I've put it that way, I'll change that just so that people are clear. What I've tried to make clear is that the ask, as you would know, in the lead-up to the last election was around a ratio-based system of health care in New South Wales. That was what my priority was, going into the budget. That problem was exacerbated when I found out 1,112 were falling off a cliff. I wouldn't have been able to roll this out, had I not saved the funding for those, then increased the funding going forward to get more, up to around about a billion dollars. I'm not saying that pay is not important; of course it is. What I've said is that, to be honest, my first 12 or 15 months has been trying to prioritise the big ask, which was ratios.

Last year we also removed the wages cap and gave a 4 per cent increase, the largest increase they've had in over a decade. This time, we've put on the table 10.5 per cent. I understand that that's not acceptable to the nurses. I understand that. What I say to them is that you have a Minister still willing to discuss and negotiate at the table. We're having a meeting with the Treasurer this week, and I would like to think that they've seen a Minister who has demonstrated a willingness and an urgency to roll out their biggest reform, which is around ratios and the way in which we staff our hospitals. But I understand, for many of them, they may not have felt that yet and, therefore, they may be frustrated. I get that. I'm frustrated at times, as well. I'm sure the Nurses and Midwives are as well; Health is as well. But this just takes time in a complex system.

The CHAIR: The 10.5 per cent over three years is in reality 3.17 per cent per year, which in a cost-of-living crisis is clearly unacceptable to nurses. They're on strike today. You've repeated multiple times today that you remain at the table. In the 10 meetings that have already taken place to negotiate with the Nurses and Midwives' Association, did the ministry actually have the permission of the Government to negotiate on pay?

Mr RYAN PARK: What we had was our pay offer, which was the 10.5 per cent. That component hadn't changed, but the piece of work that we were interested in examining carefully—to determine whether there was additional funding and savings that could be contributed to that—was what I would call the "Deloitte report". For the benefit of everyone, the Nurses and Midwives' Association, to their absolute credit, proactively sought a report to see if there were savings within the way in which we operated and administered our health system that could be delivered. That report identified multiple billions of dollars. Unfortunately there were a number of significant errors. That's not being disrespectful to the author, Deloitte, or the Nurses and Midwives' Association. It's just stating the facts—that that was the case. That meant that money wasn't available.

But the Nurses and Midwives' Association also asked for a meeting with the Treasurer before they wanted to go down to the independent Industrial Relations Commission. I guaranteed that I would do that, and this week that meeting is happening. The only other thing I will say—because I don't want to use a lot of your time—is that the offer is 40 per cent more than the previous Government's offer. RN 8s—and just very quickly, that's the highest level of nurses; that's where we have the majority of them—represent around 47 per cent or 48 per cent, give or take. It would take their base salary to just over $101,000, which is higher than everyone but lower than Queensland. So it's still below Queensland, but it is higher than everyone. Where we have some challenges, to be honest, is the early entry nurses—year one, year two, year three. That's where the wage cap has caused a considerable gap compared to other jurisdictions.

The CHAIR: With respect, Minister, I think the comparison that matters to nurses and midwives who are striking today is not the comparison to what the previous Government offered; it's the comparison to what

they can earn in other States, and that's certainly the biggest priority for cross-border communities like the one I live in. I have a copy of the Deloitte report, and I'll have some questions about it in a second. The question I asked just then that you never answered was: Did the ministry have the permission of the Government to negotiate on pay in the 10 meetings that have already taken place?

Mr RYAN PARK: The offer put forward to them was the 10.5 per cent offer that the Treasurer outlined. That's what we were working on. But, in parallel to that, we thought there might be some additional funding coming into the system that may or may not have been able to be used for nurses' remuneration through the Deloitte report. We were working off 10.5 per cent but hopeful that this piece of investigative work may have identified savings. It didn't identify any savings for this financial year, certainly. It was largely retrospective. Also, the assumptions that were made, particularly around the Commonwealth grant process and the Commonwealth cap, were not accurate. Again, I just want to be careful because I don't want people to think I'm disrespecting any of the work. That was an important piece of work. It just didn't take into consideration some key assumptions that maybe weren't available to the author at the time.

The CHAIR: Coming across to this report—I also recognise that the Nurses and Midwives' Association is doing the Treasurer's job for him, and this was a very important bit of work—you have said there were a number of significant errors. Can you please talk us through what you believe those errors are and what impact it has on the numbers? If the numbers aren't correct, what are your numbers? What are the savings?

Mr RYAN PARK: I will. The degree to which I engaged with this report was significant. I also asked our chief financial officer, Alfa D'Amato, who is here today. He engaged a number of times with the author directly. Ms Cohn, I will throw to him in a minute, but I want to go through some of the things from my perspective. Firstly, there were no identified savings for this financial year. That was one issue. Secondly, it didn't take into consideration the fact that New South Wales exceeds the Commonwealth cap. That means that once we got beyond that, we couldn't get any more money from the Commonwealth anyway. Thirdly, it didn't take into consideration a number of COVID payments and adjustments that had been made. All of those things meant that we weren't able to get the savings that were identified in that report. I might just pass to the CFO if there's anything additional.

The CHAIR: Respectfully, Minister, I'm happy to come to the department representatives this afternoon. I want to clarify this. The calculations from the Deloitte report were over $1 billion in savings. It's your assertion that the correct figure should have been zero—that there were no savings identified?

Mr RYAN PARK: No, I would need to take some advice from Alfa to get an accurate figure. It was substantially less than what was there. There were a couple of problems. I just want to say this because this is important to me. Deloitte revised down the original report over $1 billion. That's a substantial change, respectfully. While, in theory, there may be some savings, they are not available to fund a wage increase per se, due to the effect of the Commonwealth funding cap. I will try to explain that in five seconds. Essentially, once we reach a certain point and go over, the Feds stop paying us any more money. I have been crude; it's a lot more complex than that. But that's essentially it.

We are continuing to look at if there are any ways, going forward, that we can make any adjustments. But with a lot of those things, Alfa and his team are already embedding the changes that we are making. The other savings—and this is important, Dr Cohn—relied on what would be a multibillion-dollar investment by the Commonwealth to return aged care services to the responsibility of the State. To get those savings, you would have had to invest multiple billions of dollars. It's a very complex report and I'm not trying to be disrespectful to anyone.

The CHAIR: It is. So you've said that you thought the assumptions were incorrect—that the billion-dollar figure is not correct, but that zero is also not correct. If you insert what you believe are the correct assumptions, what are the savings? What's the correct number?

Mr RYAN PARK: I certainly wouldn't put a number on it yet because I don't think that can be identified. But I will ask the CFO. Alfa, do you want to quickly say something?

ALFA D'AMATO: Our assessment indicates that we could potentially achieve $6 million a year of savings, and that is the result of the constraints the Minister mentioned, and particularly the figure quoted—retrospective and then adjusted. Also, it depends on which report, because I believe there were two reports. One has been issued more recently, around August.

The CHAIR: I will come back to you this afternoon. Coming back to the Minister. In my own community, the extra building at Albury hospital is supposed to be completed in 2028. In November 2027 the final increment of the Victorian Government's pay rise is going to kick in. That's a pay rise of 28 per cent over four years. When maternity moves from Wodonga to Albury, will the Victorian nurses and midwives be expected

to take a pay cut in the order of $15,000 a year to work at Albury hospital, or will nurses and midwives be working on the same shift together, with some of them earning $15,000 more than the others? Which one is it?

Mr RYAN PARK: That will be a matter for individuals to make that choice. By that time I'm not sure what the settings will be in terms of the wages and where we land going forward. That's not being tricky; that's just being up-front. I don't know what that situation resolves. I do know that for Victoria, the budget they are under—it's significant pressure. They are under an enormous amount of pressure right now in terms of their budget.

The CHAIR: Minister, to clarify my question, I have projected out your current offer of 10.5 per cent over the next three years. The Victorian Government's offer, which the union has accepted in Victoria, is 28 per cent over the next four years. On back-of-the-envelope calculations, you've got a pay gap of $15,000 for a hospital that's 10 minutes away.

Mr RYAN PARK: I know you know this, but the Committee might not: The Victorian Government runs the services; they're not funded by NSW Health. We pay an amount, essentially, to allow our patients to access that service, as you know. We don't run that service in the same way that we run the Illawarra Shoalhaven one—that's all.

The CHAIR: That's correct. But nurses who work at Albury hospital—

The Hon. GREG DONNELLY: Point of order: It's very unusual to take a point of order against the Chair, but I'm going to do it. The Minister must be given an opportunity to answer the question.

The Hon. NATALIE WARD: He has been.

The CHAIR: He has been given an opportunity to answer the question.

The Hon. GREG DONNELLY: Further to the point of order: No, I don't accept that he's given an opportunity. It's a complex matter, and the Minister is answering the question.

The Hon. NATALIE WARD: You're wasting time.

The CHAIR: Do I get my time back if I rule against myself?

The Hon. GREG DONNELLY: No.

Ms CATE FAEHRMANN: To the point of order: The Minister actually has had quite a bit of time to explain this, and he has been allowed a lot of time. I've been listening. I think it's fair enough for you to occasionally ask another question, which is what you've been doing.

The Hon. GREG DONNELLY: Cut him off.

The CHAIR: With respect to the Minister, I'm trying to get you to the point of this question.

Mr RYAN PARK: Yes.

The CHAIR: Nurses who work at Albury hospital are under the New South Wales award. The hospital's operationally managed by Victoria but the nurses are paid on the New South Wales award. The midwives at Wodonga hospital are paid on the Victorian award. When maternity comes across to Albury, those midwives will then need to come across onto a New South Wales award. Will they either have to take a pay cut to come across to work at Albury hospital or will you have nurses and midwives on the same shift, doing the same work for in the order of $15,000-a-year different pay?

Mr RYAN PARK: I can't predict what will happen when we open that service. I'd be happy to work through a situation with the Victorian Government and the workforce—of course I would be—but that's still down the track. How long is a piece of string? I don't know, because I don't know what situation the Victorian budget or whatnot will be under and I don't know how ours will be. What I'm saying to you is that I understand the challenges on the border. To be fair, Ms Cohn, you've been a very strong advocate around that community and I recognise that—both borders, to be blunt. All I'm saying is that I can't project that far ahead and make that determination, respectfully. I just can't do that at the moment.

The CHAIR: I'll be asking you again because we're only talking about in three years time, in the term of the pay offer that you're currently negotiating. Moving onto a very different topic, Hunter New England Local Health District won the inaugural Environmental Sustainability Award from NSW Health last year with their strategy to achieve carbon and waste neutrality by 2030. I'm just very quickly going to read some of those achievements. They've reduced carbon emissions by 24 per cent; they diverted 14 per cent of general waste from landfill; and they've reduced their water usage by 23 per cent. That's all extremely impressive. What's even more impressive is that it delivered recurrent savings of $2.2 million.

Mr RYAN PARK: It did.

The CHAIR: Why is this not happening across every local health district in New South Wales?

Mr RYAN PARK: It's a really good point, Ms Cohn. I actually initiated a briefing—I think I've had multiple briefings with that group. I'm very impressed with the work that they are doing. Hunter New England was essentially what I would loosely call a trial site to try to see if these things worked. They're administered under Matthew Daly's team. It is important. I will be looking to expand the work that they are doing not just from a cost-saving perspective but also, importantly, from an environmental and a reduction in waste perspective. You would know that Health is one of, if not the biggest carbon emitter within government departments. It's something that weighs heavily on me. It is part of a net zero-led program, and we are encouraging all LHDs to adopt some of those principles and learnings. At every opportunity I will say to you and others we continue to have to do better in this space both from a cost perspective—sure, if you want to focus on that—but, importantly, from my perspective, from an environmental and a reduction in waste perspective. That's where we need to go. Susan?

SUSAN PEARCE: Chair, just on that point, very quickly, we started a grants program for our staff to submit environmentally sustainable programs right across the State. Hunter New England has been exceptional, as you've made the point. All of our districts and our staff have an opportunity to submit for these grants to enable them to put forward projects that help reduce our impact on the environment. What we then do is we present that work to chief executives at their forums. We also have a net zero unit in NSW Health, for the first time. There is a lot of endeavour around this, just to reassure you that we are very committed to reducing our carbon footprint.

The CHAIR: Minister, I'm focusing on cost savings because we've just had a conversation about not being able to pay nurses more than 3.17 per cent this year.

Mr RYAN PARK: Yes, sure. I know.

The CHAIR: Tamworth Hospital replaced LED lighting—paid for itself in less than six months, with ongoing energy savings, to reinvest into patient care. Is that going to happen across the State?

Mr RYAN PARK: We will certainly want to see more of those initiatives rolled out across the State. I certainly do. Alfa, do you have any comment on that?

ALFA D'AMATO: Sure, Minister. We have a program to encourage districts to look at exactly that initiative so that we can roll it out through a grant program. We fund the actual initiative to change to LED lights.

The Hon. NATALIE WARD: Minister, are you aware that patients are having to sleep on the floor at Bankstown-Lidcombe Hospital emergency department?

Mr RYAN PARK: I'm always concerned of reports like that. Obviously that's not what we want to see.

The Hon. NATALIE WARD: Are you aware?

Mr RYAN PARK: I'm not necessarily aware. I don't know the exact incidents that you're calling about, but I'm aware that at times people stay in emergency departments too long. I am aware of that, Ms Ward. There's no two ways about it.

The Hon. NATALIE WARD: Does it concern you?

Mr RYAN PARK: It always concerns me when we are in a situation where we've got enormous pressure on our emergency departments and that impacts on our ability to deliver health services.

The Hon. NATALIE WARD: Is that safe?

Mr RYAN PARK: That's something that keeps me up at night. I know it keeps the secretary up at night. It keeps—

The Hon. NATALIE WARD: I'm sure they're not sleeping very well on the floor. Is it safe?

Mr RYAN PARK: It's clearly not where we want to have our patients. I hope that you would agree that we want our patients looked after. Clearly, people sleeping on floors is not the priority, and clearly we need to, as a system, continue to do whatever we can to support it. That's why we've made big investments in this last budget in terms of ED and ED avoidance and dealt with that.

The Hon. NATALIE WARD: I will get to the budget next. We've been provided with photos from members of the community, who are shocked by this situation. Do you know if it's occurring in other emergency departments in New South Wales?

Mr RYAN PARK: I don't know that.

The Hon. NATALIE WARD: Have you asked?

Mr RYAN PARK: I ask about emergency departments a lot, obviously. I spend an enormous amount of time. It's a focus. It has to be the focus of any health Minister.

The Hon. NATALIE WARD: All right. Let's talk about Bankstown-Lidcombe Hospital. Do you know what emergency department attendances were in January to March this year?

Mr RYAN PARK: Yes, I've got some data for that. I'll take you through it.

The Hon. NATALIE WARD: It's a very specific question.

Mr RYAN PARK: I know it's weird, but I'm a bit of a nerd, so I like these things. Bankstown, number of attendances, latest BHI looks around about 14,807. That was up about—

The Hon. NATALIE WARD: Correct, up 4 per cent.

Mr RYAN PARK: It was up 4 per cent, yes.

The Hon. NATALIE WARD: That's concerning, isn't it?

Mr RYAN PARK: That it's up 4 per cent?

The Hon. NATALIE WARD: Yes.

Mr RYAN PARK: Absolutely. Of course it is. When you've got a primary health system that's not doing its job, yes, that's concerning.

The Hon. NATALIE WARD: Are you aware of any ambulance ramping issues at Liverpool Hospital?

Mr RYAN PARK: There would be ambulance ramping there at times, yes. It is a very, very busy hospital, Ms Ward. It's also a hospital where there's growth around the population. It's a challenging area for the delivery of health services.

The Hon. NATALIE WARD: Certainly.

Mr RYAN PARK: They also, to be honest, don't have a great primary care network in terms of availability to GPs and bulk-billing GPs. It's a challenge in the south-west.

The Hon. NATALIE WARD: Sure. We can come back to GPs this afternoon. Can I ask about the budget, given it's budget estimates?

Mr RYAN PARK: Yes, sure.

The Hon. NATALIE WARD: We've seen photos of that. It's very clear that that's the case, but let's turn to the budget. In February you appeared before this Committee in estimates, Minister, and you emphatically ruled out cuts to Health in the 2024-25 budget. Will you make the same promise in next year's budget?

Mr RYAN PARK: Yes, we won't be cutting. Could I just talk about the budget, about south-west Sydney? I just want to make sure that you're aware of that. That budget—

The Hon. NATALIE WARD: No, you can come back to that in Government time, if you like.

Mr RYAN PARK: That budget is $2.6 billion, and it's an increase of $140 million compared to 2023-24. Just so you're aware.

The Hon. NATALIE WARD: You said there wouldn't be cuts. Can you confirm your capital spend on Health for this financial year?

Mr RYAN PARK: Yes, capital spend is around three, I think. Give me two seconds.

The Hon. NATALIE WARD: It's 3.207, I can help you out.

Mr RYAN PARK: Yes.

The Hon. NATALIE WARD: Last year you budgeted over $3.571 billion in capital spend for the 2024-25 year, but this year the budget shows only $3.2 billion. That's a $364 million cut. You said you wouldn't be cutting that budget. Have you misled this Committee?

Mr RYAN PARK: No, that's not the case. From my perspective, budgets are really, really important for Health. I just want to tell you, though—and you would know this as an infrastructure Minister, I think—funding profiles for capital shift year to year. If you go back to a metro project, or a road project that you may have been involved in—

The Hon. NATALIE WARD: I'm not talking about metro; let's talk about Health.

Mr RYAN PARK: Yes, but funding profiles for capital shift year to year when the projects are delivered. For instance, year three or four of a five-year build is where the heavy investment is. So we've delivered the largest budget overall in the history of this State, which is just over $35 billion.

The Hon. NATALIE WARD: Sure, but that is not played out in these numbers, when it is very clear that you budgeted $3.57 billion for 2024 and this year it's only $3.2 billion. That is a straight-up cut, isn't it? From your perspective, have any capital projects in the Health capex budget changed delivery timelines since the last estimates this year in February?

Mr RYAN PARK: No. I'll throw to our CFO for one minute, but I'll just say to you that I just think it's important that people understand the way in which a project is delivered and that that funding changes.

The Hon. NATALIE WARD: All right, so let's talk about that, then. Have you delayed any projects since February?

Mr RYAN PARK: Capital funding has increased to the tune of around about 11.2 per cent this year compared to last year. Now, I'll stand corrected on that, but I think it's around that. Alfa, did you want to add anything?

The Hon. NATALIE WARD: We can come back to that in the afternoon. I've got you for a limited time, and I'm interested in asking you about your budget, your responsibility.

Mr RYAN PARK: But your questions are important, and I want to make sure they get proper answers.

The Hon. NATALIE WARD: Certainly. It just seems that there are—

Mr RYAN PARK: I take your role seriously, and I'm trying to make sure I give you the clearest answers I can.

The Hon. NATALIE WARD: Thank you. Let's go again. So $3.57 billion in capital spend for 2024- 25; this year, $3.2 billion. There is a $364 million difference between those two. It seems that you are contradicting yourself, Minister, when you can't say whether any capex budget items have changed delivery timelines since February this year.

Mr RYAN PARK: I'm going to say again, one, about the profiles, and then I'll say not a single project has been reduced by a single cent. In fact—this is not a criticism of your Government; I just want to be clear—we've have had to substantially increase that component of capital because of cost escalation.

The Hon. NATALIE WARD: But that is not what the numbers show in your budget, in print—$3.5 billion down to $3.2 billion. That's a $364 million difference. It's a yes or a no. Have you cut projects or delayed them to provide for the $364 million cut?

Mr RYAN PARK: No. Chair, I just want to try and answer this, if that's okay, because it is important. You're pointing to a figure in the budget that I think would be a forward estimate, not an actual budget. That's first and foremost. That's what I'm going to say.

The Hon. NATALIE WARD: What does that mean? You've budgeted $3.57 billion in your budget.

Mr RYAN PARK: Sorry, hang on.

The Hon. NATALIE WARD: I'm looking at your budget, and your budget line item says—

Mr RYAN PARK: I just need to get this double-checked.

The Hon. NATALIE WARD: You're contradicting yourself.

Mr RYAN PARK: You're not saying you don't understand that, as an infrastructure Minister?

The Hon. NATALIE WARD: It's not about me. It's your budget, your responsibility. It's your budget estimates. It's your printed line item that shows, between two years, a $364 million cut. Either you've misled this Committee—2024-25 shows $3.57 billion and then that goes down to $3.2 billion. Where has the money gone? Or what have you cut?

Mr RYAN PARK: As I said to you earlier, there has been a rebalancing which occurs as projects move through a cycle. That's one. Two, I'll just remind the Committee, not a single project has been reduced by a single cent. In fact, over the four years—

The Hon. NATALIE WARD: This is not the forward estimates.

Mr RYAN PARK: —there is an extra $840 million for existing and additional projects.

The Hon. NATALIE WARD: This is not the forward estimates. I'm not asking about your forward estimates, with respect, Minister. I'm asking where your cut of $364 million has gone.

Mr RYAN PARK: I just answered that question.

The Hon. NATALIE WARD: You can only do that by delaying projects. That's the only way.

Mr RYAN PARK: Ms Ward, I've just answered.

The Hon. NATALIE WARD: Anyway, we'll move on. Recurrent Health spending is going backwards in real terms, and you've cut over 10 per cent from the Health Infrastructure budget this year. What projects are facing cuts?

Mr RYAN PARK: None of the projects. I just want to be clear on this. You would have probably felt it in your last budget, I would have thought—

The Hon. NATALIE WARD: It's not about me.

Mr RYAN PARK: Let me explain it. There have been significant cost escalations on all of our capital, not caused by anything that the former Government did, or the current Government—just through supply chain and through macro impacts on the way in which infrastructure is delivered. This is the largest budget on record. Those projects are not cancelled or changed. We've had to increase the capital budget for some of the projects because some of the projects, and I'll give you an example, like Shellharbour, needed additional money to make sure the project could be completed in a way that was committed.

The Hon. NATALIE WARD: We will get to Shellharbour and why the CFMEU's caused extra money to be spent there. We'll get to that.

The Hon. SUSAN CARTER: Minister, perhaps we can talk about the RSV vaccine. How much supply of ABRYSVO, which is the vaccine for pregnant women, and Beyfortus, the immunisation for babies, will New South Wales have next year?

Mr RYAN PARK: Yes, very good question. Just before I ask Dr Chant to respond, I just want to give you this very quickly. We've been liaising with the Commonwealth at ministerial levels around this. It's a very good question. The RSV supply concerns me greatly—so the level of vaccination and making sure we've got a supply is concerning me greatly. Dr Chant this year has worked very well to make sure that we had that. We are in the process of having discussions and negotiations with the Commonwealth to make sure there is certainty going forward. It's a very good question. I just want Dr Chant for 45 seconds to outline it.

The Hon. SUSAN CARTER: I might get the details from Dr Chant this afternoon. Thank you for the offer and I look forward to talking to you, Dr Chant, this afternoon. And I appreciate your concern. Is it true that Sanofi approached your Department at the end of last year with an offer to immunise all infants in New South Wales?

Mr RYAN PARK: That specific discussion—there was an approach. There is no doubt about that, that Sanofi did, and I understand they approached other jurisdictions. We've worked with Sanofi to deliver a targeted immunisation program, and we are pleased to partner with them this year. But, Ms Carter—

The Hon. SUSAN CARTER: But you were late in getting those discussions with Sanofi, weren't you, so that by the time New South Wales took up their offer, there wasn't supply for all of the infants in New South Wales, which is why you only had supply for under 9,000 doses. If it's so important to you, Minister, why the delay in these really important negotiations?

Mr RYAN PARK: Those assumptions that you've made with that question are not correct.

The Hon. SUSAN CARTER: So you had enough to immunise every baby in New South Wales, did you, Minister?

Mr RYAN PARK: I'm pleased we were one of the only jurisdictions in the country to deliver this targeted program. That's what I'm pleased about.

The Hon. SUSAN CARTER: You had enough for every baby in New South Wales, did you, Minister?

Mr RYAN PARK: To be fair, I've taken 99 per cent of everyone's questions here. I am allowed to ask Dr Chant to add a small amount to make sure that an important question on an important issue—no-one believes in vaccination more than me. Well, probably Dr Chant does, but no-one else certainly does. Respectfully, I'd like to ask Dr Chant to clarify that—for 30 seconds, that's all.

The Hon. SUSAN CARTER: So you're saying you don't know the answer but Dr Chant knows the answer. Is that right?

Mr RYAN PARK: I'm not saying that. I've told you about the arrangements that we've had with Sanofi, and I understand the importance of it. Dr Chant is actually dealing with this issue on a weekly basis, so she may have some more information to outline to the Committee. Given the enormous amount of respect—

The Hon. SUSAN CARTER: I look forward to following up with Dr Chant this afternoon.

Mr RYAN PARK: Ms Carter, given the enormous amount of respect I put on budget estimates committees and the inquiry and the way in which people ask questions, I just wanted to make sure there was an opportunity for Dr Chant to clarify something. That was all.

The Hon. SUSAN CARTER: There will be this afternoon, and I thank you for that. You would be aware that Queensland and Western Australia immunised all their infants this year but New South Wales did not. Why?

Mr RYAN PARK: As I said, we are working with Sanofi, and we are working with the Commonwealth, to improve the rollout going forward. We targeted our program, Ms Carter, to vulnerable populations. That's where we wanted to prioritise. You would probably agree with that. We are working with both the Commonwealth and my other jurisdictional partners for next year. That rollout for next year hasn't been locked away yet, but as late as a couple of weeks ago at the Health ministerial meeting we raised it. Dr Chant and I actually raised it with the Commonwealth Minister, and our agencies, through Dr Chant, are continuing those discussions. All I was prepared to offer the Committee was a 30-second update from Dr Chant to make sure if there was anything extra.

The Hon. SUSAN CARTER: As Minister, can you commit to join with us to providing RSV immunisation for all pregnant women and infants in 2025?

Mr RYAN PARK: I'll continue to have those discussions with Sanofi, Dr Chant and the Commonwealth. It is a very, very important issue. Dr Chant?

The Hon. SUSAN CARTER: So your commitment is to talk, not to immunise, is that right, Minister?

KERRY CHANT: Can I just clarify? It's really important because I'm very—

The Hon. SUSAN CARTER: With respect, Dr Chant, I'd like to come back to you this afternoon. Our time with the Minister is very limited. Perhaps we—

Mr RYAN PARK: I'm not going to make a big deal out of it, but I think the last comment was a little bit disrespectful, given my public record on vaccination.

The Hon. NATALIE WARD: No, we have very limited time.

Mr RYAN PARK: I'm going to let it go.

The Hon. SUSAN CARTER: Minister, I asked for a commitment. You couldn't give it.

The Hon. NATALIE WARD: Minister, when did the State pass on to the Federal Government any notifications from its suppliers of IV fluids that they were unable to meet their contracts?

Mr RYAN PARK: Yes, big issue—IV fluids.

The Hon. NATALIE WARD: When?

Mr RYAN PARK: The issue around IV fluids and the shortage of them has been caused by a range of different manufacturing and supply chain issues. I've actually met with the representatives—

The Hon. NATALIE WARD: Minister, I have five minutes. My question was quite specific. When did the State pass on to the Federal Government any notifications from the suppliers that they were unable to meet their contracts?

Mr RYAN PARK: I think we were liaising with the Commonwealth from August. But, Ms Ward, I respect this Committee and if you want a specific date, then I'd want to take that component on notice. Just so you know, this has been something that I've been getting daily and weekly briefings on. I've met with the company responsible to make our case. I'm pleased these shortages are now being resolved. I'm not saying we're out of the woods yet; I'm saying that largely they have been resolved.

The Hon. NATALIE WARD: Are you aware of the reports that the Federal Government was made aware of the looming shortage of IV fluids over a year ago?

Mr RYAN PARK: I've heard reports. I am not 100 per cent sure of the exact date, Ms Ward.

The Hon. NATALIE WARD: How many weeks of contingency stores does New South Wales have?

Mr RYAN PARK: I can provide you with that. I'll try to be as accurate as possible and make sure that it hasn't changed from the briefing I received on Friday. As of Friday—and, Jo, if I misquote any of these please jump in to make sure I give an accurate answer—most LHDs have certainly got more than a week of supply and are more likely heading towards two weeks of supply in terms of LHDs, ambulances and our health services. That wasn't—I've got to be honest with you—the case some weeks ago. Matthew Daly, Jo Edwards and I met with the suppliers, because I was concerned, to make sure that New South Wales, given the volume of patients that we were dealing with, was prioritised.

The Hon. NATALIE WARD: I'm sure those meetings are important. Thank you for that. How much are we spending on emergency supplies of IV fluids and where is that supply coming from?

Mr RYAN PARK: What we have is a contract with our suppliers. I asked them if they have adjusted the price around that contract. They said to me that they haven't. What they have been trying to do is increase the amount of manufacturing and supply levels to meet our needs. They weren't meeting our needs in terms of supply. Jo, did you want to add anything?

The Hon. NATALIE WARD: No, I will come back to her this afternoon. What are you personally doing, Minister, to secure supply moving forward?

Mr RYAN PARK: That's a very good question. I'm going to continue to engage with the teams who are looking at this within Health. I will make sure that I reach out again, like I already have done, to the company if I start to see supply challenges again. I'm not saying we're out of the woods, just to be clear. But I'm more comfortable than we were two weeks ago. We're also engaging with the Commonwealth on this, which I know you would know.

The Hon. NATALIE WARD: You're engaging and reaching out. That's great. I understand. I have one minute and 47 seconds, so I'm going to move on. I'm going to move on to the Lung Foundation. Minister, why did you reject the Lung Foundation's request for $6 million over three years to fund specialist lung cancer nurses in New South Wales?

Mr RYAN PARK: The work that those organisations do is important. I'm not denying that. I'd need to get some clarity around the question that you're asking.

The Hon. NATALIE WARD: The question is: Why did you reject Lung Foundation Australia's request?

Mr RYAN PARK: I'd need to get that clarified and then I can come back to the Committee. I think you'd agree that I haven't taken virtually any questions on notice.

The Hon. NATALIE WARD: I appreciate that. You've made a valiant effort. But it is very specific. Why was it rejected?

Mr RYAN PARK: I'd need to clarify that. I need to check that. I'll take that one on notice for the Committee because I want to give you an accurate answer.

The Hon. NATALIE WARD: Certainly. Lung cancer is the leading cause of cancer death in New South Wales. Why could you not find $6 million to help fund them?

Mr RYAN PARK: There is a lot of pressure on our budgets across the board. Yes, the work that all of our not-for-profit and partner organisations do is important. To be clear on this, we've also lost billions of dollars in GST payments, much of which would go to Health and Education. This is a challenge. I'm more than happy to look at the situation.

The Hon. NATALIE WARD: Have you called your Federal counterpart to talk about that? Have you called Albo?

Mr RYAN PARK: I think everybody would have seen my public commentary about what I think of this. I don't think I've missed—

The Hon. NATALIE WARD: Minister, is it a disgrace and a slap in the face to not fund $6 million for these nurses? Those are the words of the CEO of the Lung Foundation. Is he incorrect to call it a disgrace?

Mr RYAN PARK: I'll leave other people's comments to them. I'm not going to pass judgement on them. That's not the way I was brought up. I'll leave that to them. But I will say to you that I will have a look at the correspondence and I'll have a look at the situation.

The Hon. NATALIE WARD: So it's not a disgrace?

Mr RYAN PARK: I would like to provide a more detailed response. I would like to take that one on notice, if that's okay?

The Hon. EMMA HURST: Good morning, Minister. First of all, can I just thank you for the apology you gave to the woman who are survivors of birth trauma. The feedback that I have received is that has been really well received by the community. Thank you for that. In the birth trauma report there were several recommendations that were supported in principle. I note that the majority of those recommendations require some level of funding. Can I get your commitment as the health Minister to push within government for funding for those recommendations so we can actually see the majority of those recommendations realised?

Mr RYAN PARK: Yes, you can, absolutely. I remember when you came into my office and you talked about establishing this inquiry. I remember it like it was yesterday. I wanted this inquiry. That's not always the case for Ministers, but I thought it was an area where we could make improvement. I give full credit to the team at NSW Health and the Ministry of Health. They have really focused on this as an issue. I know we've got more work to do. Yes, you can be assured that I will take those issues up. You know that I wasn't trying to be tricky around the support in principle in any way, shape or form. It was just a matter of it needing to go through the government process. Better Births Illawarra has been a very strident campaigner and advocate. I'm really pleased that the team at the ministry, through Deb Willcox, and the teams in the local health districts are really starting to make this a priority with the—from memory—five areas that we are trying to fast-track, which were important to you as well.

The Hon. EMMA HURST: Yes, definitely. I just wanted to get confirmation on the record that you will be pushing within government for those in-principle recommendations.

Mr RYAN PARK: Yes.

The Hon. EMMA HURST: Obviously one thing that came up very, very strongly throughout this report was that the gold standard of care is midwifery-led continuity of care.

Mr RYAN PARK: MGP, yes.

The Hon. EMMA HURST: Obviously we've got a long way to go in supporting the midwifery workforce to be able to realise and dramatically increase midwifery-led continuity of care. What are you doing as Minister to work towards the pathway of increasing specifically midwifery continuity of care?

Mr RYAN PARK: It's important. We've got the blueprint that sits behind a lot of this work. Obviously we are engaging with the workforce through our study subsidy program. That is providing $12,000 for up to 12,000 people to work through their nursing and midwifery degrees—and others. We think that is important. We are trying to invest heavily into MidStart, which is a program where nurses can make the transition across to midwifery. We are certainly focused on that.

We've also established two groups, an expert health ministerial advisory group and a consumer reference group. They are helping with not only the implementation of the inquiry but also providing advice to the Government around what we need to do in this space. But you are 100 per cent right in the challenge for midwives. It is real. It's a global challenge. It's been around for a while. Former Minister Hazzard said to me in the past that this is a real challenge for us to deliver healthcare services, and in the bush that is even more pronounced. We are doing what we can, but I don't pretend for one moment to think (a) that it's an easy challenge and (b) that the job's over. I certainly don't want anyone in here to think that just because the trauma inquiry has completed.

The Hon. EMMA HURST: We have another issue at the moment, and I understand it's Federal, when we're looking at privately practising midwives and insurance. The concern is that federally if that is quite limited, that will increase the number of freebirths, so without having any kind of healthcare practitioner around. Is that something that you have been briefed on and is that something that you're sort of advocating on within New South Wales?

Mr RYAN PARK: "Briefed" might be a bit of an exaggeration, which I don't want to do. I've certainly been made aware that this is a challenging component. Deb, are you aware of anything in this space around the insurance?

DEBORAH WILLCOX: Not at the moment. I can take that on notice.

Mr RYAN PARK: Susan, do you want to—

SUSAN PEARCE: Ms Hurst, this issue of privately practising midwives and their insurance has been going on for a number of years. There have been exemptions under the national law for them for probably at least 15 years, which has enabled them to continue to practise safely. It is a priority that we continue to work on, but it very much is a discussion with the Commonwealth. It's really not necessarily a matter for the State on its own.

The CHAIR: Minister, I have a few questions around COVID being acquired in hospitals. When I asked about this last estimates—

Mr RYAN PARK: You asked it last time, yes. I remember.

The CHAIR: I did. I got a comprehensive answer on notice, with thanks to Dr Chant, about the Clinical Excellence Commission, which has implemented precautions that are based on transmission and not universal precautions. So if patients are known to have COVID, the staff then need to mask up, but if the patient isn't known to have COVID, there are no universal precautions against airborne infections like COVID. Last estimates I raised the really distressing figure that in Victoria one in 10 people who caught COVID in hospital died from that infection, and I was really distressed to find out that in New South Wales we are not even counting.

I have asked multiple times in multiple ways, and nobody can tell me how many people are catching COVID in New South Wales hospitals. For people who are vulnerable, if they have chronic illnesses, if they are immunocompromised and they are turning up to a health facility in New South Wales, should the responsibility be on them to advocate for themselves and to ask staff to put a mask on or should healthcare facilities be universally safe for people who need to access them?

Mr RYAN PARK: We want and expect health facilities to be safe. Respectfully, though, I think you'd understand that COVID remains a real challenge in our community. A reduction in vaccination levels concerns myself and Dr Chant significantly, probably caused by a sense of vaccination fatigue as a result of COVID. That is not having a shot at anyone who is not vaccinated; it is just the reality. That therefore increases the likelihood of the severity of the illness and them presenting to our hospitals. I think our hospitals are doing what they can to manage what has been a challenging winter where we had big increases in RSV, big increases in influenza and big increases in COVID. I'm not sure how we could do much better than what we're doing in terms of that.

The CHAIR: I appreciate that you are a strong proponent of vaccination; thank you for that. There was a study that was just released last month by the Burnet Institute; this is a peer-reviewed published study. It's based on Victorian data because that's the data they have. That study showed that really simple measures—so testing patients on admission to hospital with a RAT test and staff wearing N95 masks as standard—could prevent 1,543 deaths statewide per annum and save $78.4 million. That was for those two interventions together. They also showed individual benefits, either testing every patient on admission or the staff wearing N95 masks in all clinical areas of the hospital, so not in the cafeteria and the gift shop but in clinical areas. That is pretty compelling data. Are you going to look at that and take a look at changing our approach in New South Wales hospitals?

Mr RYAN PARK: I'm a nerd so I love research, so I will definitely have a look at that. I've read stuff from them before. There have been some articles recently—and I will stand corrected—in journals like *The Lancet* that talk about this remaining a challenge in our community. How we cope with it within a hospital setting is challenging just given the way in which people present to our hospitals and the way in which they move around. I think if you came into an emergency department quite unwell, you might not get a RAT test. I am not trying to be flippant, but that person might slip through in terms of that type of trauma presentation or that type of serious illness where the priority is preserving life and reducing any more harm. The priority might not be, in that initial stage, to do a RAT test. From my observations moving around hospitals like I do, in many, many cases in clinical areas people are still wearing masks. They are certainly wearing masks where a local health district has identified large numbers of COVID within a particular community. They are making those decisions locally. I know you don't want me to ask anyone else to help, but Dr Chant can add anything, if you want, to this as well.

The CHAIR: That is all right. You have focused on some of the more complicated issues. I appreciate there is COVID fatigue in the community. I appreciate the vaccination levels are dropping off. This particular study was looking at RAT testing at admission, so not at presentation. If you come in during a car accident, no-one is suggesting that it should be a priority to RAT test that patient.

Mr RYAN PARK: Okay, sorry.

The CHAIR: It is at the point of deciding they need a bed and admission to hospital. That RAT testing at admission by itself, the modelling for Victoria is that it would save 1,176 lives and $57 million.

Mr RYAN PARK: I'm happy to have a look at the research.

The CHAIR: This is serious both in terms of money and lives saved. The masks—and specifically we're talking about N95 masks or P2 respirators, so not the surgical masks, which I appreciate as a former healthcare worker myself are much more comfortable. Universal use of N95 masks in clinical areas just by itself without the RAT testing could prevent 854 deaths statewide based on Victorian figures. But I have no reason to believe, and unless you can suggest a reason, why ours would be any different, if we were counting.

Mr RYAN PARK: I'm always happy to have a look at research, so I'm happy to take that one up and have a look at it. I just don't want the Committee to get the impression that we think COVID is not around and therefore it is not focused on in hospitals. I can't leave the Committee with that view. I accept that you want me to have a look at it; I am happy to do it. But I don't want the Committee to think that we believe it is not. At the end of every week Dr Chant provides me with a respiratory surveillance report. It's a report that I take very seriously. It tracks the range of different illnesses like that each week and where we are at. A few weeks ago I was very, very concerned because we had all three heading up. This is still a challenge on our health system. I just want to be clear about that. There are always ways we can look at to handle it better. I'm happy to have a look at it. I don't want the Committee to think that we are not doing anything in our hospitals.

The CHAIR: I appreciate your commitment that it is an ongoing problem. Moving to a very different topic, I understand that with the consolidation of services at the new hospital in the Shoalhaven, the David Berry Hospital is proposed to lose its very loved palliative care service as well as the rehabilitation services. I understand from government documents that there is a fairly good rationale for moving rehabilitation services to the new hospital, where you can be closer to imaging or pathology or acute care. I appreciate that. But for end-of-life care, for people who are already dying to have the choice to be close to home in a leafy environment where their friends and relatives can visit them more easily, I'm struggling to understand the rationale of moving the palliative care service specifically to the new hospital. Can you explain that please?

Mr RYAN PARK: Yes. The palliative care service move there was a decision undertaken by the former Government and supported by us because of the clinical enhancements that way could do. I am sure you are aware of the facility at David Berry; it's a much-loved facility but it is extremely old. We need for the palliative care services to be delivered in a modern way under the best clinical practice, in a way that allows staff to do their job to their very best but also patients to be treated at their very best.

I can assure you that it will be a very nice space in the new Shoalhaven Hospital. I'll give you that assurance, and I'll also give you the assurance that we will continue to consult. We've begun the consultation around the future use of David Berry. It will remain in public hands. We will continue that consultation, because I understand it's an asset and a facility much loved. It is over 100 years old, so its ability to perform at its highest peak, clinically, is simply not there, in a facility like that. By moving palliative care services, we'll be able to expand them and what we offer in that new facility at Shoalhaven. To give credit to the former Government, it was a decision they made.

The CHAIR: I'll come back to this one this afternoon. While I've got a few minutes left with you, Minister, coming back to the negotiations with the New South Wales Nurses and Midwives' Association, we've had a robust discussion about the cost, but I understand that there are aspects of the claim made by the union that, in my view, shouldn't be expensive—for example, full-time nurses asking to have two days off on a roster back to back, even if that weekend is not a Saturday-Sunday, but to have a weekend somewhere. Why have those sorts of claims not been met?

Mr RYAN PARK: I'll be as quick as I can so that you can get another question in about that, because I know it's important to you. To date—and we're just having some negotiations around one of those that you raised there—the ones that we've accepted in full or part is consultation around changes to rostered days off; information around the presentation of union information so it was clear and easy for people to see; the right for unions to attend and present at induction sessions, which was important to them; enhanced midwifery group practice models, which we're rolling out and which Ms Hurst raised earlier; prohibition on rostering a night shift before annual leave—that was something that we've been able to resolve; and a right for all days off to be consecutive. For clarity, I think what we've been able to do is get to a point where we can get two consecutive days off in a rostered period, but the nurses have come back with a slightly different model or change. That's not being disrespectful to them, but also I think you could say we've demonstrated that we have tried to get there on these issues outside of the pay issue.

The CHAIR: My colleague Emma Hurst already asked some questions about midwifery group practice. My question is how many of those midwifery group practice models of care have been shut or ceased to operate in New South Wales in the last year?

Mr RYAN PARK: I would have to take that one on notice. I'm not aware of those. We are trying to—MGP, midwifery group practice, is the gold standard because of the continuity care model. It is sometimes challenging because it's fairly demanding on midwives, in terms of the nature of the work, and in particular settings you might not have midwives who are able to do that volume of work. It can be a workforce challenge at times. It is not through deliberately—I'll clarify the exact, but it's not because we don't believe in midwifery group practice. We 100 per cent do. It's just that we've also got some challenges with workforce in this space. That's all.

The CHAIR: I understand the challenges with the workforce; pay for midwives is one of them. The birth trauma inquiry recommended expansion of continuity models like the MGP, and I appreciate that the Government supported that recommendation. It's important to expand them. But I've also heard from members of the community about services that have closed, like in Ryde, and other services that are listed as existing but where no-one in the community can find any evidence that it's happening. To put that one on the record, that's Tamworth Hospital that I have received those concerns about. It worries me that there's a recommendation, which is supported, to expand these services but, meanwhile, ones that were functioning are actually being pulled back or have recently been pulled back.

Mr RYAN PARK: I'm glad you asked about Tamworth. The secretary and I are, to be honest, looking at that issue. As late as the end of last week, the secretary and I had a discussion around the Tamworth issue that's been raised. I haven't got a resolution just yet, but I can guarantee you I am happy to report back when we do. The midwifery workforce is a challenge, but just because it's a challenge doesn't mean that we're not trying to work through these things. I am advised—but I'll take it on notice to make sure I don't mislead—that the MGP has not closed at Tamworth, but we're working through some staffing issues there. That's being as transparent as I can.

As late as last week, I received some correspondence—I think the week before last—from I think a community member, or it might have been a staff member, asking me about this Tamworth one, which triggered a conversation between myself and the secretary, who had also been made aware of some challenges, and we're working through it. I just don't have the complete answer yet, but we are working through it. From memory, I've also met with midwives at Tamworth in the hospital. When I visited there, they raised issues broadly around workforce in that particular area. I'll come back with some clarity around that.

The CHAIR: I'm pleased to hear that you're across it. I appreciate this will be taken on notice as well, but I'm interested to understand how many hospitals in New South Wales don't offer continuity of care where—and I'm not talking about multipurpose services where you've got a nurse in the bush. I'm talking about places where you would reasonably expect to deliver a baby or where you can deliver a baby but there's no continuity of care or midwifery group practice.

Mr RYAN PARK: Yes, larger hospitals. I'll take that one on notice to give you a specific amount. I want to assure you very quickly that that model of care is very, very important to me and it will be part of the reform we do in this space.

The Hon. SUSAN CARTER: Minister, the Stroke Foundation asked you for $250,000 in the budget to spend on preventative community education programs, which makes sure that people—

Mr RYAN PARK: Yes, it has a specific name. It's called—

The Hon. SUSAN CARTER: F.A.S.T.

Mr RYAN PARK: —F.A.S.T, the navigator, I think.

The Hon. SUSAN CARTER: F.A.S.T.—make sure people get to the hospital faster and get treatment in the appropriate time. You know about the program and you know how good it is, but you said no. Why aren't you funding stroke prevention education in New South Wales?

Mr RYAN PARK: We are funding stroke prevention education. It might not be exactly through that program.

The Hon. SUSAN CARTER: What is the program that you're using then, Minister?

Mr RYAN PARK: Can I just finish this one, because this one I have engaged a little bit on. The work that we are doing across the board, we are doing in relation to stroke. We are aware of that and we do a range of different programs. That specific one, I'm having a look at that proposal because I'm actually aware of that proposal. I'm having a look at that to see if we are able to consider that in the coming months. I'm not there yet, so I don't have an exact answer for you yet, Ms Carter.

The Hon. SUSAN CARTER: But you'll take it on notice and get back to us?

Mr RYAN PARK: I'm confident that we might be able to get to a resolution in that space on that particular program.

The Hon. SUSAN CARTER: I have one more quick question. You'd be aware that more people in New South Wales die from eating disorders than on the roads, so can you commit to ensure that the New South Wales Service Plan for People with Eating Disorders, which expires in 2025, will continue and will continue to be funded to support those with eating disorders in New South Wales?

Mr RYAN PARK: Yes—I mean I've got no reason why it wouldn't be. Minister Jackson takes the lead in this. The Hon. Emily Suvaal, who is a part of this Committee, does important work in this space as well. I can assure you, those of us who were privileged enough to see her inaugural speech would understand her passion around this. I'm going to say yes, but the lead on this, Ms Carter, is Minister Jackson, so I'll get some clarity. I'm confident, with the work that Ms Suvaal is doing in relation to this space, that we will continue to invest in there.

The CHAIR: Minister, there are critical shortages of over 400 medicines at the moment and IV fluid is just one of those. This is impacting antibiotics, pain relief for palliative care, psychiatric medications and diabetic medications. Last week, I understand, there was short supply of pre-exposure prophylaxis for HIV in Sydney.

Mr RYAN PARK: PrEP, yes.

The CHAIR: In respect to PrEP specifically, you said that you were working to guarantee access to the daily medication for those who need it. Can you tell us what that work is and does that also apply to all of those other essential medicines that are currently in short supply?

Mr RYAN PARK: The issue around supply of the other medicines is a concern. The IV one is perhaps the one that I've focused on a fair bit over the last, say, two months, something like that—six to eight weeks. Time flies. I've been really focusing on that. NSW Health will secure a one-month supply in relation to PrEP. That'll be available via—I think it's called the New South Wales sexual health clinics that we have—sorry if I have said that wrong—as well as hospital pharmacies. Those would be the two outlets. This supply will be dispensed through the NSW Health system at strategic locations and we know where these are based on the data, including the public health locations around the inner city, Parramatta as well as some regional locations. The supply will be available to the public and will be dispensed by nurses and doctors and pharmacists, but supply issues for PrEP are expected to resolve—we hope; it's an expectation—late October, early November. But we are carefully working through this issue and that is important supply medication. I'm glad that you raised it because it's an important cohort in terms of access to sexual health services.

The CHAIR: Are there questions from the Government?

The Hon. EMILY SUVAAL: No questions, Chair.

The CHAIR: If there are no questions from the Government, we will break for morning tea and be back at quarter past 11.

(Short adjournment)

The CHAIR: Before we resume with time for the Opposition, I've just had a request from Hansard for all the witnesses to please speak into the microphone so that you're recorded clearly. We'll go to the Opposition.

The Hon. SARAH MITCHELL: Good morning, Minister and your officials. Before the election you said that you'll be a Minister who focuses on staffing and resourcing, not focused on ribbon cutting. How many ribbons have you cut since being the Minister?

Mr RYAN PARK: I don't know. It's not something that is a priority of mine. I know it's a priority of different Ministers from different governments. It's just not my favourite part. I don't know the exact amount.

The Hon. SARAH MITCHELL: Could you take on notice how many Health Infrastructure projects you've opened? I'm happy for you to supply it on notice.

Mr RYAN PARK: Yes, I'm happy to.

The Hon. SARAH MITCHELL: In terms of cuts, I want to go to a few issues that have been raised with us. Do you have any information on how many staff have been cut from Health Infrastructure over the last 18 months?

Mr RYAN PARK: No, but I'm happy to have Emma Skulander from HI to talk about any specific changes if you like. We've got a big program running out in terms of our capital, following on from the work that the former Government did in this space. But probably our focus has to be slightly different in terms of health this time around, which has to be around how we properly staff those facilities and the new facilities. It's not a criticism of Minister Hazzard or Minister Taylor at all. They had a priority around building and upgrading some of our health infrastructure, which was needed. My priority has probably been focused on the operational side, which is a challenge and expensive. But would you like me to see if—

The Hon. SARAH MITCHELL: Maybe this afternoon or even on notice—how many staff are in Health Infrastructure now, last financial year and the year before on notice would be great.

Mr RYAN PARK: Sure.

The Hon. SARAH MITCHELL: Talking about services, are you aware that Armidale Mowing, who have been contracted to provide lawnmowing services at Armidale ambulance station since 2017, had their contract cut with no notice last month?

Mr RYAN PARK: I'm probably a bit of a micromanager, but I think even for me I might not be across the lawnmowing service at individual hospital sites.

The Hon. SARAH MITCHELL: It's the ambulance station.

Mr RYAN PARK: I'm not aware of that one at the ambulance station, but I'm happy to look into it. Dom? Dom is. Dom is also the commissioner of lawnmowing.

DOMINIC MORGAN: My alternative career.

The Hon. SARAH MITCHELL: I am just conscious of time, Mr Morgan, but if you wanted to add something briefly—

DOMINIC MORGAN: I'll be super quick. We went to an emergency services contract that has allowed us to leverage across the State. So it's a single contract that has been done by Public Works and they're still free to engage subcontractors across the State to do that work.

The Hon. SARAH MITCHELL: Minister, just picking up from that answer, will you have a look at that particular issue and then other small businesses in regional areas that have been cut and make sure of that engagement? It's a big part, as you'd appreciate, of their business to have that government contract.

Mr RYAN PARK: It's a very big part and out in regional, rural and remote, the presence that Health has had traditionally is significant. I've spoken to former Minister Taylor about some of these issues, where the footprint is significant and we've got to look at it more than just a health service but the economic activity that it can drive, as you know, over multiple years in terms of builds. But, yes, I'm happy to—

The Hon. SARAH MITCHELL: Well, this was more about ongoing maintenance. But if you could make sure that that communication is—

Mr RYAN PARK: I'm happy to through the commissioner, yes.

The Hon. SARAH MITCHELL: That would be good. I also want to take you to another procurement issue. Were you or your office consulted prior to the milk supply contract for the Mid North Coast and northern New South Wales health districts being taken off the local farmer co-op, Norco?

Mr RYAN PARK: Can I have more than 30 seconds on this one? Just because I just want to be clear with the Committee. Obviously—and you've been a Minister, Ms Mitchell, so you would know—I don't and should not get involved in the procurement at that level in terms of the supply and the procurement regulations. That's done through the agency. When I was made aware through the local member and two Nationals members, I did ask to have a look at the process just to satisfy myself of the completeness of that procurement process. I'm working through that information that I've got. There is certainly nothing that indicates anything other than completely normal in terms of the way in which we procured those services. I have got a discussion locked in with the local member, Ms Saffin, the Norco CEO and our procurement team next week. But I just want to be careful—and I know you completely understand this, but just so the Committee's aware. I don't make individual procurement decisions around suppliers who bid for government contracts. That would be highly inappropriate.

The Hon. SARAH MITCHELL: I understand.

Mr RYAN PARK: I know that you know that, I'm just making sure that everyone—I don't make the decision of where they go to. They have to satisfy criteria, then a decision is made by our procurement team with Alfa and others involved. That's not a decision for me. I am looking at the process and it's not that I'm not satisfied, I just wanted to assure myself that this had been done in a way that had taken into consideration all of those things.

The Hon. SARAH MITCHELL: Will your office or yourself also invite the concerned National Party MPs to that meeting you're briefing next week, because I'm sure they would like to be part of it?

Mr RYAN PARK: I'm happy for them to have a discussion as well—probably separately but maybe together if that works.

The Hon. SARAH MITCHELL: Thank you. I appreciate that. Do you know, and I am happy for you to take it on notice, but was there a cost saving from this decision? Was that the driver of the change?

Mr RYAN PARK: I'm going to say I will take that one on notice.

The Hon. SARAH MITCHELL: That's fine. I'm happy for you to take it on notice.

Mr RYAN PARK: Just given the degree, if that's okay.

The Hon. SARAH MITCHELL: That's fine. I appreciate what you have said about not being involved in procurement, but obviously a lot of the farmers and Norco themselves are concerned about what this means for their business operations.

Mr RYAN PARK: Yes.

The Hon. SARAH MITCHELL: Is there a chance that this decision will be overturned?

Mr RYAN PARK: I don't want to say that at all because I don't want to give any impression that a Minister would make such a decision. It would need to be a very unique set of circumstances that a Government Minister would change an already contracted-out service that was an extensive tender process for about 18 months or so, carried out in accordance with the procurement framework, as well as probity advisers, external advisers. All of those things were built into it. I don't want to give that impression, but I am just having a look at the process and satisfying myself that all of those other considerations were taken into account as well. Nothing indicates that they weren't. But I am meeting with Alfa's team from procurement and Janelle Saffin, the member for Lismore, next week, as well as the Norco CEO. I would be happy to engage in dialogue with the member for Clarence and the member for—

The Hon. SARAH MITCHELL: Coffs Harbour and Oxley, and I think there are a few up there who would be interested, Minister. I am sure they'd appreciate that. Ms Saffin might ask you to sign her petition when you meet with her. See how you go with that. I want to take you to the issue of paramedics in regional and rural areas. I note there was an announcement just late last month from you about the additional 125 paramedics.

Mr RYAN PARK: Yes,125. That's a start.

The Hon. SARAH MITCHELL: Can you tell me how many of them are brand-new paramedics?

Mr RYAN PARK: They're all brand-new paramedics.

The Hon. SARAH MITCHELL: I guess my second question then is how many of those 125 are intensive care or extended care paramedics?

Mr RYAN PARK: I'd need to probably take that one on notice. Unless Commissioner Morgan has it?

The Hon. SARAH MITCHELL: This was only a couple of weeks ago.

Mr RYAN PARK: No. The election commitment was for 500 paramedics. There was no funding provided for specialists.

The Hon. SARAH MITCHELL: That's interesting, because I've got the PBO costings, Minister, where you do talk about those 500 paramedics would all be extended care or intensive care paramedics. Has that position changed of Government?

Mr RYAN PARK: There's no way they would all be that, because that level of number of paramedics in that specialty area we don't need. Some of the challenges with ECPs and ICPs out in the bush is continuity of their service and needing to make sure that we do that. Since we've come to government, we have delivered on additional ICPs and ECPs. We've delivered training to around about 60 regional ICPs—they're intensive care paramedics—and around five ECPs. That is on top, Ms Mitchell, of the 125. So this is an issue—it's been around a while now, this one. I have spoken to a number of paramedics about it, trying to make sure we get the balance right between having specialist paramedics out in the bush but then continuing to be able to maintain their skills and their continuity of service, which I know you know.

The Hon. SARAH MITCHELL: I understand that. I apologise, because, as you know, we don't have a lot of time.

Mr RYAN PARK: Yes.

The Hon. SARAH MITCHELL: I have got a copy of your election costing request form here, which is dated 25 January last year. In summary of policy, description of policy it very clearly says, "Labor will provide 150 million over four years towards hiring 500 paramedics (who will be intensive care/extended care paramedics)." That was the commitment in terms of your rural and regional paramedics package—500 of them who will be intensive care, extended care paramedics. Is that no longer the commitment?

Mr RYAN PARK: Yeah. Look, I'm not aware what you're looking at, but I'll just take it as—

The Hon. SARAH MITCHELL: It's the PBO costings, with respect, Minister, that you would have put in opposition.

Mr RYAN PARK: I will just take it as read. It may have been communicated wrong or written down, I'm not 100 per cent sure. What I'm telling you is—and you would know this—you wouldn't need 500 ECPs and ICPs, because they are a specialist type of paramedic.

The Hon. SARAH MITCHELL: I understand that. My problem though, Minister, with respect, is these are your PBO costings that are publicly available before the election, which very specifically spell out that they will be intensive care/extended care paramedics. Is that a broken commitment to regional New South Wales if that is not what you're going to be able to deliver?

Mr RYAN PARK: We are going to deliver 500 paramedics. We've also got a commitment to train further ICPs and ECPs. Yeah. I can't be clearer; I'm doing both. I know and understand they're important. I know you know health care enough to know that you wouldn't need 500 ECPs and ICPs. That's all I will say.

The Hon. SARAH MITCHELL: All I'm saying though, with respect, back to you, Minister, is that's not what your election commitment was and what the costing is.

Mr RYAN PARK: Righto. Okay.

The Hon. SARAH MITCHELL: I would put to you that's a broken commitment because it's not in line with what was said before the election.

Mr RYAN PARK: We're rolling out 500. That's arguably the biggest investment—

The Hon. SARAH MITCHELL: And paramedics do an amazing job, I'm not saying that.

Mr RYAN PARK: —in paramedics in the bush we've had for a long time.

The Hon. SARAH MITCHELL: Minister, I'm not disagreeing with you. My issue is that that intensive or extended care paramedic can make a really big difference in a lot of those communities and if the community expectation was that that was what your Government would deliver and it's not going to be the reality, I think it is important to get that on the record.

Mr RYAN PARK: I understand that you may be looking at, because for my sins—

The Hon. SARAH MITCHELL: It's off the website.

Mr RYAN PARK: —I have been in opposition for a few times. So I knew those PBO costings fairly well. I think you might be looking at the costing request, not the costing summary component of it and the PBO costing summary, I think, would make clear that it's not for additional 500 ICPs and ECPs. You will find in opposition, obviously, as we work through this, you request a costing and have a lot of back and forth on assumptions. That's all.

The Hon. SARAH MITCHELL: We can agree to disagree.

Mr RYAN PARK: Sure.

The Hon. SARAH MITCHELL: I have got only a little bit of time left. IPTAAS and some of the challenges with patients accessing that scheme.

Mr RYAN PARK: Yes.

The Hon. SARAH MITCHELL: Do you think it's appropriate—there's a 17-year-old child who is undergoing serious medical treatment in the children's hospital, hundreds of kilometres from home, who can't return home, but because of his age he's told that he's an adult and they don't qualify for IPTAAS support for his family. It is a specific example and I'm happy to talk to you about it offline in terms of the personal details, but that doesn't really to us seem to fit what should happen with the criteria of IPTAAS.

Mr RYAN PARK: I would certainly want to have a look at that. IPTAAS—I think you would agree with this, Ms Mitchell—is absolutely critical to the way in which communities can access health care. I have spoken to many, many people who have accessed that program. I did both as a shadow Minister—to be fair on the last Government—and since I have been a Minister. I think the budget for IPTAAS is somewhere around about $200 million. I stand corrected, and we from that expect around about 45,000-odd people to access IPTAAS and benefit from it over the course of that. We've also made some improvements through Luke Sloane and the deputy secretary and his team around the form and the administration. But I am more than happy to look at that particular example.

The Hon. SARAH MITCHELL: And we might take that to you outside of today.

Mr RYAN PARK: Hundred per cent. That's not an issue. I just want to make sure you know the value of IPTAAS, which—

The Hon. SARAH MITCHELL: Trust me. I'm well aware of the value of it. When there are technicalities like that—

Mr RYAN PARK: Anomalies, yes.

The Hon. SARAH MITCHELL: —which don't really suit the needs of the families, it's important that we can have that dialogue. Dr Cohn spoke about this a little bit earlier, but the issues around midwifery services in regional areas—I know you talked about Tamworth before. But can I just put some questions to you. Obviously, you know I live in Gunnedah. This is a massive issue, not just for Tamworth but, frankly, all of our surrounding areas, where you've got the Tamworth maternity unit being placed on bypass. There have been multiple reports, Minister, of women having to drive many, many hours, in labour. There's an example of somebody I know, in Gunnedah, who went from Gunnedah to Tamworth to Armidale to Inverell. There's been front-page papers about women in Tamworth turning up at the hospital, in labour, several centimetres dilated, and their partners have to drive them to Maitland Hospital.

You're a dad. If you went to your local hospital and they said, "Can you drive up to Maitland?"—it's about the same distance from your electorate up there. These are not great situations that women are finding themselves in. What can you do, that is tangible and real, to support some of the workforce challenges and to make it so that women and their families still feel safe giving birth in rural areas, particularly Tamworth and Gunnedah? I'm telling you, Minister, this is a huge issue that the entire community is very, very worried about.

Mr RYAN PARK: And so am I—I'll be perfectly blunt—and so is the secretary. I don't want to go into every private discussion that's taken place, but the secretary's also had a number of discussions with the chief executive of that local health district and made it clear that this is an issue that we need to try and resolve as quickly as possible. Workforce, as you know, in regional and rural areas is a challenge, so I'm not saying that it's going to be resolved quickly. But I can give you this assurance: that, having read pieces of correspondence around this and people being generous enough to write to me about this, it's critical that we resolve it. You would be aware the program that was started under you and increased under us, around the rural incentive scheme to try and attract more staff to some of these areas, 10,000 and 20,000 in hard-to-fill—

The Hon. SARAH MITCHELL: But are midwives in Tamworth and Gunnedah eligible for that?

Mr RYAN PARK: They would be eligible, as I understand, for, probably, the $10,000 component. I'm not 100 per cent sure whether they would reach the $20,000. Phil, did you want to just quickly add something to Ms Mitchell's question?

PHIL MINNS: Yes, Minister. The team has been working, in the last fortnight, on making available a $20,000 sign-on bonus for midwives commencing anywhere within the Modified Monash level three to level seven facilities. We'd make it a specific campaign under the rural health incentive scheme. It'll initially be a six-month campaign. We've canvassed it with all the regional chief execs. They support the initiative. They believe it will assist them in attracting people and getting them on board, and we'll do an evaluation at the end of six months to look to learn what we can and continue if appropriate.

The Hon. SARAH MITCHELL: Mr Minns, when should that start being made available?

PHIL MINNS: The work's been done to design the approach, in the last fortnight. I don't actually have a commencement day, but I can try and get one in the course of the day.

The Hon. SARAH MITCHELL: That would be great, thank you. Minister, I'm aware you visited the region, and I respect that. I think, to be frank, compared to some of your colleagues you are very good at engaging with local members about these issues. I do just want to put that on the record.

Mr RYAN PARK: I do my best.

The Hon. SARAH MITCHELL: But can I say particularly that the figures that we're getting from some of our local midwives—Tamworth, Gunnedah Hospital operating with a 60 per cent deficit. I appreciate what Mr Minns has just said. The other issue that's been raised with us is that the registrar and gynaecology program from John Hunter has actually stopped in Tamworth. Is that correct?

Mr RYAN PARK: I haven't been made aware of that. Let me try and find out something during the day. But you are right, Ms Mitchell. Birthing services are challenged in all areas, but they're particularly challenging in regional and rural, and it is not lost on me the fact that people have to spend an enormous amount of travel and distance to access these. When I hear of concerns or pressures in these in the bush, it is pronounced, not because one group is more important than the other but just that the challenges that women and families have to access that care are far more difficult in rural and regional and remote, compared to metropolitan, hospitals.

The Hon. SARAH MITCHELL: With respect, when your level four tertiary hospital unfortunately at times has to turn women away—and the staff do an amazing job—what happens is you lose that reassurance. I had both my kids at Gunnedah Hospital. Tamworth was your backup. People don't have that confidence anymore. It's not in any way a reflection on the staff, but it's a real problem when they're not getting the support services and the numbers that we need. So we will continue, with respect, to talk to you and work with you on this because it's a huge issue.

Mr RYAN PARK: I think it's a big issue and so does the secretary, to be fair.

The Hon. SARAH MITCHELL: In terms of midwifery group practice in Tamworth and Gunnedah—you talked about that in relation to the birth trauma inquiry—can you give me an update on the program in that area?

Mr RYAN PARK: Yes. I understand in Tamworth that continues to be in place, but we are having some challenges with staffing broadly, and we are engaging with them. If that answer is a bit grey, over the course of the day I'll just doubly make sure that that is the case for Tamworth. Did you say Gunnedah—

The Hon. SARAH MITCHELL: It's not there at the moment, but if that's an option in the future it would be good if you could provide any info on that.

Mr RYAN PARK: At Gunnedah?

The Hon. SARAH MITCHELL: At Gunnedah.

Mr RYAN PARK: Okay.

Ms CATE FAEHRMANN: Minister, do you think it's acceptable that First Nations children in Broken Hill have double the amount of lead in their system than non-Indigenous children?

Mr RYAN PARK: No. When I read that report, it was extremely concerning. These reports around a range of issues out in rural and regional and remote New South Wales are concerning. That's not the only one, in terms of public health challenges, that we face out there. But that is a significant one. Dr Chant and her team, obviously, liaise with and work with the respective agencies around reports and monitor what is going on in those communities. But I would hope every parliamentarian is concerned about—

Ms CATE FAEHRMANN: Minister, are you aware of why, over the last couple of years, lead levels are rising in some of those children?

Mr RYAN PARK: Yes. A couple of things I'll say on that, Cate. I want to assure the community that we have a comprehensive plan in place to reduce those levels as low as possible. But there's always more that can be done. Where improvements can be made, we will, obviously, look at those. I am encouraged. Probably one piece of encouragement I'll say to you is that there are high rates of screening within the community, and regular blood screening for lead is a vital way to check that our children are safe. NSW Health, through Dr Chant and the local health district, continue to reiterate that—and this is important—the simple steps that everyone can take to reduce their risk include things like handwashing, clearing the dust, drinking town water et cetera. I know you'll know this, but the EPA are the lead agency. That's the only thing—

Ms CATE FAEHRMANN: Sure. Thanks, Minister. NSW Health, yes, issue advice around this, in terms of the dust. It's pretty hard to say to children living in Broken Hill, isn't it, to avoid the dirt, to avoid the soil? That's essentially what they have to do—plus to avoid the emissions from the lead mining that's taking place there?

Mr RYAN PARK: Yes. It's a challenge. There's no two ways about it, given the nature of the environment that it is. But we are determined. Respectfully, I know Dr Chant cares deeply about the health care of people, particularly in remote and regional New South Wales. I see that care every day. This is something that we are working with the EPA on. We know we play a role. Dr Chant, did you want to add anything, just to close off Ms Faehrmann's—

KERRY CHANT: I think we would recognise that there needs to be a complex solution to this, and there is a whole-of-government approach, coordinated by Premier's, to bring all of the agencies to the table, as well as local government, to look at a solution. Clearly, there's longstanding contamination of the environment. The needs are complex, and some of the issues that are impacting it are access to housing, particularly in areas—I think that, whilst Health takes the key role in supporting the lead monitoring program, we recognise that a whole-of-government approach is needed to mitigate this area.

Ms CATE FAEHRMANN: Let's stick with NSW Health's responsibility, though. Dr Chant, it's concerning, I assume, from a medical perspective that, for Aboriginal children, the most recent results have the average lead in their blood of 7.9 micrograms per decilitre. That's a concerning level.

KERRY CHANT: That's correct. Obviously we would like lead levels to be as low as possible, and we always work to ensure there is no disparity in lead levels between the population. That's a particular population.

Ms CATE FAEHRMANN: There's huge disparity, isn't there?

KERRY CHANT: There's huge disparity. And again, we would work—

Ms CATE FAEHRMANN: Some Aboriginal children had blood levels above 20 micrograms per decilitre. That is incredibly concerning, isn't it?

KERRY CHANT: Absolutely. What we do is, on individual cases, we follow up and look at remediation and other aspects. But given the contamination in the environment more broadly, as I said, the longer term solution to this requires a whole-of-government approach.

Ms CATE FAEHRMANN: The contamination in the environment more broadly, let's just look at that. So that's a lead mine in Broken Hill. There was a report that was undertaken in December 2019, *Environmental Lead Risks at Broken Hill*, by experts in their field. That essentially recommended a range of different things. It had to happen to protect the children in Broken Hill from lead poisoning. One of them was a city-wide solution, essentially, and looking at how to curtail the lead that's coming from those mining operations. If you can't curtail the lead emissions that I assume are part of the problem, wouldn't it make sense to try to stop lead mining occurring as much as possible around populations in the future? Minister, did you hear that question?

Mr RYAN PARK: No, sorry.

Ms CATE FAEHRMANN: Wouldn't it make sense, given what's happening with the children in Broken Hill who have very concerning levels, according to the Chief Health Officer, to stop lead mines being built, from a NSW Health perspective if you had a say, near populations in the future?

Mr RYAN PARK: I'm doing a hypothetical because I don't have a—

Ms CATE FAEHRMANN: I will give you an example; there is an example that I'm getting to.

Mr RYAN PARK: We would, from a Health perspective, through that approval process contribute to advice going to government.

Ms CATE FAEHRMANN: Which you have.

Mr RYAN PARK: That would be led by Dr Chant and her team around that.

Ms CATE FAEHRMANN: That's exactly right. Getting to that Heath advice, this is a lead mine in Broken Hill. It's there; it's operational. The evidence is well and truly in that it is poisoning the blood of the children that live near that mine. It is poisoning the blood of First Nations children more than non-Indigenous children. There is a mine that has been proposed in Lue, two kilometres from a public primary school—two kilometres! The advice that NSW Health provided, I think gently, didn't raise alarms about that. How is that, Minister? How can your department provide advice that a lead mine is a good idea within two kilometres of a public primary school?

Mr RYAN PARK: I will throw to Dr Chant in a moment. But, Ms Faehrmann, I hope—and I'm sure this is not the case—that you aren't thinking or determining that Health officials would do anything but give free and frank advice around the health impacts of developments. That is a baseline of what I expect as a Minister. I'm not in any way, shape or form involved in the provision of that advice, as you could imagine, because it's carried out by public health officials like Dr Chant and her team. Dr Chant, did you want to add?

KERRY CHANT: I'm sorry, I haven't got the Lue information with me. But if I can just talk about the process. In terms of these major developments, there is a requirement under environmental law that there's an environmental assessment. Health reviews that. EPA is the lead, and that report is commissioned independently. What that report looks at in particular—and what Health is interested in—is looking at the exposure pathways and the evidence for how product moves from the location of any mining, industry or factory, and how that could potentially impact on people. The routes could be contamination of groundwater, where drinking water supplies are impacted; it could be through air emissions. Health would look at those reviews and check that that has been done by an independent person who looks at all of the modelling, and then we comment on whether we feel the models were appropriate. That's nature of the advice. If you want me to—

Ms CATE FAEHRMANN: Given there's an existing lead mine in operation—and that has been in operation for some time—unfortunately the results are well and truly in that they're impacting children in terms of lead levels; in fact, probably the whole population. And, indeed, they're increasing. It would make sense, wouldn't it? Wouldn't the advice that NSW Health should issue and would have issued to the department, you would think, about a lead mine operating two kilometres from a public primary school as well as a village be that it's not a very good place for a lead mine and you would issue an objection?

KERRY CHANT: Our role is to provide advice through the environmental planning processes.

Ms CATE FAEHRMANN: Exactly. What was that advice?

KERRY CHANT: I haven't got that with me. As I said, it would be—

Ms CATE FAEHRMANN: Does it make sense to you, though, that it should be rejected from a Health perspective only?

KERRY CHANT: I think it's important that there are both environmental impacts and then there are health impacts, and there has to be the exposure pathways. I would be very happy to go through and get my department, Health Protection NSW, to review what comments they provided to that. As I said, Health Protection NSW takes this matter quite seriously. But within the environmental framings, we would've commented on those things.

Ms CATE FAEHRMANN: Minister, does it concern you? It's quite clear, I think, what the exposure pathway is, given the research and the blood levels testing that, again, is increasing in First Nations children to a level that is alarming, according to the Chief Health Officer. Does it concern you?

Mr RYAN PARK: Yes, I was very concerned about the reports. There's no two ways about it.

Ms CATE FAEHRMANN: However, there could be another mine in the Mudgee region.

Mr RYAN PARK: Yes. I will, through Dr Chant, have a look at the advice that we provided. But, Cate, anything that highlights or puts added pressure on reducing the disparity between Indigenous health outcomes and the rest is something that concerns me.

Ms CATE FAEHRMANN: Can I suggest as well that at the moment Bowdens lead and silver mine is on hold because of a Court of Appeal ruling that it has to go and reconsider transmission lines. Can I suggest that that may be an opportunity to go and have a look at what your department submitted in relation to that mine, given the evidence that you've only just become aware of—of the concerns in Broken Hill—in terms of what lead does to children?

Mr RYAN PARK: Yes, okay.

Ms CATE FAEHRMANN: I have to move on. Can I ask now about PFAS in Sydney's drinking water. Firstly, Minister, I wrote to you a few months ago about this issue. What have you personally found out since then in terms of the current risk, as at 10 September 2024, of PFAS in our drinking water and the Drinking Water Guidelines that we have, which I think are out of date?

Mr RYAN PARK: I will take a little bit of time on this because it is an issue that concerns me and I know it's an issue that the Minister for Water is obviously focused on. Can I say from the outset that Sydney's drinking water is safe to drink. I certainly consume it a lot. Dr Chant says it should be your primary form of consumption of fluid, and that's what I certainly focus on during the day so it's safe. Sydney Water has recently tested the drinking water for PFAS, and all samples, as I think you highlighted, were within our Australian Drinking Water Guidelines. I'll talk about the guidelines in a minute because they are important. Water utilities are obviously responsible for assessing the risk to drinking water and, if a risk is identified, monitoring the PFAS and managing the risk appropriately.

Health is advised that Sydney Water and WaterNSW have added PFAS monitoring to their rigorous testing procedures to provide agencies with up-to-date info. Health works with water utilities to ensure they have assessed risk and monitored PFAS where it's needed. Drinking water safety guidelines, as you would know, are developed at a national level. That's important. To go back to the guidelines, the national regulator is reviewing the Australian guidelines for PFAS in drinking water. We've requested that we want to be—that review to be carried out as quickly as possible, obviously, but I just want to make sure everyone is clear that Sydney's drinking water is safe.

Ms CATE FAEHRMANN: Can I just clarify? When you said you're requesting that that review of the Drinking Water Guidelines be undertaken as quickly as possible, are you asking that they hasten the timeline in

an attempt to, ideally, review it earlier, given the changes at World Health Organization level and a lot of other research coming in? Is that what New South Wales is formally requesting?

Mr RYAN PARK: We want the review to be done properly. We want to ensure the integrity of the process, but we want it to be done in a timely manner. I think, broadly, that's what the community would expect.

Ms CATE FAEHRMANN: At the end of next year is too late?

Mr RYAN PARK: I'll get advice on the actual timing.

KERRY CHANT: Ms Faehrmann, I can probably confirm that the discussion occurred at NHMRC, and that was mirrored by other colleagues around the nation, recognising the importance of making sure those guidelines reflect and have had the opportunity to consider the evidence, particularly the IARC evidence that was concluded—late in December 2023, it was published. My understanding is that the NHMRC process will go to public consultation. Work is being done by the working group to get that document for public consultation as part of the requirement for its guideline development. I would anticipate that that happens later this year. Obviously we will review that guideline, and obviously we have always committed to complying with those guidelines.

Ms CATE FAEHRMANN: I'll come back to that. Thank you.

KERRY CHANT: I can give you some update on the Lue, but I'm happy to do that later on this afternoon.

The Hon. TANIA MIHAILUK: Minister, would you agree that there's a special bond between breastfeeding mothers and their babies?

Mr RYAN PARK: Yes.

The Hon. TANIA MIHAILUK: For those women who can't breastfeed or have difficulty doing so, there's a milk bank in New South Wales where they can access milk. Is that right?

Mr RYAN PARK: Yes, I understand that's correct. I haven't been there.

The Hon. TANIA MIHAILUK: Can transwomen who are biological men access the services of the milk bank as well?

Mr RYAN PARK: I'm not sure. I'd have to take advice, sorry, Tania. I'm not sure on that one.

The Hon. TANIA MIHAILUK: Can transwomen who are biological males donate milk to the service?

Mr RYAN PARK: Dr Chant?

KERRY CHANT: In terms of the other comment, I can probably just give you some information in relation to who could access it. Basically, in accessing the milk bank, it's really based on the need—

The Hon. TANIA MIHAILUK: It's a yes or no answer.

KERRY CHANT: It's based on the child. If the child is eligible—

The Hon. TANIA MIHAILUK: Okay, it's based on the child.

KERRY CHANT: It's about the child because the reason we use the milk, particularly, is to avoid some of the complications.

The Hon. TANIA MIHAILUK: So the women themselves don't request it? You make a decision?

KERRY CHANT: I'm just saying that it's—

The Hon. TANIA MIHAILUK: Perhaps take my questions on notice. That might be better, so I can get a more accurate answer. Minister, do you believe that parents have a right to permit and oversee any medical treatment their children receive?

Mr RYAN PARK: Sure. They're part of the decision-making process as children develop.

The Hon. TANIA MIHAILUK: Sorry, I can't hear you. Can you repeat that?

Mr RYAN PARK: Parents play an important part of the care and wellbeing of children. I think we'd all—

The Hon. TANIA MIHAILUK: Absolutely. I agree with you.

Mr RYAN PARK: I hope we all do.

The Hon. TANIA MIHAILUK: The equality bill that's currently before Parliament would make it legal for people under the age of 18 to undergo gender-affirming medical treatment without their parents' consent. How is this upholding parental rights?

Mr RYAN PARK: The equality bill, as I think you would know, Ms Mihailuk, is one that's been brought by Alex Greenwich, the local MP. The Attorney General, as you know, has carriage of that.

The Hon. TANIA MIHAILUK: Can I just put to you, Minister—it's interesting you say that because last week I did ask the Attorney General some questions, and he actually asked me to ask you those questions. In fact, I'll quote the Attorney General, who said, "When Ryan is sitting in this chair … you can ask him." This is the exact questioning I asked him. In fact, it's a repeat of the exact same question.

Mr RYAN PARK: In terms of the health aspect, the bill proposes to insert a new section into the Act to allow a young person, 16 or 17, to make a decision about their own medical or dental treatment.

The Hon. TANIA MIHAILUK: Where are we up to with that?

Mr RYAN PARK: In his submission to the inquiry, Mr Greenwich indicated that he intends to withdraw this provision, which legislates Gillick competence and regulates gender-affirming care, due to potential unintended consequence. I understand Mr Greenwich made this decision after receiving advice from NSW Health that was communicated through my office.

The Hon. TANIA MIHAILUK: Did that advice get given to the Attorney General? He didn't seem to be able to provide me with that advice last week.

Mr RYAN PARK: I'm not sure, but I just wanted to make sure you were aware of it because I know this is an issue.

The Hon. TANIA MIHAILUK: Will young people, nevertheless, still be able to have access to puberty blockers, with parental consent?

Mr RYAN PARK: This is an issue, in terms of puberty blockers, that is always done through a very careful and evidence-based approach. By no means do clinicians—and I don't want to give any indication that somehow a child walks into an interaction with a NSW Health doctor, nurse or allied healthcare professional and within the space of that consult they're just handed over puberty blockers. That doesn't take place. I just want to be clear about it. We use an evidence base that—

The Hon. TANIA MIHAILUK: What evidence is it? Where do you get your evidence from? Is that the Sax Institute that recently issued some—

Mr RYAN PARK: Clinical evidence. The Sax Institute has recently done a report, indicating—

The Hon. TANIA MIHAILUK: On that report, Minister, they issued that report on Friday. Have you had a chance to have a look at the recommendations from that report?

Mr RYAN PARK: I've had a chance to have a look at it. I also, for my own benefit, reached out to the Sax Institute and had a briefing from the Sax Institute, as well as health officials.

The Hon. TANIA MIHAILUK: Did you? When was that, Minister?

Mr RYAN PARK: Probably a couple of weeks back.

The Hon. TANIA MIHAILUK: So they released their report on Friday. I noted, when I looked at their report, it's actually dated February 2024. It was finalised in February. Do you know how long it has been sitting with Health? It was a seven months delay for it to be publicly released. Are you aware of that?

Mr RYAN PARK: No, I'm not 100 per cent sure. That's not my understanding. There might be a typographical error, but—

The Hon. TANIA MIHAILUK: No, it's not typographical—it's February. It also says in there that it's difficult to draw definitive conclusions about interventions for gender dysphoria in children and young people from the available research. Their first statement is, essentially, that you can't draw any conclusions.

Mr RYAN PARK: Just very quickly, one of the challenges in this area that the Sax report outlines is that there has been a big increase in the research in this area but the quality of that, and I'm using that not as a disrespectful term—i.e., empirical, doing blind cases et cetera, a range of different in-depth research techniques—has not been part of that increase. It's a challenging area of health care, and we're not—

The Hon. TANIA MIHAILUK: Do we still pay more than $5 million a year to the Sax Institute?

Mr RYAN PARK: I'm not sure.

The Hon. TANIA MIHAILUK: Could you take that on notice, how much money we provide to the Sax Institute?

Mr RYAN PARK: Yes, I'm happy to, Tania.

The Hon. NATALIE WARD: Minister, how many elective surgeries were cancelled today?

Mr RYAN PARK: I got an earlier report from Jo Edwards that it would have been several hundred, I would have thought. We can give you that more updated figure maybe later on in the day, but I can't guarantee that because the strike action is not over. I don't want to give—

The Hon. NATALIE WARD: But they would have been cancelled—we're not waiting for them to be cancelled; they would have been already cancelled.

Mr RYAN PARK: I don't want to give something misleading, though.

The Hon. NATALIE WARD: So several hundred?

Mr RYAN PARK: I might not have all of the data coming in, so I don't want to give this Committee misleading figures. But there has been substantial cancellation and rescheduling of elective surgery today, without a doubt.

The Hon. NATALIE WARD: In the several hundreds, as we understand it at this point in time?

Mr RYAN PARK: I would say so, yes.

The Hon. NATALIE WARD: What contingency plans are in hospitals today to deal with a lack of staff?

Mr RYAN PARK: Good question. It's very challenging, Ms Ward, when it is the largest part of your workforce. So it is substantial. I've spoken with a number of CEs about what they were doing, as has the secretary and Jo Edwards. Many of them were going through various parts of the hospital and gauging how many people would be taking industrial action, who would be remaining in place, and of those remaining in place, can the service continue to be delivered in a safe, effective and efficient way? That's first and foremost what we try and do. That hasn't been easy. There are different numbers across the State. There might be more significant action taking place, for instance, in a hospital like Wollongong compared to perhaps other services. But they would have done that methodically. Jo, have I covered that off?

The Hon. NATALIE WARD: Ms Edwards, did you have anything to add to that? I know that you may have to race out later to deal with the crisis today.

JOANNE EDWARDS: I've already been out.

The Hon. NATALIE WARD: You've been out and you've come back. Thank you.

JOANNE EDWARDS: All of the districts and networks have good plans in place to manage the issues related to staffing today. There are a couple of local health districts that are certainly challenged, and they are still working through those challenges to ensure they've got adequate cover for the afternoon and night staff.

The Hon. NATALIE WARD: We might ask you about that this afternoon, if you can come back with the specifics of what those challenges are.

The Hon. DAMIEN TUDEHOPE: Minister, you're the Minister for the Illawarra, and I heard you earlier speak about Shellharbour Hospital. Are you aware which company is the major contractor on that hospital?

Mr RYAN PARK: No, sorry.

The Hon. DAMIEN TUDEHOPE: If I told you it was a company called BESIX Watpac—

Mr RYAN PARK: Yes, Watpac, I can remember now a media release that we did. It was Watpac, because I was trying to get the pronunciation right, so yes.

The Hon. DAMIEN TUDEHOPE: You probably wouldn't be aware of the fact that they have entered into an enterprise bargaining agreement on 16 July with the CFMEU.

Mr RYAN PARK: Right,

The Hon. DAMIEN TUDEHOPE: Are you aware of that?

Mr RYAN PARK: No, sorry, I'm not.

The Hon. DAMIEN TUDEHOPE: And you wouldn't be aware, of course, of the terms of that enterprise bargaining agreement? However, if I can say this to you, the enterprise bargaining agreement mandates that unskilled labourers be paid $204,000 a year—250 per cent above the award rate. What do you say to the nurses and midwifes who are demonstrating in Kogarah today about the Government's refusal to offer a single cent above 10.5 per cent over three years?

Mr RYAN PARK: Well, Mr Tudehope, what I say is, we are offering a hell of a lot more than what your Government did.

The Hon. DAMIEN TUDEHOPE: That is not an answer to my question.

Mr RYAN PARK: Let's be very clear: you said during the Premier's budget estimates—

The Hon. DAMIEN TUDEHOPE: Quite frankly you are wrong on that, by the way.

Mr RYAN PARK: No, I'm not.

The Hon. DAMIEN TUDEHOPE: You are.

Mr RYAN PARK: You said during the budget estimates that a zero wage increase that frontline keyworkers received—

The Hon. NATALIE WARD: It's not about us, it's about you. What are you doing?

The Hon. CAMERON MURPHY: Point of order—

Mr RYAN PARK: —didn't receive—during Covid was "a very good decision."

The Hon. NATALIE WARD: Run cover. CFMEU, run cover.

The CHAIR: There has been a point of order I need to hear.

The Hon. CAMERON MURPHY: Chair, as a matter of respect, the Minister was asked a question. He should be entitled to answer the question without people disrespectfully interjecting with comments and snipes.

The CHAIR: The Minister is entitled to answer the question as he sees fit. I'll go back to Mr Tudehope.

The Hon. DAMIEN TUDEHOPE: What was our offer, by the way?

Mr RYAN PARK: I was answering a very, very wideranging question. The fact is that I understand and am aware that the nurses and midwives are not happy with the current deal. That's why we remained at the table. That's why they asked for a meeting with the Treasurer this week; that's why we are having that, going forward. But I've also got to make sure—as you have, no doubt, Mr Tudehope, in the past—I'm a part of a Government that's got to make sure that we can deliver services effectively and efficiently, and 15 per cent in one year is not something that the Government can afford.

The Hon. DAMIEN TUDEHOPE: Have you ever offered anything above 3.5 per cent?

Mr RYAN PARK: That doesn't mean that we were not at the table. What's interesting is that wage suppression under your Government, of which you were a senior member for 10 years—I don't think you would have to be doing any more than about year 2 maths to understand that—

The Hon. DAMIEN TUDEHOPE: We gave real wage increases to workers, Minister. We offered real wage increases.

Mr RYAN PARK: —very, very quickly, that wage suppression causes gaps to occur right across the workforce. In terms of the CFMEU, I'm happy to look into the individual matter. But if it's a matter of ensuring staff get the same pay for the same job, then that is a provision the union movement broadly has fought for. I don't know if that is the provision. I don't know that, but I'm happy to have a look at the issue you've raised. I want to be clear, it seems a little bit ironic talking about frontline workers pay from a Government that had over a decade of wage suppression, which has caused some of the disparities.

The Hon. DAMIEN TUDEHOPE: Looking after union mates is part of your DNA, that's fine. Effectively, what you've done in relation to this contract is ensure that the CFMEU gets looked after; however, you won't look after the Nurses and Midwives' Association?

Mr RYAN PARK: Well, let's talk about the Nurses and Midwives' Association and their request to Government and opposition in the lead-up to the last election. For over a decade—close to two decades—that organisation requested we move to a ratio-based system across our hospitals and healthcare services. We are the first to commit to that. That was their big ask. We are the first government in New South Wales to commit to that. That is around about a billion-dollar investment and that rollout has started. What is also very interesting in relation

to looking after the nurses and midwives, we actually made sure that the 1,112 that your Government was terminating on 1 July 2024 remained in place. I just want people to understand this. That is 1,112 nurses that are now employed because a Labor Government, under this Premier and Treasurer, made a decision to invest hundreds of millions of dollars to make them permanent. That is what we are doing.

The Hon. DAMIEN TUDEHOPE: I don't need a speech. I want to move on; my time is limited. What I would like to put to you is this: This is an EBA which was entered into immediately after the news broke in relation to the corruption which existed in Victoria and the "Building Bad" program was aired. Do you find it concerning that in respect of a New South Wales Government project, the CFMEU has now been given access to sites and has control over sub-contractors, as part of that EBA, in circumstances where there is demonstrably criminal activity being taken by that union? Will you, in fact, review that EBA and that contract with that building company?

Mr RYAN PARK: As I understand it, the New South Wales Government is not part of that EBA. But as you know, a range of steps—and to be fair, Mr Tudehope, you would acknowledge the Premier's strident reform in relation to—

The Hon. DAMIEN TUDEHOPE: Yes, but it's words, Minister. It's words.

Mr RYAN PARK: —the way in which we acted very, very swiftly in relation to the CFMEU.

The Hon. DAMIEN TUDEHOPE: Here are some practical things you can do, Minister.

Mr RYAN PARK: As I said to you, I'm happy to look into—I don't know what you are referring to, so I don't have it in front of me. I'm not going to make a decision about it until I've had a look at it. I'm certainly not going to do that; I don't think you would. I do have Chief Executive Emma Skulander here from Health Infrastructure. I am happy to ask her to add anything if she sees fit. Would you like that?

The Hon. DAMIEN TUDEHOPE: No. I'm sure we can ask questions—I've got limited time.

Mr RYAN PARK: Chair, could I just say, it is a little bit—I take virtually everything. Sometimes when I want to provide the Committee with clarity about an answer, it feels as if I'm being given no opportunity to get clarity from my officials, given that I'm the one that is taking 9 out of 10 of the questions here.

The Hon. DAMIEN TUDEHOPE: You're here for a limited time in the morning, Minister. We have you for that period of time. This was an EBA entered into after the program was aired, outlining significant criminal activity by the union. Doesn't it just show that under your Government, crime pays?

Mr RYAN PARK: That's a ridiculous question.

The Hon. DAMIEN TUDEHOPE: You can answer that no, if you like.

Mr RYAN PARK: It's a dumb question. It's stupid.

The Hon. DAMIEN TUDEHOPE: Minister, in those circumstances, would you take steps to do something about it—

Mr RYAN PARK: It's a stupid question.

The Hon. DAMIEN TUDEHOPE: —because this is a building site which is still now answerable to the CFMEU.

Mr RYAN PARK: Let's be clear, Chair. I've already made it clear that I'm happy to have a look at the individual issue. Obviously, I am not aware of the ins and outs of every contract across NSW Health services, nor probably should I be. I have offered for the chief executive from Health Infrastructure, who is here today, to give an update. You don't want an answer. That's a matter for you. I'm not going to make those allegations about other people.

The Hon. DAMIEN TUDEHOPE: They're your mates. We understand that you're going to look after them.

Mr RYAN PARK: I am not going to make allegations about individuals in this Committee. I would appreciate it if others didn't make those individual allegations about myself.

The Hon. DAMIEN TUDEHOPE: They're your mates.

Mr RYAN PARK: The Federal Government is responsible for receiving those—

The CHAIR: Order! The witness has spoken through me. Thank you. There was a lot of talking over each other from all sides during the last round. I ask for the injections and the talking over each other to stop.

The Minister is entitled to pass to someone else to answer a question. If you want to save that until the afternoon, you're entitled to ask a different question. But I don't think it's fair, in terms of procedural fairness, to repeat a question that the Minister has asked an official to answer.

The Hon. NATALIE WARD: In the limited time that has been left over, Minister, will you reverse your decision to close Batemans Bay emergency department?

Mr RYAN PARK: No. I'll explain to you this fairly simple proposition. It's unusual for you to ask this question, but I accept that the shadow Minister is only new in the role.

The Hon. NATALIE WARD: Minister, I'm going to move on. That was disrespectful to another member of this Parliament. It's a no. You will say no.

Mr RYAN PARK: Your Government drafted and developed the clinical services plan. Your Government did that. We agree with that plan. We agree with your plan to deliver the level four hospital. That is what we committed to at Eurobodalla. That means that in relation to Batemans Bay, Ms Ward, you would understand that to have an emergency department 20-odd minutes down the road from another emergency department would mean that you wouldn't be committing to a level four hospital at Eurobodalla. That is a matter for you. If you don't commit to that, that's fine.

The Hon. NATALIE WARD: No, let's get to your commitment and your Government and your responsibility to this community. Let's get back to that. The feedback I have is that there was limited consultation. Are you satisfied with the limited consultation, noting the prospect that not all patient presentations needing emergency care will survive the extra time required to travel to the new Eurobodalla Hospital when it opens? Is this a "We wish you the best of luck" situation?

Mr RYAN PARK: Absolutely not. I'm very confident that the work that Minister Hazzard did—although, it could have been Minister Hazzard and Minister Taylor—with NSW Health at the time, which is the clinical services plan, which was developed by you and by your Government, is a robust plan. We believe that the way in which we have committed to deliver a level four hospital in the Eurobodalla means you literally cannot have emergency departments that close. Otherwise, I think you can see what would happen—you split your resources, you split your staff and you run risks of staff shortages. We will continue to look at the provision of urgent care services that are happening there and all of those things. But I want to be clear to the community that a level four hospital emergency department of the scale and size that is going to be in the Eurobodalla means that we need to make sure that we're following the advice that your Government followed through with.

The Hon. NATALIE WARD: What do you say to the 18,000 petition signatories who are so incensed at the possible closure of this vital service? What do you intend to do to rectify this situation?

Mr RYAN PARK: I always respect a community's right to have a say. I always respect the fact that individuals take the time to express their views through a petition or through correspondence. We're making important investments in Batemans Bay, including—as I'm sure you are aware—a $20 million community health facility, which the local member, Dr Holland, my Parliamentary Secretary, has been a very strident advocate for. I say that the Government is delivering on not only that commitment but also the commitment that has been sought for many, many years, which is—as you know, Ms Ward—a level four hospital. I was proud to turn the first sod and I look forward to it opening.

The Hon. NATALIE WARD: In the four minutes that we have left—because you're taking a long time to get to the point of the actual question—I will move on. Liza Butler, your candidate and member there, said, "A Minns Labor Government will bring babies back to Milton hospital by restoring birth services." When will babies be born at Milton hospital?

Mr RYAN PARK: We're looking throughout the Illawarra Shoalhaven Local Health District. I've had a number of meetings and discussions with the CE and clinicians.

The Hon. NATALIE WARD: When? Minister, we have four minutes left.

Mr RYAN PARK: Let me get to that in a moment. We are looking at a range of different options around maternity services and birthing services. I understand that it's a priority.

The Hon. NATALIE WARD: When?

Mr RYAN PARK: I'm not going to give you a date. We are developing the health services plan around that.

The Hon. NATALIE WARD: But your local member was clear that it was going to open.

Mr RYAN PARK: Community consultation will be taking place in September. I understand this is an important issue. I will continue. I am happy to update the Committee, but at this stage I don't have a date around that particular issue. I understand from Liza—

The Hon. NATALIE WARD: Will you have an answer today?

Mr RYAN PARK: I will just say, we just opened a new midwifery group practice in the Shoalhaven.

The Hon. NATALIE WARD: You don't have an answer today. We'll move on.

The Hon. SUSAN CARTER: Minister, can I take you to Camden Hospital? Your Government's land audit has identified a site on Menangle Road opposite the hospital. Are you aware of what that site is currently used for?

Mr RYAN PARK: No. Did you say Camden Hospital?

The Hon. SUSAN CARTER: Yes. It's being used for parking. As a result of the housing development on that site, what alternative arrangements are in place for staff and visitor parking at Camden Hospital?

Mr RYAN PARK: I'm happy to take that specific one on notice. I can't recall. I may have received some correspondence via the HSU or the local member on that. I'm not 100 per sure. I'll stand corrected and try to provide the Committee with advice during the course of the day if I can.

The Hon. SUSAN CARTER: That would be appreciated. Can you also advise whether alternative arrangements, especially for the safety of staff on night shifts who are walking to their cars, will be in place before that parking closes?

Mr RYAN PARK: Yes.

The Hon. SUSAN CARTER: Minister, can I ask you another question, in relation to iron infusions? Are you able to commit to ensuring accessible iron infusions for all those with eating disorders?

Mr RYAN PARK: It's critical.

The Hon. SUSAN CARTER: It is critical. They are very expensive and hard to get.

Mr RYAN PARK: They are not just important for those with eating disorders. They are also important for those with diseases and disorders like Crohn's disease. I have a close friend whose son has those iron infusions regularly to maintain a chronic condition.

The Hon. SUSAN CARTER: Commitments, Minister?

Mr RYAN PARK: I will certainly give the Committee an assurance that we will continue to make sure that people who are struggling with an eating disorder and trying to manage that eating disorder are given access to health care.

The Hon. NATALIE WARD: Minister, moving on to dialysis, on 30 July a letter was sent from 45 nephrologists in three local health districts—Western Sydney, South Western Sydney and the Nepean Blue Mountains—stating they were having to ration life-sustaining dialysis due to a lack of capacity and are, in essence, providing a service akin to a third-world country. Was that letter the first time you were made aware of these concerns and the fact that services were being rationed?

Mr RYAN PARK: That's a good question, Ms Ward. I can assure you I was very concerned when I received that letter. It wasn't something that the secretary and I had been made acutely aware of.

The Hon. NATALIE WARD: Just to clarify, was that the first time?

Mr RYAN PARK: Yes, that's certainly when I—from my knowledge—was made aware of the severity of it and the number of clinicians putting forward their concerns.

The Hon. NATALIE WARD: Had you heard about it before that though, or was that the first time?

Mr RYAN PARK: I'd heard that we have challenges around dialysis in Western Sydney and South Western Sydney. Not that anybody should be proud of it, but we have well-above average numbers of people with a range of different kidney issues and health conditions in that area that require it.

The Hon. NATALIE WARD: Just in the 28 seconds I have left, has your department provided any other advice on any other health services being rationed in New South Wales or any other strategic reduction of services?

Mr RYAN PARK: No, not in relation to that.

The Hon. NATALIE WARD: So just dialysis and no other areas?

Mr RYAN PARK: That's the one that I've been dealing with. I recently spoke to one of the clinicians who wrote to me. I rang the clinician and they were "happy" with the steps that Ms Willcox, as the deputy secretary, had made around that.

The Hon. NATALIE WARD: The member for Liverpool spoke about this in Parliament on 18 June.

Mr RYAN PARK: Yes. It's important that we understand—

The Hon. NATALIE WARD: July can't be the first time you heard about it.

Mr RYAN PARK: It's a demand issue in that particular area. We're not trying to be difficult.

The Hon. NATALIE WARD: You only responded to those nephrologists on 30 August, after *The Sydney Morning Herald* ran a story.

The CHAIR: Order! I indulged a couple of follow-up questions. I'm not going to give you a third. Minister, there are serious community concerns in Bellingen about the closure of the Hartley House ward at Bellinger River District Hospital. I understand that the new lift installation that caused the closure of the ward is due to be complete imminently, but there has been no indication from Mid North Coast LHD of when those beds are going to be reopened. Can you provide some certainty to that community about when they can expect their hospital to be back to full capacity?

Mr RYAN PARK: Let me take that specific one on notice if I can. If I can get an accurate answer to you today, I will, just so that you don't have to wait a period of time because I know it's an interest to the Committee and it's an interest, obviously, to that community. I will try to get that answer as quickly as possible.

The CHAIR: I appreciate that. While we're talking about Bellingen, locals also have concerns that there might be plans through that local health district to turn what is currently a 24-hour emergency department into an urgent care centre that only runs 10 hours a day. Can you confirm if that is or isn't the case?

Mr RYAN PARK: I'm not aware of it. I'm happy to have a look at it. The only thing I'll say is that we need to make sure that we are providing services in a safe way, an effective way and an efficient way that meets community needs but also meets the expectation of taxpayers' money. It's not government's money; it's taxpayers'. But we don't have any plans, from my understanding, to reduce the ED in that area, but because I want to be complete in my answers to the Committee, let me make sure that is absolutely the case.

The CHAIR: I understand that previously you have spoken to the Public Health Association of Australia about a potential trial limiting advertising on publicly owned assets—for example, public transport—of harmful products like junk food.

Mr RYAN PARK: Yes, they asked me about this.

The CHAIR: Is that something that you are still working on?

Mr RYAN PARK: I won't give this more credit from my perspective than it deserves. It is certainly not a proposal that government is considering, but you would know that my background is in health education and health and physical education, so I understand the importance of it. I just say this—and this is something that, when you look at this issue, we probably haven't dealt with. Respectfully, my 14-year-old son wouldn't get his information off the back of a bus that he goes to. It's, whether we like it or not, through these devices. The ability to try and say you're going to do one and not the other, I think, is a problem. I certainly haven't pursued that because I have concerns with the way in which you would roll that out, naturally, and I have concerns with whether or not it would be effective or not. I have had a bit of a think about this issue, and I am just not sure that it is effective to do it in the way that is presented, given the way in which, particularly, young people, who we are targeting, consume information at the moment. That is all.

The CHAIR: I promised last estimates that I was going to keep asking about Albury hospital until we have a single-site regional hospital in our community. I have seven years to go on my parliamentary term.

Mr RYAN PARK: I can tell your community that you have honoured that commitment.

The CHAIR: Earlier this morning you stated that extra money had to be found in the budget for the Shellharbour Hospital to be delivered as it was originally committed. The original commitment by the previous Government for Albury-Wodonga was for a single-site hospital. Are you similarly committed to ensure that our hospital is delivered as it was committed?

Mr RYAN PARK: I'm determined to make sure that that $500 million investment between our Government and the Victorian Government is delivered to make sure that they have access to the best possible

health services. I think it's a $225 million commitment, roughly, from each of our governments. It is one of the largest investments in rural and regional health care. I know that you don't agree with where we are building it—I respect that—but we are proceeding with that plan. I'm excited by what it will mean. Do I think that new buildings and new facilities solve every problem in regional and rural areas? No, I don't. That's why I've had a real focus on staffing, working with my deputy secretary Luke Sloane around that.

The CHAIR: Can I keep you on Albury hospital, please?

Mr RYAN PARK: Yes, you can.

The CHAIR: This is not just about where the hospital is. I have serious concerns. Not only has this project been cut and cut again but the point-of-care projections themselves, the calculations about what our hospital needs are in our community, have been cut multiple times. The 2021 clinical services plan that representatives of NSW Health were part of had certain bed numbers. Then in 2022, the clinical services plan was repeated to the exclusion of clinicians. We've then got a 2023 master plan and now a 2024 concept design report, and each time not only is there a lower number of beds being delivered in this project but the number of beds in terms of calculations of what we need have changed, and that doesn't fit with the projected growing population in Albury-Wodonga. Why do you keep revising down your estimates of what we actually need?

Mr RYAN PARK: I think it's important to note a couple of things. Firstly, in relation to bed numbers, these are broad figures, so just take those as what you see. At this stage, there will be around 380 across both hospital sites at Albury and Wodonga, which is around 135 new beds. This is over a 50 per cent increase from the 2019 bed base at 245. To be fair on the last Government, this was a significant increase that they were looking at. You also have to realise that not everything we do now—and I know you do know this, so I'm probably more talking to the Committee—is via hospital beds and inpatient. We do a range of different services, including HITH—hospital in the home—geriatric outreach and outpatient clinics that don't necessarily require someone to have a bed in a hospital. We are going to continue to grow those areas for a range of different reasons: (a) because they take pressure off our hospitals but (b) because it's far more pleasant for people, if they can, to be treated within their home. What I am saying is, yes, there will be more beds but there'll also be different modalities of health care delivered as we progress virtual health care et cetera.

The CHAIR: On these bed numbers, Minister, the new beds being constructed at Albury not only have to make up for the current deficit—we have more than 20 patients sitting in parts of the hospital that aren't wards—but they also have to make up for the closure of beds in Victoria. For example, maternity services and the special care nursery being brought across to Albury actually subtracts from that. When I've looked at the numbers, it looks like there is a 39 real increase in beds once you take away the services coming across from Wodonga and replacing the makeshift current beds that are not on wards. The Victorian department projections—this is from their July Wodonga Hospital Entity Service Plan—are that you need 43 new beds by 2026, and you're delivering 39.

You keep referring to this expenditure as one of the biggest investments in regional New South Wales. The Shellharbour Hospital, which is in your region—and you're obviously representing your own constituents well—is getting an investment of $782 million, including $128 million from the Feds. Continuing to refer to the $225 million you're giving to Albury as historic or one of the biggest is frankly misleading. It's disappointing to hear that repeated for our community. Why are you spending that significant amount of money delivering, essentially, a 39 net increase in beds?

I can go on. The special care nursery is currently 18 beds; it's projected to be 14. We're losing four beds in our special care nursery. We're getting no increase in the size of the ICU. Maternity is staying the same size. We're getting a shell of a kids' ward; it's not being fitted out. The helipad has been removed. It is not clear whether there's any car parking. At what point do you actually go back to the drawing board and calculate if it would actually be cheaper to just build a fresh hospital than to continue going down this path with this really, really challenging redevelopment on a site that, with all the work that has been done since 2021, is clearly not working?

Mr RYAN PARK: A couple of things. I'm happy to have a look at the numbers from those things. That's the first thing. I'm happy to do that. But to give credit to the last Government here, and Minister Hazzard and Minister Taylor, I don't think a $500-odd million investment is something to laugh at in a community. That is substantial. Sorry if you don't agree with my terminology that it's one of the largest, but it is for us and that's the truth. You mentioned Shellharbour and that's fine. Secondly, the challenge—and what I don't think you and I will agree on—is the fact that there have been substantive upgrades to that hospital that have been made on that site. To go to a new site, you would essentially be decanting and removing that, even though they are fairly modern facilities. You've got, as you know, the investments that were made around the regional cancer centre.

The CHAIR: Absolutely understood, Minister. Sorry, I have 16 seconds to get this last question in.

Mr RYAN PARK: It is just substantial.

The CHAIR: How many hundreds of millions of dollars is it worth to keep using a building like the cancer centre or the current ED? What I'm asking is has the maths been done of how much it would actually cost to give us what we need on a new site?

Mr RYAN PARK: The work was done through the clinical services plan under the last Government—

The CHAIR: Which recommended a greenfield.

Mr RYAN PARK: I don't take credit for people's work, but that is a substantial amount of work and investment. I respect that you don't agree with me that it should be done on the brownfield site, and it should be on a new site. I'm just saying the investments that have been made on that current site means it makes sense to expand there, otherwise you're essentially decanting and removing facilities and services that you've only in recent times established.

Ms CATE FAEHRMANN: Minister, have you heard how the Early Drug Diversion Initiative, which you announced in October last year, is going?

Mr RYAN PARK: Yes, I do. I've probably got some updated numbers around that because I was talking to someone recently. I know it is in, largely, the Attorney's area, but I did remember getting some updates around this. Between 1 March 2024 and 30 June 2024, Ms Faehrmann, there were 331 CINs—criminal infringement notices—issued under the scheme. Of this, 21 were issued to people who were Aboriginal, so 6 per cent, and 41 people issued with the CIN elected to complete the health intervention. So there were 41 people engaged in that process. I just want to make sure.

Ms CATE FAEHRMANN: Yes, 41 people engaged in that process. When you announced this, it was obviously the response to the ice inquiry. The $500 million of funding was going towards treatment programs in the criminal justice system. This was all based on the ability for the health system, in some ways, to cope with diverting people from the criminal justice system instead of sending them there. You said at the time, "It will potentially stop around 6,000 people from going into the court system for very low possession." So just 41 people, did you say?

Mr RYAN PARK: But they elect—

Ms CATE FAEHRMANN: I've got, for roughly six months—because my office asked for data on this as well—that 46 people completed the intervention in the first three months.

Mr RYAN PARK: Yes, 46. Sorry.

Ms CATE FAEHRMANN: The figures, in terms of who was directed into the court system—and these are people who are caught with the low personal quantities of drugs.

Mr RYAN PARK: Low amounts, yes.

Ms CATE FAEHRMANN: The vast majority—thousands; more than 5,000 people—were still directed into the court system. One of the very concerning things is how many were still directed into the court system for ice. Is this a joint effort between Health and police? Firstly, are you an equal partner in how this is implemented and rolled out? Because it seems as though the police Minister, maybe, but definitely the police haven't got the memo that you guys, the health department and the health services, are ready and waiting for people to be diverted to them.

Mr RYAN PARK: To be fair, yes, I feel like I'm an equal partner in something that—

Ms CATE FAEHRMANN: You feel like or you are, Minister?

Mr RYAN PARK: Yes, I am. I'm an equal partner. It's something that the Attorney, me and the police Minister have got an interest in discussing. I think, Cate, to be fair, it's only very early days too. All of these things have a startup period. People have to elect to want to do it. Some people turn around and say, "I don't want to do it", so to speak, and it's "I'll take a fine or the other consequence." It's not a situation where I don't feel like an equal partner.

Ms CATE FAEHRMANN: Just to be clear, if somebody is caught, like a lot of people that were caught with ice, with cocaine, with MDMA, the choice is—

Mr RYAN PARK: The pathway—up to the police discretion.

Ms CATE FAEHRMANN: —pay $400 fine or go to a health—make a phone call.

Mr RYAN PARK: Intervention.

Ms CATE FAEHRMANN: Yes. Do you think that 95 per cent, roughly, of the thousands of people who have been caught since the beginning of this year actually choose to go to court? What I'm saying is it's the police that didn't use their discretion.

Mr RYAN PARK: I don't know that as the health Minister, because I'm not at the point of—

Ms CATE FAEHRMANN: Minister, clearly, it's the police that didn't use their discretion. It's not like people said, "Can you send me to court, please?" What conversations will you have with the Minister to ensure, firstly, that this program actually works and is effective?

KERRY CHANT: Ms Faehrmann, could I—

Ms CATE FAEHRMANN: Sorry, Dr Chant. I will come to you, because you've got the drug summit coming up. Looking at this will be a key part of that, I would hope.

Mr RYAN PARK: Yes.

Ms CATE FAEHRMANN: If you're not getting anybody referred in—the police aren't doing it. We're going to come to the drug summit, and there will be, probably, 100 people that you'll be able to look at who have been referred and thousands who haven't.

Mr RYAN PARK: I'll throw to Dr Chant in a moment. We are continually in discussions around this—and I feel a complete partner in this—but it is very early days. Dr Chant?

KERRY CHANT: Probably just to clarify a couple of the elements of the operation of the scheme—firstly, the police do the criminal infringement notices. That in itself is a diversion; it doesn't require court attendance. So the issuing of the criminal infringement diverts those individuals. In terms of the 41 or the 46—I'll have to check the data—the group that then takes up the intervention, Health had always expected that not all of people that are caught with possession will actually be at that time where they're wanting to engage with health intervention. We are reminding them when they get the Service NSW fine, and they also get a reminder that there is that ability to divert. We are working with police so there's also some more handout of materials when the original court infringement notice, the CIN, is issued that we can then give them something a little bit more tangible to remind them at that time their options.

But we were never expecting, Ms Faehrmann, that everyone would actually choose to take up the intervention, given people's readiness to recognise where they are in their phase of drug use. I would assure members of the Committee that it's a very professional service. It's run by qualified and trained personnel, so for those people that want to avoid the fine, we would really encourage them to engage in care. In itself, the issuing of those CINs is a first step in diversion, because those people are not caught up in the criminal justice system.

Ms CATE FAEHRMANN: So you're saying, in terms of the issuing of the criminal infringement notice, that's the $400?

KERRY CHANT: Yes, that's right. Instead of going to court, they get that. That in itself is a diversion component. The second component is they can avoid that fine if they actually—

Mr RYAN PARK: There are two parts.

KERRY CHANT: They avoid paying the $400 if they actually do the intervention.

Ms CATE FAEHRMANN: Thank you, Dr Chant. I am aware of that. The issue, though, is the number of people that have been charged instead of being given the option of even the $400 fine that I'm referring to, and the number of people, for example, that have been charged since 25 May 2024 with a low-level drug possession instead of being diverted into that scheme. The number I have is 3,158. This compares to the 160, I think it is, and the 41 people. In fact, no; this is half of that, because I asked in two lots.

For example, let's look at meth, ice—this is in direct response to the ice inquiry; 1,227 people still went to court. What I am just pleading with you, Minister, is we don't have long until there's the regional hearings and then the December hearing, and things have to change. If the police aren't holding up their end of the bargain, which it doesn't look like they are, then all of this money—I'm sure there are good things that are happening. But I think it's 7 per cent of people in the end, out of everybody—the thousands that have been caught—have been given the option of paying $400, and far less have actually been diverted into treatment.

Mr RYAN PARK: I know what you're saying and, respectfully, I won't comment on the police because it's not my department. I don't know the interactions that they had with individuals at the time. I'm not privy to that. What I'm saying is we think this is an important scheme. We think that this is a scheme that can have benefits and take people down a healthcare path. We think that's important. But it is in the early days.

Ms CATE FAEHRMANN: Thanks, Minister. I've got 20 seconds. I just want to ask you one more question about this. Minister Catley did say that she's been working with you on this.

Mr RYAN PARK: Yes.

Ms CATE FAEHRMANN: Will you commit to raising these statistics with her and encourage or request that she ensures that the police are aware of their options in relation to this scheme and they can send more people to treatment instead of through the criminal justice system?

Mr RYAN PARK: Yes, I'm always happy to talk to my ministerial colleagues. I think none of them would say that I don't raise issues that impact on their portfolios. I do regularly. My only thing around this issue is that it is a fairly new scheme. I'm not trying to pass the question. I'm just saying that's a reality for us.

The Hon. SUSAN CARTER: Minister, does the health department self-insure for medical negligence risks?

Mr RYAN PARK: The health department?

The Hon. SUSAN CARTER: Your department. How do you manage medical negligence risks?

Mr RYAN PARK: Individual clinicians have their own medical negligence—

The Hon. SUSAN CARTER: Are negligence actions taken against hospitals or department of health facilities?

Mr RYAN PARK: I'm assuming that there are claims made when something goes wrong.

The Hon. SUSAN CARTER: And you self-insure or have an insurance coverage for that?

Mr RYAN PARK: Alfa or Phil, do we self—

ALFA D'AMATO: Our staff specialists are covered under the TMF policy, which is the government—

The Hon. SUSAN CARTER: No, if it's a hospital claim or a claim against a hospital clinic. Self-insurance or an insurance policy?

Mr RYAN PARK: Through TMF.

ALFA D'AMATO: That's right, TMF. It would be all self-insured through the icare scheme. Only certain—

The Hon. SUSAN CARTER: So any negligence claims bounce back to icare and the TMF?

ALFA D'AMATO: Yes.

SUSAN PEARCE: It would depend on the nature of them, Ms Carter. I don't know that—

Mr RYAN PARK: Ms Carter, just so I can be clear, if it's something to do with, say, me as Clinician Park, then that would be often something that that practitioner has—

The Hon. SUSAN CARTER: Can I give you an example? If a child is at Maple Leaf House and is receiving puberty blockers and then there is a negligence action brought, with the example of Tavistock in the UK, there would presumably be an action potentially against a clinician but also against that department of health facility. Who pays and what allowance is being made in the budget for likely negligence claims?

Mr RYAN PARK: I'm not aware of that particular—

The Hon. SUSAN CARTER: The NHS is looking at potentially £1 billion of negligence claims. What are we doing in New South Wales?

Mr RYAN PARK: I'll throw to my CFO, because it's very specific. I'll throw to Alfa about that.

ALFA D'AMATO: The annual report discloses how much we pay for insurance altogether, which is both of our self-insured through the TMF and the icare. I think there is a component in that that refers to the medical indemnity. In terms of whether they will cover specific cases like that, I need to take that on notice, because also it depends on who is the—

The Hon. SUSAN CARTER: Could you take that on notice because a number of insurers are now refusing to provide that medical insurance claim and it would be good to know what our exposure is as a State.

ALFA D'AMATO: Sure.

The CHAIR: Minister, coming back to Albury hospital, you've repeated the same line about making the most of the facilities already on the site for over a year now. Are you aware that the coronary cath lab—it was only built in 2018. There is currently one lab and a shell for a second one. There is a capacity for expansion there. In the new project as you're proposing, that is actually demolished and we'll just have one, with no capacity for expansion. Are you aware that you're taking us backwards?

Mr RYAN PARK: I'll need to get some advice from Health Infrastructure.

The CHAIR: That's all right. I'll speak to Health Infrastructure this afternoon. When I asked about point-of-care projections being revised down, you talked about virtual care and Hospital in the Home, which, as a GP, I really support those things. But here is one example of how that argument doesn't stack up. Talking about acute care beds, intensive care beds, we currently have 12 across Albury and Wodonga. The 2021 clinical services plan recommended that we'd need 20 by 2030 and 22 to 24 by 2035. That was then revised in 2022, when you cut the staff out of the consultation. The recommendation was then for either 14 or 16 beds, depending on whether you're projecting to 2032 or 2037. The proposal is for 12. How can you use virtual care or Hospital in the Home to replace the need for intensive care beds? Please explain that to me.

Mr RYAN PARK: I'll explain a little bit about clinical services plans. They don't always project what the hospital needs right now. Clinicians have a view and that's fine. Clinician feedback is important. That's not the only feedback because, you would understand, we're operating, as every Minister does, under budgets and within budgets. That is a part of the assessment. But to say that we are going to give—I think this is broadly—somewhat of a second-rate service to the people of Albury and Wodonga is not true. We've planned 380 beds across both those hospitals. That means around about 135 extra beds. You raised earlier about the surgical and inpatient beds. More than 80 additional surgical and inpatient beds will be delivered. We're arguing, I know, and I'm being respectful, but we are going to deliver there a great service. It may not be the exact service that you or certain individual clinicians perhaps envisaged, but I'm confident it's a service that the community can be proud of. I'm confident that we'll continue to work with the Victorian Government to make those investments there.

The CHAIR: I'll continue with the department this afternoon. Are there any questions from the Government?

The Hon. GREG DONNELLY: Not at this stage, no.

The CHAIR: That being the case, Minister, we're finished with your questioning. Thank you for attending the hearing.

Mr RYAN PARK: Thanks for having me.

The CHAIR: We'll break for lunch and return at two o'clock.

(The Minister withdrew.)

(Luncheon adjournment)

The CHAIR: Welcome back, everyone. We'll start with questions from the Opposition.

The Hon. NATALIE WARD: Thank you, Chair. Welcome back, everybody. Ms Edwards, I have some questions to you about the nurses' strike and the surgery cancellations. The Minister was unable to say exactly how many surgeries had been cancelled today. Have you got the latest numbers?

JOANNE EDWARDS: The advice that I've received at 12 midday today indicated there were 518 planned surgeries delayed or cancelled today.

The Hon. NATALIE WARD: You mentioned earlier that a few local health districts were particularly struggling with the industrial action today. Which ones are they and can you provide further details for the Committee?

JOANNE EDWARDS: As you can imagine, each of the local health districts are under quite a bit of strain today as we're putting contingencies in place to deal with the shortages. We have been working very closely with them and have set up a system flow centre to ensure we're able to smooth and escalate things as much as possible. At the 12 midday briefing the challenges were in particular around northern New South Wales and Mid North Coast and also Illawarra.

The Hon. NATALIE WARD: How have wait times in emergency departments been affected by today's industrial action?

JOANNE EDWARDS: I don't have that information at hand but I can take that on notice.

The Hon. NATALIE WARD: Do you think that's something you might be able to get today or shortly?

JOANNE EDWARDS: Is there something in particular you are asking for?

The Hon. NATALIE WARD: Yes, how have wait times in emergency departments been affected?

JOANNE EDWARDS: Compared to, for instance, last—

The Hon. NATALIE WARD: A day when there are not 50,000 nurses striking.

JOANNE EDWARDS: There aren't 50,000 nurses striking.

The Hon. NATALIE WARD: Okay. Compared to any other day, how has today affected those times?

SUSAN PEARCE: I think I can add to Ms Edwards' response, Ms Ward. I think predominantly the emergency departments are flowing quite well today.

The Hon. SUSAN CARTER: And what impact will these delays have on elective surgery wait times?

SUSAN PEARCE: Ms Edwards made a response to that already—around 500 postponements from today.

The Hon. SUSAN CARTER: So, if there are 500 postponements for today, how long will somebody have to wait now for their hip replacement, for example?

SUSAN PEARCE: Well, I don't think we can provide a response to that. It would be dependent on the type of procedure, where the patient is. It's not possible to provide an estimate to that.

The Hon. SUSAN CARTER: People delayed today, will they get their operations tomorrow?

SUSAN PEARCE: They'll be attended to as quickly as possible. We've made a huge amount of effort this year over the last 12 months to reduce our overdue surgeries that arose during the course of the pandemic and, in fact, ended at the end of June with a substantial reduction in the amount of people who are waiting longer than they needed to be for their surgery, which is a great achievement from the staff of the NSW Health system. Consequently, we are not heading into this part of the year with the same number of overdue patients as we had this time last year. And so, as is always the case when a surgery is postponed, we would seek to have that attended to as quickly as we possibly can.

The Hon. SUSAN CARTER: When's the last time you had industrial action on this scale?

SUSAN PEARCE: I might get Mr Minns to respond to that.

The Hon. SUSAN CARTER: Ms Pearce, I'm happy for Mr Minns to respond, but what I was asking was for you to predict the impact on waiting times from the last time—

SUSAN PEARCE: You're asking me to predict something that's not possible. But I think your question about the scale of the action, Mr Minns does have some information on that to assist the Committee.

PHIL MINNS: We have been advised from each LHD that approximately 3,813 staff have either participated or have indicated they will participate in industrial action on the afternoon shift. That compares to five industrial incidents in 2022. The numbers there, I can provide them directly, broadly—

The Hon. SUSAN CARTER: Is it only the afternoon shift that's impacted by industrial action, Mr Minns?

PHIL MINNS: No, it's day and afternoon. There will in some cases—

The Hon. SUSAN CARTER: What were the day figures?

PHIL MINNS: I only have a number that is both. So, those who said, "I'm taking action on the dayshift and I'm taking action on an afternoon shift", that we currently understand there's 3,813. And that compares to 2022, where the highest number was more than 4,000 in one event, and the lowest event was in the, sort of, 26, 27 level.

The Hon. NATALIE WARD: Ms Pearce, just confirming—was 30 July this year the first time that you were made aware that dialysis services were being rationed in the three local area health districts in Western Sydney, South Western Sydney and Nepean Blue Mountains?

SUSAN PEARCE: Did you say 30 July?

The Hon. NATALIE WARD: Yes.

SUSAN PEARCE: I'd have to take that on notice. I don't recall that information on 30 July. I certainly became aware of it when we received media inquiries in respect of it. I know there was a letter to the Minister. I don't recall seeing that letter. But I would have to take the specifics of 30 July on notice and come back to you. I will try to do that today if I can.

The Hon. NATALIE WARD: It's not a trick question, it's just literally were you aware of—do you think it might have been after that then if you hadn't, assuming you hadn't seen the letter? Understanding you are taking it on notice, do you think it might have been after the media reports perhaps, and then you dealt with it?

SUSAN PEARCE: We certainly obviously became aware that there had been a letter to the Minister and you appreciate that we get a lot of correspondence.

The Hon. NATALIE WARD: Yes.

SUSAN PEARCE: In the normal course of things, for a number of our staff to raise such complaints, I would like to think that we would know about it, and in most circumstances we do. But what I can say—and Ms Willcox and Ms Edwards can add to this—is that we met with some of the doctors concerned with respect to that. We've obviously spoken to all chief executives concerned in regard to those issues in the three districts so that we can get an understanding of what the issues are and what we need to do to remedy them. There have been a number of actions taken in respect of those concerns that were raised.

The Hon. NATALIE WARD: You have anticipated my next question, helpfully, thank you. What are those next actions?

SUSAN PEARCE: I will hand over, if you don't mind, to Jo and Deb.

DEBORAH WILLCOX: Thanks, Ms Ward. Yes, the local health districts are looking at a range of initiatives to increase their capacity. Two examples of that would be they're accessing chairs from some of the close by private hospitals so that we can purchase that activity from those neighbouring hospitals to support our capacity and some of them are adding additional shifts to their current rostering so that we can allow more patients to come through and have their dialysis. We have been very focused on those individuals who are on reduced treatment plans, which were part of the doctors' concern. Ms Edwards and myself and another colleague, Mr Portelli, met with those clinicians on Tuesday 3 September and had a great and very collegiate discussion with them and they put forward some constructive ideas and issues which they see would be practicable to support their patients. We have a follow-up meeting with them scheduled in a couple of weeks. In the interim, we're working with those local health districts. In terms of planning for renal dialysis services, local health districts, essentially, plan for their own communities and network across other LHDs, where the boundaries are. They from time to time come to us and would put forward proposals for increasing their capacity, which we work with them, whether that be capital planning or with their service agreements.

The Hon. NATALIE WARD: I might move on. We'll come back to that if there's more time. Mr Minns, on Monday 5 August Chris Minns made a captain's call regarding working from home. You sent a memo to staff appearing to contradict the Premier's edict about that. Can you please clarify for the Committee the actual situation regarding work from home arrangements at NSW Health?

PHIL MINNS: The circular that was issued was from the Premier's Department. That followed a discussion at the Secretaries Board, where we were asked to provide some information for our secretary to attend and discuss that. The circular from the Premier's Department was used quite heavily by me in my message to staff. The perception that there was some kind of alternative message is a result of the treatment of the Premier's Department's circular by the media rather than, actually, by the announcement from—

The Hon. NATALIE WARD: Are you able to clarify what the actual policy position is as of today?

PHIL MINNS: I expect tomorrow the ministry executive team will receive a presentation, at its regular meeting, about the NSW Health response to the Premier's Department's circular. Once we've been through the executive, we will start the consultation process that we're required to by our own policy and also that of the central Government. That will mean that we'll issue a proposed revision of the policy to all deputies, to all chief execs, for them to consult with staff. We'll also formally consult with unions. The actual—

The Hon. NATALIE WARD: If I can just come back to it—I just have limited time. I apologise. I'm not trying to cut you off. But I did ask about—as at today, the Premier had said that your circular was only referring to existing arrangements, not working from home arrangements that had risen during COVID. Is that correct?

PHIL MINNS: I don't follow that.

The Hon. NATALIE WARD: The Premier said your circular was only referring to existing arrangements, not working from home arrangements during COVID. Is that correct?

PHIL MINNS: Health did not issue a circular.

The Hon. NATALIE WARD: So that's not correct.

PHIL MINNS: I just can only say that Health has not issued a circular. There was a Premier's Department circular, and there was media reporting of that that was not accurate. So we issued a memo to staff that said this is what the Premier's—

The Hon. NATALIE WARD: A memo. It might not have been a circular? But you issued something to your staff.

PHIL MINNS: Yes.

The Hon. NATALIE WARD: Whether you call it a memo or you call it a circular, something was issued?

PHIL MINNS: But it's not a policy document. It's just a clarification of the fact that, because of what the Premier's Department's circular says, we will have to follow, as required, a process of reviewing our own policy. That's—

The Hon. NATALIE WARD: So there's a review underway as at tomorrow. What is the position as at today?

PHIL MINNS: It remains as it was.

The Hon. NATALIE WARD: Which is?

PHIL MINNS: That we have some work from home arrangements that arose in the COVID period and they're currently still in place.

The Hon. NATALIE WARD: What I was getting at is that the Premier had said that your memo, your circular or whatever you'd like to call it was only referring to those existing arrangements, not the working from home during COVID. Can you clarify that so we can understand what the position is today?

PHIL MINNS: I do not understand the point you're trying to clarify. I'm sorry.

The Hon. NATALIE WARD: It was the Premier's words, not mine. We're trying to clarify it as well. As at today, the position is what?

PHIL MINNS: We have a flexible work policy. We've had it for many years. We didn't really change it as a policy document with respect to the COVID period. What happened in COVID was there was—

The Hon. NATALIE WARD: I'm just interested in today. Can you work from home today?

PHIL MINNS: We've still got people who are working hybrid, and it's our understanding that the Premier's Department circular makes that possible under certain circumstances.

The Hon. NATALIE WARD: Can I confirm that people who have been choosing to work from home on some days during COVID are now returning to the office?

PHIL MINNS: We've got people who work typically—and we're only talking here about the ministry and the pillar organisations. The vast bulk of our workforce doesn't have the option to work remotely.

The Hon. NATALIE WARD: But, for those that have, that are choosing to work from home on some days during COVID, they're now returning to the office? Is that correct or not?

PHIL MINNS: No, because what I said in my memo that afternoon is, "We will do a review, as we are required to do by the Premier's Department." That review is almost finished. Then we will consult on it. That's what we'll start to do, following tomorrow.

The Hon. NATALIE WARD: Do you see, Mr Minns, I'm not trying to be argumentative, but if you and I are unclear as at today at what the position is, it might be difficult for hundreds of people out there to understand what the position is, whether it's a circular or a memorandum.

PHIL MINNS: I'm not unclear. It's not unclear to me.

The Hon. CAMERON MURPHY: It's perfectly clear.

The Hon. NATALIE WARD: I don't need your commentary, thank you, Mr Murphy. I'm asking you, Mr Minns, because questions are being put to us.

The Hon. CAMERON MURPHY: You might.

The Hon. NATALIE WARD: Chair, I ask that you ask the member to restrain himself, as exciting as this is. I might move on. Ms Skulander, have you been asked to prepare any type of economic impact report to support the Government in making an application to the Fair Work Commission to stop the protected industrial action by the ETU?

EMMA SKULANDER: No, I haven't.

The Hon. NATALIE WARD: Ms Pearce, are you aware of any work being done to understand the economic impact of industrial action relating to the CFMEU or ETU on health projects in New South Wales?

SUSAN PEARCE: Not specifically that I can recall.

The Hon. NATALIE WARD: What do you mean, "not specifically"?

SUSAN PEARCE: Nothing I can recall on those two.

The Hon. NATALIE WARD: Thank you. Ms Skulander, are you concerned about the EBA with the CFMEU for Shellharbour Hospital?

EMMA SKULANDER: Noting the question that was also raised this morning in relation to that, Health Infrastructure procures its contractors as head contractors, using the New South Wales government procurement guidelines and using pre-qualified contractors within those guidelines.

The Hon. NATALIE WARD: I understand how procurement works. I'm just asking if you have concerns on that site with the CFMEU involvement.

EMMA SKULANDER: Health Infrastructure does not have visibility of the EBA or knowledge of the EBA in relation to that project or that contract.

The Hon. NATALIE WARD: Do you have concerns about the CFMEU's involvement in that EBA?

EMMA SKULANDER: I think the CFMEU media of late—certainly, I would be dishonest if I said I wasn't concerned about the reporting in relation to the CFMEU. However, I know there are a number of actions underway by both the Federal and the State governments in relation to that, and that will run its course. In the meantime, Health Infrastructure's focused on delivering the infrastructure for New South Wales.

The Hon. NATALIE WARD: Given that it is focused and that is your area, I just want to be clear about your evidence to the Committee today, about whether you're taking steps, whether you're concerned or whether you're content for the action that's being taken by the Federal Government to suffice for your purposes at Shellharbour Hospital.

EMMA SKULANDER: In relation to taking steps, Health isn't in a position to take steps directly to review, for example, that EBA arrangement that you have spoken about. Yes, we have had and, ongoing, will have discussions with Infrastructure NSW and the construction compliance unit in the Premier's Department, who have some responsibilities in relation to some of these arrangements and how they're applied within New South Wales. However, my role in Health Infrastructure is to make sure that we're compliant with the processes and spending the money in the best way that we can within the parameters of the industry.

The Hon. NATALIE WARD: Taxpayer money. Ms Pearce, I have some further questions about Parkinson's. I know my colleague raised that quickly this morning. In relation to the $8.6 million funding package in 2021, does the department have a breakdown on how that money has been spent to date and in which local area health districts?

DEBORAH WILLCOX: Thanks, Ms Ward. Yes, the $8.6 million funding package was principally for specialist nurses and allied health staff. That funding is distributed to the relevant local health districts to recruit—

The Hon. NATALIE WARD: Which ones?

DEBORAH WILLCOX: I'll have to take which local health districts on notice, Ms Ward, and get that to you before the end of the session.

The Hon. NATALIE WARD: If you're able to, that would be helpful—just the breakdown of it and which ones. I understand that funding in the Northern Sydney LHD upgraded an existing clinical nurse specialist to a clinical nurse consultant, as well as funded an additional clinical nurse consultant. Will these two full-time roles continue next year?

DEBORAH WILLCOX: Ms Ward, I was the chief executive of that local health district when we initiated that enhancement. We are looking at Parkinson's NSW's submission for ongoing funding. I can take on notice in relation to what the local health district's plans are, ongoing, for those positions.

The Hon. NATALIE WARD: When will that funding officially run out, and what plans have been developed for ongoing funding?

DEBORAH WILLCOX: The funding package that was delivered completes on 30 June 2025, and we are undertaking some work internally to look at what might be possible for the next financial year.

The Hon. NATALIE WARD: What does that mean, "What might be possible"? Given the Minister this morning said that he would like to see that funding continue, have you been doing work on the budget submissions for 2025-26? Obviously those nurses and Parkinson's NSW need some certainty so they can plan for that.

DEBORAH WILLCOX: Certainly. There is a budget process; you're quite right. We obviously work with the chief financial officer and the local health districts to put up policy packages to Government for their consideration. Our intention would be to have it fall into that piece of work. A number of local health districts, too, though, also run their own movement disorder and Parkinson's services where they have their own staff, not necessarily those that are recruited via a grant to Parkinson's NSW. There are highly specialised clinicians in clinics in a number of our major hospitals that care for people with movement disorders, including North Shore and Prince of Wales.

The Hon. NATALIE WARD: Forgive my pronunciation if I get this wrong—it's not my area—but has the department done any work into the links between paraquat and Parkinson's?

DEBORAH WILLCOX: The weed killer. Is that what you're referring to?

The Hon. NATALIE WARD: Yes, correct.

DEBORAH WILLCOX: That's outside of my skill set. I could take that on notice. I'm aware of the weed killer, but I'm not aware of its relationship with that disease.

The Hon. NATALIE WARD: There are some concerns out there, so whether that work is being done would be helpful.

DEBORAH WILLCOX: I'd be happy to do that.

The Hon. SUSAN CARTER: I want to ask a couple of questions about specialist international medical graduates. Would that be you, Ms Pearce?

SUSAN PEARCE: Or perhaps Mr Minns. We can both assist with that I think.

The Hon. SUSAN CARTER: There's a fast-track process for bringing in medical graduate specialists from overseas. Who will be responsible to supervise them in the public hospitals?

PHIL MINNS: I don't think there would be any essential change in the model of supervision. The Health Workforce Taskforce and the Health Chief Executives Forum are still really finalising all the detail of the arrangements that will apply for fast-tracked international medical specialists. My understanding is that the whole reform will include a national governance model but, in essence, those people will start practising in our hospitals if they meet the requirements of the new pathway. In that respect, they will therefore be reviewed by all of the quality measures we have in place in our facilities involving directors of medical services and clinical governance roles.

SUSAN PEARCE: Can I also add to that, Ms Carter. The international medical specialists that you're talking about, the view is that they're trained to an equivalent standard in the overseas country from which they're coming. That's the first point to make. This has been an extensive process, and it's been through AHPRA, which is obviously concerned not just with the registration and the incoming specialists into the country, but obviously also patient safety. There has been an extensive work with respect to this. You would be aware that, particularly during the course of the pandemic, our workforce and our distribution issues were exacerbated as a consequence. Through the Health Workforce Taskforce—which I chair, in fact, and which reports to health Ministers—we had national agreement around the four specialities that were of most concern to the various jurisdictions. We've reached agreement on a nationwide basis with respect to those, and there are other specialities to come.

It's a nationwide piece of work that has been underway now for some time, and health Ministers are naturally keen to see whether we can make some inroads into this. Clearly, we want to address some of those workforce maldistribution problems we've had. Having said that, I will finish by saying that this is not a silver bullet; it is not intended to supplant locally trained doctors and specialists. In fact, obviously would it always be our preference. But having worked in remote New South Wales for more than a decade myself, workforce maldistribution is a longstanding issue and one with which we have heavily relied on overseas-trained doctors for as long as I have been in the health system—which is a very, very long time.

The Hon. SUSAN CARTER: Just to clarify, there'll be no supervision for these fast-tracked—

SUSAN PEARCE: No, that's not right.

The Hon. SUSAN CARTER: Sorry, I hadn't finished—other than what is normal for any practising specialist in a hospital?

SUSAN PEARCE: The supervision requirements or the standard, I don't believe, is any different. As I said, we are talking about doctors from comparable jurisdictions like the United Kingdom and so on.

The Hon. TANIA MIHAILUK: I might start with Ms Pearce. You may redirect the question. I want to ask some questions about the Sax Institute. Perhaps these are for Dr Chant. Earlier the Minister did say that there was a typographical error with February 24, but when I go online the report is dated February 24 on a number of occasions. Is that when the report was finalised?

SUSAN PEARCE: Ms Willox can assist.

DEBORAH WILLCOX: Yes, I can clarify. There was a more detailed document that was finalised in February. Over the ensuing months, Sax were refining that into a summary document, which was completed in September. Both documents formed part of the release, but one was of slightly easier consumption given the complexity of the evidence and detail.

The Hon. TANIA MIHAILUK: Yes, the summary doesn't have February 24, but the original has that.

DEBORAH WILLCOX: Yes. As you could see, the date that the Minister alluded to—probably both should have been dated September on the date of release, but one document was received earlier, and it was worked on over a period of time to make a summary document.

The Hon. TANIA MIHAILUK: Once that document was received in February, presumably it wasn't altered after that. Is that right?

DEBORAH WILLCOX: No, not at all. It was the document. Then in the months that followed, the Sax Institute used that time to make a summary document.

The Hon. TANIA MIHAILUK: Has the health Minister appointed an individual in the past to represent Health on the board of the Sax Institute? Is that right, Dr Chant?

KERRY CHANT: There were occasions where there was a Health representative, but we removed ourselves from that position, given any perception of conflict of interest.

The Hon. TANIA MIHAILUK: When was that, Dr Chant?

KERRY CHANT: I would have to check the exact date.

The Hon. TANIA MIHAILUK: I think it's still coming up, though, on some of their websites. That's where I found that you were on the board. Perhaps that needs to be updated.

KERRY CHANT: Yes. I issued a withdrawal letter for many moons ago. I'm happy to do that. It may have been an issue about the—

The Hon. TANIA MIHAILUK: Why was it seen as a conflict? Sorry, I'm not familiar with this.

KERRY CHANT: Given that NSW Health is a funder of the organisation, I felt at that time that being on the board might have given support for—I thought that conflict of interest could be perceived.

The Hon. TANIA MIHAILUK: I understand, if you're funding it. Are you also providing research that you're after? Who provides the scope and terms of reference?

KERRY CHANT: We manage the contract. We provide funding for the Sax Institute for a number of services from the Sax Institute. We are a significant funder of the organisation, and that's through a medical research lens. In return for that funding, we get things like evidence reviews, but it also pays for some of the programs of work that have been important for underpinning our research competitiveness, such as some of the work they've done like the SEARCH Aboriginal cohort and biobanking—some initiatives in that space as well.

The Hon. TANIA MIHAILUK: Back to you, Ms Pearce or Ms Willox. In that report it does talk about puberty suppression and it says in their summary that research suggests some medications are safe and work well to delay puberty. We have a contrasting position in the United Kingdom where they are now saying that some of this evidence is coming out that it's unsafe for puberty suppression and the medications involved with that. Have we undertaken any attempts to understand what evidence the United Kingdom has relied upon?

DEBORAH WILLCOX: As part of our work in transgender medicine, we have a clinical advisory group. The group, along with supportive colleagues in the ministry, did take some analysis of the Cass review—obviously an important piece of work. There were some differences between what was looked at in the UK context, compared to our own. I think what was similar was that there was consistency around our approach—firstly, to be person-centred, multidisciplinary, very much focused on—

The Hon. TANIA MIHAILUK: I think they're talking specifically about that type of medication that suppresses puberty. Wouldn't it be the same across the UK and Australia?

DEBORAH WILLCOX: The work that the Sax Institute did that contrasted the work in the Cass review was they looked at around 84 publications. Obviously this is an evolving area of medicine, and there are not large numbers of population groups to look at. The Sax Institute did validate that those publications had suggested that the work around suppression, work around gender-affirming hormones and other psychosocial support was appropriate. That is in our local context.

The CHAIR: I've got a few questions for Ambulance, for Dr Morgan. I'm sure you are aware of this issue. I have heard that paramedics are frequently missing their breaks for a number of reasons but particularly ramping—missing breaks as well as having to extend their shifts and do significant amounts of overtime. What's being done to support paramedics to get their breaks and to finish their shifts on time?

DOMINIC MORGAN: Ultimately the challenge is we're an emergency service organisation. When a 000 call comes in, we need to send staff to respond to those calls. Every ambulance service around the world struggles with this challenge. Obviously you have a set amount of staffing. You bring on additional—any initiatives, such as afternoon shifts, that allow us to cover better over the meal break times and into the evening. That's our primary way of addressing that.

Likewise, we do categorisation. We have policies and procedures that allow us to actually stagger the windows in which we're able to get crews to a break. Essentially what it means is, say a 000 call is triaged to be met within an hour, then we will aim to get a crew a break before they go and do that job. We stagger it in that way. The important thing is there has been a significant investment by both governments to the tune of in excess of $1.76 billion over the last 2½ years. That has allowed us to make inroads to reducing the number of missed cribs and meal breaks. We've certainly been very, very challenged in the last few months around the winter break, but they're the primary ways that we do it—by additional staffing, and by changing the roasters and having better policies and procedures to manage it.

The CHAIR: I'm interested in those figures for overtime. Do you know, for the last financial year, how much was spent on overtime for paramedics?

DOMINIC MORGAN: Across the State, in all types, it was approximately $86 million out of a $1.5 billion budget at the time.

The CHAIR: What's the trend with that? Is it increasing? Is it decreasing?

DOMINIC MORGAN: Basically it's the same. The main reason for that is, particularly in regional New South Wales, when we bring on additional staffing, we invariably will maintain that staffing within regional New South Wales. The simple reality is the distance that you have to travel. Just because we've put on more staffing, it actually has a tendency to drive overtime as well. That's why we employ additional relief officers. It tends to be in the main peri-urban areas, such as Newcastle, Sydney, Wollongong and the Central Coast.

The CHAIR: I have a question for Mr Sloane. As you know, I'm a huge fan of the single employer model for GP registrars. What's the progress with that model? What has the uptake been and what's the plan moving forward?

LUKE SLOANE: The plan is to keep going with it. We're just in the second round of recruitment in the second year. The first year we had a very rushed—I think I mentioned it last time—and compressed time period once the Commonwealth had approved the 80 exemptions for our two collaborative trial sites. In the second year—I've just been told by the team yesterday, actually—we've got 31 new applicants for this round, taking us up to a total of I think it was 52 people that will come on as single employer rural generalist trainees, and we'll continue to work on that. I'm not too sure how we'll fare with the October recruitment, but hopefully it will be quite positive as we work towards the 80 exemption spots throughout the program. The distribution, however, probably has been the only thing that's still a bit tricky, but we have been pretty positive with a lot of sites in getting not only GPs, who have been extremely supportive because they are the number one supervisors in the case around the single employer model. We'll continue to work with them and the primary health networks and the LHDs to get them distributed around the State.

The CHAIR: I would be interested—and I'm happy for it to be on notice—in the breakdown of what LHDs those 31 are being placed in.

LUKE SLOANE: Yes, for sure.

The CHAIR: Picking up on your answer, for the districts that have fewer or a maldistribution of those registrars, what are the barriers to putting the registrars through the single employer model in those LHDs?

LUKE SLOANE: I think there are no barriers to it at all. It comes down to personal choice, like we're seeing in every other workforce challenge at the moment. People are choosing where they want to work and where they will go to, depending on their own family or personal arrangements or otherwise. Yes, it really just comes down to personal choice of where they're happy to work throughout New South Wales and throughout the regions.

DEBORAH WILLCOX: I was just going to add something on the section 92. As part of my role I have been working with the Commonwealth, and other States and Territories, on the new National Health Reform Agreement. As you'd expect, there has been considerable discussion around the role of the section 92s and how constructive it has been—administratively a little onerous but everybody sees the value, as you do. We're hopeful, through this process, that we are going to have a more streamlined model that will enable a situation like a section 92 to occur without all the administrative burden—something that could be more mainstreamed and easier access right across the country.

The CHAIR: Are there any conversations happening about potential future expansion of this, not just for rural generalists but across the board? For example, I have heard from urban GP registrars who are really interested in being able to access parental leave, which is a significant issue for women, of course.

DEBORAH WILLCOX: Yes, that's right. We have had some discussion around where there are thin and failing markets right across the country, and our situation in New South Wales is no different. Every State and Territory feels similarly, so that has been a consideration. As you'd expect, some of this policy work is still in a process of negotiation and finalisation, but that has certainly been aired.

The CHAIR: I asked a question on notice, probably a month or two ago, about vacancy numbers for doctors in training across different local health districts. The answer was essentially that that's not aggregated at a State level; that it couldn't be answered. Everybody is looking at Mr Minns, so I will as well. Please explain to me how this system works that means you don't have oversight. I'm just particularly confused because yesterday I asked a question at Minister Jackson's hearing about vacancies for psychiatrists, and the mental health branch was able to answer that question. They had the numbers for how many vacancies there are for psychiatrists across the State. How come they can answer that question and the doctors and training question can't be answered?

PHIL MINNS: Chair, what I might do is send you the transcript from the special commission of inquiry where this was pursued at length with both myself and Mr Richard Griffiths. The main issue is what is a vacancy? If you take, for example, psychiatrists, if we were to say that there are 15 positions that are vacant, well, the fact is that there might be VMOs working in those positions on a temporary basis; there might be locums filling those positions. Are they vacant in the sense that they mean service can't be delivered? The answer to that is no.

To answer that question, for each and every role in our system—and there are 170,000 headcount roles—the question you're really trying to answer is who has got a permanent person sitting in that role or who has got a permanent part-time person or a permanent fractional person in that role? If they're not permanent, is it actually vacant or is there a temporary form of labour or—what do we call it?—a premium source of labour that's filling the role? Now, the only way we can answer that question and the way we answered it with respect to psychiatry is we go out and do a manual survey. The data that was discussed with you yesterday is only as accurate as it was about two months ago when it was struck. It's probably not accurate today in either the number of vacancies or the number that are vacancies that are actually not being filled with some form of contingent labour.

The payroll system, the rostering system, it can't produce the fidelity that answers that question. The point that we made to the special commissioner was: What actual help and use is it to know that instantaneously everywhere in the system? And the answer is it's not very useful in the sense that, if you've got a vacancy in a clinical role—be it in nursing or medical or allied health—you have to make a local decision about whether or not you use contingent labour to fill that or whether you find another way to make service delivery possible without filling the vacancy.

The main thing we want our local people doing is that operational decision-making about "How do I keep the service rolling?" Our HR people out in districts and facilities are pretty acutely aware already of where they have the biggest call on their time to produce contingent labour responses to gaps. So they know where they've got a problem. Getting them to not do what they need to, which is fill them, and instead do weekly surveys of

"What is the nature of that vacancy?", "How long has it been there?" et cetera, because that is what it takes; it's a highly manual process.

We were asked to do it by the Minister with respect to psychiatry, because she was seeking to understand the veracity of what was being put to her by various stakeholders about changes that were happening in the mix of the psychiatric workforce. To some degree, there is some evidence in that data, if you take it at two points a year apart, that we have seen more non-permanent situations happening in some staff specialist positions. But we've also seen an increase in the VMOs in the psychiatry workforce in that same time frame, suggesting that there is actually a bit of a swap going on.

The CHAIR: I suppose that example with psychiatrists, where you've got a snapshot a year apart, in my view that is very helpful data when you're looking at those sort of statewide trends to inform recruitment and retention. You're talking about that shift from staff specialist to VMOs. I'm very interested in that data for doctors in training, and I certainly would never expect a survey to be done weekly. But it makes sense for positions that are typically annual, that are typically hired for a calendar year, for that to be done once a year. Are you saying that I need to convince the Minister to request a manual survey to be able to get that data?

PHIL MINNS: I think what I would say to you is I'd very much like to provide you with the transcript, because we talked about for perhaps 40 minutes in the special commission of inquiry. My team's got a limited resource capacity for what it does, but it can't answer that question. So if we want to know anything about vacancy rates by any clinical group in the workforce, we actually have to go out there and require people in facilities to go through a quite detailed analysis. So it doesn't just impact my team, it impacts the frontline people who are otherwise trying to ensure that they are adequately planning for service delivery and dealing with any workforce gaps that they have.

The CHAIR: Did you quantify that for the psychiatrist question? How much work did it take to answer the psychiatrist question?

PHIL MINNS: We need to give the districts about six to eight weeks to do it. As I pointed out, it's accurate that day—the day they strike it. Otherwise it's not accurate.

The CHAIR: Sure. In the context of doctors in training, I can't imagine it varying wildly week to week. I'm more interested in that year-to-year period.

PHIL MINNS: There is data that we have available on new interns entering the system, and we know that because our systems tell us. So we run centralised recruitment for year one interns. We can point to the fact that we've got positions that have not been filled as we work through State-based graduates, interstate graduates and then international medical graduates. There was a period in Covid where there were no vacancies because no young doctors could leave the country. So we actually filled all our intern positions. This year we are filling slightly less than we did the year before. But our number of interns go up each year as well.

So that data exists, and it is there for the trend purpose that you're talking about. What gets more complicated about doctors in training is that you're then moving on to everyone at PY2, 3, 5, 6 et cetera. So it's a question of just what value do you get from it? It was put to me by the special counsel assisting the commission that "Surely you need to know this?" I said, "I'm pretty sure the people running nursing at Bombala know that they've got a problem attracting permanent nurses to Bombala. They don't need us making them fill in a survey regularly to answer that question; they know." That's why we did things like invent the Rural Incentive Scheme for sites like that.

The CHAIR: I suppose I'm interested in understanding not so much that gap when work is not being done, because I appreciate that will be a high priority for people locally, but those broader workforce trends in terms of doctors we are training here in New South Wales whether they are staying in New South Wales.

PHIL MINNS: Yes. What I might also provide to you, out of session and to the whole Committee, is the data analysis report that we prepared for the special commission because it does talk thematically about all of the major trends that reflect demand and supply issues in our workforce. There is no question that we have challenges associated with workforce distribution—we've referenced that—and we have areas and aspects of shortages. We are very aware of them, and it's in that report to the special commission. I'm happy to make that available.

The CHAIR: Thank you, I think the Committee would be interested.

The Hon. SUSAN CARTER: I just wanted to clarify the position of the specialist international medical graduates. So they are operating in a hospital the way any other doctor of their level would be and there is no special supervision protocol? Is that what I am understanding?

SUSAN PEARCE: I might take that on notice if you don't mind, Mrs Carter? Just so I can provide you with an accurate answer. I think we've got it right but I just don't want to get it wrong, obviously.

The Hon. SUSAN CARTER: No, if you could take it on notice. Also, I wonder is there an IELTS requirement for these graduates?

SUSAN PEARCE: Yes.

The Hon. SUSAN CARTER: What level?

SUSAN PEARCE: I think for any international health professional they have those requirements. So I can't see that this group would be any different.

The Hon. SUSAN CARTER: If you could take that on notice—just what the level that is required is. That would be great, thank you. These questions are possibly for you, Ms Pearce, or to Dr Chant, just to follow up in relation to the vaccine procurement for the RSV. Dr Chant, what advice did you provide to the Minister when it came to the purchase and rollout of the vaccine Beyfortus?

KERRY CHANT: Perhaps I should answer in a slightly different way, if that is permissible? Just to confirm that in 2025 we are aiming to roll out a national immunisation program. Just to go back, there are two different ways in which immunity can be afforded to the new baby. That can be through maternal vaccination or it can be through the product that you are referring to, which is a monoclonal antibody termed nirsevimab produced by Sanofi. In terms of the advice I personally provided to the Minister, was that I certainly provided advice that a general approach to immunisation—and I'd have to go back to see the exact briefings that were the sequence—but perhaps if I could talk in generalities and then provide the specifics on notice. In general, from a policy position, we support a national immunisation program.

The Hon. SUSAN CARTER: Can I just stop you there? So if you are supporting a national immunisation program, what discussions did you have with your colleagues in Western Australia and Queensland about the fact that they rolled out to a whole cohort?

KERRY CHANT: Clearly at the time the national immunisation program is coordinated by the Federal Government. The way that works is that companies apply to have their products, vaccines, put on the national immunisation schedule. They are required to go through PBAC and then there is also a process where the Australian Technical Advisory Group on Immunisation—

The Hon. SUSAN CARTER: If I can just stop you there. If it's gone through PBAC, presumably if it's rolled out in Western Australia and Queensland—

KERRY CHANT: Perhaps if I could update you on the status of the particular products.

The Hon. SUSAN CARTER: It's more why we did we only do a limited cohort in New South Wales when other States are doing it more broadly? Was that a decision that you supported?

KERRY CHANT: Can I perhaps just go back and put on the record that nirsevimab, the Sanofi product, has gone through PBAC processes. That is the Pharmaceutical Benefits Advisory Committee, which provides advice to government on cost-effectiveness. With the data presented by Sanofi in its application to PBAC, PBAC deemed that the product was not cost-effective. I do know that there will be subsequent information presented to PBAC and clearly the company is encouraged to reapply. Similarly, the companies that are doing the maternal vaccination are going through a similar PBAC process. At the time—

The Hon. SUSAN CARTER: What I'm hearing from you is that you had some concerns about the safety of the vaccines that have been rolled out in Western Australia and Queensland?

KERRY CHANT: Not at all.

The Hon. SUSAN CARTER: Then I don't really understand why we're getting a lot of detail about the approval process when the question is why is there a limited rollout in New South Wales but not in other States? Was that your advice to the Minister?

KERRY CHANT: In terms of the two States that rolled out the whole program, that was done by those States to generate data. You would have to talk to those States.

The Hon. SUSAN CARTER: Sorry, the only reason they vaccinated all of their infants was to generate data?

KERRY CHANT: The RSV vaccine was promoted as a good vaccine. I believe that it is very protective and very safe. We entered into discussions with Sanofi to procure some for a vulnerable persons program with the view to get clarity about the program design for a nationally consistent program in 2025. That is basically the

approach. We are committed to working with Sanofi on the basis that there were two different products in the market that were potentially going to form part of the national immunisation program. I cannot comment on Queensland and Western Australia; you would have to direct those questions to them. But I am saying that in 2025 we are committed to rolling out a program and it will be in accordance with the ATAGI advice, taking into account any PBAC deliberations as well.

The Hon. SUSAN CARTER: So in 2025 there will be a rollout of the Beyfortus vaccine for the entire infant cohort in New South Wales. Is that right?

KERRY CHANT: As I have indicated to you, these programs are subject to consideration by the Commonwealth.

The Hon. SUSAN CARTER: Sorry, I'm just trying to reconcile the two statements. The first statement is that we're working towards a vaccination program in 2025. Now I'm hearing hesitation about the fact that there will be a vaccine rollout in 2025.

KERRY CHANT: We are committed to working nationally to achieve a national immunisation program in 2025 and—

The Hon. SUSAN CARTER: So if I have a baby this year—improbable as that may be—I should expect that they will be vaccinated, because they will be a baby in New South Wales, with respect to RSV in 2025.

KERRY CHANT: We are very committed to rolling out a program in 2025.

The Hon. SUSAN CARTER: Will it happen?

KERRY CHANT: I believe it will happen. We are actually working actively—

The Hon. SUSAN CARTER: When is the cut-off for discussions with Sanofi to secure the supplies of the vaccine?

KERRY CHANT: Those conversations are happening and being coordinated by the Federal Government. As I indicated to you, advice has been provided that there are two ways to ensure the vaccination of newborn babies in terms of immunity. That is either through maternal vaccination or through the monoclonal antibody. The Pharmaceutical Benefits Advisory Committee considered a submission in relation to a product, ABRYSVO. Initially the view was that it was not cost-effective with the price that the company put in. That has been asked to be resubmitted and to consider additional evidence. The PBAC decision on that has not been made public and I cannot pre-empt that process.

The Hon. SUSAN CARTER: With respect of the issue about cost-effectiveness, if New South Wales had provided free immunisation to all infants would we have seen fewer hospitalisations in New South Wales, which would have a lower personal cost and a lower financial cost?

KERRY CHANT: I don't want to give any sense that the vaccine—I very much supported procurement of the vaccine and the rollout. I suppose I'm just giving some context for the Committee around the national process by which we have the approval and introduction of vaccines. The vaccine has been rolled out. I would really like to thank our clinicians, our midwives, our nurses and our Aboriginal healthcare workers—

The Hon. SUSAN CARTER: I join with you in thanking everyone involved in the vaccination program. It's very important. I will go to Ms Pearce. Are you in discussions with Pfizer about securing the maternal vaccination? I believe it's called ABRYSVO. Can you tell us where those discussions are at?

SUSAN PEARCE: No, I'm not personally involved in discussions with Pfizer.

The Hon. SUSAN CARTER: Is anybody involved in NSW Health involved in those discussions?

SUSAN PEARCE: What I would like to say, as I indicated earlier with respect to the question that Dr Chant is responding to—and I will say this as secretary—is that I am not a supporter of the State going it alone in respect of vaccination programs and gazumping with the other States. There are price impacts associated with that type of behaviour.

The Hon. SUSAN CARTER: Did Queensland and Western Australia create those problems for New South Wales?

SUSAN PEARCE: I am not going to comment on Queensland and Western Australia. My point is that there is a Commonwealth process.

The Hon. SUSAN CARTER: With respect, Ms Pearce—

SUSAN PEARCE: Excuse me, Chair, could I please finish what I'm saying?

The Hon. CAMERON MURPHY: Point of order—

The CHAIR: The Hon. Cameron Murphy has raised a point of order. I think I know what it's going to be.

The Hon. CAMERON MURPHY: With the greatest respect, the witness is attempting to answer the question. The member just keeps asking new questions over the top of her. I think the witness ought to be treated with a degree of respect and given a reasonable opportunity to answer.

The CHAIR: I uphold the point of order.

SUSAN PEARCE: All I'm trying to say is that there is a Commonwealth process for the approval of vaccination programs across the State. Certainly my perspective—and I'm sure you would be aware of my role in the vaccination of this entire State during the pandemic. I am clearly a great advocate of vaccinations and my advice to the Minister has been consistent, as it was to Minister Hazzard before. That advice is that I believe it is not in the interests of the country for States to be jumping out in front of each other with regard to these vaccination programs. The Commonwealth processes that are in place are there to look at the cost-effectiveness of the vaccines and to stop companies from profiteering from vaccines et cetera. On that basis, we provide advice to the Minister. I think Dr Chant's credentials in this space are impeccable and her advice is always in the best interests of the people of New South Wales in all circumstances. Our advice to the Minister is that the Commonwealth has a process. That is the advice that we provided him in respect of the RSV vaccines.

The Hon. SUSAN CARTER: Have you provided any advice with respect to the cohort of people aged 70 to 79 years old?

SUSAN PEARCE: With regard to what?

The Hon. SUSAN CARTER: The RSV vaccine.

KERRY CHANT: That again is subject to the PBAC processes. We will be willing to implement that program if it is achieving cost-effectiveness.

The Hon. SUSAN CARTER: Sorry, cost-effectiveness? What price do we put on somebody aged between 70 to 79 becoming ill?

SUSAN PEARCE: Can I just make the point that cost-effectiveness is one of the considerations that the Commonwealth processes take into consideration. We're not trying to suggest—

The Hon. SUSAN CARTER: But what does cost-effectiveness mean in terms of a person becoming ill?

SUSAN PEARCE: Are you suggesting that we would put price above people's interests? Is that what you're suggesting?

The Hon. SUSAN CARTER: That's what I'm asking, Ms Pearce. It's been offered that this is all subject to cost-effectiveness. I'm trying to explore what that means in terms of the health reasoning.

SUSAN PEARCE: What I'm saying is that there are processes. As with any medication or any vaccination—with respect to the cost-effectiveness and the ability of countries, States or otherwise to roll them out—we are not under any circumstances putting the cost-effectiveness of a product above the interests of our community.

The Hon. SUSAN CARTER: I would not expect that either. Thank you for that clarification. Perhaps, Ms Skulander, these next questions are for you. They are about Bankstown hospital. I understand that Health has the lead in terms of the overall development of the new hospital site. This involves the relocation of the existing TAFE site. Can you tell us briefly where that's at?

EMMA SKULANDER: The planning for the Bankstown hospital project is underway. We're in the process of putting together a business case, which we're planning to prepare by the end of this year. The business case will talk about the options—which all of our business cases do—for the investment of the money that has been committed to that project. Those options include the new hospital on the site, which has been a commitment of the Government, as well as the temporary relocation of TAFE and the return of TAFE to the site.

The Hon. SUSAN CARTER: So the business case will explore the options, so it's possible that if the business case recommended against a new hospital on that site and relocation of TAFE, that could be reconsidered?

EMMA SKULANDER: The business case will explore all options including to do nothing. All of our business cases have that option in. Obviously there are commitments made in relation to delivery of a hospital

there, and the clinical services planning supports the requirement for that hospital. I think that whilst the options will explore that, the options then look at the economic analysis of an investment of a new hospital there as well as new education facilities on that site. It would be unlikely that it would tell you to do nothing, and so I think that there will be several options considered and the business case will put forward a recommendation.

The Hon. SUSAN CARTER: If the TAFE is to be relocated, is that funded out of the Health budget?

EMMA SKULANDER: We are working closely with TAFE on the business case, and so TAFE is providing input into what's required for that relocation. We're in fairly early planning, and I think TAFE in their estimates commented on the processes that they're undertaking at the moment for that. I don't have full visibility of their planning at this point in time, but we're working very closely with them and I expect that the hospital and the TAFE will form part of that business case and the recommendations.

The Hon. SUSAN CARTER: I'm raising these questions now because, you're right, in TAFE estimates it was said that Health is leading and so we should ask these questions of Health. There are a lot of concerns as to whether the $1.3 billion is for the hospital or for the hospital and the TAFE relocation, and a lot of confusion. That's what I'm hoping you can clear up for us today.

EMMA SKULANDER: Certainly our objective is that the business case will cover both the hospital and the TAFE facilities. In terms of the scope of each of those, obviously with all of our business case processes, we review what we're able to afford within the budget allocations. Certainly against the clinical services plan within the hospital side of this we expect that we will be able to come up with a viable sort of way forward in relation to the hospital based on that clinical services plan. But it is an act of, I guess, balancing to get the best bang for buck from the money that's available, and certainly we'll be working with TAFE to try and get an outcome that we can both agree is the best way forward.

The Hon. SUSAN CARTER: And the budget is the budget for the business case?

EMMA SKULANDER: We've got the budget available to fund the business case, yes.

The Hon. SUSAN CARTER: No, I'm sorry, there has been, as I understand it, a $1.3 billion allocation and that's the budget that the business case will be working within—that envelope—of spending that money.

EMMA SKULANDER: Correct.

The Hon. SUSAN CARTER: So that involves hospital and TAFE in that?

EMMA SKULANDER: Correct, and options within that as to what can be delivered.

The Hon. SUSAN CARTER: So the $1.3 billion covers the new hospital and the relocation of the TAFE?

EMMA SKULANDER: I think that it is too early to say the answer to that question definitively because we are in the early planning phases, and there are another few months to go to make sure we understand what's required from both of those facilities and the cost estimates against that.

The Hon. SUSAN CARTER: So there could well be a significant cost increase on that $1.3 billion?

EMMA SKULANDER: Depending on the preferred scope of the options within the business case.

The Hon. SUSAN CARTER: So the funding isn't settled? It could well be in excess of what has been currently allocated and promised?

EMMA SKULANDER: My instruction and my remit is to work to a budget of $1.3 billion, but within all of our business cases we explore options.

The Hon. SUSAN CARTER: If I could summarise, the hope is $1.3 billion for hospital and TAFE, but it well may exceed that once the business case is developed.

EMMA SKULANDER: I think that I can't definitively answer the question with the available information at this point in time because I also don't have the full information from TAFE. But certainly we are collaboratively working on a process that will answer that question within the business case by the end of the year.

The Hon. SUSAN CARTER: By the end of the year we should have some understanding? And that business case will be made public?

EMMA SKULANDER: No, our business cases generally aren't made public.

The Hon. SUSAN CARTER: So how do we get the answer then?

EMMA SKULANDER: Potentially asking me the question again at a point in time where I've got more information.

The Hon. NATALIE WARD: Can I jump in on that? In your view on the current envelope, is that enough for both?

EMMA SKULANDER: On the current envelope is that enough for both facilities?

The Hon. NATALIE WARD: Yes.

EMMA SKULANDER: I think because we don't know what we're delivering within both of those, I can't answer that question.

The Hon. NATALIE WARD: But you must have an understanding of relocating the TAFE and the hospital, and whether that is sufficient given those two—

EMMA SKULANDER: I think there's a variety of parameters within options for both. TAFE, for example, is examining what it retains at Bankstown and what it moves to other locations, and they spoke about that too in their estimates. I think for the hospital as well we're reviewing what is critical to be within a new hospital at Bankstown and what is not, and I think that process is underway and has not yet determined an outcome.

The Hon. NATALIE WARD: But the business case would define what the options are. It never leaves an open-ended, go spend whatever you like option. It's a "these are the different options".

EMMA SKULANDER: Correct.

The Hon. NATALIE WARD: Of those options, is the $1.3 billion sufficient in your view to cover off both facilities?

EMMA SKULANDER: I don't have that information at this point in time.

The Hon. NATALIE WARD: Can you take it on notice?

EMMA SKULANDER: I won't be able to answer that question until the options analysis is undertaken in the coming months with the information that I need to be able to answer the question.

The Hon. NATALIE WARD: So to Ms Carter's point, it might be fair to understand that that may not be sufficient. If you can't definitively say that it is, we can only make the assumption, to be fair to you.

EMMA SKULANDER: If you asked the question to me for any capital project at this point in the planning process, I wouldn't be able to definitively tell you that we can afford to deliver what has been asked of the scope because there is a fair amount of work undertaken in the planning phase to get to a point where we have a solid cost estimate for the project, at which point we develop a business case.

The Hon. NATALIE WARD: I thought we were talking about the business case.

EMMA SKULANDER: Yes. That business case is in progress. The planning process that I have just described occurs in parallel with the development of the business case. Once we have that information, we can lodge that and that will give you the definitive answers that you're asking for.

The Hon. SUSAN CARTER: I have a quick question for you, Mr Minns, if I may. If I'm employed by NSW Health and I want to seek political office, State or Federal, what are the protocols? Do I need to resign? What are the guidelines?

PHIL MINNS: We do have them. I just can't recall them off the top of my head.

The Hon. SUSAN CARTER: If you could take that on notice, that would be very helpful.

PHIL MINNS: Yes, and I think there's difference related to which jurisdiction. I don't think the requirement is as extensive for local government, for example. That's why I'd like to take it on notice.

The Hon. SUSAN CARTER: And perhaps also on notice, opportunities for re-employment, whether there's continuity of service and all of those things would be very useful.

PHIL MINNS: Sure, happy to do that.

The Hon. TANIA MIHAILUK: I just wanted to ask a couple of questions on Bankstown hospital as well. I appreciate that you're waiting for a business case and so forth. There were a lot of discussions with stakeholders, including council, in making a decision about the site. Are there still discussions with the local council being undertaken by Health?

EMMA SKULANDER: Across our program we'll have ongoing discussions and briefings to council throughout a planning process. I don't know the answer specifically to when was the last time we would have met with council. But, certainly through the process, that occurs.

The Hon. TANIA MIHAILUK: At the moment, how much money have you allocated towards the business case specifically of the $1.3 billion? Is there a figure of how much this business case or business cases are going to cost?

EMMA SKULANDER: No. I can take the question on notice.

The Hon. TANIA MIHAILUK: If you could take it on notice, I'm happy with that.

EMMA SKULANDER: Generally the planning process will take a certain component of the total budget. I don't know the answer to the question.

The Hon. TANIA MIHAILUK: Will you be relying on consultants as well officially from outside the department of health?

EMMA SKULANDER: Consultants in sort of what sense?

The Hon. TANIA MIHAILUK: You may rely on communication consultants. You might rely on planning consultants. I don't know whether you have all the expertise within NSW Health. Are you relying on external consultants to prepare your business cases?

EMMA SKULANDER: Preparation of the business case itself involves also the design process to pull together the planning and design for the hospital, and in that, yes, we do. We don't have in-house design services. The preparation of the business case documents themselves are done in a hybrid model at the moment. We have in-house staff who facilitate and prepare large components of that but we also outsource elements.

The Hon. TANIA MIHAILUK: Are you going to be tendering out? I assume these are quite large.

EMMA SKULANDER: Yes, we have already tendered a number of professional services in relation to the Bankstown project.

The Hon. TANIA MIHAILUK: Can a member of the public find who the recipients are?

EMMA SKULANDER: Yes. In terms of the contracts that we have let against Bankstown, they're available on the eTendering website. The processes that we follow, follow procurement policy and require us to publish the notices.

The Hon. TANIA MIHAILUK: Does it also publish the amounts?

EMMA SKULANDER: Yes.

The Hon. TANIA MIHAILUK: Do you have any lobbyists that have been lobbying NSW Health in relation to Bankstown hospital?

EMMA SKULANDER: Not to my knowledge.

The Hon. TANIA MIHAILUK: Can you confirm if any registered lobbyists have met with NSW Health in the past 12 months in relation to Bankstown hospital?

EMMA SKULANDER: I can check. I think the answer is no.

The Hon. TANIA MIHAILUK: And take that on notice? Thank you.

The CHAIR: I've got a question about the Single Digital Patient Record.

SUSAN PEARCE: Yes.

The CHAIR: Thanks, Ms Pearce. I'm interested in what involvement GPs have had with this and what work is underway to improve visibility for GPs. I understand that in Queensland GPs can see hospital records that are from recent years.

SUSAN PEARCE: I think the Queensland work that you're referring to is probably—they've done great work up there with their outpatient datasets that link across to GPs. Obviously the SDPR is a huge program here across New South Wales. I'll get Ms Willcox to respond to that.

DEBORAH WILLCOX: As you would be aware, the Single Digital Patient Record Implementation Authority has been stood up and Dr Anderson is leading that work. The consultation with the clinicians as well as NGOs—the non-government and community partners—and general practice is fundamental to this work. This is a significant clinical transformation of our system, and as much interface and connectivity we can get with all

partners delivering health care across the State for our citizens is a really exciting prospect. There are targeted discussions with our primary healthcare networks, and we have a joint committee at a State level. Dr Anderson has already briefed that committee and will have ongoing discussions to see how we can roll this out as part of the implementation.

As you know, there are two primary general practice patient information systems. In previous implementations, Epic, who is the vendor for our Single Digital Patient Record, has managed to get an interface with those types of systems. We're reasonably confident, but we just have to go through the consultation, the due diligence, the resourcing and all the things you'd expect with such a program. We remain optimistic about it, and it would be an optimal outcome from our perspective also.

The CHAIR: I understand this is quite a long project, but particularly in terms of the interoperability with general practice systems, do you know what the time frame is for working out if that would be possible?

DEBORAH WILLCOX: I'd have to take time frame on notice. You're quite right: Rollout will start next year and run for up to three years. We'd need to make a number of—in fact, about 19,000 decisions, quite literally, over the next couple of months before the implementation takes place. But I'll get a timing for you around the general practice connectivity.

The CHAIR: I also have another question on behalf of GPs. There's been a lot of media coverage recently of initiatives increasing or expanding scope of practice for pharmacists and nurse practitioners. Is there any work being done to look at increasing the scope of practice of GPs? I'm particularly interested in things like Roaccutane prescribing, which happens in Queensland, like ADHD diagnosis and management in the ACT.

KERRY CHANT: I think we recognise that primary care is the stalwart and the important home for patients. I can speak in my area of drug and alcohol—recognising that primary practice does a lot in that area anyway but looking at how we can better support primary care, including access to additional training, acknowledging the important role of the college. I'm aware that there has been some work, but I would have to take it on notice in relation to the extent of prescribing, recognising access to paediatricians is very difficult for ADHD and those areas. I believe there might have been some developmental work considering the role of primary care in that. There would be examples across all of our portfolio areas where we'd be looking at upskilling general practice. I can imagine in mental health there would be similar work. If there are particular areas—

The CHAIR: I'm happy for that to be taken on notice. I raise those particular prescribing examples because there's of course regulatory barriers to that happening, even for a practitioner who has come to New South Wales from New Zealand or from Queensland where they may very comfortably have within their scope prescribing something like Roaccutane.

KERRY CHANT: I'd be certainly happy to take that on notice and talk to my colleagues in pharmaceutical services.

The CHAIR: I'll come back to Ms Pearce, but please redirect if appropriate. I'm interested in the progress on the LGBTQI+ Health Strategy, particularly what's happening beyond phase one of that strategy.

DEBORAH WILLCOX: The strategy, as you know, is in about its second year of implementation; it runs to 2027. We've done a lot of work with HETI, the Health Education and Training Institute, within NSW Health to strengthen our workforce education and training. Some funding has also been provided to ACON, who are a very important partner in this work. There's a number of projects that we've funded across the State for local health districts to have local initiatives with their LGBTQI+ community. There's a lot of promotional material around—posters and resources—that local health districts can access to increase their education and awareness, to mitigate any sort of stigma and other issues in the workplace and to make sure that all of our healthcare facilities are welcoming locations for the community to come into and feel safe and feel that this is a place they can access health care.

It's got a couple of years to run. It's a rolling program of activity. If there are specific things that you're looking for, I'm very happy to come back. It's been received very positively by the communities. We've got strong engagement within our workforce. There is ongoing work with partners like ACON, the trans community and others, because making our health places safe and accessible for those parts of the community is our priority in this strategy, and making sure when they come and have health care with us that we can talk to the whole person.

The CHAIR: There were some really excellent projects funded as part of that first tranche of funding. From memory, it was something like $2 million as a one-off. Moving forward, is there a budget for further stages of projects under that strategy?

DEBORAH WILLCOX: There is. You're quite right. There's some funding that we gave to the Gender Centre, some to Rainbow Families and ACON. There was also funding for ACON to undertake some mental

health initiatives as well. They're all at varying stages. We'll continue to advocate for work for this community, but most of the funding initiatives have still got some time to run.

The CHAIR: Coming back to the birth trauma inquiry, which we discussed this morning, there were a number of recommendations around antenatal education. Of course, to be able to provide informed consent, it needs to be informed. I was particularly interested in the educational resource which is the *Having a baby* book. I have never had a baby, but I have a copy of this book because when I was a medical student—

DEBORAH WILLCOX: You and me both.

The CHAIR: —on placement in a NSW Health facility, a midwife gave me that book as a helpful learning resource for a medical student. There's a section of that book on delivery using forceps or vacuum extraction, which states:

> Your doctor will choose the method depending on what's happening during the birth—sometimes forceps are best, and at other times it's better to use vacuum extraction. It's often a decision that needs to be made at the time, rather than something you can plan for. Before any of these procedures, your midwife or doctor will explain what will happen and any possible side effects.

DEBORAH WILLCOX: Thank you for that question. It was very clear through the birth trauma inquiry that our communication at times doesn't meet the expectations. Possibly what you've just cited there, I would put into that category—done at a particular point in time for a purpose. But I think these are the things we have to learn and we have to keep improving. We have to listen to women and families and understand what is the right way to communicate. The issue around consent was a very strong feature of the inquiry, as you're aware, as was communication and how information is provided to women. So I would put that document that you've cited—it falls into both of those categories.

We have got two very important groups that are stood up that are accelerating five components of the birth trauma response, and issues around consent and communication are part of this first tranche of work. We have a clinical advisory group that has both obstetric and midwifery leadership on to help us with the clinical setting. As you know, an issue around timing of when you seek consent can be quite complex in the birthing experience. Very importantly, we have a consumer group who are there to help us test ideas and put real women's experiences forward. There are a number of women on that group who participated and provided very compelling submissions to the inquiry. I would say consent and communication are two priority areas that we're accelerating in response to the inquiry. I think our leads and our consumers and women who are contributing to the implementation of our blueprint are critical to making sure whatever communication we provide to women and families, we can improve somewhat on what you've just outlined.

The CHAIR: I'm glad you agree this is something that needs an update. I suppose through the inquiry there's complexity in delivering the right antenatal education. Of course it's going to vary according to people's preferences and the context that they're in. A resource like this, a book that's available statewide, seems to me as strikingly low-hanging fruit that could be updated to be really broad reaching. So is updating that book part of that accelerated rollout?

DEBORAH WILLCOX: I can't speak directly on that book, but I can say that we are updating the communication more broadly. We do want to do a round of consultation with our consumers and women to make sure whatever we change actually meets the need. I can clarify on the specifics of that book, but I can with confidence say that this is an accelerated piece of work, and we all agree it needs to be done.

The CHAIR: In the Government's response to the birth trauma inquiry, it listed those five initiatives that were being accelerated. Could you explain in more detail what it means that they're being "accelerated in practice"?

DEBORAH WILLCOX: Yes, so it was quite a large report with 43 recommendations. As you're aware, we already had created our blueprint for maternity care. That work was underway ahead of the inquiry and, as I've said previously publicly, it has been, whilst a fairly distressing and difficult time for many people during that inquiry and very hard to listen to some of that evidence—if there's something positive out of it, it was that many of the things that women raised were validated by the input we'd had from literally 18,000 surveys and other people's input into our blueprint.

What we've used the inquiry for is to say, "What were the things that really got the most attention through all of those submissions and all of the witness statements?" And we've identified those and pulled them up to say, "These are the ones we think we heard loud and clear and these are the ones that we should move as quickly as possible on." The five that the Minister announced in the Government response to the inquiry will take precedent. There'll be some work concurrently going on. It's sort of like—not, "Stop everything and just do these," but we want to give emphasis and priority to those five that the Minister outlined.

The CHAIR: I've got a question about dental clinics. Ms Pearce, please let me know—

SUSAN PEARCE: Dr Chant would love to answer a question about dental clinics.

The CHAIR: I apologise that it's not a very exciting one. At previous estimates in February it was acknowledged that 4,000 people were waiting longer than the maximum recommended time for public dental services. Can you give an update on the current waitlist figures, particularly how many people are waiting beyond the maximum clinically recommended time?

KERRY CHANT: I'm happy to provide—as at 11 August there were 78,301 adults and 6,700 children on the general dental waitlist. Pleasingly, for general dental wait care we've got 96.3 per cent awaiting assessment and treatment have waited within the wait times. I'll have to get you the data on those that have exceeded in terms of global numbers. And then there's also a specialist area, which is our real strong focus, because those wait times were much longer—exceedances were much longer. So we're doing a piece of work—

The CHAIR: Happy to have that on notice and appreciate that that—basic arithmetic could work backwards from the figures you've just given me but not off the top of my head. I am interested in the specialist figures as well.

LUKE SLOANE: Chair, sorry, can I just make a bit of a correction—disappointingly? We had 34 single employers offers sent out. But of those, there was only five declined, so we had 29 in total as of September. So we'll wait for the update—

The CHAIR: So 29 rather than 31?

LUKE SLOANE: Yes. I'm happy to whip through the local health district breakdown now. Far West is our only one that we're struggling with zero applicants at the moment. Western New South Wales has three; southern New South Wales, two; Illawarra Shoalhaven, six; Murrumbidgee, a further three; Mid North Coast, four; northern New South Wales, one; and Hunter New England Local Health District, 10—to make the 29.

The CHAIR: Is it 10 for Hunter New England?

LUKE SLOANE: Yes.

The CHAIR: That's a great result. My understanding was there was only one in the previous round. Just before my time runs out, I neglected—

DEBORAH WILLCOX: Dr Cohn, could I just update you on the *Having a baby* book very quickly?

The CHAIR: Please.

DEBORAH WILLCOX: Just to let you know, it is undergoing review and it's not currently available in hard copy while it's under review, so that will happen expeditiously. Thanks for raising it.

The CHAIR: Fantastic. I did intend to table this morning the paper that I referred to when I was asking questions of the Minister relating to COVID.

KERRY CHANT: I've got that electronically. I've already accessed it. Thanks.

The CHAIR: That's all right but there might be members of the public who are watching this who are not as adept as you are, Dr Chant, at looking up peer-reviewed articles so, for the sake of the Committee, by leave, I table *Admission Screening Testing of Patients and Staff N95 Masks are Cost-Effective in Reducing COVID-19 Hospital Acquired Infections*.

Document tabled.

I might go to Health Infrastructure. I'm interested in, firstly, Royal North Shore Hospital. It's my understanding that in 2020 there was a parcel of land that's been called lot 4B that was given to lands and property that's no longer in the possession of Health. Speaking to clinicians in Royal North Shore, I also understand there is a need for expansion of that hospital, particularly outpatient departments. I also appreciate as a rural resident that that is a retrieval and a referral hospital for a huge number of people across the State—and not just serving that local area. When you look at a map, block 4B is right between the hospital and St Leonards train station. It seems like a really optimal place to put a very accessible outpatient clinic for people that might have impaired mobility. I'm interested in the work that's happening for potential future expansion of Royal North Shore and if there is any work being done to reclaim block 4B for Health purposes.

EMMA SKULANDER: I know which lot you're referring to. Some of that I can answer. I think in relation to the master planning for the Royal North Shore Hospital, there was a master plan developed in 2023 that reviews the future planning for that precinct. In relation to lot 4B, I understand that there is a proposal at the

moment on exhibition in relation to development of that, with Property NSW taking the lead on that component. As Health, the proposal that's been put forward isn't consistent with what we hoped for for that site. In relation to its use within the master plan, my understanding is that it's not necessarily a prime site for the core clinical activities of Royal North Shore, but it's certainly a location that we would like to be complementary to the North Shore activities.

The CHAIR: Can I ask you to expand? You said it's not what you would have hoped for. What would you see as the optimal use for that site?

EMMA SKULANDER: I would have to take that on notice in relation to our specific request in relation to that site.

The Hon. TANIA MIHAILUK: Ms Willcox, just back to you and the Sax Institute's report. Page 141 does indicate after "puberty suppression treatment"—it reads: "The strength of this evidence remains low." It says:

> … predominantly reinforces findings of the previous review, with research reporting that puberty suppression treatment is safe, effective and reversible.

But then it says, "The strength of this evidence remains low." I'm trying to understand, why isn't NSW Health using a precautionary principle in relation to this type of treatment as it does in most cases, particularly when you've got the evidence that you're relying on—the Sax Institute rather than relying on the UK's Cass review, where it's saying they really can't back that in but it's safe?

DEBORAH WILLCOX: I think in terms of the credentials of the Sax Institute, they did review over 80 pieces of evidence and literature.

The Hon. TANIA MIHAILUK: But they've written that in their summary. They're actually saying that it's not reliable.

DEBORAH WILLCOX: Equally, they indicate that these medications are safe and that it's not an unacceptable load of treatment. These things are not done in a sort of transactional sense. These are complex discussions with young people and their families to look at a person's individual situation—what are the risks, what are the pros and cons of embarking on treatment like this. So I think it's around the totality of the interaction with a young person and not just the single point if any one particular study had an opinion on it. What we've got is a meta-analysis of all of the literature as it responds—

The Hon. TANIA MIHAILUK: But they're saying they're relying on the previous findings. They're making it clear that the evidence that's before them isn't really reliable, and I'm trying to understand where NSW Health—what's your evidence that you're relying upon suggesting that this puberty suppression treatment is safe?

DEBORAH WILLCOX: The Sax Institute haven't given us direct clinical information. What they've done is an analysis of the available literature, which—your point is well made. There are low volumes of patients so we don't have vast pieces of evidence and population studies. That's something, clearly, as it evolves, we will do. We've taken this work to our clinical advisory group, who are clinicians that work in this field and understand it. They've utilised the advice and feel that what we're doing here with multidisciplinary teams and patient-centred care is absolutely appropriate and aligns with the findings of the Sax Institute. There is a lot of alignment with the Cass as well.

The Hon. TANIA MIHAILUK: But this point made in page 141—

The CHAIR: The member's time has expired.

The Hon. TANIA MIHAILUK: —is not in the summary, though. So I'm trying to understand.

DEBORAH WILLCOX: Could you repeat that?

The Hon. TANIA MIHAILUK: What was summarised in page 141—

The CHAIR: Ms Mihailuk, I already let you ask another question at the end of time. I've been really generous.

DEBORAH WILLCOX: I can take on notice the commentary on page 141.

The Hon. TANIA MIHAILUK: Take on notice why this particular commentary is not in the four-page summary report that took us seven months extra to submit.

DEBORAH WILLCOX: I'll come back to you with the detail on that.

The CHAIR: I have a quick question for whoever is representing the environmental health branch. Thank you, Dr Chant. I wrote a letter to the Minister back in April on behalf of an air pollution expert, particularly regarding the fact sheet on the NSW Health website on wood burning heaters and your health, noting that there's been new research published this year, including in the MJA, on impacts of wood heater smoke in particular. Is that fact sheet going to be updated?

KERRY CHANT: I'm happy to address that and would like to put on the record that NSW Health acknowledges the important contribution that wood fire heaters do contribute to Sydney's air pollution, so we certainly want people to be aware of the impacts of indoor and outdoor air pollution. I'm happy to review that fact sheet if there's a particular section on it.

The CHAIR: I suppose there's two bits to the question. I appreciate your acknowledgement of the issue. It wasn't already under review that you're aware of?

KERRY CHANT: I would have to check with environmental health. Obviously, we review our policies indirectly, but I would have assumed it had already highlighted the significant health impacts. But it's important that we do frequently review the fact sheets to incorporate any new evidence that might give strength to that. I will take that on notice.

The CHAIR: Thank you very much. Appreciate you looking into it.

(Short adjournment)

The CHAIR: We will get started on the final session with questions from the Opposition.

The Hon. SUSAN CARTER: Ms Skulander, if I could just come back to you for a couple more infrastructure questions. The Blacktown and Mount Druitt Hospital, I understand $5 million has been allocated for this year. Is that planning money? What's that money for?

EMMA SKULANDER: In relation to Blacktown and Mount Druitt, I think the number that you're referring to is from the budget papers this year, correct?

The Hon. SUSAN CARTER: Yes.

EMMA SKULANDER: So, that's just our allocation within year for the planning work that we're doing. The overall ETC, or estimated total cost, for that project is $120 million. At the moment we are working on the development of the master plan and will look to share some progress on that either late this year or early next year.

The Hon. SUSAN CARTER: And you're confident that's on track for 2028 completion?

EMMA SKULANDER: Yes.

The Hon. SUSAN CARTER: And Rouse Hill, I understand that's $33 million allocated. How much has been spent of that to date?

EMMA SKULANDER: Spent to date, which was at the end of June 2024, was $61.262 million.

The Hon. SUSAN CARTER: Has been already spent?

EMMA SKULANDER: Yes.

The Hon. SUSAN CARTER: Because I have a different—sorry, if it's a total cost of $33 million, how can $61.2 million have been spent?

EMMA SKULANDER: Is the $33 million this year?

The Hon. SUSAN CARTER: Well, I think the budget papers identify $16 million allocated in capex for Rouse Hill this year.

EMMA SKULANDER: For this year, sorry. Sorry, I thought you were referring to the spent to date on the project. Do you meant mean spent to date within this year?

The Hon. SUSAN CARTER: Can you give me spent to date and spent to date this year?

EMMA SKULANDER: Yes. Spent to date is $61.262 million, spent to date on the project at the end of last financial year.

The Hon. SUSAN CARTER: Yes. The total cost of that hospital is going to be?

EMMA SKULANDER: It will be $700 million.

The Hon. SUSAN CARTER: And that is on track to be delivered by 2029?

EMMA SKULANDER: Yes.

The Hon. SUSAN CARTER: Just curious whether you have any thoughts on the EBA that we heard about this morning, which has labourers earning $200,000. What sort of impact does that have on final costs for health infrastructure?

EMMA SKULANDER: In relation to the specifics of the EBA and the number that you've quoted, I'm not familiar with the numbers within them.

The Hon. SUSAN CARTER: I think my question really is, if we're seeing labour costs like that, will it have an impact on the final costing of health infrastructure?

EMMA SKULANDER: I think, certainly, you will have seen and heard there's a lot of narrative at present around construction cost. Escalation started to occur in around 2020. The impacts of COVID had significant escalation impact on construction costs. That was predominantly in relation to materials and the availability of materials being shipped from overseas.

The Hon. SUSAN CARTER: But this isn't a COVID cost, this is a CFMEU cost.

EMMA SKULANDER: In relation to labour costs generally, I can't attribute to the CFMEU. I think it's labour cost escalation more broadly.

The Hon. SUSAN CARTER: So labourers generally would be getting $200,000 a year on a building site?

EMMA SKULANDER: I can't comment on the specifics of the dollars that they're being paid, but I think the labour cost escalation is attributed to a number of different factors. One of them that you're inferring is the EBA agreements generally. I think another is labour shortage, so certainly the shortage of workers in the construction sector is substantial, and in particular trades. That has driven, certainly, the cost of labour up. The cost of labour is a significant contributor to the construction cost escalation.

The Hon. SUSAN CARTER: Are you able to take on notice the average wage being paid to labourers on health infrastructure sites?

EMMA SKULANDER: No, because I don't have the visibility of that. What I have the visibility of is the sort of gross rates of construction that we would have paid previously and now. And I have those gross rates of construction from all the construction tenders that we've got in. Those actual rates of pay to the subcontractors and, in turn, to the labourers are within the EBAs that you refer to or the work arrangements between the subcontractors and the labourers.

The Hon. SUSAN CARTER: Do you have any procurement guidelines which suggest that the labour costs should be moderated to save the people of New South Wales money in those enormously expensive builds?

EMMA SKULANDER: No. The EBAs, though, are—

The Hon. SUSAN CARTER: Is that something you could look at in future?

EMMA SKULANDER: It wouldn't be my role to be able to look at that.

The Hon. SUSAN CARTER: Whose role would it be?

EMMA SKULANDER: The Fair Work Commission signs off on the EBAs, and the EBAs that we've spoken about today are ones that are ratified by the Fair Work Commission.

The Hon. SUSAN CARTER: I guess I'm more thinking—you choose contractors. Could it be something, as part of your procurement process or your discussions with contractors, that you expect people to be paid a fair wage but not an exorbitant wage?

EMMA SKULANDER: All of our contractors are pre-qualified on the New South Wales government schemes in relation—

The Hon. SUSAN CARTER: Just checking—all of the contractors are pre-qualified. That means that the contractor we heard about this morning was pre-qualified, even though that EBA is a CFMEU-negotiated EBA, which allows for $200,000 a year for a labourer.

EMMA SKULANDER: I can't comment on the specifics of the EBA arrangements in relation to that. However, each of our contractors—and the market in Australia is fairly limited, in terms of our access to

contractors. Tier 1 contractors and tier 2 contractors are generally what we need to access for hospital projects. We've got a very complex delivery, and you can't just get every contractor to build. So, on the pre-qualification schemes, there's been a check to make sure they can build hospitals. All of those tier 1s and tier 2s, though, would have EBAs in place or be negotiating those EBAs, and those EBAs are all signed by the Fair Work Commission. The Federal Government has requested that the Fair Work Commission and the Ombudsman review those EBAs with consideration to the comments that you're making.

The Hon. SUSAN CARTER: These questions might be for Ms Pearce or for Dr Chant. It's in relation to the interim report of the VAD Board. Are you familiar with that report? Have you read it?

SUSAN PEARCE: Yes.

The Hon. SUSAN CARTER: If you look at the figures, in the first three months of operation in New South Wales there were the same number of people accessing VAD than in the first year of operation in Victoria. Do you find that very much higher rate of uptake in New South Wales surprising?

SUSAN PEARCE: I'll get Dr Chant to respond to the report.

KERRY CHANT: I probably answer this by just familiarising the Committee with the fact that New South Wales was a little bit later in the adoption of the voluntary assisted dying legislation.

The Hon. SUSAN CARTER: Sorry, "later"?

KERRY CHANT: Victoria introduced the legislation first, so the Victorian legislation has a number of prohibitive aspects of it, which means that we would expect uptake in Victoria to be less than in New South Wales.

The Hon. SUSAN CARTER: You're saying it's actually easier to access euthanasia in New South Wales than it is in Victoria.

KERRY CHANT: There are some controls in the Victorian legislation, given that Victoria was the first State to introduce the legislation. For instance, in that legislative model you cannot raise voluntary assisted dying with a patient, whereas in the construct of the New South Wales legislation you can do so, provided you provide it in the context of end-of-life care with a range of options.

The Hon. SUSAN CARTER: I'm familiar with the legislation. But is your comment that given the way our legislation is structured in New South Wales, we should expect a higher rate of uptake because the Victorian controls are missing? Is that your comment, Dr Chant?

KERRY CHANT: My comments would be that because the legislation in New South Wales allows clinicians to provide advice to patients so that they're aware of voluntary assisted dying—where it aligns with their goals of care and in the context of providing advice around alternate prognosis and other models, including palliative care—that gives patients more awareness of voluntary assisted dying. We also have less prescriptions on how you can choose to be administered the medication in a health facility or by a doctor, whereas that is only limited, as I understand it, in the Victorian context to circumstances where you can't actually take the oral therapy.

The Parliament in New South Wales has passed legislation which has probably learnt from some of the implementation challenges in other States and Territories, still striking that very important balance and having a number of safeguards in place. On that basis, I would have expected us to have a greater awareness, and the implementation, I think, has been effectively done. I'd like to acknowledge the workers in our districts and those that are part of the team that have really done a lot of work to ensure that this has been smoothly transitioned and incorporated into end-of-life care.

The Hon. SUSAN CARTER: You're saying that it's entirely to be expected that we have a higher rate of euthanasia in New South Wales than in Victoria.

KERRY CHANT: That would be my view. Others could have different views, but I think the legislative—

The Hon. SUSAN CARTER: Your last comment, Dr Chant, where you talk about it being incorporated into end-of-life care—do you see euthanasia as a pathway that's separate to palliative care? Or do you see it as incorporated into palliative care?

KERRY CHANT: The way we have gone about implementing voluntary assisted dying in New South Wales is saying that it's a lawful option for end-of-life care provided you meet the eligibility criterion, but that it is reasonable, where a patient's goals of care align—we're not expecting clinicians, where they know that this patient's views or beliefs or expressed intents or outcome of care would be clearly not receptive to this, we're not expecting that to be raised. But, in the other context, we're saying it actually should be expressed so that patients ultimately have the choice, but that has to be framed within the legislative controls of making sure that other

options of care and palliation are discussed. There's been a strong emphasis on making sure throughout the whole process that patients are accessed and linking palliative care, and—

The Hon. SUSAN CARTER: Thank you for that explanation. You'd be aware of the figures that two-thirds of the requests came from regional New South Wales, where one-third of people live? Does this raise concerning issues with respect to access to health care in the regions and access to palliative care in the regions?

KERRY CHANT: I would actually say that those figures are a testament to the staff and the implementation by our local health districts, who have worked very hard to ensure equity of access.

The Hon. SUSAN CARTER: So you're not worried that those figures actually indicate, perhaps, inequity of access to underlying health care.

KERRY CHANT: I would be concerned if that was what I believed after my engagement with local health districts. There's been very much a lot of engagement with our local health districts as we've implemented that. Based on that input, the advice I've had in relation to the cases and the fact that, as part of the process, people actually make sure that people have had the opportunity of linking to palliative care and those issues have been prosecuted as part of the voluntary assisted dying process, I'm confident that that is not the major driver for the—

The Hon. SUSAN CARTER: The Go Gentle *State of VAD* report suggests that reduced access to health services in the regions is in fact a factor which drives the much higher rate of access to euthanasia in the regions. Would you agree with that?

KERRY CHANT: I'm aware of that assertion within the Go Gentle report. I suppose all I can reflect on are the facts before me. All can I reflect on is my engagement with the local health districts and with the clinicians involved in voluntary assisted dying. I think it is something that we obviously are very concerned about, if that would be a factor. But, as I said, that isn't what—

The Hon. SUSAN CARTER: But is it a factor that anybody has taken in to reflect on in a policy setting? If you've got a situation where one-third of the population is choosing something twice as much as the city, doesn't that at least suggest it's an area that should be explored in terms of, "Is there adequate access to health care in the regions?"

KERRY CHANT: All I can say is that part of the assessment process when the clinicians are talking through this—the legislation requires very experienced clinicians to be involved in voluntary assisted dying. There's a comprehensive clinical guidance document around it. The feedback I've had from my engagement with the authorised providers is there's a lot of care and attention, that there are not preventable factors—

The Hon. SUSAN CARTER: Dr Chant, I appreciate the detail. But in any other field, if we saw that the regions were accessing a particular option twice as much as the city, I would hope that that would be a red flag at least for policy considerations. When you've got the regions accessing death twice as often as the cities, I think it should be a red flag for policy consideration. That's my only question in relation to that. I'm surprised that it's not.

KERRY CHANT: I think you've misunderstood or I misspoke in the way I have answered you. Obviously we're interested in the concept of whether people are at all influenced around voluntary assisted dying because of lack of access to some of the other—

The Hon. SUSAN CARTER: And that's being investigated?

KERRY CHANT: And as part of the process by which the board reviews the cases, there are questions about the patients accessing palliative care. There will be a more fulsome report available, but I can reassure the Committee that all of those parameters are considered.

The Hon. SUSAN CARTER: You would acknowledge that in the interim report that question was not even engaged with by the board.

KERRY CHANT: The report was an interim report. That was done because of the very strong community interest in it. I think it's important that there are a number of caveats in relation to the interim report, and we do not feel that that reflects our baseline. That's obviously because there were a number of patients waiting for voluntary assisted dying. But there will be a full report, as required by Parliament.

The Hon. SUSAN CARTER: The VAD scheme includes the Navigator Service which, as I understand it, provides information and support to patients and other community members with questions or wishing to seek access to VAD. I'm reflecting on the recent inquiry into mental health conducted by the Legislative Council, which flagged the importance of navigation through the health system. Is this a model which could be implemented in other areas of the health network—for example, to support patients who need to access mental health services?

KERRY CHANT: I think the role of the Navigator Service is quite specific. I would really have to reflect on its role, but I think the principle you're articulating, which acknowledges that the health system is sometimes very difficult to navigate, is a reasonable one. Throughout Health, we have recognised the involvement of, for instance, peers in helping people navigate the system or other health practitioners as what we call "care navigators". But this particular service is set up with particular skills, given nature of the work they're doing.

The Hon. SUSAN CARTER: This is not a model that could be replicated in other areas?

KERRY CHANT: With the concept of a navigator or someone that can assist people, I think you would find examples of this in many other programs that we would run across the State. All I'm saying is the specific training, the expertise, the role of this group is very particular to this service. But I do support the idea of both healthcare navigators and peer navigators in appropriate contexts in the health system.

The Hon. SUSAN CARTER: I understand. Because it's a mental health issue, do you have any comment about moving towards a navigation model in the mental health system?

KERRY CHANT: It would be inappropriate to comment on that.

The Hon. SUSAN CARTER: I understand that. In the interim report, did the VAD board make any recommendations to improve the operation of VAD within New South Wales?

KERRY CHANT: Not that I'm aware of.

The Hon. SUSAN CARTER: My understanding was that they had advocated for Federal legislative change.

KERRY CHANT: I'm sorry, yes.

The Hon. SUSAN CARTER: I was curious about that. Is that one of the proper functions of the board under the legislation?

KERRY CHANT: I think the board is highlighting the fact that the Australian criminal code has implications for how the board does its work and is raising that legitimately. It's also raising how, notwithstanding the significant workarounds we've put in place, it has the potential—and I say potential—to impact on access. But as you've highlighted, we have worked incredibly hard with our districts and we've also created a central pool of practitioners that can support regional areas. I just want to commend the work of those groups in ensuring access.

The Hon. SUSAN CARTER: In terms of funding, is the money spent on VAD accounted for separately in the Health budget?

KERRY CHANT: It fits within the budget. It's an allocation to the districts, and we've worked with each of the districts. There are a number of components. The Northern Sydney Local Health District is the host for the Navigator Service and also supports a statewide pharmacy service, which prepares and dispenses the medication. This year we have provided additional funding for a satellite pharmacy service at John Hunter. What we've done is work with districts. We would aim for districts to be self-sufficient. But we have, in addition, funded the central recruitment of authorised providers in the event that—

The Hon. SUSAN CARTER: So each local health district would have a clearly ascertainable line figure for VAD?

KERRY CHANT: Yes.

The Hon. SUSAN CARTER: And a separate and clearly ascertainable line figure for palliative care?

KERRY CHANT: I can't comment on palliative care. That could be my colleague.

The Hon. SUSAN CARTER: Who could help me with that?

DEBORAH WILLCOX: I can assist, Ms Carter. Yes, they are separate budgets. There is a separate allocation in the service agreements with the local health district for obvious reasons.

Ms CATE FAEHRMANN: Dr Chant or Ms Pearce, this is about preparations for the drug summit. Maybe it is for you, Ms Pearce.

SUSAN PEARCE: I think it's Dr Chant. We're happy to continue together, but Kerry is across the detail.

Ms CATE FAEHRMANN: I was thinking I might be able to direct questions away from Dr Chant at some point, but possibly not.

SUSAN PEARCE: She's very busy.

Ms CATE FAEHRMANN: Yes, I'm very aware of that. She's doing very good work. Dr Chant, is there a steering committee established for the drug summit?

KERRY CHANT: We are establishing a steering committee. It will also involve the Secretaries Board. We are getting an inter-agency steering committee to support the drug summit from a whole-of-government perspective. Health is the lead and we're very ably supported by the TCO.

Ms CATE FAEHRMANN: When's that going to be established?

KERRY CHANT: We have set the terms of reference for that, and there is a paper going to the Secretaries Board to establish that group.

Ms CATE FAEHRMANN: Is there going to be NGO-sector involvement in that steering committee or is that just government?

KERRY CHANT: The purpose of this is largely to support government in the preparation of papers to support the drug summit. I would just like to acknowledge the team within NSW Health that has been engaging with a number of NGOs. I would see the agencies would be engaging with NGOs through our usual processes to formulate those views. But the purpose of this steering committee is around government processes to finalise reports for government and position papers.

Ms CATE FAEHRMANN: In term of setting the agendas, looking at who to invite, the various streams and, as you've just said, position papers, is what's being put forward all by this government agency committee?

KERRY CHANT: This was an election commitment and this is very much led from Minister Park in terms of formulating the design. I think there was a media release last week announcing the sites and locations and also the co-chair model. Those streams have been determined in consultation with, as I understand it, the co-chairs. The format for the meetings is being worked through.

Ms CATE FAEHRMANN: Remind me of the number of days in Sydney?

KERRY CHANT: It's two days in Sydney at the International Convention Centre and two regional sites.

Ms CATE FAEHRMANN: The International Convention Centre does indicate that a large number of people are expected to be invited. Is there an indication of how many?

KERRY CHANT: I think the Government is committed to broad stakeholder representation. That is probably all I could say at this stage. The regional visits are in Griffith and Lismore. Obviously they are likely to have a much smaller presence, but it's very important to engage regionally to understand their perspectives.

Ms CATE FAEHRMANN: How were those two regional places—Lismore and Griffith—determined?

KERRY CHANT: They were determined by Government as appropriate places to reflect rural and regional issues.

Ms CATE FAEHRMANN: Just to be clear, was there a process in terms of calling for communities, councils, members of Parliament or organisations to submit their interest in hosting a summit? Was there any formal process in that way?

KERRY CHANT: There was no formal process in relation to the selection of those, or I can't comment on, but there were—obviously a number of NGOs did advocate for various sites, but those two sites were selected, and they reflect geographically rural areas, Griffith and then Lismore.

Ms CATE FAEHRMANN: Because the drug summit is being held in December—as in the final two days in Sydney—is there an expectation of when key recommendations will come out of those two days in terms of a report and a time frame?

KERRY CHANT: I think those issues would be best directed to the Minister. I think there is on the record, though, the view that the chairs will do a report and summarise their findings, but the matter is for—

Ms CATE FAEHRMANN: Is there a timeline?

KERRY CHANT: I think this is really a matter—

Ms CATE FAEHRMANN: Dr Chant, it is in two months time. That's when those first regional hearings are held, mini summits or whatever they are. Two months will go extremely quickly, and then in another month there are a thousand people or however many going to the convention centre. Then there's Christmas, and then there's a big break, and then eventually we get back to Parliament in mid-February. The reason I'm asking is because I'm sure there is some kind of time frame established for this. The summit, the event itself, is fantastic,

but it's what happens after that that I think most people are concerned about. Is there a time frame? Has anything been set up in terms of a framework for what happens afterwards? Is there a report due at a particular time? Hopefully recommendations that come out of that report, which—the sector is very keen to see some recommendations. When can the sector and the community expect to see that? Is that being discussed? I think that's the question.

KERRY CHANT: I think they're matters for Government.

SUSAN PEARCE: I think, Ms Faehrmann, it really is a matter for Government, and we'll have to take it on notice. We can't speak for Government in regard to those dates and what you're asking. It's not a call that Health can make.

Ms CATE FAEHRMANN: Just to be clear, it's a question for Government? I'm not asking a political or policy question here, Ms Pearce, with respect.

SUSAN PEARCE: And we're not—

Ms CATE FAEHRMANN: I've just been told that that there's an inter-agency committee that is going to be established, and that committee hasn't even been established yet. There doesn't seem to be any time frame for any reporting and the time frame itself, you're saying, is a Government decision, even though we're now at the logistics, aren't we?

SUSAN PEARCE: In the normal course of things, when there are summits or there are inquiries, the Government would generally stipulate their reporting time frame for that. The Minister was here this morning.

Ms CATE FAEHRMANN: So it hasn't been established?

SUSAN PEARCE: If we could take it on notice, we would obviously be very happy—I'm sure Minister Park would be very happy to provide a response to that.

Ms CATE FAEHRMANN: That's absolutely fine, if it hasn't been established. That's good. Thank you. Dr Chant, back to the Early Drug Diversion Initiative data and the results from that, in what way—the history of this is, of course, from the ice inquiry; you're very well aware of it, of course. You then got together with the police commissioner, Karen Webb, to say that, to all intents and purposes, I think, to make sure that the health services were in place and that they would be able to—it was two years ago or something, or 18 months ago, you stood with the police commissioner and basically said, "We will assess whether the health services are sufficient and robust enough and resourced enough to facilitate a drug diversion initiative." That's correct?

KERRY CHANT: That's correct. As part of the Government recommendations—there were a number of recommendations that the former Government accepted, and there were some that they wanted further work to be done on. I stood up with Commissioner Webb, and then there was work across the agencies to design a program, and then both of us provided advice that we were satisfied. The components that, obviously, we were responsible for is ensuring that there were adequate services to support the diversion, and I think probably—I can't speak for Commissioner Webb, but there would have been operational issues around the timing and education and that needed for police. Both was like a readiness check from a Health and police perspective. That is my recollection.

Ms CATE FAEHRMANN: Has there been any follow-up with the commissioner? Is there any inter-agency working group around the EDDI that has been established?

KERRY CHANT: The EDDI is going to be evaluated, and there is an evaluation plan for it. Also, as I indicated this morning, there is inter-agency work. One of the examples was a suggestion that more formal information at the point of when the cautioning—the CIN was issued in a written form and standardising what information. I did describe to you that the Service NSW fine does have reference to this diversion and any reminder. If the person does not pay, there's also—highlighting this route, but we just want to make sure that the individual does absolutely know that they can access the diversion to forgo the fine. There is a lot of operational engagement with police, and we look forward to working with police on this program.

Ms CATE FAEHRMANN: You look forward to working with police on the program or the evaluation of the program?

KERRY CHANT: On the evaluation of the program. I understand it's going to be done by BOCSAR, but I'll just have to check who is doing the evaluation. It certainly will be evaluated. As I said, there is operational intersection. I was provided with that as an example of how we are trying to problem-solve if there's lack of information for participants. We are trying to make sure it's appropriate, and they understand the program. As the Minister said, it's a new program. It does take time.

Ms CATE FAEHRMANN: Remind me—when you're saying it is going to be evaluated, was it a temporary measure or a trial?

KERRY CHANT: No, but, as part of good practice, we want to understand what's working and what's not working. As the Minister outlined today, we're concerned if particular groups are not getting access—as you heard the Minister, data by Aboriginality. We want to make sure that geographically there's no variation in who is being offered the access to the program. Obviously, an evaluation is a really good way of looking at whether the policy intentions are being achieved. That's a cornerstone of how we want to—much of the ice special commission initiatives will be subject to evaluation, if not all of them.

Ms CATE FAEHRMANN: In relation to the First Nations comment that you made, the data obtained from my office suggests that there is an over-representation, which of course I'm sure you have access to, in terms of the First Nations community who are—I don't have the data in front of me, but in terms of the people who are basically diverted into the court—not diverted into the court; charged. When I visited Broken Hill about three months ago now, I spoke with the local area command superintendent there. They weren't aware of EDDI at all, which is not great. He said he would alert all of his officers to it and seemed genuinely pleased that there was something like that available, but he said it was the first time he'd heard of it. With the BOCSAR evaluation, when is that occurring?

KERRY CHANT: I just need to say that I know the program is being evaluated, I just need to check what is the mechanism for that. So I will double check that, just to be clear. But I would understand that we need a bit of a period for it to run before we would have sufficient data.

Ms CATE FAEHRMANN: Can I check, though, surely something is going to be prepared for the drug summit?

KERRY CHANT: There would be a range of information that would be presented and packaged for participants to the drug summit to make sure it was fully informed, and that work is underway.

Ms CATE FAEHRMANN: Back to my question about whether there is a working group or a steering committee going around EDDI, because it was a big announcement, very deliberately, between Health and police. There was Minister Catley, Minister Park, and I believe the Premier, all announcing this funding and making a very big deal of the implementation of this scheme, which was essentially going to ensure people, as much as possible, were diverted into the health system and avoided the criminal justice system for personal possession of drugs. But it doesn't seem to be working from the police perspective six months in. What's the agency that is monitoring it? Evaluation is one thing, but are you both monitoring it?

KERRY CHANT: Yes.

Ms CATE FAEHRMANN: Sorry, together or separately?

KERRY CHANT: Just to be clear, BOCSAR is doing the evaluation. I've just been provided that confirmation. I am aware that we are looking at some of the aspects and there would be officer level work with police. But I think what you are raising, Ms Faehrmann, is probably more appropriate to direct to the police Minister. I'm happy to pursue this after this meeting, just to check with my own officers at an officer level with police what additional awareness opportunities there are. I think you're right, we do want the scheme to be known by officers, and I'm happy to take that on but, similarly, I think it's more within the purview of the police Minister.

Ms CATE FAEHRMANN: I'm getting a bit of an impression that there might not be a formal group that is Health and police that is working on ensuring this scheme is a success. But you have committed to making inquiries with the police department?

KERRY CHANT: I'm aware there is a cross-agency implementation working group led by DCJ that is overseeing this work. But separate to that, I'm happy to take up the issue that you've raised. I'm sure that has come to the attention of us as we've looked at the data.

Ms CATE FAEHRMANN: Thank you, Dr Chant. I appreciate that. Earlier, I think you said you had—I'm sorry if you reported back when I wasn't here—NSW Health advice in relation to the Bowdens lead mine at Lue. Did you say you had some information there?

KERRY CHANT: I did. I can confirm that the local public health unit assessed—didn't provide any comment in relation to the mine. It was actually reviewed by the commission. It's probably important to note that what I mentioned before was looking at the exposure pathways and the actual environmental health assessment. The commission who was the commission of inquiry looking at the environmental health—

Ms CATE FAEHRMANN: The Independent Planning Commission?

KERRY CHANT: Yes. That's correct. It found the total exposure to all metals, except manganese, would remain below the levels at which adverse health effects could be expected to occur. I can provide the advice to you, but they looked at air, water and its contribution to heavy metal exposure. It was looked at independently. It was done by environmental consultants, enRiskS, and validated. I'm happy to provide a question on notice and fulsomely go through that process with you.

Ms CATE FAEHRMANN: Did you say it was the local health district?

KERRY CHANT: The local health district public health unit. In each of our local health districts there is a public health unit. They would have looked at the actual environmental health risk assessment.

Ms CATE FAEHRMANN: Can I just check on that? It's the public health unit of the local health districts that are responsible for doing assessments of State significant developments, major projects like heavy metals mining?

KERRY CHANT: We would not—obviously we are a network system, so we support our public health units. Many of our public health units have very sophisticated capabilities in this regard. But where there may be deficits, we can support the public health units. We also have an expert panel that we can call upon if there are questions around the modelling techniques used. That is a muti-disciplinary expert panel, so we do work in a networked way with our public health units to provide input and support for their engagement with issues of local concern around environmental matters.

Ms CATE FAEHRMANN: What has been NSW Health's involvement, if any, into the PFOS contamination results of the Belubula River that have also been in the media in the last couple of months?

KERRY CHANT: The Belubula River, the EPA responded to concerns from the community around that. There was testing underway. I can find the note on that. We understand that EPA have further tested the river water and there has been a decline in the levels in the river.

Ms CATE FAEHRMANN: The question I am asking, though, because of those extremely high levels that were found, does the EPA contact and communicate with NSW Health about those levels to get your views on it—in a formal way?

KERRY CHANT: That's right. From NSW Health's perspective, they will advise us and work in an inter-agency way, and we really want prompt notification from the EPA on any matters in relation to PFAS detection, because of the issues of community concern and being able to respond to those. What we have done in relation to that, is looked at where water could be taken off the groundwater distribution of the river and further downstream. We are working with those local water utilities to make sure that we've got testing, just again to provide that reassurance to the community. Just to be clear, this was in river water and not reticulated water supplies. We are looking at all the downstream water supplies, just to make sure that we understand PFAS exposure in those contexts.

The Hon. NATALIE WARD: Could I ask about GPs and the payroll tax? I'm not sure, Ms Pearce, who you might direct that to?

SUSAN PEARCE: Probably Mr D'Amato.

The Hon. NATALIE WARD: Can I just ask what the current unmet demand for GPs is in New South Wales?

ALFA D'AMATO: I don’t think I can answer that question. If you want some advice in regard to GPs and payroll tax, this is probably not the portfolio that controls that policy, from the financial point of view. In respect to GPs and GP numbers, it's probably not me as a CFO to provide that information.

SUSAN PEARCE: I think we would have to take that on notice.

The Hon. NATALIE WARD: The current unmet demand for GPs?

SUSAN PEARCE: We don't control the GP services. I don't know how we would assess unmet demand of GPs.

The Hon. NATALIE WARD: How many full-time doctors that might be equivalent to—I might help you. The last report by the Department of Health and Aged Care has a shortfall in New South Wales of 460 FTE positions.

SUSAN PEARCE: That is a Commonwealth department, not the State department.

The Hon. NATALIE WARD: Certainly, but you don't have a handle on that? You don't have input into that?

SUSAN PEARCE: The Commonwealth department would have a view because the Commonwealth is responsible for primary health care.

The Hon. NATALIE WARD: Sure, but we don't have any oversight or input or any care or concerns about that in New South Wales?

SUSAN PEARCE: We make assessments, I suppose, at a geographical level, and it's probably a little bit more in reverse for us. What we're assessing is the impact on our services, for example, the number of emergency department attendances that we might consider. I can't throw a blanket across this, Ms Ward, and say that this is a uniform picture because it's not. We would make assessments if we're seeing GP-type patients presenting to our emergency departments. There is a lot of work going on in the State in terms of our in-reach into primary care with urgent care services and the like—really quite significant work that the State is funding. I think it was $134 million to fund those types of services that would otherwise be provided by general practitioners. It has been felt across the country. There are significant issues with the provision of primary care and the number of GPs and the number of doctors who wish to enter their career as a GP. I know that there is a lot of work around that because obviously that's in everybody's best interests.

The Hon. NATALIE WARD: I might just get to some others then. If it's not within your purview, are you able to take it on notice or let us know if it's something that you have some oversight or some input or some data on?

SUSAN PEARCE: Sure.

The Hon. NATALIE WARD: Do you have any data about the number of medical practices, understanding that Medicare is a Federal thing, that are currently bulk-billing versus not and how a rebate might lead to a change or an increase in the number of bulk-billing practices, looking at the issue around GP shortage here?

SUSAN PEARCE: Again, I think that we would have to take that on notice. The questions you're asking very much sit with the Commonwealth.

The Hon. NATALIE WARD: I understand that, but is there any measure that the State Government has to identify if, or how many, medical centres have reduced fees?

SUSAN PEARCE: Not that I'm aware of.

The Hon. NATALIE WARD: Are you able to take that on notice and see if there is anything you do have?

The Hon. SUSAN CARTER: Could I jump in?

The Hon. NATALIE WARD: Certainly.

The Hon. SUSAN CARTER: Is one of those indicators the uptake at the urgent care clinics that you're opening?

SUSAN PEARCE: In part. I'm not trying to evade the question here. It's not a perfect science. There is always latent demand sitting in our system, and so when you commence a new service you get some uptake of that. We do know from previous examples—which is why we've gone down the road we have with a sort of single front door that we've created to enable people to access primary care services via that. We know in previous times when urgent care centres have been attended, they don't always attract the types of patients that would otherwise go to a GP and/or an emergency department. It's not a perfect science.

But we do know that out of our triage categories one to five, triage category four is by far the biggest number. About a million patients a year present in triage category four. Our emergency department physicians would argue that not all of those patients by any stretch should have gone to a GP. There are many of those people who get admitted to hospital. It's difficult for us. To be fair, Minister Park has advocated very strongly around the provision of primary care and also other issues associated with the Commonwealth around aged care, the NDIS and so on that the State is now stepping into.

The Hon. NATALIE WARD: I might turn to elective surgery and the elective surgery waitlists, Ms Pearce. In 2022 the former Coalition Government, I'm sure you know, announced $408 million over two years to enable additional elective surgeries. Did the Government now invest any additional money on top of that in last year's budget or in this year's budget to address that issue? Can you tell us what that additional investment was?

SUSAN PEARCE: The $408 million that you refer to, which we were very grateful to have received, substantially was used to drive down some of the overdue patients that had arisen as a consequence of the pandemic. I think at one point in time because of the enforced slowdowns of non-urgent elective surgery, we had

something in the order of 19,000 elective surgery patients who were overdue, and so there was that investment. The current Government focus on this, particularly with our task force that was established made up of a large number of expert clinicians as well as people from the ministry—

The Hon. NATALIE WARD: Sure, but if I could just bring you back to the funding, which is what I am concerned about. Has there been additional funding in this year or last year?

SUSAN PEARCE: I guess I'm trying to make the point that the additional funding was specifically provided to deal with the consequence of the pandemic. The State spends around—

The Hon. NATALIE WARD: Yes, I understand that. Can I just get to this budget and the last two budgets?

SUSAN PEARCE: The consequence that we were dealing with, with the $408 million, has been dealt with so the State—

The Hon. NATALIE WARD: So is the answer no? Is there additional funding or not?

SUSAN PEARCE: The State spends around $2 billion a year on elective surgery year in, year out. The $408 million that was provided was on top of that to deal with around 19,000 overdue patients, which we've successfully reduced.

The Hon. NATALIE WARD: I understand that, but has there been any additional funding in the last two budgets?

SUSAN PEARCE: The additional funding was required for the pandemic consequence.

The Hon. NATALIE WARD: To be fair to you, am I to understand your evidence to be that there has been no additional funding?

SUSAN PEARCE: We've returned to sort of a business as usual budget arrangement.

The Hon. NATALIE WARD: So there has not been additional funding in those two budgets to specifically address elective surgeries. Is that fair?

SUSAN PEARCE: I think there was some additional after the $400 million. Alfa, I just can't quite remember.

ALFA D'AMATO: It was the cash for all the 400 that was also allocated in the last financial year. The final quantum of the 400 allocated from the previous budget was allocated into last financial year, being 2023-24, and at that point, as the secretary has mentioned, we have reduced the overdues and therefore we are on top of the—

The Hon. NATALIE WARD: I understand all of that. It's a really simple question. Has there been other than the 408 additional? I'm just going to, to be fair to you, put it to you that it seems like it's no.

ALFA D'AMATO: In this financial year there was an allocation in regard to additional activity for population and ageing as part of the measures.

The Hon. NATALIE WARD: Elective surgery?

ALFA D'AMATO: That includes activity overall.

The Hon. NATALIE WARD: Can you tell us, Ms Pearce, why then there was a sharp increase in people on the waitlist in the December 2023 quarter, which contrasted obviously with months of improvement of that list?

SUSAN PEARCE: Again, the consequence of slowing down non-urgent elective surgery during the pandemic meant that people who were scheduled for surgery increased, and some of those people who were scheduled for surgery were overdue also. I'm sure one of my colleagues may be able to assist with the number on the planned waitlist now. This is an issue that always comes up about the elective surgery list. All of those people on the list are planned to have their surgery and it should not be interpreted that they are overdue for that surgery. A number gets reported, but those people are scheduled for their surgery. We put thousands of people on a day; we take thousands of people off. The number has reduced for those planned to have their surgery, and the number of people overdue has reduced.

The Hon. NATALIE WARD: So it has reduced in what context in relation to the—there was obviously the increase in the December quarter. It had improved and gone down. It increased in December, so it has improved in relation to what?

JOANNE EDWARDS: At the end of June 2024, the numbers came down to 1,859 as overdue.

SUSAN PEARCE: And the number of people on the surgical waitlist, Jo, do you have that?

The Hon. NATALIE WARD: I just want to be clear about this funding then. Just to be absolutely clear, did that Coalition funding to clear the backlog from COVID for elective surgery finish in December?

ALFA D'AMATO: It has finished, yes.

The Hon. NATALIE WARD: The numbers of surgeries being outsourced to private hospitals, that stopped in December also. Is that correct?

ALFA D'AMATO: That was the original plan, yes, as part of the funding envelope that was available then. That's specific for the catch-up.

The Hon. NATALIE WARD: So there was catch-up, the money ran out in December and that was the end and there's no more.

ALFA D'AMATO: Yes.

JOANNE EDWARDS: There was still some surgery done in private facilities.

The Hon. NATALIE WARD: I'm interested then why it seems that there has been credit taken for the surgery waitlist when it doesn't seem to be the accurate representation. It seems to me that the Minister is taking credit for reducing elective surgery waitlists, but the fact is the COVID backlog was funded by that funding, that money has run out in December and there is no prospect of that being reinstated.

SUSAN PEARCE: There was a long way to go from December. I'm not going to speak for what the Minister is taking credit for or otherwise. I think the data stands on its own feet. From the start of financial year 1 July 2023 until the end of the financial year June this year, the number of people overdue for their surgery—I think we started the year, or the Government might have started its term, we had 14,000 overdue patients. By the end of this financial year just gone—so they'd obviously been in government by that stage for more than 12 months—we had reduced that number down to pre-COVID levels.

The Hon. NATALIE WARD: I might come to Milton Ulladulla Hospital. Who might answer?

SUSAN PEARCE: What was the specific question?

The Hon. NATALIE WARD: There was commitment from the Government for $7.5 million to provide a new CT scanner, an upgrade of the Community Cancer Services Centre. Has the CT scanner been installed?

SUSAN PEARCE: I don't know. Emma?

EMMA SKULANDER: The work is in progress. It is a project that Health Infrastructure is providing support to the district in delivering. We're currently planning that project.

The Hon. NATALIE WARD: Is that in relation to the Community Cancer Services Centre?

EMMA SKULANDER: The CT scanner, I'm referring to.

The Hon. NATALIE WARD: So how is the work in progress for a CT scanner? Either it's installed or it's not, isn't it? Is there other work that needs to be done?

EMMA SKULANDER: In relation to the installation of a CT scanner, ordinarily there are capital works associated with that because there are requirements, for example, for the weight of the scanner et cetera and there's often modifications to be undertaken.

The Hon. NATALIE WARD: How far away is it for that hospital getting the CT scanner that was promised 18 months ago?

EMMA SKULANDER: I do not think I've got that information here, but I'll check. Otherwise I will take it on notice.

The Hon. NATALIE WARD: Has the upgrade of the Community Cancer Services Centre been complete?

DEBORAH WILLCOX: I'm aware that there was some funding allocated for some upgrades, but I don't know the status of those and we can take it on notice.

The Hon. NATALIE WARD: Can you take that on notice whether that's been completed or what stage it's up to?

DEBORAH WILLCOX: Most definitely.

SUSAN PEARCE: But certainly funding has been committed.

The Hon. NATALIE WARD: When are birthing services returning to Milton Ulladulla? Where is that project up to?

DEBORAH WILLCOX: That's a subject of the clinical services plan, which is work that will be under way. My understanding is that there will be consultation starting this month, as in September, with community consultation to have input into what will be the health service plan, which would include discussion around maternity services. That process will run before—

The Hon. NATALIE WARD: There's a plan and discussion; is there funding in place?

DEBORAH WILLCOX: I'm not aware of the funding status. What we would normally do is work through the clinical services plan and work with the local health district in terms of what their budget is and their priority setting for that. If there was something, maternity or otherwise, they could come forward as part of the normal budget enhancement process and seek further activity to provide it.

The Hon. NATALIE WARD: Just to be clear, though, as sat today you're not aware of funding allocated for return of birthing services at Milton Ulladulla Hospital?

SUSAN PEARCE: There are community consultations commencing this month for Milton, and the clinical services plan that Ms Willox has referred to will be part of that consultation process.

The Hon. NATALIE WARD: That's consultation, that's discussion, that's a plan, but is there funding in place for birthing services at Milton Ulladulla Hospital as at today?

SUSAN PEARCE: Until we determine what the nature of the birthing services are—you can't do one without the other. Once we resolve the issue of what form the birthing services take there, then the funding obviously would need to be contemplated in that regard.

The Hon. NATALIE WARD: I have couple of regional questions.

The Hon. SUSAN CARTER: Can I jump in with one question first? Ms Pearce, I wanted to go back to the payroll tax and the incentives for bulk-billing. I'm trying to work out what's the mechanism by which you're going to track the clinical bulk-billing so that they can attract the payroll tax rebates?

ALFA D'AMATO: If I may, we don't control the policy, therefore we're not able to track the GP practices that actually meet the threshold. That is done by Treasury and Revenue NSW. We have no visibility of the payroll taxes.

The Hon. SUSAN CARTER: So Treasury will do that and it's their mechanism for tracking.

ALFA D'AMATO: That's correct.

The Hon. NATALIE WARD: We'll return to the regional vacancies. How many vacancies in the regions have been filled by agency nurses—sorry. Overall, how many vacancies have been filled by agency nurses?

SUSAN PEARCE: I might get Mr Minns to comment. In the regions—

The Hon. NATALIE WARD: No, sorry. Across New South Wales and then, of those, how many are in regional New South Wales.

PHIL MINNS: I would have to take it on notice.

The Hon. NATALIE WARD: Is anyone able to—

PHIL MINNS: I can take it on notice.

The Hon. NATALIE WARD: —get a number on how many vacancies have been filled by agency nurses?

PHIL MINNS: Not quickly, no. But we'll be able to get some kind of answer for you.

The Hon. SUSAN CARTER: If you're taking that on notice, are you also able to provide a breakdown of whether filling positions by agency nurses has a higher cost than filling them by regular employment?

PHIL MINNS: We should be able to use the budget system to answer that.

SUSAN PEARCE: You might want to make a comment about the retention rates.

The Hon. NATALIE WARD: We'll get to that. I've got a few question to get through.

PHIL MINNS: We talk about premium labour, so in its title we recognise that it's more expensive than normal labour.

The Hon. NATALIE WARD: In the 2023-24 financial year, Mr Minns, how much did NSW Health spend on agency nursing contracts across New South Wales?

PHIL MINNS: The Chief Financial Officer is advising me $115 million.

The Hon. NATALIE WARD: What's the breakdown of that spend across each of the health districts?

PHIL MINNS: I'd have to get that on notice.

The Hon. NATALIE WARD: You will take that on notice?

PHIL MINNS: I think we will have that. Yes.

The Hon. NATALIE WARD: Just to be clear, you are coming back to the Committee with those numbers?

SUSAN PEARCE: We will take it on notice.

The Hon. NATALIE WARD: In the 2022-23 financial year, how much did NSW Health spend on agency nursing contracts across New South Wales?

PHIL MINNS: That year it was $152 million.

The Hon. NATALIE WARD: What's the breakdown of that spend across each health district?

PHIL MINNS: We should be able to get it.

The Hon. NATALIE WARD: You will take that on notice?

SUSAN PEARCE: We will. Can I just add some context, though?

The Hon. NATALIE WARD: Certainly, bearing in mind I have one minute left.

SUSAN PEARCE: Sorry, but we have to acknowledge the impact of the pandemic with these numbers. You're comparing apples and oranges.

The Hon. NATALIE WARD: That's okay. You can put that in your answer. You're most welcome to put what you like in there, but we're just after the information if that's all right with you.

PHIL MINNS: We've also done some work to restructure the contracts for nursing agency labour, so we'll put that in our response as well.

The Hon. NATALIE WARD: Thank you, Mr Minns. Can you advise how many patients in the Murrumbidgee Local Health District and the Western NSW Local Health District travel for renal dialysis and how many are assisted at home? Have you got those numbers?

LUKE SLOANE: We'd have to take that on notice because it actually changes. Some people will be travelling to do it. Other people, when spots become available, will be put into those spots so they don't have to travel as far. I'll probably mention that anyone who does travel, we support them through IPTAAS.

The Hon. NATALIE WARD: If you can provide those three options or however many you have, that would be helpful. Of those that travel in both health districts, how many are assisted with IPTAAS?

LUKE SLOANE: We would only be able to give you how much IPTAAS we provide to patients as a whole for an IPTAAS item. I'm not sure whether we can provide the actual breakdown for their treatment, because it's one of those things that we might not be able to pull out specifically because we're just providing it for the actual accommodation and/or travel reason.

The Hon. NATALIE WARD: Can you provide a list of ambulance stations, Mr Morgan, that are understaffed in each electorate or however you divide them, by postcode or by each area, in regional New South Wales?

DOMINIC MORGAN: I can actually tell you we're over. Across the entire State, we actually have 55 additional paramedics employed for the number of positions that we have.

The Hon. NATALIE WARD: So in every electorate you're overstaffed?

SUSAN PEARCE: We don't count numbers by electorate.

The Hon. NATALIE WARD: How do you count them?

DOMINIC MORGAN: By sectors, which is eight divisible areas: four within the metropolitan area and four within regional.

The Hon. NATALIE WARD: And they're all overstaffed?

DOMINIC MORGAN: Actually, there's minus one in one area of regional New South Wales.

The Hon. NATALIE WARD: Could you provide that breakdown by those areas as you define them and what the numbers are?

DOMINIC MORGAN: Sure.

The Hon. NATALIE WARD: If that's a good story, that's great.

The CHAIR: My first question is for Dr Chant. I was quite alarmed by the mpox alert that was issued for GPs yesterday, which said there'd been 236 cases confirmed in New South Wales, including 13 hospitalisations. Compared to national notifiable surveillance from last year of 12 cases, that's obviously a huge increase. Can you please advise what's being done in response?

KERRY CHANT: As you indicated, the mpox of the particular clade IIb caused a worldwide situation outbreak in 2022. We had much lower levels last year but this year we've seen 220—you've got the more up-to-date from the clinical alert because mine was 6 September. What we've established is an outbreak management team. That's meeting three times a week. We've got public health, sexual health laboratory and communications expertise. We really need to work with our partners and that part of it is the GP alert. We've got a webinar with the RACGP on 30 September. One of the key issues is that the symptoms can be actually quite easy to not pick up as mpox. So it really is important to raise the awareness amongst our primary care, as well as we've done some work with our own ED staff and others to make sure that, regardless of the presentation or the presentation site, we recognise and diagnose mpox as early as possible.

Also, we are obviously increasing our vaccination efforts. We've made a lot of extra slots at really user-friendly times available at our sexual health clinics. We've also got planned outreach to our sex on premises venues planned and we've also got some pop-up vaccination clinics in particular sites, such as Green Square. I just want to acknowledge that we're working really closely with our community partner, ACON. ACON has really upped its community engagement with printed materials. They've been shared with sex on premises venues to promote awareness. We've also translated our mpox fact sheets on the NSW Health website and also continued social media posts across NSW Health platforms. We are leveraging off our partnership. It really does require a whole-of-sector response.

Vaccines don't absolutely stop you getting mpox, but they reduce the risk of you acquiring it and also perhaps make you less infectious. But what's most important is you're not getting severe disease. You're very unlikely to be admitted to hospital if you've had those two doses of the vaccine. We are aware that a number of people had the one dose, so we are urging people that haven't had the two doses to get vaccinated.

The CHAIR: I'm glad that so much is being done. In terms of the geographic spread of that current outbreak, is that mostly in Sydney or are we starting to see cases in regional New South Wales as well?

KERRY CHANT: We have seen cases regionally. The sexual transmission is particularly in our gay and bisexual men, but we are recognising the network. So we don't want to stigmatise this group. It's important that we support health-seeking behaviour. We have seen some regionally. It is around awareness more broadly of mpox.

The CHAIR: I'm going to come back to Albury hospital. I know, Mr McTaggart, you've been sitting there very patiently all day and you haven't had a question yet. These might be for you or Health Infrastructure. Mr McTaggart, I know you were part of the project control group for the Albury hospital redevelopment in your previous role. I asked the Minister about the decrease in the point-of-care projections this morning. I am genuinely seeking to understand things like the ICU figures. I'm going to jog your memory, because I've got it in front of me and you probably don't. At the moment it is eight beds of ICU and four beds of CCU, so 12 beds. The 2021 clinical services plan projected a need for 20 by 2030. Then the 2022 clinical services plan review projected a need of 14 beds by 2032, but what eventually got approved was 12 beds, which is the same as now. The Minister gave this very confusing answer this morning about hospital in the home and virtual care, which can't possibly replace intensive care beds. You were a part of that process. How did these point-of-care projections get whittled down?

VINCE McTAGGART: As I said at the last budget estimates, some of those calculations that were prepared by Albury Wodonga at the time were never ratified by either the Victorian or New South Wales State

governments. I think it's the '23 CSP where the figure of 12 ICU beds was agreed to by both State governments and Albury Wodonga Health. During the lunch break we made a call to the CE of Albury Wodonga Health. Currently, five ICU beds are being utilised by Albury Wodonga Health, with the others being CCU and HDU. So the 12 beds that have been agreed to—not only by New South Wales but Victoria and Albury Wodonga Health plus the board of Albury Wodonga Health—will be a full fit-out of ICU beds when they are built.

The CHAIR: Does that 12 then include HDU and CCU beds or are those additional to the 12 ICU?

VINCE McTAGGART: They'll be additional within the clinical services building of the additional more than 80 beds in that building.

The CHAIR: As I'm sure you're well aware, we passed two orders for papers through the Legislative Council on this subject—

VINCE McTAGGART: Yes.

The CHAIR: —which uncovered, amongst other things, a brief written by yourself to the former Treasurer. In that brief you wrote that a risk associated with a new hospital on a new site would be that New South Wales might not have operational control of the hospital once it was built. Did you similarly advise Government that, with a brownfield upgrade as currently planned, New South Wales still won't have operational control of that hospital?

The Hon. GREG DONNELLY: Point of order: In terms of the documents that that quote has come from, I'm wondering whether it is appropriate that there is some context around that. That's a quote from it and I understand that. But I think, in fairness to the witness—and it's obviously a time ago—it would, in my submission, be proper to enable himself to understand the full context around which that statement was made. Perhaps take it on notice if he needs to do so. I'm not trying to block the question. But it was a time ago.

The CHAIR: I appreciate your comment. If Mr McTaggart is happy to answer it, I'd like the answer. He is, of course, welcome to take it on notice and I'd be happy to provide that specific document as well.

VINCE McTAGGART: I'll take it on notice, Dr Cohn.

The CHAIR: I have some questions about the helipad. This might be for Health Infrastructure now. The most recent version of this—what are you calling it?—concept design plan that just came out last month removes the helipad at Albury hospital. We had a helipad when I was a medical student in Albury. We had a helipad for years and that was removed during the peak of the COVID pandemic when there was a temporary basically a tent set up outside the emergency department for triage. It was an emergency and of course that had to be done. Since then, it got subsumed into the construction site and then the new ED. So that space is gone. Are you aware that the helipad was removed but also that Air Ambulance Victoria, who do retrieval from Albury to Melbourne, have opposed the removal of the helipad?

EMMA SKULANDER: I am aware that the helipad is not in the scope of the redevelopment now. And the concept images that you've referenced—it's correct that the helipad is not in the current project scope. However, we are futureproofing to enable a helipad at the site in future if required.

The CHAIR: To clarify, that futureproofing, is that a helipad that's part of the car park?

EMMA SKULANDER: I would have to take that on notice.

The CHAIR: In taking it on notice, I'll read to you. This is also from the documents. I'm reading from an email from Air Ambulance Victoria. The direct quote is, "I think the days of any aircraft landing in the hospital car park are over and we need to be building purpose-built pads well away from ground level to futureproof them." My concern is that the previous draft of this redevelopment had a helipad on the top of the new clinical services building. My understanding is it's now proposed to be in the car park again. But I appreciate that you've taken that on notice.

EMMA SKULANDER: Just to comment in terms of the advice that we take, we do have engineers specifically that provide advice on the design of helipads that would feed into this and we would be ensuring that we were receiving that advice through this process.

The CHAIR: Can you explain the rationale with the cath lab? This is another one that I asked the Minister about this morning. And now that we're perhaps not as heated—we've currently got a cath lab plus a shell. What's the rationale in removing that capacity for expansion and going back to only one cath lab?

EMMA SKULANDER: I think the comparison of old to new is quite challenging here, because often just comparing number for number doesn't represent the new models of care that you're able to implement when you enable a new facility. Overall, in this project we're doubling the square metres in the hospital. In relation to

the cath lab specifically, we are replacing the one with one in a new facility. That will be a new, I guess, contemporary cath lab. Our understanding, based on discussions with the local health district chief executive, is that that cath lab currently operates two days a week and, therefore, the futureproofing for that cath lab, we have deemed—in the scheme of the priorities of the project—not to be required. However, when I mention the new models of care, the cath lab will be accompanied by also two procedure rooms and also one of the theatres will be an interventional theatre that will be able to support procedures. The suite of facilities will support new models of care in relation to that.

The CHAIR: When you say it is only being used two days a week at the moment, because of the capacity issues at Albury at the moment, a significant number of patients requiring interventional cardiology are taken to Melbourne. You can have a heart attack on the main street of Albury and be taken to Wagga Wagga, not to Albury, because of our capacity issues. Have you taken that into account when you are looking at figures like it only being used two day a week? If we had enough wards in our hospital, I imagine that it would be being far more utilised.

EMMA SKULANDER: I will take that on notice, because it is a specific service planning question, but I will say that those facilities that I have just referenced in relation to complimentary to that single cath lab should be delivering a model of care that improves that in line with the clinical services planning.

The CHAIR: Similarly, in terms of the underutilisation of the cath lab, I have a similar question with the helipad. I appreciate you will take it on notice as well. In the correspondence in the documents there is a statistic quoted about the number of retrieval transfers out of Albury being done by fixed wing. Obviously that is because we had a tent sent up across the helipad in the car park during COVID. I would really appreciate a clear understanding of whether that was explicitly taken into account or whether the assumption is they haven't been using the helipad, therefore they don't need the helipad.

EMMA SKULANDER: I will link that back to the previous question on notice but just to note that we have had consultation with New South Wales air ambulance in relation to the advice on the fixed-wing aircraft transfers.

The CHAIR: To clarify, with Victoria as well? I know that sometimes there is retrieval from New South Wales but the majority of our retrievals would be going to Melbourne?

EMMA SKULANDER: I will confirm that as part of that question.

The CHAIR: I want to come back to the subject of medication shortages, Ms Pearce. We had a good discussion with the Minister this morning, particularly around the IV fluid shortage and also PrEP shortages, but obviously there are 400 medications in critical shortage at the moment. Is there anything else happening on any of those other medications?

KERRY CHANT: Our Clinical Excellence Commission has a process of monitoring medication shortages and it has also been pleasing to see that the TGA has taken a much more active role. I think this has obviously been highlighted through the COVID pandemic, the supply chain issues, and largely we are a small market relative to other countries. More globally, I know that there have been discussions around having more on site manufacturing capabilities, particularly for medicines that are in international shortage or are off patent, to give us a bit more self-sufficiency. But we do have a process whereby the Clinical Excellence Commission—and there is a protocol that underpins this—assesses the risk to the system. In general, we are more focused on our system, as in the healthcare system. Occasionally there will be medications—when there are medication shortages in the community pharmacy setting—where, for particular reasons, we might want to act. For instance, that was the case in relation to PrEP because of its preventive components.

The things that happen are that we usually look at how we can get section 19A exemptions or advocate for the TGA to fast-track their approval processes for other medications. One of the advantages of having HealthShare is that we are a very large procurer and so we can actually come in quite quickly and try and look at alternative products or alternative formulations. We then bring clinical groups together to look at advice for the system about how we might move. Sometimes those things actually bring safety risks that we actually then have to do additional training, say, for products that might be able to be administered in one way but can't be administered another way. It is complex and this is an emerging issue that has probably been exacerbated during COVID. I don't think there are any signs of it getting better. I think it is probably something we have got to work with our other colleagues in other States and Territories, and the TGA and nationally around this issue.

The CHAIR: I had another question for Dr Morgan, if I can find my bit of paper.

DOMINIC MORGAN: I can actually give those figures now.

The CHAIR: We might do it once my time has stopped. I understand that there are psychologists employed by NSW Ambulance that are available to paramedics that they are encouraged to use.

DOMINIC MORGAN: Yes.

The CHAIR: Which is excellent, for the record. I have heard that some paramedics have had challenges with those psychologists not being able to provide records or reports to other external psychologists or health services if they end up seeing another provider. Can you confirm if that is the case?

DOMINIC MORGAN: They don't do therapy per se. Our staff psychologists don't have ongoing therapeutic relationships. They will do an assessment and make referrals, so I am not quite sure what records they would be referring to.

The CHAIR: I imagine in that scenario, results of an assessment or a record of that assessment.

DOMINIC MORGAN: We wouldn't do an assessment per se. There are 12 of them for a staff of nearly 8,000. Their role fundamentally is to determine "Is this someone who needs ongoing psychological therapy?", as distinct from someone who has experienced a traumatic event and can be linked up with peer support or chaplaincy, that sort of thing. There wouldn't be a record, per se, of an assessment.

The CHAIR: Is the challenge that I am hearing about with records being transferred is that that record doesn't exist in the first place?

DOMINIC MORGAN: I would say not a clinical record, not a therapeutic record. I am absolutely sure that they would say, "I have met Tim to discuss this difficult case." But there is not a clinical record in that sense. Maybe the safer way for me to do it is I will check with the chief psychologist as to whether there is any sort of clinical record. It might be to do with workers compensation, but I would be speculating, so I will check.

The CHAIR: Thank you for your thoroughness. I have also had it raised with me the incident management system, and of course paramedics are encouraged to raise complaints or concerns through that system, which is good. The issue that I have heard is that there is never any time in the shift to do it, similarly to the missed breaks issue, but that it is not a given that they will have overtime approved if they want to do that activity at the end of their shift. Can you provide some clarification around that? Should paramedics be getting paid overtime if they are completing incident management reports?

DOMINIC MORGAN: Paramedics are always paid overtime to complete their duties—and recording incidents are absolutely part of their duties—in a timely manner.

The CHAIR: Ms Pearce, I asked the Minister this morning about the sustainability initiatives. We were talking about the excellent work that Hunter New England is doing. I understand that in other areas of NSW Health there are various bits of good sustainability work happening, but it is quite siloed. Have you ever given consideration to having a chief sustainability officer, similar to a chief procurement officer—someone who ties all those bits of work together?

SUSAN PEARCE: I will get the correct title for you, but we do have that position. I wouldn't say the work is siloed, actually. I think the work is exceptionally widespread. Mr D'Amato commented this morning—I think you used the great example of the LED lights. That was something that Alfa drove through the system right across the State and encouraged all of the districts to take up that initiative. We have targets as well toward net zero. As I think the Minister made the comment this morning, we are—sadly—a heavy contributor to carbon emissions. We have got lots of work going on across the State. It is certainly not confined to Hunter New England. I can confirm that.

I would be very happy to provide you with more information on this because it is something that, as a system—what we are trying to do here is twofold. One is, obviously, reduce our impact on the environment. It is more than twofold; there are many aspects to this. We had a presentation from the chief environmental officer from the NHS, who in fact is an Australian doctor who is working over there. The positive impacts of the work we are doing is that it gives staff a sense of purpose and hope for the future, and their contribution to what they can do. It also helps to improve patient care. And, at times, it also saves money. So that's not the main driver of the work that we're doing. It is an outcome, at times, of the work we're doing. But there is a lot of endeavour, and we do have the wonderful Dr Kate Charlesworth, who's leading up our Net Zero Unit within the Ministry of Health right now.

The CHAIR: Can you clarify if chief sustainability officer is not the correct title, what is the correct title?

SUSAN PEARCE: I'll get her title for you. But, certainly, there is a team there, and it's headed up by Dr Kate Charlesworth.

JOANNE EDWARDS: My understanding is that her title is Senior Advisor of the Climate Risk and Net Zero Unit at the Ministry of Health.

The Hon. SUSAN CARTER: This question's probably to Dr Morgan and also to Ms Pearce. The Government responded last week to the inquiry into mental health and supported recommendation 33, which, essentially, deals with Health-led responses to mental health emergencies, along the lines of PACER. Has the work to develop the appropriate response begun? Is there a timeline to that? Who's involved in that work? While that work is continuing, is there funding to continue PACER? I understand there are only 16 PACER clinicians. Is there an opportunity to expand this while we're waiting for this new model to be developed?

SUSAN PEARCE: I will get Ms Hawkins to respond to that.

DEBORAH WILLCOX: Thank you for the question, Ms Carter. We've been working with New South Wales police. The secretary and Commissioner Webb have agreed that we would—some senior team have been nominated and are working with Assistant Commissioner David Hudson, with Dr Murray Wright and Brendan Flynn from the Mental Health Branch. Quite rightly, the police have raised concerns about the number of call-outs to incidents where individuals are demonstrating behavioural disturbance. But, as you would understand, from a Health perspective, we would want to make sure that we wouldn't be sending mental health staff into undifferentiated high-risk environments: what's the coming-together and what's the compromise in some of the things we might consider?

We've started some work already with police to try to mitigate the number of transports that they're involved in and time spent in emergency departments to hand over a consumer or an individual with a disturbance. That work is underway. We have a statewide group of our mental health directors, and we've been talking with them about what might be some other things we can do reasonably quickly to support our colleagues in the Police Force while we do a longer piece of work around what might be a new model or what might be a combination of models, which could include PACER as a complement to what else we might do; and which might mean mental health clinicians in a call centre, for instance, where calls are taken. Already we've got some models where there can be, in south-western Sydney, for instance, a call back to a mental health clinician to get advice.

The Hon. SUSAN CARTER: Is there a timeline and PACER funding pro tem?

DEBORAH WILLCOX: There's a timeline to our work, this new work with the police, and that would be to get a paper to Government, through the secretary and the commissioner, by the end of the year, for Government to consider. Any discussion, then, around what might be the resourcing required would be factored in, once that policy position was taken. And, yes, you're quite right: The PACER model is very popular and tracking well. We are going to put that into the mix to see what would be the right combination. We want a fair bit of consistency across the State. Obviously, people are calling 000. You wouldn't want a lot of models running. So that's the work we are doing with Commissioner Morgan, as well.

SUSAN PEARCE: The PACER model is recurrently funded.

The CHAIR: I'll use my last couple of minutes to ask a question of Mr Sloane, which is about relocation of health workers into rural and regional areas. There's a lot of discussion around financial incentives, but I'm interested in the non-financial incentives. For example, there's a really excellent program I've come across, which is the Attract Connect Stay program in Glen Innes, which does things like finding good schools for kids, jobs for spouses, suitable accommodation, pet agistment, whatever else people need, and I know there are some local health districts who have a concierge service that's providing something similar. What's the status of that kind of work across the State?

LUKE SLOANE: We have a whole range across all the nine regional local health districts, and that's in addition to the previous Department of Regional NSW's The Welcome Experience. Some of our districts are very much participants in how that was set up with regards to all those things you said: the social community, warm hug of arriving employees, to be able to attract them. Out the front end of it, we've got a pretty significant communication plan that really puts it out to all clinicians or people that are interacting with NSW Health, about the good atmosphere of coming to live and work in regional, rural and remote settings, and that includes people who have made that choice, as well. In addition to that, we've got accommodation that we're rolling out across the State. Many of the districts have accommodation allowances for people who are relocating, in order for them to get set up, and that's enveloped in part of our Key Worker Accommodation Program that we're continuing to roll out, based on previous funding and new funding that's been allocated as well. As I said, all of the districts have some version of the concierge service or a welcome to town or welcome to city service. That may not be done as a whole district. It might be done as one community, depending on what the resources are placed in those communities.

The CHAIR: Is there a role of local government in any of that work?

LUKE SLOANE: Absolutely, and it's varied, I would have to say again, coming back to the whole place-based sort of thing. Some of the local governments are extremely involved in attracting, providing other

bonuses through accommodation or actually building houses themselves and really investing. I could name a few, but I don't want to throw shade on any of the other local governments. But there's quite a few that are actually—

The CHAIR: That's all right. Can I let you take it on notice? And then you can not get yourself in trouble.

LUKE SLOANE: I'm not going to reach out to every local government and say, "Do you have a program in place?" I could only quote the ones that I would actually know now, that do have it, because we work with the local health districts to ensure those programs are in place, from a NSW Health point of view.

The CHAIR: Absolutely. I can reframe my question on notice. Which local government areas are working directly with NSW Health on those kinds of relocation programs?

LUKE SLOANE: Yes. I'm happy to take that on notice.

SUSAN PEARCE: Dr Cohn, can I just round out the sustainability thing? One of my colleagues has just pointed out the obvious thing to me. Dr Kate Charlesworth, whom I mentioned, actually reports—our deputy secretary is the Deputy Secretary, System Sustainability and Performance. So we've also incorporated the sustainability in one of our deputy secretary titles as well to give a nod to the importance of that work.

The CHAIR: Thank you. Dr Morgan's been waiting patiently.

DOMINIC MORGAN: In response to your question, they don't do clinical assessment, and any consult records aren't released without client consent. If there are any individual cases that you want me to have a look at, I'm happy to take it out of session, but it sounds like the system would be that they just would normally, with the paramedic's consent, release it.

The CHAIR: Thank you. I'll take that offline. Are there any questions from the Government?

The Hon. GREG DONNELLY: I have to say I'm tempted to ask Mr Sloane to elucidate on the warm hug program—it does sound like a very inviting program—and whether it has application here, potentially, at the New South Wales Parliament.

SUSAN PEARCE: It's a theoretical warm hug, Mr Donnelly.

The Hon. GREG DONNELLY: But, in light of the time and the great patience everyone's displayed today—and thank you, on behalf of the Government, for the excellent evidence you provided—I'll put the question on notice.

LUKE SLOANE: Thank you. I just will say that was metaphorically a statement. It's not an actual program. If you want to copyright it, you absolutely can, but the premise of the community coming together around a—

The Hon. GREG DONNELLY: I appreciate the clarification. I may well have used it beyond this hearing, without the clarification.

LUKE SLOANE: That's fair.

The CHAIR: Were there any other answers on notice that people were burning to—

EMMA SKULANDER: I am just able to answer that lot 4B question about Royal North Shore. This is a statement from the Northern Sydney Local Health District, as it relates to their master plan that they've provided: "Health, in line with the master plan, proposed an integrated development for lot 4B and the adjoining Health-owned land. The proposal included a residential development with a significant portion of key worker housing, a minimum of 30 per cent, and complementary health services, particularly research and education facilities, on the adjacent Health-owned land. The current proposal from the Department of Planning, Housing and Infrastructure is for a standalone residential development on lot 4B, with no enhanced access or amenity for the health precinct and a target of only 10 to 15 per cent for key worker housing, and there are also concerns that there are insufficient parking and traffic provisions within the existing proposal. The scale of the proposed development is also not aligned to what we recommended."

The CHAIR: Thank you. That's very helpful.

DOMINIC MORGAN: I can give those statistics. Hunter New England sector is 705 positions FTE, plus an additional 62 that have been established but are not yet operational. They're the three new stations we're building but haven't yet started. And assignment staffing—the number of people employed—is 724.99. So Hunter New England is 19.99 over. The North Coast is 585 physicians, 612.63 paramedics employed. That's 27.63 over. Southern New South Wales has 879.29 established and 894.94 employed. That's 15.65 over. Western New South

Wales has 425 positions and 421.54 employed. They're short 3.46. For a total, across New South Wales, including the new stations to be built, of 2,658.29 positions, against 2,657.1, or one short.

The CHAIR: Thank you. Thank you all very much for taking the time to spend a day answering our questions. It's much appreciated.

(The witnesses withdrew.)

The Committee proceeded to deliberate.