PORTFOLIO COMMITTEE NO. 2 - HEALTH

Thursday 27 February 2025

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)

Ms Abigail Boyd
The Hon. Susan Carter
The Hon. Greg Donnelly
Ms Cate Faehrmann
The Hon. Wes Fang
The Hon. Emma Hurst
The Hon. Stephen Lawrence
The Hon. Peter Primrose
The Hon. John Ruddick
The Hon. Natalie Ward (Deputy Chair)

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 first hearing of Portfolio Committee No. 2 - Health for the additional round of the inquiry into budgets estimates 2024-2025. 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 respect to any Aboriginal and Torres Strait Islander people joining us today. 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 that they give today. However, it does not apply to what witnesses say outside of their evidence at 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. Welcome and thank you for making the time to give evidence today.

Ms SUSAN PEARCE, AM, Secretary, NSW Health, on former oath

Mr SCOTT McLACHLAN, Acting Deputy Secretary, Health System Strategy and Patient Experience, NSW Health, on former oath

Mr MATTHEW DALY, Deputy Secretary, System Sustainability and Performance, NSW Health, on former oath

Mr ALFA D'AMATO, Deputy Secretary, Financial and Corporate Service, and Chief Financial Officer, NSW Health, on former oath

Dr KERRY CHANT, AO, PSM, Chief Health Officer, and Deputy Secretary, Population and Public Health, NSW Health, on former affirmation

Mr LUKE SLOANE, Deputy Secretary, Rural and Regional Health, NSW Health, on former affirmation

Mr PHIL MINNS, Deputy Secretary, People, Culture and Governance, NSW Health, on former oath

Ms EMMA SKULANDER, Deputy Secretary, Infrastructure and Asset Management Division, and Chief Executive, Health Infrastructure, NSW Health, affirmed and examined

Mr VINCE McTAGGART, Executive Director, Strategic Capital Planning and Asset Management, NSW Health, on former affirmation

Dr DOMINIC MORGAN, ASM, Chief Executive, NSW Ambulance, on former affirmation

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

Ms KATHY DEMPSEY, Chief Infection Prevention and Control Practitioner, and Healthcare Associated Infection Advisor, Clinical Excellence Commission, on former oath

Adjunct Professor ANTHONY SCHEMBRI, AM, Chief Executive, Northern Sydney Local Health District, sworn and examined

The CHAIR: I note that there are witnesses in the overflow seating area as well today. I remind you that, if you come forward to answer a question, please bring your name plate with you and place it in front of you on the table. This is to assist Hansard in ensuring the correct witness is identified in the hearing transcript. Today's hearing will be conducted from 9.15 a.m. until 5.30 p.m. We are 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 will hear from the 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 Opposition and crossbench members only, and then 15 minutes allocated for Government questions at 10.45 a.m., 12.45 p.m. and 5.15 p.m. We'll begin this morning with questions from the Opposition.

The Hon. NATALIE WARD: Welcome, Minister. Thank you to you and all your colleagues for coming along. Thank you for your service and all that you do. In September 2022 you said in Parliament that the independent data showed "that our health system is in crisis". The same independent bureau, the Bureau of Health Information, now shows the system is worse since Labor came to power. By your own definition, is the health system in crisis?

Mr RYAN PARK: No, it's not and I'll say it for a number of reasons. I think it's a fair question to ask what each of us have said in the past. I think where we are facing some significant challenges at the moment—and the data indicates this—is around emergency department presentations. It is up significantly. There are a couple within that that I'm very concerned about and that is—

The Hon. NATALIE WARD: What are you concerned about?

Mr RYAN PARK: —the category 2 and 3 classifications. They are people who are very, very sick. One of the challenges we face right now as a system is that the availability of primary care is not as robust as it was perhaps when my generation was a lot younger. There was an assumption that people could access GPs and bulk-billing GPs locally and close to home fairly readily. That's not the case. What the data indicates is that some people have put that off, particularly post-COVID. As a result, those people are presenting to our EDs sicker. I've got to get on top of that big time because I've got to try to ensure we have more people being seen outside of hospitals. That's why our investment—close to, round figures, half a billion dollars—in what we're calling ED relief in alternative pathways had to happen at the last budget. But I by no means think that the performance of our hospitals and our EDs can't be improved. It needs to improve, and we have to continue to focus on it.

The Hon. NATALIE WARD: Can I go to that EDs issue, then? Why have wait times in those emergency departments skyrocketed, with only 61.3 per cent of patients starting treatment on time? That's the lowest on record.

Mr RYAN PARK: I'll say probably a couple of things in relation to that. Today we have released some figures around some of the busiest hospitals in the country—and New South Wales hospitals, as you know, are arguably the busiest in the country. If you have a look at Liverpool ED—one of if not the busiest emergency department in the country at times—that department receives around 90,000 presentations a year. The maths on that per week is very significant. They've halved their average time to treatment for triage 2 emergency patients from 18 minutes to nine minutes over the past year. Westmead ED receives close to 80,000 presentations a year. That's reduced average time for treatment to triage 2 over a third from 15 minutes down to nine minutes.

Nepean ED—we know that is a very busy ED in far Western Sydney. That receives around 90,000 presentations a year. That has seen the percentage of patients transferred from paramedics to ED staff on time go from 65.1 per cent to 82.2 per cent. I'm just highlighting those figures to say there have been some improvements. There are areas where we need to do better, but New South Wales outperforms, when it comes on a comparator to other States and Territories, all other States and Territories on ED wait times.

The Hon. NATALIE WARD: Going to those triage 2 patients, then—or category 2 as you call them—they are potentially life-threatening presentations, aren't they?

Mr RYAN PARK: They're very unwell patients.

The Hon. NATALIE WARD: And they're not being treated on time. Why are they waiting longer to receive that care?

Mr RYAN PARK: I've gone through, firstly, a few things of why I'm concerned why we're getting more category 2 and category 3 patients.

The Hon. NATALIE WARD: I'm just going to pop in there, just to be clear about the specifics of the question, fewer than half of those triage 2 patients are being treated on time. You've just said potentially life-threatening—they're very ill patients.

Mr RYAN PARK: Yes, they are.

The Hon. NATALIE WARD: Fewer than half. Why?

Mr RYAN PARK: I've also gone through three busy hospitals in Western Sydney where the improvement around category 2 has significantly improved over the last 12 months. By no means am I saying that there are not more improvements to be made around cat 2 and cat 3 patients. You are right to highlight the fact that cat 2 and cat 3 patients are very unwell, and we need to see them as quickly as possible. The challenge in emergency departments across the country—and I say this for those where there are Liberal leaders and those where there are Labor governments in place—

The Hon. NATALIE WARD: I draw you back to New South Wales. I want to be very specific about issues in New South Wales. When you're in Federal Parliament you can talk about "across the country" but today we're very clear—

Mr RYAN PARK: I'll never be in Federal Parliament, Ms Ward.

The Hon. NATALIE WARD: Good to know. In New South Wales—being very specific—you've released this data this morning at 9.00 a.m. by press release. That's a bit convenient just before during budget estimates, isn't it?

Mr RYAN PARK: No, I think it's important to release data. I do it frequently.

The Hon. NATALIE WARD: On the morning of budget estimates? Do you normally do it then?

Mr RYAN PARK: Look, you released something this morning about free flu vaccines.

The Hon. NATALIE WARD: It's not about me. We'll get to flu vaccines. I want to know why you released this data—

Mr RYAN PARK: People release data. That's what we do.

The Hon. NATALIE WARD: On the morning of budget estimates?

Mr RYAN PARK: I'm very transparent. You can't accuse me of not being transparent.

The Hon. NATALIE WARD: Let's go to that, then. That should be independent. Has it been released publicly? Because my understanding is some of it's selective.

Mr RYAN PARK: This is data from the hospital system.

The Hon. NATALIE WARD: So it is the BHI data?

Mr RYAN PARK: It'll come into their BHI data. They provide—

The Hon. NATALIE WARD: Just to be clear about your answer there, that is BHI data that you quoted?

Mr RYAN PARK: Let me talk about BHI data.

The Hon. NATALIE WARD: You've quoted some data earlier, Minister. Is the data that you've quoted the BHI data that is the evidence you're giving to this Committee today?

Mr RYAN PARK: Yes, it is health data, and health data is BHI data. There is not two different data sets. BHI use the data from NSW Health. The data released today is from NSW Health. I think what is an important distinction.

The Hon. NATALIE WARD: It is important. The reason it is important, Minister, is because that information, that data, has not been released publicly, has it?

Mr RYAN PARK: I'm releasing it today, as the Minister.

The Hon. NATALIE WARD: But it hasn't been released publicly? You've done a press release this morning, but that isn't the full set of data being released to the public, as you are obliged to do.

Mr RYAN PARK: It is the data of my agency, and that data is the same data that the BHI have access to. The difference is that the BHI—

The Hon. NATALIE WARD: What about the public, though?

The Hon. PETER PRIMROSE: Point of order. Is there any chance the Minister might be allowed to actually answer the question?

The CHAIR: I think that last interjection was maybe a bit quick. I will allow the Minister to continue answering.

Mr RYAN PARK: That's okay. I understand. The BHI data is released every three months. I want to make sure that the community, and particularly staff, understand whether this has been an improvement in their local ED, particularly for staff, who are working really, really hard. These are some of the busiest EDs in the country. I want to make sure we give them a pat on the back when that data shows that their efforts are working.

The Hon. NATALIE WARD: What about a pat on the back for patients, though, who are waiting extended times in your emergency departments? That data is not being released. What is being released is being released selectively and, can I say, the quarterly data was released last time from September. We're now in February.

Mr RYAN PARK: When they—BHI—release their data, that's a matter for BHI. The data set they use is the same data set that I've used for this. It's no different.

The Hon. NATALIE WARD: You've used for what?

Mr RYAN PARK: For the release today.

The Hon. NATALIE WARD: For the press release today? Before budget estimates?

Mr RYAN PARK: NSW Health data.

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

Mr RYAN PARK: I don't think it is cherrypicking because it's NSW Health data.

The Hon. NATALIE WARD: Let's just be clear on this. There are many interested stakeholders in this data and you say that it's released quarterly. That information has not been released in full publicly. You've picked parts of it out, so you can't have it one way or the other. Either it is released in full to the public—the full set of data—or you are picking parts out. It can't be both.

Mr RYAN PARK: This is data that's NSW Health data that every three months gets reported on.

The Hon. NATALIE WARD: But just not to the public.

Mr RYAN PARK: Yes, of course it does. That's what BHI do.

The Hon. NATALIE WARD: You're under oath, Minister. That full set of data has been released publicly right now. Is that what you are telling this Committee?

Mr RYAN PARK: Sorry, BHI released in December. It wasn't September. I think you said that. BHI releases data every three months. That is the cycle that they choose to do. That's fine. I've got no issue with it. That has been the case with previous governments. What I've chosen to do is—I want to dive into the data and I want to have a look at where some of our busiest hospitals in the State, particularly in Western Sydney, are performing. What I've indicated today, I am not saying all of our data is perfect and indicates every hospital is going through the roof. I am not saying that.

The Hon. NATALIE WARD: Certainly, I'm not asking for it to be perfect. What this Committee and the public and patients are asking for is for that information to be released, in full, to the public. I note that the December information is not yet available to the public. That's the December information. You have cherrypicked parts of that to release conveniently before budget estimates today. That's correct, isn't it?

Mr RYAN PARK: I will continue to release data that indicates—

The Hon. NATALIE WARD: In full?

The Hon. STEPHEN LAWRENCE: Point of order: There have been three allegations of cherrypicking and on neither occasion has the Minister been given the opportunity to respond. I think he should be given the opportunity.

The CHAIR: The Minister can respond to the questions that have been put to him as he sees fit, including responding to that if he would like. I'll go back to the Minister.

The Hon. STEPHEN LAWRENCE: He's being interrupted.

Mr RYAN PARK: I'll continue to release data. There are plenty of days in this portfolio where things don't go as you like. That is also an area where I front up and am transparent, but I also need to acknowledge the work of health staff in these really busy hospitals who are making a pretty massive difference in terms of their efforts.

The Hon. NATALIE WARD: Sure. We'll get to staff.

Mr RYAN PARK: When I think they're going well, and I have data in front of me that says, "Jeez, that's a big improvement from places like Liverpool or Westmead or Nepean," I don't think it hurts to give that staff a pat on the back and say, "Listen, we know it's tough, but what you are doing is making a difference."

The Hon. NATALIE WARD: Thank you, Minister. I'm going to move back to the questions. I have very limited time in here, and I'd appreciate the opportunity for the stakeholders who are interested in, not the pats on the back and the press releases, but the information that they are seeking, so I'm going to draw you back to that. You mentioned flu vacs. Let's talk about flu vaccines. Minister, last year you said our emergency departments were getting slammed by influenza. Will you support the Opposition's call for the New South Wales Government to provide free flu vaccinations for all?

Mr RYAN PARK: Not at this stage, I won't.

The Hon. NATALIE WARD: That's a no.

Mr RYAN PARK: I'll probably go through some reasons why. Firstly, flu is a challenge in this State and in this city. We had a bit of a trifecta of trouble last year. We had RSV, COVID-19 and flu. I've had discussions with Dr Chant around this issue.

The Hon. NATALIE WARD: Can I ask Dr Chant about that then, please? As Chief Health Officer, Dr Chant, would more people getting the flu vaccine reduce demand in our emergency departments?

KERRY CHANT: NSW Health really encourages us to achieve high levels of coverage in those at most risk of severe disease. That's over under-5s. We have got a very strong focus on vaccination of our under-5s. We are only seeing levels around 30 to 40 per cent. That's been a national issue of how to support that vaccination, particularly in the under-5s. In over 65s, who are also a group at significant risk, we really want to see those levels of influenza coverage well up into the 70s. We are currently in that 60 to 65 range. There are a lot of initiatives underway to really support those at-risk populations get vaccinated, including those that are immunocompromised who are also eligible for the free program. That is our focus. Looking forward, obviously, we are looking forward to new vaccine formulations such as nasal vaccines, which will really make vaccination in other settings more cost effective and feasible and acceptable to the population.

The Hon. NATALIE WARD: So getting those flu vaccines would reduce that demand. That makes sense, doesn't it?

KERRY CHANT: Yes, but a number other jurisdictions have needle-free vaccines, and they've used those at a population level with a view to reduce transmission, so by having very high coverage in some populations, particularly the younger children, but I do want to say that the under-5 are a group that are most at risk of hospitalisation from flu. Obviously pregnant women. We're having a very strong focus on ensuring pregnant women both receive RSV, influenza and other vaccines.

Mr RYAN PARK: The challenge is, in 2022 when this occurred there wasn't a significant uptake in people going and getting vaccinated, from memory. I'll stand corrected on this, but from memory, in 2022 there was a higher number of flu notifications with that program than what there was after. I am just making sure the Committee understands that.

The Hon. NATALIE WARD: What do you base that on? That's not correct, is it?

KERRY CHANT: The flu season varies from year to year. Notifications and testings patterns change, but we do know in terms of vaccination coverage, when we introduced a free flu vaccine in 2022, we didn't see a significant increase in uptake and particularly in the populations we really wanted to—

The Hon. NATALIE WARD: Maybe that was a factor of cost. Maybe making it available in whatever form, and making it free, would assist people that might not otherwise find—

KERRY CHANT: It was actually free at that—

The Hon. NATALIE WARD: I understand that, but seriously, on the numbers that you have just given, it seems to me there is a reduction in take up that could be supported.

KERRY CHANT: In 2022 it was actually free, and there was a reimbursement system for pharmacists to vaccinate.

The Hon. NATALIE WARD: Can I go to the numbers then.

KERRY CHANT: Some other States—

The Hon. STEPHEN LAWRENCE: Point of order. It's an important point that has been raised. It's the core issue that has been raised, and I think the official should be given the chance to respond. She is being cut off.

The Hon. NATALIE WARD: Chair, I have tried not to interrupt, and I've politely tried to move back to the questions. I have four minutes left, and I've had four points of order, so I'd appreciate the opportunity to—

The CHAIR: In regard to the point of order, I think we'll be doing this all morning. The Committee members shouldn't be interrupting, but also witnesses should be as focused as possible in answering the question that has been asked.

The Hon. NATALIE WARD: Just on those numbers then, the flu vaccination rates were higher in 2022. There were 3,417,635 compared to, in 2024, 2,649,895. They were higher in 2022. Clearly, free vaccines lift vaccination rates.

KERRY CHANT: I'm sorry, I haven't got that data in front of me. It has to be adjusted by the population at the time. I'm sure population hasn't increased radically, but I have to go back and look at that data, and reflect. But our analysis was it didn't make a significant difference to influenza vaccination coverage, and particularly in the groups that we know are most likely to end up in hospital when they've got influenza. Our priority focus is really trying to support parents of children under five, and over 65s, and those with underlying health conditions and look, optimistically, forward to new formulations that would allow a more widespread vaccination approach.

The Hon. NATALIE WARD: Minister, I might ask you to take on notice those numbers to clarify that's correct, for your benefit as much as anyone's.

Mr RYAN PARK: Yes, happy to.

The Hon. NATALIE WARD: In question time on 11 February this year, the Premier said in relation to the psychiatrist crisis, "The Government is in dispute with some of these unions, but the situation is tolerable." Do you agree with the Premier?

Mr RYAN PARK: Yes, at this stage I do. The Premier also has been very clear that this is a big challenge at the moment, and I want to be very clear to the Committee that we are far from out of the woods. This is a challenge. This action has put pressure on our health system, and it's put pressure on our mental health system, focused pressure on that mental health system.

The Hon. NATALIE WARD: You'll get furious agreement with us. To specifics on that—is a psychiatric patient having to spend more than five days in an emergency department due to psychiatrist resignations tolerable?

Mr RYAN PARK: Anytime someone, regardless of whether they present as a mental health patient or a patient with a physical issue, when they spend too long there, I feel for them. I feel for their family—

The Hon. NATALIE WARD: Is it tolerable?

Mr RYAN PARK: Of course I do. We always want to make sure we provide the best possible care in the shortest possible time. Psychiatrists have every right, that's working men and women's right—have decided to take this action. At this stage, this action, because of the work our contingency plans have put in place, we're managing it at the moment. That is not to say there is not an impact on the system. There is. That is not to say there won't be further impacts, but we are doing what we can because of the preparation that we did to try and manage—

The Hon. NATALIE WARD: I'm going to direct you back—is having your surgery cancelled due to a nurses' strike tolerable?

Mr RYAN PARK: Anytime someone misses their surgery for any reason, that would be frustrating for them, and from my perspective it's disappointing. From time to time, that happens. That can happen because there's an emergency surgery that needs to take place, and someone with an elective surgery, albeit very important, it doesn't—

The Hon. NATALIE WARD: Is having to spend an additional $200 million of taxpayers' money to clear surgery backlogs caused by nurses' industrial action tolerable?

Mr RYAN PARK: The root cause of the nurses' industrial action is a 12-year wage freeze and a wages cap from the former Government—

The Hon. NATALIE WARD: I'm asking about the additional $200 million of taxpayers' money to clear that backlog because of that action. Is that tolerable?

Mr RYAN PARK: Yes, it is.

The Hon. NATALIE WARD: Having to cancel your medical appointment because trains aren't running on time, is that tolerable?

Mr RYAN PARK: Let's be very clear. In relation to the first issue, I am not going to apologise for investing more money into the system to try and clear the backlog caused by industrial action. I am not going to apologise for that.

The Hon. NATALIE WARD: Minister, would you have gone on holiday if you knew that doctors and nurses were about to resign en masse?

Mr RYAN PARK: I didn't hear it, sorry.

The Hon. NATALIE WARD: Would you have gone on holiday or gone on a long lunch to the Hunter Valley if you knew that doctors and nurses were about to resign en masse?

Mr RYAN PARK: I don't answer hypotheticals. I came back from leave—

The Hon. NATALIE WARD: It's a fact. The Minister went on holidays and went to a boozy lunch when they knew the resignations en masse were about to occur. Would you do the same?

Mr RYAN PARK: I am here to answer questions around what my role is in the health system, and I've been really transparent about that. Other Ministers will present to budget estimates. There will be an opportunity—

The Hon. NATALIE WARD: So that's fine by you?

Mr RYAN PARK: I didn't say that.

The Hon. GREG DONNELLY: Point of order: It's not acceptable for the Minister to provide the answer, and then a little bit of a hook at the end that was put in there deliberately. That is not what the Minister said. I would ask that to be withdrawn.

The CHAIR: I think the last couple of questions after the bell contained a fair bit of argument as well. I will rule them out of order. In 2022-23, NSW Health spent in the order of $37 million on commission fees paid to locum agencies for the placement of temporary doctors. I understand that was an increase of about $20 million from the previous year. Do you know what that figure is for 2023-24?

Mr RYAN PARK: Alfa might have that figure.

ALFA D'AMATO: I don't have that available with me. I can take that on notice.

Mr RYAN PARK: They are an important part of the workforce, as you know. We have committed, Ms Cohn, around $6.3 million to examine the feasibility, for the first time, of a NSW Health locum agency, including how it would work and how much money we might be able to save. I say that in the context of not having that figure, but a piece of work that we're doing.

The CHAIR: It was a very welcome announcement, and I was going to ask about the progress of that. I am extremely concerned that the contingency plan for the mass resignation of the staff specialist psychiatrists has been absolutely celebrated by those private locum recruitment agencies, who I imagine are making a fair bit out of this crisis. I understand that the figure itself has been taken on notice. What is happening with the work to bring it in house?

Mr RYAN PARK: We're working that through. I might ask Mr Minns to give a very up-to-date look at what we're doing in relation to market research, what other States and Territories are doing, given it's a national issue.

PHIL MINNS: Maybe a bit of context about where we are with locum use as a result of the campaign by ASMOF and the college. We've had quite a number of people withdraw their resignation: 35. And then about 113 of them have pushed their date out. So the actual number of separations that we've had by head count are 54. Three are still with HealthShare to be processed, and two haven't left the LHDs yet, which means there is still a local discussion going on. If those additional five on top of the 54 head count actually separate, the total FTE value of that separation will be 34. So whilst we have recruited or screened a large number of potential locums—I think the number is more than 50 now—we aren't deploying that many of them in the workforce. I'll have a look and come back to you at a later point with the actual number. The last time I saw it, it was 22.

The CHAIR: Ms Pearce, you were quoted as saying, "All psychiatrists' locum vacancies weren't able to be advertised for more than $3,050 a day unless authorised by the health department to go over that amount." How many times has that occurred?

SUSAN PEARCE: None.

The CHAIR: So there were no vacancies?

SUSAN PEARCE: Nothing has been put before me to sign off on an amount above what we set. The reason we set that rate goes to the very heart of your question, and that is that we did certainly not want a situation where we were being price gouged on this issue by locum agencies, or anyone else. At the start of this process that we have worked through, we were starting to hear rates being quoted of closer to $8,000 a day. Clearly, we needed to intercept that and put a process in place to prevent any such thing occurring. To my knowledge—and, as I say, I've certainly not signed anything that I can recall that goes above that rate. There are a very small number of locums deployed, as Mr Minns has said, in the context of this issue. We already have locum use in our workforce, as you well know, but in the grand scheme of things, in the context of the matter we've been managing, there is a relatively few number of people deployed under that regime.

The CHAIR: So you've clarified there are no locums being paid more than $3,050 currently.

SUSAN PEARCE: Not that I'm aware of.

The CHAIR: What about visiting medical officers for psychiatry?

SUSAN PEARCE: Visiting medical officers, as you know, is an entirely different set of circumstances. Mr Minns can add more detail to this, but what I will say is that those arrangements are temporary as we work through this issue and, indeed, allow the industrial commission process to take its course. Phil, did you want to add to that?

PHIL MINNS: Yes, a couple of things. Fifty-eight is the number of locums that we have recruited centrally and referred to LHDs and specialty health networks. The number that are actually working in the mental health response is 24, so up from the 22 that I mentioned, and 72 psychiatrists have sought leave without pay to convert to a VMO contract arrangement. I couldn't be clear that all 72 are actually now working, but it must be very close to it, because that number has been stable for several days now, probably two weeks.

The CHAIR: Mr Minns, could you confirm for us this afternoon if any visiting medical officer psychiatrists are being paid more than the $3,050 a day at the moment?

PHIL MINNS: They won't be, because they'll be on a VMO contract arrangement. They're separate workforces, locums and VMOs.

The CHAIR: I understand that; I'm just trying to understand how much the VMOs were being paid in the context of the current psychiatry resignations.

PHIL MINNS: Okay, I can try to get that.

The CHAIR: I'd like to come to safe staffing levels, Minister. Mr Minns provided this Committee an update in November on the progress of that rollout, and I'll come to him this afternoon for more updated figures. You're two years into your term as the Minister. As at November, the rollout had come to 17 hospitals, but about three-quarters of those positions were unfilled. I talk to nurses every day from the majority of the State who have not felt the tangible benefit of this yet. Are you satisfied with where that rollout is up to? It was your flagship election promise to nurses.

Mr RYAN PARK: Yes, it was. Probably those who know me know that patience is not one of my strengths, so I always want it to go faster. Roughly, we have probably about 260-odd nurses have been rolled out as a result. We have two sites complete, at Liverpool and Royal North Shore. We are rolling this out, although would I like it rolled out faster? Yes. We are rolling this out faster than any other States that have implemented it. We are doing it in a unique way, the model that I set up, which was to have NSW Health and the Nurses and Midwives' Association on the implementation team rolling that out.

That means they actually go to the hospital and count the spaces, work out, discuss, debate and analyse the amount of staff, and then we go through the recruitment for that. At the moment, recruitment of healthcare workers is a challenge. It's a challenge in this State, it's a challenge in the country and it's a challenge globally. I'm not once saying that I don't want it to go faster; of course I do. But we are moving at a fairly rapid rate, and I will continue to personally drive it as hard as I possibly can. I frequently go to the meetings. It is a topic of discussion, a standing item that I have with the Nurses and Midwives' Association, which I regularly discuss and meet with. This is an important issue for me.

The CHAIR: You've said that recruitment of healthcare workers is a challenge, and I appreciate that it is a nationwide challenge. But specifically here in New South Wales, how much do you think the fact that we've got the second lowest paid nurses in the country contributes to your challenge filling those positions?

Mr RYAN PARK: I've been clear. I think having a wage cap in place for 12 years has seen big gaps set out. One of the reasons why we moved very quickly last year to remove the wages cap was to try to start the process of rebuilding. I'm not once going to say that having a 12-year cap at 2.5 per cent, when other States and Territories haven't had it—you learn compounding probably in year 6 maths; it's pretty easy. When it goes the right way, it's good for you; when it goes the wrong way, the gap gets significantly more. As a result of that, that has happened.

The previous Government was elected multiple times, democratically elected. That's what the community wanted, but I'm not going to sit here and say that hasn't had an impact on the gap that we've got. It's my accountability and my job now to try to resolve that. We haven't got that issue resolved yet. We remain in discussions with the Nurses and Midwives' Association. I met with them just a few days ago, with Shaye and Michael, who I meet regularly with. We'll continue to have those discussions. It's in the Industrial Relations Commission—importantly, that was a commitment that working men and women, through the union movement, wanted us to have in place—to act as the independent arbiter. That what we've got. We're not resolved yet, but we remain at the table.

Ms CATE FAEHRMANN: Minister, I want to talk about the pill-testing trial that's taking place—

Mr RYAN PARK: This weekend.

Ms CATE FAEHRMANN: —this weekend at Yours and Owls Festival at Wollongong, in your neck of the woods. What conversations have you had with the police Minister around police presence at the festival this weekend?

Mr RYAN PARK: Nothing specifically about this weekend, but we've had discussions, broadly, and New South Wales police have been good in working with us during the Drug Summit over those four days. You obviously were involved, Cate. You would be aware and others would be aware that the four days that I was there, there were police officers there every single day. They have worked well with us. I can't have the ability and shouldn't have the ability to tell police what they need to do, but our department has regularly and my office has regularly engaged with police, broadly, around what we're trying to do. This will be a first. I know it has been a personal issue that you've advocated for for a very long time, and I'm looking forward to seeing how it rolls out for the first time in New South Wales this weekend.

Ms CATE FAEHRMANN: There'll be a pill-testing tent, as far as I've heard.

Mr RYAN PARK: Yes.

Ms CATE FAEHRMANN: But also there have been very strong messages sent in the media by your Government that there'll still be a strong police presence with, potentially, drug dogs and strip searches still taking place. Is that your understanding?

Mr RYAN PARK: I can't comment on what police tactics or what they decide or don't decide to do. Obviously, in the area where a member of the public has chosen to go and get the drugs tested, there won't be police, per se, right there and then. But these drugs are still illicit in nature, and there is an inherent contradiction to what we are trying to do. I recognise that and the Premier has recognised that. This is not an easy piece of public policy to navigate, but they are still illicit in nature. Therefore, police have the capacity to seize them, should they see fit. I won't comment on the particular tactics that they're going to use or deploy for this weekend. That's certainly not my business, other than to say that we are working well. The secretary has worked well with the commissioner. We've worked well as a department with police. This is something where we're all looking forward to seeing what happens and what the results are, and we'll be very transparent with the community about those results.

Ms CATE FAEHRMANN: Are you aware that one of the recommendations from the coronial inquest into those terrible, tragic deaths at music festivals in the summer of 2019-20 was to not have sniffer dogs outside music festivals. Are you aware of why the Coroner suggested that?

Mr RYAN PARK: I imagine the Coroner made that suggestion because of feedback that there could be a tendency for people to consume those drugs very quickly, and that may or may not pose a problem. What I'm trying to say is I have no influence, nor do I seek to have an influence, over the decisions the police make for specific festivals from time to time. They will make those operational decisions. What we will do as a health agency is make sure that we're providing the person who comes in contact with us with the most up-to-date advice, clearly say to them that it is a risk, clearly identify what we have found from the tests and make them sign a waiver saying they understand the risks of taking these types of drugs. We're focusing on the health availability and the health interaction. I'll let police engage and deal with their side of it in terms of enforcement.

Ms CATE FAEHRMANN: Minister, do you see it as your responsibility to recommend a whole-of-government approach to reduce the harm from drugs, though? That's where you take the lead, isn't it?

Mr RYAN PARK: Yes, I do, but my focus is on implementing this trial to the very best of our ability and making sure that we get rich data that demonstrates, one way or another, the effectiveness or otherwise of this particular trial. It is illicit drugs, and police are able to enforce the laws around illicit drugs, and therefore how they choose to enforce those is really a matter for them. I'm not going to second-guess them, but only to say a couple of things: We've been the first Government to take this issue on and that's something I'm—

Ms CATE FAEHRMANN: In New South Wales. Is that what you're referring to?

Mr RYAN PARK: Yes, in New South Wales. That's something I'm proud of—not around the world or in other States. They have already done it. I accept that. But we're the first Government in New South Wales to have a crack at this. We will wait for the further recommendations that come down as a result of the work that Carmel Tebbutt and John Brogden have done through the summit.

Ms CATE FAEHRMANN: Yes, I'm very much looking forward to that as well. The reason I asked about the drug dogs out the front before and the recommendation from the coronial inquest was because one of the people, the young person who died, Alex Ross-King—the Coroner found she died because she took all of her drugs at once because of the drug dogs. That could still be happening this weekend at Yours and Owls, even though there's a pill-testing service inside.

Mr RYAN PARK: Yes, that is the case, and those matters are best directed to the commissioner and the police Minister. From my perspective, my responsibility is making sure that that interaction with health professionals is as robust and as strong as I can make it. The way in which police choose to enforce illicit drug use is a matter for them. I'm not pretending that the two—that there's not an interaction. I'm not pretending that at all and I'm not pretending that this wasn't discussed at the Drug Summit. It was.

Ms CATE FAEHRMANN: Minister, I would suggest that at every other site of music festival around the world where they have pill testing onsite, patrons don't have to run the gauntlet of sniffer dogs on the way in. If you're suggesting that this is a trial to see whether it's effective, I'm concerned that it might not be effective because patrons are getting a very clear message and may not use the tent as much as you think they're going to.

Mr RYAN PARK: Well, let's let the festival take its course. I'm a person who will dive deeply into the data about this because it's an issue that is important to me. It's important that we get this right. I just probably

can't say. Again, I don't know whether there are sniffer dogs in other jurisdictions. I thought there was, but you may raise a point I'm not aware of.

Ms CATE FAEHRMANN: They exist, but not to the extent.

Mr RYAN PARK: It's a matter, really, for New South Wales police in terms of their operational use of sniffer dogs and the way in which they make a decision to enforce legislation around illicit drug use.

Ms CATE FAEHRMANN: Minister, I think the Coroner also found—and her recommendations were clear—that it was the behaviour, a presence, and what the police do at festivals that was leading to some of the drug harm. So at some point don't you think you have to have a conversation with your counterpart, the police Minister, about how to reduce the harm from drugs? As health Minister, at some point you've got to have this conversation and hopefully come out on top. That's the only way to reduce the harm from drugs.

Mr RYAN PARK: I'm not convinced it's the only way of reducing the harm of drugs. I'm not going to say that illicit drug use in any way, shape or form is safe, nor am I going to pretend in any way, shape or form that illicit drug use doesn't take place, because it does.

Ms CATE FAEHRMANN: That is not in any way the question that I was asking.

Mr RYAN PARK: But what I'm saying is that that's a matter for police. Coming out of the Drug Summit, that issue will no doubt be examined and discussed but the final decision rests with the New South Wales police commissioner in terms of the operational tactics they use. I play a part in this and I'm not saying I don't. But my part is not to direct police to carry out or not carry out certain operational tactics in relation to the enforcement of illicit drug use.

Ms CATE FAEHRMANN: Just one last question about pill testing before my time's up: Why did the Government—again, this is rather unusual for pill-testing services in other jurisdictions as well—feel compelled to run its own pill-testing service as opposed to taking up the experts who are running it everywhere else like Pill Testing Australia, The Loop? In fact, Pill Testing Australia was going to do it for free and I think your Government has poured $1 million into it. Why did the Government feel compelled to do it itself?

Mr RYAN PARK: We have this infrastructure in place through the pathology that we do across New South Wales and we believe that this is the best way to do it, based on Health advice, to integrate with other health services that we might be able to provide the person through a very wide and integrated health system, which is NSW Health. We believe that that's the best way of doing it. I want to see the trial take its course. I then want to dive into the data. I'll be transparent about what we find and what we don't find. If improvements can be made, if we have another trial site like this, then we will make those adjustments along the way.

KERRY CHANT: I just wanted to make a point, if that's okay, Ms Faehrmann, that we're actually doing this in partnership with NUAA. Just to reassure listeners for this session, if anyone's tuning in, it will be very much peer-led—so just to reassure them that the peers will be doing the brief interventions, doing all of the front bit. The bit that Health feels is best done by supporting our pathology service is we actually do have an extensive drug surveillance. I'm probably on the record as saying we've issued more drug alerts based on that intelligence. We do perform functions for police, which test seizures. We do have a system where patients presenting to our hospital systems, such as intensive care units, we get toxicology results from bloods and urines on those individuals and in some cases also sample the pills that may have accompanied them to inform the risk matrix.

I think I would describe it as the back end of this will be supported by the robust technology that's from an accredited laboratory system in our NSW Health pathology that does all of the testing for the coronial service and for police, so we think that's the best sustainable way of integrating it. But it's important to know that this is very front-ended by our partnership with our non-government organisations, NUAA. We have a steering committee, which again reflects the partnership with NUAA and other academic partners that are part of our overall surveillance and warning system.

The Hon. SUSAN CARTER: Minister, I understand that yesterday you met with Elouise and Danny Massa, the parents of little Joe Massa. Can I confirm that you have written to the Attorney General regarding a coronial inquest into Joe's death?

Mr RYAN PARK: Yes, I have, and I appreciate the question—probably one of the most difficult weeks I've had in public life. A family's been through hell. I don't know how they are doing what they're doing at the moment. I don't think I would be able to do it, if it was my child. But I've made it clear to them yesterday, and the Premier made it clear to them yesterday, that we will use these positions to make sure we bring about change to try and make sure that doesn't happen again. I wrote to the Coroner via the Attorney this morning and I did that because overnight I just wanted to check with the family that the correspondence reflected their concerns.

The Hon. NATALIE WARD: Minister, "Hospital parking fees are a tax on the sick." Do you know who said that?

Mr RYAN PARK: No. It sounded like something maybe Minister Hazzard would say. I don't know.

The Hon. NATALIE WARD: Actually, Minister, it was you, in 2021. You said, "Hospital parking fees are a tax on the sick." Do you know who said, "Hospital parking fees are nothing other than a cash cow"?

Mr RYAN PARK: No, I don't.

The Hon. NATALIE WARD: Ryan Park did in 2019. You said that.

Mr RYAN PARK: Oh, wow. Clever fellow, I hear.

The Hon. NATALIE WARD: You raked in $51 million in parking fees last year. Why are patients paying more for parking at metropolitan hospitals under the Minns Government?

Mr RYAN PARK: Let's be clear. We took a commitment to the election around regional parking—that it would be free.

The Hon. NATALIE WARD: No, Minister, I'm not asking about regional. I'm asking about metropolitan hospitals. That was my question. You raked in $51 million in parking fees last year. Why are patients paying more for parking at metropolitan hospitals under the Minns Government?

Mr RYAN PARK: I'll give you this figure to make sure that it is accurate. I have had a look at this for the sake of the Committee's prep. In 2019 the—

The Hon. NATALIE WARD: Minister, I'm going to stop you there. We're asking about this year.

The Hon. STEPHEN LAWRENCE: Point of order: It's quite a complicated question. I don't think it's really fair to cut someone off about six seconds in.

The Hon. NATALIE WARD: It is this budget estimates from this year. It is your Health report of $51 million.

Mr RYAN PARK: I am answering the question, Chair.

The Hon. NATALIE WARD: Please do.

The CHAIR: I think the Minister was about to answer the question.

Mr RYAN PARK: In 2019 the annual report showed a figure of around about just over $50 million. I'll get the exact figure but just for the purpose of the discussion, in 2024, from memory, that was around about just over $51 million. That's less than inflation over that time, obviously. We have recognised—and I think other governments have recognised—the need for a contribution to be made. We do have free parking across regional areas but you've got to remember that if free parking was available everywhere patients and their families would often struggle for a parking spot as well. So it's a real balance that I've got to ride in terms of making sure there's parking available for staff in a way that's affordable, but at the same time making sure that it is available to patients, carers and families who are attending the hospital. Parking under your Government was heavily subsidised—100 per cent it was. Under this Government it's heavily subsidised. That's the case. Every dollar we get in relation to that—let's just call it $51.X million and I'll get the X to you—goes back into the health system.

The Hon. NATALIE WARD: Is it still a sick tax?

Mr RYAN PARK: How people want to categorise it is up to them.

The Hon. NATALIE WARD: They're your words. You said, "It's a sick tax." Is it still a sick tax? It's $51 million under you.

Mr RYAN PARK: I think at the time there could've been some improvements made in relation to regional and rural parking. We made a commitment around that. Minister Hazzard, at the time, made parking free during the COVID pandemic, for a range of reasons. That pandemic obviously has subsided and we can't continue to do that in the same way, because I've also got to make sure that when families of patients try to access the hospital there's parking available for them. So it's a balance. At the moment this is the way we've chosen to look at it. I'm always open for discussion around parking. It's a big issue in every hospital in New South Wales.

The Hon. NATALIE WARD: Do you disagree with yourself it's a sick tax?

Mr RYAN PARK: No, I would prefer to say that—

The Hon. NATALIE WARD: All right, I'll move on.

Mr RYAN PARK: —in the essence of time, as we've come out of COVID, we've focused on those regional and rural areas where public transport isn't as great and as strong.

The Hon. NATALIE WARD: Let's talk about that then. Labor committed, before the last election, to making parking free at Gosford Hospital so why are patients paying for parking there today when other patients at regional hospitals aren't?

Mr RYAN PARK: I'm not aware of the commitment around Gosford Hospital per se. I'm aware that we made decisions around regional hospitals. That didn't include very large metro centres, I understand, like where I'm from at Wollongong. That's because for that particular hospital public transport was better than some other hospitals.

The Hon. NATALIE WARD: Gosford Hospital.

Mr RYAN PARK: In regional and rural areas people don't have access to those public transport arrangements.

The Hon. NATALIE WARD: Minister, do you concede that the Government has broken it promise in relation to free parking at Gosford Hospital, which you promised?

Mr RYAN PARK: No, I'm not convinced that was the promise. We made Wyong hospital free because of that classification. We have increased parking spaces under our Government by around 3,500 spaces since 2019. Of those, 850 have been increased just since we took office. You made some increases and we've accelerated that increase.

The Hon. NATALIE WARD: Minister, you called for parking. You said that parking at hospitals is a sick tax. You slammed the former Government over it. Now patients are paying millions of dollars under you. Isn't that just a sick joke?

Mr RYAN PARK: The reality is parking at hospitals has and will continue to be heavily subsidised. I need to, as Minister Hazzard needed to, strike a balance between providing that subsidy and providing affordable parking, whilst at the same time making sure patients and carers, particularly those that are dealing with chronic illnesses—particularly those doing cancer treatment, who are there frequently—can get access to parking as close to the hospital as possible.

The Hon. NATALIE WARD: That wasn't your promise before the election.

Mr RYAN PARK: I'm not saying that balance is always right. I'm not at all saying that. Could the situation be improved? Perhaps it could be, but I've also got to strike a balance between patients and their families, who frequently use the hospital, and the staff.

The Hon. NATALIE WARD: Sure, you said that. So slightly different to what you said. Let's move on. Minister, on cuts to the IVF rebate eligibility, did you personally raise any objections to these changes?

Mr RYAN PARK: I won't have discussions about that because it's illegal for me to talk about discussions that take place in Cabinet. I know you would know this as a former Minister. I'm not allowed to do that, so I won't go on that.

The Hon. NATALIE WARD: I'm not asking about Cabinet. I'm asking if you made any submission about that cut to those IVF rebate eligibilities? Did you raise any concern?

Mr RYAN PARK: I had a range of discussions around all of the budget measures in Health with the Treasurer, with my other colleagues et cetera. I'm not—because I'm not allowed—going into those discussions. On that particular program, though, I want to highlight a few things.

The Hon. NATALIE WARD: I'll come back to that. We've got time to do that. I do have some questions and limited time.

Mr RYAN PARK: But you just asked me about it, that's all.

The Hon. NATALIE WARD: What I'd like to understand is whether you took a stand on that, whether you raised objections to that as the health Minister?

Mr RYAN PARK: To be clear, we're investing, under my leadership and under the leadership of the secretary, $52.2 million. That is more than double what the previous Government's contribution was, which was, give or take, around $24 million. It ran out of money within two years. I had to make sure the scheme was viable and focused on those people who needed it most.

The Hon. NATALIE WARD: So you took it to Cabinet; Cabinet said no.

Mr RYAN PARK: I can't comment about what went on and was deliberated in Cabinet. I know that would be an offence, that's all, so I won't.

The Hon. NATALIE WARD: Did the proposal to limit the eligibility come from your department or from Treasury?

Mr RYAN PARK: We have, as the Government, decided to extend the scheme. We've decided to focus on a cohort of people that we believe needs it most. That means that our investment in the scheme has gone up to around about $52.2 million in comparison to around $24 million under the previous Government.

The Hon. NATALIE WARD: Can I stop you there.

Mr RYAN PARK: I can't be clearer. We've made a focus on making the scheme sustainable by making sure that it focused on those who need that financial assistance most.

The Hon. NATALIE WARD: Sure, and I can read the budget and your investment; thank you for that. But what we're concerned about is the cut to eligibility for those people that were relying on it. You've now said no. The Premier has said no.

Mr RYAN PARK: Under the previous Government the scheme was going to run out of money. That's always a problem. So I've made a decision to—

The Hon. NATALIE WARD: Cut the rebate.

Mr RYAN PARK: —correct that and reform the program. The way in which I reformed the program was to expand the amount of money going into the program but making sure it was available to those who need it most. IVF is extremely expensive.

The Hon. NATALIE WARD: So you're choosing who can be parents?

Mr RYAN PARK: IVF is very, very expensive. It's extremely emotionally draining for both people involved and their broader family. I understand that.

The Hon. SUSAN CARTER: Minister, you said last year in estimates, "We need to do more when it comes to Parkinson's." The movement disorder service St George Hospital will close at the end of June if you don't fund specialist Parkinson's nurses. Will they be funded?

Mr RYAN PARK: I'll need to take some advice on that. I can't reveal, maybe much to your frustration—

The Hon. SUSAN CARTER: With respect, Minister, it's February.

Mr RYAN PARK: —things that are in the budget. I'm not going to make any budget announcements yet. That will be something that I have to wait for the Treasurer and the Premier to do, as other governments have always done. I will just take your comment as factual and I will have a look at it. I can't make any budget announcements that the Government is working on broadly, both in my portfolio or any other portfolio.

The Hon. SUSAN CARTER: So the movement disorder service at St George Hospital, which has helped over 450 patients in the last 12 months, has no certainty whether they will be able to continue after 30 June. That is not very far away, Minister. What do you say to those patients?

Mr RYAN PARK: I will say again to those patients and those staff, we are in the process of putting together our budget. I've got a responsibility, as the person who spends the most, to make sure that I'm allocating that money to deliver the greatest good. I'm sure the service that is provided at St George is fantastic. I will take some advice on it, but I can't make budget announcements during the estimates hearing when the budget is not due to take place for a few more months. That's not my responsibility. The budget hasn't been finalised. The Treasurer will hand down the budget, and that will be a decision that is taken from that point on.

The Hon. SUSAN CARTER: This is the decision that was made on the basis of dollars rather than on the health needs of these Parkinson's patients.

Mr RYAN PARK: No, that's not the case, because I'm going to seek some advice on the specific program. But I'm never going to apologise for making sure that I spend taxpayers' money to deliver the greatest good to the greatest number of people. You would be aware that there were programs that we inherited, including the potential removal of 1,100 nurses that we had to find significant funds for to ensure that they continue to operate within the Health service.

The Hon. SUSAN CARTER: I'm also aware that you inherited this program that the Coalition invested $8.6 million in over four years which has helped fund critically important movement disorder nurses across New South Wales. Those patients and those nurses need certainty that care and jobs can continue after 30 June.

Mr RYAN PARK: Yes, and I will give a commitment to the Committee, because I think budget estimates committees are really important for transparency and accountability on the Executive. I will give the commitment that I will seek advice on that. Coming out of a discussion that we had, I think, last year—and I will stand corrected—we provided some funds to Parkinson's NSW, which is, I think, the peak body, of around $75,000 to help those with movement disorders. On this specific program I will take some advice, but I can't make any announcements regarding the budget.

The Hon. SUSAN CARTER: Have you told the Premier that the movement disorder service at his local hospital will close at the end of June if they don't receive ongoing funding?

Mr RYAN PARK: No, I haven't, but I will check. The Premier is a very good advocate for the people of Kogarah, and this might be an issue that he's corresponded with me about. I don't know if that's the case. I haven't spoken to him about it. I can assure the Committee that I haven't spoken to him about this one, but I was at St George Hospital yesterday, and the investment happening there is really important. Close to half a billion dollars will be complete at the end of this year, operational back end of this year or early next year. I know that hospital well.

The Hon. SUSAN CARTER: Are you advocating for the services at that hospital, especially for our Parkinson's patients?

Mr RYAN PARK: I'm always advocating for improved health services. Minister Hazzard and Minister Taylor would have advocated for improved health services within their governments. That's my job. I will always do that. That's what I would expect of a health Minister, and that's what I expect of myself.

The Hon. SUSAN CARTER: Can I confirm whether the land for the Rouse Hill Hospital site has been purchased?

Mr RYAN PARK: Rouse Hill Hospital is a significant development.

The Hon. SUSAN CARTER: Have you bought the land?

Mr RYAN PARK: We've had to increase that allocation by an amount which is staggering: an extra $400 million. The reason we've done that in relation to Rouse Hill is because what was originally planned wasn't going to keep up with the growth in that particular area of north-western Sydney. In relation to the land—

The Hon. SUSAN CARTER: Thank you, Minister. Have you bought the land?

Mr RYAN PARK: I just wanted to give the Committee context. I know you know a lot about the Health portfolio, but not everyone may have that same knowledge, so I just wanted to give that context. The land has been identified, yes. And I understand that the purchase has taken place, but I can ask the deputy secretary to make sure that is as accurate as what my memory recalls.

EMMA SKULANDER: Just to confirm, we're in the process of resolving that land acquisition within the Land and Environment Court in terms of the dollar value payable. However, we were able to progress the project on the basis that the land acquisition is complete. The land acquisition is complete, but we are needing to finalise the number. That's a process that proceeds through the Valuer General and then into the Land and Environment Court.

The Hon. SUSAN CARTER: Who owns the land?

EMMA SKULANDER: The current land ownership—I just need to confirm that, actually. I'll check that question.

The Hon. SUSAN CARTER: So Health doesn't own the land yet.

Mr RYAN PARK: We're working through that process.

The Hon. SUSAN CARTER: Why is there an acquisition dispute in the Land and Environment Court?

EMMA SKULANDER: It's in relation to the value payable. There was a disagreement in terms of the amount of money that the land was worth, and what we're working through is the amount payable to GPT, who is the owner of the land.

The Hon. SUSAN CARTER: If GPT is unsatisfied, will that acquisition proceed?

EMMA SKULANDER: Yes. It goes through a process with the Valuer General. It's an established process, so there's no question that it will proceed. It is the case that we are just negotiating in relation to the amount. It goes through that Land and Environment Court process. The Valuer General provides an amount—

The Hon. SUSAN CARTER: So this is an arbitration clause in a contract as to value. Is that it?

EMMA SKULANDER: It's a standard—

Mr RYAN PARK: In simple terms, we're probably having some discussions around not the location of the site but the amount that will be exchanged.

The Hon. NATALIE WARD: How much? What's the dollar amount?

Mr RYAN PARK: I don't have that on me.

The Hon. NATALIE WARD: Will it blow the budget?

Mr RYAN PARK: No.

The Hon. NATALIE WARD: So it's manageable.

Mr RYAN PARK: The thing with Rouse Hill—I would have thought that not having an emergency department there would have been problematic. That's what the last Government proposed.

The Hon. NATALIE WARD: No, that's not what we're talking about.

The Hon. SUSAN CARTER: I'm sorry, we don't seem to have an answer. Ms Skulander, what's the top figure that we will be paying for that land?

EMMA SKULANDER: The Valuer General determined an amount.

The Hon. SUSAN CARTER: Which was what?

EMMA SKULANDER: I need to confirm whether that's a confidential amount or not. I will try to come back to you during this session. To confirm, we have budgeted an amount that will enable the project to proceed and, therefore, we are progressing on the basis of the fact that we own the land and we're able to continue. It is not delaying the project.

The Hon. SUSAN CARTER: Minister, you indicated that Labor promised a full-service hospital at Rouse Hill.

Mr RYAN PARK: Yes.

The Hon. SUSAN CARTER: Is a hospital where women can't give birth a full-service hospital?

Mr RYAN PARK: Birthing is a very interesting topic, and I've spent a lot of time over the past two years looking at maternity services.

The Hon. SUSAN CARTER: It's part of a full-service hospital, isn't it?

Mr RYAN PARK: An ED is probably a basic part of a hospital. You didn't propose to have that in Rouse Hill.

The Hon. SUSAN CARTER: The question to you is: Will there be a birthing unit at your full-service hospital at Rouse Hill?

Mr RYAN PARK: Ms Carter—

The Hon. SUSAN CARTER: It's a yes or no question, Minister.

Mr RYAN PARK: Let me jump in, if you don't mind. We are having a look at the issue around the provision of birthing services at that hospital and surrounding hospitals. I have become aware through community advocacy, local member advocacy, and upper House member advocacy—for whom that is the duty electorate—that the community does see that as an initiative that it wants to focus on. Government is looking at that. There has been no decision made. I want to be clear about that: I've not made that decision. There is provision in place, but we have not made a decision around maternity and birthing services at that hospital at the moment.

The Hon. NATALIE WARD: Just on Rouse Hill, you've done a sod turn at Rouse Hill, haven't you?

Mr RYAN PARK: I've been to the Rouse Hill site, yes, a couple of times.

The Hon. NATALIE WARD: You've done press releases and a sod turn, but you don't even own the land.

EMMA SKULANDER: Just to confirm, Health does own the land in terms of the exchange of contracts. It is the value of the land that is in dispute through the Land and Environment Court, which is a standard process.

The Hon. SUSAN CARTER: So contracts have been exchanged but not completed.

The CHAIR: Sorry, Mrs Carter, I have allowed witnesses to continue after the bell, but you cannot ask another question.

The Hon. NATALIE WARD: Could I just clarify, when you come back on that question specifically, can you come back to us on how much the land value has increased?

EMMA SKULANDER: I'm checking whether that one's confidential.

The Hon. NATALIE WARD: Thank you.

The CHAIR: I wanted to briefly come back to the issue of Joe's tragic death at Northern Beaches Hospital, and I acknowledge there have already been some questions this morning about that.

Mr RYAN PARK: I understand.

The CHAIR: In your commentary in the media, you said that it's not your preferred model of health care to have a public-private partnership operating at the Northern Beaches Hospital. Do you support bringing the management of that hospital back into public hands?

Mr RYAN PARK: I will be careful with my comments because I'm acutely aware of the pain and suffering the family is going through. I don't want to politicise this in any way, so I will take my time. It's not a model that we supported. It's not a model that we are ever going to do. We won't ever be going down the path of a Northern Beaches Hospital model of health care whilst I'm the Minister and whilst the Premier's the Premier. That's been made clear publicly. It's been made clear to the family. It is a very complex contract that Healthscope has with government, and the previous Government entered into that contract with Healthscope. To unpick that can't be done overnight, but we are looking at that provision of care and that model of health care.

I don't have any more to say than that at the moment. We are not at a stage where we are making any commitments one way or another about that. That's not the case. We made it clear to the family yesterday that we understood that that's what they were advocating for. But, from our perspective, this is a very complex contract that goes over many years that we would be essentially unpicking and unpacking. That can't be done overnight. That does not mean that I don't understand the concerns expressed by the family and by others, including the local member in that area. I have given them assurances that this Government won't be going down that model of health care going forward.

The CHAIR: Thank you, Minister. I appreciate your sensitivity to the family at this time, but I look forward to following that up with you, perhaps later this year. I want to come back to the wage negotiations with the New South Wales Nurses and Midwives' Association. You mentioned that you'd met with them recently, which is welcome. The Commonwealth's recent announcement of significant additional funding for hospitals came with commentary that this would help address the wage pressures you're experiencing in New South Wales. As a result of that additional funding, have you improved the offer that you've taken to the Nurses and Midwives' Association?

Mr RYAN PARK: No, I haven't, and I want to be very clear about this. This might be unusual coming from a Labor Minister to a Federal Labor Government, but I will be very transparent. That money cannot and will not be used for that, and there are a number of reasons why it won't be, which I'll explain now. Firstly, it is one-off money. What I would be doing is essentially saying to the Nurses and Midwives' Association, "You could have this amount for essentially one year while your wages are adjusted and then it has to go back, because there's not a flow-on." We did not secure a five-year deal. That's number one. Number two, which is important, is that there is strong advocacy from nurses and midwives for an increase in remuneration for their employees and members, and rightly. But there is equally strong advocacy from other parts of the healthcare sector and profession, including those represented by the HSU, ASMOF and the PSA. I have the joy of working with multiple unions across the portfolio, and all of them, as you would expect, are advocating for increases in remuneration.

The next thing about that Federal money is that the $407 million, which is roughly what it is—we haven't seen it yet. It hasn't hit our bank account, so we're waiting for that. But that will primarily flow through to staff through hospital activity. As you know, that's what it will largely result in. From memory, about 65-odd cents in every dollar that we fund in hospital activity goes to staffing-related costs, and the largest proportion of that is obviously nursing. So there are a number of reasons why we can't just do that. What the Commonwealth could do to help us is give us a better deal for our GST. That would be very helpful, and we would welcome that. We would have wanted a five-year National Health Reform Agreement, rather than a one-year one. But that decision wasn't taken.

The CHAIR: I'd like to turn to a different issue, which is abortion. Firstly, I commend you for your intervention late last year at Orange and Queanbeyan hospitals after it came to light that patients were being turned

away from public hospitals. Since that time, what work have you undertaken to understand the extent of that issue across the State?

Mr RYAN PARK: Yes, this is a tough issue. The issue around Orange hospital was not one that I found satisfactory, and we made it clear that that needed to be fixed. We have extended the SEARCH Project. That builds the capacity of regional and rural service providers to provide that abortion care. We've extended that. That extension of around $800,000 builds on the initial investment of around $1.2 million that we made into that. We've got a two-year extension commencing in 2024 that will expand that model to add 20 new partner organisations and 40 individual GP partners, particularly in rural, regional and remote New South Wales. We're in the process of finalising the mapping of where these services are and are not. You are right to say that the further you get away from metropolitan Sydney, the more challenging these services are for women to access. By no means am I saying that it is perfect at the moment, but we have a very committed group of staff within the ministry, who understand that the availability of this service is important to not just me and the secretary but, more importantly, women across the board. We need to continue to do what we can in this space.

The CHAIR: Thank you, Minister. I appreciate that the SEARCH Project is very worthwhile, but I'm specifically interested in the issue of public hospitals. You probably would have seen some investigative journalism from *The Guardian* that found that only three public hospitals in New South Wales are consistently providing abortion services and actually making it publicly known that they do. Is it your understanding that that figure is correct and, if not, what are you doing to ensure that these services are provided consistently and that the public knows where to find them in public hospitals specifically?

Mr RYAN PARK: There are a few things. There was an immediate and pretty urgent review of a NSW Health policy directive and the related policy documents and the data notification requirements. That will commence in March. There are immediate initiatives to boost consumer information and awareness, which you raised. That includes financial assistance to address access barriers, particularly barriers for priority groups. That will continue. That program commences in March, and that will continue to the end of budget commitment 2026-27. We also, through the secretary, sent a clear direction to districts that NSW Health had responsibility for abortion care under the Act that had been changed, and that the New South Wales policy, *Framework for Termination of Pregnancy in New South Wales*—those two policies—govern what we do. That occurred in November of last year.

We are making inroads. We are not by any means pretending that this is perfect across the board, but we are making inroads. I note that you have a private member's bill that we've engaged in and will continue to engage in for our political party. That is a conscience vote, so it won't be a recommendation that comes from the Minister. That will be a conscience vote where members of the Government can decide how they want to weigh. But it would be wrong for me to ignore the fact that there's a piece of legislation that you have led, that you've engaged with us on and that you believe will lead to improvements in this area. It would also be wrong if I said that this would necessarily be a Government position when, under our party structure, this will be a conscience or free vote.

The CHAIR: Thank you, Minister. Coming to the issue of meningococcal B vaccination, I understand that you've met with people who have lost children to meningococcal B previously and taken the position that this is something better funded by the Federal Government. What specific actions have you taken to advocate to the Federal Government to fund meningococcal B vaccination?

Mr RYAN PARK: I have taken a couple of specific actions. I've written multiple times to the Federal health Minister about this, because I do believe that this should be done through the National Immunisation Program. I've met with the health Minister about this. I've discussed it at health Ministers' meetings, which occur roughly every couple of months. That decision hasn't been taken as yet by the Commonwealth. I have met with family members who have been directly impacted, and I understand their advocacy. At this stage, New South Wales has not decided to go it alone. We will continue to advocate for this to be on a Commonwealth program and to be done so that there are no discrepancies across the board. But, to date, we haven't seen that, and I understand that is frustrating for people involved in this across the sector.

Ms CATE FAEHRMANN: Minister, are you concerned by the results of blood testing by a few Blue Mountains residents who have found high levels of PFAS in their blood? Are you aware of what I'm talking about?

Mr RYAN PARK: Yes, I am aware of what you are talking about. It is an issue I have had a pretty long and extensive chat with Dr Chant about. I will not take up any more of your time, but yes, I am aware of it.

Ms CATE FAEHRMANN: Are you aware that, for example, one of the residents, Catherine, has a PFAS level of 20.98 nanograms per millilitre in her blood? Are you aware of that amount?

Mr RYAN PARK: I am aware of reports around that. I have not seen those results. But I am aware of public reports of people with high numbers.

Ms CATE FAEHRMANN: The issue with that is that amount of PFAS is much higher than the average level of PFAS in the blood of communities that we have historically known are PFAS impacted, such as Williamtown, Oakey and Katherine. The average PFAS level there for people in those communities is from 4.9 to 6.6 nanograms per millilitre. We have got one Katoomba resident—in fact, we have three—with an average PFAS level that is higher than communities that the Government has historically thought were PFAS impacted. Firstly, clearly, the Blue Mountains and Katoomba areas are PFAS impacted now. Do you agree?

Mr RYAN PARK: Yes.

Ms CATE FAEHRMANN: Those people paid $500 to get their blood tested. The women I just mentioned, Catherine, has had a lot of different health issues over quite a few years. She had to pay $500 to get her blood tested. Do you think that is fair?

Mr RYAN PARK: Like in many communities, PFAS, which is a forever chemical, is in place. When I say that community is impacted, so are other communities. Most communities across New South Wales are likely to have some impact from PFAS. The advice I have got from Dr Chant—and, like I said, I have taken the time to have a number of detailed discussions with the Chief Health Officer about this—is that, at present, there is insufficient evidence for medical practitioners to be able to tell a person whether their blood level of PFAS will make them sick now or later in life. That is the first issue. Recently, Dr Chant made the decision to establish an expert panel to report directly to her on a range of these issues, including PFAS, to make sure that the way we are managing it at the moment is the most effective. The epidemiological studies would be, from my advice—and I will ask Dr Chant to add some words in a moment—very unlikely to be able show any health outcomes that could be directly attributed to that PFAS amount. That is the advice that I am getting.

Ms CATE FAEHRMANN: Minister, I will go to Dr Chant in a moment. I certainly hope that the advice that you are getting now is updated, compared with what NSW Health was saying even two years ago. There has been so much more information that has come to light. Dr Chant, are you still giving the Minister the same advice that NSW Health was giving a couple of years ago, or are you basing it on, for example, where best international science is at with this? Let's start with the International Agency for Research on Cancer.

KERRY CHANT: Clearly, and I think even when we stood up in relation to this, that report had come out. That was an initial report. I am pleased to say that IARC has actually published the full rationale behind it just recently. We are reviewing that and that will be an opportunity for our expert technical panel to review the full details behind IARC's thinking.

Ms CATE FAEHRMANN: Just to be clear, in terms of IARC's thinking, they are saying that one of the PFAS chemicals is carcinogenic and one is possibly carcinogenic.

KERRY CHANT: That's right.

Ms CATE FAEHRMANN: PFOA, I understand, is carcinogenic, according to IARC. PFOS is possibly carcinogenic. That has come out. The report is 745 pages. I had a look at it as well. It is 745 pages from the International Agency for Research on Cancer. They published the monograph two weeks ago.

KERRY CHANT: That is correct.

Ms CATE FAEHRMANN: How is that going to influence NSW Health's stance? Will you challenge the National Health and Medical Research Council's year-old PFAS guidance as a result of this?

KERRY CHANT: A couple of a things have occurred. NHMRC recently, as you are aware, released the information around the updated water quality standards for PFAS. That led to a range of testing across the State. That change in policy reflects that NHMRC is looking at the contemporary information available. We actually requested that NHMRC link in with IARC to try to get more information about the underpinning studies that IARC relied on and some technical aspects of some of the end points used. We are really engaged in recognising that there is emerging evidence, and we need to give people the best advice. That's why I've brought together a technical panel. There will be representatives from across all of the areas: cardiologists, toxicologists and neurodegenerative specialists. They will review all of that information. Obviously, that will then mean we can give the most up-to-date advice. At the moment, we are still saying that the current advice is we don't know how to act on or interpret the PFAS testing. But as science evolves, that may change.

Ms CATE FAEHRMANN: Just to be clear, Dr Chant, you approached or recommended to NHMRC to consider whether it needs to review its statement and guidance on PFAS in light of the IARC's findings initially? You fed that back? Is that correct?

KERRY CHANT: A couple of things, one is in relation to the NHMRC's consideration.

Ms CATE FAEHRMANN: But not the *Australian Drinking Water Guidelines*? At this point, it's the guidance that was released in January last year.

KERRY CHANT: I'm talking about the *Australian Drinking Water Guidelines* that have been reviewed. As part of that process of NHMRC, obviously the IARC statement was very significant. I did urge NHMRC to try to get some of the underpinning documents that so the Australian drinking water standards review would be principled on the most up-to-date and current advice.

Ms CATE FAEHRMANN: I understand that the NHMRC has said that they will wait for the full monograph behind the IARC findings on PFOA and PFOS, which came out two weeks ago. That has come out. It is their justification, reasoning and all of the evidence and all of the science to declare PFOA carcinogenic and, for example, countries like the US to have a four parts per trillion guidance.

KERRY CHANT: We stand by the IARC's considerations and deliberations. I'm on the public record saying that.

Ms CATE FAEHRMANN: Does that mean the draft drinking water guidelines will change?

KERRY CHANT: No. There are two separate processes. The drinking water guidelines were going through the process of revision during the time when IARC came up with the monograph. In terms of the NHMRC, they did attempt to interact with IARC to see if they could get an early release of some of the more detailed data underpinning it. I'm not sure of the outcome of that. But I would assure you that NHMRC would've been very keen to understand the basis and include that in the review. I can follow up with NHMRC about that.

Ms CATE FAEHRMANN: The question is whether you are comfortable with the 200 parts per trillion guidance for a PFAS chemical that IARC has just released a 745-page document saying is carcinogenic.

KERRY CHANT: I am very confident with the NHMRC process, which is an independent process led by NHMRC. I'm happy to follow up on the details, but that's really a matter for NHMRC. But I'm confident with the robust processes that were set to establish drinking water guidelines.

Ms CATE FAEHRMANN: There is a lot of disquiet in the department, in terms of some of the emails that I have seen through the call for papers. There is a number of different discussions over email from people within NSW Health and other jurisdictions who are quite uncomfortable with the direction that the NHMRC is going in terms of disregarding the IARC report.

KERRY CHANT: I would be happy to look at any of those emails. I would be happy to review those. I think the issue that we certainly highlighted to NHMRC was a request to deeply understand some of the threshold levels, the difference between the end points, whether they were using thyroid or cancer end points and what the rationale was. I am only aware that our staff have interacted, as you would expect, in a technical way to have a fuller understanding of the guidelines' development and the underpinnings for that. But I would be happy to review any emails to actually understand what you are referring to.

The CHAIR: That brings us to questions from the Government.

The Hon. STEPHEN LAWRENCE: There are no questions from the Government.

The CHAIR: There being no questions from the Government, we will break early for morning tea and recommence at 11.15 a.m.

(Short adjournment)

The CHAIR: Welcome back, everyone. It being 11.15 a.m., we'll recommence. We'll start with questions from the Opposition,

The Hon. WES FANG: Minister, thank you for attending today. Will you guarantee 24/7 emergency coverage for Wee Waa hospital?

Mr RYAN PARK: Staffing at Wee Waa Hospital has been a challenge. I want to be open and transparent with the community. It has been something that we haven't resolved as yet. We are working with both the local member—and I know he is working with community leaders. In May 2023 we reduced the hours from 24 hours, as you indicated, down to 8.00 a.m. 'til 5.30 p.m. seven days a week. Outside of these times, ED presentations are redirected to Narrabri. Patients presenting to Wee Waa who needed admission will obviously receive inpatient care at Narrabri. We are making recruitment efforts for the vacancies. There is what I've loosely called a working

party established with the local MPs, local community leaders and local HAC health representatives around how we can try to accelerate that and what we can try to do to get that resolved.

Mr Sloane, as the Deputy Secretary of Regional Health, has initiated a Collaborative Care Program, which was facilitated by the Rural Doctors Network to review the planning and delivery of public health services to the community. That piece of work is trying to identify what we really need there and then roll it out. But vacancies have been a challenge in Wee Waa. I know it's something that the shadow Minister for Regional health, Gurmesh, has raised with me. I know it's something that Roy Butler has raised with me multiple times. I'm not going to pretend I have resolved it yet, but I'm acutely aware of the issue because of community representations, shadow Minister representations and the local MP Roy Butler's representations.

The Hon. WES FANG: Thank you for that, Minister. In your answer you said that you're working out what's needed. The community needs 24/7 care in their emergency department. You don't need a working group to determine that.

Mr RYAN PARK: I've just got to make sure that the presentation levels at that hospital are adequate enough that clinicians can ensure that they are getting enough throughput. Clinical health, as you know as someone who has been involved in delivery of health care, does rely on a volume issue to ensure that practitioners maintain their skill level and their knowledge. If that volume is not there, that becomes a safety issue and a concern for me. So whilst I understand the community may want something 24/7, I'm not ignoring that. I'm just saying (a) the ability to staff it in a way that is safe and (b) the ability to staff it in a way that clinicians themselves continue to get that exposure and volume of patients through there is just a bit challenging.

The Hon. WES FANG: I accept that, Minister. I'm just trying to understand how you're managing some of those challenges. In relation to Wee Waa again, how many of the health staff have taken up the Rural Health Workforce Incentive Scheme there?

Mr RYAN PARK: I don't know—let me just check if I've got that specific number. I don't have that as a site-specific—Luke, you don't?

LUKE SLOANE: I think we'd have to take that one on notice.

Mr RYAN PARK: I'd have to take that one on notice.

LUKE SLOANE: I can confirm that all the vacancies there, when they're recruiting, are advertised with incentives.

The Hon. WES FANG: Will the hospital remain open even outside of the emergency-hour times?

Mr RYAN PARK: What we've just got to work with the community on now is getting the very best possible service there that meets the needs of the community but, at the same time, is safe and effective for clinicians to get that volume through. I'm not trying to dodge this.

The Hon. WES FANG: No, I appreciate that.

Mr RYAN PARK: I'm just being honest that I have to make that decision as well.

The Hon. WES FANG: You indicated that Narrabri is effectively the overflow for Wee Waa when the emergency department is shut. Have you provided additional resources—doctors, nurses et cetera—to Narrabri in order to cover the surge that they'll have?

Mr RYAN PARK: What I know and what I'm advised, Wes, is that since the change in operating hours at Wee Waa—and Luke can jump if any of this is not accurate. I talked about this recently with the local MP. There has been an average increase of around 1.17 presentations a day to Narrabri—so, for argument's sake, not quite two. That's from the wider Wee Waa region, including Burren Junction and Pilliga. There has been a negligible increase in patients from the Wee Waa region being admitted to Narrabri. Just Wee Waa is about 0.6 admissions per day on average, so it hasn't seen that volume. I don't have the staffing profile of Narrabri in front of me, but I understand that that is also an area that would be linked with incentives. The volume of increase hasn't been huge.

The Hon. WES FANG: Maybe you can take it on notice.

Mr RYAN PARK: Yes, I am happy to.

The Hon. WES FANG: The shadow Minister, Gurmesh Singh, is down the back with some representatives from the Wee Waa community. I encourage you to meet with them after you've finished at the hearing. As you've said, Gurmesh and the community has raised concerns with you. What would you say to the

community if the unthinkable happens: Something happens outside of those emergency hours, and somebody loses their life because the emergency department isn't staffed 24/7?

Mr RYAN PARK: I would say to the community—living in a community where I'm from, where we had round-the-clock ED at Bulli—that the previous Government and others reduced the hours, and I had to explain that to the community. The way I explained that to the community is that health facilities have to be safe. They have to meet the needs of the community. Part of making sure that they're safe is ensuring that the staff have the patient throughput and diversity of patient conditions to ensure that they keep up their skills and knowledge.

What I can't do is open up facilities that don't have that volume, and put at risk patients who may present there believing that the staff have adequate resources, skills and knowledge to do that. At the moment, we are struggling to recruit in that part of New South Wales. I'm not putting my hands up and saying, "I quit." I'm not doing that at all. I'm really working closely with both my own agency and the local member and, to be fair, representations made by Gurmesh and the community broadly. I have read and am paying close attention to them. I've just got to make sure that those services can be delivered safely.

The Hon. WES FANG: I appreciate that. I'm just not sure that that's going to be sufficient for the community of Wee Waa. If you wouldn't mind, I know you took some of the numbers around Narrabri on notice. Would you mind taking on notice some of the overflow issues that go to some other surrounding hospitals—like Tamworth et cetera—that have come from Wee Waa?

Mr RYAN PARK: Sure.

The Hon. WES FANG: I move to another issue. Harrington is a growing regional community. The nearest ambulance station to that community being 30 minutes drive away, the community have advocated long and hard for an ambulance station. Will you commit to matching the National Party's election commitment for a new ambulance station at Harrington?

Mr RYAN PARK: I'll have a look at it as part of the budget. I'm in discussions at the moment with Commissioner Morgan and the team at NSW Ambulance about the budget proposals. Obviously, like I said to Ms Carter earlier on in this hearing, I can't disclose that. That's not appropriate for me to do given that the budget hasn't been handed down and the money is not available. I'm acutely aware that we are funding significant increases, as did the previous Government, of new ambulance infrastructure across regional and rural areas. Obviously everyone wants a brand-new facility or a facility. I understand that.

The Hon. WES FANG: I appreciate that, Minister, but we're just talking specifically about this community in Harrington. They are desperate for an ambulance station. The National Party have committed to one. Are you going to match that commitment?

Mr RYAN PARK: I'm happy if Commissioner Morgan wants to—

The Hon. WES FANG: I might ask Mr Morgan in the afternoon.

Mr RYAN PARK: I'm happy to take it on notice and have a look at it.

The Hon. WES FANG: I appreciate that, Minister. That's actually really helpful. Minister, has the Mid North Coast Local Health District raised the issue of Wrights Road roundabout impacting hospital access?

Mr RYAN PARK: What road, sorry, Wes?

The Hon. WES FANG: Wrights Road roundabout in Port Macquarie.

Mr RYAN PARK: They could have. I don't recall it. For my sins, I read every piece of correspondence.

The Hon. WES FANG: Recently, we had an ambulance that had to divert across the nature strip because there was such congestion in the roundabout.

Mr RYAN PARK: Okay, that's a problem.

The Hon. WES FANG: Yes. Obviously, the National Party have made an election commitment to fix that hospital access. Are you going to match that commitment and ensure that the community can get in and out of the hospital without being impeded?

Mr RYAN PARK: We certainly made an important election commitment in last year's budget, from memory, to upgrade that hospital. I'm confident that, as a result of that, the access will be looked at. I'll take some advice, probably from the roads Minister and the regional roads Minister, just on the specific nature of it, because I can't recall it coming across through correspondence. That doesn't mean that it hasn't. I don't want to make out that it hasn't. It could very well be.

The Hon. WES FANG: Minister, if it hasn't, I can tell you, I will be the first to raise it with you now. I am sure that you and I can work together on fixing that roundabout. In relation to regional maternity services, are you able to tell me how many regional maternity services have closed in the last 12 months?

Mr RYAN PARK: I got some figures the other day that I was having a look at around maternity because, out in places like Tamworth, I've got some concerns at the moment around maternity services.

The Hon. WES FANG: Can I say, Minister, I do share your concerns.

Mr RYAN PARK: We've got around 70 birthing services across the State. They obviously range from one to six. We have doubled the Rural Health Worker Incentive Scheme that was introduced by the former Government, because we had to look at—

The Hon. WES FANG: A great program. Minister Bronnie Taylor brought that in. She is the fabulous former Minister.

Mr RYAN PARK: I've acknowledged her multiple times for that incentive. We expanded the midwifery sign-on bonus. That got up to $20,000.

The Hon. WES FANG: While I appreciate you highlighting Bronnie Taylor's excellent work in the previous Government, that isn't really addressing the question that I asked, which was: How many maternity services have closed in regional areas in the last 12 months?

Mr RYAN PARK: Well, I'm not sure. We've opened—

The Hon. WES FANG: Maybe take it on notice. Is that okay?

LUKE SLOANE: I can answer that question. We answered this in a previous question on notice that NSW Health is not aware of any regional New South Wales public maternity services closing in the last 12 months. But we have been advised and are aware of private maternity services that have closed in the last 12 months. That was answered at the 13 December budget estimates.

The Hon. WES FANG: Okay. On the issue of regional maternity services, is there a plan for Muswellbrook to reinstate birthing services?

Mr RYAN PARK: Well, I want to have a look at what is happening there. I want to maybe sure it's safe and I want to make sure that we can get staff there. There is a subsection of the nursing workforce broadly—and that is midwifery—that we are having some really, really big challenges for. I am aware—

The Hon. WES FANG: Minister, I don't mean to interrupt you, but that's a broader issue.

Mr RYAN PARK: At Muswellbrook, I am aware that birthing ceased back in 2022. Under the former Government, it ceased there. That was, at the time, due to struggles with GP obstetricians and their resignations. So—

The Hon. WES FANG: Minister, the question was: Is there a plan to reinstate the services?

Mr RYAN PARK: We've got level one maternity services—

The Hon. WES FANG: You can take it on notice.

Mr RYAN PARK: —that provide ante- and postnatal. We're continuing the discussions with the district. I haven't made that decision yet. But I do—

The Hon. WES FANG: Can I draw from that answer, just to condense it because I have limited time, that there is no current plan to return birthing services to Muswellbrook?

Mr RYAN PARK: No, you can take it that we are having a discussion about it. We haven't commit—

The Hon. WES FANG: So there is a plan?

The Hon. STEPHEN LAWRENCE: Point of order: The Minister is endeavouring to answer. He's being continually interrupted.

The Hon. WES FANG: Continually interrupted? That's a bit of a stretch.

The Hon. STEPHEN LAWRENCE: At least three times in that instance.

The CHAIR: This Committee has similar points of order on a regular basis. I always make the same ruling, which is that the Minister should be given time to answer the question, and also that the Minister should try to directly answer the specific questions being asked.

Mr RYAN PARK: Just to be very direct, we are having those discussions was the district. But I will say this, Mr Fang: It has to be done in a way that is safe. I have to be able to make sure that I can get adequate numbers of midwives and staff there. We had a reduction in GP obstetricians in the area. The previous Government—I'll just be honest—rightly would have said that service probably cannot be operated safely—

The Hon. WES FANG: Minister—

Mr RYAN PARK: —and we have to be wary of that.

The Hon. WES FANG: —we're now delving outside of where the question was really directed. I'll move on. What birthing services exist in Parkes? Will Forbes continue to be the fallback for that catchment area?

Mr RYAN PARK: I note that the member for Orange has raised this issue with me.

The Hon. WES FANG: I'm sure Gurmesh Singh has also raised it. Correct?

Mr RYAN PARK: I'm sure Gurmesh may have as well—I am not saying he hasn't—and I know the community has raised that with me. The challenge around that area is that, whilst recruitment is ongoing, whilst we are throwing everything at that—and I've assured the local member about that—they're suspended at Parkes due to the inability, like in Muswellbrook, to attract and retain suitable medical staff and workforce. I just want to be clear on this so people understand the difference: The hospital is still doing antenatal and postnatal programs. I know that's different. I'm very aware that's different.

The Hon. WES FANG: You've already foreshadowed the point that I was going to make, which is you're not actually answering the question that I asked, which is: Are birthing services going to be returned to Parkes? And is Forbes the overflow?

Mr RYAN PARK: They're suspended at the moment, because I can't get adequate medical workforce recruited into those positions. We're doing everything we can. I've spoken to the member. I know the member for Orange has been advocating strongly—as he should do, as each of us would do for our own respective communities—but I've just got a responsibility as the Minister to make sure that I can deliver birthing services that are safe, that have the volume of women going through them, and that can be delivered in a way that is sustainable.

The Hon. WES FANG: This actually might provide you an opportunity to talk to that, Minister. Does the Government actually have a plan to ensure that rural New South Wales women are able to birth and have their families close to and nearby where they live?

Mr RYAN PARK: Yes, we do. We have invested and are investing in GradStart and MidStart programs designed to try to make sure that we can fast-track midwives into the sector if they commenced a nursing degree and they want to go into midwifery. We have doubled the incentive. We are doing what we can to try and make sure that we've got medical staff in those areas to be able to support midwives doing it. One of the best programs that never gets a front page but is important for me from a policy perspective is the expansion of the Midwifery Group Practice. I know that Emma Hurst has been an advocate of this through the birth trauma inquiry that was underway. That is regarded as—I am not saying a gold standard—a high standard of care. We've expanded that MGP program.

The Hon. WES FANG: I appreciate those incentives. The next follow-on question is, obviously, when you've got a program and a plan to do these things, how do you measure its success? What does the New South Wales Government have by way of targets, timelines and accountability to the health services to ensure that these incentives are actually working?

Mr RYAN PARK: I think they're working, because the number of midwives who received those recruitment incentives in 2022 was around three people, and in 2024 it was 288. That's, in anyone's mathematics, a reasonably significant increase. We are also expanding MGP, coming out of the birth trauma inquiry, a landmark inquiry, and an important one that shone the light on the fact that we need to do more as a system in relation to Midwifery Group Practice, and we are expanding that. That doesn't mean, though, we don't still have significant workforce challenges, particularly around GP obstetricians, and particularly around the sheer number of midwives that we've got.

The Hon. WES FANG: I look forward to working with you to address some of these issues, Minister. I am going to move on, if that's okay, because I've only got about a minute left. Has funding been renewed for the regional Tresillian Family Care Centres?

Mr RYAN PARK: My understanding is Tresillian has continued to receive the funding that they've asked for. Obviously I won't foreshadow stuff in the upcoming budget, but we're working through with them, and closely with them. Tresillian, like Karitane, do really important work to support families and parents.

The Hon. WES FANG: You're not aware of a funding cliff arriving for them? You believe that their funding will continue into the next budget?

Mr RYAN PARK: There could always be a funding cliff that you left us. I've had to deal with a lot of them, so there's probably one or two.

The Hon. WES FANG: We're now looking at the budget for 2024-25, and their funding cliff arrives 30 June.

Mr RYAN PARK: We're working through that. It's not budget day today. I can't foreshadow, and I'm not allowed to foreshadow an announcement around that.

The Hon. WES FANG: Tresillian are often the only supports in regional areas for new patients around breastfeeding, nutrition and settling a baby, as well as mental health issues such as postnatal depression and anxiety. Will you commit now to there being funding post-30 June so that rural, regional women will have some confidence that they will have support if they need it for their babies?

Mr RYAN PARK: It's an important question, because I think the first 2,000 days of a child's life sets them up for long-term health outcomes. All of the data both here and overseas demonstrates that the first 2,000 days of a child's life can have a significant impact on their trajectory. The work that both Karitane and Tresillian do in that time is something that is of great importance to me. There was $6.5 million allocated as part of the Family Start Package in the most recent budget, and that allowed seven services of Tresillian to continue to operate. I am in discussions with them around the ongoing support and programs that they provide, but I can't pre-empt what those discussions are. I'll have to wait for budget.

The Hon. JOHN RUDDICK: The New South Wales *Framework for the Specialist Trans and Gender Diverse Health Service for People Under 25 Years* was published in September 2023. It references the establishment of a clinical advisory group, which would be tasked with developing clinical guidelines. A year later in September 2024, in response to some questions at budget estimates, NSW Health did refer to the clinical advisory group, noting that NSW Health would consider its advice. However, I understand there is no publicly available information on either the chair, the membership, the scope or the work of the clinical advisory group. Can you tell us, has the clinical advisory group been formally established, and if so, when?

Mr RYAN PARK: I think it has. I'll have to take that one on notice. If I can get it beforehand, I'll give you a commitment to get it back to you today. That way, you've got the information.

The Hon. JOHN RUDDICK: I have a few more questions related to it, so I hope we can take them all on notice. I would also be keen to know who the appointed members are and what their qualifications are. We want to know what guarantees there are that there will be a diversity of views on this panel, which is best practice for advisory groups of this nature. We would like to know if advocacy groups were involved in the selection, including whether ACON was involved, and we'd like to know why has NSW Health not publicly disclosed the membership and the terms of reference about the clinical advisory group.

Mr RYAN PARK: I am happy to take all those on notice, but I will say this, Mr Ruddick, on this topic: These are pretty vulnerable children, and I want to be really careful in the way in which we speak about these individuals and their families. They are often going through very challenging times, and as a parent I am cognisant of the comments I make as a leader that I've got to be aware of, that people may be viewing this, and I don't want them to view it in a way where they don't think that we're taking their health care seriously. We do everything in this space on an evidence-based framework. We don't operate outside an evidence base. We had Sax Institute have a look at what we were doing and making sure we were doing that in line. I do note that the Federal Government has recently asked—I think it's the NHMRC to have a look at this type of care across the country. We support that, but we are also confident in the work we are doing in this space, and I by no means say that doesn't mean we can't be questioned. I accept that. I am just saying that I need to be careful in the way in which I answer as well.

The Hon. JOHN RUDDICK: I fully understand. We're not asking for anyone's names. This is an authority that's been created by law, so I think the public does have—I think these are fair enough questions for some transparency on that front.

Mr RYAN PARK: No problems at all. I think it is a very fair question.

The Hon. JOHN RUDDICK: The same report also did refer to the creation of a consumer advisory panel. We also would be keen to know is that up and running? If so, when, and who the members are of that.

Mr RYAN PARK: Okay.

The Hon. JOHN RUDDICK: In March 2022, NSW Health released the *NSW LGBTIQ+ Health Strategy 2022-2027*, accompanied by a summary of evidence. I am told that the most recent evidence cited in the

document dates back to 2019. Since then, multiple systematic reviews in peer countries, including the UK, Sweden, Finland and Norway, have led to significant policy changes regarding gender medicine, particularly in relation to the use of puberty blockers for minors. How does NSW Health ensure that its policies remain aligned with current international evidence and best practice, given that the evidence base for this strategy was already outdated at the time of publication?

Mr RYAN PARK: I announced in roughly July 2023—I can't get the exact date, but I remember it was around the middle of the year—that we asked the Sax Institute would review the evidence for the care of trans and gender diverse people. They are independent, as you know. It's a not-for-profit research body. The review provides a synthesis of what you highlighted, which was the latest evidence from roughly the period 2019 to 2023, and you are right; there was a significant volume of research in that time. The volume of research, though, didn't necessarily mean the quality of research. I don't mean that disrespectfully, but research is obviously—given what they can influence and the way in which they set up their control mechanisms, depending on the quality.

The key findings of that review that I commissioned was that on the volume of the evidence, that volume has increased significantly, but on the quality of evidence, there are limited studies using gold standard research methods. For those of us who have researched or done an honours or a masters or a PhD, things like randomised controls and things like that that we know—and that was the case because of ethical concerns about withholding care and the small number of participants.

But the review, the research, showed that what we were doing was evidence-based, was in line. That does not mean in any way, shape or form that we are not prepared to continue to have a look at emerging research trends in this area. We do. I expect Health to continue to do that. I would expect it about any form of health care, and I expect it about this—particularly with this, because you're dealing with vulnerable people. You're dealing with very, very challenging family situations, and you are also dealing with a case of a lot is happening in terms of the overall volume of research, but because of those challenges the quality of research is problematic. I don't mean quality in terms of "poor", just in terms of the instruments that researchers use to provide robust conclusions.

The Hon. EMMA HURST: My understanding is that maternity, antenatal and postnatal services—MAPS—are expanding at a much faster rate than the MGP programs across New South Wales. While obviously we are still supportive of the MAPS program**,** and I wouldn't discourage expanding those further, can I get an assurance from you that MAPS aren't being implemented in place of continuity of midwifery care models such as the MGP models?

Mr RYAN PARK: No. You've got assurance from me that what we're trying to do is expand maternity services and use the very best model possible to try and deliver that. I come from a community where the MGP model has been advocated pretty strongly, where there needed to be improvements in the midwifery and maternity area. That has taken place as a result of that, but I don't also pretend, as you didn't, that that's the only model that we do, but what we're trying to do is improve maternity services across the State using the very best possible model with the constraints that we have around workforce. All of those things don't always align, is what I am trying to say.

The Hon. EMMA HURST: I understand what you're saying. In regards to the constraints within the workforce, does the Government monitor and collect data on midwives who actually want to work within those MGP models but aren't able to find opportunities to be able to do so?

Mr RYAN PARK: I will take that one on notice.

The Hon. EMMA HURST: In regards to the midwifery group practice programs, are you able to give me any information about how many more have been established in New South Wales or expanded in the last 12 months?

Mr RYAN PARK: Yes, I have, because I was looking at this specifically the other day, and it comes up at times when people like Roy Butler and Gurmesh and others in regional and rural areas raise the availability of this. We've opened and expanded midwifery group practice this year in Glen Innes, Port Macquarie, Goulburn, Shoalhaven and one of my own local hospitals in Wollongong. We also opened home birthing on the Central Coast. That was, from memory, back in 2023, so that wasn't 2024. You would also be aware that we're investing just under $50 million into the Aboriginal-owned and midwifery-led freestanding birth site and the hub down in Nowra.

The Hon. EMMA HURST: In regard to government incentives, funding and other support encouraging the upscaling of complete continuity of midwifery care models, has there been an increase or a decrease in women accessing continuity of midwifery care, or has it stayed the same, since the inquiry report in August last year?

Mr RYAN PARK: I'm happy to double-check this, but I'd say there'd be an increase just because of the expansion of services that we have. I'll take us back. There's more MGP now than what there was when you advocated for the inquiry. That doesn't mean there doesn't need to be more MGP, but I think those sites would be seeing more women going through that MGP model of care. The feedback that I get both from midwives and from mums and families is that that's a very valuable program to them. It's not simple to staff, as you know and would have heard in the inquiry, Ms Hurst, because it's fairly demanding on the midwife involved. They've got to have space and time in their careers to be able to do it. But from my perspective this is a very good program, and we're doing our best to lean as far into it as we can—but more work to do.

The Hon. EMMA HURST: Could I get on notice some of the more specific data points?

Mr RYAN PARK: Sure.

The Hon. EMMA HURST: I understand that's probably not front of mind, but if I could get that on notice, that would be really helpful as well.

Mr RYAN PARK: I'm happy to do that.

The Hon. EMMA HURST: Can I also get a bit more information about an implementation timeline or any specific funding allocations for the accelerated implementation of the five key initiatives from the inquiry into birth trauma?

Mr RYAN PARK: Yes, you can. I have some information here around the birth trauma inquiry because I wanted to have a look at this in relation to some of the information that regional and rural MPs were talking to me about, particularly about MGP. I can give you a progress update on the five that we accelerated, and I'll be as quick as possible. We've increased access to the maternity continuity of care models. I've gone through those areas in my previous answer, so I won't go through those again. Also, something that you raised with me personally at the time was we've embedded trauma-informed maternity care. We've got a draft of a trauma-informed care quick guide for maternity staff, to accelerate the adoption of trauma-informed care. We've finalised the integrated trauma-informed care framework and begun the implementation of that consultation process.

The third one is—and this certainly came out in your inquiry—we have improved the way information is provided to women. We're piloting an induction-of-labour decision-making tool in three local LHDs that has been co-designed with maternity consumers, which will conclude in 2025. We've improved consent processes in maternity care—something that was also raised in the evidence from the birth trauma inquiry. We've got draft guidelines for obtaining valid consent during maternity inventions to support women and clinicians, and we've carried out consultation with peak bodies, consumers and clinicians around those particular processes.

Lastly, in relation to supporting women who are experiencing pregnancy complications—and that includes pregnancy and infant loss—we've completed the perinatal loss guideline, which will provide specific advice for clinicians on how to provide respectful care, including bereavement support, to women who experience pregnancy or newborn loss. I know that was an issue that a number of constituents from Better Births Illawarra raised with me personally as well.

The Hon. EMMA HURST: One of the inquiry recommendations was training for maternity care professionals in trauma-informed care and informed consent. I know that the department has had a proposal from Western Sydney University, which was told that it would have to wait for a tender. Can you inform us of any tendering processes, when that might actually be undertaken, any funding available and when that process will actually begin?

Mr RYAN PARK: I might take that on notice, Ms Hurst, if that's okay, just because of its specific nature. If I can get it back before the end of today, I will.

The Hon. EMMA HURST: That would be great.

Ms ABIGAIL BOYD: Minister, are you aware of calls for a statewide disability health strategy, similar to the one that was developed for the LGBTIQ+ community?

Mr RYAN PARK: Yes, I am aware. I initiated a meeting this week with disability groups specifically to discuss this. I had a number of peaks—Health Consumers NSW, as well as a number of key peak stakeholders from the disability sector, including Stroke, Physical Disability and the intellectual disability peak. They raised the fact that, from their perspective, they felt the work that we did in the LGBTIQA+ strategy was one that we should be looking at from a disability area. To be honest, I quite agreed with them on this. We are in the process of finalising some more practical initiatives that we're delivering in this area. My perspective is I think we can do what you're suggesting, which is use that as a basis for the policy on the way in which we treat people with physical or cognitive disabilities. That is a piece of work that I'm willing to undertake and focus on.

Ms ABIGAIL BOYD: That's good to know. Currently, the NSW Health webpage has a reference to a disability strategy, but it just takes you to the Commonwealth one, which doesn't have any sort of actions or targeted plans at a State level. But the New South Wales section of that makes reference to legislative changes made to the New South Wales Disability Inclusion Act and the outdated DIAP. I would say, though, that the NSW Health policy directive that you updated in September 2024 has been really well received, responding to the healthcare needs of people with disability. Are you concerned that New South Wales is lacking this coordinated strategy, and that it's because of this that we're now seeing these reports in the media about people with disability not getting the support they need in hospitals?

Mr RYAN PARK: I think the area of disability health care is one that every government and every Minister should personally take on and look to improve, because the feedback that I've had from the sector in multiple forums where I've been is that a poor diagnosis or a diagnosis anchored in incorrect feedback and information can, for people with a disability, spiral into perverse and suboptimal health outcomes. They also raised with me the other day—and I had members of the Health ministry there as well, who have been working with the group on it—the importance of training of staff, particularly in this space. They feel the carer or the family member who is supporting the person with a disability is sometimes ignored in a way that they don't feel would be the case for an able-bodied person.

I think that is perhaps as a result of training, not anything that healthcare workers are doing to deliberately make it difficult. I'm not saying that at all. I'm just saying sometimes that when people with a disability present with symptoms that are consistent with other illnesses or disease or injuries, we can at times—because the volume is low—pick them up and assume that they are experiencing something which, in fact, they're not. They are experiencing a part of who they are, which is their disability, and we're probably not engaging with them right. I reckon, from what I've read and the chats that I've had with people in the sector, that we do, as a system, need to continue to look at ways in which we get that better. I'm not saying training is the only one, but I think the training piece is important because it can result in a diagnosis rooted in something that perhaps is not the case, and that can lead to poor health outcomes. Sorry that was long.

Ms ABIGAIL BOYD: No. What you're saying is really promising, I think, in the context of incredibly overworked and under-resourced health workforce. To be talking that only training is not going to quite get us there—

Mr RYAN PARK: No.

Ms ABIGAIL BOYD: I think you acknowledge that we need some sort of targeted resources put in as well into this issue.

Mr RYAN PARK: I do, and I think in relation to the LGBTIQA+ community, governments—not just the Government I'm part of—and former governments have lent right into this to take the views of stakeholders like ACON and others to really inform the strategy. They haven't informed it in isolation to the stakeholders. What we just need to do, and what the stakeholders talked to me about this week in relation to disability health care is we need to make sure that we do engage widely and broadly with the sector, not just a couple of peaks. That is a mistake that people like me and big agencies can sometimes make. Part of the reason I wanted to have a face-to-face discussion with them this week is to try and get a sense from them what we were doing well and what we could be doing better. They felt what we could be doing better is a broader strategy that you've talked about and that that be anchored in to similar to what we do with the LGBTIQA+ community.

Ms ABIGAIL BOYD: Can I check that the organisations you've met with did include the Physical Disability Council of NSW?

Mr RYAN PARK: Yes, it did. It included the physical disability group.

Ms ABIGAIL BOYD: Great, thank you. One of the other emerging issues that we hear a lot about in my office in the domestic and family violence portfolio is in relation to support for greater protocols, training and support for frontline domestic and family violence services to be able to identify traumatic brain injuries in victims of domestic and family violence. I know there's been some pretty promising round tables and people trying to push for a pilot program around the Hunter. Are you aware of this issue? Is this something that you already look into?

Mr RYAN PARK: Yes, I am. I have a fair bit to do with the women's health services across New South Wales. I took a pretty big election commitment about their services. They have talked to me about some of their early research that is showing the traumatic brain injury, often as a result of a choking, that is happening. I'm going to stand corrected around the Hunter one. I don't want to give you a bum steer, but I do think it is an important area that clinicians and frontline emergency department staff are going to have to become more informed about because of the prevalence of this behaviour in relationships.

When I've spoken to some of the peaks and the specific women's groups, there was one, the women's health services one, where I went to at the Blue Mountains. They talked to me about this becoming an issue that they were seeing, predominantly more in younger cohorts of women. They were asking me around how we ensure our clinicians are looking for this and treating this, and it's probably through better research and practice. I'll just stand corrected on the Hunter one. I think I know it, but I don't want to give the Committee anything incorrect.

Ms ABIGAIL BOYD: You can come back on notice with a little bit more information on what you're doing on that.

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

The Hon. NATALIE WARD: Can I come back to Ms Skulander on the Rouse Hill issues. Have you had a chance to get that answer?

EMMA SKULANDER: Yes, I have. I think probably I should have clarified that it's a compulsory acquisition process.

The Hon. NATALIE WARD: Under the just terms Act?

EMMA SKULANDER: I think that's an important context under the just terms Act.

The Hon. NATALIE WARD: Sorry to interrupt you—just to be clear on that—I thought you had said that Health owns it.

EMMA SKULANDER: Health does own that site.

The Hon. NATALIE WARD: You are compulsorily acquiring it from?

EMMA SKULANDER: The land ownership has been transferred. The Valuer General has determined an amount.

The Hon. NATALIE WARD: What is that amount?

EMMA SKULANDER: I am allowed to tell you, which is $42.763 million. HAC has paid a proportion of that, but the amount has not been accepted by GPT. Therefore, GPT has challenged it.

The Hon. NATALIE WARD: From whom it is being compulsorily acquired.

EMMA SKULANDER: Correct. It's been challenged and it's going through that court process that I referenced previously. The next hearing is in August of this year. In parallel, because HAC owns the site, we can progress with the project, so there is no delay.

The Hon. NATALIE WARD: In 2018-19, $75 million was allocated for the land. How much is allocated now?

EMMA SKULANDER: I think within the budget that would be a confidential number.

The Hon. NATALIE WARD: Why?

EMMA SKULANDER: I think, just from a sensitivity perspective around, commercially, the agreement that we need to take through the court process. I can confirm that we've got an allocation remaining within the budget that exceeds the number there with some risk within it, but I think that number is probably better not to be publicly available.

The Hon. NATALIE WARD: I might ask you to take that on notice and check that—

EMMA SKULANDER: No problem.

The Hon. NATALIE WARD: —because it would have to be an allocation in the budget.

EMMA SKULANDER: There is an allocation in the budget.

The Hon. NATALIE WARD: And you're saying that you can't tell this Committee what that allocation is.

EMMA SKULANDER: What that number is. I just want to retain that commercial principle.

The Hon. NATALIE WARD: For a budget line item?

EMMA SKULANDER: Obviously, it's going through that process with GPT at the moment in the court, so I'll come back to you. I'll take it on notice.

The Hon. NATALIE WARD: If you don't mind coming on today. Minister, Stacey Chater's 23-year-old son, Brayden, died tragically from meningococcal B in 2022. When you met with Stacey and Meningitis Centre Australia in November 2023, did you promise Stacey that you would write to the Federal health Minister requesting a fifty-fifty funding split between New South Wales and the Federal Government for that vaccine?

Mr RYAN PARK: I know Stacey very well. I grew up opposite her at Dapto.

The Hon. NATALIE WARD: Sure—just the letter.

Mr RYAN PARK: It's a tragic set of circumstances. I wrote to Minister Butler twice about this issue. I'll stand corrected around the specifics that you said in there—around the fifty-fifty. I don't recall that part of it, but I certainly made it clear to them that I will, and have, and continue to advocate, and I'll do that after the Federal election to the Federal health Minister.

The Hon. NATALIE WARD: Sure. Can I just be clear? I appreciate that you've confirmed you've written and you've done that twice. I appreciate that.

Mr RYAN PARK: Yes.

The Hon. NATALIE WARD: Can I confirm, though, or could you come back, or could your office come back in the next little while, on whether those two letters contain the representation that you were seeking a fifty-fifty funding split?

Mr RYAN PARK: Yes. I'm happy to correct. I'm happy to provide that. I don't—

The Hon. NATALIE WARD: You don't know, or—

Mr RYAN PARK: No, on record now, I don't believe those pieces of correspondence would have gone to the funding split, but I am happy to provide—

The Hon. NATALIE WARD: What were you asking for, if you were writing to them?

Mr RYAN PARK: Well, I'm asking the Commonwealth to do what the Commonwealth's responsible for, to be brutally honest, and that is run a national immunisation program. They are the people responsible to deliver that. That's the expectation that I have. I went into bat twice through written correspondence.

The Hon. NATALIE WARD: Yes, you said that.

Mr RYAN PARK: I went into bat in separate health Ministers' meetings about this issue.

The Hon. NATALIE WARD: When you did that, we just want to clarify what the ask was? Was it fifty-fifty, or not—or you're not sure, or you can't remember, or you need to clarify?

Mr RYAN PARK: At this stage, I don't think it was fifty-fifty, but I want to make sure the Committee has accurate answers from me and the officials. I'll double-check that, and I'll come back to the Committee about what I specifically said.

The Hon. NATALIE WARD: All right. Thank you for that. We appreciate it.

Mr RYAN PARK: I think I would have said to them, "Fund it", but anyway.

The Hon. NATALIE WARD: Stacey and the CEO of Meningitis Centre Australia, Karen Quick, say that you're explicit in your promise about fifty-fifty funding. Are they wrong, or have you broken your promise to Stacey?

Mr RYAN PARK: No. I just don't recall me saying a fifty-fifty. The reason I'm sure that would've happened is because that would require me to go through the budget and the ERC process. I wouldn't have had that ability at the time to have done that, so I don't recall that. I'm not going to stand on what people said or didn't say.

The Hon. NATALIE WARD: We will clarify that once you have an answer.

The Hon. SUSAN CARTER: Minister, since January this year, how much money has NSW Health spent accommodating public mental health patients in private hospitals?

Mr RYAN PARK: I'd have to take that specific one on notice, Ms Carter. We have a situation now where we are, through Susan and the system, engaging with private hospitals. I will stand corrected on this, but I think recently we've engaged Ramsay in some bed availability and spaces to try and take some pressure off what the current situation is—that has been well ventilated—but I don't know the specific number.

The Hon. SUSAN CARTER: If you could take it on notice—and also the length of any contracts that you've entered into, perhaps the daily bed rate that you're paying for and the number of patients that are being transferred. All of those things on notice would be great.

Mr RYAN PARK: Yes, okay.

The Hon. SUSAN CARTER: Another question in relation to accommodating public patients in private hospitals—were any public hospital nurses provided either to transfer or to assist in the care of those patients in private hospitals?

Mr RYAN PARK: I'd have to—

The Hon. SUSAN CARTER: Okay, on notice would be great, thank you.

Mr RYAN PARK: I would say no. That would be a bit of an unusual one. But Mr Minns—

PHIL MINNS: I don't believe so.

Mr RYAN PARK: I don't believe so but—

The Hon. SUSAN CARTER: I'm happy for you to take it on notice, Minister. I'd rather get the right answer. I understand these are technical.

Mr RYAN PARK: Yes, a hundred per cent—you have every right to.

The Hon. SUSAN CARTER: In terms of accommodation of psychiatric patients within the public system, how many psychiatric patients are in general beds, for want of a better term, rather than dedicated mental health beds since 21 January?

Mr RYAN PARK: That's probably more one for the Minister for Mental Health, but I'll take it on notice to give you an accurate answer.

The Hon. SUSAN CARTER: Thank you very much.

SUSAN PEARCE: Could I just add a comment there?

Mr RYAN PARK: Yes.

SUSAN PEARCE: In the ordinary course of things, people who have mental illness and other diseases will be accommodated in wards throughout our hospitals. We don't discriminate in respect to people's mental health. Obviously if it's a—

The Hon. SUSAN CARTER: Ms Pearce, I'm not asking about patients with comorbidities; I'm asking about patients who are specifically admitted for a mental health issue. I'm happy for you to take it on notice and pick it up this afternoon. Minister, since 21 January, when psychiatrists began resigning, how much money in dollar terms has the Government had to spend on VMO and locum roles to cover resigning psychiatrists?

Mr RYAN PARK: I had a look at—

The Hon. SUSAN CARTER: If you need to take that on notice, I would like these specific numbers.

Mr RYAN PARK: Yes, sure. I think Ms Cohn asked something similar earlier today so I'm happy to take it on notice. If I can get it to you beforehand, though, I will.

The Hon. SUSAN CARTER: I'd be grateful, thank you. You'd be aware that the Premier said yesterday that paying VMOs, which is—if we assume an eight-hour day, a 48-hour week and we assume the average starting wage for a staff psychiatrist is roughly twice what a staff psychiatrist gets paid and locums, although I was surprised by the $8,000 a day figure Ms Pearce was mentioning as the ask earlier—

SUSAN PEARCE: We have not paid that, to be clear.

The Hon. SUSAN CARTER: No, but the standard is closer to $3,000 a day, as far as I'm aware, significantly more than the staff psychiatrist wage. These were characterised as short-term, emergency measures, and the explanation as to why the Government can afford to pay these as compared to the 25 per cent uplift sought by the staff psychiatrists—I think the figures indicated this morning that something like 72 staff specialist psychiatrists have already transferred to VMO roles.

Mr RYAN PARK: That's correct—temporarily.

The Hon. SUSAN CARTER: I guess the question is why are you so sure it's temporary? Once you've transferred to be a VMO, why are you coming back be to a staff specialist at half the pay?

Mr RYAN PARK: I'll let Mr Minns add but I just want to say that, on average—this is important context for the Committee to understand—VMOs cost less than—

The Hon. SUSAN CARTER: Locums.

Mr RYAN PARK: —the 25 per cent pay increase that the psychiatrists are asking for. So I'm just—

The Hon. SUSAN CARTER: Actually, Minister, I'd be really interested to see your figures. Perhaps you could produce the figures based on a 25 per cent pay increase and on what you're actually paying to VMOs, and on what you're actually paying to locums so we can really pull those figures apart, because I'm not sure that your figures are correct on that. I look forward to getting all of that on notice.

Mr RYAN PARK: We're paying more than what you ever paid under a wages cap; that's what I can say.

The Hon. SUSAN CARTER: Minister, we're looking for care for psychiatric patients and respect for staff psychiatrists.

Mr RYAN PARK: Mr Minns?

PHIL MINNS: The 72 that have chosen to transfer has been a result of the local dialogue where they—

The Hon. SUSAN CARTER: Sorry, it's a bit hard to hear you, Mr Minns.

PHIL MINNS: It's been the result of a local dialogue at each LHD or network. The fact that people have sought leave without pay for that arrangement is a result of their request. At some point in mid-January the question was raised, "Would people be able to access leave without pay?" Our view was that in the circumstance where they would choose to take up a VMO contract for six months—which became the typical period—we would agree to that. The only comment I can make with respect to why people might be doing that is that they're prepared to await the outcome of the IRC process. Hearings will commence on 17 March. There are possibly reserve dates in the weeks following that, and then it will be up to the IRC as to when they resolve that matter.

The Hon. SUSAN CARTER: Mr Minns, on notice, could you provide the number of staff who currently have a VMO contract and a staff specialist contract at the same time? Minister, in the figures that you're going to provide on notice, perhaps there could be a calculation to show, if all of those staff specialists come back half-VMO, half-staff specialist, what that cost to Health would be. That is also a possibility—that they may come back in a hybrid role, isn't it, Mr Minns?

PHIL MINNS: We typically don't support people working as both a VMO and a staff specialist in the same facility because of the potential for conflict.

The Hon. SUSAN CARTER: I'd be interested to get those figures across the whole of the LHD.

PHIL MINNS: I won't be able to give you figures because VMOs are not paid through a payroll system; they're paid through VMoney so what we pay a particular VMO is what they claim from us and we agree to pay. So it's going to be quite hard to give you a current status.

The Hon. SUSAN CARTER: Right, thank you. Minister, is the mental health funding to LHDs quarantined for use within mental health, or is it a general allocation to the LHD from which mental health is funded?

Mr RYAN PARK: When you do the budget through Health, there is obviously funding in there that goes to the provision of mental health services but—the secretary touched on this beforehand—often they are not in isolation. You'd be aware that there are allocations for specific mental health funding. People present in our hospitals with a mental health issue but their primary admission at that point may be for a physical injury—I'm just making it up. But I think it's around $2.9 billion that we put in for mental health services. There are specific ones for program allocations and activities—a hundred per cent—but the funding is also used across the health system. I might present with a physical injury, or disease or illness, but I may also have a co-mental health diagnosis. So that person's still funded. The bucket, though, is the broad Health bucket, but there are specific programs and staff allocation in the $2.9 billion for mental health that we do. I'm not trying to be—

The Hon. SUSAN CARTER: So if I can summarise, some money is quarantined but other money is general purpose and may cover both?

Mr RYAN PARK: Yes, the $2.9 billion is quarantined for mental health services—and Alfa and others can back me up here; it's Minister Jackson's portfolio but I know it well enough in this space—and that covers some specific mental health programs, staff and initiatives that collectively we have in our either duty electorates or our electorates per se. Then there is the overall macro Health budget that mental health people still access

because they often come into the service with not the mental health condition as the primary reason for that admission. I'm not trying to make it—

The Hon. SUSAN CARTER: No, understood. Psychiatrist Dr Kamran Ahmed said in *The Guardian* that it was unacceptable that patients are waiting days in emergency departments with psychiatric issues. Do you agree with Dr Ahmed?

Mr RYAN PARK: Yes, that is too long to be waiting. Every time someone has not a great experience in our hospitals, I take it pretty seriously. I want them to have good-quality health care that's accessible, and in a timely manner. Most of the time we do that very well because of the incredible work of our staff, supported by the ministry, across the LHDs and the pillars. But, at times, that doesn't happen. I've been brought up in a way to admit the times it doesn't happen. You've got to be up-front about that. I don't know the ins and outs of that case but, clearly, on the surface, that's not an optimal outcome for that particular individual.

The Hon. NATALIE WARD: I might jump in at that point. On funding agreements, the Prime Minister and Federal health Minister really haven't been very good partners on health, have they?

Mr RYAN PARK: There's always argy-bargy. Minister Hazzard, I remember, has talked to me about some of the challenges—

The Hon. NATALIE WARD: No, I'm talking about your current Federal colleagues, the current funding arrangements and the current budget estimates that this hearing is considering.

Mr RYAN PARK: I think, compared to the Federal Opposition leader, they've been good.

The Hon. NATALIE WARD: No, that's not what we're talking about. The current funding arrangements—let's get specific. Isn't it the case that the failure to get a five-year hospital funding agreement for New South Wales is down to the Prime Minister grinding those negotiations to a halt last year?

Mr RYAN PARK: No, it's that, I think, States like the one I represent weren't prepared to sign up to something that was long in nature and that wasn't going to deliver the benefits. It probably would have been easy for me to sign off, as a Labor health Minister, with a Labor Federal government but, first and foremost, I've got a responsibility to the people of New South Wales, and I take that responsibility seriously, regardless of who's in power in Canberra. I didn't think that the proposed agreement, where we were, was going to be good enough for five years. We did settle for one, and that's about $407 million, in terms of total amount. But we didn't get to a five-year agreement. Would I have liked to? Absolutely. Was I prepared just to sign off on anything? No, I wasn't.

The Hon. NATALIE WARD: You wrote to the Prime Minister, along with other health Ministers, last year saying what was happening in our hospital system was a national crisis. How is that crisis going to be resolved when New South Wales doesn't have funding certainty from the feds after 2026?

Mr RYAN PARK: I would have liked to have a five-year agreement. I'm pleased that the Federal Government—

The Hon. NATALIE WARD: You've said that. I'm asking how it will be resolved.

Mr RYAN PARK: It hasn't been resolved yet. I suppose, from my perspective, I'm not going to be someone who signs off on a long-term agreement if I don't think it helps the people of New South Wales, given the pressures on my emergency departments at the moment. We signed an interim agreement for the one year, $407 million, but that's not a five-year agreement. Would I have liked to? Yes. But was I prepared to sign off on something that was not going to do it? No.

The Hon. NATALIE WARD: Yes, you've said that. When you last discussed the National Health Reform Agreement with your Federal counterpart, were foundational supports still being linked to additional NHRA funding?

Mr RYAN PARK: It's a very good question and a very informed question. The foundational support issue is what I would call a live issue for discussion at the moment. We are working through what the removal of the feds around that foundational support and the subsequent take-up from the State looks like. There are two portfolios that probably have the biggest impact and are at risk of this, and that is mine, as the health Minister, but the Education portfolio also has a challenge. We haven't got an agreement yet around the nature of that, but we are working with Commonwealth agencies around what that looks like. That's probably the best—Minister Washington obviously leads on it, so I don't want to take any of her thunder, but we've met and had discussions about it.

The Hon. NATALIE WARD: Another question that is quite separate to that—Minister, in your local area, when will women be able to give birth at Milton Ulladulla Hospital, as promised by the member Liza Butler before the last election? She said babies will be born at Milton Ulladulla Hospital.

Mr RYAN PARK: I'll take that one on notice because I want to be specific around it.

The Hon. NATALIE WARD: Could you be specific on when?

Mr RYAN PARK: I'm aware of that issue. I'm also aware that I've got some staffing challenges in the Illawarra Shoalhaven Local Health District. Maternity has acute shortages in that space, so I've got to make sure that I can provide that in a way that's safe. The local member has been a strong advocate around that.

The Hon. NATALIE WARD: No, she promised it; they would be born.

Mr RYAN PARK: I will continue to work on delivering that. It is not the case yet. The health service planning for that is underway, but I haven't got a time right now, right here, when I can say that will be operational. We introduced a midwifery group practice back in 2024, last year. But, in relation to that specific site, I'll need to seek some further advice around where that hospital planning is up to.

The Hon. NATALIE WARD: On when babies will be born.

Mr RYAN PARK: Yes.

The CHAIR: The Government has recently announced an end to gambling advertising on Transport assets, which is a very welcome announcement. Are you considering extending similar restrictions to other harmful products that are advertised, such as highly processed food or alcohol?

Mr RYAN PARK: Not at this stage. I don't have any plans for that, no.

The CHAIR: In October 2023 you stated that you were looking at a UK ban on junk food advertising with interest. What's been the result of that?

Mr RYAN PARK: I had a look at it. I'm not convinced that the way in which people consume their information now means that is necessary. Young people—being the parent of two of them—seem to consume a lot of their information not through billboards and advertising on government locations but through their devices, particularly their phones, and I think that is a challenging area of public policy that we're going to have to work through and deal with. I think there is probably an area where we can make improvements, but I'm not in a position at this stage to say that the Government has made any decisions on that, because we haven't.

The CHAIR: The Government has obviously taken the view that it would make a difference and benefit people's wellbeing to ban gambling advertising on Transport assets, particularly noting these are areas with really high exposure to children, who have now been banned from social media by the Federal Government. Why is this of benefit for gambling but you don't view it as a benefit for other harmful products?

Mr RYAN PARK: From my perspective, I think there was a bit of mixed evidence when I had a look at this in the UK. But my background is in health education and health promotion. It's an area I'm interested in, but I've got to make sure that I'm pulling the right levers here as well. One of the things that I want to try and make sure we do more of is, as we build and develop estates and land releases, we include the adequate green space, adequate cycle paths and access to the provision of fresh fruit and vegetables. I think governments of all political persuasions over the past 30 or 40 years could have done that better. That's all governments; I'm not making a political comment. I think it has to be a focus area where Health can play a role in the development of new estates and new housing releases to make sure that people have the ability to actively move, recreate and access green space for physical activity and, at the same time, have access to fresh fruit vegetables and not saturate a particular area with fast food options. That is an area where I think Health can take responsibility as a part of a focus.

The CHAIR: Moving to a different issue, last year you advised the member for Balmain that NSW Health is continuing to work with other government agencies to assess future use options for the Kirkbride Precinct in Callan Park. Has that work progressed? Is there any plan or update for the use of that site?

Mr RYAN PARK: I would seek some advice. Emma?

EMMA SKULANDER: I think that is in my portfolio, but I just need to check in relation to the progress. I do know that there are ongoing discussions.

The CHAIR: I understand there is significant community angst that that site is still sitting idle and has been for some time.

Mr RYAN PARK: I will try to get some advice either today or asap.

The CHAIR: Coming back to Albury hospital, as I always do, are you aware that an open letter has now gone to both the Premier of New South Wales and the Premier of Victoria, signed by over 200 clinicians, calling for a halt to the current redevelopment?

Mr RYAN PARK: Yes, I am. In a recent piece of correspondence, I've written to the local councils and offered to meet with them, because they wrote to me specifically around that issue, which I know you've advocated for. I'm of the understanding we're in the process of setting up that meeting to have that discussion.

The CHAIR: In the context of this redevelopment, which I understand is a particular challenge because of the involvement of both New South Wales and Victoria, have you made any representations to your Federal counterparts to play a bigger role in this?

Mr RYAN PARK: I can't say—I'd probably want to double-check. It's certainly an issue that I've raised frequently with the Victorian health Minister. I think I might have actually raised the idea of a contribution from the Federal Government in a joint piece of correspondence with my counterpart in Victoria, but I would just want to double-check that that was that piece of correspondence and it was not another one. Let me get you a copy of that or take the specifics of it on notice, if that's all right.

The CHAIR: Coming back to the LGBTQIA+ health strategy, which I understand there have been some questions about already this morning, there was some initial seed funding as part of that strategy, which has funded some really excellent programs. Is it your intention to provide additional funding for that strategy moving forward, noting it has a number of years still to run until 2027?

Mr RYAN PARK: We know this area of health care is important. Yes, it will be something that I continue to invest in. That sector has made a huge difference for the community that they represent. I think the level of health care that that community gets now is, perhaps, vastly different to what it got access to some decades ago. I think that's something that we, as legislators, should be pretty proud of. NSW Health should be very proud of it. But, most importantly, the sector should be proud, because they continue to advocate, through their peaks. We, as an agency, I think, have done very well in listening, learning and delivering in an area that's particularly important. Health care in that community, like all communities, is important. But they, for a long period of time, felt they weren't getting comparable health care. I'm glad that our Government and previous governments have made significant inroads into that. There is still more work to do. It's by no means "job done" in that space, but I think we can be proud as a society of the way in which NSW Health has improved the delivery of health care for the LGBTQIA+ community.

The CHAIR: Thank you, Minister, and I agree. It's an excellent strategy, and I appreciate the funding that has already been put to it. There's a specific reference in the strategy to people living in regional areas as an identified priority group. Noting things like the Kaleido clinic, which I've received a briefing about and I'm genuinely excited about, are you looking at particular programs to address that priority group of LGBTQI+ people in the regions?

Mr RYAN PARK: Yes, we would be. I'm happy to take some specifics on notice, but this is part of health delivery where the challenges are very clearly exacerbated the further you get from Sydney. That's the truth. The availability and attitudes within a particular community may not always be the same as other communities. That becomes challenging for people trying to access healthcare services out there. I've got to make sure that that remains a focus of this Government and that the services are not just delivered in the highly populated areas of the State. Whilst, of course, those areas are important as well, I've also got to make sure that we provide those healthcare services to regional and rural areas. The funding that you would be aware of, Ms Cohn, around the gender centre in the last budget had a particular focus on improving access of health care to people living in rural and regional areas. We should, and probably can, do more. I'm more than happy to provide some information, but I want you to know that that has been a particular focus.

The CHAIR: Thank you. That's very welcome.

Ms CATE FAEHRMANN: Dr Chant, I want to turn to the ANU's PFAS health study. It found sufficient evidence that higher levels of PFOS or PFOA in a person's blood are associated with higher blood cholesterol levels, didn't it?

KERRY CHANT: I think this is a really important area. I'd prefer to actually see the document. I am aware that PFAS has been associated with increase in cholesterol. I'm just not sure of the actual exact mechanisms of achieving that. That's why I'm getting expert advice. I just want to make sure I'm very clear on what I know in this space.

Ms CATE FAEHRMANN: The study did find that. It has that written in the study. I've got it here, and also in correspondence internally. But it's public; it's in the study.

KERRY CHANT: Ms Faehrmann, the reason I'm hesitating to explain is there are a lot of things where it's the association. It's this issue of causality and whether things are being controlled. That's why I'm just careful with my language. I'm not trying to—

Ms CATE FAEHRMANN: Dr Chant, the causality thing is a little bit like a red herring, don't you think? It's not the causality. There's sufficient evidence—insufficient evidence but sufficient evidence. It's not causality. IARC isn't even suggesting causality.

KERRY CHANT: Well, IARC—

Ms CATE FAEHRMANN: I'll come back to you this afternoon, because I have some questions for the Minister.

KERRY CHANT: Yes, sorry.

Ms CATE FAEHRMANN: We can get into the weeds a little bit this afternoon on this. Minister, for years, Sydney Water and NSW Health assured people that their drinking water was safe, yet the water was actually never tested for PFAS. It wasn't until an independent scientist, because of an investigation by *The Sydney Morning Herald*, tested the water and found that the level of PFOS in the water was 16 parts per trillion, compared to the safe drinking water guidelines of four parts per trillion. That was the drinking water provided to 30,000 residents in the Blue Mountains. Given what the Government had assured the community, and despite the fact it never did any testing, isn't it the least the Government can do now to offer the community blood tests if they want them and other health advice?

Mr RYAN PARK: As I said earlier, the challenge for me is that most Australians are expected to have detectible levels of PFAS in their blood due to the widespread use of these chemicals. I know there have been some increases in that area, but my advice is that there's insufficient scientific evidence yet for medical practitioners to be able to essentially tell a person whether their blood level of PFAS will make them sick now or later in life. Our water meets the *Australian Drinking Water Guidelines*. It's safe to drink. I certainly drink a lot of it. The area supplied by Sydney Water in the upper Blue Mountains, processed through the Cascade Water Filtration Plant, exceeded the proposed new PFAS guideline values, although it was—

Ms CATE FAEHRMANN: For how long, Minister? Do you know?

Mr RYAN PARK: But it was well below the current drinking water guidelines. It exceeded the PFAS guideline values, but it was well below the current drinking water guidelines, and that's where we are at in terms of the blood testing. Dr Chant has not—

Ms CATE FAEHRMANN: Minister, just to be clear, the people who are getting their blood tested have levels higher than the current PFAS-impacted communities we know about as a result of historical contamination. This is Williamtown, here in New South Wales, and others. When you look at the results coming through, which are higher, surely you, as Minister, can see what this is saying in that these communities have been exposed. We don't know for how long. PFOS was banned in 2007.

Mr RYAN PARK: Yes.

Ms CATE FAEHRMANN: For how long, since at least 2007—and we know the levels go down. There's a link between one thing—let's not take all the cancers into it. Just with high cholesterol, there is a link. Let's get rid of the word "cause". There is a link. If there is a link between high cholesterol and high levels of PFAS, and the Government hasn't tested and has assured everybody that the drinking water was safe, isn't the least you could do now is to test and then advise people on what to do to lower their cholesterol levels?

Mr RYAN PARK: I do want to make it clear that the water we are drinking is safe.

Ms CATE FAEHRMANN: No, this is historically. I am not talking about current.

Mr RYAN PARK: I want to make that clear. I do not want people to think they cannot drink our water. They can.

Ms CATE FAEHRMANN: Yes, but those 35,000 people were assured that their drinking water was safe but, in fact, there were high levels of a particular PFAS chemical in their water.

Mr RYAN PARK: I know what you are indicating. I suppose what I am trying to say is that the Government is not sitting still. We have got Chief Health Officer Dr Chant to establish an expert panel.

Ms CATE FAEHRMANN: But what it is doing for this community, which has high levels of PFAS in their blood now? Are you going to offer them any assistance?

Mr RYAN PARK: I will take that advice. If Dr Chant was to come to me and say, "The medical evidence indicates that we should be doing this now", obviously I will take that on and talk to the Government about that. At the moment, that is not the advice that I have got. Dr Chant is not sitting still. I am not sitting still. She is establishing this expert group.

Ms CATE FAEHRMANN: I will table the US Government's *Guidance on PFAS Exposure, Testing, and Clinical Follow-Up*. There are some copies here. It was published in 2022. It is the official government documentation. It is provided by the Agency for Toxic Substances and Disease Registry. Recommendation 5 of the report says, "Clinicians should offer PFAS testing for patients likely to have a history of elevated exposure." You would think that the Blue Mountains community has a history. That recommendation is on page 6 of 20. I am sure it is a familiar document. The report goes on to say, "There is an increased risk of adverse effects above 20 ng/mL". The woman I mentioned earlier, Catherine, has PFAS blood levels above 20 nanograms per millilitre. In fact, this chart says that above 20 nanograms per millilitre, clinicians should conduct thyroid function testing, assess for signs and symptoms of kidney cancer for patients aged over 45 and assess for signs and symptoms of testicular cancer and other diseases for patients aged over 15. Why is NSW Health 10 or 20 years behind on the science when this is what is happening in the US?

KERRY CHANT: I think it is really important to establish that we are not out of line with the national approach that is being considered.

Ms CATE FAEHRMANN: The national approach has got its head in the sand.

KERRY CHANT: I will look at this document. It really isn't appropriate for me to read it in detail during this Committee hearing. I have gone to the page that you referred to. The issue that we really need to establish is what we advise. As I have reflected, we have an expert panel to look at it. I have also given undertakings to community members who have written. All of this information will be put to the expert panel.

Ms CATE FAEHRMANN: But they are not getting any assistance.

KERRY CHANT: The issue that comes to it is when a clinician is given a result, we need to actually spend some time interpreting that and saying to the patient what it means.

Ms CATE FAEHRMANN: How can they reduce their PFAS levels?

KERRY CHANT: That is an interesting question.

Ms CATE FAEHRMANN: There are ways to do it. What have they been advised?

KERRY CHANT: I do understand that.

Ms CATE FAEHRMANN: But they don't.

KERRY CHANT: There is not an established, scientifically agreed method at the moment to do with PFAS levels. There is a range of issues that we would suggest that people are screened for anyway. We are establishing an expert panel with relevant cardiologists, cancer specialists and neurologists to actually go through all of the available evidence and say what we would actually do. We have to go to the next step of what it means for patients and what we are recommending. I would suggest that there are recommendations for screening for cholesterol at various points. It needs to be managed with overall health. I want you take from this that we are taking this seriously. This is a study—we will put it to the committee. There are a lot of documents and different perspectives.

Ms CATE FAEHRMANN: There are people who are coming back with PFAS levels in their blood tests that are higher—I think there are about four or five now that I have seen—than those in the Williamtown study.

KERRY CHANT: There are a couple of pieces of work that are happening nationally. There is also a national blood sampling regime that is a random sample.

Ms CATE FAEHRMANN: But nothing for Blue Mountains residents.

KERRY CHANT: That will give us a benchmark of where we sit in terms of overall population-level PFAS exposure. A number of members of the community have written to me. I have undertaken to put their particular circumstances to the expert panel. I will put this document to the expert panel as well. As I said, we need to make sure we do this thoroughly so that we are supporting clinicians' understanding, as well as the patients' and community members' understanding of what it means for what we can reasonably conclude and how it fits in with their broader healthcare needs.

The Hon. WES FANG: Chair, I have the call.

The Hon. NATALIE WARD: Chair, if I may, if there's time—

The CHAIR: There is about a minute and a half.

The Hon. NATALIE WARD: Thank you. Minister, when will the Auditor-General's report on Northern Beaches Hospital—

The Hon. WES FANG: Chair, the Hon. Natalie Ward is not a substantive member of this Committee.

The CHAIR: Order! Two members of the Committee have sought the call. I have given the call to the Hon. Natalie Ward.

The Hon. NATALIE WARD: Minister, when will the Auditor-General's report—

The Hon. WES FANG: The Hon. Natalie Ward is not a substantive member of this Committee.

The Hon. NATALIE WARD: —on Northern Beaches Hospital be made public?

The Hon. WES FANG: She should not be receiving the call.

The Hon. NATALIE WARD: Mr Fang, I am asking about Northern Beaches Hospital. Please be quiet, so the Minister can answer the question.

The Hon. WES FANG: No, Natalie, you had the last rotation.

The CHAIR: Order! I call the Hon. Wes Fang to order for the first time for speaking over Ms Ward.

The Hon. NATALIE WARD: Minister—

The Hon. WES FANG: I don't understand, Chair. I am the substantive member of this Committee.

The Hon. NATALIE WARD: —when will the Auditor-General's report on the Northern Beaches Hospital be made available?

The Hon. WES FANG: Natalie is the substitution member. I don't understand how you have not given the call—

Mr RYAN PARK: It's a matter for the Auditor-General, but I don't believe it has been received yet, obviously. But that's a matter for the Auditor-General to do.

The Hon. NATALIE WARD: When will that be released?

The Hon. WES FANG: Minister, can I ask you—

Mr RYAN PARK: It's a matter for the Auditor-General.

The Hon. NATALIE WARD: Could you take it on notice and see if you can find out?

The Hon. WES FANG: Minister, can you commit—

The Hon. NATALIE WARD: Can you confirm—

The Hon. WES FANG: I am going to ask a question now.

The CHAIR: I call the Hon. Wes Fang to order for the second time. He will cease interjecting.

The Hon. NATALIE WARD: Can you or Ms Skulander please confirm—

The Hon. WES FANG: Chair, how have you given the call to a non-substantive member of this Committee?

The Hon. NATALIE WARD: —whether the additional cost of the land acquisition will come out of the $700 million budget commitment for Rouse Hill?

The Hon. STEPHEN LAWRENCE: Point of order—

The CHAIR: Order! I've now got a point of order from the Hon. Stephen Lawrence—

The Hon. WES FANG: Well, Chair, you can call me to order for a third time if you want, because this is unbelievable. This is yet again a circumstance of where the Hon. Natalie Ward has taken the call to try and get other questions put—

The Hon. NATALIE WARD: Ms Skulander, can you confirm whether the additional cost for the land acquisition will come out of the $700 million budget commitment for Rouse Hill?

The Hon. WES FANG: Well, I will take a point of order, Chair. Point of order.

The CHAIR: He has now used the words "point of order".

The Hon. WES FANG: Point of order.

EMMA SKULANDER: To clarify your previous question, I think I reflected that the budget allocation for the land allocation was previously separate from the main budget. It was subsequently combined into the $300 million number. We're managing a total budget, so we ordinarily wouldn't break that down into the line items of the budget.

The Hon. NATALIE WARD: But the total budget item is still the $700 million?

EMMA SKULANDER: Yes, $700 million, which includes the land acquisition. Within that, there is the allocation that we've spoken about for land. There's also contingency held—so confirming that what we would do is work through the allocation of that budget over the next period while we would look at the next steps of the project. But everything would be coming from the $700 million.

The CHAIR: With apologies to Ms Skulander, I need to hear the point of order.

The Hon. WES FANG: The point of order is that a non-substantive member, even though she has been elected the Deputy Chair for this hearing, is not the substantive member. I am the substantive member of this inquiry.

The Hon. NATALIE WARD: I am. I am substantive. I'm here for Mrs Carter. You are just wrong.

The Hon. WES FANG: Sorry—

The CHAIR: Mrs Ward is a formal substitution for Mrs Carter.

The Hon. WES FANG: Where was the substitution notification?

The Hon. NATALIE WARD: Check the minutes of the meeting.

The CHAIR: That was done correctly and needed to be done for Mrs Ward to be elected Deputy Chair of the Committee.

The Hon. WES FANG: Well, Chair, that wasn't provided to me prior to this hearing commencing.

The CHAIR: Mrs Ward is a substantive member today as a substitute for Mrs Carter. In my reckoning—

The Hon. WES FANG: No, this is all about Port Macquarie. It's just trying to—

The Hon. STEPHEN LAWRENCE: The by-election.

The Hon. WES FANG: Yes, the by-election. It's all about the by-election.

The CHAIR: Order! Mr Fang, I have a question on behalf of a regional community for the last minute, please. In a supplementary question in September, I asked how much operational funding was provided by the New South Wales Government to Albury Wodonga Health. The answer to that supplementary question was to please refer to the Albury Wodonga Health annual report. However, the Albury Wodonga Health annual report aggregates the funding provided by the New South Wales and the Victorian Governments together for operational funding, so I'm going to ask that question again. How much operational funding was provided by the New South Wales Government to Albury Wodonga Health for operational purposes over the last five financial years?

Mr RYAN PARK: I'll take it on notice, see if we can disaggregate it. I don't want to give you incorrect information here. I don't have that breakdown available for the Committee yet.

The CHAIR: Thank you. I'm happy to have that answer on notice, as long as I'm not pointed back to the annual report, please.

Mr RYAN PARK: No, I'll take it on notice. I just want to check if we can disaggregate it.

Ms CATE FAEHRMANN: Minister, are you aware of what NSW Health advises for workers—say, firefighters—who have been historically exposed to PFOS firefighting foam? Are you aware of what the advice is for those workers? Are they able to, for example, access blood testing as a result of that historical exposure?

Mr RYAN PARK: I definitely need to take that one on notice.

Ms CATE FAEHRMANN: Dr Chant?

KERRY CHANT: I would just also have to take that on notice. Obviously there has been a lot of focus on those occupations that are significantly exposed, so I'd also have to liaise with WorkCover in terms of the arrangements in place for firefighters.

Ms CATE FAEHRMANN: They've not provided testing, Minister, just so you know.

The Hon. WES FANG: Maybe you guys can ask the question I was going to ask about the HSU.

The CHAIR: Order! It's time for Government questions.

The Hon. WES FANG: Yes, and maybe they might want to ask the question.

The Hon. STEPHEN LAWRENCE: No Government questions, thank you.

The CHAIR: There being no Government questions, we'll now break for lunch. Thank you very much, Minister, for your time. You won't be back with us this afternoon. Apologies for some of the disorder this morning. We'll see the remainder of the witnesses at 2.00 p.m.

(The Minister withdrew.)

(Luncheon adjournment)

Mr GREG HORAN, Group Chief Executive Officer, Healthscope, sworn and examined

Mr TINO LA SPINA, Group Chief Executive Officer-elect, Healthscope, sworn and examined

Associate Professor PETER THOMAS, Chief Operating Officer and Chief Medical Officer, Northern Beaches Hospital, affirmed and examined

The CHAIR: We will resume this afternoon with questioning from the Opposition.

The Hon. NATALIE WARD: Thank you all for coming back this afternoon. Before we begin, Chair, I would just like to acknowledge the parents of Joe Massa here today in attendance, Elouise and Danny Massa, and acknowledge the passing of dear little Joe. Mr Horan and Mr Thomas, I'm not sure between you, but if you indicate who might answer these. Mr Horan, perhaps, I might start with you. The foundation of any health system is patient trust. Healthscope has lost the trust of patients, haven't you?

GREG HORAN: Thank you for the question. If you don't mind, I'm happy to answer, if I can just say something to the Massa family.

The Hon. NATALIE WARD: Certainly. Two quick things: We are very limited for time, so if I do try to interject, I'm not trying to be rude; I'm just trying to be conscious of the 19 minutes I have.

GREG HORAN: I'll be very quick. I just wanted to pass on my deepest condolences to the Massa family for the loss of your baby boy, Joe, and for the care that Joe did not receive at our hospital at Northern Beaches. I cannot imagine the grief that you are feeling right now. I'm also sitting here accountable for what happened at Northern Beaches, and accountable for making sure the actions going forward prevent this type of incident from ever happening again. Thank you.

To your question, our primary focus in all our hospitals, not just Northern Beaches, is patient care. Particularly at Northern Beaches we have been very focused on building trust within the community. We recognise that this tragic incident has had an impact on the confidence of the Northern Beaches community, but we have amazing staff there providing care. We are confident in the care that we are providing, and we are going to make sure that we take the lessons out of this tragic incident and ensure that it does not happen again.

The Hon. NATALIE WARD: We might hear more about that. That's a very general statement. I thank you for it, but I might just get to some specifics. Mr Horan, why did Healthscope have an inferior IT system for medical records? Was this a decision by Healthscope to save money?

GREG HORAN: The decision to put in Telstra Health—which is the electronic medical record that is in place at Northern Beaches, has been at Northern Beaches and was proposed to be installed at Northern Beaches prior to its opening—was done in conjunction with the New South Wales Government at the time. I would say that I don't agree that it's inferior in all cases. All EMRs have pros and cons. In this instance, one of the causes I outlined certainly was a contributing factor in that the triaging process did not enable the heart rate of baby Joe to be charted and then alerted. That is something that we are actively working with Telstra Health on. In the meantime, we've put in place a dual triaging process so that any paediatric patient will have not only one triage nurse look at them but also the nurse unit manager to ensure that there is no triaging error.

The Hon. NATALIE WARD: All right, thank you for that. On the IT system, though, has that been replaced in line with the Serious Adverse Event Review recommendation?

GREG HORAN: No, the Serious Adverse Event Review recommendation was to review. We are working with Telstra Health to resolve these issues along with Dedalus, which is the provider of the patient administration system. We are actively working on that and we'll ensure that the system will be able to provide the necessary information to our staff as part of that action.

The Hon. NATALIE WARD: We may have some further supplementary questions on notice on that. Mr Thomas, St Vincent's Hospital ED does not treat children. Arguably, the trainee doctor was logging hours at Northern Beaches Hospital to gain training and experience with paediatrics. How many hours had he logged, and how many children had he treated prior to working at Northern Beaches Hospital?

PETER THOMAS: Thank you for the question. Essentially, the trainees that rotate into Northern Beaches Hospital are part of a statewide training program—in this case, under the College for Emergency Medicine. In terms of the training program, specific numbers of cases are not logged by trainees. What happens in all of the training programs, it's usually a three-monthly review to assess competency. There are a number of different mechanisms, including direct observational procedures and on-floor assessments by the supervisor of training. In terms of this trainee, they'd been with Northern Beaches for six months. They had not, at the time of arriving at Northern Beaches, completed a specific ED paediatric term, which is usually done at Sydney kids' hospital, but was at the stage of training—at the point of arriving at Northern Beaches there were no concerns that had been raised about performance, and they were at the appropriate stage of their training program.

The Hon. NATALIE WARD: I might refer this to you, Mr Horan. You can refer it to others if needed. Do you think it's safe and acceptable to leave a trainee doctor in charge of paediatric ED who has very little experience with paediatrics?

GREG HORAN: I will comment and then pass to Peter. I'm not a clinician, but what I would say is that all trainees have appropriate supervision and have access to senior staff specialists to ensure that there is someone overseeing that trainee at all times. I might pass to Peter.

PETER THOMAS: The training model of care in our public emergency departments is such that we have a supervisor. Also we'll have an ED physician in charge and we'll also have ED specialists who are allocated to different areas. At Northern Beaches that is no different. We have a specialist who covers the fast-track, paediatric short stay and acute areas, so we have three specialists on the shift. The model of care is such that the trainees, and the registrar as well, assess patients. They will escalate care as required. The specialist will also round with patients and the doctors as part of the handover rounds. So the standard model of care will be a supervising specialist who will be on the floor, who will assess certain patients but also be a point of escalation for the registrars and, indeed, nursing staff who want further advice or support for particular patients.

The Hon. NATALIE WARD: Mr Thomas, why were parental and staff concerns not listened to and actioned in a timely manner?

PETER THOMAS: I think it's very disappointing. I agree that this did not happen. As part of our CERS response—which is called a Clinical Emergency Response System—the expectation would be that once a patient is recognised to be sick or deteriorating, that would be escalated to a more senior member of staff. In this case, unfortunately and tragically, that did not happen, and we are very sorry for that. The second is that we also have a program called REACH. REACH is an escalation pathway such that any family member who has concerns about their loved one are able to escalate that care.

Unfortunately, on this occasion the concerns of Joe's mother were not heard by the staff. That is really part of what should happen in terms of the REACH program. We have embedded the REACH program at Northern Beaches, but one of the things that we have found as part of that review, it is a passive process. Since this tragic event, we have implemented a new system with REACH, which is a proactive program. As part of the triage process there is a "Stop" moment. At that "Stop" moment, there is a card given to the parents with a QR code. That QR code can then be scanned by the parent of any child and that will also direct them to the REACH telephone, but also the process of escalating if there are concerns.

The Hon. NATALIE WARD: That's in place right now?

PETER THOMAS: That's in place right now. It's something that we've taken.

The Hon. NATALIE WARD: Why was Joe Massa denied IV fluids?

PETER THOMAS: From a review, it wasn't that he was denied fluids. The initial assessment and diagnosis was this might be gastroenteritis, and a "sip and wait" mechanism, which is a standardised type of

protocol for these patients, was employed. My understanding, looking at the clinical notes, is that baby Joe was taking some sips, and later on he was given IV fluids, but clearly when we look at this retrospectively, that was too late and he should absolutely have had IV fluids prior, that he didn't.

The Hon. NATALIE WARD: Elouise Massa requested an IV drip on three separate occasions. Why wasn't this step taken?

PETER THOMAS: As mentioned earlier, tragically this is the result of a lack of recognition and lack of a parent's voice being heard by nursing medical staff in the emergency department. As Greg has said, we take full accountability for that, and more importantly, have already put some steps in place to try and rectify that so it does not happen again.

The Hon. NATALIE WARD: What is the rationale for refusing a drip to toddlers who are deteriorating?

PETER THOMAS: A clinical assessment is made of patients. Generally speaking, particularly for young children, there can be difficulties in placing an IV cannula to give a drip. It can be distressing for infants, and therefore the clinical pathway would always be to try oral fluids first, and then perhaps nasogastric fluids. If that failed or if the child still needed more intravenous fluids, then it would be an IV cannula and IV fluids. There is no rationale to refuse a child who needs IV fluids. In this case, this was a failing on the part of our department, and there are many children who come through the department who would get an IV fluid and drips.

The Hon. NATALIE WARD: Were there any directions to staff at the time of Joe Massa's death to limit the use of IV fluids?

PETER THOMAS: No, there wasn't.

The Hon. NATALIE WARD: Were there any discussions at the time of Joe Massa's death about the prioritisation of IV fluids at Northern Beaches Hospital?

PETER THOMAS: As we're all aware, there was a shortage of IV fluids across the State. Perhaps importantly, at the start of that IV fluid concerns and restrictions of fluids, Northern Beaches joined HealthShare—so, the NSW Health system—to ensure that we had adequate supplies of fluids. I can confirm we had our normal stock of fluids, thanks to the participation and collaboration with NSW Health. In terms of restriction of fluids, there were certainly no restrictions in place for emergent patients, patients in the emergency department or for patients requiring IV rehydration in an acute setting.

The Hon. NATALIE WARD: Do you stand by the decision to refuse Joe Massa an IV drip after his mother asked three times?

PETER THOMAS: As I mentioned earlier, that was a mistake, and retrospectively it would have been appropriate to have given baby Joe fluids earlier during the point of his admission, yes.

The Hon. NATALIE WARD: And to listen to mum?

PETER THOMAS: That's correct.

The Hon. NATALIE WARD: In the SAER, it's reported that a nurse escalated concerns directly to the emergency advanced trainee and they were dismissed. Why were those concerns dismissed, as well as mum's?

PETER THOMAS: In terms of that investigation, it was clear that our escalation mechanisms were lacking in terms of recognition of that escalation. I understand from the clinical record the doctor did make a plan to review baby Joe, but that was later, and at the point the doctor did review baby Joe, his condition had deteriorated significantly.

The Hon. NATALIE WARD: Is it common for the concerns of nurses about patients to be dismissed at the Northern Beaches Hospital?

PETER THOMAS: It is not common. Having worked at the Northern Beaches Hospital for five years, there is a culture of reporting. I think it's probably important to note that just 12 months before, we had had an accreditation visit from the national standards body and they had clearly said, "There is an excellent demonstration of teamwork and productive collaboration. We saw many examples of the positive and person-centred culture in action, in addition to the culture of continuous improvement". It's tragic that Joe's mother's concerns were not heard, and simply that the nurse who raised concerns did not get a doctor to see Joe at that time.

The Hon. NATALIE WARD: It is. Why do you think parental and staff concerns were dismissed and were not actioned in a timely manner?

PETER THOMAS: I think one of the issues—and we have seen this in other situations in other hospitals as part of the incident report—that there was a degree of what we call "anchoring bias". A presumptive diagnosis

of gastroenteritis had been made, and I think that had perhaps got fixed in the minds of some of the staff that this was gastroenteritis. Gastroenteritis would often be treated with an IV fluid approach later in that process, but normally that would be a "sip and test and track" challenge with oral fluids first. Again, going back to our overall culture, we often see very successful escalation of concerns by nursing staff, by junior ethical staff to senior staff. In this case, this was not acted upon, and it is clearly a tragic outcome because of that. In response to that, we are looking at our culture of safety, and will be participating in a cultural survey in participation with Northern Sydney Local Health District later this year.

The Hon. NATALIE WARD: Can you confirm exactly what time Joe was moved to the resus room from ED, and by who?

PETER THOMAS: It was approximately between 10.35 and 10.40 in the morning. Joe was moved from the paediatric ED to the resuscitation room, accompanied by a nurse and a registrar, and then a consultant joined them as they went into the resuscitation bay.

The Hon. NATALIE WARD: Was Joe left unattended in the resus room at any time?

PETER THOMAS: We have records. I clearly wasn't there, but looking at the records of the resuscitation, in the resuscitation bay, as opposed to the paediatric room, there is clearly documented evidence that there were three ED staff specialists in the resuscitation bay, two junior doctors and a number of nurses, each one of those having a role that was confirmed as part of that.

The Hon. NATALIE WARD: You say the role was confirmed, but were they there? What do you say to both of Joe's parents' account that Joe was alone for a period of time in the resus room until he went into cardiac arrest?

PETER THOMAS: Unfortunately, I can't comment on that. I don't understand whether that meant there wasn't somebody by the bedside of Joe. The emergency department resuscitation room is a set of three bays. Those three bays have a number of staff who are allocated to them. It's an open space. But not having spoken directly to Joe's parents, I can't comment, but the resuscitation record shows clearly there were a number of people involved in that process.

The Hon. WES FANG: Those notes are actually retrospective, aren't they?

The Hon. NATALIE WARD: Mr Fang, I haven't finished my questions, please don't butt in.

The Hon. WES FANG: Are they retrospective? Are they retrospectively written?

The Hon. NATALIE WARD: You've got the third session, Mr Fang.

PETER THOMAS: The resuscitation notes are contemporaneous because there is a scribe—

The Hon. NATALIE WARD: Point of order—

The CHAIR: Apology to the witnesses, a point of order has been taken.

The Hon. NATALIE WARD: You haven't given this member the call. This member hasn't sought the call and neither have you given it. I'd like to continue with my questions, if I may.

The CHAIR: I uphold the point of order.

The Hon. SUSAN CARTER: What would be the cost of exiting the contract with Healthscope for the running of Northern Beaches Hospital?

SUSAN PEARCE: I'm unable to comment on that.

The Hon. SUSAN CARTER: Are you able to take that on notice?

SUSAN PEARCE: You'll appreciate the commercial-in-confidence nature of that question, Mrs Carter. I can't comment on it.

The Hon. SUSAN CARTER: Are you able to comment on the annual cost for NSW Health to take over the running of Northern Beaches Hospital's emergency department?

SUSAN PEARCE: No, I can't.

The Hon. SUSAN CARTER: What about the cost to take over the entirety of the hospital?

SUSAN PEARCE: That would be dependent on a number of factors with respect to the contract deed, and any resumption of the State in the hospital is a complex matter. There are various mechanisms in the deed, as

you'll be aware, with respect to the public component of the facility and the private component, and also the posture or the position of both parties with respect to that, as to how that would occur.

The Hon. SUSAN CARTER: Has the Minister asked you to look at any options for NSW Health to take over the running of Northern Beaches Hospital?

SUSAN PEARCE: We have, over a period of time, had a look at what that would mean in the event that there was an issue with respect to the Healthscope team here, noting the private equity component and media reporting with respect to some issues associated with the financial viability of the organisation. We have done some work to understand what that would mean for us.

The CHAIR: Mr Horan, I've also got questions along the same vein for you and your team. Before this incident occurred, had your clinical staff raised any issues about staffing in the emergency department at Northern Beaches Hospital?

GREG HORAN: Peter will be best placed to answer about any specific staffing issues in the emergency department at Northern Beaches. But what I will say is that, as a general approach to staffing, we staff all of our areas—whether it's the emergency department or otherwise—according to the acuity of our patients. And particularly on the public side of the hospital, I would also say that our quality metrics are comparable with all public peer hospitals for the vast majority of metrics. We haven't had significant issues with quality, as a general rule through the department, associated with staffing. I'll ask Peter to answer specifically.

PETER THOMAS: In terms of the emergency department, the biggest challenge for Northern Beaches, as for many of our public hospitals, is junior medical staff for the emergency department. In terms of recruitment and retention, we often rely, unfortunately, on overseas—often UK—trainees to come across and join us. That being said, at the time of this tragic incident, the staffing levels at Northern Beaches were as per the rosters and as per the agreed staffing levels. But staffing can be a challenge, in particular junior medical staff, and that's something that we work with. We also are fortunate enough to have a casual pool of doctors who have previously worked at Northern Beaches, and we will often call on them if we have shortages on the rosters on any particular day.

The CHAIR: The 2020 inquiry into the operation and management of Northern Beaches Hospital, which was undertaken by this Committee before I was a member of it, heard evidence from the union representing junior doctors, particularly, about the lack of support for junior medical officers, the understaffing and under-resourcing of the JMO unit and associated issues. Was any work undertaken after that 2020 inquiry to improve the support for your junior medical staff?

PETER THOMAS: Yes, absolutely. I joined Northern Beaches Hospital in the capacity of chief medical officer in December 2019, and so I was aware of those reports. As part of my first 12 months or two years in the role, we looked at the staffing and recruitment profiles. I also restructured the JMO unit to ensure that we had more administrative staff to support the unit but also to review our recruitment and retention campaign. That was very successful. When I first joined in 2020, we had a significant number of locums that were covering shifts at Northern Beaches Hospital. Since then we've increased the FTE, so the number of doctors, by about 25 to 30 over the two-year to three-year period, and locum use has reduced to a minimum.

That is good for two reasons. The first, of course, is that we then have doctors who are used to working in the hospital who are part of the permanent workforce. That's good for safety and that's good for culture. Secondarily, it has allowed us to have a more proactive campaign. An example of that would be giving overseas doctors—UK trainees—two-year contracts instead of the traditional 12-month contracts, and that helped us in the long term with our recruitment and retention. As an example, at the start of 2024 and at start of this year, we actually had a fully recruited ED department in terms of positions filled.

The CHAIR: Mr Horan, you said a couple of times in your answer that the hospital and the department were fully staffed. I understand that you've got a different staffing policy compared to if this were a publicly run facility, and I understand that the Nurses and Midwives' Association made a recommendation in writing in November for Northern Beaches Hospital to be staffed as a level five public facility. Was there any change as a result of that alarm being raised by your nursing staff?

GREG HORAN: To my knowledge, we have continued to staff the hospital appropriately based on the acuity of the patients that we have, and have always staffed it in that way.

The CHAIR: Why were two staff nurses cancelled for night shift on 20 February, leaving the emergency department understaffed by one nursing staff member?

GREG HORAN: I'm sorry, I couldn't answer as to why two nurses on 20 February. I'd have to take that on notice.

The CHAIR: How is a root cause analysis done at Northern Beaches Hospital, and is it different from the way that that's done in a public facility?

GREG HORAN: I'll pass to Peter on that, but we follow the SAER process, which is implemented across all of NSW Health. But I'll pass to Peter.

PETER THOMAS: Just to confirm, Northern Beaches has adopted many of the NSW Health policies. For example, in terms of the SAER process—what used to be called a root cause analysis—it's exactly the same process as New South Wales. Just for clarity, that includes external independent specialists with SME who can shed light on particular aspects of a case. The same process is run as a privilege process as for New South Wales. Nobody on that team will have had direct care of the patient or be involved in the incident that has happened, so it is just the same as the New South Wales process. We also report up to the regulatory branch of the ministry, so we send our SAER reports along to the Northern Sydney Local Health District and up to the Ministry of Health.

The CHAIR: What accountability or follow-up process is there for the implementation of recommendations that come out of those processes?

PETER THOMAS: There are a number of different governance structures that we adhere to. The first is that, as part of our monthly performance meeting with Northern Sydney Local Health District, we have, if you like, a tracker that informs the district of the progress of those recommendations. We also, when a recommendation is completed—I'll just explain that a recommendation is put with a specific timeline. Once that recommendation is completed, or the progress of those recommendations, they're also sent to the Ministry of Health regulatory branch so that they can see the progress of those. The majority of recommendations are completed within the appropriate time frame. If there is something that requires an extension then it's just the same process as NSW Health: We would request an extension for that particular recommendation. But, to date, Northern Beaches has followed through and completed its recommendations, and currently there are no outstanding recommendations for any of the SAERs that we have conducted.

The CHAIR: The NSW Nurses and Midwives' Association has also complained, and the document I'm quoting from is from back in November 2024. It states:

> The NSWNMA has attempted to establish equivalence between NSW Health and Healthscope key performance indicators with limited success. We maintain that difficulty in accessing Healthscope key performance indicators would also be experienced by the public. Additionally, data that is available is high-level and would not capture the quality-of-care issues to the level of detail required, or identification of matters such as those described by our members …

What action have you taken to align key performance indicators with NSW Health and make that information accessible by staff and the public?

PETER THOMAS: Our clinical KPIs are actually set by NSW Health. If we think about the emergency department, we report on exactly the same KPIs as a public hospital or a public emergency department. As part of our reporting, those results are published along with other peer hospitals in the BHI data. It is publicly available. That's a public document, and that is available currently on the BHI.

The CHAIR: And my last question, from the same document, raises the concerns from the Nurses and Midwives' Association about the implementation of a strict adherence to clear patient flow protocols to address bottlenecking and care delays during triage in the emergency department, which sounds like it may have been one of the contributing factors to this awful incident we are here discussing.

PETER THOMAS: In terms of the whole-of-hospital project, patient flow is something that all of us have to consider in hospitals with emergency departments. Northern Beaches has a very similar structure in terms of its approach to patient flow. Currently, I am responsible and carry that portfolio at the hospital. We have three strategies to enhance patient flow. The first is a clear focus on transfer of care, which is getting our patients off the ambulances and getting the ambulances back into the community where they're needed. Northern Beaches, if we look at the PHI data, which again is publicly available, Northern Beaches has been at the top one or two of our peer hospitals in that process, showing that we are able to get patients off the ambulances.

Moving through the hospital, I think it's important to say that it is always difficult. We have a busy hospital. Over the five years, the hospital has grown in size. We have just under 500 beds and we are often full, as are other public hospitals. But as part of our patient flow processes, we also collaborate with Northern Sydney Local Health District. We contribute as part of the whole-of-hospital district committee where we have some shared learnings, but essentially the processes that we have in place are almost identical to any other public hospital and for the most part our patient flow is excellent. In the five years I have been there, we've only ever had one patient who stayed in the emergency department more than 24 hours, which, for a hospital with 65,000 to 70,000 presentations through the ED, I think is an outstanding achievement and testament to our usual patient

flow mechanisms. There are very few hospitals in New South Wales that would be able to demonstrate the same in terms of patient flow through the ED.

Ms CATE FAEHRMANN: Ms Pearce, I'll direct this to you. I'm just unclear of who to direct this to. This is in relation to the Broken Hill lead situation.

SUSAN PEARCE: Yes.

Ms CATE FAEHRMANN: The lead in children's blood. I understand that there was a $13 million Broken Hill environmental lead program that was funded between NSW Health and the EPA over five years, which ceased in 2022. How much is NSW Health spending at this point in time on an annual basis in terms of screening for lead in people in Broken Hill?

SUSAN PEARCE: Kerry, do you know that? Or perhaps Alfa? If we can't locate it now, we'll try to get it to you.

Ms CATE FAEHRMANN: That's a very direct question, but I've got more on the program.

KERRY CHANT: I'm happy to take this. Ms Faehrmann, I can commit that NSW Health continues—

Ms CATE FAEHRMANN: I was hoping to give you a break, Dr Chant, and go to someone else.

KERRY CHANT: We're continuing to ensure that there is access to blood lead testing in Broken Hill. We recognise the community is in an environment where there's ongoing contamination and exposure pathways, particularly for young children, and we are supporting that. I'm happy to take it on notice in terms of the cost of how we're supporting that. I would also want to acknowledge the Maari Ma Aboriginal community controlled health centre, who's also very much a partner in this.

Ms CATE FAEHRMANN: Yes. I'm glad you mentioned them as well because I was going to ask questions about them. I do have a briefing here that is a briefing for the Premier; I've got more documents for the secretariat to hand around. The date of this is 13 June 2023. It states:

> Health currently spends $290,958 per annum on lead screening. However, since the … program—

that I mentioned before—

> ceased, Health's capacity to follow up with children with high blood lead levels through home visits, assessments and case management for remediation and education programs has reduced.

It also states in relation to Maari Ma and EPA that the EPA allocated $1 million to Maari Ma, for example, and that they used to do the community dust monitoring, home abatement and funding of two staff, but no funding is available for 2023-24. Is that the case? Is there less capacity in NSW Health as a result of that $13 million having ceased in 2022?

KERRY CHANT: I would have to look into what the perceived gap is. I can say that there have been some additional augmentations of staffing in the western and Far West public health unit in terms of environmental health officers. Also, a public health physician was appointed last year and, clearly, that person has a strong focus on the lead issues. I know that we're actively doing work with Maari Ma on the appropriate technology for the blood lead testing. There is an expert group that's working collaboratively across the players. I think it's a little bit of a changing feast, but I would be sure that there's also a need to address this as a whole-of-government issue because, obviously, the area is highly contaminated and there is ongoing exposure. The challenges of doing temporary interventions in homes that then have dust containing lead reintroduced into those settings—that does need a really whole-of-government approach. I will have to update myself on where that process is up to, Ms Faehrmann.

Ms CATE FAEHRMANN: So you have taken on notice to see if we can get any up-to-date figures in terms of expenditure. As Chief Health Officer, Dr Chant, what is the ideal level? I suppose the NHMRC guidelines for lead—is that what NSW Health goes by?

KERRY CHANT: The NHMRC guideline is the guideline that we would set as our benchmark, and lead in children is notifiable so there is that process that we have to follow up and know who requires care. Obviously, for children with very high levels of lead, it does require clinical intervention, and that's facilitated collaboratively with the Children's Hospital at Westmead in terms of the care for the children that are impacted.

Ms CATE FAEHRMANN: In this Premier's briefing note that I think you have in front of you now has the responsible officer is Mr Ryan Broom, Director - Health & Education, Social Policy Branch, but the second dot point on page 2 states:

> Reducing the blood Lead level threshold to 3.5 mcg/dL—

which is lower than the 5 that you've just quoted—

> and providing case management support for families of affected children [with] 3.5 mcg/dL is lower than the National Health Medical Research Council guidelines and will capture more children in the management program, but is in line with other international jurisdictions and accepted evidence that there is no safe level of lead.

This is a brief to the Premier. Is this another example of the NHMRC just being out of step with international science?

KERRY CHANT: Again, I'd have to take that on notice. Obviously, we try and drive down the lead levels as low as feasible. It's been great to see actions by governments to remove lead from petrol, which was a major source. But we know that there are a small number of impacted communities, such as Broken Hill, that require a more holistic approach to deal with it, but obviously we want to see it as low as possible. It's also important that we look at the multitude of factors that impact on a child's development, and I think the lead issue in Broken Hill has really highlighted that we need to work in a holistic way to address multiple factors.

SUSAN PEARCE: I might just mention that Kate Meagher is here from the Premier's Department, if you want a whole-of-government view on this matter. It might be useful.

Ms CATE FAEHRMANN: Okay. I just want to finish up one thing with Dr Chant and there is one more thing to hand out. The secretariat will be very annoyed with me by the end of it. This one is the NSW Health expert advisory panel meeting led in Broken Hill, dated 2 February 2024. It's a question for you as Chief Health Officer. On the second page, first dot point, it says:

> The most recent annual and quarterly Broken Hill lead surveillance reports prepared by the Western NSW Local Health District were presented—

to that expert panel. It goes on:

> It was noted that Aboriginal children continue to be more at risk and that most children with very high blood lead levels in Broken Hill have pica and autism.

The previous document I gave you said that 66 per cent of Aboriginal children, in fact, had blood levels higher than the NHMRC. That's a lot of children—37 per cent of the rest of the population. So most children with very high blood lead levels in Broken Hill have pica and autism. That's very concerning, isn't it?

KERRY CHANT: Pica is actually when you consume or eat dirt, so that does explain their additional risk, and obviously autism and some behavioural issues do play into the factors. I think that goes back to my previous response that we really need a holistic—this is disproportionately impacting Aboriginal children and that needs to be addressed by the whole of government. We need to take it seriously. I'm also looking at it from a population health outcome measure, that we need to actually support these families that are Aboriginal and often encountering other challenges and take a very holistic approach, hence the importance of a whole-of-government approach. The challenge for the community members is that children may move from parent to other family members, so you might have an intervention in a house but then the child gets re-exposed. I'm saying that we need a complex, whole-of-government response to the issue in Broken Hill. I think it's a really important one.

Ms CATE FAEHRMANN: On that note, given the legacy of lead in Broken Hill, the NSW Health view of other lead mines in New South Wales would not be very favourable. Would that be a correct assumption?

KERRY CHANT: I think everything has to be in context. What I think the issue here is that clearly the township has grown up around the sources of historical and ongoing lead exposure. That differs, so I think Health's perspective is that where you have an exposure pathway—what we know is there is an ongoing exposure pathway because the soil is contaminated. Depending where a lead mine is in proximity to communities and how people are exposed, either in air or in soil contamination, that will influence how people are exposed to it and how that will add to their blood lead levels.

The Hon. NATALIE WARD: Back to Healthscope, does the Northern Beaches Hospital have CCTV or other electronic communications to validate who was in that resus room with Joe Massa?

GREG HORAN: We only have CCTV in corridors. We don't have CCTV in the resus bay area.

The Hon. NATALIE WARD: How many consultants were working in the emergency department between the hours of 7.00 a.m. and 11.00 a.m. on 14 September, both paediatric and adult ED?

PETER THOMAS: I can answer that question. We have three specialists on the floor at any one time. For the morning shift, that starts at eight o'clock. Prior to that, there will be the junior medical staff and the physical presence of the ED consultants or specialists. Their shifts commence at eight o'clock, in line with other New South Wales hospitals. We would have three specialists on the floor at any one time.

The Hon. NATALIE WARD: On 14 September, can you confirm—and you're sure—that there were three in place?

PETER THOMAS: I can't confirm. I can certainly take that on notice. What I am aware of is there were three specialists listed on the resuscitation record who were ED specialists, who were present in ED at the time of the resuscitation after 10.40 a.m.

The Hon. NATALIE WARD: Mr Thomas, can you clarify when Joe Massa was put on an IV drip? Was it after his cardiac arrest?

PETER THOMAS: I can't clarify that without confirming the notes, but I do know that he didn't have an IV cannula placed until he was in the resuscitation bay.

The Hon. NATALIE WARD: You'll take that part of it on notice, if you need to?

PETER THOMAS: That's correct.

The Hon. NATALIE WARD: The three staff in the resus room—what care did they provide to Joe?

PETER THOMAS: There were more than three staff in the resuscitation bay according to the contemporaneous record. When we have a cardiac arrest or resuscitation situation, we'll have one specialist—looking at the record, there's one specialist who takes the airway, one specialist who is directing the resuscitation and another specialist who is what we call the operator, who will be leading interventions on a patient, in this case, Joe. There were also two junior doctors and a number of nurses fulfilling various roles in the resuscitation, including one person who's allocated as a scribe, which allows us a contemporaneous record of the resuscitation—literally in a minute-by-minute chronological sequence.

The Hon. NATALIE WARD: So those three were carrying out those roles at that time with Joe on that day?

PETER THOMAS: There were three specialists at the resuscitation.

The Hon. NATALIE WARD: Mr Thomas, it's been reported in *The Daily Telegraph* today that a newborn baby has died at the Northern Beaches Hospital under tragic circumstances and the chief obstetrician is investigating. Can you confirm whether an emergency C-section was called?

PETER THOMAS: I'm aware of the case. Again, I'm limited to what I can say due to confidentiality, but there was an emergency caesarean section for the mother of the child who was transferred to North Shore Hospital.

The Hon. NATALIE WARD: So there was?

PETER THOMAS: There was.

The Hon. NATALIE WARD: How long did that mother wait for that emergency C-section?

PETER THOMAS: I'm not aware of the details of that case.

The Hon. NATALIE WARD: Are you able to take that one on notice?

PETER THOMAS: I'm happy to take that on notice.

The Hon. NATALIE WARD: Were there any other clinical deficiencies identified?

PETER THOMAS: The preliminary risk assessment has been done and hasn't highlighted any key deficiencies, as far as I'm aware.

The Hon. SUSAN CARTER: I have just one follow-up question, if I may, in relation to the corridor CCTV. Is that available for the entrance to the resuscitation room?

GREG HORAN: No, it is not.

The Hon. SUSAN CARTER: Because of cameras and where they're positioned? Why is it not available?

GREG HORAN: Because cameras are not positioned there. There's CCTV footage in the waiting area and then there is CCTV footage in the corridor outside the paediatric area, but not actually going into the resus bay.

The Hon. SUSAN CARTER: Ms Pearce, I have a couple of questions for you, if I may, in relation to Bankstown and the nurses with which we're sadly all too familiar. Could you update us on what NSW Health is doing in relation to a review of workplace culture at Bankstown and at other hospitals following this incident?

SUSAN PEARCE: I'm happy to comment. I'll restate that that issue has been dealt with, with the utmost seriousness. You could see, I think, quite clearly that we were incredibly disturbed by those events. We have undertaken a range of actions since that event—in particular, quite a lot of discussion with Multicultural NSW in regard to how we continue to support people from multicultural backgrounds. Tomorrow we have our chief executives monthly meeting. We have a Jewish rabbi coming along to that meeting, as well as one of our Muslim doctors joining that meeting. Further to that, I think that it's important to note that we have 180,000 staff working across hundreds of hospitals in NSW Health. We want to create an environment where our workplaces are safe, both for our staff and clearly welcoming for patients.

Yesterday we released a video called "We are here for you", which shows a number of staff from many different cultural backgrounds. That has been met with a huge amount of positivity from staff of the NSW Health system. I think it's fair to say that people were shocked by that event and dismayed by it. It is very clear, from our perspective—and we will be issuing further guidance to our system on this, as we have done in the past—that people are entitled to their views and, indeed, they are citizens of the State and the community. Those views are to be left at the door when they enter our workplaces and are not to continue to be promulgated in our workplaces. We are troubled by some of the behaviour on social media, putting aside that incident. The manner in which people speak to each other in society generally spills over, of course, into a very large health system such as ours, and we will be issuing further guidance to our staff on that.

The Hon. SUSAN CARTER: Thank you, Ms Pearce. That's very comprehensive. Commissioner Morgan, in regard to the rollout of the 500 regional paramedics, can you explain the modelling tool used to guide the deployment decisions?

DOMINIC MORGAN: Yes. Primarily, in relation to that, there are a whole range of things that our service planning area take into account. Probably you would expect that two of the biggest areas we look at relate to paramedic fatigue, wellbeing and welfare, and, obviously, activity within any given regional area. So the primary driver of paramedic fatigue has historically related to work locations where we've had a very antiquated model relating to on-call duties. What that means is, a paramedic would work during the day and then would retire to their residence. If an emergency call came in overnight, they would be required to respond from their home. So, first and foremost, the service planning people look at where we can retire on-call to give additional breaks to the paramedics. Then, after we've taken care of that, of course, there's a balance between the activity levels within a community.

The Hon. SUSAN CARTER: Is that tool and the data generated by it publicly available?

DOMINIC MORGAN: There are many inputs to it, and we have a service planning unit. It may be helpful if I was to—we were audited by the Auditor-General last year. The Auditor-General, as you know, does not tend to make particularly favourable comments where it's not warranted. I think the commentary from the Auditor-General is probably relevant to your question.

The Hon. SUSAN CARTER: With respect, Commissioner Morgan, is that data transparent? Can we access it so we can see how those decisions are being made?

DOMINIC MORGAN: How the decisions are made? Yes, that is completely transparent. What I can tell you is that we have, obviously, a clinical services plan. That clinical services plan is informed by two main documents. One is a role delineation guide that determines what a particular class of, generally speaking, our paramedics will do. The other one is a clinical capability framework.

The Hon. SUSAN CARTER: What about consultation? Is there a consultation with paramedics? Is there a consultation with individual stations? Is there a consultation with regional communities?

DOMINIC MORGAN: Yes, primarily. Yes, the consultation does occur with paramedics. Yes, the consultation does occur at the local level that you're referring to. Through our industrial process where we're rolling out new services and enhanced services to communities, we have two ways we approach it. One is through central consultation with, predominantly, the Health Services Union and the Australian Paramedics Association. But we also have local consultation where we have representatives go out and talk to the staff on the ground.

The Hon. SUSAN CARTER: How much weighting has been given in the development of those new plans on allocating paramedics to reduce on-call shifts across regional areas?

DOMINIC MORGAN: Quite significantly. What I can tell you is that, in terms of our reduction of on-call in regional areas, in 46 different locations we've been able to completely remove on-call. We've had a further nine where we've been able to reduce on-call, and that was as of 1 February.

The Hon. NATALIE WARD: Can I ask whether that arrangement has come at the expense of bolstering coverage during peak demand periods? The context for that is that I note Goulburn received five additional

paramedics, but those were allocated to reduce their on-call shifts. They've been asking for them in the afternoon where there is a peak patient demand.

DOMINIC MORGAN: What I can tell you specifically about Goulburn is that Goulburn is part of a hub. There's quite a wide community that surrounds them. One I'm personally aware of is, obviously, Crookwell. There are a number of other stations within reasonably close proximity. The nature of Goulburn is unique because of the way that it supports other local stations. If you think the scenario through, if there's an incident, say, in a town like Goulburn where its only one day crew is occupied, we need to be able to send another crew out if another emergency occurs in that community—likewise for any of the other small communities. If we were to have gone with the model that was preferred by the staff, to introduce an afternoon shift, and I fully understand why anyone would prefer an afternoon shift than a night shift, it would have left Goulburn with no ambulance—a major area. So we had to balance out the needs of the community against the well-understood desires of the staff.

The Hon. NATALIE WARD: I understand that. Can you advise, then, how using paramedics to remove on-call rather than placing them in peak afternoon periods meets the regional 500 charter, which is explicitly focused on patient outcomes rather than workforce restructuring?

DOMINIC MORGAN: No, I don't think that was actually accurate. The 500 in the election commitment was not targeted to anything other than regional New South Wales. But, I suppose, to directly answer your question, it is vitally important that we have a well-rested and well workforce.

The Hon. NATALIE WARD: Dr Morgan, Hatzolah provides a lifesaving bridge of medical care during the first critical moments of a medical emergency before the arrival of an ambulance. For the past 12 years they've received monthly training by NSW Ambulance at Bondi Ambulance Station, but this has recently stopped. Do you know why this is?

DOMINIC MORGAN: I am somewhat aware of the issue around Hatzolah. During the pandemic they were part of a community volunteer program, which ceased to respond during the pandemic. I do know that there has been local engagement with them, but there have been challenges around them coming back to meeting the necessary standards of NSW Ambulance to come back into the response grid. There's no philosophical view about this, but there are standards, and we have to make sure that all the people who actually respond as volunteers, as an adjunct to NSW Ambulance, meet those standards.

The Hon. NATALIE WARD: Will that be restored?

DOMINIC MORGAN: It will depend on their ability to meet those standards.

The Hon. NATALIE WARD: Can I ask you to take that on notice and let the Committee know what the timeline is for when a decision about that will be made or for restoring the training?

DOMINIC MORGAN: I think it might be more a question for Hatzolah.

The Hon. NATALIE WARD: Right. I may or may not consider that further. Hatzolah isn't allowed to use lights and sirens, but they're often first on the scene of medical emergencies in the eastern suburbs. If they were to be restored, would you be supportive of them being able to use lights and sirens?

DOMINIC MORGAN: That's an issue that falls under the remit of the New South Wales police commissioner—as to the grounds upon which emergency warning devices are used. What I can say to that is, as you can imagine, using lights and sirens and being exempt from provisions of the motor traffic Act comes with both benefits and risks.

The Hon. NATALIE WARD: Would you be supportive of them being returned if they're first there and they are playing that critical role? Is that something you would be supportive of?

DOMINIC MORGAN: What they would need to do is satisfy the police commissioner that they had the necessary policies, procedures, training and maintenance of those skills to ensure that, in their desire to render aid to the community, they were also not placing the community at greater risk.

The Hon. NATALIE WARD: One final question for you in relation to new ambulance stations: Who makes the decision on those? Is that you and your department, or is that the Minister?

DOMINIC MORGAN: Service planning? Yes, that's service planning. That goes to the nub of what I was saying before. It is a very robust process and—

The Hon. NATALIE WARD: I just want to know who makes the decision. Is that a decision within that group or within the department, or is that a decision for the Government and the Minister?

DOMINIC MORGAN: Within NSW Ambulance.

The Hon. NATALIE WARD: The Minister doesn't decide if this station is prioritised over that one or if there's a new station or upgrade. That's on your list and it's your decision.

DOMINIC MORGAN: That's on the service planning list; that's correct. It is, quite frankly, mathematical, how they go about it.

The Hon. NATALIE WARD: But that's a decision within that framework that is not touched by Minister Park or the Government.

DOMINIC MORGAN: No.

The Hon. NATALIE WARD: Can I go to Ms Pearce? On pill testing, last year in supplementary budget estimates, Mr Tudehope asked you and Dr Cretikos a number of questions about whether NSW Health had commissioned an evidence-based review of pill testing. You and Dr Cretikos both appeared not to be aware of any such review. But we now know that NSW Health had commissioned an evidence review by Monash University. Can I confirm that, on 2 December 2024, you were not aware that evidence review had been commissioned or provided to NSW Health?

SUSAN PEARCE: Not that I can recall.

The Hon. NATALIE WARD: Who in NSW Health was responsible for commissioning the evidence review?

SUSAN PEARCE: I'll get Dr Chant to respond to that.

KERRY CHANT: As part of the support for the Drug Summit, NSW Health commissioned a lot of papers, as part of our contribution as whole of government. I have to acknowledge our other agencies also did a number of papers to support the deliberations at the Drug Summit. There were some pieces of work that were progressed, just so that we were across the evidence base. There had been a previous review by one of the other governments—I think the Victorian Government had previously commissioned Monash to do a piece of work. We felt that it was appropriate for us to do that evidence check and it was made available publicly.

The Hon. NATALIE WARD: So that was initiated for the Drug Summit. Can I ask—

KERRY CHANT: It was initiated as part of our continually ensuring that we're across the evidence base, as you'd expect us to be. I'd have to go back and figure out the exact time it was started but, at the time, we've come out of the special commission of inquiry where pill testing came up. We've had coronials. You can imagine that we're interested in making sure we're across the evidence base.

SUSAN PEARCE: I know you're short on time, Ms Ward, but could I just add a point of clarification quickly?

The Hon. NATALIE WARD: No, because I didn't actually get to ask the question I wanted to ask.

SUSAN PEARCE: Sorry. The point is there's a difference between commissioning a review and providing a series of documents for attendees at an event, so perhaps it's how the question has been asked.

The Hon. NATALIE WARD: Sure, but I might just get to my question. I can put further questions on notice about that. Did the Minister's office request an evidence review be commissioned?

KERRY CHANT: In relation to pill checking?

The Hon. NATALIE WARD: Yes.

KERRY CHANT: No. From my recollection, it has really been something where you'd expect, from a policy perspective, we would be across the evidence.

The Hon. NATALIE WARD: Page 24 of the review states that the New South Wales Ministry of Health reviewed the search strategy and drafts ahead of publication. Who in NSW Health was responsible for reviewing those drafts?

KERRY CHANT: I would have to take that on notice. I would be guessing, but I would assume it was within our drug and alcohol group that is responsible for the toxicological surveillance. But I will take it on notice.

The Hon. NATALIE WARD: Thank you. Before the final publication, did anyone from NSW Health ask to have any of the content removed from the review?

KERRY CHANT: As I said, I would have to take it on notice.

The Hon. NATALIE WARD: How much did the evidence review by Monash University cost?

KERRY CHANT: Again, I would have to take that on notice.

The Hon. NATALIE WARD: Ms Pearce, the rapid review also states that rigorous pre- and post-research implementation is needed, and these types of evaluations should include lived experience perspectives at all stages of design, implementation and evaluation. Do you agree with that, and who will be evaluating the trial?

SUSAN PEARCE: I'll get Dr Chant to respond to that.

KERRY CHANT: At the moment we are going to be commissioning some external stakeholders for the evaluation of the report. We are also very committed to working in partnership with people with lived experience as part of that. To commend the branch, they've had a long track record of doing so. As I reflected, NUAA is really a partner in the delivery of this through the provision of peer educators, which are going to be a pivotal part of the pill-testing trial. We are very committed to doing that.

The CHAIR: By leave, I table the document I was quoting in the previous session: Nurses and Midwives' Association's submission to the Northern Beaches Hospital Audit.

Document tabled.

The CHAIR: Mr Minns, you provided quite a comprehensive update to the Committee in early December. Could you update us on the status of the safe staffing levels rollout, including the status of equipment?

PHIL MINNS: I just have to find the right file, Chair.

The CHAIR: I can go to a different topic and come back to you, Mr Minns, if you'd prefer.

PHIL MINNS: That might be a good idea.

The CHAIR: My other questions are on a completely different topic. In 2018 there was a Federal Government inquiry into biotoxin-related illnesses in Australia that made three recommendations in particular for State and Territory governments. Last year I asked the EPA about their role in the implementation of those recommendations. Specifically, there are recommendations around developing standards for mould testing and remediation. What role has New South Wales played in that to date?

KERRY CHANT: Our role in response to the issues around mould is more of a fact sheet or providing the health advice. I'd have to follow up with my colleagues in the EPA around that report and the actions on it.

The CHAIR: While you take it on notice, I've got a few questions on this topic. The CEO of the EPA, Tony Chappel, advised a different Legislative Council committee last year that they're meeting quarterly with NSW Health about this issue, specifically looking at indoor mould and air quality. I might read those three specific recommendations out to you, so you have them to follow up. Recommendation 2 of the inquiry was working with States and Territories to conduct research and develop standards for mould testing and remediation. Recommendation 3 was working with States and Territories to ensure tenants in rental properties, aged-care facilities, and public and community housing are informed about mould and water damage issues in property. Recommendation 4 was conducting research into the adequacy of building codes and standards for prevention and remediation of dampness and mould in buildings. I have a particular concern that different New South Wales government agencies are pointing to each other on this issue, and I'm very keen to get to the bottom of who's actually responding to those recommendations. I'm grateful for you taking that on notice.

KERRY CHANT: That's fine. I think they do span whole of government. They do draw on many agencies' responsibilities. But I agree. I will take it on notice and coordinate a response that reflects who is doing which pieces of work.

The CHAIR: Thank you. Mr Minns, are you ready?

PHIL MINNS: I am, Chair. I can read these, or you might want them to be tabled later. Liverpool Hospital ED had a safe staffing allocation of 34.32, and all of those are recruited. Royal North Shore had an allocation of 34.01, and 34 had been recruited. The Port Macquarie Base ED allocation was 13.32—it's a bit small—and it recruited 8.17. The Lismore Base Hospital ED allocation was 27.93, and it recruited 5.63. Coffs Harbour—

The CHAIR: Thanks, Mr Minns. In the interests of time, I'm happy for you to table the remaining ones hospital by hospital. But have you got the total allocated FTE and total recruited FTE?

PHIL MINNS: The total allocated is more than 500, but that does include implementation resources at LHDs. The planning work that has to go on and the consultative work that occurs with the association at each site needed resourcing. If I can just find the source email, I'll be able to tell you.

The CHAIR: I'm just trying to understand. Of the 17 hospitals where safe staffing levels have been promised, it sounds like two are complete?

PHIL MINNS: If I went further through the list, I think there might be some more. But we're about 258, from memory, that are recruited. The total allocated is more than 500. The total allocated to frontline nursing roles is somewhere in the 475 region.

The CHAIR: What is the expected time frame for completing recruitment for the 17 hospitals that are included so far?

PHIL MINNS: Once we work through the process of agreeing to site arrangements and the numbers with the association, then we will try to get to full complement within 12 months. The association has a view that six months should be the target. The issue that we face is just the ability to recruit.

The CHAIR: What is the time frame for the next tranche of hospitals?

PHIL MINNS: April for the three, four and the work about the detailed discussion of what's the site status, how many treatment spaces are there and is that agreed et cetera. That's in train and the first three or four sites will start to roll out from April.

The CHAIR: My last question is for Ms Skulander. It is about the David Berry Hospital. I am referring to an excellent document on your website summarising the community consultation on the future use of the site, which I understand attracted 1,200 contributions. There is obviously really significant interest in the community. What are the next steps in the time frame for this process?

EMMA SKULANDER: It took a while for us to get that feedback together and it is reflective of the amount of feedback that came through. We released that report this week. We're in the process of working through the consultation approach for the next stage. The intention is to progress with a number of focus groups, including meeting with community groups and others who have written to us through this process. We will go back and confirm to those people the approach that we're going to take with that consultation. We're intending to kick off that process by the end of March. We will be communicating that over the next few weeks. We're also in the process of engaging an independent engagement consultant to ensure we have got some sort of independent rigour through the process. Then, as we collect the further round of feedback, we'll be able to come back with a more detailed piece of work from the community and from those focus groups.

The CHAIR: Just to clarify, you've said by the end of March. Can people expect to hear from you by the end of March or will the focus groups be taking place by the end of March?

EMMA SKULANDER: We would like to kick off the process by the end of March. During March, we will be able to contact them. Obviously, we are at the end of February now. We are just working on the exact approach. It may be that we are in contact with people and then we will schedule the sessions over the coming months. That is the likely approach. I am very hopeful that by the end of March, we will have some confirmation so that people are not waiting to hear about the next steps.

The CHAIR: I appreciate I probably should have asked this question this morning but, to your knowledge, has the Minister visited the former David Berry Hospital site yet?

EMMA SKULANDER: I don't know the answer to that question.

The CHAIR: I'll put it on notice.

Ms CATE FAEHRMANN: I want to ask about the ice inquiry funding. There was $500 million of funding. Can you remind me what funds were allocated in the past financial year and this financial year? Do you have the breakdown for that?

KERRY CHANT: I would have to take that on notice. There is a range. The ice commission funding was also for some other government agencies, our own services, NGOs and NSW Health facilities. I can find the note.

Ms CATE FAEHRMANN: With the funding that NSW Health has responsibility for allocating, who makes that decision? For example, is there a taskforce or committee that has various NGOs on it from the alcohol and other drugs sector? How are the decisions made in terms of where the funding is spent?

KERRY CHANT: There was $156.3 million allocated to supporting the implementation of programs in response to the special commission of inquiry into the drug ice. I can take it on notice to provide the whole list. There is a range of initiatives, including additional rehab things.

Ms CATE FAEHRMANN: With the breakdown, one thing that some people in the sector are concerned about and are talking with me about is that there is a perception that a lot of the funding has gone to LHDs and not enough has gone to organisations on the front line, if you like, that aren't from the LHDs. There is concern about the transparency around the way in which that money is spent.

KERRY CHANT: There are some example of things that I am across in more detail. There has been a range of initiatives that have—I would say—a strong commitment to recognising the importance of the non-government organisations in drug and alcohol treatment and care. There has been a number of competitive tender processes, pulling down themes from the special commission on ice. There was a program with a notional budget allocated that addresses the recommendations of the ice special commission. Then there has been a range of tenders that comply with tender requirements. An example at the moment is that there is a tender around carers and families. That was recognised as a gap coming out of the special commission of inquiry into ice.

Ms CATE FAEHRMANN: The reason I am asking is that we know the political history of it. The reason the $500 million was given was that it was part of the Government's response to the ice inquiry recommendations. But there was a caveat, if you like, of, "Let's see, between you and the police commissioner, how that spending goes before we look at the drug diversion initiative."

KERRY CHANT: The EDDI program.

Ms CATE FAEHRMANN: Yes, the EDDI program. The reason was that, for example, if we're going to take people away from the courts and send them into treatment and services, those services have to be ready and sufficient enough. That was part of the reason, wasn't it?

KERRY CHANT: Just to be clear, I gave an assurance to the Minister and worked with the police commissioner to totally indicate that we had sufficient capacity to provide the intervention and the range of services needed to support diversion.

Ms CATE FAEHRMANN: That was the phone call?

KERRY CHANT: Yes. That is not the issue associated with the uptake of the service.

Ms CATE FAEHRMANN: Let's take a slightly broader picture. People are waiting months for treatment in regional areas. I am wanting to be a bit more broad.

KERRY CHANT: In terms of the EDDI program—I think it is important to take all of the programs separately—the issue is that people have a choice of taking a fine or ringing a number and getting an intervention. That is the initial piece of the data that is being presented to you. People are choosing one path or another. There is also a discussion about whether we could potentially be using that diversion program more broadly and what are the perceived barriers. I was not here for the Sydney Drug Summit, but there are issues around, perhaps, whether awareness of the program was not in place universally across all levels of police. We have agreed to work with police on what we can do to raise awareness of the EDDI program and the systems that police need to employ to have a better understanding of that program. We are genuinely waiting for the report. In parallel, we have heard some of the issues that have occurred and want to work through those as a whole of government. I do accept that there are challenges and there is unmet need. But that is not the particular issue that is playing out in the EDDI program.

Ms CATE FAEHRMANN: I acknowledge that as well. Is it possible to take on notice—my office has asked a few times for a breakdown of the $500 million ice inquiry funding, year by year. Again, just because we are getting approached by people in the sector who are frustrated by what they see as a lack of transparency in terms of how it is being spent, I wonder if I can get a breakdown of the spending, the programs, what is going to NGOs, what is going to each LHD and the services provided. I am sure, in terms of reporting back and looking at outcomes, you have that detail.

KERRY CHANT: Yes, certainly. We will do our best to portray the whole picture in terms of the funding envelopes. As I said, from my sense, there has been quite a number of opportunities for the NGO sector. But I know there is unmet need as well, so I can really understand the sector's comments on one hand. Please hear the fact that the drug and alcohol branch has been very keen to work effectively. I should also note that there is a program council where a number of the NGO peaks sit with our Alcohol and Other Drugs directors. I've got to say that the Alcohol and Other Drugs directorate in the ministry does really recognise the importance of the NGO sector.

Ms CATE FAEHRMANN: Going back to pill testing, is there a government committee or taskforce that has a range of different agencies represented that is overseeing the pill-testing trial?

KERRY CHANT: Yes, there is. Obviously there's a need to be working across Justice, Health and police, so there is an interagency steering group—

Ms CATE FAEHRMANN: Has it got a name?

KERRY CHANT: I can find it. I will give it to you. It's just in a brief.

Ms CATE FAEHRMANN: I could be getting confused with Victoria, but I think the announcement was up to 12 music festival sites within 12 months in New South Wales.

KERRY CHANT: That's correct. We obviously—

Ms CATE FAEHRMANN: Are there any more planned for this season?

KERRY CHANT: There are some more proposed for this season, noting that there's generally a lull in the winter months—

Ms CATE FAEHRMANN: Easter, probably.

KERRY CHANT: —and we see a resurgence towards the end of the year, so I think it would be appropriate to flag that the vast majority will probably fall in the latter half of the year. But we are looking at every opportunity to engage with festivals that may be appropriate for pill testing.

Ms CATE FAEHRMANN: Are results coming out after each festival?

KERRY CHANT: Yes. I suppose in terms of results, there will be ability to say how many people used the—

Ms CATE FAEHRMANN: Service.

KERRY CHANT: Some core data will be presented. We'll be very transparent with what we find because obviously that's going to be really important as part of our alert system as well in terms of letting people know any findings. Provided that people are happy that we do use one of the technologies which scrapes the pill, and there's sufficient sample, we will be doing confirmatory testing on all of the samples and Forensics and Analytical Science Services has agreed to do quite a quick turnaround on that.

Ms CATE FAEHRMANN: What's the communication strategy to the festivalgoers if, for example, a very dangerous MDMA pill containing nitazene is found? What's the strategy for that?

KERRY CHANT: Just to be very clear, low levels of nitazene are unlikely to be detected with the technology but we've also got some strips and so we could find nitazene.

Ms CATE FAEHRMANN: Or PMA or something that is not—

KERRY CHANT: Depending on what is found—there is actually an algorithm in the protocol. There is an escalation. I know you asked a question on notice at the last budget estimates that I attended, and just to be clear that the example I think you gave was when there was an announcement at the—

Ms CATE FAEHRMANN: Yes.

KERRY CHANT: Actually, that involved our health staff. We have got an on-call system: an on-call toxicologist who will give us advice. We work very closely with our peer educators, NUAA. There will be a decision and risk assessment made, depending on the substance found, whether we do, for instance, announcement on the floor of the music festival, or whether it might just be some intelligence that we circulate to the peer workers and involving information-sharing with the clinical staff. We are located in proximity to both the chill-out area and the clinical services—again, so there's that rapid exchange of information. But we have got a protocol that will indicate a risk assessment and, depending on what we find, an escalation and an intervention.

Ms CATE FAEHRMANN: My last question for this round is have you discussed with organisers what happens in some festivals in the UK where the pill-testing service will send a text message, for example, to every person who has bought a ticket on that day to look out for this type of incredibly dangerous pill in circulation. That has happened. Have you discussed that type of alert system?

KERRY CHANT: I would have to check on what conversations the team have had with the festival organisers, but we certainly have acknowledged that they have good records because they send the tickets electronically, so we have been considering the ways of engagement. But I think that's a good point, Ms Faehrmann.

Ms CATE FAEHRMANN: I highly recommend it.

The CHAIR: There are a couple of minutes of extra time. I might go to Mr Fang.

The Hon. WES FANG: I am planning on having a 20-minute—I was also going to ask for Adjunct Professor Schembri to jump over to that side so that I can question. Ms Ward wanted this time, so I'll give it to her, and I want my 20 minutes straight.

The Hon. NATALIE WARD: Dr Chant, on bird flu, if I may—there's an alarming H5N1 bird flu outbreak in the United States at the moment that's infected millions of animals, at least 70 people, including one person who died. How prepared are we here in New South Wales?

KERRY CHANT: I want to acknowledge the close work between Health and Primary Industries. At the moment, we're dealing with a zoonosis: the avian and animal flu strains coming across and infecting humans. There is enhanced surveillance in Primary Industries, doing work in terms of, should there be deaths in native and wildlife, enhancing testing and monitoring. Similarly, we've got a very good biosecurity and vigilance system within our chicken flocks and our herds. There's lots of information. We are working closely—we have also done a number of exercises in terms of what that would look like. I can provide those details on notice, if you like.

The Hon. NATALIE WARD: That would be helpful, thank you. Canada secured 500,000 doses of GSK's human vaccine against bird flu to protect people most at risk. Has there been any discussions in the department about whether we need to secure vaccines here?

KERRY CHANT: The Commonwealth has undertaken planning and is the person who contracts for vaccines. The Federal Government has pre-existing vaccine arrangements with CSL. It's probably inappropriate for me to comment on some of those things publicly, but I'm happy to—

The Hon. NATALIE WARD: Can you provide what you are able to on notice? That would be helpful.

KERRY CHANT: I would be happy to talk about what contingencies we've got in place.

The CHAIR: I also have a question for Dr Chant. There was a very recent Victorian coronial report handed down that particularly commented on the risks of alcohol delivery services, particularly for people struggling with drug and alcohol addiction and the additional risk from poor regulation of delivery services. Is it something that concerns you, or is any work being done in New South Wales to address that?

KERRY CHANT: I'm sure the team has considered that. Alcohol is a major contributor to the burden of disease. So let me take that on notice and see what work they've gone—but clearly that issue has also arisen in other settings with the nangs, as well, with the online delivery, which we are dealing with through a regulatory process.

The Hon. NATALIE WARD: Ms Pearce, how many CT machines does Canterbury-Bankstown hospital have?

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

The Hon. NATALIE WARD: In mid-February, the CT machine at the hospital was broken, and we were informed of patients that had to be transferred to other hospitals for a scan. Is this a common occurrence at Canterbury-Bankstown?

SUSAN PEARCE: I would not say it's common, no. It does from time to time happen in hospitals, generally, that the CT scanner might have an issue. I mean, there are computers involved in those devices et cetera, and occasionally things do occur for them to fail. We do have systems in place with NSW Ambulance to make sure we get people to the care that they need as expeditiously as possible, which is obviously well available to us in metropolitan Sydney.

The Hon. NATALIE WARD: Ms Skulander, in relation to the new Bankstown hospital—and you can take it on notice if you like—last year you were asked about the new Bankstown hospital and the relocation of the TAFE. You were unable to definitively answer whether the $1.3 billion allocated covers the new hospital and the TAFE. Can you now provide that information to the Committee?

EMMA SKULANDER: The $1.3 billion, as I think I mentioned before, was set some years ago, and as with across the program, we've had a number of issues with cost escalation. The $1.3 billion is not sufficient to deliver the full Bankstown hospital as it was originally proposed, plus the TAFE. I will note that the site selection decision was made after the $1.3 billion was set. The TAFE wasn't part of the original budget, either. We have been working on that project. Some good progress has been made, and there are some options with Government in terms of next steps. That will be a decision for Government over the next period in terms of the budget cycle.

The Hon. NATALIE WARD: Just to be clear, the TAFE is out?

EMMA SKULANDER: No, the work that we're doing with TAFE—the TAFE "being out" was my reference to the fact that it wasn't included in the original budget because it was before the site was determined. Therefore—

The Hon. NATALIE WARD: Just to be clear, the $1.3 billion, does that cover the new hospital and the TAFE?

EMMA SKULANDER: No, but it wouldn't cover new hospital alone, either, because of cost escalation since that period of time. The options that we've presented to Government include options for the new hospital and TAFE.

The Hon. NATALIE WARD: Could you provide any other information on notice, perhaps, to clarify that?

EMMA SKULANDER: I don't think I'll be able to because the options are under development. I will say we're working closely with TAFE, particularly around their decamp from the site. Early next year, we're planning to be able to start work to move TAFE off that site into their premises, which is a matter for TAFE, and you might want to raise with them at their estimates. But I think in terms of the options of moving that project forward, it's going to be a matter for Government now, over the next period of time.

The Hon. WES FANG: Can I reiterate—after the break, if Adjunct Professor Schembri could be repositioned to that side so I can direct all my questions to the one area?

The CHAIR: After the afternoon tea break I'm happy to ask the witnesses to rearrange their seating. We will have a short afternoon tea break. We will be back at 3.45 p.m.

(Short adjournment)

The CHAIR: Welcome back, everyone. We'll resume with questioning from the Opposition, and I'll go to Mr Fang.

The Hon. WES FANG: Adjunct Professor Schembri, could you outline for me what is the intersection between yourself, with the Northern Sydney Local Health District, and Healthscope's Northern Beaches Hospital?

ANTHONY SCHEMBRI: Our role as the district is to provide oversight and monitoring in relation to the project deed, and so we have governance structures in place to assist with that.

The Hon. WES FANG: How often do you employ those governance structures?

ANTHONY SCHEMBRI: We have a monthly operational services group where the executive of the district comes together with the leadership team from Northern Beaches Hospital to review their performance across a range of indicators. We also have clinical integration groups that are at a clinician level. We also have a senior governance board that meets every two months for higher level oversight in relation to the project. But also, in terms of some of the other performance, the beaches is no different from any of our other facilities. Ambulance transfer of care would be a good example, where we have real-time monitoring and oversight.

The Hon. WES FANG: So, effectively, at the upper management level, at the clinician level and even at the oversight level, you have the ability to interact both with the other hospitals in your district as well as with the Northern Beaches Hospital, even though it's run by Healthscope, correct?

ANTHONY SCHEMBRI: That's correct.

The Hon. WES FANG: I'm now going to turn to the gentlemen from Healthscope. Just for background, I had the opportunity to sit with Danny and Elouise yesterday. We had the ability to go through some of the timelines for me to better understand the circumstances. I have all of the medical records and reports that have been provided to them through this process. They've entrusted them with me, and I thank them for that because it has really assisted me in putting these questions together. Just by way of background, for eight years prior to my time in here I was a pilot for Child Flight. We were effectively the helicopter arm of NETS.

You would know, no doubt, that NETS was involved in part of this issue, so I understand it from that perspective. I also was on the Northern Beaches Hospital inquiry, so I have a reasonable level of understanding of some of the issues, both historic as well as what we're looking at now. I'm going to cover over a little bit of ground that some of my colleagues have already covered off. Unfortunately, I was trying to get some of these questions in and it was not appreciated by some of my colleagues, but there we go. When we were talking about the resus record, Mr Horan, the question that I asked was whether it was retrospective. Can you confirm that that's the case?

GREG HORAN: I think it was actually Mr Thomas who answered. But as I understand it—and then I'll pass to Mr Thomas—we have a live scribe when anyone is in the resus bay. So it's minute-by-minute live scribing of what's happening.

The Hon. WES FANG: There are obviously the live scribing notes, but a lot of the clinical notes that are put in by the clinicians are retrospective. Is that correct?

PETER THOMAS: I can answer that. Yes, there are some notes that are retrospective. As per our expectations, they are documented as retrospective to show they weren't documenting contemporaneously.

The Hon. WES FANG: Obviously, I'm aware because I've seen the notes; I just wanted you to confirm so that everybody was of the same understanding of where we were. Given that they were retrospective, you would be aware that the family have indicated that there was a period of time when they were in the resus room without three of your clinicians who indicated on their records they were in that room. Is that correct?

PETER THOMAS: What I can see from the clinical notes that are documented is that—

The Hon. WES FANG: Let me stop you are there, sorry. I'm aware of what the clinical notes say. What I'm saying is that you are aware that the family have indicated on numerous occasions that they were in the room alone, without the three clinicians that indicated on the clinical notes, which were retrospectively done, that they were in that room. Are you aware of those claims?

PETER THOMAS: I'm aware of those comments from the family, yes, as part of the open disclosure meeting.

The Hon. WES FANG: Yes, and they made that clear to you in that open disclosure meeting, correct?

PETER THOMAS: That's correct.

The Hon. WES FANG: My colleague asked about the CCTV and you indicated that, whilst the entry and exit of that resus room are not really covered by that CCTV, you confirmed there is CCTV footage of that area, correct? The general area, I'll say.

PETER THOMAS: No, that's not correct. There are two CCTV cameras in the emergency department. The first is in the waiting room, which is physically and geographically separated from the resuscitation bay. The second is at the bottom of a corridor which is next to what we call the fast-track area. Again, that is geographically separated from the resus bay, which is actually at the opposite end of the emergency department.

The Hon. WES FANG: Being made aware that the family indicated to you that the three clinicians were not in the room, while the clinical records indicated they were, what did you do to investigate those claims?

PETER THOMAS: The concerns from the family or the escalation from the family that was noted in the resuscitation room were part of the open disclosure meeting. The notes that have been documented retrospectively have been documented just after the resuscitation, so some time prior to that. One of the doctors, for example, who had documented those no longer worked at Northern Beaches and was no longer available to us—had gone back into NSW Health.

The Hon. WES FANG: I think from your answer—and correct me if I'm wrong—you've indicated that you've looked at the clinical notes. Did you interview those three clinicians at all and ask them did they leave the room at any time?

PETER THOMAS: I did not, personally, but the SAER team—the investigation team that conducted the SAER—interviewed the clinicians involved in the care of baby Joe, and also other people who were in the emergency department. That's part of the SAER process. As I mentioned, that is done under privilege, and I haven't had and wouldn't have access to those interviews.

The Hon. WES FANG: If I've understood you correctly, the family have indicated that they are concerned that they were left alone in the resus room. You're aware of those concerns. They've then been aired a couple of weeks ago again in the public domain. You have not sought to investigate that by interviewing the staff. You have not sought to investigate it by reviewing the CCTV. By that I mean that if those staff members were anywhere on CCTV—whether it be in the ED area or in the waiting room area et cetera—at the time that they were supposed to be in that resus room, they're clearly not in the resus room, are they? Have you done any of that? Have you reviewed the CCTV to see if any of those staff members that were supposed to be in that room are visible anywhere on that CCTV?

PETER THOMAS: I have reviewed the CCTV. I have seen the CCTV. I have two points, just for clarification. The CCTV feeds auto-delete after 30 days, but CCTV footage relating to baby Joe was duplicated and recorded. Again, I think one of the important things is if we look at the physical footprint of the ED—and I'm

happy to provide you with plans of the ED—where the two cameras are located, the first is in the waiting room. Any staff members who were working clinically would not be in the waiting room space. They would be in the main part of the emergency department and, as I said, the corridor camera just looks at one single corridor in the emergency department. We have not seen the members and we do not have confirmation that those staff members were not in the emergency department.

The Hon. WES FANG: Just to be clear, can I confirm you have reviewed the CCTV footage from the period when Joe and Elouise were moved to the resus room and 10:47, when the resus was called, you've reviewed that period of time and you've not seen any of the staff members on that CCTV that were supposed to be in that resus room?

PETER THOMAS: Just to clarify, the CCTV footage that I have reviewed are three clips. The first clip is when Elouise and Joe arrived in the emergency department waiting room and were triaged. The second is the transfer to the paediatric ward, which is captured from the corridor, and the third is the time when baby Joe was transferred on the bed with his mother from paed to the corridor, which went to the imaging department. That is the only CCTV footage that I've been able to see.

The Hon. WES FANG: Was all of the CCTV duplicated before the 30-day erasure?

PETER THOMAS: I'm not aware of what was—that was part of the SAER team. The lead for the SAER team, what I have seen of the clips that had baby Joe on those portions of the clips. My understanding is the rest of the CCTV footage at that time did not have that. But, again, I would need to take that on notice. I can only give reference to what I have physically seen.

The Hon. WES FANG: Has the family asked you to view that CCTV footage?

PETER THOMAS: The family have not asked me personally to review that CCTV footage.

The Hon. WES FANG: Let me rephrase: Mr Horan, Mr La Spina, has the family asked Healthscope to review that CCTV footage?

GREG HORAN: Yes. As part of the open disclosure. I understand that was part of the open disclosure on 10 February.

The Hon. WES FANG: Have you permitted that to occur?

GREG HORAN: Due to—we've looked at it to ensure we can allow that to happen. Our advice is that for privacy concerns in terms of the legislation that's in place, we're unable to allow that to happen.

The Hon. WES FANG: If the Northern Sydney Local Health District was to ask to review that CCTV footage in order to ensure themselves that they were confident there was no issue, would you release it to them for their viewing?

GREG HORAN: We will comply. As long as it's legal, I will comply with a request for that, most definitely. But I'd also like to add, sorry—

The Hon. WES FANG: Yes, go on.

GREG HORAN: —that we are undertaking a broader independent review of our emergency department that will look at a longer period of time and will look at a broader range of measures across the emergency department, not just this tragic incident.

The Hon. WES FANG: I appreciate all that. What I'm doing at the moment—and I will come to those issues. Unfortunately, I only have very limited time, given that I've got a 20-minute block, but I will come back to that. Adjunct Professor Schembri, do you think it's appropriate that you might seek to ensure that the family's concerns are thoroughly investigated and that you request the CCTV footage from Healthscope so that you can assure yourself that everything is being done to see if the family's concerns are addressed?

ANTHONY SCHEMBRI: As part of our commitment to ensure the incident management policy is adhered to under the Ministry policy, we have a number of levers that we can pull, including requesting additional information.

The Hon. WES FANG: Okay. Well, I'll leave that one with you and I'm sure that, if you're not responsive to me, Minister Park will perhaps speak with the family—

SUSAN PEARCE: Mr Fang, can I assist you briefly?

The Hon. WES FANG: Yes.

SUSAN PEARCE: I can confirm that we have instructed a review with a team that has been compiled by NSW Health, including external representation from interstate.

The Hon. WES FANG: Yes?

SUSAN PEARCE: As part of that review, I'm happy to request that the CCTV is considered.

The Hon. WES FANG: Ms Pearce, you never fail to uplift me. Thank you very much. I appreciate that.

SUSAN PEARCE: I'm happy to assist you at all times, of course.

The Hon. WES FANG: I appreciate that, thank you. I want to go back to some of the answers you provided to my colleagues earlier as well. You indicated that at 8.00 a.m. you had three specialists starting. Those three specialists you indicated, are they all ED specialists that we were talking about?

PETER THOMAS: That is correct.

The Hon. WES FANG: Okay. In addition to the three ED specialists that you have, can you confirm whether you have—and I imagine you do—a paeds team, a surgery team, whatever. Did you have a paeds team in the hospital, in the paediatric ward, at the time?

PETER THOMAS: Yes. The paediatrics receive staff 24/7. That is the presence onsite, yes.

The Hon. WES FANG: So it's usually a reg that's overnight and perhaps a consultant comes in in the morning as well?

PETER THOMAS: At the weekends, most nights we'd have a registrar. We also usually have a second trainee, so one more senior and one more junior. We usually have one as trainee and then consultants would come in at around—as a rule they would start at 8.00 a.m. over the rounds at the weekend.

The Hon. WES FANG: I'm fortunate, obviously, to have had access to the notes. I can see that at the resus there was a paeds reg as well as a paeds consultant who were in attendance. They arrived six minutes after the code was called. That's by the bye, but is it usual procedure that, when a family comes in at, say, 7.00 or 7.30 in the morning that not the on-call but the in-house trainee who was from, I believe, one of the other Sydney hospitals and was doing rotation into Northern Beaches, wouldn't seek to consult with the paediatric reg or somebody else within that paediatric team, given the amount of time they were there, or to let them know that they had a patient that was in the ED? Is that usual practice for you?

PETER THOMAS: If we look at, for example, 2024, Northern Beaches had more than 14½ thousand paediatric presentations to the emergency department. Not every one of those presentations would be referred on to the paediatricians.

The Hon. WES FANG: Absolutely granted that's the case. However, I understand that that morning—as I said I'm fortunate enough to have had the opportunity to sit down with Elouise and Danny yesterday. Having spoken to Elouise about the busyness of that ED at the time, my understanding was that behind the curtain, shall we say, in the ED itself in the waiting area was Elouise and Joe, and another two teenagers. But other than that, the beds in the ED were effectively empty other than I'll say the two groups—group one being Elouise and Joe and the other group being some teenagers. How is it that when you've got such a relaxed time in the ED—it's not like you've got somebody in the resus and all the chairs are filled in the waiting areas, waiting to move people around. They've come in at 7.00 a.m. and for the next three hours, effectively, you've got a mother that's begging, in effect, for help, and nobody—nobody—thinks to call the paeds team, thinks to call the paeds consultant, thinks to call one of the ED consultants. Not one of the ED consultants. You had three on in the day. Nobody came to see and help that family. How did that happen?

GREG HORAN: Mr Fang, I would say a clear causation factor in the SAER report was the lack of that escalation and the lack of escalation being listened to both from Elouise and also internal staff, and also a clear recognition that whilst the REACH program was in place, it wasn't made aware enough of the family so that they were aware of their ability to escalate to a third party to ensure Joe received the care that he needed. We accept that recommendation in the SAER report.

The Hon. WES FANG: Yes. I've only got a minute left, and I'm going to run out of time, but I want to go through another few things quickly. The REACH protocol that you speak of, I think I heard somewhere in an answer to one of my colleagues that it was a passive protocol.

GREG HORAN: Yes.

The Hon. WES FANG: Were any of your staff, either nursing or doctors, provided training around this REACH protocol? You obviously were a signatory to it. You had signs up in the ED. Did you provide training to any one of your clinicians around this?

PETER THOMAS: In terms of education, when we put the REACH program into Northern Beaches, there was education across the nursing staff and it's also a part of junior medical officers' orientation. It's part of that and it's also part of our SERS, which is our emergency response.

The Hon. WES FANG: I want to double-check on a couple of things. Have you read the Northern Beaches inquiry report that was released in 2020?

PETER THOMAS: I have read parts of it; I've not read the complete report.

The Hon. WES FANG: You're the medical officer for Northern Beaches Hospital. We released a parliamentary inquiry into the hospital, outlining a number of issues including IT issues, the accreditation issues of staff training—which it sounds like there might be still a few. We talk about a number of cultural issues in the hospital. You're in charge of the clinical services at that hospital and you haven't read the complete report?

PETER THOMAS: I have read all the recommendations. I've read the majority of the report but I haven't read every single page and every letter of the report.

The Hon. WES FANG: Mr Horan, have you read the report?

GREG HORAN: I'm aware of the report.

The Hon. WES FANG: You're aware.

GREG HORAN: I have read the recommendations and I have read parts of the report. I have not read the full report.

The Hon. WES FANG: Mr La Spina, before you start, are you going to commit to me you're going to read that report?

TINO LA SPINA: Given that prompting, I'll commit to you that I'll read the report.

The CHAIR: My questions are for Mr D'Amato. I'm seeking some clarification on the cost of the Nurses and Midwives' Association wages claim that has been cited by the Premier as $6.5 billion. He also thinks that nurses make $90,000 a year. The association and the Deloitte report have cited $863 million. There's obviously an order of magnitude difference between those two figures. Could you explain where the $6.5 billion figure that the Premier is citing comes from?

ALFA D'AMATO: The association's number reconciles with our estimates but it is for one year only. Once you carry that forward over the four-year period, that's where we're talking about the $6 billion. Essentially that's the main difference.

The CHAIR: You're putting my mental arithmetic on the spot here, but $863 million times four isn't—

ALFA D'AMATO: You are to add also escalation and the value of additional nurses we might plan to add. That all forms part of the estimates that we provided.

The CHAIR: Can you explain in more detail the nurses you plan to add? How did you factor that into calculations?

ALFA D'AMATO: I don't have the details but, effectively, the 890, from memory—I'm happy to provide more details—reflects the additional cost of bringing the whole claim they put forward for one year only, so 12 months. Effectively, once that is in place, and assuming that is then applied ongoing, that's where the additional funding is required. Mainly the difference is in the assumptions.

The CHAIR: This is what I'm trying to get to the bottom of. What assumptions did you make about the total number of nurses being funded over that four-year period?

ALFA D'AMATO: I'm more than happy to find the details, but the main difference between the Deloitte exercise and our costing is that Deloitte quoted only one year.

The CHAIR: I'm happy for you to take it on notice and provide the detail. Given that that number isn't just four times the original number, I'm interested in those—you've mentioned the assumptions that were different—that explain that difference, please. I'm happy for that to be on notice.

ALFA D'AMATO: I'm happy to have a look.

SUSAN PEARCE: Dr Cohn, can I add as well that there are other elements in the claim that have been made—salary packaging and other costs associated. I think the numbers of staff is one element but there are other elements always. We have to factor in to the escalation over time other on-costs that are attached to staffing. We can break that down for you, but I just want to be clear with you.

The CHAIR: I understand that. That's my request. If those other on-costs were included in your estimate, can you please detail what those were.

SUSAN PEARCE: Sure, yes.

The CHAIR: I've got some questions, probably for Ms Pearce, about the sustainability initiatives by the Net Zero Unit. Could you provide an update on where that's up to?

SUSAN PEARCE: We might be able to give Mr Daly his first opportunity for a contribution to today.

The CHAIR: I apologise, Mr Daly, over to you.

MATTHEW DALY: Where can I start? I've got the privilege of leading NSW Health as the biggest polluter in New South Wales government, and we acknowledge that, to kind of pull our weight. I think we've done an enormous amount of work in probably what is, frankly, the low-hanging fruit, particularly around infrastructure, off-grid power and transport mechanisms. But the next big step for the emissions process that we have to work on is change of clinical models of care that are driving emissions. We've done a lot of work around moving away from certain gases in anaesthetics that are highly polluting. We have literally taken that out of the New South Wales formulary, so it's not available except in the absolute rarest of cases.

We've set up only just now, probably in a national first, with the support of the secretary and Alfa, 10 multidisciplinary hubs focused on those clinical specialties—medical, nursing and allied health—to drive model of care changes that are going to deliver decreases in emissions to get us, hopefully, to our 50 per cent target, and then zero target in the longer term, in the variety of specialties—anaesthetics, ICU, theatres—and then the various specialties that make up the bulk of our emissions.

We've identified and measured where those emissions are coming from. We have 18 key targets. We've done modelling on two hospitals—one rural and one metropolitan—and applied the measuring methodology, which is one of the really difficult aspects of the whole net zero exercise, but we've been well supported to be able to identify, across those 18 areas of our core business, the types of reductions that we have to deliver. I can talk under wet cement about this, but I don't want to go down a path.

The CHAIR: I've got some more specific questions. I am really pleased to hear those gases are out of the formulary. I wanted to ask more specifically about waste production, specifically single-use plastics and clinical waste. How are you tracking or measuring that at the moment?

MATTHEW DALY: We've got really solid partners within NSW Health. HealthShare are obviously big users of single-use items, whether it be in food services or in sterilising. They, similarly, have targets of reduction. They are moving incrementally through their processes, moving towards back—as I recall—having CSSDs that manually sterilised all manner of items that over the last couple of decades we've moved to single use. Certainly we'll be looking at a shift away from goods and services expenditure for the purchase of single-use items that eventually end up in landfill, into salaries and wages in order to sterilise and get multiple use out of that. Similarly in food services, there are major programs around waste reduction in particular.

The CHAIR: Could I ask you specifically about supply chain and procurement, particularly for those single-use items? Is that a barrier that's been looked at?

MATTHEW DALY: We've started meetings with pharmaceutical firms and the major suppliers to NSW Health. We've also approached the private hospital association, because we're going to have exactly the same issue and to have a bigger bang for your buck, in terms of engaging with health suppliers. NSW Health is a big entity, but to do it in tandem with the private hospital sector, who will ultimately have the same obligations placed upon them that we will, we've started those conversations with the sector. Essentially it's maybe taking a step beyond our remit at the moment, but putting on notice the Government's expectations will be that they'll need to also give guarantees around their net zero emissions with the supply of our items.

New South Wales is so big, we can look them in the eye and say, "We're giving you plenty of notice, so don't turn around in three or four years time and say, 'Yes, we can do it, but there'll be a price increase of X.'" We've learnt from international experience, particularly a close partnership with the NHS in England, and right across Europe. But with plenty of notice, those industries they've put on notice that they do not expect and have not necessarily been receiving price increases for them supplying goods and services with a net zero impact.

The CHAIR: Is there any flexibility for local health districts or individual hospitals, if they're choosing or wanting to choose a more sustainable option through procurement, to have an exemption from statewide contracts?

MATTHEW DALY: My pause is about the capacity to move off State contract. Certainly, we've got one of our leading chief executives right here, in the net zero space, in terms of Anthony and Northern Sydney Local Health District. All chief executives and their boards are very committed and are working to this. They're pushing themselves, because their circumstances are different, given their different infrastructure and mix of services, so there's a lot of work that goes on locally. We're about to go into the third year of innovation funding to fund source projects out, predominantly in the districts—some may be in the ministry, but predominantly in the districts—where most of the pollution actually occurs, to fund pilot projects for which we can then apply system learning. I'm not aware that we've seen any request for purchasing off-contract. I'd be very happy to take that on notice—

The CHAIR: Yes, please.

MATTHEW DALY: —because, philosophically, it would be something I would support. But I don't want to get in trouble from Mr D'Amato either.

The CHAIR: I don't disagree with your response, but I'm interested in those LHDs that have been particular leaders. We talked about Hunter New England last year and how they have the flexibility to lead and are not restricted by statewide contracts. I appreciate you taking that on notice.

Ms CATE FAEHRMANN: Is there an update in relation to the PFAS testing that local water utilities have undertaken, in terms of how many have been tested and what the results are?

KERRY CHANT: Yes, I understand that NSW Health requested that all local water utilities publish the results for their local communities as their responsibility. I believe there's a website that outlines the summaries of the findings in relation to those that have exceeded. I'm happy to provide that to you.

Ms CATE FAEHRMANN: Do you know offhand?

KERRY CHANT: In general, there have been very few exceedences of the levels. I can bring up the graph. There's certainly been one in southern. They've been publicly announced. I want to acknowledge the work that the communities have done in terms of the local water utilities but also the other government agencies in supporting local communities to develop short-term solutions. I will just call up the note with the names.

Ms CATE FAEHRMANN: It's my understanding that NSW Health has made the decision to recommend that local water utilities publish the results but has not directed them to publish their results. However, it is within NSW Health's remit, if they chose to, to direct them to. Why was that decision made?

KERRY CHANT: I think it's always best to—I would have no doubt that local councils, if presented with the need for transparency, would accept it. Clearly we have the capacity to direct. But wouldn't it be better to achieve that through highlighting the importance of it? Because I would suspect that most local councils who run water utilities are there to serve the population. I really did not have any view that a local water utility would not publish the results, and there's a range of results that we want to be transparent about. That was the basis of why we asked them to, and they have done that.

Ms CATE FAEHRMANN: You're monitoring to see whether there are any that have tested—

KERRY CHANT: Yes. There's no issue that the communities have proactively—we've accounted for all of the water utilities, and they've all been tested. The advice has been provided to those communities, and the results have been on the websites.

Ms CATE FAEHRMANN: What did they test for?

KERRY CHANT: They tested for the full range of the PFAS chemicals: the PFOA and PFOS—

Ms CATE FAEHRMANN: PFHxS.

KERRY CHANT: Yes.

Ms CATE FAEHRMANN: Is that all?

KERRY CHANT: They tested for the four of them.

Ms CATE FAEHRMANN: Four?

KERRY CHANT: Yes, three. I can provide you the methods that were used. Sydney Water lab was doing that. We permitted them to use others. I think we ended up repeating all the testing because some of the

others had used other accredited laboratories, but the level of detection and the rate—they hadn't tested for all of the chemicals we had asked them to. I'm happy to provide that for you.

Ms CATE FAEHRMANN: That would be great. Thank you. Sticking with testing, apparently Sydney Water is testing for a suite of 45 different PFAS chemicals. Are you aware of that?

KERRY CHANT: My teams are probably aware of the testing regime, but I'm happy to follow that up.

Ms CATE FAEHRMANN: This came to light during the PFAS inquiry when I was asking Sydney Water what they tested for. When asking whether they make the information available to NSW Health, Sydney Water replied:

> No. We have a meeting with NSW Health where we will discuss unusual—like how the results are going and what our monitoring results are like. We are not actively handing over Excel spreadsheets …

Then, to clarify, I asked about the 45 chemicals, and they said:

> We are focusing on the chemicals that have guideline limits …

So only three, but they're testing for 45. Do you believe that that information should be going to NSW Health for NSW Health to have a view on the chemicals that they're testing for?

KERRY CHANT: I think that there would have been technical discussions. We have a number of teams with technical experts within our water unit, and we collaborate very closely with Sydney Water. We have a series of committees, such as the joint operations committee, where I'm sure all of this would be discussed. I'm happy to double-check and confirm that. I think we don't need—I mean, not to put myself in answering that question, but I think what they were actually conveying is "Where there are no exceedances or where there's no action, we will brief you intermittently," and that will be done in a more comprehensive way rather than every time they've got a result, they'll send it to us by an email. That's probably not the best system.

Ms CATE FAEHRMANN: Is there work being done? I think one of the issues here, of course, and what international jurisdictions are increasingly focusing on is, as PFOA and PFOS are phased out and are being not used and people's blood levels are going down and that's going down in some parts of the environment, there are other chemicals that are now of concern. What work is NSW Health doing to keep abreast of chemicals other than the four that the *Australian Drinking Water Guidelines* is referring to? An example is GenX, which Australian drinking water draft guidelines is saying there isn't enough information on, but the US and other jurisdictions believe there is and they are actually putting in place limits. How is NSW Health keeping abreast of new, emerging PFAS chemicals?

KERRY CHANT: We have a range of specialists in water. They survey the international environment in terms of emerging moves by other international entities. We also actively participate in joint working groups with our colleagues in the water industries, who are also responsible, as water suppliers, to be abreast of the information. We have regular interaction with our water authorities. I'm happy to take that issue around the GenX and what people are thinking about it, but I think, as you indicated, the current position is that's not routinely monitored for.

Ms CATE FAEHRMANN: You've mentioned before if certain chemicals exceed the guidelines—I think the issue is with the 42 or whatever they're testing for. They're testing for 45 PFAS chemicals, and, increasingly, in other jurisdictions they are testing for a lot more. There are no exceedance guidelines; we don't know—they don't know what to report to NSW Health in terms of being concerned.

KERRY CHANT: I would say that—again, I would have to follow this up. The technology employed to remove the interactions in the cascade will—I will have to get technical information, but the technology often will remove other chemicals as well. I think some of the mitigants to ensuring that we have safe water for the chemicals we know about and the chemicals that are unknown—but I do assure you that we are actively watching in this space.

Ms CATE FAEHRMANN: Another thing that a lot of witnesses—including local water utilities, councils and what have you—have put to the PFAS inquiry is the need to stop PFAS at its source.

KERRY CHANT: Yes.

Ms CATE FAEHRMANN: This is a question I will clearly put to other agencies. Is NSW Health involved in any recommendations or advocacy in that regard around the need to stop PFAS in products? Again, a lot of jurisdictions are doing this. I know this is a Federal issue but, in terms of the work that New South Wales does with the NHMRC and other bodies, is there anything that NSW Health is looking at?

KERRY CHANT: Certainly we are learning from the cases where the PFAS has got into water supplies, particularly where it's a bit unclear how it has. Some of the things are around how waste disposal areas and other things can get into the water supply. Our focus is probably on actively looking at those pathways from which water can be contaminated and better understanding risk profiles. There is a move to remove PFAS. We would support that, given its ubiquitous nature. It doesn't break down easily. For all of those reasons, when there are appropriate substitutes for it, we totally support its removal. But, as you pointed out, those are matters that need to be dealt with with the Commonwealth in terms of that regulatory framework.

Ms CATE FAEHRMANN: Of course. Although some states in the USA are dealing with it at a state level, I will add. We spoke about the NHMRC guidelines earlier when the Minister was here. The enHealth guidelines that were released in January last year—

KERRY CHANT: There are two different guidelines.

Ms CATE FAEHRMANN: That's what I was about to ask you to clarify.

KERRY CHANT: Basically, enHealth is States and Territories environmental health. It is a group that sits—

Ms CATE FAEHRMANN: That's the guidance you need to rely on to—

KERRY CHANT: I know. There are two different things we're talking about. The enHealth is a subcommittee of the Australian Health Protection Principle Committee. It has the experts from States and Territories in relation to environmental matters. There are some things for which they will commission work, where they need to bring on additional expertise. Traditionally, they've done work in asbestos and did do some preliminary statements in relation to PFAS. What we were referring to for most of the discussion this morning was the NHMRC drinking water guidelines, which are part of the standardised methodology the NHMRC does to review the guidelines. It sets national drinking water standards, and then States and water authorities adopt those standards. That was the document that was released last year in a draft form for consultation. Then it will go through the process of NHMRC releasing that in full. I'm just conscious that there is a draft out there, but we are cognisant of the new and reduced standards. That has been the lens we've applied to the drinking water testing as well. We've been very much around the current but also the proposed standards.

The Hon. SUSAN CARTER: Dr Chant, given what's occurring in the Northern Hemisphere with their flu season, what's the current outlook for the 2025 flu season in Australia? How severe should we expect it to be?

KERRY CHANT: I think we can't directly impute what's happened in the Northern Hemisphere, but obviously we've got to be mindful of the fact that that's one factor that gives us cause for concern that we may be experiencing a greater flu season. Some of the considerations we have are that we've also been seeing flu seasons occur a bit earlier than traditional. That means that we have to get our messages around vaccination out in a more timely way. At the moment, currently flu activity is low. We are seeing a bit of an uptick in RSV. We do put out weekly reports that provide an idea of the community transmission levels, drawing on multiple data sources. That looks at, particularly COVID, RSV and influenza, but it does touch on other respiratory viruses so that people are aware of the level of risk. Every year we do planning across our systems for surge planning, and my colleague Mr Matthew Daly does that from a systems perspective in looking at safeguards. Our focus is trying to support vaccination uptake, particularly, as I indicated, amongst the vulnerable groups. We've got a media and communications strategy that's being developed.

The Hon. SUSAN CARTER: With respect to vaccinations, how many doses of the vaccine has NSW Health been able to secure?

KERRY CHANT: There's no issue with supply. We have adequate supply of vaccine. The vaccine that's funded under the National Immunisation Program is procured by the Commonwealth Government. There are no supply constraints. Separate to that, we purchase vaccine for our own healthcare workers. Again, I want to stress that there are no supply constraints that we're anticipating in relation to the flu vaccines.

The Hon. SUSAN CARTER: Great news. Do you have a figure for how many doses of vaccine you anticipate you will be administering?

KERRY CHANT: I can take that on notice.

The Hon. SUSAN CARTER: What was the cost of the free influenza vaccination program in 2022?

KERRY CHANT: I can take that on notice as well. One of the other interesting aspects that that program raised was the fact that we don't have a system—we enabled that for general practice and also for pharmacists. The issue for pharmacists is that, unlike the Commonwealth, we do not have a mechanism to directly pay pharmacists. So that required some quite expensive workarounds and, I've got to say, the goodwill of the

Pharmacy Guild and others to support us with some of the IT. I will put some caveats around the costing I give you. It probably doesn't reflect the true administrative burden. If there was a decision made that that was beneficial, depending on whatever the settings were, it would be important that the Commonwealth—

The Hon. SUSAN CARTER: Was involved.

KERRY CHANT: —was involved in that, particularly given that they have instituted a payment for pharmacists to vaccinate using the NIP vaccines.

The Hon. SUSAN CARTER: What's the cost to the New South Wales budget through health costs and lost productivity for every 100 cases of influenza?

KERRY CHANT: I couldn't answer that off the top of my head.

The Hon. SUSAN CARTER: If you could take it on notice.

KERRY CHANT: I know that there's been an audit report. Clearly, influenza is a serious condition.

The Hon. SUSAN CARTER: Ms Pearce, I have a couple of questions for you in relation to childhood dementia. How is New South Wales implementing the National Dementia Action Plan, ensuring that the needs of the priority problem children are addressed?

SUSAN PEARCE: I would have to take that on notice I think, Ms Carter, if that's okay. I don't think I have anything with me that goes specifically to the childhood element.

The Hon. SUSAN CARTER: The New South Wales Agency for Clinical Innovation released a roundtable report last year on childhood dementia. It makes five recommendations, or summary outputs. Are they all being progressed?

SUSAN PEARCE: I am very happy to get Dr Levesque to provide you that on notice.

The Hon. NATALIE WARD: I have one more follow-up question to Professor Thomas again, if I may. From the moment Joe arrived in resuscitation bay three, what staff provided Joe with care prior to the cardiac arrest at 10.47 a.m.?

PETER THOMAS: I am unable to answer that question in detail because I don't have the clinical notes in front of me. What I do know is that I looked at the resuscitation record and noted the names that were ascribed to the particular roles, which is part of how we record a resuscitation in the emergency department.

The Hon. NATALIE WARD: Will you be able to provide that information in detail to this Committee? What was the care provided and who were these staff?

PETER THOMAS: I will take that on notice and see what information I can provide to the Committee.

The Hon. NATALIE WARD: I will come back to Bankstown hospital. Ms Skulander, you mentioned earlier that the $1.3 billion wasn't enough for the new Bankstown hospital. Can you confirm the new hospital will still be going ahead? How much is the new hospital now estimated to cost?

EMMA SKULANDER: In terms of the progress there—and we are certainly working at full momentum to move that project forward—we're working on the basis that government will need to make some decisions over the next period. As mentioned, the cost escalation has had a huge impact on construction across the State, as you'd be aware. So $1.3 billion used to buy you quite a lot and it doesn't buy you very much anymore. In terms of the dollars, I can't provide that information because it's Cabinet in confidence and it's going through a process within government. But certainly that decision-making isn't slowing us down, because in parallel we're working with TAFE on the relocation from the site and looking to start demolition on that site next year.

The Hon. NATALIE WARD: Just to be clear, and not to paraphrase, you are clear that it is going ahead, or is that cost blowout a go/no-go decision, given that—you can't reveal the number—it seems to be significant?

EMMA SKULANDER: It is significant. In terms of the going ahead, I do not have any information to tell me that it isn't. I am working very hard on it, and I have a team of people working very hard on progressing that project. The scope of what goes ahead is what is in question in terms of the available dollars.

SUSAN PEARCE: I can confirm that the Government has confirmed that the project will go ahead.

The Hon. NATALIE WARD: Thank you, Ms Pearce. That is helpful. What specific new facilities will be built at that hospital? Does it include an expansion in the number of birthing rooms and assessment rooms located at the hospital?

EMMA SKULANDER: In terms of the exact scope of the project, I am not able to confirm that at this point in time because the options presented will determine that. The clinical services planning work is being undertaken by the local health district. Clinical services planning will drive the outcomes of that in terms of the determination of the scope. In parallel, we develop the infrastructure plan and the two come together at a particular point in time. The options provided as part of the next process will determine how much can fit within the envelope. I don't have the scope to be able to provide to you at this point in the program.

The Hon. NATALIE WARD: How many options are there?

EMMA SKULANDER: I would have to take that on notice. It is essentially a draft strategic business case, which is a standard process that we would go through. As we develop any hospital redevelopment, we will look at "do nothing" as an option. Then we will look at "deliver absolutely everything we possibly can". Usually there are three or four options in between that. That would be a standard process that we go through and there is a draft strategic process for this project.

The Hon. NATALIE WARD: Could you confirm the number of birthing suites and maternity beds that would be available following the redevelopment and how that compares with the current capacity?

EMMA SKULANDER: I won't be able to confirm that until after that scope has been determined and after the way forward for the project has been determined.

The Hon. NATALIE WARD: How will the upgrade address concerns about bed shortages and overcrowding in the maternity ward, particularly given the growing population in the Canterbury area?

EMMA SKULANDER: Certainly, all of our redevelopments are built on a very strong clinical service planning foundation. The clinical services plan development will review the population demographics and the current constraints of the site. There is community consultation generally undertaken as part of that process. That part is a matter for the local health district. We will then pick up the recommended scope from that and work out what we can deliver within the funding envelope that we have.

The Hon. NATALIE WARD: Has that scoping been done? Surely that has formed part of the options.

EMMA SKULANDER: It has formed part of the options, but that clinical services planning is a work in progress, in parallel with the options development.

The Hon. NATALIE WARD: Should the project still be built on that site then?

EMMA SKULANDER: It absolutely went through a very robust process in terms of the determination of the site for the hospital. It was the recommended site by Health Infrastructure, in consultation with multiple parties at the time. I think it is a great site for redevelopment in Bankstown. It is adjacent to the new TOD location. It will be an appropriate site for us to move forward with, yes.

The Hon. NATALIE WARD: Is de-scoping on the table for this hospital?

EMMA SKULANDER: I do not think there is a scope that was originally determined to be able to see what we are de-scoping. I know that is not answering the question, exactly. Options begin with the delivery of the full clinical services plan. We usually work backwards from there across every hospital redevelopment. We are doing that at the moment, and we are coming up with a scope that is going to get the best bang for buck. It is very rare that we will be able to deliver a full clinical services plan in a single redevelopment. I anticipate this will be one of those that we will not be able to deliver the absolute full clinical services plan to a point in time. We usually prioritise and look at what can be developed as part of a subsequent stage. It is a very standard process.

The Hon. NATALIE WARD: You've said that a business case will be finalised by the end of the year. When you said that, did you mean a strategic business case?

EMMA SKULANDER: Did I say that today or at the last estimates?

The Hon. NATALIE WARD: Previously.

EMMA SKULANDER: The strategic business case is what has been developed and that is what we have submitted as part of this budget cycle. It is going through that process in government.

The Hon. NATALIE WARD: I am not being disrespectful; I am just trying to understand. You can't say how many options, you can't say the costing, you can't say the timeline and you can't say the business case.

EMMA SKULANDER: No, because, as with everything that goes into the budget process, it's Cabinet in confidence.

The Hon. NATALIE WARD: I understand Cabinet in confidence, but there's no scoping that you're able to assist the Committee with in any way?

EMMA SKULANDER: Not at this point in time. It needs to pop out the other side of that process to be able to talk about it.

The Hon. SUSAN CARTER: Ms Pearce, could I ask you a couple of questions about Canterbury Hospital?

The Hon. NATALIE WARD: I've done Canterbury.

SUSAN PEARCE: I can add to the question about the CT scanner, though, if you want the specifics.

The Hon. NATALIE WARD: Yes, sure.

SUSAN PEARCE: There is a very short period of down time there, I'm advised, and one patient was required to be cared for at Concord. As a result of that, there were no patient impacts whatsoever.

The Hon. NATALIE WARD: I might just continue on Canterbury, just in relation to that project. What specific new facilities will be built at the hospital? Does that include expansion of the birthing suite and maternity?

SUSAN PEARCE: Speaking to the Sydney LHD chief executive earlier this week on other matters, we talked about Canterbury and the consultation process that has been underway with the community, which I understand is going very well. Emma, did you have any specifics?

EMMA SKULANDER: I think the Canterbury redevelopment is in progress at the moment. We have released the master plan recently and clinical priority is there. I think that was recently made publicly available.

The Hon. NATALIE WARD: No disrespect, but I've got a couple of minutes. I can see that stuff online.

SUSAN PEARCE: The documents are publicly available.

The Hon. NATALIE WARD: What specific new facilities could be built there?

EMMA SKULANDER: The list of the scope that has been released is a new and expanded and enhanced intensive care unit, new purpose-built inpatient accommodation, expanded emergency department, additional surgical theatres, improved and expanded antenatal care, additional ambulatory and outpatient care capacity, and other clinical and non-clinical enhancements to existing facilities supporting changes of models of care.

The Hon. NATALIE WARD: In relation to the number of birthing suites and maternity beds that will be available following that redevelopment, how does that compare to the current capacity?

EMMA SKULANDER: I will have to take that on notice.

The Hon. NATALIE WARD: Has it increased? Has it decreased?

SUSAN PEARCE: We'll endeavour to find out for you before the end of today, if we can.

EMMA SKULANDER: Within that list of priority scope, there is not an increase in birthing suites.

The Hon. NATALIE WARD: So no increase, and that's the current scope.

EMMA SKULANDER: No.

The Hon. NATALIE WARD: How would that address the concerns about bed shortages and overcrowding in the maternity ward, particularly given the growing population in the Canterbury area?

EMMA SKULANDER: I think that's a question you would have to direct to the local health district in terms of their service priorities because they're responsible for the service planning. We can take it on notice and come back to you.

The Hon. NATALIE WARD: Yes, please, or we will have to call them next time to come back.

The Hon. SUSAN CARTER: These questions are probably for Ms Pearce or Dr Chant in relation to the annual report of the VAD board. The median age at first assessment is 75 and five cases of duress were identified during the reporting period. What training is being provided to doctors to detect elder abuse?

SUSAN PEARCE: Thank you for the question. This is an important topic. Dr Chant will be able to assist with that one.

KERRY CHANT: I think the fact that that was identified as a reason actually stresses that the training is very significant. The clinical practice guidelines in the training cover that this is voluntary and has to be self-initiated. That is stressed in all the training. I can provide the details of that, but it's extensive.

The Hon. SUSAN CARTER: If you could on notice, I would be interested, thank you.

KERRY CHANT: If other people become aware of elder abuse, there are navigation tools on our website to notify it as well, even outside the VAD program. It's a significant issue.

The Hon. SUSAN CARTER: Is it possible to get a copy of the guidelines that are required by section 181 (2) of the Act?

KERRY CHANT: Certainly. Happy to.

The Hon. SUSAN CARTER: That would be great, thank you. This report, like the interim report, still shows a much greater number of requests coming from the regions despite the population mix being two-thirds to one-third. We still have almost the inverse. It seems to be a consistent pattern. What is this disclosing about the availability of palliative care in the regions and, indeed, the availability of primary care? Is any work being done to check that we actually have equality of access between the regions and the cities? The report suggests otherwise.

KERRY CHANT: From a voluntary assisted dying perspective, I actually think the data is very supportive of the efforts that the districts have put in place to ensure access, and also to commend Mr Schembri, who also runs the statewide navigator service, which is actually able to fill any gaps in rural or regional areas. From the get-go, in terms of the design of the program, it was really designed to ensure there was equal access. I think that's a testament to it. We do know that age distributions of populations does vary and, obviously, the older you are the more likely you are to have underlying health conditions. We do, however, know—and this is a real focus for us in a rural health division but also from population perspective—that some of the risk factors such as tobacco smoking and obesity are higher in those areas.

The Hon. SUSAN CARTER: With respect, are those risk factors distributed differently in the regions than the city? If they are, shouldn't health resources be distributed differently from the regions to the city?

KERRY CHANT: Certainly that means that we are having a strong focus on our regional communities to ensure there is support for lifestyle modification programs. We monitor all of our programs to ensure that there's equal if not more uptake commensurate with the underlying need in programs. That's a strong focus. The equity doesn't mean equal access between the groups; it means commensurate with your underlying need.

The Hon. SUSAN CARTER: A very quick question about the navigator service because I didn't recognise your role, Dr Schembri. There have been press reports that doctors have been flown up to patients in Lismore as part of the navigator service. Is that correct?

KERRY CHANT: I can probably answer that but also Anthony can. The navigator service was set up with—recruited a number of doctors—

The Hon. SUSAN CARTER: With respect, I'm conscious of the time and I really just wanted to know whether we had doctors being sent all over the State as part of the navigator service.

KERRY CHANT: Yes, that's correct.

The Hon. SUSAN CARTER: Where would I find the costings for that? Could you provide those on notice, perhaps?

KERRY CHANT: That's fine.

The Hon. NATALIE WARD: Back to the Northern Beaches Hospital, if I may, Professor Thomas. I just have one further question. Is it concerning to you in these circumstances that you had an ED trainee doctor who repeatedly failed to initiate for himself basic life-saving treatment? From 10.00 a.m. onwards, he knows and nurses know that Joe is so peripherally shut down that they can't trace a pulse, yet no drip is provided while he's alive before that cardiac arrest.

PETER THOMAS: Yes, it is concerning for that reason. We have the findings of the SAER investigation that have demonstrated a failure to escalate. I'd just like to say also that there are a lot of questions that Joe's parents asked as part of the open disclosure meeting. We haven't yet met with Joe's parents to answer some of those questions. I think that's important. We are obviously happy to meet with them further.

The Hon. NATALIE WARD: Will you undertake to do that with them as soon as possible?

PETER THOMAS: Absolutely—that's part of the process.

The Hon. NATALIE WARD: As soon as is convenient to them, and possible.

PETER THOMAS: Of course. If I could, you did ask me did the patient have a lot of caesarean sections. I just want to clarify that there was a call for a caesarean section, but the delivery was by a different method.

The Hon. NATALIE WARD: Who called for it, though?

PETER THOMAS: There was a request. There was an expectation of a lower caesarean section but the delivery was actually by a different method. I wouldn't go into more clinical details to protect the privacy of the patient, but there was a lower caesarean section called for.

The Hon. NATALIE WARD: Presumably not caesarean.

PETER THOMAS: Correct.

The CHAIR: Ms Pearce, earlier this year there was an email accidentally sent from a medical administrator to junior doctors at John Hunter Hospital. You're nodding. I know that you know about this. For the benefit of the Committee, it was an email criticising junior doctors who'd questioned the roster of 10 consecutive night shifts. The email said, "God help us in the future. We are going to have a workforce of clinical marshmallows!" ASMOF has responded to that in very good humour and produced a large amount of merchandise with marshmallows on it. I know that you responded to the specific incident at the time, but I'm interested more broadly. I think most people can appreciate 10 consecutive night shifts for junior staff is unsafe. How widespread is that problem? What have you done to ensure safe rostering for junior medical officers?

SUSAN PEARCE: I might ask if Mr Minns could come forward. He also has a response for you with respect to the VMO costs that we talked about earlier, so he might be able to kill two birds with one stone there. But I will say, in respect of that matter, the individual who sent that email was deeply remorseful. It was clearly an inappropriate thing to do. Counselling has occurred in regard to that. An immediate apology was given. There's been work with the JMOs at the hospital. The district really took that very seriously. They've got a good group of JMOs there that they're working with on that matter. But I know that we specifically looked at the 10 night shifts issue. Phil, you might be able to respond to that.

PHIL MINNS: Yes. I think the district did an audit for the last six months and they didn't find any incidents of where someone had been rostered for more than seven days consecutive on night shift. That relates to the standard that exists. I'd be very happy to provide that as a written answer on notice.

The CHAIR: I'm initially looking at that district to make sense, but I'm interested statewide as well to make sure this isn't an ongoing cultural issue from a time when that was an expectation of doctors.

PHIL MINNS: Yes, you might recall those times, Chair. We have done a lot of work over the last five years to reset expectations and a lot of that is about rostering practice. Again, I'm very happy to present all those strategies in a single response for you. To go to the question about VMOs that you asked earlier today—and Mrs Carter asked some questions—I said there's a limit to some of the data that I could get you, but I think I can provide you a succinct answer that clarifies it and definitely indicates we're not paying these transferring locums $3,500 per day. The 72 people will be placed on six-month VMO appointments with fixed hourly rates. They'll be the standard VMO rates in accordance with the VMO determination. That currently is $262.60 per hour, plus a payment for on-call, which is, I think, $15 an hour and payments for re-call when doctors need to attend.

The locums that we're engaging—and I mentioned earlier today that there are about 25 currently engaged in the response. We put them on a VMO sessional contract with zero hours with a set daily rate. That is where that cap of $3,050 comes from. How much they actually earn will depend on how many shifts they work as a locum. That's the same for VMOs in the sense that not all of them are contracted full-time. Some of them are 0.8, 0.6, 0.4. Then it comes down to how many hours they work. If they, in fact, treated private patients at some point while they were at work, that would be deducted from their payments from us.

In broad terms you can say that—it's very hard to compare the two of them because one is an employee with an annualised salary and set of arrangements and one is an independent contractor, effectively. But, if you try to gross up the comparative costs of them both, you can get to a point where, broadly speaking, about 13 per cent additional cost applies to a VMO compared to a staff specialist. But there are some productivity benefits associated with having a VMO on deck rather than staff specialists, because they don't take annual leave that we pay for. They are incentivised in a sessional contract to focus on treatment of patients. They don't have non-clinical time elements to their contractual arrangement.

The CHAIR: You've correctly anticipated what I'm trying to do with this data. If you would like to help us accurately assess those costs, perhaps a six-month calculation for a full-time equivalent on each of the three contracts would be helpful.

PHIL MINNS: There are a couple of tables that I will tender after today for you that try to step through—we've got to be a little bit delicate because these are matters for evidence before the IRC and we expect both ASMOF and the ministry will be submitting evidence about this. But what I have I want to check to ensure that we can share it with the Committee and I'll do that immediately after today.

The CHAIR: My follow-up in trying to understand these calculations myself—there are obviously different salaries for different levels of staff specialists under the award. Could you provide us a breakdown of the current staff specialist psychiatrists at NSW Health—how many, and at which level of classification under the award?

PHIL MINNS: Yes, I believe so.

The CHAIR: Coming back to Dr Chant, I understand that there has been a recent death in Northern Sydney from Japanese encephalitis, which is obviously of concern to people in the Murray region and Murrumbidgee region. What are your current prevention efforts, and are you satisfied with them?

KERRY CHANT: The first prevention effort that I'd really like is some greater uptake of the JE vaccine. New South Wales has purchased a number of stores of that vaccine. We've got that vaccine available, so there are no constraints on people taking that up. We do see bit of a surge after there's, tragically, a death or a notification of a case. But we would like to see the sustained uptake, particularly for those that spend significant time outdoors in the region. We also are working with a number of occupational groups that might be at particular risk of exposure, to try to emphasise the importance of covering up and the type of clothing. We've got an extensive health promotion campaign that touches on, particularly, those workers that spend significant time outdoors, but we're open to other suggestions around how we can really raise awareness of this ongoing risk. There's JEV but also, obviously, other mosquito-borne illnesses, so getting bitten by mosquitoes is not a good idea.

The CHAIR: Absolutely. In terms of supply of vaccination currently, I understand in the past there needed to be quite significant restrictions on who was eligible to be vaccinated because of supply issues. Is supply adequate at the moment?

KERRY CHANT: Supply is not an issue for us. You can get it at pharmacies or you can get it at your general practitioners. It probably is important to ring ahead, just to check that the practitioner has got stock in their fridge, because we know also at this time of year the practitioners are balancing flu vaccines and other vaccines in their fridge, as well as pharmacies. The key message is please check ahead, but there should be no barriers to access to the vaccine, and we do urge you to get vaccinated.

The CHAIR: How is that health promotion or education piece currently being rolled out at the moment? I have some concerns that people who spend significant time outdoors recreationally are probably not aware of this issue at all.

KERRY CHANT: Yes. I can give you the websites and some of the products that have been developed. In your own area there has been some innovative work and a booklet, educating through the schools as well, as a really important way of getting through to the community through children telling their parents. But I'm also happy to say that nothing is perfect in getting messages out. If there are gaps, we're happy to consider what else could be done. Obviously travellers, tourists that might be coming in and moving around, are a harder group to reach. Again, if there are ideas for how we can do that, we would be open to them.

Ms CATE FAEHRMANN: Dr Chant, back to the enHealth guidance sheet. I understand that NSW Health used to have a fact sheet on PFAS, correct? NSW Health relied on a PFAS fact sheet, say, back in the beginning of 2024?

KERRY CHANT: We tend to rely increasingly on national fact sheets. We'll only develop fact sheets when there's not a national fact sheet. I would be happy to look at the timeline.

Ms CATE FAEHRMANN: I'm very aware of the difference. You've clarified it was what I was talking about. I thought there was a third in there somewhere. But the enHealth guidance came out at the beginning of 2024—last year. Did that replace an earlier one?

KERRY CHANT: I believe there may have been one before that.

Ms CATE FAEHRMANN: I think it did—2016 or something.

KERRY CHANT: Yes, 2016.

Ms CATE FAEHRMANN: So that's done. From where you're sitting—so let's forget about the draft *Australian Drinking Water Guidelines*—the enHealth guidance is what the health agencies rely upon for general

communication, general messaging, NSW Health comments around whether PFAS is a risk and what have you. Is that right? That's the policy guidance for the—

KERRY CHANT: We would have drawn from that, but that was developed at one point in time. Since then, the NHMRC has developed its drinking water review. Also, IARC came out last year with its initial monograph. As you alluded to, two weeks ago it came out with the full tome. I have to admit that I haven't read the 743 pages.

Ms CATE FAEHRMANN: It's 745 or something.

KERRY CHANT: The staff are reviewing that, because it is important. The enHealth was done at a particular point in time. Our advice around the testing and other things is informed by understanding each of those three things. We're not anchored to that enHealth guidance.

Ms CATE FAEHRMANN: Can a State, in theory, go beyond what the Federal enHealth recommends? Does that happen?

KERRY CHANT: Certainly we can. We did have a fact sheet but withdrew it when enHealth became available, so our recollections are correct. That is the case. I was also looking at your earlier comments around the document that you referred to earlier today and going to the CDC website. We would tend to use that as the authoritative—the CDC has a particular toxicology group within it. I was reviewing today, for my own benefit, the comments in that. There's not much disconnect with our current position from the CDC. It concludes that a blood test for PFAS will not identify a current or future health problem or provide information on treatment. It does reference this document much lower in the document, where there is some guidance.

I would characterise it as: Internationally, people are grappling with the science of what is the best approach to understanding the role of PFAS testing in supporting people to maintain health and how that fits into a broader preventative agenda. One of the interesting issues is that it does refer to some of the testing and screening that it recommends would be occurring within the normal context of preventative care from a general practitioner. We're at that point where we're really trying to understand what is the best approach, and this group has put forward one view, which is a link in the CDC. But the CDC at the moment is not recommending this, from my reading of the CDC website. It's saying, "You can consider this approach."

Ms CATE FAEHRMANN: The various communications that I have seen from the more than 130 or 140 boxes that came back in relation to PFAS from the SO52 last year—and I haven't looked through all of them, you can be assured—say that the new guidance came out in January. Then there was IARC a month before enHealth came out. I'm querying the process now because these things tend to stay in place for another five—like the last time that one was updated was 2016. It comes out just before some pretty significant shifts in global science. What is the process now for a review of the very new guidance from enHealth in 2024 in light of the huge IARC tome, for example? One of the emails that I gave you says that enHealth did acknowledge that it would wait until the monograph was published, which, again, was two weeks ago.

KERRY CHANT: Sorry, I didn't get that email.

Ms CATE FAEHRMANN: I'll find it for you. In an email, they did acknowledge that they would wait for that to come out. It has come out and it has got all of that information. What's the next step? Can we be assured that there will now be a review process?

KERRY CHANT: I can commit to raising this issue through the Australian Health Protection Committee, which is the peak committee. I think the question for us is what is the right way for us to ensure that our guidance is up to date? I can commit to raising that at AHPC, but some of the considerations may well be that, as we're getting into very clinical realms around the role of blood testing and it needs a more diffuse set of experts involved, that maybe NH and MRC is better placed to update, given they've just recently done the work on the *Australian Drinking Water Guidelines*. I'm really open to reflecting. I think the fact that we've created the technical advisory group to provide advice to me about these matters shows that. I'm just saying that I'm not sure that NSW Health may well be the right group to rewrite it. It may well be better sat with NH and MRC, but I'm happy to raise the issue that we do need upgraded guidance and we do need to consider the questions that they community has got in terms of the role of blood testing.

Ms CATE FAEHRMANN: Would you also look into—I asked it briefly earlier as well—around the firefighters' advice? That advice, that comment, came from the commissioner that presented in Katoomba, who said that NSW Health had advised—that the current advice from NSW Health was to not get blood tested. The question I asked him was: If a firefighter comes to you with extreme health issues—maybe they've got cancer, they've got a history of 30 years fighting fires using obviously the AFFF foam—what do you do? What support

do you provide? Do you test their blood? His response was that NSW Health's advice was that there's no point, not to test their blood. That seems extraordinary, I think, for an occupational hazard.

KERRY CHANT: I think that perhaps there's always the way that the question is answered. I would have segued where you segued, which is occ health and safety. There is a requirement from an occ health and safety lens. Looking at the CDC website as well, just because you did raise the issue of inter-jurisdictional—again there's no approved method for the reduction. But if, in the scenario you're putting there, that the person has cancer, it is within their remit to seek advice about whether their exposures could have been contributed to or accounted for. That's a clinical discussion within that occ health and safety framework. I'm happy to review and get in touch with the relevant fire commission.

Ms CATE FAEHRMANN: Can I check with the CDC? Is that like a clinical guidance that they've provided because what I've provided—

KERRY CHANT: I can give you also the web link to the CDC.

Ms CATE FAEHRMANN: The Centre for Disease Control is different—

KERRY CHANT: The Agency for Toxic Substances is a subset of the CDC. The Agency for Toxic Substances has—

Ms CATE FAEHRMANN: Produced the guidance that I have tabled.

KERRY CHANT: Well, has produced their own comments in relation to PFAS and the role of PFAS testing. They make a number of points that nearly all people in the United States have measurable amounts of PFAS in their blood. Blood tests for PFAS are most useful when they are part of a scientific investigation, a health study. A blood test for PFAS will not identify a current or future health problem or provide information on treatment. They're the three key messages.

Ms CATE FAEHRMANN: When your team looks through these 745 pages—I didn't obviously print out 745 pages. That's just the front cover and a few other things. It does say that the highest serum concentrations of PFOS were reported among 149 firefighters working at AFFF training facilities in Australia. So it is worth looking at that in more detail.

KERRY CHANT: That's right, and I'll also follow up with SafeWork. I'm advised that they've got some information, but I'll just check that it's aligned. I think the reflection we've got is that, as science evolves, we need to reflect on the advice in the situations.

The CHAIR: I'm interested in an update on staffing at Cessnock Hospital. I've previously met with members of the community who are really concerned that removal of the emergency department doctor, who used to be rostered out of Maitland Hospital, had never been returned post-COVID and that there were GP registrars, essentially, covering Cessnock Hospital on an on-call basis. Is that still the case or has the emergency department doctor returned to Cessnock Hospital?

SUSAN PEARCE: We would have to take that on notice, Dr Cohn.

The CHAIR: While you are taking that on notice, and while I'm on Cessnock, there was a case in September last year that was reported in the media, which I think you would be aware of, of a 10-year-old boy who was taken to Cessnock Hospital by paramedics and told that the hospital couldn't see him because it wouldn't see children under 10 who had arrived by ambulance but that they would see him if he got out of the ambulance and walked into the waiting room. Hunter New England Local Health District and NSW Ambulance apologised for that incident at the time. But I'm interested in understanding, is this a communication issue? Is this related to the staffing issue? How has that policy possibly been interpreted in that way?

SUSAN PEARCE: It makes absolutely no sense to me why that should be the case, first of all. I'm happy to look at it. I have some memory of it, but I haven't got the specific details on me at the moment. We're very happy to look at it though and answer that on notice. Can I just mention Mr D'Amato is bursting to tell you about the nurses costing, if you wish for him to do that before we complete.

ALFA D'AMATO: Dr Cohn, just to go back to your 6.5 billion that you quoted, that figure covers five financial years, being 2024-25 to 2028-29, and it covers an additional number of claims, not only the 15 per cent wages increase. The claims it covers are the increase in night shift penalty, personal leave entitlement increases and increases in salary packages. I'm just mentioning the big ticket items.

The CHAIR: Can I be really sneaky and ask one follow-up: Why is it projected over five years?

ALFA D'AMATO: Normally because this covers this financial year as well as the forwards. Normally the forwards will cover the first financial year, being 2025-26, plus three years. That's the normal approach. Because it is being assessed in this financial year, we have covered five years.

The Hon. NATALIE WARD: Dr Chant, in relation to the Drug Summit, what was the cost of the Drug Summit, noting it was held across three locations in November/December 2024? What was the total cost to the taxpayer?

KERRY CHANT: I will come back to you. There was an allocation of—I wouldn't want to mislead, so let's just bring up the note.

The Hon. NATALIE WARD: You can come back to me, if you like, today—on the total cost of it, though, not just the allocation. When will the final report and recommendations from the Drug Summit be provided to the Government and when will that report be publicly released?

KERRY CHANT: I understand that the co-chairs will be delivering that report some time in March, is the timeline. It's a matter for the Government when the report is released. That's probably best directed at the Minister for Health.

The Hon. NATALIE WARD: Can you take on notice whether there's any indication of the first half of this year, or second half, and what the current thinking is?

KERRY CHANT: Yes, certainly. I can say that there is an interagency group that's working on progressing matters concurrently with that.

The Hon. NATALIE WARD: I'm sure there is. I'm not sure who to direct this to so, Dr Chant, I will direct it to you. SHARE SMR Inc had $90,000 cut from South Eastern and local health. They do important work in health promotion. I'm wondering why their funding was cut?

KERRY CHANT: I have to take that on notice. I'm sorry about that.

The Hon. SUSAN CARTER: One quick question: The new True Colours clinic, is that providing cross-sex hormone treatment to patients? I'm happy for you to take it on notice. If it is, I'm just wondering about the consent protocols for those who are 16 and 17 at that clinic.

KERRY CHANT: We're happy to provide that.

The CHAIR: It's time for Government questions.

The Hon. STEPHEN LAWRENCE: I have a few questions for you, Mr Horan, but feel free to pass them on to other members of your team. Could I ask firstly how Healthscope manages the apparently conflicting priorities of clinical service delivery to the community and shareholder profit?

GREG HORAN: Sure. Thank you for the question. From our perspective, clinical outcomes and patient care are our number one priority. It is the most important thing that we do. All of our hospitals are focused on providing outstanding care to the communities in which they operate. Our focus has always been on that. In order to continue to provide that care, there has to be some level of profit so we can invest back into our hospitals, back into our amazing staff and continue their training and development et cetera. With outstanding care, profit follows, actually. For us, our focus is on providing care.

The Hon. STEPHEN LAWRENCE: I note that last year Healthscope introduced a hospital facilities charge, I think it was called. I think that was $100 per night or $50 per patient. Is that reflective of private health funds withdrawing funding services or reducing how they fund services? Could you just explain that to us.

GREG HORAN: Sure. Just a slight correction: It was not introduced. It was proposed to be introduced, but not introduced. It was as a result of particularly two points that we were dealing with: not providing funding or fair funding for the hospitals and the care that we provide. The intention for that gap payment was to contribute towards the cost of the care that we are providing.

The Hon. STEPHEN LAWRENCE: Turning to the tragic death of young Joe, you've talked about the clinical error or errors that occurred. Could you talk us through what systemic reforms have been identified in the aftermath and implemented?

GREG HORAN: Out of the investigation, the two causal factors were based around the missed triaging categorisation—and there's a systemic issue with that—and then also the escalation points that we've talked about today. So what we've done immediately, we put in place the dual triaging. So as any paediatric patient comes, they will get triaged by the triage nurse and then by the nurse unit manager or seen by the nurse as a second check on that to make sure that doesn't happen. We have also changed our rounding processes for our senior specialists

so that they are rounding more regularly in paediatrics at 8.00 a.m., 2.00 p.m., 5.00 p.m., and 11.00 p.m. during the day.

We have implemented a proactive push of the REACH program. When any paediatric patient is triaged, we are providing the parents or family member with a QR code for them to scan and explaining to them what their ability is, should they wish to escalate through this third party contact being in that care, and that is in place today. And then we have accepted all of the recommendations from the SAER review. They are in progress as we speak. Principally if we focus on the system point that you raised, which we talked about earlier, which is Telstra Health, we are currently working with Telstra Health and Dedalus to rectify the entry of the vitals when they come into triage, so that it does alert. If you will allow me to refer to it, I have an update here.

The Hon. STEPHEN LAWRENCE: Sure.

GREG HORAN: The other actions are adoption of an audit for the retrospective review of assigned triage category appropriateness. That is in place. We are looking at 20 per month that are being audited to ensure that our triage nurses are categorising correctly. Implementation of the CEC's family care and concern tool into the EMR that aligns with local escalation processes—again we have accepted that and are going to be implementing that. Implementation of the safety attitudes questionnaire in the ED—this is something we're doing in conjunction with the local health district and it is being scheduled and will take place. Education and re-education of clinical staff with the CRS escalation process within the ED for admitted and non-admitted patients is again accepted and in process. Development of a standardised post-incident debrief process to use following significant events—yes, that has been adopted and will take place. Review of the ED paediatric standing order for Ondansetron, I think that's how you pronounce it, which is a medication for vomiting—that has, again, been accepted.

The Hon. WES FANG: Ondansetron.

GREG HORAN: Thank you. That has, again, been accepted, that undertaking. The other actions that we are taking are that we are conducting and implementing an independent review. We have mentioned that with NSW Health. We'll be fully collaborating with the NSW Health. We would also like the Massa family's input into that independent review. It will be broader review, not just focused on this incident but making sure we're looking at the full ED as a process. In summary that's where we're at.

The Hon. STEPHEN LAWRENCE: In terms of the staff directly involved in the clinical errors, are you able to tell us what has happened with those staff? Have they been referred to professional or disciplinary bodies, things of that nature?

GREG HORAN: I can tell you that the trainee specialist was referred through the performance management process. That has occurred and taken place. One of the other nurses is currently on extended leave. The performance management process has begun but has not been completed due to that extended leave.

The Hon. STEPHEN LAWRENCE: I'm not sure if this is one for you or for your team, but are you able to provide us with a breakdown and an explanation of the staffing levels at ED—what positions are there and what numbers?

GREG HORAN: We can take that on notice. Probably the easiest would be to provide our ED rostering. We can provide that on notice.

The Hon. STEPHEN LAWRENCE: I'm specifically interested in the amount of consultant doctors and whether those levels are consistent with the Australasian College for Emergency Medicine safe staffing recommendations. Are you able to speak to that?

GREG HORAN: I'll pass that to Peter.

PETER THOMAS: The rostering template for Northern Beaches is based on the ACEM guidelines. Noting they are guidelines, but we have adopted them. And the same for the junior medical staffing and what we call the senior decision-makers or the—which maybe understrength as well, in particular in light of the night staffing.

The Hon. STEPHEN LAWRENCE: In terms of the day that these events occurred, can you just talk us through what the staffing situation was on that night and the consistency of that with the ACEM safe staffing recommendations?

GREG HORAN: What we can refer to is the SAER report, which did look at the staffing levels. The SAER report makes it clear that staffing wasn't a contributing factor to the incident. That's what I can definitely confirm.

The Hon. STEPHEN LAWRENCE: How many consultant doctors would be in the ED, generally?

PETER THOMAS: At any one time?

The Hon. STEPHEN LAWRENCE: Yes.

PETER THOMAS: Generally for each shift, there'll be three on the clinical floor and there may be one or two other doctors who may be doing some non-clinical support or teaching, and then there is the clinical directors, or the emergency director, who is there on a full-time basis.

The CHAIR: That brings us to the end of the day. Thanks everyone who has attended for giving up your time to answer questions from the Committee today. There were a number of questions taken on notice, which the secretariat will be in contact with you about.

(The witnesses withdrew.)

The Committee proceeded to deliberate.