

PORTFOLIO COMMITTEE NO. 2 - HEALTH

Monday, 23 August 2021

Examination of proposed expenditure for the portfolio area

MINISTER FOR HEALTH AND MEDICAL RESEARCH

CORRECTED

The Committee met at 9:30.

MEMBERS

The Hon. Greg Donnelly (Chair)
Ms Cate Faehrmann
The Hon. Wes Fang
The Hon. Courtney Houssos
The Hon. Emma Hurst (Deputy Chair)
The Hon. Trevor Khan
The Hon. Natasha Maclaren-Jones
The Hon. Walt Secord
Mr David Shoebridge

PRESENT

The Hon. Brad Hazzard, *Minister for Health and Medical Research*

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

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

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

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The CHAIR: Good morning and welcome to the virtual hearing for the inquiry into budget estimates 2021-2022 for Portfolio Committee No. 2 – Health. Before I commence I acknowledge the Gadigal people, who are the traditional custodians of the land on which the Parliament sits. I pay respect to Elders past, present and emerging of the Eora nation and extend that respect to other Aboriginal people viewing this broadcast all around the State. I welcome Minister Hazzard and accompanying officials to the hearing. Today the Committee will examine the proposed expenditure for the portfolio of Health. Today's hearing is being conducted as a fully virtual hearing, which enables the work of the Committee to continue during the COVID-19 pandemic without compromising the health and safety of members, witnesses and staff. As we break new ground with the technology I would ask for everyone's patience through any technical difficulties we may encounter this morning. If participants lose their internet connection and are disconnected from the virtual hearing, they are asked to rejoin the hearing using the same link as provided by the Committee secretariat.

Before we commence I would like to make some brief comments about the procedures for today's hearing. There may be some questions that a witness could only answer if they had more time or with certain documents to hand. In these circumstances witnesses are advised that they can take a question on notice and provide the answer within 21 days. All witnesses in budget estimates have a right to procedural fairness according to the procedural fairness resolution adopted by the House in 2018. Today's proceedings are broadcast live from Parliament's YouTube channel and a transcript will be placed on the Committee's website once it becomes available.

Finally, a few notes on virtual hearing etiquette to minimise disruptions and to assist our Hansard reporters. Could I ask Committee members to clearly identify who questions are directed to and could everyone please state their name when they begin speaking. Could everyone please mute their microphones when they are not speaking. Please remember to turn your microphones back on when you are getting ready to speak. If you start speaking whilst muted, please start your question or answer again so that it can be reported in the transcript by Hansard. Members and witnesses should avoid speaking over each other so that we can all be heard clearly. Further, to assist Hansard may I remind witnesses and members to speak directly into the microphone and avoid making comments when their head is turned away from the microphone. All witnesses will be sworn prior to giving evidence. Mr Hazzard, I remind you that you do not need to be sworn as you have already sworn an oath of office as a member of Parliament.

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ELIZABETH KOFF, Secretary, NSW Health, sworn and examined

SUSAN PEARCE, Deputy Secretary, System Performance and Patient Experience, NSW Health, sworn and examined

KERRY CHANT, Deputy Secretary, Population and Public Health, Chief Health Officer, NSW Health, sworn and examined

NIGEL LYONS, Deputy Secretary, Health System Strategy and Planning, NSW Health, sworn and examined

The CHAIR: Thank you all for making yourselves available this morning. Today's hearing is being conducted between 9.30 a.m. and 11.00 a.m. and from 11.15 a.m. to 12.45 p.m., with questions moving between Opposition and crossbench members only. If required, an additional 15 minutes is allocated at the end of the hearing for Government members to ask questions if they wish. As there is no provision for witnesses to make an opening statement before the Committee commences questioning, we will begin with questions from the Opposition.

The Hon. WALT SECORD: Thank you, Chair. It is Walt Secord speaking. Firstly, on behalf of the Opposition, Dr Chant, I wish to convey our thanks and gratitude for your tireless efforts and I would also like you to convey to your staff and team, doctors, nurses, paramedics, contact tracers, vaccinators, cleaners, allied health workers and hospital workers our appreciation in these unusual and difficult times. This is very real so, again, thank you for your work and your deep commitment and for making yourself available today. I would like to open questions on the issue of children. On the weekend it was reported that 204 cases involved children under the age of nine and 276 cases were between the ages of 10 and 19, meaning that on the weekend there were 480 cases in children under the age of 19. Has NSW Health recalibrated its strategy?

Mr BRAD HAZZARD: Obviously there are—can you hear me, Walt, or not?

The CHAIR: Yes, we can, Minister.

Mr BRAD HAZZARD: Obviously there are some serious issues around children. The Delta variant has shown a propensity to transmit amongst children much more than the previous variants, and so that issue is being considered at the moment by the Australian Technical Advisory Group on Immunisation [ATAGI], which is the advisory group to the Federal Government. I am going to ask Dr Chant to give you the up-to-date position in relation to that.

Dr CHANT: Certainly, Mr Secord, our position has had to change with the Delta variant. The Delta variant is much more transmissible with children, and children can then infect their parents and the transmission chains can go from parents to children, unlike our previous experience that is well documented where children were not significant contributors to spreading. We are working closely with the National Centre for Immunisation Research and Surveillance, which has done previous work for us in supporting our policy work around childcare centres. Our position is clear that ATAGI is currently considering the evidence around vaccination more globally for children 12 to 15. I would not want to pre-empt their findings, but it is clear that vaccinating 12- to 15-year-olds once ATAGI forms that view will be an important control strategy.

Currently internationally there are trials underway for younger children to be vaccinated. I understand that those trials are due to be reporting towards the end of the year and if those trials demonstrate the safety and effectiveness of a vaccine—again, we will wait the advice of ATAGI, but it may be that we are rolling out vaccine to younger children in 2022. In the meantime we have put in place recommendations that parents do not take their child to child care unless it is absolutely necessary to reduce the burden and we have certainly clearly messaged the risks to children more broadly. We know that children within a household are invariably impacted and the best way we can protect children is by making sure all those around them are actually vaccinated.

The Hon. WALT SECORD: Dr Chant, when did it become apparent that NSW Health and health authorities had to recalibrate or shift their attention to children? When did that become apparent?

Dr CHANT: Right at the beginning, fairly early on we were aware of the fact that Delta—and, in part, that is also why we have taken those strong positions around schools not returning at this time and the requirements around the protections in schools. Even in the rural areas there have been quite significant restrictions on activities commensurate with the risk to mitigate that risk of school-based transmission, even in areas where they were not considered to be a threat.

The Hon. WALT SECORD: In the current environment, would you be advising parents in non-curfew, non-lockdown areas to allow their children to use play equipment?

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Dr CHANT: Again, the issue of play equipment—our advice would be very much do not interact or have any interaction with other people with the play equipment, and clearly that will mean that you have to take those actions of not going there at busy times. Clearly, with the duration of the lockdown we are very conscious that people live in apartments and do not have access to a lot of environments. So it is a balancing act, but we have been very clear in our messaging about the fact that parents and children should not be congregating in any of those areas.

The Hon. WALT SECORD: So what advice would you give to parents? It is very, very hard to get children to follow social distancing rules and very hard to get a very small child not to congregate.

Dr CHANT: I think that parents need to make those decisions about how to keep their children and others safe. I have got to say that most of the transmissions that we have been seeing are occurring within the household unit and also there have been a number of childcare outbreaks. So our focus has been particularly in relation to child care and our messaging in relation to that and also within households. As I said, we really urge the community to be vaccinated in order to protect children and I would urge parents to make sure that they supervise themselves closely and also do not take the opportunity to interact with other people at the time. Obviously, mask wearing is challenging for children and we have made a pragmatic cut-off of 12, but clearly parents can choose for younger children as well, if they want to put them in masks as another protection.

The Hon. WALT SECORD: Has NSW Health found that playgrounds in New South Wales have been sources of transmission? Have you in fact had examples of that?

Dr CHANT: At this stage it is very hard to be definitive. What I would say is that if parents and children interact closely or use more meeting places then that is more challenging. As I said, I agree with you that we need to make sure the public is aware of the risks but, clearly, outdoors is also a lower-risk environment as well.

The Hon. WALT SECORD: Based on the current situation we are in, how does the return of the school year look? What is the prospect of the school year returning?

Dr CHANT: Again, Mr Secord, to some extent those are matters that are currently being considered. Clearly, at the moment ATAGI is considering the advice in relation to the 12- to 15-year-olds, and currently 16 and over can access the vaccine and we would anticipate that if there is sufficient vaccine, that can really change the dynamic of risk. So at the moment we are doing that thinking. It would be premature to flag that until we have had the opportunity to work fully through those considerations, looking at vaccine availability and uptake.

The Hon. WALT SECORD: Dr Chant, what is the current advice on vaccination of children under the age of nine?

Dr CHANT: Currently the vaccines are not licensed for use in that age group in Australia. As I said, there are international studies underway to look at the safety and efficacy of the vaccines in younger children. I understand that those studies will be yielding results towards the end of this year or throughout these next few months. They will be considered by the Australian Technical Advisory Group on Immunisation and advice to government will be provided and obviously the companies, based on that information, will also seek to register their products as well. So there is both the Therapeutic Goods Administration [TGA] registration process, which indicates when the vaccine is due to be approved for a certain group.

The Hon. WALT SECORD: Dr Chant, I will ask one more question and then my colleague Courtney Houssos would like to ask some questions. Has NSW Health recalibrated its approach with the recent increase in the number of children under the age of 19 contracting COVID? Have you recalibrated your approach?

Dr CHANT: NSW Health from the beginning has recognised, and increasingly recognised, the important contribution of younger age groups to transmission and yes, Mr Secord, we have taken that into account in our response. Obviously that will also be influenced by vaccine availability and decisions of ATAGI. So there will be multiple factors that will need to be taken into account in creating safe settings, as well as the overall burden of COVID disease in the community and the risks that that could be introduced into the school community.

The Hon. WALT SECORD: So will NSW Health be releasing or making a statement for parents in relation to children so that there is clarity and no confusion?

Dr CHANT: Mr Secord, could I just clarify the nature of that question? Confusion in relation to vaccine advice or confusion in relation to risks?

The Hon. WALT SECORD: Both, in fact, because parents are very concerned. Last year they were told that children were very low risk and now we discover on the weekend that, in fact, 480 cases were reported on this weekend alone.

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Dr CHANT: Mr Secord, I can just confirm that we have been repeatedly, in all of our communications for many, many weeks to months, highlighting the issue of children and how Delta has been different to our experience with prior strains of COVID and we certainly have been messaging around the role of childcare centres and the outbreaks we have been having in childcare centres and the changed advice and the risk profile. I will take that feedback that parents still need better messages and work with our communications team and look for opportunities to strengthen that message. But certainly that has been our firm understanding about Delta.

The Hon. COURTNEY HOUSSOS: Dr Chant, thank you very much for your time today and to all of the other professionals before us. Can I just start by continuing on this line of questioning? The numbers over the weekend were very concerning: 480 infections under the age of 19. Is this a new trend? Is this a continuing trend or is this a new trend in terms of the ages of children who have been infected with COVID and who are getting COVID?

Dr CHANT: This has been a feature of the population. The population in the impacted areas of western Sydney and south-western Sydney has a younger age profile than the rest of Sydney. It also has larger household sizes and often multi-generational household sizes. Clearly the feature with Delta is that once Delta is introduced to a household it is invariable that everyone gets the Delta strain, and that includes children. So the majority of these infections are occurring—as you are aware, we have had very strong messaging in particularly the affected areas but also globally about only having children that absolutely need to attend school attend school. I have reviewed and been provided with that information from the secretary of education and I can confirm that school attendance in these areas, particularly the impacted areas, is incredibly low. I just want to acknowledge the hard work of parents in both maintaining work but also maintaining that school environment, particularly for the primary school children. I cannot imagine how difficult juggling those is, but the data presented to me is in general the community is very much taking on board our message of not sending children to school at this time.

The Hon. COURTNEY HOUSSOS: Yes, it is quite a juggle, particularly for primary-school-aged students. Do you have a number of children that are currently under the age of 19 in New South Wales who have COVID?

Dr CHANT: We certainly could provide that; we collate those statistics. But the feature of the case numbers is the vast majority—probably 70 per cent of cases—are under 40; so a very young age profile. As I have said, it reflects in part the age profile but also the fact that within households transmission with Delta is so effective that invariably it does transmit to the children and hence our settings of not having face-to-face schooling at this time.

The Hon. COURTNEY HOUSSOS: Dr Chant, are you seeing worse health outcomes for children? Are you able to give us a figure on the number of children who are currently in hospital?

Dr CHANT: I can do that. Some children are in hospital for reasons—if family members are unable to care for them. But I would certainly be prepared to take that on notice and give you that information around hospitalisations in children. And I would like to acknowledge that our Sydney Children's Hospitals Network is doing a lot of good work in supporting children with COVID in the community.

The Hon. COURTNEY HOUSSOS: Yes, we understand that this is a very complex area of medicine and certainly pay tribute to those medical professionals. Dr Chant, is there any chance that children will go back to school before they are vaccinated, given these current and increased risks of the Delta virus?

Dr CHANT: We are currently working through all elements of our thinking in that regard, so it would be premature to—we have not concluded our firm thinking. I think it is pleasing to know that ATAGI is currently considering vaccination for 12- to 15-year-olds and it is quite pleasing to know that Aboriginal children over 12 are eligible for the vaccine as well as children that have underlying health conditions, and that access has been made available. So, again, we have effective vaccines that work, so that will be a factor that really influences the safety of school settings, as will be the case burden we have at that time as well as the general immunisation level in the community. So all of those factors will influence what are the settings we can have in relation to children attending school for the different age groups.

The Hon. COURTNEY HOUSSOS: Dr Chant, you did mention that Aboriginal children and at-risk children are eligible now for the Pfizer vaccine if they are aged 12 to 15. Are you able to tell us how many Aboriginal and how many at-risk children have received one dose of that vaccine?

Dr CHANT: That was just recently made available. Certainly for Aboriginal children it has been in for a while. We would have to approach the Commonwealth to ascertain that and I would just have to check about the robustness of the Aboriginal [audio malfunction]. There are some complexities because we do not know [disorder] exactly segregating cases by underlying disease versus Aboriginality. So notwithstanding those technical issues, we will be happy to provide you with whatever appropriate data we can to answer that question.

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The Hon. COURTNEY HOUSSOS: I am told that it is incredibly difficult for at-risk children to book a vaccination and that they are not able to book under the current online booking system. Is that correct?

Dr CHANT: I would have to defer to my deputy secretary.

Mr BRAD HAZZARD: Courtney, can I just interrupt there? Dr Chant is obviously the public health officer, but the person who is doing the vaccination rollout is Deputy Secretary Pearce. So she might be better able to answer your question, although it is challenging simply because the responsibility for Aboriginal people generally—law and disability and aged care with the Federal Government. So the line of sight is a little more confused, but let me ask Ms Pearce to answer your question as best as we can at the present time.

Ms PEARCE: Thank you, Minister. The issue with the 12- to 15-year-olds, as Dr Chant has mentioned, is recent advice with respect to the vulnerable kids in that age group due to illness or other category—it is not formally open at this stage. The advice that was issued from the Commonwealth very strongly recommended that these children in these groups attend a GP wherever possible for their Pfizer vaccination. However, we are taking steps to enable children in that age group that are particularly vulnerable to be able to access the State clinics and obviously with the support of the Children's Hospital network, to enable that to occur and to amend our booking system accordingly.

Ms CATE FAEHRMANN: I too want to just say my thanks on behalf of The Greens for all the work that Dr Chant, you and your team have done during this time. I just cannot imagine the stress that you all must be under and I just want to acknowledge that in terms of very stressful times. I did just want to pick up on the issue of kids and children. You are talking about the vulnerable kids in terms of getting vaccinated. What research or evidence does the department have around the symptoms or effects of catching the Delta variant particularly on kids?

Mr BRAD HAZZARD: Dr Chant, can you answer that?

Dr CHANT: We are monitoring the hospitalisation rate and data and generating that ourselves, because obviously we are in a situation where our population is naive to the Delta variant and has not had much COVID. So we are working closely with the National Centre for Immunisation Research and Surveillance to look at whether we are seeing any increased severity in children. I would be happy to provide that data to you on notice. We certainly are seeing increased hospitalisations in other age groups, and that reflects the advice of ATAGI in terms of lowering the age for its recommendations for vaccines. We would be happy to provide that to you.

Ms CATE FAEHRMANN: You are looking at overseas data, though, are you, Dr Chant, in terms of what is happening in the United States and in the United Kingdom—just evidence from around the world?

Dr CHANT: Yes, we are, and we are working closely with our National Centre for Immunisation Research and Surveillance, which sits very much in our children's hospital network. It is a national centre and they have been doing some work for us in collating the evidence for the impact on children. Clearly Mr Secord indicated that we certainly are seeing a lot more transmission and cases in children and we have seen some younger cases also require admission—younger adults—in the intensive care unit [ICU] than we have previously seen as well.

Ms CATE FAEHRMANN: What is the international evidence saying in terms of the symptoms in children, though—the long-term impacts? Because there is evidence coming out of the United Kingdom and the United States of the health impacts long term so far for kids who have caught the Delta variant. That is correct, is it not, Dr Chant?

Dr CHANT: To be fair I would prefer to take that on notice because I think it really is important that we give parents the best possible understanding at this point in time. So I would prefer that I provide that in writing in terms of the evidence review around the impact on children. I think it is very critical that parents get the most factual information I can provide.

Mr BRAD HAZZARD: Can I also point out, Cate, that you can get that information from the National Centre for Immunisation Research and Surveillance. So it is available through the Federal Government and the agencies that are responsible for bringing together all the research, because the State and Territory governments are largely dependent on that national conduit for research from overseas. That might help you in regards to any particular inquiries that you have as well.

Ms CATE FAEHRMANN: I think that it is critical in terms of allowing kids back to school and the fact that so far we do not have the ability to vaccinate people under 18 for this virus, yet the evidence coming in from around the world is, in fact, that some kids who catch the Delta variant do have serious ongoing symptoms—particularly stuff that I have been reading lately in relation to ongoing heart conditions. Dr Chant?

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Dr CHANT: We certainly need to be very concerned around COVID in all age groups. In terms of the age groups of 12 to 15, I cannot pre-empt the ATAGI advice but I think that given the experience around the world and the fact that the vaccines are licensed down to 12 for those with underlying health conditions, I would understand that there will be—ATAGI needs to make that decision, but I suppose what I am trying to say is I just want to give optimism to parents, particularly for the high school students, that I do understand that it is likely that that is more likely to be in the short term. As I said, the studies are being done in relation to the younger children and those studies will be progressively reporting. And can I just acknowledge that ATAGI looks at that evidence, is connected with the international regulators—is well connected—and will be poring over that information. If there is a positive recommendation and there are no sort of safety concerns then I suspect Australia will be positioned to roll out vaccine promptly, and I think that is what we need to do.

I think we need to achieve as quickly as possible very high immunisation coverage and I believe also that it does need to be across all age groups, but obviously those safety and effectiveness studies need to be brought to fruition and we need to be able to assure parents that the regulators have looked at that thoroughly so that parents can feel safe in doing that. But I am very optimistic because Australia has one of the highest childhood vaccination coverage rates in the world. Our parents really support vaccination for their children and understand the importance of vaccinating children. So I suppose I would anticipate the 12-to-15s will go quite quickly and the younger children will have access to vaccine in the new year.

Ms CATE FAEHRMANN: Thank you, Dr Chant. What percentage of community transmission, particularly in the local governments areas [LGAs] of concern, is a result of individuals breaking the public health orders?

Mr BRAD HAZZARD: It is difficult to define that. What we can say to you straight off is that in the LGAs of concern, day after day for the last few weeks around about 75 per cent to 80 per cent of all cases that we announce each day are in the LGAs of concern. But to define which ones are due to, if you like, breaking the health orders is a much more challenging issue. The simple fact is that we believe most people are complying but there are particular groups that the local on-the-ground health workers and police advise us are a bit challenging, particularly young people—mostly younger men who have been moving around amongst the households and possibly sharing COVID with households, and that has been the big focus. That is why we made some recent decisions to try and restrict the movement. But do you want to add anything else, Dr Chant?

Dr CHANT: Yes. I think I can answer that in the fact that the vast majority of people do the right thing, but we do know that there have been, tragically, a number of introductions into communities where people have done the wrong thing. We know that the Newcastle introductions were related to people breaching the health orders. So I would answer that, in fact, the vast majority of the community is doing the right thing. I would also like to say that for the people of south-western Sydney and western Sydney, one of the challenges is that they are the group that are operating so many of the essential services that keep our city going. They are our childcare workers, they are our disability care workers, they are our aged-care workers, they work in our factories, they work in our logistics supply. It is generally a very mobile population which has higher mobility than many other parts of Sydney because of the nature of the work and the critical work they undertake.

Ms CATE FAEHRMANN: Yes. Just to be clear, Dr Chant, these essential workers that you are referring to are really following the public health orders and you are saying that the transmissions really occur in households by essential workers who are following the public health orders in those LGAs of concern.

Dr CHANT: There are two different things. There is a small handful—and it is really difficult to quantify—of people that have clearly breached the public health orders. We do have powers under the Public Health Act to require people and work with police in cases where people wantonly indicate they are not going to comply and are a threat to public health; they are called section 62 orders. There are a number of people that have breached those and led to introductions in various places or had parties or other events that have led to clusters of cases.

In the main, the remainder of the transmission is driven by households and then, by extension, workplace introductions, and those workplaces can be anything from a food store, supermarket, meat processing, through to aged care facilities, disabled homes and childcare centres. That is the pattern of transmission and hence we are trying to ensure vaccination coverage is very high, particularly in our disability and our aged care workers and childcare workers. So we are trying to break that nexus of transmission by maintaining those very high rates—getting up and achieving high rates of immunisation. That is probably my single most important public health message: that we need to ensure that we have got incredibly high rates of vaccination if we are going to keep these settings safe.

The CHAIR: Cate, it is the Chair here. The Deputy Chair is not present at the moment.

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The Hon. EMMA HURST: Chair, I am present. Can you hear me?

The CHAIR: Yes. It is over to you, Emma. You have got until 10.18 a.m.

The Hon. EMMA HURST: Thank you, Chair. On behalf of the Animal Justice Party, as everyone else has already said, thank you so much for the work that you are doing. I think it is really important just to recognise that you guys have all got cross-party support for the work that you are doing. So that is fantastic, and thank you so much. I just wanted to ask a few questions about the Moderna vaccine that is due to come in and ask what the rollout of that vaccine will look like, if there are any plans and what the plans will be if anybody will be given priority for that vaccine when it comes.

Mr BRAD HAZZARD: Could I just start by saying that each of the vaccines have to be approved by our Federal regulatory body and then, of course, the Federal Government has to make sure that they procure enough of the vaccines to come into the country, and as that happens then obviously each State and Territory has to respond as it appears that the way this has evolved is that each State and Territory has taken far more responsibility for far greater areas than was originally envisaged under the Federation. Obviously aged care, people with disability, staff who work with them, Aboriginal people—they are all, in theory, being looked after by the Federal Government, but what has happened is the State governments and Territory governments have had to step in to help. At the moment the clarity around the arrival of Moderna I am not sure of, so I will ask my senior official to my left—that is Ms Pearce, the Deputy Secretary—whether she has any greater clarity because she literally anything up to 10 or 12 times a day is talking to Federal Government representatives about the vaccine availability across all types of vaccine.

Ms PEARCE: Thanks, Minister. In short, we are waiting for advice from the Commonwealth in respect to the supply of Moderna. Our initial understanding was that, by and large, that vaccine would be directed towards primary care, in particular, to pharmacists to administer, but we await further advice as to the quantity of that vaccine as well as to whom it will be distributed by the Commonwealth.

The Hon. EMMA HURST: Thank you so much for that. Going back to that discussion, Dr Chant, is there also some research overseas that the Moderna might be suitable for 12- to 15-year-olds?

Dr CHANT: Yes, that is correct. That is the case. So the two vaccines we would be looking at are Moderna and Pfizer, and noting the Minister's comments that things have to be looked at by both ATAGI and the TGA in terms of recommendations for vaccine.

Mr BRAD HAZZARD: In other words, the Therapeutic Goods Administration has to approve it, even if it has been approved. Going back to that question that was asked earlier about 12-year-olds and so on, the United States has been vaccinating 12-year-olds for many months. But here the TGA has yet to finalise that—excepting particular categories at the moment—but it is likely to happen, I think, is it not, Dr Chant?

Dr CHANT: Yes. It is likely, as I indicated, that we will be able to vaccinate 12-year-olds. ATAGI is finally looking at that and providing advice to the Commonwealth Government in relation to that, but I am optimistic given the fact that the vaccines have been approved and rolled out by other regulators, including the approval list after 12.

Mr BRAD HAZZARD: And both Pfizer and the Moderna—correct me if I am wrong, Dr Chant, but both of them are messenger RNA vaccines.

Dr CHANT: That is correct.

Mr BRAD HAZZARD: So hopefully it will be appropriately approved shortly. Next question?

The Hon. EMMA HURST: When the Pfizer and the Moderna are being rolled out for 12- to 15-year-olds, is the plan to turn schools into vaccination hubs to try to get children of that age vaccinated?

Mr BRAD HAZZARD: Not yet. That is because, as I said earlier, the Federal Government has to work out how they are going to do it. When the Pfizer first arrived there were some limits on that aspect because of the fact that it had to be maintained at minus 70 to minus 80 and there were no or insufficient freezers in Australia to be able to roll it out. But as the ATAGI advice changed on that and it became possible to keep it for up to, I think, 31 days, they were able to change their mode of rollout so GPs were able to take the Pfizer—to some degree—as well as the State hubs where we set up the mass vaccination hubs with large freezers. So at this point there is no clarity on it. I will ask Dr Chant for her comment, but I think the great hope there is that it does—I would think it should go out eventually through schools.

We are more likely to get—it is about 20 years ago that we had Gardasil, when it first came out, obviously first for girls with human papillomavirus. That has had a fantastic result in terms of getting the bulk of young people vaccinated, and later it became, obviously, boys as well. But when you compare the rollout in the United

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States, they have only managed to get around about 25 per cent or 30 per cent of their kids vaccinated against human papillomavirus in that jurisdiction because of a lack of a national school program. So I think hopefully the Federal Government will make that decision, but I had better ask the experts. Dr Chant, what are your thoughts?

Dr CHANT: Look, this is really also within Ms Pearce's remit. But I think the reality will be that we will want to get in as many vaccines into arms as—I mean, we are on a trajectory where New South Wales wants to vaccinate as many eligible people as we can and that the only constraint is, you know, vaccine supply and obviously workforce availability. But, clearly, we do know that school-based vaccination does yield very high rates of coverage. On average, we get somewhere in the order of 70 to 80 per cent vaccine uptake in school settings. But it will have to be an operational trade-off between what is the best and quickest way to get our susceptible populations vaccinated and that will be a matter for Ms Pearce to consider operationally with the—

Mr BRAD HAZZARD: Well, it will be the national Government, actually.

Dr CHANT: Well, the Commonwealth—

Mr BRAD HAZZARD: Sorry, I think it will be more like the national Government—

Dr CHANT: Yes, yes.

Mr BRAD HAZZARD: —because they will make those recommendations and then the State Governments will be obviously asked to be the operational side, but they will make the decisions through ATAGI.

The Hon. EMMA HURST: Thanks for that. There has also been a little bit of confusion about whether women under 40 with endometriosis are eligible for Pfizer. I have heard that some women were able to get Pfizer as part of phase 1b because it is considered a chronic inflammatory condition, while other women with endometriosis in that age group have been refused. Are you able to provide any advice or clarity for endometriosis or adenomyosis and for women in that age group?

Mr BRAD HAZZARD: Yes, I will ask Dr Chant for her views on that question.

Dr CHANT: I think the issue becomes moot at the moment because, as I understand, the Commonwealth Government announced opening up the vaccination age range. So I think it is more important to look at who is eligible with the current age range. I would just have to correct myself and I am looking at Ms Pearce, but I understand they made an announcement about opening up the age range.

Mr BRAD HAZZARD: We might have to take that one on notice because there has been some evolving advice around pregnancy, people who want to get pregnant, breastfeeding, of course, endometriosis and some other particular aspects. So how about we take that one on notice and we will get an answer for you the best we can? I will ask Dr Chant to provide that in the next couple of weeks to you. Okay?

The Hon. EMMA HURST: Great, thank you so much for that.

The CHAIR: Thank you, Emma. Sorry for not acknowledging you earlier. I was not aware that you had joined, so I apologise for that.

The Hon. EMMA HURST: That is fine, Chair.

The CHAIR: Could we move now back across to the Opposition?

The Hon. COURTNEY HOUSSOS: Thank you very much, Chair. Dr Chant, given the increased risks of infection in children, particularly that we have been discussing this morning, do you believe that the Doherty Institute targets should be revised to include children in those vaccination targets?

Dr CHANT: Look, these are a matter for National Cabinet, but my understanding is that there is work being done to look at that and clearly, as I expressed, I strongly support the vaccination of children. I am confident that we can vaccinate our high school students. As I said, the timing for our other students will depend on the finalisation of those safety and effectiveness studies.

The Hon. COURTNEY HOUSSOS: You mentioned the National Centre for Immunisation Research. Is there a specific project that they are working on for you at the moment?

Dr CHANT: They are supporting us in a few pieces of work. They are looking at the vaccine effectiveness data. They also provide advice on our childcare advice. So we are conducting a range—we have worked closely with the national centre to inform our policy thinking in relation to these matters, including—

The Hon. COURTNEY HOUSSOS: Sorry, I understand they did that specific piece of work for the New South Wales Government around infections in schools last year. Are they looking at a similar thing like that now?

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Dr CHANT: That is correct. They are continuing to look at the experience in both schools and childcare centres and the purpose of that is really to characterise the information and incorporate that in any learnings or safety protocols we put in place in schools.

The Hon. COURTNEY HOUSSOS: When are you expecting that to come back to you?

Dr CHANT: That is an ongoing piece of work. Obviously one of the useful issues around that close collaborative relationship is they also synthesise and advise us on new information emerging internationally, but also when we have locally generated data they are very quick at highlighting any policy or practice changes that would be commensurate with that. I mean, at the moment I think you have seen some of that experience reflected in our advice where it is clearly required that childcare workers get vaccinated. So we have incorporated the knowledge that children can transmit but also are susceptible into our thinking in terms of some of the policy settings we have set and including our guidance around attendance at childcare.

The Hon. COURTNEY HOUSSOS: You mentioned earlier that there were overseas trials for younger children, that five- to nine-year-old cohort that are due back later this year. Is it realistic to think that we will have to wait for those before those younger children can return to school?

Dr CHANT: The best advice I have is that ATAGI wants to see that information and those studies, and you can imagine—it is critical that we can assure parents of the safeness and effectiveness of vaccines. That would be my best guess at this point in time. Obviously, if some of those studies report sooner—I can just stress that our representative groups are looking at the data as soon as it comes to hand. There is a sense of urgency across all of the specialists—ATAGI and others—to continually review the evidence. I am confident that they will look at any new emerging information properly and provide advice to Government. But it is important it does go through those processes.

The Hon. COURTNEY HOUSSOS: Absolutely. Homeschooling is incredibly difficult but parents are terrified about this new variant and the way that it will impact their children, so it is only appropriate. They are looking for guidance though. They are looking for a sense of if their children will go back to school this year. It sounds as though that is increasingly unlikely, particularly for younger children who might not have access to those vaccinations until next year.

Dr CHANT: Look, I think it is important to understand that there are a number of factors that feed into risk and it is around the case numbers of the community as well as an inherent risk in the children. So there are a number of factors and it is too premature to really comment at all. Just know that we are very conscious of the impact on families. Our early childhood and education colleagues highlight those issues. So we clearly are considering that now, but as you would imagine it is best that we do that in a thoughtful and considered way so that we can provide the best advice, drawing on that expertise that we have with both the national centre, the experience we have gathered and the international experience, to inform the correct approach.

Mr BRAD HAZZARD: Courtney, can I just strongly also say that Dr Chant does an amazing job but she is but one person in the Health team. If we were looking purely at the COVID issue, which obviously is significant, then obviously there would be one piece of advice. But there have to be also other pieces of advice that the Government listens to. So there are other members of the team, the Health team, who would be talking about, for example, the mental health issues, the cognitive development issues for children and weighing up a whole lot of different factors in making those decisions at the end of the day. So it is not really as simple as it seems. Dr Chant does not just say, "This is it and that's what's going to happen." She gives her input and then there are other Health team people talking about it, along with a lot of others actually—educational people and so on. So, in the end, it is a collaborative—every decision, really, is a collaborative decision that filters out from a number of different expert medical, psychological, mental health and other aspects. So, yes, there is no clarity at this point on that issue, because of those reasons. They all need to be weighed up.

The Hon. COURTNEY HOUSSOS: Yes. And parents are looking for more information and more clarity. I understand these are really complex problems, but we are just trying to get some insight and some assistance for parents. Can I just move on? Ms Pearce, I just wanted to come back with one further follow-up question to you. You said that children with special needs who are now eligible for the Pfizer vaccine should go to their GP, but what happens if their GP does not offer the vaccination?

Ms PEARCE: Ms Houssos, that is not exactly what I said. What I said was, in the first instance the Commonwealth advice was recommending that the children go to a GP, noting that these children presumably have a close relationship with their GP if they have chronic health conditions et cetera. Similarly, however, I did note that the Children's Hospital Network also has a close relationship with many children with chronic disease and health-related issues. Consequently, we will be providing access for children in that age group in our clinics. We are just amending our booking system to enable that. In the meantime we have a manual process, because

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obviously there are different consent requirements and so on for children as opposed to adults who can go in through the usual booking system.

The Hon. COURTNEY HOUSSOS: So they can expect that they will be able to receive that through the Children's Hospital Network hospitals and the like?

Ms PEARCE: Amongst others, yes.

The Hon. COURTNEY HOUSSOS: Thanks very much, Ms Pearce. Can I go back to Dr Chant? Can you confirm how many hospitals have been confirmed as COVID exposure sites or have had outbreaks?

Dr CHANT: I think that is a matter that we would have to take on notice. I have not got that data before me, but it is something that we could provide to you in due course.

The Hon. COURTNEY HOUSSOS: Do you think it would be possible—I know we have done this in the past—to report back? I understand you need to leave at 11, but perhaps we could get someone else to report back on that later in the hearing?

Dr CHANT: I think that probably would be impossible.

Mr BRAD HAZZARD: It would be pushing it, Courtney. It would be pushing it today, because everybody is flat out, the whole Health team.

The Hon. COURTNEY HOUSSOS: Okay.

Mr BRAD HAZZARD: But we will get the details for you. If it had been last year we could have told you probably off the top of our head because it was not as bad. But now, because of the Delta variant, quite a few hospitals have had—as you would be aware, Nepean, St George, Liverpool, Westmead, quite a few of them had, obviously, issues. We will need to come back to you and that means going out to update the information from the 15 different local health districts as well. So it is quite a big task and, if you do not mind, because the Health team is working under massive pressure at the moment, please just understand we do not want to—we are not hiding it, it is just a case of making sure the team is not exhausted, because they already are. But we will get the information for you as soon as possible.

The Hon. COURTNEY HOUSSOS: Okay, and perhaps you can tell us how many staff and patients have been infected. If you are going to go out and seek that information, if you could just give us a breakdown then of how many staff and patients have been infected at each hospital?

Mr BRAD HAZZARD: It would have to be a point in time, because it is just—

The Hon. COURTNEY HOUSSOS: Yes, that is fine. Today.

Mr BRAD HAZZARD: —constantly changing, constantly changing.

The Hon. COURTNEY HOUSSOS: I understand that. I will pass to my colleague for some further questions.

Mr BRAD HAZZARD: I mean, can I say, Courtney, the reason why it is so challenging? I was in a meeting—I think last week—with all the private health and public health teams, talking about introducing mandatory vaccinations. It was highlighted by one of the private health groups there, that operates nationally, that in Victoria last year during their challenges they had more than 10,000 health staff taken off action, taken offline, because of being either close contacts, casual contacts or actually getting COVID. So what you are asking for is a huge task which is going to take a lot of time. I am just saying it might take us a little time to get it for you, but we will get it.

The Hon. COURTNEY HOUSSOS: I understand that. I appreciate that. Sorry, I just have one final question for Dr Chant. Are you aware of transmission at outdoor sites including tennis courts? Are there any specific examples of that?

Dr CHANT: So, look, if tennis people are playing at different ends of the court it is not going to transmit. But I think what we understand is when people get together they actually do not stay socially distanced for all aspects; they engage in conversation, their mask may be dislodged. We are saying that with Delta it is more transmissible. You have to be cautious everywhere and if you are exercising you really do need to be keeping your mask appropriately over your nose and mouth and also making sure that you keep that distance. So it is often the social things that are coming and it is hard to tease out those various issues. But this is the time when we do not want those sorts of social interactions, particularly with people outside your household, as a principle.

The Hon. COURTNEY HOUSSOS: I understand that. But we have got the situation—this is more a question for you probably, Minister—that tennis courts across western and south-western Sydney are closing, golf

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courses are open and in the eastern suburbs go-karting is allowed. Can you just explain why it is that we would be closing tennis courts but allowing go-karting in the eastern suburbs?

Mr BRAD HAZZARD: Look, generally, exercise has been allowed. I think the issue really is, Courtney, that in south-western and western Sydney at the moment—and no-one wants it to continue for very long—80 per cent of all cases that we are getting are in those areas, so there have been some additional restrictions. I was not a party to that. But the Health team, obviously working with the police, have made decisions. It is often about, as Dr Chant has explained, not the actual action—if everybody just stood at either end of a court—but rather the fact that coming together to play the game can be a challenge and I think that is the real issue. I must say, I am extremely sympathetic with the view you are taking.

I share your view, in fact, to the extent that I think that it is extremely unfortunate that we are now in a situation where we have people who are not being able to do as they like to do. I am hoping that we get through this as quickly as possible. We really do need the community just to stick with us on the journey for a little while and hopefully bring those numbers down to stop people being exposed to really very severe illness and death. That is what is occurring, particularly in south-west and western Sydney. It is a very sad and horrible situation at the moment.

The Hon. WALT SECORD: Thank you, Minister. Dr Chant, earlier you mentioned that you and the Federal Government were looking at overseas experience. I would like to turn to vaccination rates. The figures of 70 and 80 have been set as benchmarks for discussion. How does the vaccination of children play into those benchmarks? I will give you an example. Yesterday, it was reported that 78 per cent of people over the age of 12 were vaccinated in Israel. However, if you put children into that modelling, it drops to 58 per cent of the population being fully vaccinated in Israel—if you put children into the cohort. So how does that play out in New South Wales and Australia? Will that 70 and 80 be pushed out further away from us?

Dr CHANT: The reality, Mr Secord, is these are matters that are being looked at actively and, as I understand, additional work is being done with the new experience with Delta to update modellings for National Cabinet. Can I just express my view in broad terms that—I think I have been very clear here—we will have access to vaccines for the 12- to 15-year-olds. I am not trying to pre-empt the ATAGI advice and we will clearly follow that. But I think, given that ATAGI has been comfortable that children with underlying health conditions and children that are Aboriginal children have been vaccinated, the safety and efficacy of the vaccine is clear. So I think that that is an issue. As I have indicated, the timing for the vaccination of younger children will be next year.

The Hon. WALT SECORD: No, no, but—

Dr CHANT: It is also important to factor in—

The Hon. WALT SECORD: Sorry—

Dr CHANT: Yes?

The Hon. WALT SECORD: Sorry, Dr Chant, I think you misunderstood my question. My question was about the 70 and 80 per cent figures of the community. Once children over the age of 12 were introduced into the modelling, it dropped down from 78 per cent to 58 per cent of the community. So I want to know, how does that impact on the 70 and 80 per cent in New South Wales and Australia once you put in children over the age of 12?

Mr BRAD HAZZARD: Sorry, Walt, can I just clarify? Are you saying if you include the kids as part of the cohort does it still mean 70 or 80 per cent including the kids or does it change the percentage? Is that what you are saying?

The Hon. WALT SECORD: Yes, I am trying to get clarity. Israel was claiming 78 per cent of the community over the age of 12 were vaccinated. Once they included all children, it dropped down to 58 per cent of the population. So I just want to seek clarity, what figures will we be using in New South Wales and Australia and how will Delta affecting children impact on our 70 and 80 per cent that the Government, federally and at the State level, have been pointing to as the figure that we have to achieve?

Mr BRAD HAZZARD: I will ask Dr Chant and she may not have that information yet because I think the Premier—the Government is still working on it.

Dr CHANT: So, Mr Secord, that is a piece that is a work in progress and it would be premature to not allow that work to come to conclusion.

Mr BRAD HAZZARD: Federally. Federally.

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Dr CHANT: Federally. But I cannot stress—I think it is really important that we do actively convey to the community that it is likely that we will have vaccination of 12- to 15-year-olds in the near future. I cannot say that about the younger children because of the timing of the studies, but I think it is important that the community is given that very clear message that vaccination of the 12- to 15-year-olds is likely to be an option in the relative near future.

Mr BRAD HAZZARD: But I think what Mr Secord is asking—correct me if I am wrong, Walt—is if it becomes 12-year-olds, is it then going to be 70 to 80 per cent of all kids 12 and over and adults? Is that what we are likely to see?

Ms KOFF: Yes, the common denominator changes.

Dr CHANT: That work is being done, Mr Secord, and it would be inappropriate—I would not want to add to any confusion in the community's narrative until that work has been done to look at what the optimum coverage is and what age group it defined.

The Hon. WALT SECORD: Now, Dr Chant, back to the earlier concerns about small children in childcare and children in primary school. You said earlier, and we all accept, that Delta spreads very quickly in closed quarters. So are there any preparations or advice being prepared for childcare centres on ventilation? We are on the cusp of a particularly warm period or a hot summer. What will be the advice on air conditioning and ventilation involving schools and, I guess, the general community? I think there will be a real concern about it spreading, so what would be the advice involving health?

Dr CHANT: I think it is a really good point, Mr Secord. Clearly, our advice—with schools, we have done extensive work about giving guidance about minimising risk by choosing outdoor environments, making sure that places are well ventilated, keeping windows open, ensuring minimising the number of people in certain areas, so ventilation is key. I think the summer will certainly bring an opportunity where we would be wanting to use those outdoor environments in childcare and encourage more outdoor play, obviously balancing that against heat stroke and sun exposure and other issues.

So, clearly, that is critically important, as is the vaccination of the parents and the teachers—the childcare workers themselves. The most common way that a child could get exposed is usually from the parents around them and so if we have those high rates of coverage in our parents, grandparents and people connected to children, that will also provide a buffer against the child becoming infected. So we will be working on—I am picking up from this that there is a lot of need for additional guidance and discussion. We may well reach out to the national centre to look at perhaps some additional fact sheets and information in the light of the genuine concerns you raise, like that parents want to have some of this information better documented for them.

The Hon. WALT SECORD: Thank you, Dr Chant. I have just been advised my time has expired.

The CHAIR: [inaudible]

The Hon. EMMA HURST: Greg, you are on mute.

The CHAIR: Yes, thank you. We now move back to the crossbench. Cate?

Ms CATE FAEHRMANN: Okay, sorry. Yes, thank you for saying it was me. So let us go back to—

The CHAIR: I apologise.

Ms CATE FAEHRMANN: That is okay. Walt Secord just asked some questions in relation to ventilation. Dr Chant, you said basically that schools and school buildings are being advised to keep their windows open, I think you suggested. So why is NSW Health not providing clearer guidance that COVID-19 is airborne as well as being spread by droplets?

Dr CHANT: I think we have been very clear in that communication. I would be happy to reflect on how we can strengthen that, but clearly that is our understanding. It is important that the community recognises—I think we have been messaging very clearly—that if you are visiting elderly people, then visit on the veranda and sit outside and maintain that social distancing and keep your masks on. So if that has not been conveyed adequately, I am concerned and we will look at all of our material and see how we can strengthen the fact that it is spread through both airborne and droplet transmission.

Ms CATE FAEHRMANN: There is a difference, is there not? If we are dealing with airborne—not just droplet—transmission, this brings into consideration, obviously, adequate personal protective equipment [PPE] for a lot of people including, for example, drivers driving people to hotel quarantine. But even, potentially, surgical masks—which are the masks that you all have on now—versus N95 masks?

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Dr CHANT: Look, that is probably—Minister, if you want to go to Dr Lyons, who is looking after the—

Mr BRAD HAZZARD: Cate, we will go to Dr Lyons, who is quietly—you have not got any questions, so it is time to call the doctor in to—

Ms CATE FAEHRMANN: Yes, Dr Lyons? Thank you.

Dr LYONS: Thank you, Ms Faehrmann, and thanks, Minister and Dr Chant. So the infection prevention and control guidelines that NSW Health has been continually revising and updating have been revised to reflect the increasing knowledge and awareness of the routes of transmission, and the advice about what PPE is required in what settings has also been revised to reflect that as the awareness has evolved during the course of the pandemic. That is then reflected in advice that goes out to all of our services and is available on our website for general consumption around what PPE is required to be used, and that has been reflected, I think, also in our assessment of the level of risk that we have had at various times during the course of the last 12 months. That assessment has been undertaken each week by a risk panel that has public health, infection prevention and control, and has advice from experts around what level of PPE needs to be worn. As you probably are aware, we have moved our assessment levels at various times depending on the level of community transmission. So right across the—

Ms CATE FAEHRMANN: Dr Lyons, can I just jump in there, then? Thank you. I am just looking at the latest NSW Health advice. I think something was tweeted by NSW Health on 14 August that lists a range of different things that people can do to protect themselves from COVID, but there is nothing in here in relation to ventilation or air filtration and nothing in here that tells people to open the windows of buildings they are in. Why is that?

Dr LYONS: The question was directed around PPE use in relation to level of risk and that was what I was responding to. So that guidance is not around the more general measures and the public health measures that would need to be undertaken to minimise risk in different settings. But I think those general messages have been continually conveyed, as Dr Chant has indicated, about the need to ensure that activities are undertaken in an environment where there are less people and where, if possible, they can be undertaken in an outdoor setting that is safer. The requirements to use protection—it reflects protection against droplet as well as airborne in different settings. That is very clearly indicated. But that is not in the advice that we send out around PPE use and the delivery of care in different settings.

Ms CATE FAEHRMANN: Thank you. Of course, if we are dealing with COVID particularly as an airborne transmissible disease—a lot of public health professionals, I understand, have been lobbying the New South Wales Government as well as the Federal Government to recognise that it is, way back at the beginning of the year, in fact. Most of the communication from NSW Health still suggests that it is transmitted largely by droplets. So will NSW Health change its advice, update its advice, to reflect the fact that COVID-19 is airborne and that people need to do much more to protect themselves from it, if that is the case?

Dr LYONS: So the advice that we follow is the advice that comes out of the Australian Health Protection Principal Committee. They have a position around the transmission of COVID-19 and the extent to which it is spread by airborne or droplet and that is the position that NSW Health takes in relation to its advice. It is consistent.

Ms CATE FAEHRMANN: Okay, so you are comfortable—Dr Chant, maybe—with the level of advice at the moment from NSW Health? If I look at the advice that was circulated for people to protect themselves from COVID on 14 August—this is on NSW Health's Twitter stream—that does not mention ventilation, it does not mention air filtration, it does not mention making sure potentially that if you are driving somebody you should have your windows down in the car.

Mr BRAD HAZZARD: Cate, can I just say, as someone who has stood up at about 500 press conferences, the number of times this has been mentioned publicly is in the hundreds. I just cannot believe, actually, that you are suggesting that this has not been put out there. I will tell you what, instead of just giving the good doctor and Dr Chant a lesson in what you think should be done, they will take it on notice. They have indicated they will and they will look at those issues. So can we move on with another question, please?

Dr CHANT: Could I perhaps just answer the fact that we have banned carpooling for that very reason? We have taken many actions which recognise that transmission is occurring. Right from the get-go we have said that when you get into a car sit right at the back and have the windows down. So I am sorry if there has been any confusion about our—you know, one of the challenges is, we also get criticised for putting too much content in messages and losing the key facts. I mean, I think there is a large amount of information we have got to convey to the public. But I think your points about ventilation are so important and how we can minimise risk. I will talk

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to the communications team about how we can potentially strengthen some of those messages, particularly as we get warmer. We have got a beautiful environment and we can move to utilising those safer environments outdoors.

The Hon. EMMA HURST: Is it my turn, Chair?

Ms CATE FAEHRMANN: Thank you. Sorry, yes, I believe it is.

The CHAIR: You had another minute, Cate, but that is okay.

Ms CATE FAEHRMANN: Do I? Sorry, that is good. I will jump in. I am just getting conflicting messages on a different thing. I appreciate that, Dr Chant, in terms of looking at the public communication. I wanted to go, therefore, to healthcare workers and the protection for healthcare workers. If indeed COVID is airborne, which I think you are suggesting of course it is, therefore are our healthcare workers adequately protected with PPE, if that is the case? For example, I think eye protection is absolutely fundamental, as well as of course adequately fitted masks—N95 masks, not surgical masks.

Mr BRAD HAZZARD: I will ask Dr Lyons to answer that, Cate. But I just clicked onto, just out of interest, NSW Health's website and I can see "gather outdoors" and "large, well-ventilated indoor spaces". So I do not know what you are reading and I do not know what you are listening to. Dr Lyons, would you like to answer about PPE, which we have 10 warehouses of, for staff?

Dr LYONS: Thanks, Minister. So, yes, we have over \$1.1 billion worth of PPE available for use for healthcare workers across the State and there is very clear guidance about what level of protection is required in what circumstances. As you indicated, where there are high levels of community transmission—and we are currently at the level of red alert right across the State—that means that healthcare workers have access to eye protection, whether that is through face shields or goggles, as well as P2 and N95s when they are working in situations where they are treating COVID patients or patients who are on a suspected COVID pathway. To support that rollout, we have provided fit testing for over 40,000 staff in the highest priority categories to start with and then increasingly in other categories to ensure that those P2 and N95 masks are masks that fit them appropriately and provide the appropriate protection for them.

We have increasingly provided advice about what level of protection is required in clinical settings generally and have been on the more cautious side, as we have had hospitals that have had outbreaks within them, about ensuring that staff are also thinking about not just the fact that they may need protection from patients but they may also have colleagues who have inadvertently become infectious and are bringing the infection into the work environment. So those advices have been ongoing, revised every week. The assessment, as I said, has been undertaken around the level of risk in various situations across the State. Every week an advice has gone out about the level of protection required and we are very conscious that we have an absolute requirement to provide equipment for our staff to maintain safety and to continue to be able to provide safe, high-quality care to their patients.

The Hon. EMMA HURST: Could I clarify what the official health advice is for people who are eligible for Pfizer or who have been recommended for Pfizer because of underlying health conditions? Is the advice that they should just go and get the AstraZeneca or should they be waiting for the Pfizer if they cannot get an appointment until November or December?

Dr CHANT: So the health—

Mr BRAD HAZZARD: Go on, Dr Chant.

Dr CHANT: Sorry. The health advice is that there is a group of people for whom AstraZeneca is contraindicated. So if there is a clear contraindication then it means that we would not recommend it. There may well have been people that, where the GP has provided advice that—they might indicate that Pfizer is more appropriate in this circumstance, but it is not based on a contraindication. I would just urge everyone at this time to discuss with their GP their particular circumstances. Clearly, my advice to the general public is that we should take up the opportunities. We have two safe and effective vaccines. Obviously, both have different adverse event profiles and it is important that everyone is informed about both vaccines and the adverse events, because there may be some cases where AstraZeneca is preferred over Pfizer as well. So I think it is important that there are clinical discussions. But in the context of risk, the risk threshold for individuals has changed significantly, given the current outbreak, and it would be important to have that additional conversation with your GP about what they would recommend for you.

The Hon. EMMA HURST: Are you concerned that people are waiting for appointments in November to be able to access certain vaccines? Is that a concern?

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Dr CHANT: My advice—and I think I have been giving it every day—is to reassess that risk benefit. There is a real risk of you being exposed to COVID and the consequences of that and that has to inform your decisions. I mean, I think I have given the example that my son has gone off to have an AstraZeneca; he is in his twenties. Of course, there is going to be more Pfizer supply available. But at the moment we have two very good, effective vaccines. The thing that gives me heart at the moment is just the massive rollout and uptake of the community to vaccination, because I think they understand that having those very high levels of vaccine coverage is what is going to allow us to get to a point of living with COVID. But we need to have very high levels and so everyone has a part to play in achieving that.

The Hon. EMMA HURST: There are a lot of people in the community also concerned about the fact that greyhound racing and horse racing are allowed to continue despite the lockdown. There was an event not long ago in Coffs Harbour: a horse race with 2,000 people attending. Was there any health advice regarding this event and allowing it to continue?

Mr BRAD HAZZARD: I cannot answer to the specific event you are talking about. But the reality is that we live in a world where we would like to have as much normality as possible and so there have been decisions on that aspect and also economic issues weighed up right throughout this pandemic. Any of those events have been obviously developed in a COVID-safe way. Each of them are required to have a COVID-safe plan. It would not matter what it was, if it is a major event going on—and there are not that many of them—they are worked through with our public health team in a COVID-safe way. To my knowledge, there have been no issues arising out of any of those issues, except that it obviously allows a part of the world to be operating normally.

The Hon. EMMA HURST: Under the current public health orders, are racing participants allowed to travel from Sydney to regional New South Wales to participate in horse and greyhound racing?

Mr BRAD HAZZARD: If they are working, yes. Every now and then, we hear of somebody trying to push the rules and generally they are stopped from travelling if they are not directly involved. But obviously there is some capacity to do that.

The Hon. EMMA HURST: Dr Chant, has there been any health advice in regards to these particular industries and the travelling, particularly to regional towns, for this particular industry and the risk that it could be causing?

Dr CHANT: Sorry, that is the first time I have been aware of that issue. From a public health perspective, we are very concerned about regional seeding.

Mr BRAD HAZZARD: Sorry, can I just emphasis here, Dr Chant—there is another doctor, Dr Broome—

Dr CHANT: Yes.

Mr BRAD HAZZARD: —who actually handles this. It might be her first time, but Dr Broome, I was talking to him only yesterday—

Dr CHANT: Okay.

Mr BRAD HAZZARD: —about similar incidents, so he is very aware of all of these issues. So part of her team is dealing with this. What I am saying is, there is a whole lot of different Health people who actually work with these different issues. If you have any particular issues that you are worried about, we will be worried as well, so let us know. I have had calls to me about these issues and I raise them with Dr Broome and Dr Broome makes sure that everything is done in an appropriately safe way.

The Hon. EMMA HURST: So, Minister, has Dr Broome commented on this particular industry? I mean, some of the questions that we have been asking are about tennis courts being closed down and other sorts of recreational facilities for people who are already doing it tough. To allow sort of a gambling industry to continue and to prioritise that over other things that are really good for people's mental health, for example, has Dr Broome considered that or had any discussions with you in that regard?

Mr BRAD HAZZARD: Just in terms of the broader issue, can I say generally tennis courts are not closed down. Most of the opportunities where, as Dr Chant said, if you can be spaced, there is a balancing act here that the Health people are trying to achieve. I think sometimes what I hear is interpretations by others, other than Health, as to what is required. I mean, I heard last week that you could not go and visit the Rookwood Cemetery to actually be there with your relatives. But that was not a health issue; it turned out to be a local police issue interpretation. I think these sort of things happen when you are in the middle of a pandemic, that local councils interpret things differently. You might remember last year I could not quite understand why we had so many areas closed off by councils. I think those issues just need to be dealt with in a commonsense way. But if you have got

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any particular issue, raise it with me and I will put you in touch with Dr Broome and you can have a chat with him about it. But if there are any issues of course that are problematic then Dr Broome would give us that advice and we would take the appropriate steps.

The Hon. EMMA HURST: Thank you. We will be in contact. I just have another—

Mr BRAD HAZZARD: Sorry. But also, it is not just Dr Broome—he just happens to head up that section of Dr Chant's team. You have got a whole lot of others who work there as well. There are another 12 public health units around the State as well, so it depends on what part of the State you are in too.

The Hon. EMMA HURST: I have just got one more quick question, because I know you have to get to the press conference. I just wanted to clarify something in regards to the singles bubble. I know that the singles bubble was announced and then, after that was announced and people had chosen a singles bubble person, several other LGAs then went into further lockdown. In those new lockdowns of concern, if they had a chosen a singles bubble person that was outside the five-kilometre radius, are they able to now pick a new singles bubble person that is within their five-kilometre radius, or do those people now go without a singles bubble person?

Mr BRAD HAZZARD: No, they can have somebody else, obviously—yes, sure.

The Hon. EMMA HURST: Okay. Thank you.

The CHAIR: Thank you, Deputy Chair. Well, that brings us to 11.00 a.m., which is our scheduled rest pause for 15 minutes. I know, Dr Chant, you have to get away. I am not sure whether the Minister is joining you. But, once again, on behalf of everyone, can I thank you, Dr Chant, for your tireless work in helping us get through this most difficult time. It is profoundly appreciated and we know how hard you are working. Thank you very much. We will now have a break for 15 minutes and be back at 11.15 a.m. sharp.

(Dr Chant, Ms Pearce and Dr Lyons withdrew.)

(Short adjournment)

CORRECTED

JEREMY McANULTY, Executive Director, Health Protection, NSW Health, sworn and examined

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

REBECCA WARK, Chief Executive, Health Infrastructure, NSW Health, affirmed and examined

MICHAEL DiRIENZO, Chief Executive, Hunter New England Local Health District, sworn and examined

The CHAIR: Welcome back, everybody, to the next session of our budget estimates hearing this morning for Portfolio Committee No. 2 – Health. I note the presence of the Minister again. Thank you, Minister, for making yourself available for the next session; I know you are very busy of course. We will commence our questioning and proceed in 20-minute blocks, commencing with the Opposition.

The Hon. WALT SECORD: This question is probably to Dr McAnulty. What decision criteria are used to determine where the mass vaccination hubs are located?

Mr BRAD HAZZARD: Can I just say, Walt, that is a question that probably should have gone not to—it cannot go to Dr McAnulty, or it can but he cannot give you the answer. That one actually is Susan Pearce. She was the person who was here before talking about all those mass vaccination hubs. But I can tell you this much: that in the initial stages the Federal Government did not seem to think that mass vaccination hubs were the go, but NSW Health senior officials discussed it and determined that if and when—and there was a big "if and when" at the time—we were able to get sufficient vaccines from the Federal Government, then it would be helpful if we could move it out in very substantial numbers. There was a lot of discussion about that at the time. I remember that Dr Teresa Anderson, who is the Chief Executive of the Sydney Local Health District, was involved in those discussions.

The first three that came up were actually hospitals because we had a particular task to do, which was principally around the 1a, 1b categories that we had agreed to help the Federal Government on. There was Liverpool, Westmead and Royal Prince Alfred [RPA], and after that they then started looking around for another major vaccination hub that was centrally located. That was the real criteria at that point, and so they looked geographically and they found that somewhere towards Sydney Olympic Park would be accessible by a large number of communities. Initially they were told there were no buildings available, but then one of the amazing Health staff got onto realestate.com and found there was a large building that could possibly be converted. Then they took a lease on that within a week, and within three to four weeks it was set up completely with all IT and everything else to get it operational. I think many of your colleagues have been to that particular vaccination hub, and it has been just remarkable what the Health team and the police and everybody else—the security people and so on—have done there.

Then they started looking at where else they could go and of course wanted to move into the regional areas, so they came up with—in fact I remember I rang the head of Bunnings, because we were told there was possibly a Bunnings up at Belmont North, to try to get one up to the Hunter. That came out of communities in that area suggesting that perhaps that would be a good location. I remember I also got a message from a surgeon, who was up in the Hunter, suggesting that particular facility because it would suit and it was a good central location for the whole of the Hunter. We have been progressively doing those sorts of issues—looking—and on top of that, of course, there are all the pop-ups that are going on now in our local areas, and groups like the Lebanese Muslim Association have worked with NSW Health to say, "We think that we should have centres here," and the various ethnic groups, particularly in south-west and western Sydney, so we have a lot of different pop-ups in Sikh temples and church grounds and all sorts of things. That is how it has been done, largely.

The Hon. WALT SECORD: Minister, you would probably be aware that Blacktown council wrote to you in July offering you vacant facilities in Blacktown. Why was that approach rejected?

Mr BRAD HAZZARD: I certainly have not rejected it. I think what has happened there, Mr Secord, is that I have raised these issues—whenever I have had a suggestion I raise it with Deputy Secretary Pearce, and as far as possible she has been doing whatever she can to get centres set up. But I think the big issue is New South Wales now leads the world—that is the advice I have had—in the rate of vaccinations, and so the challenge that Ms Pearce has actually put back to us each time is we only have X number of staff to be available and if we can get more staff then we can do more. But we also requested in a letter about two weeks ago to the Federal Government, for precisely those sorts of reasons, to ask for assistance in south-west Sydney. Thus far that has not been possible. They have actually provided staff for the outbreak areas up around Dubbo, Bourke, Wilcannia and so on, but it really comes down to, can I say, essentially a staffing issue and just capacity.

Ms KOFF: Supply.

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Mr BRAD HAZZARD: Supply. The secretary would like to say something on this, so I will pass to Ms Koff to add anything that I have missed out.

Ms KOFF: Thank you, Minister. One of the critical factors has been the constraint of supply of vaccine. The capacity to roll out, obviously the Minister said, relates to staffing availability, but if you do not have the vaccine available to be able to administer to patients there is no point in setting up extra locations. The hesitancy associated with AstraZeneca [AZ] also was problematic for us, so we have been working very hard with the Commonwealth to secure additional supplies, and we were delighted when, last week, they announced the extra 530,000 vaccines for New South Wales. But that has been another factor that is a rate-determining factor in our capacity to establish vaccine locations and centres.

The Hon. WALT SECORD: Minister, you made reference in your previous answer to western New South Wales. Last night ABC television showed footage of testing sites at Dubbo and Bathurst, and there was no-one at the sites. Why did that occur? Was it the location? Why were they absolutely vacant?

Mr BRAD HAZZARD: I think that comes down to the problem of the intersection between reality and people's psyche, if you like. I do not know, specifically, the answer, but I looked at that and just—I saw the same news report and I just thought that people of that area are yet to realise that the virus is quite possibly coming in substantial numbers. I know it was a different ballgame in Dubbo, where they actually experienced quite a number of cases; there were a lot of people getting tested. On the ground I am hearing that up in some of the smaller towns, where they have got cases and there is real awareness, people are being tested. Seriously, eight weeks ago trying to get people in Sydney to get vaccinated was a bit of a challenge, but as a result of the outbreak of Delta, we are now seeing the highest rates of vaccination. It comes down to the psychological perceptions that people have.

The Hon. WALT SECORD: People are being treated in western New South Wales for COVID. During the rural and regional health inquiry it was mentioned, and there was evidence provided, that there are hospitals without doctors on the weekends, so what is happening in western New South Wales, in small communities, when people come forward or are found to be COVID positive? What happens to those patients?

Mr BRAD HAZZARD: Mr Secord, being COVID positive does not mean that you are necessarily sick. It means that you should be self-isolating at home. Beyond Sydney, heading west, there are two local health districts; one is the Western NSW Local Health District and one is the Far West Local Health District. By the time you get to, for example, Wilcannia and Broken Hill, that is in the Far West Local Health District. The ones that are a bit closer in towards Sydney are in the Western NSW Local Health District. Those teams are working collaboratively, and I have spoken personally—even though I suppose it is not a Minister's task generally to get involved in delivery at the local level, but I always try to talk to the senior staff and make sure that they are getting what they need. From what I understand from the senior Health officers in both of those local health districts, they are working together, but also in the last week—in the last few days—they have had the Federal Government Australian Defence Force [ADF] people arrive, and they are doing a very good job supporting the local health districts.

But people who are positive have to be assessed to determine whether or not they need to be hospitalised and/or, of course, once they get to hospital then there is a medical assessment made on whether or not they need a higher level of treatment. It really does depend on the level of being positive and the outcomes: what are their symptoms and how likely they are to need help. I have not spoken since Saturday, I think, to them up there, but I was told that there were a few people who had been transferred into intensive care, and I think it was at Dubbo hospital. The other major hospital out that way is, obviously, Orange, so there is a possibility that they could be there. Does anybody else have any update on patients?

Ms KOFF: Yes, I do.

Mr BRAD HAZZARD: Ask the secretary, Walt, so she can give you an up-to-date position.

Ms KOFF: There is an emergency operations centre that is oversighting the total response out there.

Mr BRAD HAZZARD: State, regional and local.

Ms KOFF: Yes, that involves both the Commonwealth deployment, the local police, the Health people. The Australian Medical Assistance Teams [AUSMAT] have also arrived to support the effort out there. As at this morning, in terms of the cases, there are 301 cases in total in western New South Wales. Thirteen patients are in Dubbo hospital and one patient is in Orange intensive care unit [ICU]. I think that is the critical issue: that we monitor twice a day what the demand is on the health system. In far western New South Wales local health district we have 19 positive cases reported in Wilcannia overnight and nil hospitalisations at this stage. However, we are

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closely monitoring the status out there in conjunction with the Royal Flying Doctor Service, the defence forces, the AUSMAT teams, and supporting our clinical efforts.

Mr BRAD HAZZARD: Royal Flying Doctor Service.

Ms KOFF: Yes. The other point that I would make: On today's press conference Dr Nhi Nguyen was part of the press conference today, and she takes a leadership role across the whole of the State for intensive care unit bed capacity, and one thing about our New South Wales health system is it is very well networked. No district is left to attempt to manage this on their own, and there is quite an integrated network of ICU clinicians to support and, if necessary, make decisions on definitive care.

The Hon. WALT SECORD: To give context, when you say there are 13 patients in Dubbo hospital in ICU, how many ICU beds would there be at Dubbo? How does that equate, in context, to demand?

Ms KOFF: I cannot tell you, but I did say 13 patients in Dubbo hospital, Mr Secord; I did not say ICU. I do not know the exact number. I will take it on notice.

The Hon. WALT SECORD: Are patients still being transferred from south-west Sydney to Wollongong for hospitalisation?

Mr BRAD HAZZARD: If that is the clinical decision, Mr Secord. I think you were shadow for Health for a while, were you not?

The Hon. WALT SECORD: For five years.

Mr BRAD HAZZARD: For five years. You asked some very good questions during that time, but I do not think you ever discussed the network. The network system is what our health system operates on, so they do transfer patients between hospitals, as appropriate.

The Hon. WALT SECORD: You said the "network system"; does that occur when a hospital is at capacity?

Mr BRAD HAZZARD: It can occur for a whole variety of clinical reasons or other reasons, and can I say obviously it is made on a sound medical basis. The physicians run those things. They are the people making the decisions. I think we can have faith that we have the best health system, probably, in the world, so they make good decisions.

The Hon. WALT SECORD: I will ask a couple more questions for my benefit and that of my colleague Courtney Houssos. There has been much talk about a first and second jab. We know that countries like Israel are now providing booster shots—third injections. Information came out yesterday that Pfizer has reported that there is an immunity dip at six months after a second jab, so what are the provisions in New South Wales for a third jab? For example, if you had your second vaccination in June, you would be ready for your third booster by Christmas/January.

Mr BRAD HAZZARD: Can I just say obviously there is a lot of work going on, as Dr Chant said earlier, about the intricacies of evolving understanding of the vaccine efficacy and various vaccines' efficacy, and that has to be put in the context, obviously, of what the environment is in the spread of the disease. The Federal Government's advisory body is obviously considering those issues. I do not think there will be any clarity for the moment, but I will ask Dr McAnulty, because he is the doctor in the room, whether he would like to add anything further to that.

Dr McANULTY: No. Thanks, Minister, I think you have summarised it, but it is a new disease, a new vaccine. We are learning as time goes on. We rely very much on the experts of Australian Technical Advisory Group on Immunisation [ATAGI] and other national bodies to make those very critical decisions.

The Hon. WALT SECORD: Based on that information, would we have supply and capacity to begin the third round if, in fact, overseas experience shows that a third booster is needed six to eight months after the second?

Mr BRAD HAZZARD: The short answer to that is there is an expectation at the moment from the Federal Government that they can supply vaccines going forward for all that is required at the appropriate time, but obviously at the moment, whilst New South Wales is very well advanced in regard to delivery of vaccines in your arms—and in fact we are leading the country at the moment—there is no clarity on just at what time we will move to the focus on boosters. That depends very much on what happens with the rest of the country, and I am hoping that—you have probably seen the commentary just in the last few days about various leaders giving us the benefit of their wisdom as to whether they will open up or not open up, depending on numbers, depending on vaccines.

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The short answer is we have all got to go and get vaccinated extremely quickly, and hopefully all States and Territories will achieve that, subject to what you were talking about before, with the percentages from the Doherty, as to whether or not you include children. But when we get to the 70 to 80 per cent across the country, then we will be able to open up. At that point, the Federal Government has not indicated any likely problem with getting boosters as they progress. It may be an entirely different vaccine. Obviously, there is a lot of work going on overseas as to whether or not you can mix vaccines, even in the first two jabs. What you actually have will not necessarily be AZ, will not necessarily be Pfizer, will not necessarily be Moderna by the time we get to that. I do not have clarity on that at this stage, but the New South Wales health system cannot tell you more than the Federal Government because the information comes from the Federal Government through ATAGI. Again, I will ask Dr McAnulty. If there is something I have missed, he might like to add it; if not, that is all we can tell you. Dr McAnulty?

Dr McANULTY: No, nothing further, thanks, Minister.

Mr BRAD HAZZARD: Nothing further.

The Hon. COURTNEY HOUSSOS: Minister, we just heard at the 11 a.m. press conference of another death as a result of the outbreak at Liverpool Hospital, taking the total number of deaths as a result of that outbreak to 11. As we said earlier, there have also been outbreaks at Nepean, St George and Westmead hospitals. What were the lessons learned from this outbreak and what changes are being made as a result of them in the way that COVID is managed in New South Wales hospitals?

Mr BRAD HAZZARD: I think that is something that really should have been asked of Dr Chant because she is the epidemiologist expert on these matters, but what I would say, Courtney, is that I think each one of the cases can be a little different, and so there are constant learnings going on. I think Dr Chant did say that point a little earlier: There are constant learnings going on. For example, look at the issue around Nepean, in the mental health unit there. They had a patient who came in who was going into what was quite a complex situation with a lot of thought-disordered patients, who really do need the highest level mental health care, and that patient became febrile on day two or just moving into day three. By the time that happened, as you would know from all the press conferences, a patient could have been positive but without symptoms for the previous 48 hours or so. That is not precise; it is approximate, rule of thumb. There was immediate expectation that there would be a substantial number of the other patients—because they are mixing together in their daily activities—who would be also possibly positive.

That turned out to be the case, and of course there was then the issue of the staff who were there, and very challenging because those staff are highly qualified mental health staff, and so the whole system has to be looked at in a broader sense: who we have available, mental health staff—can they come in, can you furlough them? Again, I think the issue remains around trying to get enough vaccine. As the secretary said before, it has always been a challenge. Supply of vaccine, trying to get it into medical staff's arms and then recognising also that there have been some staff who have been a bit slow to move to have the vaccines, which is why at the present time I announced—I think last week or the week before—that NSW Health has moved to mandate having vaccines for front-facing staff, patient-facing staff. Nobody else has done that in the country yet, but we are moving towards that, and hopefully the national Government will at some point agree on that. At the moment they have only agreed on that for aged care. There are many, many factors that come into it. It is the most complex algorithm [inaudible].

The Hon. COURTNEY HOUSSOS: Minister, my time has expired. When will the mandatory requirement be in place for health workers?

Mr DAVID SHOEBRIDGE: Courtney, your time has expired.

Mr BRAD HAZZARD: Could I answer the question?

The CHAIR: Excuse me, David. I am chairing this meeting. A final question was being asked. Please proceed with that question.

Mr BRAD HAZZARD: Courtney, we had a meeting last Wednesday or Thursday with all the sector. We are just working through a couple of the issues with, particularly, the major unions—the NSW Nurses and Midwives' Association and the Health Services Union. I am hoping that we can find and nuance the answer to that so we can then go ahead with what we know we have to do. With a bit of luck, I might get those orders signed this week, but I have just got to make sure that the sensitivities of the union about particular issues are sorted out.

Mr DAVID SHOEBRIDGE: Minister, do you support having changes to workers compensation laws to ensure that if any health worker has an adverse reaction to a vaccine that they are required to have they will be guaranteed protection under workers compensation laws? Do you support that from a health perspective?

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Mr BRAD HAZZARD: Thank you, Mr Shoebridge, for that question, but as health Minister my task is to make sure that people are kept safe, patients-wise, and I am going to leave that issue to my colleagues who will be dealing with workers compensation. It is not a matter for me.

Mr DAVID SHOEBRIDGE: Minister, if you are going to be directing your staff to be vaccinated—

Mr BRAD HAZZARD: David, I have answered your question.

Mr DAVID SHOEBRIDGE: —surely you have an obligation to ensure that they are protected if they have an adverse reaction. What is your position, given you are going to be giving that direction to your staff?

Mr BRAD HAZZARD: My obligation is to make sure that patients and staff are kept safe, and that is all I am prepared to say at this point. If you want to ask those sorts of questions, speak to the relevant Minister, not me. [Inaudible].

Mr DAVID SHOEBRIDGE: Yes, indeed. Minister, did I understand that there were 19 cases in Wilcannia in the last 24 hours? Was that the evidence?

Mr BRAD HAZZARD: I would have to ask the secretary that. Do you have those up-to-date figures?

Ms KOFF: Yes, I do. Yes, that is correct, Mr Shoebridge: 19 positive cases reported overnight in Wilcannia.

Mr DAVID SHOEBRIDGE: And that adds to more than a dozen on Sunday? Do you not have the cumulative total in Wilcannia now?

Ms KOFF: Not at my fingertips. I get the twice-daily update, which gives progression on what the update is, but we can take that on notice.

Mr DAVID SHOEBRIDGE: What Aboriginal-controlled health organisations are you working with on the ground in Wilcannia to respond to this emerging crisis in the community, and what resources have you given them?

Mr BRAD HAZZARD: The Aboriginal medical services are Federal Government sponsored, Mr Shoebridge; they are not ours, but we are working with them. For example, last week I had three or four conversations with a number of people, including, particularly, the Walgett Aboriginal Medical Service. It is a very large medical service; it is actually the biggest medical service by a long shot for many, many miles—many kilometres. I do not think you were here before morning tea, were you? Have you just come in?

Mr DAVID SHOEBRIDGE: I was, thank you, Minister. I do not need an update on that. I was asking what resources the State Government has given to Aboriginal-controlled health organisations in Wilcannia to help them deal with this crisis. I think the answer I am getting from you is nothing. Is that right?

Mr BRAD HAZZARD: Actually, David, I did not say that. I would thank you, yet again, not to put words in my mouth or the health officials who are working very hard. I do not know why you insist on having such an obstructive way of asking questions. Ms Koff, would you like to follow up, yet again, with what you have already said because he apparently did not hear it before?

Ms KOFF: Our government agencies are working collaboratively with Maari Ma, in particular, and all the Aboriginal medical services to deliver the services prioritised for those communities.

Mr DAVID SHOEBRIDGE: What additional accommodation has the State Government provided to people needing to isolate in Wilcannia, given how crowded the housing conditions are, especially amongst First Nation peoples? [Inaudible].

Mr BRAD HAZZARD: I will take that on notice, Mr Shoebridge. I am told by the local health officials that they have been working in a very limited circumstance, a very challenged circumstance, to establish some sort of alternative accommodation arrangements for them. Having said that, it is a collaborative, whole-of-government—including Federal Government—approach, and I remind you again that the principal and primary responsibility for Aboriginal people is the Federal Government, but we are certainly doing everything on the ground that the New South Wales Government can do.

Mr DAVID SHOEBRIDGE: Minister, have you spoken with the Dharriwaa Elders Group from Walgett, who, for more than 12 months now, have been asking for urgent attention and resources for their community in Walgett? Have you spoken directly with them at any time since the COVID crisis has opened?

Mr BRAD HAZZARD: David, I am sorry; I am not going to get into with you as to who I am speaking to on a daily basis. That is just ridiculous to ask me that sort of question in this conference. Do you have questions?

CORRECTED

Mr DAVID SHOEBRIDGE: Minister, have you seen the request for additional resources and help that has come from the Dharriwaa Elders Group in Walgett? Have you seen that request, and have you sought to try to satisfy that request to deal with their particular circumstances?

Mr BRAD HAZZARD: What I am aware of, Mr Shoebridge, is, having spoken to the health teams up there, that they are all working very closely with the communities and they will continue to do that, and the Federal Government as well.

Mr DAVID SHOEBRIDGE: Minister, the Dharriwaa Elders Group has asked, for example, for resources and support for wellbeing checks and essential items, such as medication, food boxes and water supplies, so as they can be distributed by trusted community members. Are you willing to help them out with that and provide those resources?

Mr BRAD HAZZARD: That will be conveyed to the team up there if it has not already been, but I understood it had been, but if you think it has not been I will make sure that that is conveyed to them.

Mr DAVID SHOEBRIDGE: Minister, what arrangements are you doing through the Justice Health portfolio to ensure that there are not people being released from prison—in this case someone was released from Bathurst jail who eventually was COVID positive and then went into remote and regional New South Wales. What arrangements are you working on with Justice Health to ensure that does not happen again?

Mr BRAD HAZZARD: Justice Health has actually reviewed that situation and is working with the prisons authorities to ensure that, where possible, inmates are—particularly in that situation because the particular inmate that I think you are referring to was only in there for two days, so they have taken some steps to try to address those particular concerns.

Mr DAVID SHOEBRIDGE: Minister, what are those steps? On my understanding, that inmate was tested for COVID on Saturday and then was released on Monday, and the community still does not know if Justice Health was aware of the COVID-positive nature before the release or, if after, when Justice Health became aware of the COVID positive. Can you provide any insight into that?

Mr BRAD HAZZARD: My understanding is you are right insofar as there was not a result, but the justice system—there is intersection between, if you like, Health and the civil liberties that we should all respect. The person was allowed to leave. There was some discussion about [inaudible] health orders should somehow be involved in the proceedings. In the end the decisions from both Prisons and Justice, more broadly, and Health was that the justice system should not be impinged by keeping people locked up longer than they should be, so they were taking some steps to try to look at alternative measures and making sure that people are tested and supported in ways that would not necessarily have them disappearing off to not disappearing, that's the wrong heading back to their own communities before those results were in place. I will get the details for you, if you would like that, in due course from the people on the ground.

Mr DAVID SHOEBRIDGE: Yes, Minister, it would be good if you could provide that on notice, thank you. But can you answer this question: Was Corrective Services or Justice Health aware of the COVID-positive test before that inmate was released?

Mr BRAD HAZZARD: Not to my knowledge, no, but again I will find out for you.

Mr DAVID SHOEBRIDGE: Minister, given how fragile the health is of many of those regional and remote New South Wales communities, do you support the Prime Minister's call to start watering down lockdown arrangements when we have 70 per cent of adults vaccinated? Would that include regional and remote New South Wales?

Mr BRAD HAZZARD: I think, as a principle, I would have thought that I share the same view as you on this, which is remarkable, but I would have thought that lockdowns should be avoided if at all possible. People's civil liberties should not be impinged. Having said that, obviously those are issues that are the complex discussions that take place in one-in-100-year pandemics. I think at this point my focus, as health Minister, is to make sure that the people who are in the regional areas, particularly in Bre, Wilcannia and Goodooga and a lot of those smaller towns, are getting the support they need to try to bring the numbers down. There was always a risk, right from the word go.

I remember back in March/April last year all the Labor and Liberal health Ministers around the country identified that if the virus got into Indigenous communities around the country it would be very challenging to manage it. Obviously, cultural issues come into that. My focus at the moment is to try to ensure that we get the adequate support from the Federal Government, but perhaps—not perhaps; it is needed—obviously if there had been vaccinations done in greater numbers by the Federal Government earlier on we may not be facing this

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challenge, but I also understand the pressure the Federal Government is under. It is not a case of blaming anybody; it is just a case of managing.

The Hon. EMMA HURST: It has been reported that NSW Health is taking a new approach and no longer listing every metropolitan COVID-19 exposure site publicly. I want to get a better understanding of the reasons behind that.

Mr BRAD HAZZARD: Emma, I will ask Dr McAnulty to answer that for you.

Dr McANULTY: We have got a lot of experience last year and this year with the Delta virus about where transmission is likely to occur for COVID. Based on that information and based on the knowledge that consumers were being lost in the detail when there are many, many hundreds of venues being listed on the website and in the media and getting confused and not seeing the important venues of concern, we have taken the approach, which is to focus on those venues where we believe there is a reasonable risk of transmission, which primarily is—most transmission occurs in people's households or when you are visiting other people's households or at work or in high-risk settings, such as healthcare or aged care facilities, child care. So we are focusing on those areas as well as where we have some other reason to believe there is an increased risk of transmission or where we know transmission has occurred. That is in the city areas. In the country or regional areas, where there has not been many cases, we are continuing to list venues with much lower risks as well, so we are taking a graduated approach based on what we believe the best focuses for resources are.

The Hon. EMMA HURST: Going on from that answer about the places of highest risk, I think it has also been said in past press conferences that there is a lower transmission risk during exercise. However, the local government areas of concern have now been limited to one hour of exercise a day. Is that because there is some concern in those local government areas [LGAs] that there are transmissions while people are outside exercising?

Mr BRAD HAZZARD: No, that was obviously very difficult decision-making there, and complex. Generally, you are far safer being outside; there is no question. The problem that the police highlighted was that in those LGAs, in some areas particularly, there were gatherings of people when they were out for exercise that the police were finding a little challenging to deal with, so as part of a suite of recommendations that was put forward to try to minimise the gatherings, that was put forward. Hopefully, we will be able to get through this as quickly as possible and we can get back to people being able to have a more free lifestyle.

The Hon. EMMA HURST: The people who are going outside to exercise for an hour or something like that are at a fairly low risk if they are abiding by all the orders to try to avoid people and wear masks, et cetera.

Mr BRAD HAZZARD: True.

The Hon. EMMA HURST: I want to ask about the efforts to encourage people over 60 who have not been vaccinated. What steps, if any, are being taken to further encourage older age groups to go out and get vaccinated?

Mr BRAD HAZZARD: Secretary Koff will answer that one.

Ms KOFF: I think it is important to reflect back on the journey of the vaccine rollout. We actually started with priority groupings of professions and then shifted to an age-based cohort. Based on the experience of COVID with good old Alpha, it was the older age groups that were the most seriously impacted health wise, so we started on decreasing decades going through down the age cohorts, and we worked through those age groups. As it stands at the moment, our older citizens in those age groups do have very, very high vaccination rates in comparison to the younger cohorts because we only opened it up to the 16- to 39-year-olds when we got the additional supply, but we publish the vaccination rates of each of the age cohorts and I am happy to provide that to you.

Mr BRAD HAZZARD: Having said that, Emma, Dr Chant has highlighted in a number of press conferences recently—I think a frustration would be fair to say—that some people over the age of 60 have still not come forward to be vaccinated. I think the short answer there is that Dr Chant's message is that anybody who is eligible in the older age bracket for AstraZeneca should just come forward and get it. I am obviously somewhat older than 21; I had it, Dr Chant has had it, the Premier has had it. I think the short answer is everybody should come out. The luxury of not having it might have been there before we had this current outbreak. I think, in a sense, we were a victim of our own success last year. People became far too overconfident thinking, "Well, it's not going to come here," and the reality is Delta is rampaging across the entire world. Anybody who thinks it is not going to come to them at some point is kidding themselves; it will come, so get vaccinated.

The Hon. EMMA HURST: I understand that Westmead vaccination hub has been shut down. What were the reasons behind that?

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Mr BRAD HAZZARD: If that is the case, I am not aware of that.

Ms KOFF: In terms of establishing the large, high-volume centres—so Qudos arena was the one most recently opened—we have redeployed some of the staff because, as I think the Minister mentioned earlier, our capacity to staff these venues is absolutely critical, and to get the higher volumes through it is best to do with those large centres. If I made a plea just for people to note, the health system is doing an extraordinary job in managing the vaccine rollout. It is still managing the COVID testing pop-up clinics and the pathology throughput and still managing a health system. The health system has responded. The staff are absolutely extending themselves. We have to deploy the resources where I think the priorities are and putting the throughput through Qudos was a critical issue that Western Sydney Local Health District made the decision to do.

The Hon. EMMA HURST: Can I clarify: Is Westmead vaccination hub open but smaller or has it closed down and moved to Qudos?

Ms KOFF: No, we have redeployed the staff temporarily while we are putting the high-volume through Qudos, and then, once again, we will reassess when we have put the volumes through Qudos.

The Hon. EMMA HURST: So Westmead may reopen at some point?

Mr BRAD HAZZARD: Emma, can I just say Mr Minns is sounding desperate over here on my left to say something, so I will let him talk.

The Hon. EMMA HURST: I would love to hear from him.

Mr MINNS: To get Qudos to its peak daily rate, the headcount workforce required per day is of the order of 1,200, so that gives you a sense of the size and the scale of the operation.

Mr BRAD HAZZARD: I have got to say I know on the ground out there I asked for some help from the Federal Government, but the Federal Government did not seem to have enough staff available for that purpose, so it has actually been left largely to our amazing doctors, nurses and everybody else in the State health system. They are all working. I just want to put on record again my thanks to all the doctors, the nurses, the cleaners, the admin staff and the team who has put those massive things together. You had Susan Pearce here before, who is basically the queen of mass vaccinations. She has worked incredibly hard to bring it all together, but at the end of the day you can only do what you can do with the staff that are available.

The Hon. EMMA HURST: I totally understand that. I was just getting that clarification. I have a quick follow-up question for Mr Minns. We have talked about how stressful it is, and obviously these staff are being pushed to their limits. Everybody is doing a fantastic job and everyone who I have come in contact with has been extremely polite and friendly, given the circumstances. What is being done to support those staff and the mental stress that they will be going through during this time?

Mr MINNS: All of the local health districts and facilities within them have their own strategies for staff wellbeing, which they are surging at this time, so it is a combination of existing arrangements that they have with employee assistance providers but also some new strategies and new events. Some of it is supported by community donations, so some of the districts and some of the hospitals I know are receiving care packs and things of that nature from donors.

Mr BRAD HAZZARD: Emma, can I add: One thing I would say is that if you are living next door to a nurse or doctor, make a lasagne or a cottage pie or something and drop it on their doorstep because it is very much appreciated. They are working their butts off, and they just need to know that other people care about them.

The Hon. COURTNEY HOUSSOS: Dr McAnulty, what is the modelling telling you about caseloads over the coming months, given the current restrictions? How many cases are we projecting over September and October?

Mr BRAD HAZZARD: I will ask Dr McAnulty, although I do not know that he is the person that would have that. Do you?

Dr McANULTY: I have not been involved in the national modelling process.

Mr BRAD HAZZARD: The problem, Courtney, is that there are multiple teams doing modelling. The Federal Government is doing modelling. Doherty is doing modelling. Dr Chant spends a fair part of her day listening to people giving her input on what they all think about what the modelling should be. The big challenge at the moment is—as long as the vaccine keeps rolling out, then that is going to change remarkably whatever is happening. At the moment all I could really say to you is that there is a belief that if we can get the vaccines into people's arms—if everybody takes responsibility to get the vaccine into their arms—then we think that by about October or November we should have a remarkably different environment. But the issue really is that we need to

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get people to understand the absolute importance of staying home right now, particularly in those areas where the high viral load is. It is a particularly high viral load in particular areas in south-western and western Sydney. If we can get people to stay home, if we can get them to stop distributing the virus amongst themselves, and we can get the vaccines in arms then we are thinking that by around October or November life should be a lot closer to normal.

The Hon. COURTNEY HOUSSOS: Perhaps, Minister, then you can share what is the current reproduction rate of the virus?

Mr BRAD HAZZARD: Last time I looked or last time I was briefed, which was a couple of days ago now, it was about 1.2 or 1.3.

Ms KOFF: Yes.

Mr BRAD HAZZARD: Does anybody else at the table have that—

Ms KOFF: No. That was the last figure.

Mr BRAD HAZZARD: They are nodding their heads saying, yes, that is what the R effective value was. We really need it to get down below one.

The Hon. COURTNEY HOUSSOS: Dr McAnulty, what is the current time period between a positive case getting a text message and when they are getting a phone call from a contact tracer?

Dr McANULTY: We have been adjusting our processes to make sure that cases are aware of their status as soon as possible. We moved to introducing a text message to all cases when we receive a positive diagnosis in the laboratory. That text message provides some information to the person about their diagnosis; what they need to do in terms of isolating; what they need to do in terms of making sure that their close contacts are also isolating in their household and seeking testing; and if they have any additional medical care, what to do; and provides a phone number. We then follow up with a more detailed interview. We have been surging workforce throughout the State, throughout our public health units, bringing on additional workers from the military, who have been supporting us. I cannot give you the exact time figure in terms of the time taken before, but we aim to get information to each person very quickly on the same day.

Mr BRAD HAZZARD: Courtney, can I just add to that? When all this started, we probably had two or three hundred tracers and people doing tracing and case interviews. I will check with Mr Minns, but I think we are up to about 800 or so now. Is that right?

Mr MINNS: With the 60 that started today and are being onboarded, we will be pressing towards 800.

The Hon. COURTNEY HOUSSOS: Sorry, I did not quite hear that, Mr Minns. What was the final figure?

Mr MINNS: We will be heading towards 800 because we have added 60 more today, and we still have plans to add more.

Mr BRAD HAZZARD: To close this down, it is going to be probably fairly soon at 1,000 people just doing that tracing. There are quite a few of them. I want to thank the Federal Government and I want to thank the people. We are here in the Health building at the moment, and quite often in the building I see navy, army and air force uniforms, and they are heading to the floors where we do all of the tracing. So thank you to each of those individuals who agreed to come over and help out. The issue is that sometimes if you are interviewing people with no language problems and no cultural issues and a desire to tell you the whole truth and nothing but the truth, it can still take eight to 10 hours because people do not remember where they have been in the preceding period. Then you add to that the cultural overlays, the language challenges and everything else that goes with it. Sometimes it can actually be a week or more before you actually get a fulsome set of answers. It is the most difficult of the most difficult to try and get all of that information and, once you get that, then you might go back and tell somebody, "Well, you were actually exposed." It is very challenging.

The Hon. COURTNEY HOUSSOS: Perhaps, Minister or Mr Minns, can you tell us how long it is taking to get those numbers of cases that are under investigation to zero? Every day we see rising numbers, but the overwhelming majority are listed as under investigation. What is the time period in getting that to zero?

Mr BRAD HAZZARD: I do not think, at this stage of the pandemic, that is going to be a possibility. I think at this stage you are going to have to say that after a certain point, if it goes for a couple of weeks that you do not know or you cannot get—there is going to be a point where you cannot get all that information. We are in the middle of a pandemic. Does anybody else want to add something to that? Dr McAnulty?

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Dr McANULTY: We have provided weekly an epidemiological report that provides updated information as the information comes in, but the Minister is correct in that it is often that we are unable to provide identified links among cases, particularly as the numbers go up. But we do try and get that information as quickly as possible, and then that is published.

The Hon. COURTNEY HOUSSOS: Have you considered purchasing new software to support the operation of contact tracing? Obviously there is a limit to how many people you can get doing it, but there is also the need for improved software to support that.

Mr BRAD HAZZARD: There have been lots of discussions. In fact, as late as last week I was in a meeting. Sometimes I get invited to operational meetings. There was a meeting of about 30 people in a room, and some of those included police, military and others. They were looking at all opportunities for all software and other ways of doing things, but you would appreciate that even then there are challenges. Do you want to add anything?

Dr McANULTY: Yes. We are continually looking for better ways and more efficient ways of doing things. The software system for the contact traces was upgraded some months ago, and we continue to work through how we can use more efficient software in that process. We are also looking for how we can use technology, as I mentioned earlier, to make sure that people are aware of the information that they need to know when they test positive, but also to provide us back with information about their exposure. That is an ongoing process. We are continually looking at the quality of that and how we can make things more efficient.

Mr BRAD HAZZARD: One of the other things, Courtney, that has complicated it is that the people who are doing the actual testing—the pathology groups—are obviously New South Wales pathology but also a whole host of different private laboratories. One or two of those have had some really challenging aspects in the last few weeks, and they were unable to get the numbers through that we needed to get through fast. They would tell us that they were actually identifying the positives and getting those messages out to the positive cases, but some people were still waiting for their results for a number of days. They were going to be negative, but the administrative side just was not working as well as it should in those private laboratories. Again, that is something which my colleague—in other States they have been challenged. Other health Ministers, Labor health Ministers tell me it has been common in the heights of various challenge times in their States as well.

The Hon. COURTNEY HOUSSOS: Dr McAnulty, can you take on notice what is the actual time period and if you have an end point? If you say, "After a week, if we cannot get in contact with them or we have not ascertained where it is from, then we give up and move on," do you have a time period for that?

Dr McANULTY: It is not as simple or as black and white. As the Minister said, we will go back to cases until we are clear whether or not we can get the useful information, and then we need to move on. There is not a week or two-week cut-off to do that. As I said, we do update the information we have about cases on our epidemiological report.

Mr BRAD HAZZARD: It very much depends, too, Courtney, on the person or the people you are dealing with and what their possible exposure was to other people as to whether or not those judgements are made, but they are professional judgements that obviously the epidemiologists who work here make those decisions on.

The Hon. COURTNEY HOUSSOS: Alan Finkel's report into the Victorian contact tracing regime recommended the use of advanced data analytics software to manage outbreaks. Is it true that New South Wales is no longer using spreadsheets for contact tracing?

Mr BRAD HAZZARD: Dr Finkel actually came up here with a number of other Victorians and looked to see how we were doing it. He went back and gave that report after that because, at the time, Victoria was in a very challenged and sad situation. In fact, I think it was probably the room I am in now—no, actually, it was one just next door. We did a whole-day seminar for him and for the team from Victoria so they could see what was considered to be the exemplar of processes at the time. But obviously it evolves, and our teams are learning more and more, and they are still getting updates and doing things differently. As the pressures come on there are still better ways to do it, so we are constantly reviewing those sorts of situations.

The Hon. COURTNEY HOUSSOS: Dr McAnulty, there are no spreadsheets that are being used now?

Dr McANULTY: We use a range of different tools based on what is best for the particular issue. We primarily use a purpose-built database for our cases and contacts, called NCIMS - Notifiable Conditions Information Management. We use various trackers and software for our contact tracing team where they are specifically having incoming and outgoing calls, to track that information. If we need to use a spreadsheet to calculate various issues, we will do that. We use what is the best fit for the problem at hand, and we continually

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look to see if we can improve. We have teams of IT specialists helping us and teams of epidemiologists looking at what the best fit for the purpose is.

The Hon. COURTNEY HOUSSOS: I will pass to my colleague.

The Hon. WALT SECORD: Minister, are you aware of reports this morning that vaccination records have gone missing from the Sydney Olympic Park, RPA vaccination centre, Sydney Airport vaccination centre and Canterbury Hospital vaccination centre?

Mr BRAD HAZZARD: No.

The Hon. WALT SECORD: Are any of the health officials there aware of this?

Mr BRAD HAZZARD: Does anybody know anything about it?

Dr McANULTY: No.

Ms KOFF: No, sorry.

The Hon. WALT SECORD: Will you take it on notice?

Ms KOFF: Certainly.

The Hon. WALT SECORD: Minister, how does removing—

Mr BRAD HAZZARD: Can I just say: With vaccination details, mostly they are, in any case, entered into a software system that then gets uplifted to air, which is the Federal system. I do not quite know whether you are talking about paper copies or what you are talking about. We will find out because if there is something that has occurred on that front, obviously we need to know about it. But we do not know; none of us know anything about it.

The Hon. WALT SECORD: Minister, when it comes to removing and adding areas to areas of restrictions, how is that determined?

Mr BRAD HAZZARD: There is an entire process that goes on, Mr Secord, that involves every bit of advice that Dr Chant and/or her team give. Normally what would happen is that she would be raising issues with her own health team. And there are many, many people involved in the health team, not just the epidemiologists, but also, as I said before, others who might be involved, for example, in mental health or in the operational side. For example, if you are going to put an area into, for want of a better term, a lockdown arrangement, that has consequences. The consequences could be, for example: What is the expectation that it would increase the desire for testing? What would it do in terms of vaccinations? Do we have capacity in that particular area to address those issues? Do we have support from the Federal Government? Are there police available? What is the impact on education? Each and every one of those issues is sorted through in a very collaborative way, and the decisions then are finally made by the crisis cabinet on the basis of all that advice.

The Hon. WALT SECORD: That leads me to community concerns in Wollongong. Shellharbour has been taken out of the Greater Sydney area. Wollongong has fewer cases than the Central Coast. There is community concern about why Wollongong was left in the restrictions area.

Mr BRAD HAZZARD: As I said, it is not as simple as just saying, "There are a couple of cases." Dr Chant has answered that question probably 20 times publicly. I will leave that to Dr Chant, when she is next available, to talk about those issues. It is done on the basis of all of that collaborative approach that I just talked about, and it is very much a health-based issue, obviously, because it is a health crisis.

The Hon. WALT SECORD: Actually, I would like to take the opportunity—I noticed that Ms Wark is here from Health Infrastructure. I was wondering if I could ask a question about Rouse Hill hospital, since this is budget estimates as well as taking information on COVID. What is the status? Is Rouse Hill hospital on track?

Mr BRAD HAZZARD: Ms Wark is the person who does the construction and what have you. I think it would be difficult for her to give you any detail on that, so could I take that one on notice?

The Hon. WALT SECORD: Well, I would expect that she would in fact have that information readily available, since she is Health Infrastructure.

Mr BRAD HAZZARD: But there are sensitive contractual aspects that we need to actually take on notice.

The Hon. WALT SECORD: I am not asking about sensitive contractual arrangements. I am asking about information that the community would like to know in the city's north-west. For example, what does

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low-risk birthing mean? These are publicly available documents. They want to know about the progress of the hospital. For example, it says the hospital will have low-risk birthing. What does that mean?

Mr BRAD HAZZARD: That is right. That is not something for the Health Infrastructure person. She builds hospitals. That is a matter for the health team and I am afraid nobody here—we were not advised that those sorts of issues would be raised today, so we need to actually take that on notice.

The Hon. WALT SECORD: When you are taking that on notice, could you also take on notice questions about the emergency department? The publicly available documents show that it will be only taking level four and five patients. Maybe Dr McAnulty could explain what level four and five triage cases or patients are?

Mr BRAD HAZZARD: No. We will take that on notice too, please, Mr Secord.

The Hon. WALT SECORD: In fact, if you are taking it on notice, I would like to know what the level of the emergency department will be.

Mr BRAD HAZZARD: On notice.

The Hon. WALT SECORD: If you are also taking it on notice, I would also like to know the number of surgery beds that will be in the hospital.

Mr BRAD HAZZARD: On notice.

The Hon. WALT SECORD: I would also like to know: What does Health Infrastructure mean when it says that it will be "a digital hospital with non-tertiary services"?

Mr BRAD HAZZARD: On notice.

The Hon. WALT SECORD: Thank you. If you are taking something else on notice, I would like to know, for future expansion of expansion of the hospital, how would that occur? Because the documents show that the only expansion of the hospital could be vertical.

Mr BRAD HAZZARD: Again, on notice.

The Hon. COURTNEY HOUSSOS: I understand that we have the head of Hunter New England Health online. Is that correct?

Mr BRAD HAZZARD: That is correct, Courtney; it is Mr Michael DiRienzo.

The Hon. COURTNEY HOUSSOS: Excellent. Can I just ask a quick question about the clinical services plan for the mid North Coast and see where that is up to?

Mr BRAD HAZZARD: You certainly can. Mr DiRienzo?

The CHAIR: Just ask the question again, please.

The Hon. COURTNEY HOUSSOS: I am just interested to know: What is the status of the clinical services plan for the mid North Coast, specifically for the Manning-Great Lakes area? Sorry, we cannot hear you, Mr DiRienzo.

Mr DiRIENZO: Sorry. It has been breaking up a bit, so I didn't actually hear some of the question. Could you just repeat that?

The Hon. COURTNEY HOUSSOS: If you could just give me an update on what is the current status of the clinical services plan for Manning-Great Lakes? When do you intend on releasing that to the public?

Mr DiRIENZO: Yes. The current status of the clinical services plan is that it has been completed. It has been endorsed and supported by NSW Health. Sorry, can you still hear me?

The CHAIR: Yes.

Mr DiRIENZO: Sorry, I am just getting some feedback so I apologise. As I was saying, it has been completed. It has been endorsed by NSW Health, and I have had the opportunity to present the clinical services plan findings and recommendations to a community group and also to the staff. The next steps now really are about completing the master plan for the site and looking at how we prioritise the recommendations from the clinical services plan into our capital investment of \$100 million.

The CHAIR: It is time now to move across—

The Hon. COURTNEY HOUSSOS: Will that clinical services plan be released to the public? Apologies, Chair.

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Mr DiRIENZO: Sorry. [Disorder] I was just saying, our process to date is that we will not be releasing the document, as it is an internal document that we have utilised to actually address the priorities in our construction and commissioning of the additional \$100 million investment at the hospital.

The Hon. EMMA HURST: I have got a question about the wait times that people are experiencing at some of the mass vaccination hubs. Maybe this has already been covered when we talked about the staff from Westmead vaccination hub going over to Qudos, but I understand that some people have been waiting up to six hours to get vaccinated; commonly, up to two hours. Is that why the staff has moved over, and are we expecting those wait times to change now that there is more staffing?

Mr BRAD HAZZARD: Emma, I think it is fair to say that I know literally probably a couple of hundred people who have been through the mass vaccination hubs, and I have not heard anybody say that. What they say is that it is an enormously efficient system. I know people who have been in and out in 20 minutes. But what sometimes happens is that if you have got walk-ins, people who walk in and come in and are expecting to just arrive and get it—well, they should not do that. They should actually make an appointment in accordance with what has been publicly stated. Does anybody else have any updates on that? Again, I am sorry, Emma. That question—

The Hon. EMMA HURST: Just to clarify, the example of six hours was somebody that I know that did have a longstanding appointment, and I have had a few people talk about waits of two hours.

Mr BRAD HAZZARD: Where was it, Emma? Which one?

The Hon. EMMA HURST: Qudos State arena.

Mr BRAD HAZZARD: Look, I am sorry; I cannot answer that. I do not believe that would have been the case, but maybe it was, because it has only been open for a week and a bit. There might have been one day where there was an issue. Susan Pearce, who was here before 11 o'clock, could have answered that question off the top of her head. I cannot answer, other than to say that by far the bulk of people going through the mass vaccination hubs get the most amazing experience. I want to thank again the staff at those centres. As you said, they are kind, they are caring and they are very supportive. I will ask Susan. If you give me privately the details of what you are talking about, I will get that information for you and find out whether there was a particular issue at that particular time.

The Hon. EMMA HURST: Thank you. Just to clarify, this was not in any way an attack on the staff that are working there. In fact, the people that talked to me about how long their waits were—they said that the people there were extremely helpful and very friendly. This was not a complaint on the people working there. I guess my question is this: Was that being caused by staff shortages or were there other problems that were causing those delays? I will put that on notice.

Mr BRAD HAZZARD: I understand you are trying to ask the question sensitively and carefully. I cannot answer it and nobody else sitting at the table can because Ms Pearce has left.

The Hon. EMMA HURST: I will put it on notice. Thank you, Minister.

Mr BRAD HAZZARD: Well, if you give it to me privately—if you have got the details of the patient, I will chase it up with her.

The Hon. EMMA HURST: Okay, I will do. Mr Minns, you wrote a letter to New South Wales private hospitals last week, if I am correct, that non-emergency surgeries would be cancelled from 23 August. Have the same rules been put in place in public hospitals? How long do you anticipate that this ban will stay in place?

Mr MINNS: I signed the variation under the licence agreements for the private hospitals, and I think one of my colleagues actually wrote to the operators. It is important to understand that it does not apply to emergency surgery, and it does not apply to surgery that we think could lead to patient deterioration that would have consequence over a 30-day period. Most of the hospitals within the New South Wales system have been turning off their elective surgery for several weeks, and it has happened as the—

Mr BRAD HAZZARD: [Disorder].

Mr MINNS: Well, yes.

Mr BRAD HAZZARD: [Disorder].

Mr MINNS: It has been happening according to the level of COVID present in their operational footprint. So we went there first, as a system, and then as the kinds of demands on our workforce have been ratcheting up—it was not led by me; it was led by a colleague. But we had dialogues for probably two weeks with private operators before reaching that position where we made variations last week. I think the point to make is

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that in a workforce sense this year we got, as we all know, more cases of COVID in our facilities than we ever had last year, and we are also rolling out at scale this enormous vaccination effort. So the measures were taken in a consolidated decision by the NSW Health executive because we just think that we are at the point where workforce requirement from the private system is going to be critical for us in the coming weeks.

The Hon. EMMA HURST: So you expect that there will be more hospitalisations of people affected, and so that is why there has been that shift? Is that what you mean by that last statement?

Mr BRAD HAZZARD: Emma, what he is talking about is the fact that last year the Federal Government established with all States and Territories—it would have been about June, I guess—the fact, as we are increasing in numbers across the country, therefore you are wanting to make sure that you have availability of space in the public hospitals. We were advised to shut down basically three categories of elective surgery: category one, category two and category three. Category three is the sort of surgery that normally takes up to about a year; it is not urgent. The urgent surgery absolutely gets done. Category one absolutely gets done. Category two, it depends on the particular circumstances of the particular patient. The idea was simply to free up space in the hospitals in the event that you did have aggressive increasing numbers. It is just a matter of what we have talked about a number of times: making sure there is adequate use of resources.

The private hospitals were then engaged by the Federal Government and the State governments. We all effectively shared the cost; they paid money, we paid money. At the time, you might remember the other thing that was happening as well was that private hospitals were effectively shutting down because people did not want to go there because they were worried they might get COVID. There were a whole lot of factors that came together. In the end, in order to keep the private hospitals operational last year there was an amount guaranteed by the Federal Government, and then we paid for services that might be needed in those hospitals. Similar things have been put in place now, just in case we do need them. There is not an immediate urgency, I do not think, but it is certainly what is happening, just to make sure that we have effective and capable resources and staffing to back in what we need if there were a challenging time. At the moment, the system is operating under pressure but still operating well.

The Hon. EMMA HURST: Thank you. I will change my question. Is it sort of a wait and see how we go before we open back up to elective surgery, or do we have some kind of basic time line that we are hoping to work towards?

Mr BRAD HAZZARD: I think the basic time line is as soon as possible, but that really goes to the questions we were talking about before or the commentary before. There is no absolute clarity, but if the vaccination rates continue—and I encourage each of the members of Parliament to encourage their constituents to get vaccinated. If we get vaccinated, and if we can just get people to stop moving around in those areas where there is heavy viral load, life is going to look pretty damn good by about October or November.

The Hon. EMMA HURST: Mr Minns, do we have the actual percentages recorded or tracked somewhere as to how many New South Wales healthcare workers have been vaccinated?

Mr MINNS: We do, and I could provide them.

The Hon. EMMA HURST: Yes, please. Do you have them to hand, or is that on notice?

Mr BRAD HAZZARD: Emma, he is looking on his computer so I think that means he has got it.

The Hon. EMMA HURST: Thank you. I couldn't tell.

Mr MINNS: This is data for today. If we are talking about the metropolitan local health districts, 89 per cent have received the first vaccine. If we talk about the average for the regional and rural system, 70 per cent have achieved the first vaccine. If we talk about the entire health workforce with all of its agencies and associated entities, we are at 76 per cent first vaccine.

The Hon. EMMA HURST: Thank you. Are we confident that all New South Wales health workers would be vaccinated by 30 September?

Mr MINNS: We are doing all in our power to encourage them to do that. The Minister has mentioned his intention with respect to a public health order. That, I think, will create more compelling reasons for staff to consider and get vaccination. We will also be running information campaigns to ensure that people with concerns about vaccination are provided with the best quality advice.

Mr BRAD HAZZARD: May I comment? We had a meeting last week with all the private hospitals and a lot of the public health sector. There were, I think, two unions present; one union wasn't, but we have since had discussions with another union as well. The point that Mr Minns was just making about education was raised by the unions as being perhaps a more helpful approach, so we are keen to be as collaborative and as encouraging as

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possible. We are keen to get that done at the same time and to somehow roll that into our actions over the next few weeks.

The Hon. EMMA HURST: Thank you.

The CHAIR: Ms Hurst, could I just check to see if Mr David Shoebridge is there?

Ms CATE FAEHRMANN: No. It is me this time, Greg.

The CHAIR: Thank you, Cate. Back to you, Cate.

Ms CATE FAEHRMANN: In relation to ICU beds available in the State, I just wanted to confirm that the State has 844 staffed ICU beds available and 608 of them are currently occupied. Is that correct? I am not too sure who I am directing that question to, but I would be grateful if someone—

Mr BRAD HAZZARD: The advice, Cate, that I have had in the past—not in the last few weeks—was that we surged up last year to ensure that we have 2,000 ventilators, and that determines what might be available in the event of any major needs. But I understand that Dr Nhi Nguyen was talking today at a press conference about some of those issues, so I think we will have to update you by getting some of those figures later. I think the point Dr Nhi Nguyen from that press conference was highlighting—I did not hear all of it, but I heard a little bit of it—is just the fact that there are a lot of staff working, and with the qualifications, to do the job. We are obviously hopeful that we will not get anywhere near the capacity that we currently have, but I will get you the details.

Ms CATE FAEHRMANN: In terms of the modelling, though, it is a critical thing, of course. I am sure NSW Health has done it. In terms of what the modelling is saying could happen, for example, a doubling of case numbers within, say, a fortnight, which is very possible, what does that mean for the State's ICU capacity, particularly the ability for the staff to be at those ICU beds—of course adequately trained ICU staff? Do we have them?

Mr BRAD HAZZARD: As I said to you, Cate, we will take it on notice. The modelling has to be also taken carefully. Last year when I sat in meetings in March and April, the modelling was that we would have 25,000 deaths by the end of last year. We actually had just over 50 people, which for each one of those families was terrible and for each one of those people was terrible. Again I express my sympathies to those families because I could not think of anything worse than having a close loved one pass away in any situation, but the pandemic—anyway. The issue then is that if the modelling can be so far out, I think we need to look at how we are going in terms of structure at the moment. There have been no concerns raised with me at this point that our ICU capacity is in risk or at any major challenge at the moment. We will see what we have got, and if there is something I can give you then I will happily give it to you.

Ms CATE FAEHRMANN: Can I just check, then, in terms of the 2,000 ICU beds that the Government has stated are available if needed—we also know that COVID patients spend a lot longer in ICU; roughly, I think the average is 10 days compared to other patients—if we end up having to use all of those 2,000 beds which the Government has said are there, do we have adequately trained ICU staff to staff those beds? I thought Mr Minns, as Director of People, Culture and Governance, would know whether we have those adequately trained ICU staff.

Mr BRAD HAZZARD: Mr Minns?

Mr MINNS: Last year we conducted a range of surge activities to strengthen and bolster the ICU workforce. We did refresher courses for people who had worked there previously and had not been working there of late. We put, for example, about 350 to 400 nurses through that refresher program. They were not required in the context of last year's experience of the pandemic. We have asked all of the local health districts, through the chief execs and the workforce directors, to refocus on that surge planning that they did last year. So I know that is in train.

The significant extra pressure that is on this issue is the work that is going on with vaccinations. It is important to note that, whenever we can, the vaccination workforce we use is not drawing from the supply pool for places like ICU. The Chief Health Officer has signed authorities to enable quite an extensive list of the clinical workforce to engage in actual vaccination. They have to do that having done the appropriate training under the authorisation, and they have to be supervised if they are in a particular category. If they are a student, for example, they have to be in the line of sight of an immunising nurse or a registered nurse. That has produced quite a surge in that clinical workforce that is not drawing from the ICU pool.

Ms CATE FAEHRMANN: Thanks, Mr Minns. I just wanted to move to a question, then, just to ensure that if we did have to use those 2,000 beds, which some people are suggesting potentially, given that—I think the Government has said that we could have a couple of thousand or several thousand more cases and, of course, a

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doubling of the cases that are here now, in terms of exponential growth. Say we have a couple of thousand and we need those 2,000 ICU beds, is there enough personal protective equipment [PPE] in New South Wales, particularly, obviously, in terms of airborne emission, if we have to use all of those beds? Minister?

Mr BRAD HAZZARD: Cate, last year in February, March and April, it is fair to say that even I was taking calls from health staff who were worried about whether or not there would be available PPE. The crisis cabinet led by the Premier embarked on what was the most amazing effort to try and get more PPE. We never got a clear line of sight from our colleagues in Federal Government as to what was in the national stockpile or how that would be allocated, so we made a decision in New South Wales that we were going to get separate supply lines for ourselves of PPE for our own staff. It was challenging because all of these masks that you see us wearing now and that people tend to be wearing were actually being made in Wuhan, which was obviously a problem. But over the ensuing months we went all out to try and get sources. We made our own Australian manufacturers get some made. That covers all sorts of things like the gowns, the masks—

Ms CATE FAEHRMANN: Thank you, Minister. Sorry, I am going to interrupt there. The question specifically was this: Can you guarantee that there is adequate PPE, particularly airborne PPE, if we have to use those 2,000 ICU beds? I do not need an explanation of all the different PPE that you ordered a year ago. Can you guarantee that there is adequate PPE? Because I am hearing from health experts that there is not.

Mr BRAD HAZZARD: Well, your health experts are wrong. As I was about to say—by the time you finished, I could have actually finished what I was saying—we went all out to try and get supplies. Instead of one warehouse of PPE—the last time I was advised, I think we have 10 warehouses. Madam Secretary, is that right?

Ms KOFF: Yes. We have got 131,000 pallets of PPE in the whole-of-government warehouse, over five million respirator masks and 109 million surgical masks. We have an ample supply.

Mr BRAD HAZZARD: We have more than an ample supply; we have squillions of supplies. I do not know where you got that from, but it is wrong.

Ms CATE FAEHRMANN: Can I just ask, then: If you have so much of it, which is excellent to hear, why then is airborne PPE not standard for all healthcare staff in New South Wales right now?

Mr BRAD HAZZARD: Look, the reason why we are wearing masks is because it is airborne. We know it is airborne. I know you thought it was not necessarily advertised but it has been, quite strongly. The appropriate PPE in the appropriate circumstances, with appropriate risk, is addressed. I am quite satisfied that occurs across our entire health system, but obviously there are varying—

Ms CATE FAEHRMANN: Do you think—

Mr BRAD HAZZARD: Sorry, just let me finish, Cate. There are varying degrees of risk in various settings, and the various hospital administrations make sure their staff are well covered. Do you want to add anything, Madam Secretary?

Ms KOFF: No. It was Dr Lyons in the morning session that outlined the risk rating and the advice to the health system.

Ms CATE FAEHRMANN: Yes, sure.

Ms KOFF: We have an expert panel that have provided advice on the settings and we use that expert advice to provide direction to the health system.

Ms CATE FAEHRMANN: Thank you, Ms Koff. Given the outbreaks in hospitals, though, that have occurred over the last couple of months, is that not an indication that not enough staff are wearing airborne PPE at all times? Why are these outbreaks occurring? I understand that they are occurring in staff that are not wearing airborne PPE.

Mr BRAD HAZZARD: Look, I think you cut across the secretary. She said there is an expert panel that advises on what staff should appropriately be wearing. But also, during the course of last year we made the point that no PPE is absolutely guaranteed not to—well, it is not going to necessarily stop transmission. Transmission can occur for a variety of reasons. You literally only need to put your fingers near your mask and you can get the virus. Masks might not be fitted properly. Masks might be moved. You might take the mask off because it is irritating you. There are a whole host of factors that come into this, Cate, and all we can really say to you is that we have ample supplies. The experts give the advice and that is what is followed in the entire health system.

The CHAIR: I understand the Hon. Walt Secord has one final question.

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The Hon. WALT SECORD: Yes. It is in relation to Tenterfield hospital. Is Mr DiRienzo still here? Yes. You would be aware that in late June the Labor member for Lismore, Janelle Saffin, wrote to the Minister and to the local health district calling for an independent, external investigation into the management of Tenterfield District Hospital, including concerns of staff and also concerning that there was no onsite doctor at the hospital. What has been the response from the Government and from the local health district to those concerns?

Mr DiRIENZO: Yes, I can answer that. I had the opportunity to sit down with the local member for Tenterfield and went through a process. The agreed process was that we would not do an independent review; it was not necessary. The issues came from two complaints, from two patients who had, unfortunately, an experience that could have been provided better to them. There were no clinical issues of any significance. What we did instead is, we did a review based on the fact that we sent in two of our very much leading rural clinicians. We asked our director of nursing at Tamworth Base Hospital and we asked our director of emergency services at Armidale Rural Referral Hospital to go to Tenterfield and be there for the week and undertake a review, with a report back to the chief executive and to the board on what their findings were.

The review was looking at those complaints in more detail but really assessing the role delineation of the hospital, its ability to provide the role that it plays up at Tenterfield, and also to do exit interviews and to interview a lot of the staff around some of the issues that have been raised at Tenterfield for quite a while. That report has been completed. It is in draft mode. The COVID situation has delayed it a little bit at the moment. It will come back to myself, and we will discuss that with the board in due process and basically put in some of those recommendations to improve what needs to be improved at Tenterfield Hospital. I have got to say that nothing of any significance has come out. The issue about doctors, we looked at that again. We only had a doctor that was not there on, I think, one occasion over the last four years. A lot of this is about putting some evidence on the table about the ability of the hospital and how we work together with the community. So that is where the whole process is up to, and I will be sharing that with the local member.

The CHAIR: The Hon. Walt Secord cannot have a follow-up because we have now gone well over. Further questions can of course be placed on notice. That brings our budget estimates hearing for Portfolio Committee No. 2 – Health to a conclusion. Minister, I thank you and the Government officers—all of them—for coming along and participating today. Can I ask you, Minister: Could you please pass on our sincere thanks to everybody who works in NSW Health, who are doing such a great job, along with the NSW Police Force, emergency services and members of the Australian Defence Force, who are doing their very best to protect all the citizens of New South Wales from the COVID-19 pandemic. Thank you very much.

Mr BRAD HAZZARD: Can I just say thank you to the Committee for their interest in what the health system is doing and for not only yours, but also the other comments that have come from members thanking the entire health system and the health team. I do think we have the most amazing people working at the front line and working, for that matter, in the back rooms as well. I want to thank you for acknowledging that and also the others—the police, the ADF and the emergency services. We are effectively still in a war zone and we are all working very hard, so thank you very much for acknowledging that.

The CHAIR: Thank you, Minister. I invite Committee members to stay online for a short deliberative. That brings to a conclusion our public hearing today. Thank you.

(The witnesses withdrew.)

The Committee proceeded to deliberate.