

# **PORTFOLIO COMMITTEE NO. 2 - HEALTH**

**Thursday 10 March 2022**

**Examination of proposed expenditure for the portfolio area**

## **HEALTH**

**The Committee met at 09:30.**

**CORRECTED**

### **MEMBERS**

The Hon. Greg Donnelly (Chair)

Ms Abigail Boyd

The Hon. Wes Fang

The Hon. Scott Farlow

The Hon. Courtney Houssos

The Hon. Emma Hurst (Deputy Chair)

The Hon. Shayne Mallard

The Hon. Walt Secord

Mr David Shoebridge

### **VIA VIDEOCONFERENCE**

Ms Cate Faehrmann

### **PRESENT**

**The Hon. Brad Hazzard, *Minster for Health***

\* Please note:

[inaudible] is used when audio words cannot be deciphered.

[audio malfunction] is used when words are lost due to a technical malfunction.

[disorder] is used when members or witnesses speak over one another.



## **CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS**

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

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



**The CHAIR:** Welcome to the additional public hearing for the inquiry into budget estimates 2021-2022 for the Health portfolio. Before I commence, I acknowledge the Gadigal people, who are the traditional custodians of this land. I also pay my respects to Elders of the Eora nation past, present and emerging and extend that respect to other Aboriginals who are present or joining us by the internet, either now or over the course of the day. Before I proceed I would like to cover off on what happened last Thursday when we had the Minister for Regional Health, the Hon. Bronnie Taylor, before us. The Minister acknowledged and thanked all those brave and dedicated emergency service workers, police, ADF and countless numbers of community groups and volunteers who have all come together to work and help people right across the State to get through this recent natural disaster.

I acknowledge and thank the Minister for Health and those who were present last week with the Hon. Bronnie Taylor and everyone at NSW Health, no matter what position they hold. They are doing all that they possibly can to provide the care and support for people at this time of great need. Obviously the immediate disaster of itself has perhaps passed in terms of the event—not in all places, but in many—but we now have this enormous period of support and care in front of us as well as assistance we need to provide to so many citizens of this State. We need to work together as closely as we can to deliver that in the most timely way. I welcome Minister Hazzard and all his accompanying officials today. Today the Committee will examine the proposed expenditure for the portfolio of Health.

Before we commence I would like to make some brief comments about the procedures for today's hearing. Today's proceedings are being broadcast live from the Parliament's website. A transcript will be placed on the Committee's website once it becomes available. In accordance with the broadcasting guidelines, media representatives are reminded that they must take responsibility for what they publish about the Committee's proceedings. All witnesses in budget estimates have a right to procedural fairness in accordance with the resolution of the House in 2018. There may be some questions that a witness could answer only 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 an answer within 21 days. If witnesses wish to hand up documents, they should do so through the Committee staff. Minister, I remind you and the officers accompanying you that you are free to pass notes and refer directly to your advisers seated behind you when the opportunity arises.

Finally, everyone should turn their mobile phones to silent for the duration of the hearing. All witnesses will be sworn prior to giving evidence. Minister, I remind you that you do not need to be sworn as you have already sworn an oath to your office as a member of Parliament. I also remind the following witnesses that they do not need to be sworn as they have been sworn at an earlier budget estimates hearing before this Committee: Ms Pearce, Dr Lyons, Mr Minns, Ms Dawson, Dr McAnulty, who will be appearing this afternoon, and Ms Wark. We are required to swear Mr Jones and Dr Gale. Mr Jones, welcome. The Minister requested that you give evidence first thing this morning because you will be able to provide us with some valuable reports. I acceded to that, so you are most welcome to join us today.

**Mr WAYNE JONES**, Acting Deputy Secretary, Patient Experience and System Performance and the Acting State Health Services Functional Area Controller (Disaster Response), before the Committee via videoconference, sworn and examined

**Dr MARIANNE GALE**, Acting Chief Health Officer, NSW Health, sworn and examined

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

**Dr NIGEL LYONS**, Deputy Secretary, Health System Strategy and Planning, NSW Health, on former oath

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

**Ms REBECCA WARK**, Chief Executive Officer, Health Infrastructure, on former affirmation

**The CHAIR:** I take this opportunity to officially welcome Ms Pearce in the role of secretary. I am sure Ms Koff is watching this with eagle eyes this morning—not.

**SUSAN PEARCE:** I hope she is not.

**Mr BRAD HAZZARD:** She is not. She is in Queensland and she will not be watching.

**The CHAIR:** I am sure you will do a very good job in a most important role. We have known you over a period of time through your appearing before us, and we understand your professionalism and competence. We congratulate you on your elevation and look forward to your appearance not just today but into the future. You are most welcome.

**SUSAN PEARCE:** Thank you very much.

**The CHAIR:** We will get things underway with questioning. We will be rolling in 15-minute blocks through each tranche and we will commence with the Hon. Walt Secord.

**The Hon. WALT SECORD:** Thank you, Chair, and I thank everyone for their attendance. Ms Pearce, congratulations. It will come as no surprise that the first questions I would like to ask will relate to the North Coast and flooding, and what has been the NSW Health response. I am particularly interested in reports coming out of the North Coast of mums in the recovery centres complaining about diarrhoea and ear, nose and throat infections. What has been the New South Wales Government's response to that, Minister?

**Mr BRAD HAZZARD:** Thanks, Mr Secord. Obviously coming off the back of two years of COVID, there has been a high level of development of Health's capacity—not that there was not already sufficient capacity. It has certainly been fine-tuned to respond to major emergencies. There is no question that the terrible situation that has occurred in particularly the northern part of the State but also parts of Sydney and some parts of the southern areas of New South Wales, but primarily the northern part of the State and western Sydney, has been very challenging.

The reason we have Mr Wayne Jones here this morning is that he has worked formerly both in the northern area as a chief executive—he is off that position at the moment—but also worked in the Ministry of Health during the COVID pandemic. He has high levels of competency in both local knowledge and also the broader contextual aspects required to respond to a major emergency. I am going to ask him to address that question. The second part in regard to the various challenges such as gastroenteritis, he may or may not—I am not sure—be able to address that this morning, but we will listen to what he has to say because he has limited time as he is actually on the ground in the Lismore area at the moment doing the job up there. So, Mr Jones?

**The Hon. WALT SECORD:** Before Mr Jones starts, I notice that "Disaster Response" is part of your title. Can you give us a bit of comparison in relation to other responses that NSW Health has had to do in the past? Thank you.

**WAYNE JONES:** Thank you, Minister. I am happy to do that. NSW Health has what we call the NSW State Health Plan, which is a document for guiding both the State and other agencies that need help in how to respond to disasters at any time. These occur in flooding. We have used that in the Northern NSW Local Health District over the years for floods, fires and events such as that. Each local health district has their own health plan that is led down from the State health plan and tells them what to do. The lead response and contact within NSW Health in this regard is the State Health Services Functional Area Commander, which I am now acting in for a period of two weeks. What we do in these responses is the local—I will refer to them as HSFACs—the HSFAC in northern New South Wales takes the lead in coordinating the response from the LHD.

It is important to note that is not the only role. Health liaison officers are put into emergency operation centres at every level—State, regional and local—to ensure that Health is well connected and there are good lines

of communication. We have State Health Service controllers in a range of functions—medical services, ambulances, mental health, public health, health communications, health shared pathology, e-health, and paediatric services from Sydney Children's Hospital—to make sure that we are well connected. NSW Health also works very closely with other government agencies, and during these floods we have worked very closely with SES, Police, Resilience, the DCJ and other groups.

The department within NSW Health called the State Preparedness and Response Branch coordinates the functional components, the meetings and so forth. They are available 24/7 and all the CEs and HSFACs across the State understand that I as the HSFAC also am available 24/7. The major health response we have seen in New South Wales with the floods is that we have set up interim management teams coordinated by the System Preparedness Response Branch. All executives and disasters managers of each LHD attend those twice daily meetings—obviously in between, depending on the nature with Northern; we will talk about Northern slightly separately, Mr Secord. Areas mainly impacted outside of Northern—because I will focus my answer on Northern, as you have requested—but in Sydney it has been Nepean Blue Mountains, Illawarra Shoalhaven, Southern NSW to a lesser extent, Hunter New England and South Western Sydney LHDs.

The major issues we confronted outside of Northern was the Hawkesbury hospital. There was a period of high need earlier in the week when we were seriously planning and considering evacuating Hawkesbury hospital because of the flood levels in the Hawkesbury River. Thank goodness we did not have to reach that, but contingency plans were available. Most Sydney LHDs, and the others I mentioned towards Southern, experienced unavailability because of the inability to get to work predominantly in Sydney, with the road closures and the flooding and so forth. That led to a reduction in some services. So elective services were temporarily suspended and a number of community health centres were closed primarily in Nepean Blue Mountains, there were three, and there were five in the South Western Sydney Local Health District. Now that the water has stopped falling in its volume in Sydney and across the State, services are slowly returning back to normal in the Sydney area.

If I concentrate now on northern New South Wales, there has been a coordinated multi-agency response. We have been liaising directly with aged-care providers in northern New South Wales. That is important we have a good relationship with them. Obviously when flooding occurs we reach out to our partners to make sure they are all right. We have been also communicating with the Commonwealth Department of Ageing and Aged Care to ensure that they are incorporated into the loop. The local primary health network at the North Coast, again a very good relationship. I have been supporting the services with psychological and primary healthcare needs.

The Northern NSW LHD is working with a range of non-government organisations and individual counselling groups, including Headspace, to ensure there is support for community and staff available. NSW Health is also very active in the State recovery committee and the subsequent health and wellbeing State subcommittee, and NSW Health has been actively involved and had input into the Northern Rivers 100-point action plan. Just looking through the response, the immediate response in Northern with a flood event or any emergency is to ensure we maintain the provision of acute services, primarily emergency department services and emergency surgical services. So they were maintained. They were the focus points. Staff had to be redeployed because, as you can imagine, the magnitude of the flooding meant there were many staff who could not get to work. Many staff had been rescued.

So the provision of health services in major evacuation centres, part of the process is once you have set up an evacuation centre, Health is an agency that steps in and provides that general health and also mental health support. As you know, Ballina Hospital was temporarily evacuated due to rising floodwaters. That meant a lot of logistical planning, well coordinated between the central agency and the LHD. We have had direct engagement, as I said, with residential aged-care facility providers, particularly in simple logistic things, ensuring they have adequate food, adequate linen and so forth, and that—

**The Hon. WALT SECORD:** Mr Jones, could I interrupt you there? Minister, I would like to get practical responses to my questions. I appreciate all the information that you provided, Mr Jones. Minister, through you to the Acting Chief Health Officer, Dr Gale, I want to know what tangible practical measures are being put in place for people on the North Coast? I know that mothers have spoken out in the recovery centres about their concerns about diarrhoea, ear, nose and throat infections, and also I have heard a call for tetanus shots up there because of the water. I would like to know if it is possible—

**Mr BRAD HAZZARD:** At a practical level, I think what Mr Jones is telling you are the practical aspects.

**The Hon. WALT SECORD:** But I want to know—

**Mr BRAD HAZZARD:** Specifically on some of those issues I will ask Wayne for a brief comment on that. But before he does that, and then I will pass to Dr Gale, there is a lot of work going on at the moment in

terms of getting the local health districts in—for example, Sydney—to send staff up to the area to support because one of the issues is a lot of the staff up there have lost their homes.

**The Hon. WALT SECORD:** Yes.

**Mr BRAD HAZZARD:** And some of them, of course, are still suffering from COVID. So there has been a loss of staff up there. We have got the Sydney Local Health District and a number of others, Northern Sydney Local Health District and I think Western Sydney—

**SUSAN PEARCE:** I can add to that.

**The Hon. WALT SECORD:** Minister, thank you. These are the kind of answers that I would like.

**Mr BRAD HAZZARD:** They are sending up staff, but they are also sending up, they are converting—sending up buses or a bus that we have got and other vehicles that we have got so that we can have on-the-ground medical staff actually located in Lismore—Lismore has basically lost everything; they have still got the hospital and other areas that are up a bit higher—but to get on-the-ground confidence for people to be able to see a practitioner if they, for example, cut their finger in the process of doing some clean-up.

**The Hon. WALT SECORD:** Yes.

**Mr BRAD HAZZARD:** If they maybe do have or think they might have gastro, they will have doctors and medical staff there, and those are already on the way, I think, and may be are already there. Would you like to add to that first before I go to Dr Gale.

**SUSAN PEARCE:** Yes, happy to. Thanks, Mr Secord. Yes, we have responded as we have through other emergencies. I think this is part of the benefit of the connections we have across NSW Health in these times of crisis. We have sent a mobile van from the Sydney Local Health District with staff. It will be able to assist with the provision of things like tetanus shots, first aid, vaccinations for COVID, for example, as well. We have also sent four extended care paramedics and vehicles to the area to also participate with the district's response to this. We will be dispatching the Big Red bus from the Northern Sydney Local Health District, which is a mobile clinic.

**Mr BRAD HAZZARD:** It has been used for dialysis in the past.

**SUSAN PEARCE:** We will be able to take it to some of the smaller areas of the Northern NSW Local Health District and park it there and people will be able to attend that as well. So we have canvassed all of our Local Health Districts. In addition to that, we have been sending staff since the beginning to assist with relief for the staff on the North Coast. Mental health practitioners have gone from the Mid North Coast. We have got staff on stand-by in Northern Sydney and the Hunter New England as well. The Northern NSW Local Health District has also got campervans that it will use for mobile vaccination clinics. So there are a range of things on their way to the North Coast.

In addition to that, NSW Ambulance got helicopters and moved those up the coast in anticipation of that need and was also able to participate in that response with the ADF by placing our paramedics on ADF choppers. So there has been a multi-agency response. But I would like to acknowledge the work of the whole of the NSW Health system to support both the North Coast and other parts of the State with moving staff around and vehicles to assist.

**Mr BRAD HAZZARD:** Can I just say on the gastro aspect, the gastroenteritis—

**The Hon. WALT SECORD:** Yes. I was going to ask you that. Are there reports of gastroenteritis outbreaks and what are we doing to respond to that?

**Mr BRAD HAZZARD:** I will Dr Gale to address that. But I will just this, in the last two weeks there have been quite a number of reports of gastroenteritis up and down the coast and in various parts of New South Wales. So it is no surprise that it is also happening in the flood areas. Dr Gale?

**MARIANNE GALE:** Thank you, Minister, and thank you, Mr Secord, for the question. Clearly there are a number of health risks associated with the flood situation and gastroenteritis or the spread of infectious diseases is one of them. As the Minister correctly said, in recent months we have seen quite a lot of gastro in the community generally. So, understandably, in a flood situation when people are gathered together, there is always that risk. So in terms of gastro specifically, in each of the evacuation centres a number of measures are in place to make sure that any risk of spreading gastro is minimised.

For example, there is a strong emphasis on good hand hygiene—making sure that there is water and soap—because these basic measures are essentially the cornerstone of preventing gastroenteritis. There is also plenty of hand sanitiser that is available in evacuation centres. As much as possible, people are being distanced in evacuation centres so they are not crammed together, but obviously in some circumstances that is very practically



difficult. I know that the staff on the ground are doing their absolute best to make sure that that environment minimises any risk of transmission of infectious disease, whether that be gastro or whether that be a respiratory illness or any others. We know that in a number of places with the floodwaters it does affect the quality of drinking water and issues with the sewerage system.

I think we take for granted that we rely on safe drinking water, but there is a lot of work that goes into making sure our drinking water is safe. I know that there has been a lot of work happening on the North Coast to make sure that safe drinking water is available, but that does include—in some circumstances, when that is in doubt because of the floods, we issue what is called a boiled water alert. That is to advise everyone in the community that for a period of time we need to boil water. To support some of those initiatives, there is a communications toolkit. I would be happy to circulate the link. That has a lot of information for the community about how to take those measures to protect themselves: information about boiled water, how to manage their own water supply if they have that, issues around safe sewage treatment.

**The Hon. COURTNEY HOUSSOS:** Dr Gale, I am sorry. Our time is about to run out. You talked about the outbreak of other illnesses in the evacuation centres, and obviously COVID is still very active in the community. Are you aware of any COVID outbreaks within the evacuation centres at this point?

**MARIANNE GALE:** I am aware of COVID cases that have been identified in some evacuation centres in northern New South Wales—

**Mr BRAD HAZZARD:** But not outbreaks.

**MARIANNE GALE:** Not outbreaks, no. That is right. As we know, COVID is circulating widely in the community. So it is expected that we will have people with COVID and we will have close contacts who, when they seek safe accommodation—and that is the priority—

**Mr BRAD HAZZARD:** Could I ask Wayne Jones quickly to answer that? There is a separate facility that was set up for COVID patients, Wayne, wasn't there?

**The Hon. COURTNEY HOUSSOS:** As he is answering that, can I just ask what the rules are for close contacts in evacuation centres?

**SUSAN PEARCE:** Can I just make a comment there, Ms Houssos? We have a document that clearly guides anybody with suspected COVID or with COVID in evacuation centres that was reissued to our entire health system the night that we evacuated Ballina Hospital. Dr Gale and her team have been involved in that. It sets out all of the things you would expect: social distancing, hand hygiene, mask wearing, the use of RATs, et cetera. In addition to that as the Minister said, Mr Jones has made arrangements for a separate facility. Wayne, did you want to comment on that?

**Mr BRAD HAZZARD:** I will ask him to say that, but I also want to point out that we have just been advised that no gastro has been reported in the evacuation centres as late as yesterday afternoon. There is some gastro outside of evacuation centres because it is more broadly through the community. Mr Jones, can you just clarify, because I know you have that separate premise for COVID patients? Could you just let the Committee know that quickly, please? It is time to move on to another group, I think.

**WAYNE JONES:** We have identified 18 beds at Casino hospital, where we are isolating COVID-positive patients. We do have a couple more than that who can manage isolation in their own facilities, but we will also be looking at a large facility in making one of the evacuation centres near the [inaudible] as a drop-in and making one of the evacuation centres a COVID isolation area, to make sure there is enough capacity if we get any more cases going up through the evacuation centres.

**The CHAIR:** Thank you. Ms Pearce, I would be grateful if you could provide a copy on notice of that document you referred to.

**SUSAN PEARCE:** Certainly.

**The Hon. EMMA HURST:** Good morning, Minister. I want to move on to talk about Full Stop Australia, which runs a 24-hour helpline for sexual violence victims on behalf of the Government. They have been reporting that they are unable to answer around a third of calls that are coming through the hotline, due to a lack of funding. What has been done to address this?

**Mr BRAD HAZZARD:** Full Stop does an amazing job and they have been doing it for quite a while. I know I have had conversations with them as recently as—there are lot of meetings going on at the moment—

**The Hon. EMMA HURST:** I think you might have met with them this week or last week—within the last few days, at least.

**Mr BRAD HAZZARD:** It was some time in the last week or so, I think, yes. They certainly would like to see more funding for their service. I raised with them what capacity they had to perhaps coordinate or share services to some degree with 1800RESPECT, which is the other major service. Obviously the service that you are talking about—whilst it is run through New South Wales, it also provides services to other States as well. One of the challenges is when somebody has been in a horrible situation of being in a sexual assault, obviously if they ring it could be very quickly, straight afterwards, or it could be years afterwards. To connect the individual who may make the call, which is often a very courageous call, it is helpful if they have services that they can connect with in the local area. So I think there is work that they are keen to do in terms of additional funding that goes beyond just the call service.

Part of the issue that I am still coming to grips with is that there is the Federal overlay with 1800RESPECT. There is also the fact that the majority of the funds are currently—for domestic violence, sexual violence—through the Department of Communities and Justice, and I have not had a chance yet to speak to the relevant Minister about those issues because I have been flat-out with the floods and COVID. But I think there is some work to be done that might be able to assist them. Certainly from my point of view I think they do an incredible job, and whatever we can do to assist—and I have told them I am happy to see what I can do to try to support them. But obviously we have to look at what amount of money and what the effective use of taxpayer dollars is, and make sure that there is at least less likelihood of duplication of services. Although they assured me there is no duplication of services, so it is—

**The Hon. EMMA HURST:** Yes. My understanding is that the reporting of sexual violence in New South Wales has actually increased by more than 80 per cent in the past 10 years, according to BOCSAR, yet funding for the hotline has not increased during that time. But my understanding also is that Full Stop Australia says that they need roughly \$900,000 per year to fully staff the service and respond to every call. Are you able to commit to providing some extra funding to that organisation going forward?

**Mr BRAD HAZZARD:** Look, I have given them the commitment that I will—I mean, I have only had preliminary discussions with them. You have correctly identified, probably more accurately than me, that it was in the last week or so. I have not had a chance yet to work through all of the issues, but I am supportive of their service. I think it is incredible what they do. It is a needed service. But the question, as I said, is to strike the balance and make sure there is not both duplication and—are there better ways of their service being delivered? It may be less money or it may be more money that is needed.

The source of that money is part of the issue, because the money that you are referring to at the moment comes through Health. It has been a traditional aspect of the Health budget. But it may be that it is more appropriate to come through the broader service, through DCJ, which provides a much larger pool of funds, particularly off the back of the inquiry. All I can say at this stage is that I am grateful to you for raising the issue. Certainly I have spent time with them and am happy to pursue it. I want to pursue it. But I think I would be somewhat naive to give that commitment at this point, other than to say that I will do whatever I can.

**The Hon. EMMA HURST:** Can you see that there is some sort of nervousness around people who work in this space around—they have spoken to the domestic violence Minister and—

**Mr BRAD HAZZARD:** Is that Minister Ward?

**The Hon. EMMA HURST:** Yes, Minister Ward—and then she has referred them back to you. And then you have talked about, "Maybe it needs to go to DCJ." They are kind of feeling like they are being thrown from one portfolio to another, and they are a bit concerned that it is more about passing the buck rather than actually sitting down. Are you able to get everybody in the room with that organisation to work out what is the funding that is needed and where that is going to come from, so they can get some answers?

**Mr BRAD HAZZARD:** All I can say to you on that front, Emma, is that I have been a Minister for 11 years and I generally manage to sort out issues. I will go about trying to do that as soon as I can get a spare moment away from the floods, COVID and various other issues. Health has been funding them for probably more than five decades, so there is certainly a continuing role. The question is—well, you know what the question is.

**The Hon. EMMA HURST:** No, I appreciate that. I think you were sort of touching on this earlier in your answer. I think you were talking about the overlap with the Federal health Minister. Full Stop has also requested that the New South Wales Government advocate to the Federal health Minister to ensure that the 1800RESPECT line includes a New South Wales provider to ensure that people get access to localised information. My understanding is that right now there is nobody contracted to that service from New South Wales, meaning if somebody was to call up that service right now, they would be directed to a counsellor in Victoria or WA who might not have the knowledge of some of those local services.

**Mr BRAD HAZZARD:** That is what Full Stop advised me. But a lot of these organisations, like 1800RESPECT, obviously subcontract. They get the prime contract and then they subcontract to other local areas. While you are asserting on the basis of information that has been given to you that there are none and that was what was given to me as well from Full Stop, I need to find out obviously substantively whether that is the case. It does seem on first principles to be a little bit lacking. If that is the case—

**The Hon. EMMA HURST:** If you find out that that is the case, are you willing to advocate to the Federal Minister that that change?

**Mr BRAD HAZZARD:** Of course. I just need to get more information because my first briefing from Full Stop was, as you told me, probably in the last week.

**Ms CATE FAEHRMANN:** I just wanted to go back to the evidence before about additional staff being sent to the northern rivers region. I just wanted to get a sense, firstly, regarding nursing staff, how many NSW Health nursing staff have been sent to the northern rivers region to assist with this emergency.

**Mr BRAD HAZZARD:** I have just sent a copy of the van, or one of the vans, to one of the members of the Committee so he could see it. I will send it to you too, Cate, if you like, but they are sending up the staff that would normally be able to man those vans but also backing in some of the other staff that are off. But I will ask—

**Ms CATE FAEHRMANN:** I will come back in a second. It is 11 days since the floods hit. What was sent in the first week by NSW Health? Is this all kind of happening now or were there reinforcements sent in sooner?

**Mr BRAD HAZZARD:** I can tell you that in the first week—the first few days—it was literally hell and high water trying to deal with water that was affecting our own staff as well. I think the most appropriate person to give you the details is Wayne Jones. Mr Jones, since you are here, could you address Ms Faehrmann's question please to the best of your ability?

**WAYNE JONES:** Thank you, Minister. The Minister is correct. The first period in this as a response is to ensure acute services are maintained with local staff. You have the local understanding of what is occurring and also need to mitigate the risk factors of bringing people into what was an active flood zone. We mainly brought people in who were emergency services personnel in that first period. Subsequent to that, we put in additional mental health staff. I believe there are four; I can clarify that. Four mental health workers from mid North Coast came up and supported, and we are in the process now of rotating additional capability in northern Sydney to ensure that there are additional staff there for at least an eight-week period.

We have brought in people from other agencies in further response to emergencies from [inaudible] in Queensland. They have been brought down to the ground. As Ms Pearce said, we have four extended care paramedics and we have, at this point in time, 15 to 20 nurses. My apologies, I do not know if they are on the ground at this time. Some are and some are coming up over the next two to three days, and they are in addition to what the Minister was referring to with the Sydney LHD van. As you can imagine, with the flooding down in Sydney, that has created some difficulties in transport and mobilising these people to come up, so there will be a further delay in getting those people up.

**Ms CATE FAEHRMANN:** Thank you for that; that is useful. Fifteen to 20 additional nurses are making their way up to the northern rivers region—Ballina, Lismore, other areas I assume—in the next few days. Would that be fair to say, Mr Jones?

**WAYNE JONES:** That is the plan. The caveat for me on that is getting them transport. The other caveat is getting them accommodation because many of the hotels we use are literally flooded and now beyond use. We are in the process now of sourcing as much accommodation. We also need people to get transport vehicles. As you can imagine, with corporate vehicles, we had 65 lost vehicles in our fleet and every spare hire vehicle has been taken by private people or other agencies. We are working through those logistics at the moment.

**Ms CATE FAEHRMANN:** On the point of accommodation, I was going to ask as well I know of quite a few families including nurses who have lost everything. I have been informed of some who are staying in motels now in town to continue working in hospitals because they cannot get home. Does NSW Health subsidise that or is that something that the nurses are paying for themselves? Do you know, Minister or Mr Jones?

**Mr BRAD HAZZARD:** Wayne?

**WAYNE JONES:** Sorry, I do not know that answer, but I am happy to take that on notice and get an answer to that.

**Ms CATE FAEHRMANN:** That would be good. Minister, do you think that NSW Health should step in if that is the case?

**Mr BRAD HAZZARD:** I think we should do everything that we can to assist our health staff, but I will have that conversation with Mr Jones and the Secretary once I know a little more information. I can say this though, Cate, that in those first five days it really was an immediate disaster response. For example, the SES advised us that there were 53 patients from memory—it was nine o'clock at night I think when I was told. I think there were about 50-odd patients—maybe correct me if I am wrong, Wayne. There were 50-odd patients in Ballina hospital and the SES advised that we could be looking at a king tide I think at about 8.30am the following morning, so a decision had to be taken that night in consultation with Mr Jones and I think the Secretary because it is a relative risk issue trying to weigh up patients with particular needs and particular concerns medically and also a flood coming towards them.

What is the risk of the flood coming in and causing more grief versus taking them out? In the end, we made the decision at about, I think, nine o'clock at night, Wayne, but correct me if I am wrong, to transfer them across to I think St Xavier's school about a 10-minute drive away.

**WAYNE JONES:** You are correct.

**Mr BRAD HAZZARD:** Those were the sorts of issues. Then in the subsequent three days, each day the SES was telling us, "High tide in the evening; high tide in the morning. It could come in." I remember a final conversation where we all discussed again those operational risks about whether we would maintain the St Xavier's arrangement of having our patients there and not only that but having a temporary ED because the temporary emergency department serving the community of Ballina was obviously not as good as an emergency department back in the main hospital. In the end, I remember we made a final decision that we would weigh up the risk but decided that patients' interests were better served by taking them back and then we would have to be on high alert for any further highs. Those were the sorts of issues that were going in that first week. It was pretty horrible actually making decision after decision like that. The staffing I think—

**Ms CATE FAEHRMANN:** Chair, do I still have time?

**Mr BRAD HAZZARD:** Can I just answer the question about the nurses? I think I might be wrong, Cate, but when you get another go or when Wayne gets another go, I think we had about 100 staff who lost their homes as well. One of the issues there that we were looking at was whether we could get any support up there through vans, and Health Infrastructure has been working with housing because it is primarily a housing issue. Rebecca Wark and I had a number of conversations—she is here today—about whether or not we could access some of the vans that we had used, for example, in Wilcannia when we had the outbreak of COVID and we transferred them up there. Last I heard, but we will hear in due course, we did get some vans to be on the way up there to help housing be able to support it. The problem really is that the number of vans that are available is so small compared to the number of people who have lost their homes. It is horrific really.

**SUSAN PEARCE:** Ms Faehrmann, if I could finish that off and I know that time is up, I would like to make it clear that there were immediate deployments of staff from NSW Health, particularly with respect to the mental health aspects from the mid North Coast. The movement of vans and other vehicles obviously has been contingent on roads being open and having the ability to get through. As soon as we could get them there, that is what we are doing. Many of those staff Mr Jones referred to are there or are certainly on their way. The other aspect of this, of course, is NSW Ambulance who immediately stood up an IMT right back when this started at the very beginning.

**Mr BRAD HAZZARD:** IMT?

**SUSAN PEARCE:** An incident management team. It was sending paramedics and extra resources to that area immediately. I think it is worth noting that there was no delay from our perspective in getting staff there. The rate-limiting factors that Mr Jones has mentioned with respect to accommodation are a real issue and we are working through that. But we will send whatever resources are necessary to assist our colleagues there and will continue to do so.

**Mr BRAD HAZZARD:** That is the value of internetworked system across the State. We also, by the way, lost some ambulances initially that went under in the water, but we were able to recover, I think, the majority. So it has been, as I said, hell.

**The CHAIR:** Before we proceed further, I acknowledge the presence of the shadow Minister for Health, Ryan Park, who has joined us for the proceedings. Welcome.

**Mr BRAD HAZZARD:** What a great privilege it is to have him. Where is he?

**The CHAIR:** He came in.

**Mr BRAD HAZZARD:** And he is gone. He came in for a quick look and bolted.

**The CHAIR:** I think it is almost guaranteed he will be returning very shortly.

**The Hon. WES FANG:** I think he was intimidated, Minister.

**The Hon. COURTNEY HOUSSOS:** I dispute that.

**The CHAIR:** I am sure he will return.

**The Hon. COURTNEY HOUSSOS:** Minister, did you say—it may have been Mr Jones—that COVID cases are currently being isolated at Lismore hospital? Is that correct?

**Mr BRAD HAZZARD:** I will go to Wayne Jones because in the last conversations I had with him we had people in the community with COVID, and the issue was that we wanted to make sure that if they identified—as you would appreciate, you have come in here this morning, you may have had COVID and you would not know until you have had a RAT test—was there a possibility of them being transferred and looked after safely in a separate location, subject to obviously the constraints of being in a major flood crisis zone. Wayne, can you clarify that? Because my recollection was you advised me you did have a first place and I just do not remember whether there were other places as well. Can you tell us that please?

**WAYNE JONES:** The initial place is Casino District Hospital, not Lismore. There are 18 beds identified there. We are looking now at enlarging a facility at Goonellabah Sports and Aquatic Centre, which is currently an evacuation centre but making it more a COVID isolation zone, should we need more space.

**The Hon. COURTNEY HOUSSOS:** For clarification again on that final point about what is a close contact, if someone has COVID in an evacuation centre, obviously usually a household contact is considered someone who needs to isolate.

**Mr BRAD HAZZARD:** Under the current guidelines, yes.

**The Hon. COURTNEY HOUSSOS:** That is right. What are the rules for someone who has been in an evacuation centre alongside someone who had COVID?

**Mr BRAD HAZZARD:** It would depend on the proximity and the length of time but, since we have our acting Chief Health Officer here, I shall ask her for her advice.

**MARIANNE GALE:** Essentially, the local public health units would be making those assessments on a case-by-case basis. In a circumstance where a person with COVID-19 was identified in an evacuation centre, it really does depend on their proximity, the size of the room and the duration of exposure. But, essentially, the same principles would apply to those risk assessments as would apply for people in a community setting. So if you have spent a prolonged period without masks, right next to each other, then the likelihood would be greater that people surrounding may be considered close contacts. That is done on a case-by-case basis by the local public health units doing that risk assessment in any circumstance where a person with COVID-19 might be identified.

**The Hon. WALT SECORD:** Dr Gale, we were just notified of 16,288 new cases today. What is the current health advice on mitigation measures and what is the current state of play for COVID in New South Wales? I know the flood is the preliminary response but what is happening in relation to COVID?

**Mr BRAD HAZZARD:** I can more broadly address that COVID issue first and certainly Dr Gale will also address it. You have raised a relevant and very pertinent point. Anybody who has been watching the numbers in the past few days would see that we are seeing an apparent increase in cases. That is concerning us. Our focus has been primarily, though, on the crisis of the floods. But it is concerning Health and concerning me as health Minister greatly that we are seeing an increase in the number of cases on a daily basis.

**The Hon. WALT SECORD:** Minister, you just pre-empted my second question. We are actually going down the same track here. Why is it increasing?

**Mr BRAD HAZZARD:** You remember how we had Omicron BA.1?

**The Hon. WALT SECORD:** Yes.

**Mr BRAD HAZZARD:** What we are now seeing, we believe, is the increase through BA.2. So we have actually got a further sub-variant of Omicron, and what we are seeing is that the numbers are increasing quite dramatically because it would appear that BA.2 version of Omicron is actually more transmissible. Omicron, we knew, when it came after Delta, was certainly a lot more transmissible than Delta. That was BA.1. We are now seeing what we believe to be BA.2. We have some preliminary data done by the University of New South Wales, who were the source of the information that I gave back in, I think, December when I indicated, much to the surprise of some in the community, that we would be seeing 25,000 cases a day towards the middle to end of January. The same team have put together some work now. It is very preliminary, and we need to be doing a lot

more digging before we give any definitive positions. But we are concerned at this point that BA.2 is amongst us and overtaking BA.1.

One of my concerns—and probably Dr Gale will confirm her position—is that we are still sitting way off the booster doses that we need through the community. It would appear the community have largely switched off and decided that we are not facing a major problem with the virus. We still are. Basically, we have got 95 per cent of people that went out and had doses one and two, but only about 50 per cent, give or take, have actually had the booster. What we need to realise is that the preliminary evidence now is so concerning that people need to get out and get the booster fast, in my view. I will pass to Dr Gale.

**The Hon. WALT SECORD:** Dr Gale, so the BA.2 is a variant on the variant?

**MARIANNE GALE:** Let me clarify. People will obviously recall that Delta is what we were living with last year, and then late last year we saw Omicron become the new variant of concern and rapidly take over as the dominant strain in New South Wales. That is because any new variant essentially would need to be more transmissible or evade the immune response or the vaccine response in order to become the dominant strain. Omicron remains the dominant strain in New South Wales, and Omicron has sublineages, which is the technical term. The dominant sublineage until recently has been BA.1.

What we are seeing—and we are still undertaking further analysis to try to get a better sense and a better handle on it—is a trend to an increasing rise of the BA.2 sublineage of Omicron. As the Minister rightly pointed out, experience overseas has shown us that BA.2 can quite rapidly overtake BA.1 to become the dominant type of Omicron. Again, from experience overseas, BA.2 has evidence of being more transmissible. It can infect people quicker. But we do not have evidence that it is any more or less severe clinically.

**The Hon. WALT SECORD:** On that note, Dr Gale, on 1 January the average stay in hospital for COVID was 4.5 days. Yesterday the average stay was 9.3. What is happening? Explain why it has gone from 4.5 days to 9.3 yesterday.

**MARIANNE GALE:** I will take that on notice and come back to you in terms of that specific data. We do know that, as I said, BA.2 does not appear to have evidence of being more severe clinically. I will come back to you about that particular point. But to your earlier point about the reasons why we might be seeing increased case numbers, our theory is that that increase in proportion of BA.2 is probably playing a role. But, additionally, we know that in recent weeks we have had more social mixing, particularly in younger people with schools and universities going back, tertiary education going back, more social mixing and a relaxation of restrictions. All of those things play a role and probably are working in combination to see those case numbers rise.

**The Hon. WALT SECORD:** Are numbers going to continue to rise?

**MARIANNE GALE:** As the Minister said, the preliminary and early projections from the modelling team at UNSW do show that we are likely again to see an increase in case numbers through March to April and in May. What we do not know—and there are significant uncertainties around those projections—is exactly how high the peak may be, how long it may last or exactly when it will come. But it is likely that we will see an increase in case numbers in the coming weeks and months. As I know, Dr Chant has previously communicated that this is not unexpected. Even with Omicron, we know that we are going to see periods of surges and periods where case numbers go down. If there is a new variant that is introduced, again, those are issues that we are going to have to deal with. So our response to COVID is always going to need to be flexible and proportionate to the risk.

**The Hon. WALT SECORD:** I want to take you to what you just dabbled in: new variants. Are there preparations underway for the next wave? I know that you said there is the BA.2, which is a variant on the variant, so there must be preparations underway for the next variant.

**MARIANNE GALE:** As part of our COVID planning, always the prospect of new variants is there. History has shown us, with the different variants that we have moved through, that it is almost certain that new variants will come along. The planning for that are the same basic measures that we have talked about all the way along. It will be about the vaccine and how effective a vaccine is against whatever variant may emerge. It will come back to, again, the measures that we can all take as individuals to get tested promptly, to isolate if we are symptomatic, social distancing and masks in circumstances where you cannot physically distance. That suite of measures will remain the same even in the face of a new variant. The implication will be what will any new variant mean in terms of numbers of cases, the severity of cases, and what the potential impact might be on the hospital system but also on those in the community who remain at risk of severe disease.

I will say finally that we know that people in our community who are at risk of severe disease—those who are of older age, those who have other chronic illnesses or with immunosuppression—at high numbers or at

low numbers of COVID, they are always going to be the group at risk. So we always need to consider measures to protect those in our community who are at risk of severe illness from COVID.

**The Hon. WALT SECORD:** Dr Gale, as the acting chief health officer, are you concerned about the increase in numbers that is occurring now?

**MARIANNE GALE:** I am concerned, but we are carefully looking at further analysis with our colleagues at UNSW and others to look at what the potential impact of that increase in numbers may mean, and we will be reviewing all that evidence. As the Minister said, a very important and key message at the moment is for the community to be aware that this increase may come and the important measures that people can take to protect themselves and those around them, particularly around the booster shot. If people are out there and have not got around to getting their booster yet, or if they are sitting on the fence about whether it is appropriate, it is a really important time now for those people to get a booster. Similarly, if I could add, for families with children aged five to 11 who have not yet got their vaccine, now is really an important time for people to go out and be up to date with their vaccinations for COVID.

**The Hon. WALT SECORD:** Who has access to this UNSW modelling data?

**Mr BRAD HAZZARD:** The modelling is very preliminary, which is why we are indicating that. There is a lot of extra work that it still wants to do before it becomes a public confirmation of what the situation is in the sense of this is definite, but it is highly likely. What we are concerned about, Mr Secord, is, as Dr Gale just said, the preliminary information indicates that in only another month or six weeks we could be looking at cases more than double what we are currently getting. So it is concerning. But the big message is people need to understand that, while the community might have gone to sleep on the virus, the virus has not gone to sleep on the community. The virus is still out there, and it can still wreak havoc if we do not go and get our boosters fast.

**The Hon. COURTNEY HOUSSOS:** Minister, I appreciate what you are saying about the modelling being still in its initial phases. Do you have any indication of when the peak might be?

**Mr BRAD HAZZARD:** Yes. I will ask Dr Gale to clarify, but on my recollection of the very preliminary data, which still has to be confirmed through—part of the problem with forecasts, as we have talked about many times in the past 2½ years, is the input and making sure the inputs are correct.

**The Hon. COURTNEY HOUSSOS:** Yes, I understand.

**Mr BRAD HAZZARD:** At the moment we still have a relatively small population. Even though, as Mr Secord highlighted, there is an increase today, there is a proportion of those that are still BA.1. We know BA.2 is increasing, and we think that is what is causing the faster uplift. When the inputs are essentially only a few weeks of BA.2, and looking at some of the data from overseas, then you have got to say, "You've got to do a bit more work here, folks, to be absolutely certain." But I think the community should also be aware of the fact that we have had these situations before and they have not been far from the mark. If everybody were boosted, I would not be as concerned.

But the fact that so many people are sitting—I will be careful what I say. So many people have become very relaxed and do not seem to think Omicron still exists; they do not think the virus still exists. It does, it is out there and it is doing its damndest to get through the community. All we need to do, though, is to take the sort of steps that Dr Gale has talked about—washing your hands, keeping some distance, wearing a mask where appropriate—but, most importantly, go and get your booster; get it fast.

**The Hon. EMMA HURST:** I will continue on the same discussion around COVID. Dr Gale, it might be too early to give any information on this, but do we know if there are any differences in vaccine efficiency on BA.2 compared with BA.1?

**MARIANNE GALE:** We do not have good evidence about that currently. It is one of those caveats or one of the assumptions that we make, as we talked about earlier, in making those projections about the modelling, because some of the factors that are involved are: How quickly will BA.2 become the dominant strain? What would immunity look like? Is there any cross-immunity for people who have had BA.1 and BA.2? How quickly does immunity wane, both natural immunity but also vaccine-induced immunity? So there are a number of questions, and still internationally that evidence is being gathered and collectively people are forming better evidence around exactly those issues. But, for the moment, it is not very clear.

**The Hon. EMMA HURST:** We are not very sure yet. Minister, in regard to the booster shots, I think there is some mixed information out there around people who have contracted COVID before the booster and then how long to wait after they have had COVID to get the booster. I have heard that some people are told to get the booster as soon as they are out of isolation. I know I was told to wait one month to three months, for example,

and I have heard that other people were told to wait up to six months. Do you think that is affecting the pick-up rate of the boosters? And do we have any specific recommendations from the department as to how long to wait?

**Mr BRAD HAZZARD:** Dr Chant has said I cannot tell you how many times in press conferences with me that four to six weeks is the current recommendation after you have had COVID. I agree that, more broadly, there is a degree of uncertainty about whether you have got to have one at all after you have had COVID. The answer is yes. Dr Gale has just highlighted the fact that immunity wanes both after having had the virus but also having had the vaccinations. Nothing is perfect. This is a one-in-100-year pandemic. We are actually blessed to have had researchers come up with vaccines so fast. We had a whole year of utter misery with no vaccines. We had a year of getting vaccines, and now we have had the beginning of the next year where I think a lot of the community have gone to sleep on the task and they are sitting there thinking it has disappeared. No, it hasn't.

There are people dying every day from COVID. There are many people in our hospitals. Fortuitously, there are a lower number in our ICUs currently, but we cannot be sure that is going to continue. We are genuinely concerned and worried about what we are seeing in terms of numbers but also the forecasts, albeit as preliminary as they are. We have literally only got that information in the past few days, so there is still a long way to go. People have power within their hands to roll up their sleeves and get a shot. If they can go and do that, that is the best thing they can do, plus take precautions.

**(Wayne Jones withdrew.)**

**The Hon. EMMA HURST:** It was reported on 18 January that 35.1 per cent of NSW Health clinical staff and 29.7 per cent of non-clinical staff have had their third COVID vaccine recorded compared with, say, 55 per cent of the general population. Are you concerned that the uptake of the booster seems to be lower in NSW Health staff than the general population?

**Mr BRAD HAZZARD:** Emma, I am not sure that that those are the current figures, but I do know that the issue for us has been whether or not we would make it mandatory for the third dose. We made it mandatory for the first two doses and that has applied not across the whole—I mean, I hear people thinking that this is actually across a broader section of the population than it actually is. There is generally not a mandatory requirement for the whole population, but for subsets of the population who have particular reason to have it, yes. For example, police, because they are dealing with the public all the time, medical staff and aged care staff. Other businesses have made it an OHS requirement to have the injection, a bit like the Parliament is currently requiring RAT tests here. That is their solution to the problem or the Parliament's solution to the problem. But am I concerned? Yes, I am concerned. But we are doing what we can to try and encourage health staff to actually have their third shot.

Many of them, of course, are in the position that you talked about; that is, they have also had COVID so there are periods where they have to wait until after they have had that to actually have the shots because they have been exposed more than anybody else. The issue is then do we make it mandatory or not. I have said publicly a number of times that we are working with the two major unions—that is, the Health Services Union, which I think is the fifth biggest union representing health workers in the country, and also working with the Nurses and Midwives' Association. They have both expressed concerns to NSW Health, and to me personally, that health staff have been under such pressure for two years that to add additional pressure requiring them by mandatory orders under the Public Health Act would not be appropriate.

Now, I have not ruled it out, but I certainly have not been rushing towards doing it. I must say, my individual view on these things are that I do not like doing health orders. Up until the time that we had a one-in-100-year pandemic arrive, there had only been two health orders in the last decade by a Minister for Health. Now, of course, on some days it has been three and four orders, and it goes against the grain. As an individual, as a member of the Liberal Party, it goes against the grain to be doing orders. If we can work with people to take them with us on the journey then that is our priority, but I am not ruling out getting to the point where we might have to have orders.

**The Hon. EMMA HURST:** Recent modelling from Deakin University indicates that up to 10,000 Australians could be suffering from long COVID by the end of the year. How are we equipping or what are we doing to actually assist these people with that long-term recovery going forward?

**Mr BRAD HAZZARD:** Obviously what is involved in long COVID is many and varied, and many of the symptoms are symptoms that are common to other major diseases as well, and many of those people do fit within, therefore, the services that we already have. We will get Dr Lyons to answer a question since he has not answered anything yet.

**The Hon. WALT SECORD:** He is sitting back.

**The CHAIR:** Dr Lyons, it is your time to shine.



**NIGEL LYONS:** Thank you for the question and thank you, Minister. Long COVID has been discussed by clinicians extensively because there have been quiet concerns about the early reports from Europe and North America around instances of long COVID. The evidence that the clinicians are hearing published is that the incidence of long COVID seems to be reduced with the Omicron strain, so it is not as much of a feature as it was with Delta and the previous strains prior. However, they are very conscious of the need to ensure we have plans in place for the ongoing care for people who have those ongoing symptoms. Our rehabilitation physicians and our infectious diseases physicians and our respiratory specialists have all worked together to start to develop a pathway of care, which will ensure that the right specialist teams are involved in that coordination and continuing to provide that ongoing care in partnership with general practitioners for people who do have those conditions and who do need that ongoing support.

That development work is being finalised at the moment. That will then be promulgated as one of our protocols that we have done with guidelines that we have issued for all sorts of aspects of treating COVID. That will be then used as a basis on which we will provide that ongoing care. As the Minister said, those services already exist that can do that. They have the expertise to do that and the resources to do that. We will need to be continually monitoring to ensure that the numbers of people with long COVID are able to be supported appropriately with those service arrangements.

**Ms ABIGAIL BOYD:** Good morning, Minister and officials. Good to see you. I want to pick up on the questions that my colleague the Hon. Emma Hurst was asking around sexual violence. I appreciate what you are saying about you have only had a chance to speak with Full Stop this week. But, generally, can I get confirmation from you, Minister, that sexual violence services is the responsibility of Health and not DCJ?

**Mr BRAD HAZZARD:** Generally that would be the case. Dr Lyons, seeing as you have starred one answer, would you like to answer something else as well?

**NIGEL LYONS:** Absolutely. We take our responsibilities in this space very consciously and have done a lot over the last few years in continuing to look at the issues around how we respond to sexual violence and supporting organisations like Full Stop. They receive \$1.5 million from Health and have done for nearly 50 years, as the Minister indicated. There is also around a quarter of a million dollars that has been provided to provide support for their counselling services. But they are not the only things that we do in this space. We have sexual assault services across all of our local health districts and we continue to support with investments in those services as well over the last few years.

**Ms ABIGAIL BOYD:** So it is the responsibility of Health, definitely?

**NIGEL LYONS:** There are aspects around the immediate care of people and the response in terms of support that we absolutely see our role would be.

**Ms ABIGAIL BOYD:** Yes, and that has been the case for decades. What is your total yearly spend on New South Wales sexual violence services?

**NIGEL LYONS:** I will have to take that on notice, I am sorry.

**Ms ABIGAIL BOYD:** We have, on conservative estimates, over 700,000 sexual assault victims, victim-survivors in New South Wales alone, and that is before we include adult survivors of child sexual assault. Even though we have disasters such as COVID, floods and other things, we still have 700,000-plus people needing services for sexual assault. And, as you would know, the trauma that can follow people throughout their lives is something that needs to be addressed. Do you think it is acceptable, Minister, that the NSW Sexual Violence Helpline has not had any increase in funding in 10 years?

**Mr BRAD HAZZARD:** The helpline is just that, Ms Boyd. It does have some, obviously, component but I think the service would like more money. From the conversation I had the other day with them, they would like some more money for services, rather than just the helpline. That is why I was saying to Emma before that I need to sit down and have time to go through that with the bureaucracy.

**Ms ABIGAIL BOYD:** This is not new. Health has had responsibility for sexual violence services for this amount of time. We are being told that one in three people are being turned away from—

**Mr BRAD HAZZARD:** At particular points of time they are telling me they do not have enough staff on board to actually answer the phones.

**Ms ABIGAIL BOYD:** So there is far more demand than there is capacity.

**Mr BRAD HAZZARD:** It is the same thing with 1800RESPECT, from what Full Stop was telling me.

**Ms ABIGAIL BOYD:** Sure, but 1800RESPECT is effectively a triage service that is run by Telstra now.

**Mr BRAD HAZZARD:** Telstra Health.

**Ms ABIGAIL BOYD:** Telstra Health, which then divvies it out to the other services, such as the NSW Sexual Violence Helpline. If they are unable to answer the phone, people who are calling for help at that really vulnerable moment—when we know that that moment of disclosure and that moment of seeking help is often the most critical time in somebody's recovery from trauma—if they are not getting answered, that is going to be a much bigger health problem going forward, isn't it, in terms of mental health costs and all the rest of it?

**Mr BRAD HAZZARD:** Potentially. I do not think you could be absolutely definitive about that, but generally I would agree with you. I have dealt with similar situations through being the former Attorney General, and dealt with all the other States and Territories on similar issues, particularly with the royal commission that ran for almost three years and obviously had major implications. It shone a light on issues that we have known about but not to the level of what it was. I have dealt with men's and women's sexual assault groups through both that and Family and Community Services when I was the Minister there. There are other services that are operational and do get some funding from other services. As I said to Emma before, I need to sit down and come to grips with what is actually going on and talk to the other Ministers who are in those spaces as well.

**Ms ABIGAIL BOYD:** I understand you are just one person and that you will take this seriously but, with respect, this has been Health's responsibility for a significant period of time.

**Mr BRAD HAZZARD:** I mean, yes, but I cannot add any more. I am giving you my earnest answer.

**Ms ABIGAIL BOYD:** The Federal Government has made a commitment to increase funding for sexual violence services and we have seen the national partnership agreement for domestic violence services as well as sexual violence services getting rolled out, with \$20 million recently going to the Department of Communities and Justice to divvy out. That funding is intended to include sexual violence services because the Federal Government has recognised that there is an increased need for funding.

**Mr BRAD HAZZARD:** That might be the funding that has gone into DCJ.

**Ms ABIGAIL BOYD:** That is right.

**Mr BRAD HAZZARD:** But I have not got my head around that part yet because I only had this conversation last week. As I said to you, Abigail, I dealt a lot with this when I was Attorney General. I was out arguing and fighting to get additional funds from the Federal Government for precisely this purpose. If you are asking me to give you a definitive answer—

**Ms ABIGAIL BOYD:** I am not. What I am trying to ask you about is, because that funding structurally that is supposed to go also to sexual violence services is purely going to DCJ is there not a gap in that the sexual violence services will never get funded out of that national agreement, because it is always going to go to DCJ and never come into Health?

**Mr BRAD HAZZARD:** Certainly when I was the Attorney General, I understood that the money that we would eventually extract from the Federal Government—I shared this with all other Labor and Liberal Ministers around the country—when we got the money, it would be going into supporting sexual assault services. I need to get my head around what is actually going on in another Minister's portfolio and talk to that Minister and the departmental officials to try to work that out. I cannot give you a definitive answer now, other than to say that I am entirely sympathetic to the cause. You and I would be arguing from the same side of the table. I can sense the vibe coming from the end; Dr Lyons actually wants to say something now.

**NIGEL LYONS:** I can assist, Minister. I mentioned the sexual assault services that exist already. Every local health district has a sexual assault service which is available 24/7 for both crisis and immediate response to victims of sexual assault. There has also been \$19 million, which we are providing annually now, for implementation of recommendations that came out of the royal commission federally. That has been to specifically address many of the issues and enhance those services. Examples of those have been the expansion of the NSW Health sexual assault service Aboriginal workforce. We have actually put 23 extra positions in place across the State specifically for Aboriginal people to work in the sexual assault services. We piloted an adult survivors of child sexual abuse service, looking at a statewide implementation from 2023 at around \$6 million per annum across the State. We are expanding the New Street Services—

**Ms ABIGAIL BOYD:** Sorry, if I could interrupt you because my time has run out. Will you please provide on notice—

**NIGEL LYONS:** I have only got a couple more points and it will only take two seconds, if you like.

**Ms ABIGAIL BOYD:** Sorry, can I just finish my sentence? After you finish doing that, if you could also take on notice the total spend on sexual violence services from the Department of Health in the last year and then if you could also provide that for the last five years so we can see a trend that would be great.

**NIGEL LYONS:** Certainly, I am happy to take that on notice. I want to mention the New Street Services, which have also been expanded for harmful sexual behaviours for 10- to 17-year-olds, and a range of other statewide programs that have been put in place.

**Ms ABIGAIL BOYD:** Thank you.

**The Hon. WALT SECORD:** Drawing together the evidence from the last bracket of our questions, given the increasing COVID numbers as evidenced this morning on the variant, Ms Pearce, is NSW Health ready for the next development in COVID?

**SUSAN PEARCE:** Mr Secord, as the Minister has mentioned, because this advice is quite preliminary, we are still trying to work through the implications of it. We are also doing work now to model what we think may happen in terms of hospitalisations as a consequence of this. One of the inputs that, as the Minister mentioned—look, I have been dealing with modelling since the pandemic began and I can tell you some of it has been accurate and some of it certainly has not. The reality of it is when Omicron first hit us back in early December last year we had no booster rate in the State. So the difference now—and this is what we are really working through and, of course, we will make this information available, as we have done in the past, once we get through this—with the booster rate we have presently got, which is 60 per cent of the eligible population, we need to understand what impact that may have on reducing the likelihood of hospitalisation, and that is the challenge that is before us at the moment. The team is literally working through that as we speak, to understand.

I think in terms of preparedness, we certainly do acknowledge the work of our staff right across NSW Health throughout this, and the fatigue of our health system that has now been, you know, more than two years of dealing with this pandemic. Mr Minns may wish to add some comments here in respect of our workforce, but clearly we do need to acknowledge them. We also should acknowledge, though, that a lot of things have happened and changed since this pandemic began. The Virtual Care Centre at NSW Ambulance is one initiative that has made major change to how we deal with those increased calls. During the Christmas-New Year period, when Omicron really was appearing in large numbers, we were fortunate that we had invested in those types of programs to help offset what may have otherwise occurred.

So it is not just all about hospital beds. I think it is really important that, whilst it has impacted our hospital system—there is no mistaking that—there has also been a significant amount of work to prepare our community resources. We had to move swiftly. I think I have said publicly before, Omicron presented the perfect storm for us in that Christmas period while people were trying to have a break—the number of cases, all of those factors combined and the staff furloughing was a very significant issue for us, which is why it is so important for our health staff to have that booster. But the resourcing and what we have done in the community space, I think it is important to remember that well over 95 per cent of people with COVID do not set foot inside a hospital.

The point of that is that we needed to very quickly move to be able to provide information to people as to how to safely care for them at home but, more importantly, what to do if their condition deteriorated and they needed help. That was very important. Dr Chant has spoken publicly many times about connecting people to care when they need it. We set up so that every time a positive case, both from a RAT and PCR, comes into the patient flow portal in the system it immediately then links, we do a risk assessment—which is all done electronically; do not ask me to explain that in detail. The risk factors of those patients, based on age and other factors, are taken into account and then SMSs are sent providing that information. I could talk a lot about the preparedness, but it is significant.

**The Hon. WALT SECORD:** Thank you.

**The Hon. COURTNEY HOUSSOS:** Minister, what is the latest advice that you have about people catching COVID a second or possibly even a third time? Given the increasing numbers in the community, what is the latest advice about whether people are likely to catch that? Perhaps, Dr Gale, you might be able to answer that?

**Mr BRAD HAZZARD:** They certainly can catch it again. Dr Gale?

**MARIANNE GALE:** Yes, thank you. We do know that reinfection occurs, and we have seen that that was a particular feature of Omicron when it first emerged—that people overseas who had had previous strains, who had Delta, also got Omicron. So reinfection with COVID we know is absolutely possible. But clearly vaccination reduces that risk and also previous infection does provide some level of immunity as well. So, yes, we do know that reinfection is possible. One of the things that we need more evidence about, and we are watching

closely, is what that looks like especially for BA.1 and BA.2 and whether previous infection with BA.1 confers much immunity to BA.2. That is yet unclear.

We are also aware of circumstances in certain cases in people overseas where actually co-infection of BA.1 and BA.2 has been identified. So there is a lot more that we still need to understand about how these strains intersect with each other, whether co-infection is possible and what patterns of reinfection look like. So there is a lot of scientific work still happening globally to get a better understanding on those issues.

**The Hon. WALT SECORD:** Dr Gale, I will take you up on that. So it is possible to actually get BA.1 and BA.2 simultaneously?

**MARIANNE GALE:** I am aware that there have been documented cases.

**The Hon. WALT SECORD:** Have there been cases in New South Wales?

**MARIANNE GALE:** Not to my knowledge and certainly not extensive, but I am aware that laboratories have detected that. As to the significance of that or how common that may be or what that means clinically, my understanding is that that evidence is still emerging. But clearly it is something that the scientific community will be looking closely at.

**The Hon. COURTNEY HOUSSOS:** Ms Pearce, I want to come back to you. My colleague asked earlier and talked about the difference, to Dr Gale, in the average length of stay, that we have seen it quite significantly longer, in fact more than twice as long. On 12 January it was 4.5 days; as of yesterday 9.3 days was the average length of the stay. I understand that we are seeing lower numbers, but if we are likely to see a new increase and we are seeing a lengthening of the period that people are going to hospital, how confident are you that, given what you said about the health workforce being fatigued, you will be able to still provide the best possible care to the New South Wales community?

**SUSAN PEARCE:** The team are looking at the length of stay right now because my understanding is the average length of stay is not at nine days but, rather, since 1 January it is at 4.1 days. So happy to take that on notice and provide more information to you.

**The Hon. COURTNEY HOUSSOS:** Let me just clarify, Ms Pearce. The average length of stay, according to publicly available data on the Health NSW website, was 4.5 days as of 12 January; yesterday it was 9.3 days. I accept that there are lower numbers of people going into hospital, but my concern is that nurses are constantly telling us that they are overworked and understaffed, that this is something that is happening right across our health workforce. If we are seeing COVID cases in hospital for longer but we are also seeing increasing numbers, then how is our health system going to cope?

**Mr BRAD HAZZARD:** The health system is coping, and we have had far more numbers. Let me make it very clear that our staff have all been under massive pressure for two years and they continue to be under pressure—less pressure, but still pressure—because like all of us who have been through this we are still suffering from the past two years of absolute exhaustion. The health system is a big system. Our system is networked; it is a \$30 billion system.

**SUSAN PEARCE:** Can I finish and maybe I might pass to my colleague Dr Lyons? What we look at is the conversion rate of COVID into hospitalisation. That is one of the critical factors in terms of how we assess what we are likely to see going forward—so the number of people with COVID, how that converts to both hospitalisations and ICU admissions. Those numbers have stayed quite stable; there are small movements in those. With length of stay, when you discharge patients who have been in hospital for a long time, that will skew the length of stay because the minute you discharge them that adjusts the number. So, as I said, I am happy to take on notice that question so we can provide you with accurate information with respect to what is happening.

Certainly what we can advise, as you will have been seeing, is a gradual reduction both in ICU and hospitalisations for COVID patients, and we are also aware, of course, that there are a number of people in hospital and in ICU that have incidental COVID, so they are in hospital for other reasons. For example, in New South Wales we count back 14 days; so if you had COVID 14 days ago, you then recovered from that, fell off your bicycle and broke your arm and were admitted to hospital, we would count that as a COVID admission. We have done that to be very conservative because it also could be the case that you have had COVID and seemingly recovered and then had a fall, but that fall is actually related to COVID. So we have taken a very conservative view of how we count COVID in this State. That is quite different to other States; for example, I understand in other jurisdictions it is just the day you present, whether you have got COVID or not, is how it is counted. So there are variations on the theme. We watch these numbers, as you would appreciate, and the impact on our workforce every day. But I will pass to Dr Lyons for some further comments.

**NIGEL LYONS:** Just very briefly, we have been watching the length of stay and it has slowly increased each week and the reflections from our clinical teams is that it is likely due to a number of factors. The overall load on the system has reduced, as my colleagues have said—the number of people in hospital has reduced, the number of people in intensive care has reduced and, as people have said, we are treating the vast bulk of people now with the Omicron strain and new strains outside of hospital. So the only people who get admitted to hospital are those who are more severely ill and are likely to have other conditions which might impact on their length of stay. So the view is that we are seeing a skewed number of people now in hospital, which are the more complex people with multiple comorbidities who are likely to need other treatments.

And the other issue is, as Ms Pearce has said, that people who are admitted with other conditions but have COVID as well, because of the level of community transmission are counted in those numbers and the thing that might be driving their length of stay is actually their other conditions. So we have been monitoring it very closely and there is going to be further assessment done, as Ms Pearce has said, to understand more about what is changing that length of stay.

**The CHAIR:** Cate, we will move to you. Your full allotment of time is eight minutes, so we will go until five past 11.

**Ms CATE FAEHRMANN:** Okay, great, thanks, Chair. Minister, I just wanted to move to the NSW State Health Plan: Towards 2021. For Victoria, the Victorian public health—sorry, I am hearing things.

**The CHAIR:** I apologise.

**Ms CATE FAEHRMANN:** Are you right, Chair?

**The CHAIR:** Yes, sorry. You have four minutes.

**Ms CATE FAEHRMANN:** It is easy to hear things and think someone is trying to talk over me when I am asking a question. The Victorian public health and wellbeing plan 2019 to 2023 lists climate change 43 times, its first 10 priorities being tackling climate change and its impact on health. The NSW State Health Plan: Towards 2021 lists climate change exactly zero times. Surely you will agree, Minister, that this is a gross oversight on behalf of your Government to not prioritise the impact of climate change on public health?

**Mr BRAD HAZZARD:** You are talking about the past plan that is already now past, is that right

**Ms CATE FAEHRMANN:** I am talking about the only plan that is in existence at the moment.

**Mr BRAD HAZZARD:** Yes, but it is past, it is 2021, and they are working on the new one—

**Ms CATE FAEHRMANN:** Okay. So there is no plan in existence, Minister, and I think that is the one you are working on.

**Mr BRAD HAZZARD:** What I would say, Cate, is that I would share your concerns. I am not going to argue with you, I would share your concerns. I was not the Minister 10 years ago when it was done. Health, I think in the new plans that are being developed at the moment and being consulted on, whether it is for regional or whether it is the broader State Plan, I would envisage that there would be some consideration given to climate change, because I am of the view, as Minister, that that would be crucial. So no argument from me; I agree 100 per cent. My first degree was environmental science; I have been arguing climate change for 30 years. I can remember arguments in my kitchen with members of the Liberal Party and the Labor Party both telling me I was off my cracker because I was actually saying there was environmental climate change occurring. So no argument from me; it should be in there.

**Ms CATE FAEHRMANN:** That is very good to hear, Minister. What work is NSW Health doing at the moment to assess and manage the risks of climate change on public health?

**Mr BRAD HAZZARD:** Climate change obviously has ramifications, particularly in regard to people with a range of conditions. But I will ask Dr Lyons—who might, I am not sure, but just to keep him on his toes—whether he has anything, otherwise I will take it on notice. Dr Lyons, can you contribute anything to the question by Ms Faehrmann?

**NIGEL LYONS:** Always happy to assist, Minister.

**The CHAIR:** "Yes, Minister!"

**Mr BRAD HAZZARD:** Yes, that is exactly right. I get that regularly actually.

**NIGEL LYONS:** Thank you for the question. We are in the final stages, as the Minister said, of undertaking a revision of that State Health Plan: Towards 2021 and have the next version available to be published. It is just working through its final consultation processes at the moment. It is called Future Health. And just to

reassure, Ms Faehrmann, that there is very much a focus on sustainability of health care and the impact of climate, not only from the point of view of the impact on the community and how we need to respond, but also in our own impact on environmental issues as a health system which has a large workforce and a lot of services that are provided.

So our use of renewable energy, our impact and waste and waste disposal, how we can minimise those; our use of single-use items, which is a major factor in healthcare delivery, as you are aware—there are a whole range of factors that are being considered in the context of that future health strategy, which will very much put in focus our actions and what we need to do more of. But just to reassure, there is much work that is already underway. Many of our districts already have extensive plans around moves to renewable energy, reductions in waste, looking at their footprint and impact on the environment, but also thinking about what we need to do to respond for our communities in respect of climate change and its impacts.

**Ms CATE FAEHRMANN:** Thank you for that response. Minister, given the impacts of floods, bushfires and everything else that climate change is going to throw at us, are you pitching for an increase in the State's Health budget to cope with the expected increase in demand?

**Mr BRAD HAZZARD:** I have got to tell you, Ms Faehrmann, that I am pitching for an increase in the State Health budget all the time. The problem is that whilst I argue black and blue for such increases for a whole range of reasons, every single day I get requests from different groups wanting more money for this or for that. We heard about some issues a little earlier, raised by your colleague. There is no question that it may involve more money or it may involve being smarter about the way things are done.

I just want to say that at some point the health system is going to swallow the entire State budget if we are not cautious. I do not know whether you are aware of this, but I was amazed this morning when I was hearing about the increase in defence by the Federal Government to understand yet again that Health in New South Wales employs three times the number of people than the entire defence force for Australia—three times the number in Health. That is just in New South Wales, let alone what it is in all the other States and Territories. Health is like a massive black hole where we could drop every dollar in. What I would say to you, rather than answering the specific question about the funds aspect, is to say that I personally am committed to doing whatever it takes to get our environmental footprint minimised. It will take time, like everything else. Unfortunately, climate change appears to be already here, but you will not get any arguments out of me that there should not be more done.

**Ms CATE FAEHRMANN:** The question is—

**The CHAIR:** Time! We need to move across to the Deputy Chair.

**The Hon. EMMA HURST:** Recent research and scientific trials in Israel have shown the effectiveness of a fourth COVID vaccine. I know that the NSW Health website recommends a fourth dose for people who are severely immunocompromised. Can we expect a fourth dose to become available at some point to the general public? Is that something that Health is looking into?

**Mr BRAD HAZZARD:** That question is really one that I think has been discussed already at a national level. That is something which would not just be a New South Wales issue, it would be principally discussed through the AHPPC. I am not sure whether Dr Gale has been on that, but I know Dr Chant would thrive every day on at least a couple of hours of the AHPPC, plus numerous other national discussions. I will ask Dr Gale whether she now has a dose of AHPPC and whether she can give us an update on it.

**MARIANNE GALE:** As you rightly point out, a number of jurisdictions overseas—in Israel in particular—have introduced a fourth dose. Those decisions and those considerations are made nationally by ATAGI, the Australian Technical Advisory Group on Immunisation. I am aware that they would be looking at that data very closely. I cannot speak to the detail of their considerations, but I think it may be possible in the future—and plausible, depending upon their assessment of that evidence—that a fourth dose may be recommended. I would suggest that it may likely be for segments of our population who are at greatest risk. That will be something that ATAGI will consider and advise on.

It is plausible that as we go forward with COVID people's vaccination schedules may be different, depending upon their level of risk. It may be that if you are older, if you have had an organ transplant or if you have severe or end-stage liver or kidney disease that your vaccination recommendations may be different to the rest of the general public. That may or may not include a fourth dose. It is my understanding that ATAGI is looking internationally at that evidence. We will look to see their recommendations and implement that in New South Wales if that is what the recommendation is.

**Mr BRAD HAZZARD:** That is Dr Gale's advice, but can I just say that—everything she said, obviously, I agree with. But I think, having had discussions with those who are in this space as well, we simply do not know enough yet to know whether—it may not be just four doses; it may be annual doses.

**The Hon. EMMA HURST:** It might be a yearly thing, in the same way we have a flu vaccine.

**Mr BRAD HAZZARD:** Exactly. We just simply do not know. The AHPPC does discuss these issues. There is one or two members of that who feed into ATAGI, that feeds into the national advice, that goes to the Federal Government, that comes back through National Cabinet. There is no playbook. It is a one-in-100-year pandemic. We are still playing the game. Some of us are not playing it that well by not going and getting a booster shot. It may well be that there is a fourth and maybe a fifth. One of the other issues that is being discussed at the moment is that there could be combined flu shots and COVID shots available. All of that is still before us. There is still a lot of path that we have not yet walked.

**The Hon. EMMA HURST:** I have got another question, moving back to the sexual assault issue. What services are available in New South Wales for child victims of sexual assault, particularly for victims under 16?

**Mr BRAD HAZZARD:** I will ask Dr Lyons to address that, but I was just handed a note from one of my staff noting that apparently New South Wales will receive \$80 million in total from the Commonwealth. This is what Ms Boyd was asking before. New South Wales will receive \$80 million in total from the Commonwealth under the family, domestic and sexual violence responses national partnership agreement 2021-23. The first of four \$20 million Commonwealth payments under the NPA was received in November and has been allocated. More than half of the first Commonwealth payment, so \$10.5 million, was used to bolster existing frontline domestic and family violence services, which experienced significantly increased demand due to the COVID pandemic. There is a lot of work going on in that area. Specifically in relation to children, I will ask Dr Lyons if he can assist us. If he cannot, we will take it on notice.

**NIGEL LYONS:** We might have to take the detail of what—could you just repeat the question?

**The Hon. EMMA HURST:** The question was what services are available in New South Wales to child victims of sexual assault, particularly victims under 16 years of age?

**NIGEL LYONS:** There are services available as part of the comprehensive services that we offer for sexual assault victims. We have some specific services available as well, as I started to outline in relation to problematic harmful behaviours. What I would like to do is indicate that those services are available. To give you the specifics, we might take that on notice and provide those specifics to you on notice.

**The Hon. EMMA HURST:** Thank you.

**The CHAIR:** We will now break for morning tea.

**(Short adjournment)**

**The CHAIR:** We will get proceedings back underway. Thank you for your cooperation so that we can keep on time for our program. Back to the Opposition, with the Hon. Walt Secord.

**The Hon. WALT SECORD:** Minister, you would be familiar with the recent health inquiry into rural and regional hospitals and the evidence that related to hospitals, particularly in western New South Wales and southern New South Wales, where there were periods with no doctors in those hospitals. On 3 March the budget estimates hearing put to the new rural health Minister, Bronnie Taylor, about hospitals not having doctors, and she said that was a "tricky and disingenuous" claim. What is your response to 24 clinical staff at Yass hospital who expressed concern that the hospital was without a doctor for several days during the Christmas period?

**Mr BRAD HAZZARD:** First of all, I would say that I am very familiar with the rural and regional inquiry. I acknowledge that from time to time individuals have obviously raised concerns about care for themselves or their family. I deal with those issues all the time. But I would also say, Mr Secord, that there are nearly three million people who go through the emergency department every year and there are two million people who go through the wards every year. So that is five million people of our population—five million attendances. I think, in total, that inquiry has 700 submissions. So that is 700 submissions over my time as Minister for Health. Of the five million people passing through, that is 30 million, and there are 700 complaints. I acknowledge that in many of those cases they are substantive, but they also have to be put in context.

The New South Wales health system, as I said a little earlier, is the biggest health system in the country by a long shot. It has 170,000 staff and a \$30 billion budget this year alone—which is almost tracking to a third of the entire State budget—and, of course, individually, there have been a lot of changes in the way health is delivered. There is a much more specialised approach. People expect to have specialist services that are available for them in ways that sometimes just are not practical. At Yass hospital, you are referring to, I think, the Christmas

period. As I recollect, the Christmas period was right at the peak of Omicron. It had burst forth and we had, like in many smaller facilities, not as many staff to back in the staff that are there. So in that particular facility—I think that is a 12-bed facility—over Christmas and new year, from recollections and discussions a week or two ago, there were five or six patients in that hospital, not of high acuity. Like many smaller hospitals in the middle of Omicron, it was hard to staff because we had many staff furloughed. It is a lot easier, but still complex, in the big ones that have thousands of staff, like Westmead.

In that small facility there were some challenges, as you would expect, because staff were furloughed off. I know that the big challenge for Health—and I have had those discussions many times during the last two years of COVID—was to keep the doors open and to make sure that staff were there to look after the minimal number of patients that were there in the Christmas period. I heard the Secretary say a little while ago that obviously—I think she referred to it as a convergence of factors, that is, where many staff are trying to take leave, GPs are closed and doctors are not available. I think you are highlighting that that was one of the challenges we faced. No patient, though, suffered at all any negative consequences; they were all well cared for. I have seen some tweets put out by your colleague who made a token appearance. It was highlighted by Mr Donnelly this morning. The Labor—

**The Hon. SCOTT FARLOW:** Fleeting.

**Mr BRAD HAZZARD:** It was a fleet-of-foot appearance here this morning at the Committee. I see he is tweeting and trying to cause disturbance by backing in union allegations, which I think is disappointing because—

**The Hon. WALT SECORD:** Minister, on that note, I would actually like to seek leave to table the letter. It is from 24 clinical staff at the hospital. I think, Minister, it is genuine and heartfelt. They actually say, "A dangerous situation has been created," and they express concern that when they actually got a doctor at the hospital, that doctor was unable to find the emergency equipment to use it or locate it. So the question I go back to is that your rural health Minister rejected and disparaged claims that there were doctors without hospitals. She said—

**The Hon. WES FANG:** Point of order—

**Mr BRAD HAZZARD:** I think you mean hospitals without doctors.

**The Hon. WALT SECORD:** Yes, hospitals without doctors. I am sorry. So I just want—

**The Hon. WES FANG:** I just need to address—

**The CHAIR:** Is there a point of order being taken?

**The Hon. WES FANG:** Yes, Chair, I am taking a point of order. The Hon. Walt Secord has put words into the Minister for Regional Health's mouth.

**The Hon. WALT SECORD:** I have the transcript right here.

**The CHAIR:** Order!

**The Hon. WES FANG:** I think that if the Hon. Walt Secord is intending to quote the regional health Minister and her estimates appearance then he should do so with a complete recollection of the statements, not pinching certain sections. I would ask everything to be put into context that the Hon. Walt Secord is raising.

**The Hon. WALT SECORD:** To the point of order: I was referring to page 25 of the transcript where she uses the phrase "tricky and disingenuous". I seek leave to table the transcript and the letter from the 24 clinical staff at the hospital.

**The Hon. WES FANG:** Further to the point of order: I am not sure that it is really necessary to table a transcript.

**The Hon. WALT SECORD:** You asked me to do that.

**The Hon. WES FANG:** No, I asked you to put into context what the regional health Minister did during her estimates appearance.

**The CHAIR:** Can I just say that what disturbs me even further is the proposition by the Minister earlier in answering this question that the 700 submissions—it is in fact 700-plus submissions—is representative of the total amount of complaints with respect to the New South Wales health system outside Sydney, Newcastle and Wollongong. The fact of the matter is, Minister, we did travel the State and we heard from numbers of people who have had multiple complaints—to say nothing about those people who did not make a submission to the inquiry for one way or another. You are actually taking the passage of people through wards and emergency and



laying that up against the 700 to diminish the significance of the manifest complaints with respect to the New South Wales health system outside Sydney, Newcastle and Wollongong, which is problematic such that the Government has now put into place a Minister specifically for regional health to deal with matters that obviously have not been able to be dealt with.

So I do take some umbrage about this issue of context, when we have the Minister starting off by trying to create a context which diminishes the significance of the issues that have been raised all around the State over an inquiry that has run over 12 months. So, perhaps on matters of context, we will leave it there. I think this budget estimates hearing really does invite absolute honesty about numbers in terms of explaining what is going on.

**Mr BRAD HAZZARD:** Mr Chair, I would ask that you—and I acknowledge and appreciate you on a personal level—exercise neutrality as the Chair of this Committee, rather than invoking other experiences from another committee. That is my first comment to that. Secondly, I do not have any problem with Mr Secord tabling whatever he wants to table because I have answered the question as best as I can. I think the Secretary would now like to add some further information.

**The CHAIR:** No, before the secretary does, I do not accept the proposition that I am being impartial. You answered a question and you set up the answer in such a way—

**Mr BRAD HAZZARD:** You just accused me of being impartial. So I am just now pointing out that you are in a position of being a neutral Chair—

**The CHAIR:** I am a neutral Chair.

**Mr BRAD HAZZARD:** —and you are now speaking as a Chair about evidence from another committee that I do not think is appropriate. I am entitled to say that.

**The CHAIR:** Minister, you may think it is not appropriate, but I am saying it is absolutely appropriate.

**Mr BRAD HAZZARD:** I am saying it is not.

**The CHAIR:** This is a budget estimates—

**The Hon. WES FANG:** Chair, I am just going to raise a point of order.

**The CHAIR:** No, I have not finished. This is the most significant budget estimates hearing we have got. It is following on from the previous budget estimates; this is a supplementary hearing. There was a suggestion by yourself, and you said this, that you did not even know the number of submissions. You said around 700 and you looked at me. It was more than 700. But the case may be that does not reflect—

**Mr BRAD HAZZARD:** I am not going to argue with you.

**The CHAIR:** —the totality of the issues in this State with respect to health, which you tried to lay out and put against those ED numbers and those ward numbers to create a position. I think we have got to be clear about, if we are going to be absolutely precise about matters, to explain it as such and not try and jaundice an answer in the way that you did.

**Mr BRAD HAZZARD:** I am not going to argue with you. I have asked you to exercise your neutrality. You are exercising as you wish. You are the neutral chairman. I ask that the Secretary now be able to address the comments.

**The CHAIR:** I have not ruled on the point of order. I was actually responding to the point of order.

**Mr BRAD HAZZARD:** You were initiating other comments, but still. That is by the bye.

**The CHAIR:** Minister, we can have a back and forth, if you like. I can return to the way in which you tried to jaundice the numbers, as I have described, by referring only to those submissions that are made to the inquiry. You can jaundice things this way, but it is not going to cut. We have had this inquiry—

**Mr BRAD HAZZARD:** I am the Minister and I have made my comments. My comments stand. I am not going to argue with you. You are not in a position to argue with me at the present time.

**The CHAIR:** I can, Minister. I can argue with you as the Chair of this Committee.

**Mr BRAD HAZZARD:** You are taking up the time of members who are supposed to be entitled to ask questions.

**The CHAIR:** Minister, if you want to square off with me, that is fine. The issue is that you have tried—

**Mr BRAD HAZZARD:** I have been squaring off with you for a long while, Greg.

**The CHAIR:** —to diminish the significance of the complaints from all around the State. You chose to put that on the table. I did not.

**Mr BRAD HAZZARD:** Can we move on when you are finished?

**The Hon. WES FANG:** Point of order—

**The CHAIR:** We will move on. The clock has been stopped.

**The Hon. WES FANG:** In a sense, I do agree with your position but only in that the Minister probably does not realise that, of the 700 submissions, not all of them were complaints.

**Mr BRAD HAZZARD:** I know that too.

**The Hon. WES FANG:** Some were complimentary of the health department, so I just wanted to make that point.

**Mr BRAD HAZZARD:** Thank you.

**The CHAIR:** Yes.

**Mr BRAD HAZZARD:** Secretary Pearce will now make some comments in regard to the initial question, which was some time ago.

**The Hon. WALT SECORD:** On Yass hospital.

**Mr BRAD HAZZARD:** I remember it. Off you go.

**SUSAN PEARCE:** Thank you, Mr Secord. We acknowledge the concerns that have been raised by the staff at Yass. I think that is the first thing to say. We are aware, certainly, that the Southern NSW Local Health District is working with the team down there and also with the NSW Nurses and Midwives' Association. I think that is an important point. With respect to what happened at Christmas time at Yass, I was personally involved in that as the State Health Emergency Operations Centre controller for COVID. The hospital was significantly impacted as a consequence of close contacts amongst the staff.

**Mr BRAD HAZZARD:** Staff-wise, it was impacted.

**SUSAN PEARCE:** That is what I mean, right before Christmas. In fact, there was a significant number of registered nurses who were impacted and were close contacts, which meant they could not go to work. What we were then faced with in terms of that, and given the timing right on Christmas, it was very difficult. We worked with our colleagues and we did source an intensive care paramedic, who is also a registered nurse, to go to Yass to assist them—to work with the doctor and another nurse there at the hospital.

So I am not saying that the situation, by any stretch, was perfect, but what we did do, under very difficult circumstances, was attempt to keep the hospital, particularly the emergency department—noting that Yass is around an hour away from Goulburn and 45 minutes or so to Canberra, or maybe closer to an hour, we could not leave that emergency department unattended with no staff. That is why we felt that that was a solution. At the time the call went out, that was what we came up with, noting that at the same time we were similarly dealing with other staffing requests from across the State in similar circumstances. That instance that you are referring to around COVID, I am not suggesting for a moment that there are not issues in other circumstances, but certainly on that occasion that was the main factor.

**Mr BRAD HAZZARD:** Can I add to that, Mr Secord, that Yass—of course, you picked on that one as an issue, and it certainly was an issue that Health tried to address at the peak of Omicron. But more broadly across the regional health network—across Australia—it is very difficult often to get doctors. A lot of work is being done on that at a Federal Government level but also with all of the Labor and Liberal State governments around the country, to try to find ways to get doctors to work in those regional areas in greater numbers than they currently do. It is a huge, huge challenge. Certainly, there have been a number of meetings now with the Federal and State government Ministers—Labor and Liberal around the country, again—to try to work out better ways of encouraging young doctors, particularly, to go into the regional practices.

We have a real problem because we have got a lot of older doctors who have worked 365 days a year, 24 hours a day, for years, and they are coming to retirement phase. They are all exhausted. So it is concerning as to how that will be addressed. Having said that, one of the initiatives that we have got in New South Wales now is to have GPs encouraged to go into the bush, into the regions, by having a joint funding arrangement with the State Government and the Federal Government. It required some Federal Government amendments to its legislation, but we have got it, and there are two trials that are occurring at the moment. We have also increased

the number of regional positions in New South Wales. So it is a challenge for us, but it is a challenge in every State and Territory right across Australia.

**The Hon. COURTNEY HOUSSOS:** Ms Pearce, you said that similar occurrences had happened around the State at the same time during the peak of the Omicron wave. How many Health staff were despatched from Sydney to regional hospitals to fill voids at that time?

**SUSAN PEARCE:** Can I just clarify: By that I meant that COVID, obviously at the time in terms of the impact on staff furloughing, was not just impacting regional hospitals. It also impacted metropolitan hospitals. I would need to take on notice the number of staff deployed at the time, but we certainly had other examples within major hospitals in Sydney where particular discrete groups of specialist staff may be impacted at times. That resulted in us having to come up with solutions to address those issues, which is what we did right away through Christmas and the new year. Can I also add, I would like to thank the individual who went to Yass and disrupted their own Christmas plans to assist. I think that gets lost in these conversations. We have had staff move right across the State to assist each other, to help their colleagues throughout this entire pandemic, and that will continue.

**Mr BRAD HAZZARD:** We have actually even had—

**The Hon. COURTNEY HOUSSOS:** Ms Pearce, we certainly do appreciate the efforts of the Health staff who have worked across the State, particularly over the Christmas period, to fill those vacancies.

**Mr BRAD HAZZARD:** Just in that one period too, by the way, Courtney, I think we had 6,100 staff who were furloughed, either as close contacts or as cases, so it was a massive number of staff who were taken out of action in that period. It was quite a challenge for the entire State. I know, after talking to my Victorian Labor colleague, that he had similar issues. But as the Secretary said, we have had amazing Health staff who have backed in, gone from one hospital to another, one hospital to an MPS. We have had people working enormous hours, backing in when their colleagues were off sick or close contacts.

**The Hon. COURTNEY HOUSSOS:** I understand. We have heard similar stories about healthcare workers going above and beyond.

**Mr BRAD HAZZARD:** They have.

**The Hon. COURTNEY HOUSSOS:** We do appreciate that. Ms Pearce, you said that there were specialist units that were completely knocked out by COVID and by close contacts. I understand—

**SUSAN PEARCE:** No, I did not say they were completely knocked out; I said they were impacted. I would have to take on notice the number.

**The Hon. COURTNEY HOUSSOS:** Yes, that is what I was going to ask. Could you provide, on notice, the number of specialist units across the State that were required to be closed.

**Mr BRAD HAZZARD:** Can I just say that the Secretary is being very nice, saying she might be able to do that, but I know I have asked that question in the past and I was told it was a massive amount of work to go back and try to work that out. Right at the present we are in the middle of a COVID pandemic and floods, so I just ask that—

**The Hon. COURTNEY HOUSSOS:** Minister, I appreciate that. Ms Pearce has just taken it on notice. I am interested to know how many regional hospitals were left without a doctor over the Christmas period as a result of the COVID cases.

**Mr BRAD HAZZARD:** Many local regional hospitals work on the basis of the local GPs being on call into the hospital, so it is not that simple to categorise that.

**The Hon. COURTNEY HOUSSOS:** Yes, I understand that, but I am interested to know. This is a specific—

**Mr BRAD HAZZARD:** We will do as best as we can, but I am just highlighting that that is the system that operates.

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

**The Hon. WALT SECORD:** Minister, I want to take you to what we just touched on.

**Mr BRAD HAZZARD:** Which aspect, Walt, sorry?

**The Hon. WALT SECORD:** Minister Taylor has claimed that she has been brought in as "Mrs Fix-it".

**Mr BRAD HAZZARD:** No, she did not say that.

**The Hon. WALT SECORD:** That is a direct quote.

**Mr BRAD HAZZARD:** I read that somebody else put that to her. It might even have been you, Walt.

**The Hon. WALT SECORD:** No, it was not me; it was Cate Faehrmann, to be fair.

**Mr BRAD HAZZARD:** Ah, Cate Faehrmann. So I do not think the Minister actually said that, and she certainly never said it to me.

**The Hon. WALT SECORD:** But is the creation of a rural health Minister a reflection on the state of rural health in New South Wales, and is that a reflection of the past 10 years?

**Mr BRAD HAZZARD:** No. Actually, prior to her there was another Mental Health Minister as well. I think each of the States and Territories have different systems that operate. We have the biggest system in the country with the most, as I said—I know the Chairman would not think much of my analogy. But three million people going through the emergency departments, two million going through wards and outpatients and so on; it is huge. I think that the avenue that has been adopted to try to give some additional assistance and a focus on regional health is very good.

**The Hon. COURTNEY HOUSSOS:** I might ask a slightly different question. Minister, when will hotel quarantine end?

**Mr BRAD HAZZARD:** That is under review at the present time. We have actually minimised—you probably know we had up over 6,500 staff a day operating, between police, health and others, looking after all the hotels we had. We are down to only—I think it is two at the moment. But at the moment, answering your question, it has diminished to a very small number now, primarily focused on people who are not vaccinated coming in from overseas. But it may be that in the fullness of time there will be a decision taken by the National Cabinet that it is no longer a priority because, obviously, there are numbers of people in the population who have COVID.

When it was first established, we were aiming to try and stop any COVID through the population. That was the aim across the country. Some States just closed their borders, like WA, never to be seen again until, what, March, only a couple of weeks ago—just in time, by the way, for the Labor Premier to come and argue his case in a Supreme Court case. It is very convenient. Anyway, I think—

**The Hon. COURTNEY HOUSSOS:** I understand he will be quarantining after his return.

**Mr BRAD HAZZARD:** Yes. Anyway, I think it has got to be on the agenda at some point, but it has not been determined as yet at a national level. But you would have to query—

**The Hon. COURTNEY HOUSSOS:** Can you just ask what the current capacity is, what—

**Mr BRAD HAZZARD:** Sorry?

**The Hon. COURTNEY HOUSSOS:** The current capacity?

**Mr BRAD HAZZARD:** I will ask whether one of the team—Ms Pearce.

**SUSAN PEARCE:** We still have a cap, as you would be aware, with respect to unvaccinated travellers coming into New South Wales. That cap has dramatically reduced the number of people requiring hotel quarantine. My understanding is that there is one police hotel operating. We still have a special health accommodation as well for those unvaccinated travellers. We have continued to provide that service. We have reduced the period from 14 to seven days as well, in line with the other arrangements around COVID.

**Mr BRAD HAZZARD:** That was a National Cabinet decision.

**SUSAN PEARCE:** Correct, yes.

**Mr BRAD HAZZARD:** I think the one that is currently there is being managed through Sydney Local Health District, is it not?

**SUSAN PEARCE:** The police are still involved, but we still have the special accommodation.

**Mr BRAD HAZZARD:** No, the Health one. The Health one is being managed through RPA.

**SUSAN PEARCE:** Yes.

**The Hon. EMMA HURST:** Minister, I just want to continue our discussion around sexual violence services. I know we talked about the funding historically coming from the health portfolio. Just to clarify the sexual violence services, do you feel that the responsibility for this falls under Minister Ward's portfolio? Or does it fall under your portfolio?

**Mr BRAD HAZZARD:** Primarily Health, but I think what the issue there is—the fact that we had the royal commission and the fact that there were funds coming through from the Federal Government has put that into a more challenged position. I can see why, for example, Full Stop would be thinking that they should be getting some of those funds. As I said earlier, I just have not had time, with everything that is going on, to actually pursue that one because it was only brought to my attention whatever day it was in the last week or so.

**The Hon. EMMA HURST:** Is that the reason why sexual violence services funded through that national partnership agreement on domestic, family and sexual violence—why that first \$20 million payment only went to domestic and family violence—

**Mr BRAD HAZZARD:** I was not involved in that decision, so I cannot answer that question.

**The Hon. EMMA HURST:** That is all right.

**Mr BRAD HAZZARD:** Sorry. I will just ask Dr Lyons. Do you have any knowledge of that?

**NIGEL LYONS:** No, Minister. I think it was a decision that was made by another agency, not Health.

**Mr BRAD HAZZARD:** I do not think it ever got to Health. So, no, Emma, I cannot comment on it.

**The Hon. EMMA HURST:** Minister, I wanted to get your response from Minister Ward saying that the funding for sexual violence services is Health's responsibility and that the Federal money, the funding, will go to DCJ and that NSW Health will not get any of that funding. Is that what you are trying to unravel now? Is that what you are going to have meetings on, going forward?

**Mr BRAD HAZZARD:** I have not seen those comments. You have said that. But what I am saying is I think there are arguments, having heard Full Stop's arguments, that I would like to have those discussions. I probably would have been having those discussions today actually if I was not at this all-day meeting. But I will as soon as I can, beyond COVID and beyond anything else, some day.

**The Hon. EMMA HURST:** Are there any other sexual violence services funded by New South Wales, other than Full Stop Australia? Or is it just Full Stop Australia?

**Mr BRAD HAZZARD:** I think Dr Lyons said before—he was referring to the fact that we have sexual health services throughout the State. But I will just ask Dr Lyons to give further information on that.

**NIGEL LYONS:** We have extensive services about violence, abuse and neglect in all its forms right across our State. There have been significant enhancements of those services over the years. The real focus has been on how we support people and how we screen for people who may be at risk. Those have been our focuses over the last few years. We are very conscious of the fact of the need to continue to enhance those services. They have been enhanced, as I indicated, in a range of different ways.

But we are also doing things at the moment looking at our violence, abuse and neglect services and programs and looking at how they respond in the context of COVID-19 as well. So there have been increased services focusing on risk assessments and referral processes in relation to COVID-19, reviewing and locally adapting the clinical pathways, providing child and adult sexual assault medical forensic examinations for people who may or may not have had COVID, that has been provided, providing crisis and ongoing therapeutic services via telehealth as well and using that technology to support people getting access to the sorts of services that they need. This is an ongoing focus. We will continue to look at how we provide support. There has also been screening programs introduced for domestic and family violence in our maternity services—

**The Hon. EMMA HURST:** I only want to know about sexual violence services. I am splitting those up. I think where a lot of this confusion is coming from is that, yes, there is a lot going into domestic and family violence, which is desperately needed, of course, but that there seems to be this neglect on these sexual violence services. You mentioned, Dr Lyons, that there are other sexual violence-specific services in New South Wales. Have you received requests from any of those services for increased funding as well?

**NIGEL LYONS:** Not to my knowledge.

**The Hon. EMMA HURST:** Are you able to take that on notice to confirm?

**NIGEL LYONS:** Yes. Happy to do that.

**Mr BRAD HAZZARD:** Do you have some, Emma, that are actually saying they have asked for—

**The Hon. EMMA HURST:** No. I am just throwing that question out there.

**Mr BRAD HAZZARD:** No-one has actually raised it with me, although occasionally I have had requests from individual members, Labor and Liberal, for one-off funding to help various services, a number of

different services, where I have normally stepped in and tried to help with those services. But usually it is for an annual increase of some sort, not annual as in continuing, because I do not have the immediate power to do that, but I can normally assist if a member draws that to my attention. I do not recollect anybody raising that recently. But if you have anybody, let me know.

**The Hon. EMMA HURST:** Thank you. Has the presentation at sexual violence services increased during the pandemic in the same way as we have seen an increase in the presentation in domestic and family violence services?

**Mr BRAD HAZZARD:** Do you know that, Dr Lyons?

**NIGEL LYONS:** I have not got the details. We will take that on notice, thanks.

**Mr BRAD HAZZARD:** We will have to take that on notice, I think, Emma.

**The Hon. EMMA HURST:** If you can take that on notice, yes, thank you. Why was sexual violence services not included in the \$484 million domestic and family violence package that was announced last October?

**Mr BRAD HAZZARD:** You would have to address that to the relevant Minister. That is not something that I have been involved in.

**The Hon. EMMA HURST:** I guess that takes me back to this issue where sometimes when we talk about sexual violence services, it seems to be rolled in with domestic and family violence and sometimes it seems to be separate and fall under different Ministers. Just to clarify, sexual violence services fall under you, Mr Hazzard, and domestic and family violence falls under Minister Ward? Is that correct?

**Mr BRAD HAZZARD:** I think that is a reasonable starting point. But the issue is that they have obviously had funds come to them through the Federal royal commission, and the royal commission, as I understood it, was effectively largely to do with sexual assaults. So those Federal funds came in a way that was directed to DCJ. I think it was similar in other States. Decisions have obviously been taken within that ambit. But I cannot add any more until I have had those discussions that I have talked about now on a number of occasions this morning.

**The Hon. EMMA HURST:** Thank you, Minister. I want to move on to maternity issues. I have been speaking with maternity advocacy groups who have brought to my attention that while the World Health Organization says that the ideal rate of caesarean sections is between 10 and 15 per cent, the rate in New South Wales is actually above 30 per cent. While caesareans are an important tool and sometimes absolutely necessary during childbirth, I was quite shocked that New South Wales is so much higher than the recommended ideal rates. Do you have any information about why the rate in New South Wales is so high compared to the recommended rates?

**Mr BRAD HAZZARD:** I would start by just saying that there has been a lot of research done, not only in the broad sense of the rate of caesareans but also geographically. I know I have seen research that has indicated sometimes it relates if there is perhaps only one doctor in the location who has a particular preference. The argument might be—it is never clear—that advice is given on the caesareans to patients. But there is also a broader issue, I think, and that is—it has been put to me anyway—that we are seeing a lot older demographic of women having their first child. Obviously, the medical decision that is taken is frequently that it is in an increased ratio when you are having an older woman have her first child, as to the appropriateness or otherwise of a caesarean, for all the logical reasons. But I will ask Dr Lyons if he can expand on that, or we can take it on notice.

**NIGEL LYONS:** I can expand in the general. This argument that there is a specific rate which is recommended for caesarean sections—I think we need to look at the context of that. If you look around the Western world, there have been increases in every healthcare system in caesarean section rates, and lot of that is being driven by changes in demography, as the Minister has outlined. We are seeing that women are generally having babies older, and we have also seen increases in the sorts of conditions that might create risk in pregnancy. The incidence of diabetes in pregnancy and other factors are certainly driving decision-making around what is the appropriate care to be provided.

There have also been concerns around people who have had previous a caesarean section, ensuring that they have minimal trauma with a future delivery, and looking at caesarean section rates that relate to previous—if you had a previous caesarean section, you are more likely to have a subsequent one. All of these factors are driving the change, and we are also seeing differences between what is happening in our public-funded services and what is happening in the private maternity services. There are a whole range of factors that are driving this change, and I think we need to look at it very carefully before we assume that a certain percentage is the right percentage.

**Mr BRAD HAZZARD:** Did you say that they were World Health Organisation figures?

**The Hon. EMMA HURST:** Correct.

**Mr BRAD HAZZARD:** Well, the WHO obviously is worldwide. In some jurisdictions birthing is more likely to occur in a much younger age demographic than some of the Western countries, whereas I said, and now Dr Lyons has also said, that we have women in their late 30s into their 40s—even older, sometimes—having a child. As recently as three nights ago I was talking to an obstetrician about this. I have had obstetricians in my office arguing both ways, coming in and saying, "We need a policy on this," or, "We need a policy that is totally the opposite." Obstetricians have a range of views on these matters. For a whole range of reasons that Dr Lyons has said, it is not simple. I do not know that we should be relying on a WHO figure as being the norm. We should be looking at what we can achieve here, but it has to be done in a safe way for both the baby and the mum.

**The CHAIR:** Mr David Shoebridge?

**Mr DAVID SHOEBRIDGE:** Thanks, Chair.

**Mr BRAD HAZZARD:** Welcome, David.

**Mr DAVID SHOEBRIDGE:** Thank you, Minister. Thanks to yourself and all the senior staff for coming here today. I thought I would ask you about matters that probably have not been addressed to date, which is the role of Justice Health and your role in reviewing deaths in custody, particularly where those deaths appear to have happened for medical reasons. Minister, I am certain you are as troubled as I was when there were those two deaths within three days down at the Junee correctional facility, the privately run correctional facility in south-west New South Wales in January.

**Mr BRAD HAZZARD:** You and I talked about it, so you know that.

**Mr DAVID SHOEBRIDGE:** Indeed. I know your concern is genuine and I am not suggesting otherwise. I know we spoke soon after there was public information given about the second death. When did you get formally notified through the department that there had been those two deaths within such rapid succession, just three days apart, in January of this year?

**Mr BRAD HAZZARD:** I don't remember, but I know that the second one—I think I might not have even got a formal notification. I think it might have come through informal sources. I cannot remember. What is the significance of that, anyway?

**Mr DAVID SHOEBRIDGE:** Well, I am going to ask what, if anything, you then sought to have done in order to get some reporting or oversight from Justice Health down into Junee, given those two deaths happened in such rapid succession?

**Mr BRAD HAZZARD:** Obviously I asked for Health more broadly to ensure that Justice Health was looking at those issues to make sure that there was not some major concern, some systemic issue, that was going on there. Part of the issue is that those deaths will go to the Coroner to determine a number of factors, so it is not easily done.

**Mr DAVID SHOEBRIDGE:** No. I will come to you, Ms Pearce, in one sec. We found out from Corrections budget estimates earlier this week that the man who died alone in his cell after being diagnosed with COVID, who apparently had comorbidities that made him more vulnerable to COVID, was put on the transport list to be taken—

**Mr BRAD HAZZARD:** From Junee?

**Mr DAVID SHOEBRIDGE:** —from Junee to Sydney but was then removed from the transport list and left by himself in the cell overnight, during which he died. Were you aware of that?

**Mr BRAD HAZZARD:** No.

**Mr DAVID SHOEBRIDGE:** Ms Pearce?

**SUSAN PEARCE:** Look, Mr Shoebridge, I can make some high-level comments in respect to what we did after that, not in regard to that particular example that you just gave about the transport. On 3 February there was a multidisciplinary review from NSW Health on site at Junee to look at infection control practices. The review team found improvements were required to personal protective equipment and cleaning practices in the management of COVID-positive patients, the administration of boosters and other governance arrangements. Those findings have been communicated to Corrective Services NSW for action and follow-up and, as the contract signatory, Corrective Services are responsible for that follow-up and rectification plan. We will certainly have an

interest in ensuring that those things have been attended to, and we would need to take other aspects of this on notice.

**Mr DAVID SHOEBRIDGE:** Are you in a position to table that review with the Committee?

**SUSAN PEARCE:** I would have to take that on notice, Mr Shoebridge.

**Mr DAVID SHOEBRIDGE:** I understand. I am more than happy if it gets taken on notice. Was Justice Health or Health advised of the fact that the man who died alone in his cell without medical treatment had been taken off the transport list?

**SUSAN PEARCE:** I would have to take that on notice. I am not aware of that.

**Mr BRAD HAZZARD:** There is no-one here from Justice Health and we were not notified that we were going to be asked questions specifically on Justice Health, so we will have to take it on notice.

**Mr DAVID SHOEBRIDGE:** Minister, we hit the stone wall with Corrections earlier this week, which is why they directed all the matters to this budget estimates hearing. So that is where we are, Minister.

**Mr BRAD HAZZARD:** You know, on these sort of issues, if you have any information or any concerns you can always ring me. I will always respond to you; I always have. But I am not in a position to comment today.

**Mr DAVID SHOEBRIDGE:** Minister, I accept you have a genuine concern. I accept you respond when matters are raised with you. This is, given the heat of matters that we have had to deal with, the earliest possible opportunity I have had to raise it. I am not doing this as a gotcha moment in any way. Minister, could I ask you, when you review that concerning evidence that we had from Corrections about the man being taken off the list, to also review the fact that this same facility, Junee, has had two coronial reports in the last two years about other deaths—both of those are First Nations men—where there are a series of caustic, very negative findings against Junee for inadequate health care? Ms Pearce, were you aware of those two relatively recent coronial findings, one as recent as November last year, pointing out the inadequate health care provided at Junee?

**SUSAN PEARCE:** Not in detail, Mr Shoebridge.

**Mr DAVID SHOEBRIDGE:** To assist, the first in terms of the coronial report was into the death of Jonathon Hogan, a young Wiradjuri and Murrawarri man who died on 3 February 2018. That coronial report was delivered in, I think, May 2020. It made a series of recommendations about trying to address the grossly inadequate mental health services at Junee. Do you know if those recommendations have been implemented?

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

**Mr DAVID SHOEBRIDGE:** Yes. And then, the second coronial—

**Mr BRAD HAZZARD:** Sorry, David. Did you ask the same question to the corrective services Minister?

**Mr DAVID SHOEBRIDGE:** I did.

**Mr BRAD HAZZARD:** What was the answer?

**Mr DAVID SHOEBRIDGE:** They said they would take some on notice and largely it is a question for Justice Health and Health.

**Mr BRAD HAZZARD:** It is a private facility and that does create a difference. Look, I am happy to—

**Mr DAVID SHOEBRIDGE:** Minister, in large part you are pushing against an open door there. The primary responsibility, because of the way the contracts are drafted, lies with Corrections New South Wales to enforce the terms, but there is an oversight role for Justice Health. It is in that oversight capacity that I am asking you.

**Mr BRAD HAZZARD:** Whatever the issues are in terms of that, let me make it clear that I am more than keen to try to sort it out. If they have not done what they should have done—

**Mr DAVID SHOEBRIDGE:** Indeed.

**Mr BRAD HAZZARD:** —then we need to use the full forces of whatever we can do to get them to do it.

**Mr DAVID SHOEBRIDGE:** Which is exactly why I am here, Minister. The second death was the death of Danny Keith Whitton who died in November 2015 after an overdose of paracetamol. Again, a whole series of deeply critical findings about the lack of training, the lack of adequate attention, failing to escalate his deteriorating condition and have him taken to hospital—those findings and recommendations were delivered on



19 November 2021. Can you indicate if you can, as soon as you can on notice, the extent to which those recommendations have been implemented that you are aware of?

**Mr BRAD HAZZARD:** Absolutely, if we can find out, and we will do what we can to find out what they have done. I am happy to talk to you offline about it because I share the same concerns if that is what is going on.

**Mr DAVID SHOEBRIDGE:** It is. I will finish with this: We now see this pattern of deaths from inadequate medical treatment, and we do not have the final coronial conclusions about the two most recent deaths. There was a man with very serious comorbidities with COVID who was not given medical treatment, was taken off the transport list and then died alone in his cell as recently as January of this year. I think we would agree, and I check we agree, we cannot wait five years for a coronial report before we address what is going on in June, can we?

**Mr BRAD HAZZARD:** I agree.

**The Hon. COURTNEY HOUSSOS:** Minister, I have some documents that I am going to provide to you. It is an extract from the Hunter New England clinical services plan, which your office provided to me, which I appreciate. I wanted to take you through the specific reference to the new promised Forster-Tuncurry hospital. This is just an excerpt from the document; I did not want to print the full 150 pages.

**Mr BRAD HAZZARD:** That is all right.

**The Hon. COURTNEY HOUSSOS:** I wanted to confirm that is the plan for the clinical services that will be available at the Forster-Tuncurry hospital. Is that correct?

**Mr BRAD HAZZARD:** I am sorry, a clinical services plan is prepared by the clinicians in the context of the local health district. There are 15 local health districts. There are more than 170 projects going on. If you are telling me this is what is in there, then I accept that is what is in there, but I do not see that level of detail because it is being done through both, as I said, the local health district and eventually discussed with Health Infrastructure.

**The Hon. COURTNEY HOUSSOS:** I understand that. Minister, this says that the Forster-Tuncurry hospital will actually be set up as a satellite urgent care centre. Ms Pearce, you might be best placed to explain this. How many nurses are likely to be employed at an urgent care centre?

**SUSAN PEARCE:** I think we would have to take that on notice, noting that an urgent care centre is a different proposition to an emergency department. Dr Lyons, did you have any comments to make on that?

**NIGEL LYONS:** We will have to take that on notice because it will depend on the volume of patients that are likely to be seen through the centre. The minimum staffing you would have on would be two on each shift, so there would be at least two every shift of the day, three shifts a day, seven days a week. It may be that there is more staff than that because of the volume of patients likely to be seen. We will take it on notice.

**Mr BRAD HAZZARD:** Sometimes what they are doing is they are looking at the particular demographic. I think Forster-Tuncurry has an older population more likely to come in and it depends on whether there are other GPs in town and what is the likelihood of the numbers coming through. There are a whole lot of other factors that would need to be sorted out on that front.

**The Hon. COURTNEY HOUSSOS:** The clinical services plan goes through the fact that there is a low number of GPs in the area and, therefore, it would be a nurse-practitioner-led model. It also goes on to talk about the need to consider an aged-care model obviously given the demographics. Ms Wark, can I turn to you because I asked you about the hospital in March last year? You said at the time that we would need to wait for the clinical services plan before we would start the planning for the hospital. Have you purchased the land for the hospital now that the clinical services plan has been completed?

**REBECCA WARK:** No, we have not, but we have done a site investigation report and investigated approximately 10 sites as possibilities.

**The Hon. COURTNEY HOUSSOS:** Do you have a time frame for purchasing the land?

**REBECCA WARK:** The clinical services plan will need to be approved by the Ministry of Health and then we can do some planning concurrently with that.

**The Hon. COURTNEY HOUSSOS:** Do you know when the clinical services plan will be signed off by Health? Do you have a time frame for that?

**REBECCA WARK:** No, I will have to take that on notice.

**The Hon. COURTNEY HOUSSOS:** The land has not been purchased; you have got 10 sites. I am not sure who I should refer this to. The budget gave a \$7.9 million allocation between four electorates for an external consultant about, I assume, investigating the plans. Are you able to give a breakdown of how much of that money was spent on the Forster-Tuncurry hospital?

**REBECCA WARK:** I am sorry, I am not clear on which consultant or which plans.

**The Hon. COURTNEY HOUSSOS:** There was a budget allocation for \$7.9 million that covered four specific local projects, including Forster-Tuncurry.

**Mr BRAD HAZZARD:** I might be wrong, and if I am wrong, please correct me, Rebecca. I think what you are talking about is there would have been a budget allocation to look at planning for the new facility. That does not necessarily mean getting exterior consultants. That could be funds that go into parts of Health to actually do the work: putting together a clinical services plan and doing some preparatory work. They have got people out looking at, as you just heard, 10 different sites—I have not heard that. All those things take work and take up money because you have got to pay people to do it, as in your own staff but as an allocation for them to do the work.

**The Hon. COURTNEY HOUSSOS:** I understand. If you are happy, Minister, perhaps you could take that one on notice and give me a breakdown of how much of that \$7.9 million went towards the Forster-Tuncurry hospital project.

**Mr BRAD HAZZARD:** I am happy to take it on notice. I would be surprised if they could actually do that, but maybe.

**The Hon. COURTNEY HOUSSOS:** That would be great. Of the 10 sites, Ms Wark, are they in Forster? Are they in Tuncurry? Can you give us any more information on those?

**REBECCA WARK:** They are in both of those areas, I understand it, and there is a preferred site now that is within those reports.

**The Hon. COURTNEY HOUSSOS:** Do you have any kind of time frame for when that might be purchased? I understand you are waiting for the clinical services plan, but do you have a deadline? Can you say by the end of the year?

**REBECCA WARK:** As I understand it, it has only been announced. There is only budget for planning at this stage. That is the work that we are doing, the planning work.

**The Hon. COURTNEY HOUSSOS:** That is excellent. Thank you very much for your time.

**The Hon. WALT SECORD:** Minister, I want to take you to south-western Sydney hospitals and the new emergency department at Campbelltown Hospital. I understand that the capacity for the emergency department is a 67-bed facility. When will the emergency department operate at that capacity?

**Mr BRAD HAZZARD:** I cannot answer that straight off. I would have to take it on notice. I know I was down there a couple of weeks ago. Have you been down to look at it?

**The Hon. WALT SECORD:** Not in the last couple of weeks but in the last few months.

**Mr BRAD HAZZARD:** You should go and have a look. It is incredible. That new acute services building I think is about eight or nine storeys and it has been built for future capacity because Campbelltown and that south-western region is growing. Some of the areas may or may not be opened immediately, which was also adopted under the former Labor Government. If you have cranes on site and building on site, it is cheaper to build for today and tomorrow. The question you have in terms of a—

**The Hon. WALT SECORD:** The question I had was specific. When will the emergency department operate at capacity? If you do not know, Minister, you can take it on notice.

**Mr BRAD HAZZARD:** I am just saying it may not be known at this point because it depends on future growth in that local area, but it is quite amazing and I know everybody is very keen to get in there as soon as possible.

**The Hon. WALT SECORD:** In this answer and in previous answers, you have talked about future capacity when I have raised subjects of ghost wards or emergency department parts not being used.

**Mr BRAD HAZZARD:** But you know that that is actually just poppycock. You know that. It is just politics and poppycock because you know that when you build a hospital, you build for the future and, of course, there are going to be areas that you have for growth—

**The Hon. WALT SECORD:** On that point—

**Mr BRAD HAZZARD:** —but it is a political device that some people resort to when they are feeling a bit naughty and wanting to be a bit silly, and that is what you do occasionally. Mostly you are pretty sensible, but occasionally you are a bit silly.

**The CHAIR:** Point of order—

**The Hon. WES FANG:** I think the Minister might be misleading the Committee there. He is not often—

**Mr BRAD HAZZARD:** Actually, he is pretty good. I have got to say that I think Mr Secord most of the time behaves himself extraordinarily well and does a good job for Opposition, but sometimes he does get a bit silly. But then we all do when we are opposition; that is opposition.

**The Hon. WALT SECORD:** Minister, on that point I want to talk about the 67 beds in the emergency department at Campbelltown Hospital.

**Mr BRAD HAZZARD:** I have answered the question.

**The Hon. WALT SECORD:** No, I am moving on to the next part of the question. Are you confident that that will respond to the increased growth in the Macarthur region?

**Mr BRAD HAZZARD:** That is what the advice is from NSW Health. Obviously if they built to that, one would assume that. Having said that, the area of south-western Sydney, which I know quite well, is growing tremendously fast, but that has certainly been the forecast that has been done.

**The Hon. WALT SECORD:** As part of that growth down there, one of the recommendations to the inquiry into south-western Sydney hospitals was the proposal for paediatric surgery and sub-specialities at Campbelltown Hospital. What has happened to that recommendation?

**Mr BRAD HAZZARD:** There will be paediatric services there. Greg Warren and Dr Frelander have been arguing for highly specialised services for paediatrics rather than the broader paediatric services. Certainly the current model that is recommended nationally, and is adopted nationally, is that high-level paediatric services, because of the particular needs, are best located in specialised paediatric hospitals—hence Westmead and Randwick. But there certainly are going to be paediatric services available. It is a matter of delineating between what is safe and what is appropriate.

**The Hon. WALT SECORD:** Based on what you have said about Westmead and Randwick, how many people or how many families—how many children—actually make the trip per week from the Macarthur region to Randwick and to Westmead? If you are unable to provide that answer today, please take it on notice.

**Mr BRAD HAZZARD:** That would not necessarily be easily done.

**The Hon. WALT SECORD:** Yes, it would be.

**Mr BRAD HAZZARD:** No, it would not. Those two children's hospitals—you are interested in just where your colleagues, Greg Warren and Dr Frelander, have been making suggestions which may or may not be safe for the children.

**The Hon. WALT SECORD:** You are saying that Dr Frelander and Dr Warren's proposal is unsafe—sorry, Mr Warren and Dr Frelander.

**Mr BRAD HAZZARD:** What did you say first off? Dr Warren?

**The Hon. WALT SECORD:** I did say that. So you are saying their community-based proposal is dangerous.

**Mr BRAD HAZZARD:** I am saying that it may not be—

**The CHAIR:** What the Minister said was exactly what you heard. And the *Hansard* will reflect that.

**Mr BRAD HAZZARD:** Sorry, have we run out of time or can I follow this up?

**The CHAIR:** No, no.

**The Hon. WALT SECORD:** No, we've got a whole day.

**Mr BRAD HAZZARD:** I think I answered it appropriately. But it has to be done. Like everything else in Health, we are talking about relative risks before even moving patients in and out of Ballina. When NSW Health is making decisions, as each other health jurisdiction in the country makes, they make them on the basis of what is in the best interests of patients. Sometimes, you would be surprised to know, Walt, it does not always relate to

what the local MP is arguing, and sometimes it requires a level of expertise that goes beyond that and neutrality about their position. So Health's advice is that, yes, we should certainly have paediatric services—and we will have the paediatric services that Health have recommended in that local area—but if it is a high-level matter of high acuity that requires highly specialised services, those paediatric specialists, physicians, surgeons, neonatologists et cetera will be operational in Westmead and Sydney Children's at Randwick.

**The Hon. WALT SECORD:** I just want to correct one thing. Mr Warren is not a doctor but Dr Freeland is one of the State's most respected paediatric specialists.

**Mr BRAD HAZZARD:** He is, but he is also a local Federal member. Sometimes when you enter politics, as I have noticed over my years, you do tend to get slightly distorted factual perspectives.

**The Hon. COURTNEY HOUSSOS:** I will let that stand. Minister, I just wanted to go back to the question—

**Mr BRAD HAZZARD:** Thank you for that agreement.

**The Hon. COURTNEY HOUSSOS:** No, it is definitely not agreement, but we have limited time. I wanted to come back to the question about population projections.

**Mr BRAD HAZZARD:** Having said that, can I say I have high regard for Dr Freeland and for Greg Warren.

**The Hon. COURTNEY HOUSSOS:** As do I.

**Mr BRAD HAZZARD:** They are both good local MPs.

**The CHAIR:** You can do your tidying up later on, Minister.

**Mr BRAD HAZZARD:** I am just saying I do like them both personally.

**The CHAIR:** You can do your tidying up later on, Minister. The record will show.

**The Hon. COURTNEY HOUSSOS:** I want to ask you about the population projections for Campbelltown Hospital. Do you rely on the department of planning for those or does the Ministry of Health do their own projections?

**Mr BRAD HAZZARD:** There is a uniformity that was taken—I think actually under Labor but many, many years ago—that there would be one source of truth, and Planning is that source of truth. Having said that, obviously Health does its own double-checks, but all agencies rely on Planning's figures.

**The Hon. COURTNEY HOUSSOS:** Ms Pearce, I wanted to ask one final question on the Forster Tuncurry hospital. The existing clinical services plan for Hunter New England expired in 2017. Do you have an estimated date of when that clinical services plan will be signed off by the ministry?

**SUSAN PEARCE:** I would have to take that on notice. Could I just make one further comment with respect to the south-west, however, regarding population growth. The Health funding model very significantly accounts for population growth and I think we did raise these issues in the inquiry regarding the South Western Sydney Local Health District. I can advise the Committee that over the past 10 years, that area has had a 73 per cent increase in budget, the highest increase of any Local Health District in New South Wales.

**The Hon. WALT SECORD:** Minister Hazzard, in our earlier exchange I asked you to take on notice and you did not really take it on notice—I wanted to know the number of children and families that seek services at Randwick or Westmead Hospital, and you did not take that on notice.

**Mr BRAD HAZZARD:** Over what period do you want it?

**The Hon. WALT SECORD:** I would like to know in the last financial year.

**Mr BRAD HAZZARD:** I will take it on notice. I am not going to guarantee that we will give you the answers because, if it takes an enormous amount of work from Health, it is not warranted. But if we can get it out of Health, I am happy to do it because I would be interested to know too. Can I ask, Mr Chair, who is speaking next?

**The CHAIR:** The Deputy Chair.

**Mr BRAD HAZZARD:** Emma, would you mind—I have just received an urgent piece of advice from Dr Gale, and Dr Gale has just indicated she would like to draw it to the Committee's attention. It is very significant. It is to do with Japanese encephalitis.

**The Hon. WALT SECORD:** That was my next question.

**Mr BRAD HAZZARD:** We can wait if you like. Do you mind, Emma?

**The Hon. EMMA HURST:** No, I do not mind. That's fine.

**Mr BRAD HAZZARD:** Thank you. I will ask Dr Gale. She has just received information which is concerning about the extension, or another case anyway.

**MARIANNE GALE:** I just wanted to let you know that this morning we have received confirmation of an additional case of Japanese encephalitis. This brings the New South Wales number to four confirmed cases of Japanese encephalitis, and we do have a number of other people who remain under investigation and are undergoing further testing. The additional case is a lady in her 60s who is also from the Griffith area. I am pleased that she apparently is out of hospital and recovering at home, so that is good news. The Committee may recall that yesterday we announced the sad death of a gentleman in his 70s, who was also from the Griffith area, as the third confirmed case. That gentleman is the only death, that we are aware of, of JE in New South Wales residents to date. That is the update on confirmed cases in New South Wales. It is concerning and there is a lot of work being done, which I am happy to take questions on if you would like to hear.

**The Hon. WALT SECORD:** Mr Chair, one quick indulgence question. Is JE spread by mosquitos or can it be human to human contact?

**MARIANNE GALE:** It is spread by mosquito bite. It is only spread by infected mosquitos. What is the unfortunate thing in relation to this situation is that, previously, Japanese encephalitis, the virus, was not found on mainland Australia. It is endemic in countries around Australia—in south-east Asia and in East Timor to our north—and it is a virus usually only found in tropical areas. So it was a surprise to all the experts working in the field to identify at the end of February pigs who showed symptoms of Japanese encephalitis. As people will be aware, there are now a number of piggeries confirmed as having pigs infected with Japanese encephalitis across New South Wales, Queensland, Victoria and also South Australia. What we have uncovered—as I have just outlined an update of—in New South Wales but also in other jurisdictions is increasing numbers of cases that are confirmed to have Japanese encephalitis. Other numbers are under investigation and we expect those numbers to increase in the weeks ahead.

**The Hon. WES FANG:** That is all four from the Griffith region, isn't it?

**Mr BRAD HAZZARD:** Wentworth.

**MARIANNE GALE:** No. There are two cases around the Griffith region and, as the Minister points out, in Wentworth, New South Wales and also Corowa.

**Mr BRAD HAZZARD:** Wentworth, Corowa and Griffith, but obviously the piggeries are more broadly spread and it is quite possible that we may see cases more broadly spread. The real concern, in summary, is this has never been seen beyond the northern parts—the northern climes—of Australia and into the Torres Strait and into the Asia-Pacific. So it is quite concerning that we have suddenly got it moving so far south, and it goes to Cate's earlier commentary about "Is climate change relevant to health?" Well, of course it is and this is perhaps another portent of the changing climate. It is very concerning.

What Dr Gale has not said is, again, people need to understand that in New South Wales, no matter where you are right now, there is a lot of water around and a lot of mosquitoes around—take it seriously. Close your wire doors, wear long-sleeved shirts, put on some sort of insect repellent and keep yourself as safe as possible because it is certainly capable of killing you.

**The Hon. EMMA HURST:** I will continue the discussion on JE, as the Hon. Walt Secord has called it. My understanding is that there is a vaccine available. Has there been any consideration given to rolling out vaccinations for people in affected areas or for anyone working inside piggeries, where the disease has spread from?

**Mr BRAD HAZZARD:** I will ask Dr Gale to address that one.

**MARIANNE GALE:** Yes, you are absolutely correct. There are two vaccines available for Japanese encephalitis. Both are safe and highly effective. In Australia, the use of the Japanese encephalitis vaccine has been quite limited because really it was only for travellers. If you were planning to go and spend a month in East Timor or to parts of South-East Asia, where Japanese encephalitis is endemic, then you might visit your travel doctor, your GP, discuss your risk and they may advise a Japanese encephalitis vaccine. Largely that has been the use in Australia of this vaccine. As such, the supplies in country were not big because that is a fairly limited group of people, especially recently, as people are not travelling as much. When evidence came to light about potentially local transmission and the presence of Japanese encephalitis, a lot of urgent work was undertaken by us at the

State and also by the Commonwealth, and further actions are ongoing to increase the supply of the Japanese encephalitis vaccine.

In New South Wales we do have a supply and we acted quickly. We worked to get an urgent supply of as much vaccine as we could get. I am aware that the Commonwealth is actively engaging in increasing supplies. We have started rolling out vaccine in the first instance to workers in affected piggeries and to any of their family members who may live on site. Currently in New South Wales we are aware of around 13 affected piggeries, and NSW Health has been in touch with all those piggeries and is working out vaccine arrangements. We have already provided vaccination clinics this week to a number of those piggeries. There is a vaccination clinic happening today, in fact, with a very large number—hundreds of workers—being vaccinated. In some locations the vaccine may best and most efficiently and quickly be delivered by working with local GPs, so we are facilitating that with local GPs to make that vaccine available for those workers.

On an ongoing basis—and we are working closely with the Commonwealth and other jurisdictions—we need to carefully get more information about what the risk of Japanese encephalitis may be, in what regions and to which populations. All that information coming in will guide us at a national and a State level as to which populations we should target all available vaccines. But, in the first instance, vaccinating piggery workers and their families, given their proximity to pigs and that cycle that we know is happening between mosquitoes and pigs, is the first priority. I would add, in addition to that we are looking at vaccinating people who work closely with mosquitoes—for example, laboratory workers and people who work in that industry, and vets for piggeries. We are also looking at making sure we offer vaccines in a timely way to those individuals. But certainly much more planning and risk assessment is underway, and that advice is going to evolve over time.

**The Hon. EMMA HURST:** Dr Gale, you said earlier that locally acquired cases of the disease have never really been identified here. Are local health staff equipped and trained in how to treat people who are coming into GP offices or hospitals with this virus?

**MARIANNE GALE:** Great question. It is certainly something that all of our clinicians, GPs and also our staff working in hospitals are going to need to become more familiar with. Previously, if a person presented with encephalitis and they had never been overseas, Japanese encephalitis would not be something that you would normally think about and test for. Clearly that has changed. Promptly, as soon as we found out about this, the next day we issued a clinical alert across the New South Wales health system to alert ICU physicians, emergency department physicians, infectious disease doctors and all of our public health units to be alert to people who may present with encephalitis.

We have also alerted our GP network through a GP alert. There was a webinar held this week with GPs, and in other forums we have also advised our GP colleagues to be alert for this. In terms of clinical treatment for Japanese encephalitis, there is actually no specific treatment. That treatment remains the same, of supporting anybody with severe encephalitis in intensive care. So a lot of communication and engagement with our clinical community about this significant change.

**The Hon. EMMA HURST:** What measures are being taken to try to control the spread of this?

**MARIANNE GALE:** One of the really key things at the moment, and probably the most effective measure at minimising the harm of the Japanese encephalitis virus, is for a very strong community message, as the Minister has said, around avoiding mosquito bites. That is the most effective thing that any of us could do—prevent being bitten. The advice that the Minister outlined is absolutely correct: avoid going outside in the hours that this mosquito bites, between dusk to dawn; wear long-sleeved clothing, basically minimise any exposure to skin; and use insect repellents, those containing DEET, in particular, picaridin or eucalypt oil. I would specifically highlight that most repellents are effective on children as well. It is particularly important to apply insect repellents to children. We know that in endemic countries overseas, often severe illness is seen more often in children. So it is a really important message for our community to apply repellents. Follow the instructions, obviously, on any product, but protecting children is very important. Mosquito bite avoidance is very important.

We are also working closely with our experts in mosquitoes on what we call vector control, so controlling the thing that spreads the disease which, in this case, is mosquitoes. They are working with national colleagues about effective mechanisms to best control mosquitoes. It is challenging because, as we will be aware, there are a lot of mosquitoes around, there are lots of breeding grounds and mosquitoes can fly long distances. In controlled strategies—for example, fogging or killing the adults or killing the larvae—we need to think about that in a very strategic and targeted way that is most likely to be effective. I know the experts in the field are actively considering exactly those issues.

What there is clear advice on, and what has already happened and is happening, is controlling the vector, so controlling mosquitoes as best as we can around the affected piggeries. We are working closely with the

Department of Primary Industries and with those affected piggeries to enhance the existing vector control that they already have in place in those piggeries, and that is happening as we speak and has been happening. There is evidence that that will be effective if we can do it as well as we can to try to break the cycle of transmission between the mosquitoes and the pigs. To explain that—and I will finish, sorry for this long explanation—pigs are a bit special in Japanese encephalitis in that they are what we call "amplifying hosts". The mosquitoes bite pigs but pigs can also sustain a level of high virus that can infect the mosquito back, so it continues this cycle of transmission. Pigs are what we call "amplifying hosts" and that is why controlling mosquitoes, particularly around pig farms, is very important.

**Ms CATE FAEHRMANN:** Minister, I wanted to go back to one of your comments earlier today where I think you said that the BA.2 variant might see COVID cases double within two to three weeks. After that I did not hear what your Government is doing to mitigate that, what public health orders might come into place and whether masks are going to be mandated again.

**Mr BRAD HAZZARD:** I think what I said was that in the next few weeks we are expecting the numbers to more than double, but that is on the basis of very early advice from the researchers at the University of New South Wales. As I said, there is a lot more work to do and Dr Gale also confirmed there is a lot more work to do before there is absolute certainty about it. What we are saying today is, on a precautionary principle, early advice—if we do not share that information with the public, then that would not be appropriate but, equally, the information is very early information and it may be that there are measures that have to be taken. I talked about the logical one, and the logical one is to go and get vaccinated. As at today I think I said it is about 56 per cent of people, give or take, who are eligible over 16 who have had the booster. That leaves about 44 per cent of the community who have not had the booster.

**Ms CATE FAEHRMANN:** You have said that earlier. That is great. I agree with you, of course. When will 12- to 15-year-olds be able to get their boosters?

**Mr BRAD HAZZARD:** Dr Gale?

**MARIANNE GALE:** On that question, again, we rely on the advice that will be considered at a Federal level by the Australian Technical Advisory Group on Immunisation and their advice in relation to boosters for those under 16 years old. I understand that they will be reviewing the evidence on that and providing advice in due course.

**Ms CATE FAEHRMANN:** I am running out of time for other questions, but I quickly want to go to the response to the special commission of inquiry into ice, Minister. It is now two years since that report was handed down. Your Government promised to respond to the report by the end of 2021 or in 2021. Where is that up to and why haven't we seen any response to the ice inquiry report yet?

**Mr BRAD HAZZARD:** I think you are aware, Ms Faehrmann, that the response is a whole-of-government response and it is not being managed by Health, so I cannot comment on the specifics, other than to say that obviously Health have given our view and that it is complex. Whole of government means there are a lot of different portfolios and a lot of different aspects that need to be considered, and the Government is doing its best to make sure there is a comprehensive, completely broad-scale response when it becomes available.

**Ms CATE FAEHRMANN:** In relation to that, the special commission of inquiry was held in response to terrible situations regarding the drug ice as well as other drugs. People have been unable to get treatment. This is still continuing, particularly in regional New South Wales, but of course everywhere. When was the last time New South Wales had a formal drug and alcohol policy?

**Mr BRAD HAZZARD:** Obviously Health has its own approach to drugs and alcohol, but you are asking about a response to a commission of inquiry and the commission of inquiry was completed by Dan Howard. As I said to you, the Government is responding to that as it can in a whole-of-government approach. It is not something which you should be addressing to me because I am not the Minister responsible for that response.

**Ms CATE FAEHRMANN:** Minister, I am addressing it to you, though. Specifically, Dan Howard wrote in *The Sydney Morning Herald* that we have had no formal drug and alcohol policy whatsoever for a decade. Surely that fits within your remit. Even if you do not have control ultimately over the Government response to the ice inquiry, surely you can do your bit and ensure we have a strong drug and alcohol policy in New South Wales.

**Mr BRAD HAZZARD:** I am sorry. Obviously there are medical practices and procedures that respond to people who use drugs and who find themselves at a disadvantage as a result of that. But in terms of the overall prevention, that is a whole-of-government response. I am not arguing with Mr Howard's comments in whatever paper you are talking about, but I am responding to you and saying it is a whole-of-government response. It has

been made very clear by the Premier and others that it is a whole-of-government response and I cannot elaborate or give you information that is not within my immediate purview. I cannot do that.

**Ms CATE FAEHRMANN:** Minister, are you suggesting that you are not going to do anything in relation to, for example, increase funding for alcohol and drug services to ensure that NSW Health is able to respond in terms of treatment much more? Are you saying that you do not have a responsibility outside of the ice inquiry to ensure that you can do as much as possible to potentially meet any of those recommendations?

**Mr BRAD HAZZARD:** I think that is what is commonly called putting words into one's mouth—my mouth. Don't do that, Cate. You asked a question which is around the commission of inquiry; I have indicated to you that the whole-of-government approach will be available at an appropriate time by the whole of government. That is not something that is in the purview of the Health Minister, but of course there are a whole range of things that Health currently does and will continue to do in regard to treatment for drug and alcohol addictions. I might ask Dr Lyons. I do not know if he has any information there, but he would be the person who would have some of that information, which may assist you if you are interested in knowing what is currently happening. But that was not the question you asked me. Dr Lyons, do you have any information on that currently?

**NIGEL LYONS:** I do have a little bit, Minister.

**Mr BRAD HAZZARD:** Why don't you share it with Ms Faehrmann?

**NIGEL LYONS:** We are responsible for a range of services in this space, as you are aware. We deliver education, brief intervention, treatment, rehabilitation and continuing-care programs, and that is statewide. We do that through the services we operate but also with our arrangements with other non-government services. In the 2021 budget year—that is this budget year—we have committed over \$330 million to those services across the State. In addition to that, the announcement by the Government of an additional \$7.5 million in November 2020 for a drug and rehabilitation residential care service in Dubbo will support some of the specific issues out of Dubbo. We recognise there is still much more to be done, but we are committed. We run a lot of services and we are investing in a range of services and resources to support people with these conditions.

**The Hon. WALT SECORD:** Minister, I want to return to some questions I asked earlier about the Minister for Rural Health and I would like to move into her areas of responsibility. Some time ago she said that it is still being worked out. She claimed at budget estimates last week that she would have responsibility of nine LHDs and their appointments. How will that actually work? Will she appoint the LHDs, those people, to those positions, or will it still—

**Mr BRAD HAZZARD:** Which LHD?

**The Hon. WALT SECORD:** She said she would be responsible for nine of them.

**Mr BRAD HAZZARD:** What positions? What positions are you talking about?

**The Hon. WALT SECORD:** I am asking about the boards.

**Mr BRAD HAZZARD:** You did not say boards.

**The Hon. WALT SECORD:** I am sorry. I assumed that you knew I meant boards. Sorry, Minister.

**Mr BRAD HAZZARD:** I would never guess what you are going to ask about, Mr Secord.

**The Hon. WALT SECORD:** Boards.

**Mr BRAD HAZZARD:** What about them?

**The CHAIR:** Membership of boards.

**Mr BRAD HAZZARD:** What is your question?

**The Hon. WALT SECORD:** I want to know about the membership of boards. Will the membership of boards be with her, as she has claimed, or will it be with you?

**The Hon. SHAYNE MALLARD:** Point of order: The Minister might like to check the *Hansard* but I am not sure—I was there—that she said that she would be appointing those positions. She said she would be consulted.

**The Hon. WALT SECORD:** Let me rephrase the question.

**The Hon. SHAYNE MALLARD:** I want to get the words right.

**The Hon. WALT SECORD:** Minister, will you be responsible for the LHD board appointments or will the Minister for Regional Health be responsible?



**Mr BRAD HAZZARD:** As I said to you earlier, I am delighted to have another Minister helping me. She helped me before anyway. I amused myself for half an hour watching some of your questions, Walt, which were exactly as I would have expected.

**The Hon. WALT SECORD:** Thank you.

**Mr BRAD HAZZARD:** Exactly as I would have expected. I will not pass comment on it other than to say that they were as expected. Having another Minister who can take part in the biggest budget and the biggest staffing in the country by a long shot of any government agency is an absolute delight, and having her working with me, as did Tanya Davies previously in the Mental Health area, has been incredible. They were also readily available to assist whenever I was appointing anybody to boards or doing anything like that. I always worked with the Ministers anyway. There is actually practically no difference, except that it might be possible now—as the Minister has indicated—that she can take primary responsibility for some of those issues.

But we will work in a collaborative way. I heard a whole lot of dribble—I am sorry, it was a whole lot of dribble—"Are you a junior Minister? Are you a senior Minister?" Do not even suggest that to me today because, if you do, that will just show how juvenile this Committee has become. I will not engage in that. We work collaboratively and we will do exactly what is necessary for the patients and the people of New South Wales.

**The Hon. WALT SECORD:** Minister, I want to take you to the community-based petition led by Dr Joe McGirr, member for Wagga Wagga, backed by the NSW Farmers Association to set up a rural health department. What is your response to that campaign?

**Mr BRAD HAZZARD:** I respect Dr McGirr greatly, but I think that Queensland does not have such an arrangement, Victoria does not have such an arrangement, South Australia does not have such an arrangement, Tasmania does not have such an arrangement and there is a slight subset in WA for regional health because they have very small, remote communities up through the Kimberley. But I think there is a good argument to say that there needs to be a focus within the agency—that is, within the overall Ministry of Health and the local health districts, but particularly the ministry—on how to balance the regional health focus. How that should be done is being worked through, as the Minister indicated to you last week.

But a separate department, whilst I respect Dr McGirr's view, I think it was the Deputy President of the Rural Doctors Association in Temora who actually said that she and the Rural Doctors Network oppose it. I think, like everything else in Health, there are a million different views, but I do not see that it necessarily is valuable to fracture the current health system. I think it is more a managing it within the overall network. Many of the issues—for example, as we were talking about before, children's health, we have some amazing paediatricians working in some of our regional major hospitals, Wagga Wagga, Dubbo, Orange, Tamworth and so on. But for major work they still have to come and have an association with city-based highly specialised services.

So that concept is important for patient safety and for patients' best outcomes. Where we can, of course, it would be wonderful to have services and the full range in the regions, but it is not always possible, as is evidenced by what is going on not just throughout the entire States of Australia but, in fact, in the United States and other major countries that are of large size. I think that having some sort of focus within Health on regional health—and that is one thing I accept definitely out of the inquiry that Mr Donnelly—did you chair the regional one, Greg?

**The CHAIR:** You would know that.

**Mr BRAD HAZZARD:** I am just asking if you chaired it. I am not sure who chaired it.

**The Hon. COURTNEY HOUSSOS:** Yes.

**Mr BRAD HAZZARD:** I think there are some valuable concepts that come out of that that allow more focus on regional health issues. But a separate department would fracture Health, so I do not see that that necessarily is the answer at this point. I am not closed to anything, working through with Health and discussing those issues as to what would be best.

**The Hon. EMMA HURST:** I want to return to zoonotic disease outbreaks, which we seem to be talking a lot about recently. Earlier this week SafeWork NSW put out a press release urging people to be wary of floodwaters and muddy soil that could be contaminated with leptospirosis. Have we seen any cases in New South Wales of leptospirosis? What is the current situation?

**Mr BRAD HAZZARD:** On that one, I will absolutely defer to Dr Gale because leptospirosis is not my area of expertise.

**MARIANNE GALE:** In the context of floodwaters, leptospirosis is always something that we watch out for carefully. We know that in certain parts of the State and up north in the past we have had some localised

outbreaks of leptospirosis. It is certainly something that we are vigilant about. As to the current case numbers, I do not believe there are any but I will come back to you. I am happy to take that on notice as to an update on any cases and also the measures that have been taken. In the context of floods—and it has occurred in the past in parts of the State, outbreaks of the disease leptospirosis—I am happy to take it on notice and come back to you with some details.

**The Hon. EMMA HURST:** So it is more of a precaution.

**Mr BRAD HAZZARD:** What does leptospirosis actually do, Dr Gale—just out of interest?

**MARIANNE GALE:** I will have to refresh my memory as to the full clinical manifestations.

**Mr BRAD HAZZARD:** Praise the Lord.

**Ms CATE FAEHRMANN:** Minister, I want to quickly turn to bed block at Westmead hospital with ambulances. On 3 March a photo was taken with 12 ambulances lined up between 9.00 and 10.00 p.m. I understand the entire western Sydney, Nepean, Blue Mountains at that time was meant to have 31 cars, so over a third of those ambulances were parked at one hospital. I am interested to know what you think is the root cause. I understand that not one of those 12 ambulances would have been able to respond obviously to a priority 1 incident as they all had patients who they were in the process of off-loading and transferring care, which can take hours. Do you know what is going on there?

**Mr BRAD HAZZARD:** I think it is fair to say that from time to time all hospitals will have some issues, particularly if you have COVID patients in the emergency department, and that is the nature of being in a one-in-100-year pandemic. The concept of what still causes major grief in other States—that is, ambulance block—is actually very rare now in New South Wales. The person sitting to my left, the Secretary of NSW Health, has been one of the major reasons why we do not have it because at any one time in the morning—I do not know if she will still do it as Secretary but as Deputy Secretary she did—she would be up at 2.00 a.m., 3.00 a.m. and 4.00 a.m. making sure that ambulances were directed to hospitals that are not as busy with, for example, COVID patients. So I am going to defer to Ms Pearce to give you an answer more broadly.

**SUSAN PEARCE:** Ms Faehrmann, I cannot speak to the specifics of 3 March that you have raised. What I would say to you in general terms about photos of ambulances in emergency departments is that from time to time certainly we do have a large number of ambulances in emergency departments. It does not mean that they are all significantly delayed—that is one point that I would make and we will be able to clarify that. We have worked very hard for many, many years, and we work very closely with NSW Ambulance service 24 hours a day, as the Minister has indicated, to ensure that we avoid wherever possible those types of delays. But it is not to say that it does not happen; it does from time to time.

We saw a very significant increase in emergency department attendances across the Christmas and New Year period, then somewhat of a decline and over the last two weeks we have seen quite a significant increase once again. Our emergency departments certainly have been impacted by the management of COVID. We are still managing those models of care to keep people safe. But certainly this is something that has our attention all of the time and we work very hard, as I said, to ensure we get our ambulance paramedics out on the road as quickly as we can. Self-praise being no recommendation whatsoever, but the Ambulance service chief executive passed comment just this week that New South Wales is admired by all other States for the involvement of the New South Wales Ministry of Health with the service to ensure that we certainly do not turn away from what their issues are as we deal with other hospital issues. I simply cannot state strongly enough the level of effort and energy that goes into that every day.

**The Hon. WES FANG:** The self-praise in this case is appropriate, Ms Pearce.

**Mr BRAD HAZZARD:** Well deserved, I have got to say. If you look at what happens in some other States, New South Wales is way out—light years—in front in managing the issues. And that is due to Susan Pearce.

**SUSAN PEARCE:** It is due to our whole system.

**Mr BRAD HAZZARD:** Yes, and it is also due to you and the work you do in your office.

**The CHAIR:** Thank you, Minister and officers. We will break for lunch.

**The Hon. WES FANG:** The Government will not ask any questions. We feel no need to seek any elucidations from the Minister at this time.

**Mr BRAD HAZZARD:** Is that a reflection on me?

**The Hon. WES FANG:** It actually is, Minister; correct.

**(Luncheon adjournment)**

**Dr ANTONIO PENNA**, Executive Director, Health and Medical Research, NSW Health, sworn and examined

**Dr JEREMY McANULTY**, Executive Director, Health Protection, NSW Health, on former oath

**Ms JACQUI CROSS**, Chief Nursing and Midwifery Officer, NSW Health, affirmed and examined

**Ms SUE DAWSON**, Commissioner, NSW Health Care Complaints Commission, on former affirmation

**Mr BRAD HAZZARD:** Committee Chair and members of the Committee, thank you for your time this morning and for whatever time we have this afternoon. I was just going to indicate to you that a number of the people at the table—in fact, pretty well everybody—is dealing with the issues to do with the floods, Japanese encephalitis and the issues to do with the BA.2 COVID. I am wondering if at all possible—

**The CHAIR:** I understand the request.

**Mr BRAD HAZZARD:** I was just going to ask whether it would be possible to terminate the day-long committee meeting at 3.30 p.m., if possible, or earlier, depending on what the Committee members think. But 3.30 p.m. at the latest?

**The CHAIR:** I just want to speak to the Deputy Chair, but we will let you know. We will work towards that. I think that is probably likely, but I need to consult with the Deputy Chair. I cannot unilaterally decide that.

**Mr BRAD HAZZARD:** I appreciate that. On behalf of the Health officials, we would be very grateful.

**The Hon. WES FANG:** Chair, the Government would have no opposition to that.

**The CHAIR:** Thank you. We will get matters underway, rolling in 15-minute tranches, commencing with the Opposition.

**Mr BRAD HAZZARD:** Sorry, can I interrupt for two seconds? I have just been advised by the secretary that she wants to clarify. The Hon. Walt Secord, you asked about Yass before?

**The Hon. WALT SECORD:** Yes.

**Mr BRAD HAZZARD:** Ambulance have given us information which, nuanced a little bit, needs to be clarified in relation to the person who was brought in that was a paramedic and a nurse. We now think it is possible—we have got to do some more checking but we want to put it on notice—that the person was a paramedic and a medic, as I understand it. We will take that on notice to clarify once we pin it down, having in mind the diverse advice that we have got at this point, which just happens in such a big system.

**The Hon. WALT SECORD:** I understand. Minister, I would like to take you to security and safety issues in the health and hospital system. You would be aware of—late last year, I guess in the last quarter of last year—a violent incident at Port Macquarie.

**Mr BRAD HAZZARD:** Yes.

**The Hon. WALT SECORD:** I was just wondering if there are any changes or implementations or learnings that came out of that involving the health and hospitals system?

**Mr BRAD HAZZARD:** Mr Secord, every time there is an incident there are learnings; there is no doubt about that. One of the issues I have at the moment is that—you would remember that there was a review by Peter Anderson, former Labor Police Minister and Health Minister, who has been given an incredible job reviewing the security issues—I have been working with the Health Services Union, which represents the majority of security officers through our health system. Security officers are employed, obviously, by the individual local health districts. Individual local health districts, with their individual independent boards, are subject to some central direction but nevertheless are independent, have varying views on how the security should be conducted. I was of the view that we were moving towards a trial to give security officers more powers, particularly to detain and effectively search a person. That was certainly something that I was even more motivated by, following the incident at Port Macquarie—and other incidents, for that matter.

Most recently, I have been having discussions with the HSU, security officers, police and representatives of the Attorney General to see what is achievable because it appeared to me that it would have been two steps forward and one step back. I am now working with them. I had a meeting, maybe two weeks ago, just prior to the floods. The floods have sort of distracted us away from that at the moment, but we are certainly working on that. I am very keen personally, as the Health Minister, to empower security officers. But it also has to be done in a way that recognises that, in a hospital environment and a health environment, they are part of the broader health

team. From my discussions with some of the security officers, they do not always feel that is the case; their views are not respected. There has obviously got to be appropriate training and an appropriate understanding of those relationships—quite complex—and we would be probably going a step further than anybody else in the country has done, but I am keen to do it. I also have to work with those relevant groups that I just talked about to make sure that it is viable.

**The Hon. WALT SECORD:** I understand, as part of the Anderson review, that he recommended there be a new part inserted in the Health Services Act dealing with hospital security safety and recognising the duties, powers, rights and responsibilities of security staff and any related matters that would arise from safety in hospitals. He wanted to recommend the removal of all legal barriers hampering the transport of patients or people at hospitals from one part to another. Do you have a timetable on responding to the Anderson review?

**Mr BRAD HAZZARD:** I think that is what I am saying. My response has been to work with the relevant parties to try to see what is achievable. I am very supportive of the Anderson review and working through that. Although, what happened was that there were discussions with very senior police, going back maybe six months or 10 months—something like that—who indicated that they were supportive of a number of these amendments, which go, as I said, further than has previously been the situation in any State or Territory in recent years. As Gerard Hayes reminded me on a number of occasions, it used to be that we had special constables or special constable status inside the hospitals. Over the years, it has become focused on the more holistic role of a security officer as part of the health team. Where it becomes problematic sometimes is the limited powers that security officers have and, in some environments, it is a better association and relationship with the doctors and nurses who are looking after the patient. That is what a hospital is about—looking after the patient.

**The Hon. WALT SECORD:** Minister, is the stumbling block the Attorney General's department? It has been quite a while since the—

**Mr BRAD HAZZARD:** I do not think so. I think the issue was more about—maybe it is, but it is not what I have seen so far. What I think is the major issue has just been to try to work through whether or not the police are in agreement with it. I have had discussions. Did I say that Karen Webb was there or not? Karen Webb made herself available, which was wonderful because she had only been in the job for a week or two. She made herself available for a 7.30 a.m. meeting. I saw today that there was criticism of the new commissioner. Can I just say I think that was wholly unfair and unreasonable. She works herself, like every other police commissioner, completely into the ground. She has been doing that both in her former position and in her current position.

I was appalled to see that article today in the Telegraph. She has been working very hard on floods as well. It seems like some people—some journalists—think you cannot walk and chew gum at the same time, and maybe they cannot. But, nevertheless, she does and she works hard at it, and she has been to a meeting with us and she understands the needs and we are working through those policing issues. Once we have settled on those then we can have those further discussions with the Attorney-General's office.

**The Hon. WALT SECORD:** In 2019—actually, I remember it from the estimates. It came from an afternoon session and we asked one of your departmental officials about a pilot involving body-worn cameras.

**Mr BRAD HAZZARD:** Yes. For security or for paramedics?

**The Hon. WALT SECORD:** For paramedics. It was announced that in November 2019 there would be three locations for a 12-month trial. What were the findings and recommendations of that?

**Mr BRAD HAZZARD:** It went well. The discussions that I have had with the chief executive of Ambulance are that it went well, and I have spoken to a lot of paramedics on the front line. It went well. What actually happened, though, is that it went on hold during COVID because suddenly the paramedics could not actually wear the camera on their clothes because they were covered with PPE. So it all came to a bit of a stalling halt. But the early indications in the trial while it lasted, pre-COVID and pre-PPE, were that it worked well. I am not sure whether they have now got to a point where—because not all paramedics are wearing PPE all the time now. I am just not sure where they got to. I am happy to take that on notice because it was something which was in my mind as well to ask the commissioner, but I have not asked him in the last few weeks.

**The Hon. COURTNEY HOUSSOS:** Minister, in relation to the Government's rail shutdown, obviously there were plenty of Health staff who were stranded on the day. When did you become aware of the shutdown?

**Mr BRAD HAZZARD:** Are you serious? You are going to start asking the Health Minister about that? Maybe I should move that this committee finish at 2.30 p.m. and not 3.30 p.m.

**The Hon. SHAYNE MALLARD:** Point of order: Clearly, this is outside the health Minister's ambit in terms of budget. This is a transport Minister question.

**The Hon. COURTNEY HOUSSOS:** I am just asking the Minister—

**The Hon. SHAYNE MALLARD:** It is out of order.

**Mr BRAD HAZZARD:** I will answer it, but I think it is a pretty dumb question to be asking a Health Minister, to be honest. In the middle of COVID, flood and Japanese Encephalitis, to ask me when I found out about the railways is just absolutely ludicrous. But when I woke up, yes. When I saw it on the radio.

**The Hon. COURTNEY HOUSSOS:** Minister, I am asking you this because we have talked this morning about the unprecedented pressure that is on our health workforce—

**Mr BRAD HAZZARD:** Absolutely.

**The Hon. COURTNEY HOUSSOS:** —and I am interested to know whether you tracked how many nurses, doctors and health workers were unable to get to work on that day.

**Mr BRAD HAZZARD:** But that is not what you asked me. You asked me what time I found out, and that is completely irrelevant. I will ask the secretary—

**The Hon. COURTNEY HOUSSOS:** I am interested to know—

**The CHAIR:** Order! Minister, you understand that you do not get to ask the questions. The members ask—

**Mr BRAD HAZZARD:** I made an observation, which I am entitled to do.

**The CHAIR:** Minister, your diatribe against the honourable member asking the question, I think, is pretty poor form on your part. The question was asked to lead then to the question about the inability of healthcare workers to get to work.

**The Hon. WES FANG:** Chair—

**The CHAIR:** No. It is perfectly reasonable to ask the question.

**Mr BRAD HAZZARD:** Don't worry about it, Wes.

**The CHAIR:** You are the only Minister who comes along to hearings, as far as I know, and puts down questions so blandly as you did. It was a perfectly reasonable question from the honourable member. Your attitude towards questions you do not like is to be so dismissive. It had a context. I would have thought an apology to the honourable member is the least you could do in the circumstances.

**Mr BRAD HAZZARD:** No, because what I am saying is that asking a Health Minister about when I found out about transport is ludicrous. Anyway, we will move on to the second part of the question.

**The CHAIR:** No, it a perfectly appropriate question. The health workforce in New South Wales was significantly impacted by the transport strike, so it is perfectly reasonable to ask you questions. You might want to put it down and say that it is not relevant, but it is perfectly relevant. If you do not want to answer the question, that is fine. But it is a perfectly relevant question and is totally in order.

**The Hon. COURTNEY HOUSSOS:** Minister, did you track the absentees on the day?

**Mr BRAD HAZZARD:** Can I now ask the secretary to answer the question that was relevant? Madam Secretary?

**The CHAIR:** No, Minister, both questions were relevant. The first question was in terms of understanding your time that you understood the situation, and then we move on to the question.

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

**The CHAIR:** No, I have not finished. There were two parts to it: Setting up the context to ask you and then the impacting question. The questions were perfectly in order.

**The Hon. SHAYNE MALLARD:** Setting up is the word.

**The CHAIR:** You cannot dismiss questions. You do not get to dismiss questions, Minister.

**Mr BRAD HAZZARD:** Actually, I get to answer them in the way that I think is appropriate.

**The CHAIR:** Yes, but you do not get to dismiss them.

**Mr BRAD HAZZARD:** I answered the question; I said it was irrelevant.

**The CHAIR:** Minister, it was not irrelevant.

**Mr BRAD HAZZARD:** I am not arguing with you. I have given my answer. It is irrelevant, and now I am asking the secretary—

**The CHAIR:** Minister, you can be pig-headed and try to dismiss questions in that way. It reflects on you.

**Mr BRAD HAZZARD:** I can be accurate.

**The CHAIR:** No, it reflects on you very badly.

**Mr BRAD HAZZARD:** Actually, having watched you last week with my colleague Bronnie Taylor, I do not think you are in a position to go criticising me, Mr Chair. I will now ask the secretary to answer the question.

**The CHAIR:** No, Minister Taylor—I am happy to go down that line of discussion if you like.

**Mr BRAD HAZZARD:** Why not? Madam Secretary, could you answer the question please—the relevant issue in terms of the staff impacts by the railway line closure?

**SUSAN PEARCE:** Ms Houssos, we would have to take on notice the actual quantum of staff. If we can get that information for you, I would be happy to do that. What I can tell you is that every Monday we have a meeting with all of our chief executives across the State just to check how the weekend has gone and understand what Monday is looking like in terms of patient flow. As I recall, the train strike was on a Monday, if I am not mistaken.

**The Hon. COURTNEY HOUSSOS:** It was.

**SUSAN PEARCE:** We asked our chief executives during the course of that morning as to any staffing impacts that were associated with the transport strike. Certainly I am not saying that there were none. What I can say, though, is that the impacts were relatively limited, from what I can recall from those discussions, but we can take on notice the specifics for you.

**The Hon. COURTNEY HOUSSOS:** That would be great if you could you give me either the total number or the proportion of the workforce that was absent on the day. Were there any specific special initiatives? Anyone listening to morning radio heard about nurses paying hundreds of dollars for Ubers and for taxis, and all kinds of things that were going on.

**The Hon. SHAYNE MALLARD:** We suspended transit lane operations—all kinds of things.

**The CHAIR:** Order!

**Mr BRAD HAZZARD:** I have not heard that.

**SUSAN PEARCE:** No.

**Mr BRAD HAZZARD:** Have you heard that, have you?

**The Hon. COURTNEY HOUSSOS:** I think it was on ABC radio.

**The Hon. WALT SECORD:** It was on commercial radio and the ABC.

**The Hon. COURTNEY HOUSSOS:** Yes.

**Mr BRAD HAZZARD:** On that basis, I will ask the secretary to find out from the LHDs, because it would only be the metropolitan LHDs, not the north side—well, a little bit of the north side. It would be mostly west and south-west. We can find out what was done on that front. If you have any specific issues of hardship, raise it with me and I will raise it with Health.

**The Hon. COURTNEY HOUSSOS:** Thanks very much. How much time do I have?

**The CHAIR:** We will not be able to complete by 3.30 p.m. We will have to press on beyond that, so let us keep going.

**The Hon. WALT SECORD:** Minister, I take you to Eurobodalla hospital. In last week's estimates on regional health, we were told that no site has been secured yet. Through you to Ms Wark, what is the status of the securing of the land?

**Mr BRAD HAZZARD:** What you were actually told, because Dr Lyons read it out just before the lunchtime break, were the facts. The facts are that more than 30 sites were looked at and that Health Infrastructure determined on a particular site, which, on 20 December, the relevant notice under the—what was it?

**REBECCA WARK:** The Just Terms Compensation Act.

**Mr BRAD HAZZARD:** It was served under the just terms compensation legislation.

**The Hon. WALT SECORD:** I am familiar with that.

**Mr BRAD HAZZARD:** That is what you were told by Dr Lyons on that day. He did not mention a date, but I had texted him with the date. It was served on the twentieth, and by the second week of April—what happens, if you are not familiar with the just terms legislation—

**The Hon. WALT SECORD:** No, I am very familiar with the legislation.

**Mr BRAD HAZZARD:** I will explain it to the rest of the Committee, so they know. They had negotiated for 13 months, I think, with the owner of the property, and he was not inclined to the price that they considered was fair. On behalf of taxpayers, the next step is to serve the notice, which warns him that it will be compulsorily acquired. That will be around about the middle of April. At that point the land will then be gazetted through the resumption processes. It has to be signed off by me and signed off by the Governor. It then becomes an asset of the Crown—the taxpayers—and the discussions around the value of the land become a matter for the Valuer General. But I will ask Ms Wark if she wants to add anything to that. Is that sufficient?

**REBECCA WARK:** I think that is accurate, Minister. Thank you. We are continuing to have discussions with the vendor. Those discussions are amicable. We are in the process of looking at the correspondence from them, seeking further valuations for ourselves to inform, potentially, a further offer. So we are very open to making an offer which is, hopefully, acceptable to the vendor. In the meantime, we will continue down the processes of the Just Terms Compensation Act.

**The Hon. EMMA HURST:** Research has shown that one in three Australian women experience birth trauma and that one in 10 women experience PTSD after childbirth, and that these statistics are actually getting worse over time. Are you aware of this? What is being done in that space?

**Mr BRAD HAZZARD:** I think you are aware that there has been a lot of work done through the Mental Health portfolio for women more broadly with childbirth, both antenatal and postnatal. As to the physical injuries, I will ask Dr Lyons whether he has something to add to that.

**NIGEL LYONS:** I would appreciate, Ms Hurst, if you could define up a little more what you mean by "birth trauma" because I think there are different views about the childbirth process and, depending on the perspective, it can be a different interpretation of what is actually traumatic. So I would like to understand a little bit more what you mean by that.

**The Hon. EMMA HURST:** It is based off an article, which I can give you a copy of. I do have a copy of it here. But it does not go into detail. It is a self-reported—obviously "PTSD" is quite specific. But that was one in 10. But I am assuming that trauma is that self-reported trauma, that they had a difficult experience for a variety of reasons during that childbirth process. But I can get that article if you need to see that.

**NIGEL LYONS:** That is okay. I was interested just to understand a little bit more about what you meant by that, but I can talk about the services that we offer. We offer an extensive range of perinatal services, including support for mothers and fathers, particularly where there have been issues of concern around the mental health and wellbeing of the parents involved. We have extensive range of those services available and have expanded them recently, including a contract with the Gidget Foundation for support. We are also just about to expand into the perinatal services that we were promised as part of an election commitment.

So we have got two statewide services that are being built at the moment, one at Royal Prince Alfred and one at Westmead. Those units will provide the high-level services for people who are not able to be cared for in a community or outpatient setting. It involves a multidisciplinary team, involving psychiatrists, psychologists and social workers, and a range of parent craft type services as well. In addition to the extra services put into Tresillian and Karitane over the last two to three years, we are actually expanding those high-level quaternary services as well for those people who really need that high-level care.

**The Hon. EMMA HURST:** Thank you. I guess the other reason I wanted to talk about women self-reporting trauma during childbirth is because one solution that has been put forward and has been quite strongly advocated for by maternity advocacy groups is the continuity of midwife care throughout the pregnancy process, so that women can have a midwife that they know throughout the birth process to advocate for them. At the moment, only about 10 per cent of women can access a known midwife at birth, while in other countries, such as New Zealand, it is 90 per cent. Is this something that is being looked into at all?

**NIGEL LYONS:** I can answer that. Thanks, Minister. I think the most important thing from our point of view in terms of the services we offer in New South Wales is about ensuring that there is choice available. So we have a range of services available, including models that include that continuity of care for midwifery services.



The really important thing is to make sure that parents, women in particular, are offered that choice about how they would like their birthing experience and what type of care they would like to be provided, because there are a range of different views about the type of care people would like to receive. So, wherever possible, we look to offer that choice, including models which would include continuity of care through midwives.

**The Hon. EMMA HURST:** But is that choice available to most women? Given the statistics that the advocacy groups are telling me is that only 10 per cent of women actually have access to that continuity of care model, if only 10 per cent have access, is that a choice?

**NIGEL LYONS:** I think we need to look at that in the context of how the services are provided and where they are provided. As you know, it is very different across the State. We have heard examples of where, in rural services, for instance, we may not have as much choice because there are not as many providers available. But where there is the ability to actually provide services across a range of different types of models, we do look at having that choice available. So I cannot offer an opinion about the percentage, but I would say that where it is possible to offer choice, that is our position.

**The Hon. EMMA HURST:** Thank you. Minister, I also spoke about this issue with Minister Taylor, and she was very open to meeting with advocacy groups in this space to see what can be done. Are you interested and open to attending those meetings with Minister Taylor as well, considering it sort of crosses between both portfolios?

**Mr BRAD HAZZARD:** In relation to the midwifery?

**The Hon. EMMA HURST:** Yes.

**Mr BRAD HAZZARD:** Yes, sure.

**The Hon. COURTNEY HOUSSOS:** How many hospitals currently offer the continuity of care model?

**NIGEL LYONS:** I would have to take that on notice and get the detail of that, but there are many hospitals that offer community midwifery programs and continuity of care through midwife practice.

**The Hon. COURTNEY HOUSSOS:** Can you also provide if any of them do outreach specifically with CALD communities?

**NIGEL LYONS:** Certainly.

**Mr BRAD HAZZARD:** Sorry, what was that question?

**SUSAN PEARCE:** CALD communities. I do not know whether the Chief Nursing and Midwifery Officer would like to comment, but certainly the last time I looked at this, all of our Local Health Districts had midwifery continuity of care models and they are quite extensive across the State.

**Mr BRAD HAZZARD:** Jacqui Cross is our New South Wales chief nurse. I do not think she is necessarily a midwife, but she can give advice on that.

**JACQUI CROSS:** I am the midwifery officer.

**Mr BRAD HAZZARD:** There you go.

**JACQUI CROSS:** I can actually talk about one of the initiatives that has come out of our office over the last 12 months or so. We have a principal advisor for midwifery and she has been leading a piece of work looking at what they are calling a modified antenatal-postnatal service, which is a form of continuity of care for our midwives. She has been supporting the midwives across the State to implement that locally. At the moment, we have 10 maternity services that have introduced that MAPS model. It was trialled at the Royal Hospital for Women and it has been taken up quite well with our midwifery leaders. That is one of the initiatives, as I said, that is coming out of our office to try and get another model around continuity of care.

**The Hon. EMMA HURST:** Ms Cross, is there anything online that we can read about that example that you are giving? Are there reports or—

**JACQUI CROSS:** I can provide with you that. There was research just recently that came out of Canterbury Hospital about the model itself and the satisfaction for midwives and, most importantly, for the women who were working within that model. We would be happy to share that with you.

**The Hon. EMMA HURST:** Thank you.

**Mr BRAD HAZZARD:** Do you want us to table it or do you want us to send you one? What would you like? Mr Chairman, what do you want?

**The Hon. EMMA HURST:** Whatever is easier; I personally do not mind. Did you want it tabled?

**The CHAIR:** Yes.

**The Hon. EMMA HURST:** Table it, if you're comfortable with that.

**Mr BRAD HAZZARD:** Actually, if you could, table it but also send a direct copy to the Deputy Chair, please.

**Document tabled.**

**The Hon. EMMA HURST:** Thank you, I appreciate that. Minister, I have asked you on a number of occasions about transparency in government funding for animal research. You might be aware that we now have an inquiry in PC No. 2 on this issue of animals in experimentation. Are you open to the idea of greater reporting where government funding is used that relates to animals used in medical experimentation?

**Mr BRAD HAZZARD:** I do not see why transparency should not be in all areas. Yes, sure.

**The Hon. EMMA HURST:** I would also like to bring up—

**Mr BRAD HAZZARD:** Can I just say on that, Emma, my view would be that is my first position, but I guess I would have to take advice from Health on it. As I understood it, you have the inquiry going. Where is it up to?

**The Hon. EMMA HURST:** We are just open for submissions at the moment.

**Mr BRAD HAZZARD:** I might ask Health. Has there been a submission from Health yet?

**SUSAN PEARCE:** Not that I am aware of. Dr Penna may know.

**Mr BRAD HAZZARD:** Dr Penna?

**ANTONIO PENNA:** There is a submission going through the DPC from Health.

**Mr BRAD HAZZARD:** Is this the first time you have spoken in a parliamentary inquiry?

**The CHAIR:** No, it is not.

**ANTONIO PENNA:** There is a submission.

**Mr BRAD HAZZARD:** Good, so there is one coming from Health. Dr Penna looks after all of the research aspects for Health, so he can make sure that that comes through.

**The Hon. EMMA HURST:** Wonderful, thank you. I would also like to bring up the issue of funding for alternatives to the use of animals in experimentation. NSW Health, as you know, has a variety of grants for a wide range of research initiatives, including things like gene and cell therapy. Would you be open to setting up a grants program to develop alternatives to the use of animals in research?

**Mr BRAD HAZZARD:** I would have thought that already they try to avoid the use of animals if at all possible, but perhaps I could ask Dr Penna to give us a little bit of information about that. I am not averse to it at all.

**The Hon. EMMA HURST:** Sorry, to clarify, it is a little bit different. The use of animals in research, yes, they are supposed to meet certain criteria to use those animals and they do look at alternatives and they are required to, but what I am actually talking about is research into the alternatives to actually switch it. The UK and the US have specific funding available for researchers to find alternatives. One alternative that people are looking at at the moment is the forced swim model where they drown animals in water. So people are actually trying to say, "Can we look at depression under a different model that does not use animals in that way?" There are a lot of different governments around the world that have specific funding to look into research. Can we do this on tissues?

**Mr BRAD HAZZARD:** I would be very sympathetic to that position, but I would like to take some advice from those who are more expert than I am in it. But if at all possible, yes, I would support it. But I guess it depends on if there are research funds available and it is limited and it is going to save, for example, lots of little kids or something with research. I would want to know what the balancing act is, but, first principles, I agree with you. If we can avoid having as much as possible any research involving animals, that would be fantastic. I totally agree. The rest of it I will take on notice, if you do not mind.

**The Hon. EMMA HURST:** Thank you, and I am not sure if Dr Penna had anything to add.

**ANTONIO PENNA:** No, nothing further to add.

**The Hon. EMMA HURST:** On the New South Wales medical research website there is a policy directive entitled "Human and Animal research and the National Health and Medical Research Council Act 1992". This policy is listed as being obsolete since September 2018 and does not seem to have been updated since then. Are you able to explain why there does not appear to be any kind of current policy regarding animal research?

**Mr BRAD HAZZARD:** I will ask Dr Penna whether he can answer that and if he cannot, we will take it on notice.

**ANTONIO PENNA:** I think we will need to take it on notice. I need to find out why.

**The Hon. EMMA HURST:** Thank you, if you do not mind. I have a couple of other questions you probably would want to take on notice because they are follow-on questions from that. Are there plans to update that policy? I note that there are current policies on the same page surrounding human research, so it is actually quite unclear why animal research has been left out there. Where would people working within NSW Health look for guidance regarding the rules and ethics surrounding animal research in the absence of a current policy?

**ANTONIO PENNA:** At the moment a lot of that is on the Department of Primary Industries regarding the ethics and scientific review of animal research. But we will look into all of that to ensure it is all covered.

**The Hon. EMMA HURST:** Thank you for that. Minister, it was reported that between July 2020 and December 2021 NSW Health seized more than 100,000 illegal vaping products with a street value of more than \$2 million. Are you able to tell us a bit more about these seizures and where most of these illegal vaping products are actually being sold?

**Mr BRAD HAZZARD:** First of all, can I indicate that I know there are arguments from some quarters that vaping is an exit strategy from smoking. I do not agree with that at all. I think that the advent of vaping has seen so many kids take up vaping that it is atrocious. I also see a lot of people, who clearly think they are very cool, with vaping devices in their hands—some around this Parliament actually—and I shake my head and think of what I was told when I visited the Woolcock Centre one day by one of the respiratory researchers, which is that the chemicals in vaping are largely akin to what you would find in antifreeze but dressed up with over 500 different flavours and the effect on people's lungs is just appalling.

In terms of vaping, we have been looking at this in Health. I know there was a move at one stage by the Federal Minister, Greg Hunt, to try and bring together a policy position in the Federal Parliament, but I think he was largely defeated in those efforts to take steps to try and deter vaping. Vaping currently is not illegal in New South Wales unless it involves nicotine. Nicotine for children, and nicotine products generally, are not appropriate for all the obvious reasons. But the real issue, I think, is that some of this equipment is from vaping shops, even though they would deny that, but a lot of it does come in from the internet. So it is very difficult to stop it. But I can also tell you that, as a result of our concerns, Health is actually currently preparing a campaign which is due to be made public in the near future to try and warn the community, particularly kids in schools, how dangerous it is. I fear though that, like most of us, we will have an optimism bias that things will not hurt us, so it is going to be a long, hard fight.

**The Hon. COURTNEY HOUSSOS:** Minister, I would like to ask you about if you are aware of the concerns raised by residents living in the Wollondilly region about significant delays in their access to paramedic treatment?

**Mr BRAD HAZZARD:** I am not specifically aware of that, no.

**The Hon. COURTNEY HOUSSOS:** My understanding is that your Government made a commitment to recruit an additional 12 paramedics for that area over the course of this term of Parliament. Is that correct?

**Mr BRAD HAZZARD:** I have not made that undertaking, but what we did do is we announced—it was before COVID so would have been about three years ago, down at then Ambulance headquarters with Gerard Hayes from the HSU—that we were employing another 750 paramedics over this next few-year period, and maybe out of that Ambulance decided that there were going to be allocations for particular areas. I can ask Ambulance for you and give you an answer on notice. That level of allocation I am not familiar with.

**The Hon. COURTNEY HOUSSOS:** Could you provide us with an answer specifically on the 12 that were slated for Wollondilly?

**Mr BRAD HAZZARD:** So it makes it simpler, when do you think it was announced?

**The Hon. COURTNEY HOUSSOS:** My understanding is that you made a commitment to recruit an additional 12 paramedics.

**Mr BRAD HAZZARD:** I, Brad Hazzard, did?

**The Hon. COURTNEY HOUSSOS:** Yes, the Government made a commitment to recruit an additional 12 paramedics for the area. Can you provide us with progress on the 750 and—I am happy for you to check if there are 12—how many of those have been recruited for the local area?

**Mr BRAD HAZZARD:** I will get Ambulance to provide it through Health and table it here because I do not know the answer to that question. I do not remember it. I do not have any recollection at all of a specific number, but it is possible that Ambulance has done that.

**The Hon. COURTNEY HOUSSOS:** It has been well publicised in multiple media outlets about the backup of ambulances.

**Mr BRAD HAZZARD:** I should have asked the secretary. Do you know anything about that?

**SUSAN PEARCE:** Not specifically in the relation to the 12. I do not know whether Mr Minns has an update on the 750 overall. He might like to comment about that.

**PHIL MINNS:** The commitment commenced in 2018-19. In that year 213 paramedics were added and 13 emergency call takers. In 2019-20 there were a further 209 paramedics and 12 call takers. In 2020-21, there were a further 167 paramedics and 13 call takers.

**The Hon. COURTNEY HOUSSOS:** For 2021, was that the financial year 2021-22?

**PHIL MINNS:** No, 2020-21—167 paramedics and 13 call takers. And in this current financial year, 2021-22, there were 111 paramedics and 12 call takers.

**Mr BRAD HAZZARD:** I said 750 paramedics, but in view of the fact that Mr Minns has been giving you more specific detail, what I should have said is 700 paramedics and 50 paramedic call takers, basically.

**The Hon. COURTNEY HOUSSOS:** You would be aware that there has been significant media reporting about the backup of ambulances and I think one of my colleagues raised it with you earlier today.

**Mr BRAD HAZZARD:** Cate asked it, didn't she?

**The Hon. COURTNEY HOUSSOS:** That is right. Do you have any response specifically around Wollongong and what has been happening down there? It has been well reported in the *Illawarra Mercury*.

**Mr BRAD HAZZARD:** Sorry, I am not familiar. Tell me what you are referring to.

**The Hon. COURTNEY HOUSSOS:** The *Illawarra Mercury* reported that paramedics were being stuck waiting for more than four hours on 27 and 28 February.

**Mr BRAD HAZZARD:** I think that is the same issue that the secretary addressed before. Generally, the backing up of ambulances has been amazingly well managed, as I said earlier, because of the work that the secretary and the team have done. But there can be individual hospital issues too. I am not going to name them, but practices in a particular hospital in the emergency department, for example, may not be as streamlined or as efficient as others for a variety of reasons. It may be that they have a different make-up of patients who are in the emergency departments, or it may be that they have more COVID patients in the emergency departments who they have to deal with.

Westmead, for example, had all sorts of problems. In the end, during the peak of either Omicron or Delta, it had to set up a venue outside the ED to be able to triage who had COVID and who did not. That got a bit of media attention, with people thinking, "That's terrible," but it was actually very good because they were thinking outside the box as to how they would manage those issues. In the process you would, from time to time, have perhaps more than you would usually have in terms of ambulances. But there can be a whole variety of reasons why that might be occurring. During February, of course—are you talking about February this year or February last year?

**The Hon. COURTNEY HOUSSOS:** February this year.

**Mr BRAD HAZZARD:** I will ask the secretary whether she wants to add anything further. I cannot add any more than that at this stage.

**SUSAN PEARCE:** With respect to Wollongong, it has been extremely busy in the emergency department at Wollongong of late. Yes, it has had some delays there. I will say that the emergency department team at Wollongong do a fantastic job, so it is unusual for them to have experienced this. One of the issues that has been explained to me is that with regard to discharging patients from the hospital, they have been somewhat challenged by that. They have had a number of elderly residents needing to go back to residential aged-care facilities and they have not been able to return them in a timely fashion. So that has caused some back issues back into the wards. We are well across those issues. The district team and the hospital team are well engaged. As I said

earlier in regard to Ms Faehrmann's question, we work on this all the time. It is not indicative of their overall performance. Wollongong is a very good performer in regard to its emergency department KPIs. In particular, with regard to the triaging of patients, it is one of the best performers out of those A1 hospitals. But, certainly, it has had a challenging time of late.

**The Hon. COURTNEY HOUSSOS:** I wanted to move on to the question of staffing levels of nurses to patients and ratios. Minister, do you currently track ratios within the health department, particularly in ICUs?

**Mr BRAD HAZZARD:** Do I personally track them?

**The Hon. COURTNEY HOUSSOS:** Does the Ministry of Health track them?

**Mr BRAD HAZZARD:** Each hospital obviously has to manage what it needs to manage, whether it is in its ICUs, its emergency departments or whether it is in its wards. I have been meeting with ICU nurses and Brett Holmes on behalf of the Nurses and Midwives' Association, usually with representative nurses. Those nurses, the ones who I have had those meetings with, have expressed concerns about staffing levels in ICUs, if that is what you are referring to.

**The Hon. COURTNEY HOUSSOS:** Absolutely. The Australian College of Critical Care Nurses and the Australian and New Zealand Intensive Care Society both advocate and recommend minimum staffing levels within intensive care units. What is your position on that?

**Mr BRAD HAZZARD:** I indicated to the Nurses and Midwives' Association that I would like to see a little more work done on that aspect. Some of the issues that they have raised have been around, for example, if a nurse has to go off for some reason—go to the toilet, go for morning tea or lunch—that there might not be appropriate staffing within individual hospitals such that you can have the usual one-on-one ICU patient arrangements.

**The Hon. COURTNEY HOUSSOS:** Is it your expectation that in the New South Wales health system we should be operating at one-to-one in an ICU?

**Mr BRAD HAZZARD:** It depends; there are differing levels of ICUs. I will ask Mr Minns to comment on this, because he is the one who has been most involved. Mr Minns, would you like to give any further clarification to Ms Houssos?

**PHIL MINNS:** We have a ratios framework, referred to as nursing hours per patient day, and it operates in about 380-plus wards across the system. That framework produces the same kind of ratio that the nurses' association is seeking in terms of one nurse to every four patients on day shift and afternoon shift, and one to seven on night shift.

**The Hon. COURTNEY HOUSSOS:** That is on a general ward, though—is that correct? Or is that across the wards generally?

**PHIL MINNS:** There are 383 wards where that model of staffing makes sense because of the typical volume that you experience in those sorts of wards. I can give the Committee a list, if you like, of the wards where that framework operates.

**The CHAIR:** Thank you. That would be good.

**PHIL MINNS:** We also have something that is akin to a ratio framework in maternity, which is called Birthrate Plus, which is a formula that originated in the UK. It is in the award as a method by which you survey the workforce requirements for safe practice in a birthing context. You do the survey, it talks about the acuity of care, the number of patients you are typically seeing and it produces a staffing profile that our districts need to follow. You need to redo that survey periodically. It would be the case in western Sydney, where we redid the survey after some issues associated with some of our maternity services there, where there had been some expansion in the number of births coming through.

**The Hon. COURTNEY HOUSSOS:** Sorry, Mr Minns, I do not like to interrupt you, but my understanding is the nursing hours per patient do not apply to EDs, ICU, HDU.

**PHIL MINNS:** No, because the standard of nursing is higher than the nursing hours per patient day framework. There are people at the table who have worked in those environments who will vouch for the fact that it is typically one to one care or one to two care with additional supernumerary staff. The level of staffing in EDs and ICUs sits quite a bit higher than what you normally would associate with a nursing hours per patient day ward.

**The Hon. COURTNEY HOUSSOS:** Mr Minns, do you track the breaches of the nursing hours per patient day?

**PHIL MINNS:** We survey the districts periodically, I understand.

**The Hon. COURTNEY HOUSSOS:** How often have those surveys been conducted?

**PHIL MINNS:** I would need to check with the team. It is at least twice a year.

**The Hon. COURTNEY HOUSSOS:** Okay. And—

**PHIL MINNS:** Can I just make a point?

**The Hon. COURTNEY HOUSSOS:** Of course.

**PHIL MINNS:** We actually survey what we call unders and overs.

**The Hon. COURTNEY HOUSSOS:** Yes.

**PHIL MINNS:** We have given the nurses' association that data when they have requested it, and it is the case that, equal to the cases where we have not completely met nursing hours per patient day—the unders—we have as many or more where more hours have been supplied than the framework requires. It is important that you look at both scenarios. That variance around the standard occurs for probably two main reasons. If there are issues trying to get rosters covered, associated with either late notice sick leave or situations like that—if we talk about a non-COVID period—and overs are associated with the circumstance where the nurse unit manager or the midwifery unit manager decides to have staff additional to the framework, which is what we think the strength of the framework is, that it relies on the expert advice of clinical nurse managers.

**The Hon. COURTNEY HOUSSOS:** It is true that the staffing model has not changed in over 10 years. Is that accurate?

**PHIL MINNS:** The nursing hours per patient day framework has not changed, no.

**The Hon. COURTNEY HOUSSOS:** Are there any plans for a review?

**Mr BRAD HAZZARD:** Can I clarify that the Government has been in government for just over 10 years and the nursing hours per patient day was actually from Minister Tebbutt, the former Labor Health Minister, in agreement with Brett Holmes at the time on behalf of the Nurses and Midwives' Association.

**The Hon. COURTNEY HOUSSOS:** I accept that, Minister.

**Mr BRAD HAZZARD:** I am just pointing that out.

**The Hon. COURTNEY HOUSSOS:** We also accept that more than a decade has passed; perhaps it might be time to review it. Would you agree?

**Mr BRAD HAZZARD:** I think it is under constant review; everything is under constant review in Health. But what Mr Minns is indicating at the moment is Health's view is that that is the appropriate formula which allows the flexibility but the capacity to do the job. That is something which obviously you have rightly and quite accurately pointed out is a bit different in an ICU because that is not the nursing hours per patient day formula—it is a different formula. It is different in maternity, so there are a number of different areas that are subsets of the overall formula. But, anyway, I am just pointing out that that is not something which the Coalition put in play; it was something which we have adopted and accepted as wise counsel from the Labor Party in its former incarnation in government.

**The Hon. COURTNEY HOUSSOS:** I appreciate that you accept wise counsel from the Labor Party, but you have been in government for more than a decade and perhaps it is time to look at it, Minister. Nurses went on strike on 15 February for the first time in almost a decade. On the day, the Premier said he is always happy to sit down with unions to resolve the issues that are at play. Has the Premier met with the nurses' union and its members at this point?

**Mr BRAD HAZZARD:** Yes, he met with Brett Holmes.

**The Hon. COURTNEY HOUSSOS:** Mr Minns, are you able to provide on notice the dates and in which wards the surveys were conducted? Is that possible?

**PHIL MINNS:** Yes, it would be with respect to the nursing hours' wards, the 380 or thereabouts.

**The Hon. WALT SECORD:** Minister, I will take you back several years now. You would be familiar with the Sydney Children's Hospital network. Has cardiac surgery been restored at the Sydney Children's Hospital, Randwick? It has been two years.

**Mr BRAD HAZZARD:** The review committee that was put in place has made decisions about what is appropriate and what is not appropriate for various levels of paediatric, cardiac surgery at the two facilities. It is

essentially a clinical issue around the safety of patients. It is not about the Government. It is about what the clinicians between two highly specialised and, in many cases, sub-specialised physicians who are involved in paediatric care actually consider is safe for patients.

**The Hon. WALT SECORD:** Two years on, is cardiac surgery occurring at Sydney Children's Hospital, Randwick?

**Mr BRAD HAZZARD:** Appropriate levels of surgery that the clinicians from that committee considered is occurring, as far as I am aware. I have seen a video that went out from one of your members who is taking a political point of view, rather than what is in the interests of patients. It is an easy political kick but it is not actually what is in the interests of patients. I am sure you would not do that because you are above all that.

**The Hon. WALT SECORD:** No surgery is taking place at that hospital?

**Mr BRAD HAZZARD:** I did not say that. I said appropriate surgery as determined by the committee, that is actually the clinical committee, is actually taking place.

**The Hon. WALT SECORD:** I did not hear the bell.

**Mr BRAD HAZZARD:** If you get another go, I will ask Dr Lyons to answer the question.

**PHIL MINNS:** I could clarify and should clarify part of my answer?

**The CHAIR:** Please do so.

**PHIL MINNS:** There has been a slight adjustment to the nursing hours per patient day framework—the way it works but the allocation of hours. The Government made an announcement in 2019 that the hours allocated per patient day, that framework, would increase from 5.50 and 5.00 in peer group B and C medical and surgical wards to 6.00. The normal metropolitan peer group A standard is six hours per patient day. Historically from 2010-11, those numbers have been lower in peer group B and C hospitals. They were, in fact, increased in 2019.

**Mr BRAD HAZZARD:** That followed discussions and negotiations that I had over quite a lengthy period of time with the Nurses and Midwives' Association and it agreed on those changes. It was happy about those changes. The basic argument was it just wanted fixed ratios—that is it—across everything, basically.

**Ms ABIGAIL BOYD:** The Public Works Committee held an inquiry into coal ash repositories, about which I think we once had a small chat. One of the recommendations in that inquiry was that NSW Health undertake an assessment of the health of residents near a coal ash dam to establish the health impacts. In that inquiry, although it was acknowledged there were health impacts, a lot of research is yet to be done to work out what that looks like. In the Government response, the response was, "NSW Health is committed to understanding the impacts of coal ash on the health of communities." It then goes on to say, "NSW Health will propose alternative study types"—alternative to the epidemiological assessment that was suggested—"which are better able to address the community's health concerns." I just wanted to see where that was up to, just off the top of your head.

**Mr BRAD HAZZARD:** What an excellent question, Abigail. Thank you for that. Coal ash, as in like next to power stations, is that what we are talking about?

**Ms ABIGAIL BOYD:** Yes, it is kind of leaching into the water.

**Mr BRAD HAZZARD:** I vaguely recollect you raising that once before, and I do recollect many years ago there were some concerns about selenium, I think; there were some arguments about it possibly causing fish with two heads and various things.

**Ms ABIGAIL BOYD:** It does, yes.

**Mr BRAD HAZZARD:** But, interestingly, selenium is in hair shampoo and other things but in a different form. Is anyone here at this table of learned health experts able to contribute to this?

**MARIANNE GALE:** No, but I am happy to take it on notice.

**Mr BRAD HAZZARD:** Sorry, Abigail.

**Ms ABIGAIL BOYD:** That is okay. Yes, if someone could take on notice what is being done in relation to that response.

**Mr BRAD HAZZARD:** I promise you if there was an inquiry there will be someone somewhere in that 170,000 staff who is working on the issue. I just have not heard about that one, sorry.

**Ms ABIGAIL BOYD:** That is absolutely understandable. Can we turn back to the funding for women's health services, in particular in relation to trauma and other issues connected with sexual assault? In fact, sorry, slightly differently, the women's health centres in New South Wales. I understand that they have had no increase in core funding since 1986. Except for restricted indexation and award variations, they have had no increase in their funding. Why is that? Will the New South Wales Government look to increase the funding to women's health centres?

**Mr BRAD HAZZARD:** I hope that is not exactly correct. Maybe it has gone up at a certain ratio, but I hope it has. Can I ask, Dr Lyons, do you know anything about that?

**NIGEL LYONS:** I do not know the specifics of the women's health centres, but with our non-government organisations we provide support to ensure that there are increases that reflect our increases of salaries and wages and goods and services costs each year. So that might be the indexation you are referring to that has gone up and not an increase in terms of service enhancement. That is what I think you were alluding to.

**Ms ABIGAIL BOYD:** Or even the CPI increases.

**NIGEL LYONS:** For all of our non-government organisations, the relationship includes any increases that would include wages and CPI costs.

**Mr BRAD HAZZARD:** In my 5½, almost six years as Minister, I have never come across an organisation who has not got growth money each year. Maybe what they are saying is they have not had a big expansion of funds beyond the normal growth stuff. Do you have any details of the particular ones you are talking about?

**Ms ABIGAIL BOYD:** Perhaps if you could take that on notice.

**Mr BRAD HAZZARD:** Have you got a letter or something we can get a copy of?

**Ms ABIGAIL BOYD:** I could provide it to you separately.

**Mr BRAD HAZZARD:** Give it to me. I do not think it is necessarily a matter for the Committee. I will just take it on board and deal with you on that one.

**Ms ABIGAIL BOYD:** Thank you. The funding for the sexual, domestic family violence healthcare pathways that provides health care to women and reflects the impacts of COVID-19 on the rate of sexual, domestic and family violence—

**Mr BRAD HAZZARD:** On what, sorry?

**Ms ABIGAIL BOYD:** Sorry, I am going to start again. The question is in relation to the sexual, domestic and family violence healthcare pathways, which I understand is a program that is currently being funded. Is there going to be any increase in that funding to take into account the impacts of COVID-19 on the rate of sexual, domestic and family violence in New South Wales, which has been increasing under COVID-19?

**Mr BRAD HAZZARD:** We were talking before—I think it may have been Emma who raised it initially; it may have been you, but Emma raised some of it as well. I think there have been increases. Dr Lyons, do you have any specifics on that?

**NIGEL LYONS:** I have not got any specifics. I did talk in response to a question previously this morning about that pathway that we have invested in to provide that support, recognising that there have been issues in relation to COVID. But I do not have an answer on whether there is likely to be more funding provided, so I will take it on notice.

**Ms ABIGAIL BOYD:** In relation to the answer that you provided earlier, was any of that funding going to specific sexual violence services or was it all going to family and domestic violence services?

**Mr BRAD HAZZARD:** You were out. We talked about that this morning. I think Emma raised that. The point she was making this morning—and I think you made a little bit of it before you left—was that there was an allocation of funds through DCJ off the royal commission. I then gave some details about the first \$20 million that had come through.

**Ms ABIGAIL BOYD:** None of that was going to sexual violence services.

**Mr BRAD HAZZARD:** No, that is the point that was made by both you and Mr Hurst this morning. What I indicated then was that I have not had the opportunity, since it was raised by Full Stop with me in the last few days, to actually get time because of these sorts of commitments. I just have not had time to actually talk with my colleague, who apparently has managed the money coming through DCJ. I have indicated that I will have that conversation to try to find out what other opportunities there might be.



**Ms ABIGAIL BOYD:** To clarify the information that was provided by Dr Lyons—

**NIGEL LYONS:** We did provide advice this morning that we did have \$19 million that was an investment that came through the response to the royal commission to Health.

**Ms ABIGAIL BOYD:** Is that through the national partnership agreement or through something else?

**NIGEL LYONS:** It was through the response to the Royal Commission into Institutional Responses to Child Sexual Abuse, so I think there was an NPA around that.

**Mr BRAD HAZZARD:** It was the national—can I just re-read this for Ms Abigail Boyd? I was given this this morning, after you and Ms Emma Hurst raised it. I read it out. New South Wales will receive \$80 million in total from the Commonwealth under the family, domestic and sexual violence responses national partnership agreement 2021-23. The first of four \$20 million Commonwealth payments under the NPA was received in November 2021 and has been allocated—not by me.

More than half of the first Commonwealth payment, \$10.5 million, was used to bolster existing frontline domestic and family violence services which experienced significantly increased demand due to the COVID pandemic, which we were talking about this morning. The first Commonwealth payment was also allocated to programs supporting children and young people in refuges, male victim-survivors, perpetrator intervention and men's behaviour change programs. I actually did not read that paragraph this morning because that was not what we were focused on. Peak groups, including Domestic Violence NSW, No to Violence and ACON, also received a portion of that funding.

**Ms ABIGAIL BOYD:** We were aware of that. I think that is the same information that was given in response to my questions to Minister Ward last week.

**Mr BRAD HAZZARD:** Could I add one further thing?

**Ms ABIGAIL BOYD:** Yes.

**Mr BRAD HAZZARD:** You would think I would have read this out this morning because it is highlighted, but I did not read it:

DCJ will be consulting with stakeholders, including domestic and family violence and sexual violence peak organisations and other government agencies such as NSW Police and NSW Health, about further allocations under the NPA. No decisions have yet been made about future allocations.

All of that sounds quite hopeful.

**Ms ABIGAIL BOYD:** It does. Just to clarify, if DCJ is the one administering that additional \$60 million that is left out of the \$80 million, it will be able to actually give some of that funding to sexual violence services? Or will it need to come through Health?

**Mr BRAD HAZZARD:** You are asking whether it should come through the established connections—

**Ms ABIGAIL BOYD:** I am just checking that we do not get to the same point next year, we ask about this and they say, "It was administered through DCJ, so it did not go to sexual violence services because that is Health's responsibility."

**Mr BRAD HAZZARD:** They are saying that they will. I indicated to the Ms Emma Hurst this morning that I think there are good arguments to say there should be some allocation. It is a matter of me sitting down with the Minister and getting Health to work with DCJ. Clearly, that appears to be advice that we have had from DCJ. It must have been post whatever discussions took place with Minister Ward, whenever they were. I am sorry I do not know exactly when that was. I have been busy with floods and COVID.

**Ms ABIGAIL BOYD:** That is all right. The Housing and Mental Health Agreement, which I understand was going through review and had quite a lot of consultation, where is that up to in terms of implementation process for the new HMHA?

**Mr BRAD HAZZARD:** I think it has largely been managed through the Minister for Mental Health's office. Does anybody at this table have any capacity to answer any of that or should we take it on notice?

**NIGEL LYONS:** I think we will need to take it on notice. I am just looking to see whether I have got anything.

**Ms ABIGAIL BOYD:** That is okay.

**Mr BRAD HAZZARD:** We will come back to it if Dr Lyons finds something in his magic box of tricks there.

**Ms ABIGAIL BOYD:** I understand there was a domestic and family violence service hospital co-location pilot project in six New South Wales hospitals. When will the evaluation results be available for those?

**Mr BRAD HAZZARD:** We might as well harass Dr Lyons again.

**NIGEL LYONS:** What was that about? Sorry, I was looking for the other one.

**Mr BRAD HAZZARD:** Can you repeat that please, Abigail?

**Ms ABIGAIL BOYD:** There are many varied questions here. It was looking at the co-location of domestic and family violence services within six New South Wales hospitals. There was a pilot project done.

**NIGEL LYONS:** I am not sure about the co-location. I know we have done a lot of work with domestic and family violence in relation to screening programs and new models of care, but I am not aware of that one. So we will need to take that on notice, I am sorry.

**Ms ABIGAIL BOYD:** Has NSW Health finalised protocols and referral pathways for women and children who present with potential and actual head injuries from sexual and domestic and family violence in New South Wales hospitals?

**Mr BRAD HAZZARD:** That is a really sub, sub, sub question. I will ask again whether any of the—you have almost the entire leadership of NSW Health here. I do not know whether anybody has any leadership anywhere else for that.

**SUSAN PEARCE:** Not specifically with regard to head injuries.

**NIGEL LYONS:** No.

**Mr BRAD HAZZARD:** We will try to find out for you.

**Ms ABIGAIL BOYD:** Thank you. This one I think you will hopefully have some more information on. I think this is a question I asked at the last estimates as well, but in relation to access to terminations under the—I forgot what we ended up calling that legislation. Was it the reproductive—

**Mr BRAD HAZZARD:** They tried to change it, but it ended up still as the abortion law reform.

**Ms ABIGAIL BOYD:** Yes, the abortion law reform. We were hearing a lot about, especially in rural and remote areas, there being nowhere to go to get a termination. Have you got any oversight as to how that is tracking and what is needed to ensure that every woman can access a termination under that legislation?

**Mr BRAD HAZZARD:** I have not seen anything in the last little while. But I know it was a real issue because there was a service, for example, down near Wagga, I think it was, from memory, that was taking women from hundreds of kilometres away. It was a real challenge. First of all, I will ask the team. It is a selective intellect here.

**NIGEL LYONS:** I can offer some comments on that. That has been a big issue and we have been working very closely to do what we can to provide choices and advice for women who are in that position. The first thing to mention is that we introduced the NSW Pregnancy Choices Helpline, which was in October 2019. This gives people who call for advice about where they might be able to access providers in their location and support for how their specific needs might be able to be met, recognising that there are some challenges in some parts of the State in accessing those services.

We have also been having discussions with a range of non-government organisations about how we can have additional supports provided for access to terminations through the services they provide. Those are ongoing discussions, recognising that the vast bulk of the terminations that are actually provided in New South Wales are not provided in NSW Health services. They are actually provided in early pregnancy and usually by providers outside of what we do. The sorts of terminations we do in Health are always at the complex end of the spectrum and are usually those that are later in pregnancy. The vast majority of the other terminations are provided outside of our services. But we are very keen to ensure that women can access the care they need, and we are looking at how we can get some further non-government providers active in that space.

**Mr BRAD HAZZARD:** I stress that from the Government's point of view, obviously, the legislation is now in place. From the health Minister's point of view, I will be supportive of services that provide a holistic approach and obviously not just, "Here is the abortion" but all of the counselling that should go before it so people know and are given advice on what is a really challenging and awful decision they have to make.

**Ms ABIGAIL BOYD:** Perhaps on notice, if you could provide by local health district the number of, I guess, registered—

**Mr BRAD HAZZARD:** Available services.

**Ms ABIGAIL BOYD:** Yes, available services or registered providers.

**Mr BRAD HAZZARD:** I would be interested to know that too now because it has been, I think, a year and a half—no, because that was before COVID, was it not? It has been two years.

**Ms ABIGAIL BOYD:** Yes. If you could also put for the 12 months prior so we can just see how that is tracking and whether it is improving.

**Mr BRAD HAZZARD:** Yes. I think that is a good thought for me too to see what is happening there. Sorry, do you want that given to the Committee or do you want that to go to you?

**Ms ABIGAIL BOYD:** Just as an answer to a question on notice so it will come through with the Committee stuff.

**Mr BRAD HAZZARD:** We will take that on notice.

**The Hon. WALT SECORD:** Minister, I would like to return to cardiac surgery at Sydney Children's Hospital. You said that you were going to get one of your advisers to provide—

**Mr BRAD HAZZARD:** I was going to throw it to Dr Lyons, if he has got that there.

**NIGEL LYONS:** Thanks for the question, Mr Secord. You are aware of all of the complexities around this particular issue, and the Minister has alluded to them as well. It is a very vexed clinical issue. The issue is that the tertiary services of paediatric cardiac surgery—the numbers of children requiring those surgeries have reduced down, because of technology and some of the other less interventional procedures that are now available, to around 350 children a year. Having that provided across the two sites was becoming increasingly challenging and so there has been a series of reviews around that, getting independent experts and everybody else involved.

Where the Sydney Children's Hospitals Network is at at the moment is that there is a service that is provided across both sites, but there is an emphasis on ensuring that the care is provided in the appropriate setting, depending on the complexity of care that is required in relation to the cardiac surgery. The more complex procedures are undertaken at the Westmead end, and there is the ability to provide appropriate cardiac surgery at the Randwick site. The advice I have is that there have been around nine or 10 procedures undertaken at Randwick of the non-complex nature. There is a joint service for both paediatric cardiology and paediatric cardiac surgery, and the teams are working jointly to ensure that there is appropriate access for children at the site that most appropriately meets their needs and provides the care that is safe and high quality.

**The Hon. WALT SECORD:** Do you have a breakdown of what occurs at Randwick and what occurs at Westmead?

**NIGEL LYONS:** I have not got that in front of me. We could provide that on notice, but the emphasis here is that, with 350 procedures or less, the ability to keep highly skilled paediatric cardiac surgeons undertaking the number of procedures that they need to do to maintain the skills required to maintain those services in a sustainable way is at a point where it would be impossible to have two rosters independent of each other.

**Mr BRAD HAZZARD:** It is a really complex issue, Walt.

**The Hon. WALT SECORD:** I am familiar with it.

**Mr BRAD HAZZARD:** I know what the trite political positioning can be, but at the end of the day if we could intervene and have it at both locations, and keep it safe in every way, obviously that would happen. But, as Dr Lyons has just said, there used to be a number more, but now it is 350, maybe 400 if you are really lucky—or unlucky.

**NIGEL LYONS:** It is tracking down, Minister.

**Mr BRAD HAZZARD:** It is tracking down because of all the other earlier interventions that occur. Last I looked, there were about five subspecialty surgeons who are capable of doing it. It is not just general cardiac; they might work on a particular little subsection of a heart. So the clinicians' views are that the safest way to deal with these tiny little hearts in tiny little people, who can be 23 weeks onwards, is to deal with it, for that level of cardiac surgery, in one particular location. The location they have chosen is, obviously, Westmead. The issue is that this broader cardiac surgery that is capable of being done at Randwick—but also, if you think about it, the recommendation is that each of these surgeons should be doing at least 200 operations a year to maintain their competency and their skill sets. As I said, they work on tiny little hearts, on the tiniest little subsets of the littlest hearts you can ever imagine.

Those doctors are actually doing less than about 30 or 40 because there are five of them, so it is just not up to keeping up competency levels. When you look at the website of Dr Solomon, who is an orthoped who leads the charge on this—he is not a paediatric cardiac surgeon at all, but he is leading the charge—he talks about the hundreds of cases that he does every year as one of his competency factors. Have a look at his website. So I think it is really complex. I must say again, it is not something that is a Government policy. It is about clinical decision-making by the top of the top clinicians as to what is going to keep tiny little babies alive. I would just ask again that people desist—I am not saying you are, by the way, Walt; you are asking neutral questions at the moment. But I am just saying again that it would help if it were not made a political decision. It has got to be a clinical decision. If it was my tiny little baby, I would not want the decision-maker, and the person who holds the key to my kid's life, to have been put in that position by a political decision.

**The Hon. WALT SECORD:** Can I ask a question in relation to the reduction of cardiac surgery occurring at Randwick. Is there a cascading or a flow-on effect onto other procedures at the hospital? If you do not do that, does that, in fact, impact on other things that occur at the hospital?

**Mr BRAD HAZZARD:** I have a view based on the experience that I have had in the last five years, but I am not going to give it because I am not a clinician. I will ask the clinician to give the view. He is the most expert. He is the deputy secretary responsible. Dr Lyons.

**NIGEL LYONS:** That is a concern that is raised—that it will have a knock-on effect and have huge issues in relation to the intensive care unit and trauma service and a whole other range of services that are provided. There is a commitment from the network that, if any of those services are impacted, then they will provide the backup by having a paediatric cardiac surgeon available for those procedures to be undertaken locally. This networked arrangement means that surgeons are available for each of the hospitals and, where there is a need to have a paediatric cardiac surgeon available because there is another procedure being undertaken that needs that support, they will provide it.

It has not had an impact in the last three years, where there has been a lesser number of paediatric cardiac surgery procedures provided. They are doing a huge amount of work to ensure that they have got available ability of ECMO, which is the extracorporeal membrane oxygenation, for the really critically ill children who need it, that they can have that at either site, that they have got the people with the skills and the backup for cardiology available for all those children who need it. It is looked at very carefully to ensure that the safety and the high quality of care can be maintained at both sites.

**The Hon. WALT SECORD:** Can I ask you a technical question? When cardiac surgery occurs, is it urgent? Does it occur in an emergency setting, or is it in fact planned and scheduled?

**NIGEL LYONS:** The vast bulk of it is actually scheduled.

**Mr BRAD HAZZARD:** Can I say, these days a lot of it is actually identified in utero, before the baby is born. In fact, these days there is some surgery that occurs while it is still a foetus, while it is still in utero. The science and the medicine has just changed so much in the last few years.

**The Hon. WALT SECORD:** Dr Lyons, what is the current wait for cardiac surgery if your child is a patient at Randwick? And what is the wait if your child is at Westmead?

**NIGEL LYONS:** I do not have the waiting times for each site in front of me, Mr Secord, but I would say that the waiting times will be managed very carefully to ensure that children were categorised to ensure that those that had the highest needs were able to have their surgery as quickly as possible. I am aware that some of these surgeries have been undertaken at very short notice because the clinical situation with the baby or the child was such they needed that surgery in a very short time frame and that is accommodated.

**The Hon. WALT SECORD:** Could you take that on notice?

**NIGEL LYONS:** I will.

**Mr BRAD HAZZARD:** I have not heard of any cases recently where there was a delay. To do the surgery that needs to be done for these little, tiny tots, it tends to be a massive team that has to be well organised and well managed and planned—big plans.

**The Hon. COURTNEY HOUSSOS:** Minister, I have asked you over many estimates about the issues around salary sacrificing for Health staff. This is something, obviously, that is being campaigned on by the HSU. My time is about to run out, so I am just interested in how much money—what did the New South Wales Government receive as a result of the salary-sacrificing arrangements for healthcare workers in the year 2021.

**Mr BRAD HAZZARD:** Is this the doctor arrangements?

**The Hon. COURTNEY HOUSSOS:** Salary sacrifice. You get 50 per cent—

**Mr BRAD HAZZARD:** Yes, I know. But it is actually a Federal issue. But I will ask Mr Minns if he can answer any part of that question.

**PHIL MINNS:** To give you the precise number for that year, we will take on notice.

**The Hon. COURTNEY HOUSSOS:** Thank you. Minister, I just wanted to ask you about the role of private hospitals in clearing the elective surgery waiting backlog. What role will private hospitals have in clearing that backlog? There is obviously a significant increase in the number of people who are on the elective surgery waiting list.

**Mr BRAD HAZZARD:** Yes. Different from some of the other States, off the back of the agreement that was settled with the private hospitals during COVID, we did not send patients to private hospitals for COVID treatment. We sent patients to the private hospitals for normal clinical care and/or surgery. That is continuing if necessary, although at the moment, I think—if you have got time, I will ask Ms Pearce to answer that question beyond that because she has got more detail.

**The Hon. COURTNEY HOUSSOS:** Yes, that would be great.

**SUSAN PEARCE:** Certainly right through the last two years in particular, as we have dealt with the impacts of COVID on our surgery program, private hospitals have played a role in assisting us to clear those backlogs, Ms Houssos. As we have stated publicly before, the last thing we ever wanted to do was to disrupt that surgery program. We are very proud of the work we do here in New South Wales. We could not have achieved the results we achieved last year without our colleagues in the private hospitals; they have been an absolutely pivotal part of our response to that. Fortunately, at the end of the financial year in 2021 we managed to get the number of people on the surgical waitlist down from what it had been, and we also managed to reduce the number of overdue patients.

The peak that occurred as a consequence of the first stoppage associated with COVID in 2020—we reduced that right before Delta hit. Obviously in the eight or nine months since that occurred, that has crept back up. We are very focused on our surgery program. We will be continuing to work with private hospitals. We have encouraged all of our Local Health Districts to have those conversations with their private providers to keep that work going so that we can get on top of that. You will appreciate that in order to reduce the number of overdue patients on the surgery list we need to be doing more than 100 per cent of what we would normally do. In order to do that, we need to utilise those services. We are very committed to doing that. We are very committed to getting our patients their surgery as soon as we possibly can.

**The Hon. EMMA HURST:** Minister, at budget estimates back in 2019 I asked about the availability of plant-based options in New South Wales hospitals. I was told on notice that meat-free options are available at every meal, which is not quite the same as plant-based meals, which include no animal products whatsoever. Are you able to provide an update as to whether plant-based meals are available at every New South Wales hospital?

**Mr BRAD HAZZARD:** I can't right now. Does anybody know that, or do we take that on notice?

**NIGEL LYONS:** Take it on notice.

**Mr BRAD HAZZARD:** Sounds like an acclamation to take it on notice.

**The Hon. EMMA HURST:** Thank you. One of the reasons I bring this up—there have been a few horror stories in the media recently with people who have allergies, or religions where they eat plant-based as a religious belief—and obviously ethical veganism is on the rise. There have been horror stories of people fed an apple for a meal, or a pile of beans, when they are recovering from major surgery in hospital. That is why it is hugely problematic, so hopefully we can see some change in that space going forward.

**Mr BRAD HAZZARD:** If you have any details of hospitals where that has occurred, let me know.

**The Hon. EMMA HURST:** Okay, I will do that. I will send those articles on to you. I wanted to ask about the Women's Health Framework, which was published in 2019. It sets out some of the challenges that women face in the health space and strategies to combat these issues. I am wondering how this framework feeds into the day-to-day work that NSW Health and our health system does. How is this framework actually implemented?

**Mr BRAD HAZZARD:** These frameworks are put there for a reason, obviously, to give guidance to each of the hospitals and each of the local health districts. I will ask Dr Lyons whether he would like to make any commentary on that.

**NIGEL LYONS:** The framework sets out the strategic direction—how we should deliver services and foster environments that will help women and girls to meet their physical, emotional, social and economic potential. It has actually been done in consultation to ensure that the right sorts of strategies are included in there to provide that guidance to our clinical services. Our expectation is that, with that framework, each and every time one of our services is thinking about a change they are making or a way that they deliver services, they use that as a basis to ensure that the changes they put in place will help us to meet those directions and goals that are established in the framework. Mental health and violence against women are very particular areas where a lot of the policies we look at, the service enhancements that we make, the investments in new initiatives that we put into any of the new policy proposals—all of those would be actually guided by what is in that framework and the directions that are set out in there.

**The Hon. EMMA HURST:** Thank you. One of the conditions identified in the framework is endometriosis, which affects at least one in 10 women in Australia. Are you able to advise me of any work being done to particularly support women with endometriosis in New South Wales?

**Mr BRAD HAZZARD:** Can I just say that in terms of the endometriosis issue, you are well aware we have discussed that before. Of course, there is a national framework, too, that is relevant to guidance for the States and Territories off the back of the national framework. Again, Dr Lyons, would you like to respond?

**NIGEL LYONS:** I have not got anything specific about it, Ms Hurst. Of course, all of our services would be providing care to women who have endometriosis and there are a range of different treatments and options that are available which will be part of the services we offer. But in terms of the specifics, I will take that on notice.

**The Hon. EMMA HURST:** Thank you. I bring it up specifically because it is something that was identified in that framework that has been put forward as well. Are there any plans to produce an updated version of that framework in the coming years, Dr Lyons? How often is that actually reviewed?

**NIGEL LYONS:** The framework was only relatively recent, Ms Hurst. It is not one that we would revisit in the next little while. At some point in time, what we do with all of our frameworks is make an assessment and evaluate the impact of them to have a look at what has changed as a result of having that framework in place and what other things we might need to do to ensure we continue to see the improvements or the gains that we would like to see. We will be taking an evaluation of that in due course and then feeding that back into any further refinements in the approach and the strategy.

**The Hon. EMMA HURST:** I just have one question on the vaping, Minister. I know you sort of touched on this with your answer earlier. *The Sydney Morning Herald* reported that the health authorities are working to understand the rise in vaping amongst high school students, which significantly increased in 2021. Are you able to tell us about some of the work that is going on here to track and stop vaping in children?

**Mr BRAD HAZZARD:** That was the Herald you read from, was it?

**The Hon. EMMA HURST:** *The Sydney Morning Herald*, yes.

**Mr BRAD HAZZARD:** Did they only refer to the high schools? Because it is actually rife in the primary schools as well. Was it only high schools?

**The Hon. COURTNEY HOUSSOS:** Terrifying.

**Mr BRAD HAZZARD:** Yes, it is terrible.

**The Hon. COURTNEY HOUSSOS:** Yes, it is a massive issue.

**Mr BRAD HAZZARD:** I will ask maybe our chief health officer whether she might have some comments on this. It is something that is concerning everybody, I think. It is really quite ridiculous the way it has gone.

**MARIANNE GALE:** Yes, I would be happy to. Thank you for raising it. I agree with the Minister that it is a very concerning pattern that we have seen in recent years. As you have noted, a real increase in young people and right through primary school age as well is what we are hearing in terms of using e-cigarettes and taking up vaping. As I think many people will have seen, a lot of those products are actually very colourful, they look quite attractive and there is some specific marketing that does really appeal to young people. That is part of the reason I think why we are seeing that uptake of vaping in young people. It is a significant concern and, as the Minister did flag, we are looking at, in the near future, some broader communications to have that conversation and engage young people in understanding the risks associated with that.

We know that in e-cigarettes—one of key things about them is that you simply do not know what is in it. Many of them, even if they say they do not contain nicotine, actually do. A lot of seizures that you previously mentioned, when we have sent them for laboratory testing have actually revealed that even though the labelling indicates there is no nicotine, in the actual testing of the substance nicotine is present. In addition, there are a whole lot of flavourings, formaldehyde—as the Minister mentioned—and things that you would find in insect spray and others that are not appropriate to be inhaled into the lungs of young people.

**Mr BRAD HAZZARD:** Any people.

**The Hon. WALT SECORD:** Anyone.

**MARIANNE GALE:** Anyone, I would say—exactly—and particularly young people. We have a considerable concern about the harms of these products and there has been engagement with Education and school principals who have also flagged their concern about the use of e-cigarettes. Communication with young people to make them aware of the harms, engaging teachers, engaging parents and engaging Education are all things that we are actively working on. There will be more to come in that regard, but it is a significant concern. I would say that there are even signs that some cohorts of young people already have established an addiction to nicotine, so there is also a treatment component that our clinical colleagues also need to be aware of and so equally engaging with GPs.

I would say as well there are more severe consequences associated with vaping—syndromes of acute lung injury—and people may have seen media reports of people hospitalised and severely unwell, including young people, with e-cigarette or vaping-associated lung injury. So it is not an insignificant issue and we are working, particularly with education, young people and parents, to try and address that.

**The Hon. EMMA HURST:** You hinted that there is more to come on this. Are you able to give us any insight into what you are looking into or what is being put on the table, beyond education?

**MARIANNE GALE:** Really it is about informing people, and the Minister may wish to comment further, but the key goal is about effective ways to engage young people in a conversation about this subject.

**Mr BRAD HAZZARD:** Just out of interest, I think the campaign starts next week, subject to other exigencies and other pressures that are happening on our system from floods and Japanese encephalitis.

**The Hon. EMMA HURST:** You have got a campaign ready to go?

**Mr BRAD HAZZARD:** It is almost ready to go.

**The Hon. WALT SECORD:** I remember a number of years ago I followed this closely and I am coming back into it. Dr Gale, you mentioned there have been hospitalisations and things like that. Do you have data on the number of children or number of appearances at emergency departments and hospitals due to minors vaping and causing themselves injury?

**MARIANNE GALE:** I certainly know of some specific instances of people who had severe experiences, but I would be happy to look into that and take that on notice.

**The Hon. WALT SECORD:** You shocked me with the primary school students vaping. How would a primary school student get access to vaping products?

**Mr BRAD HAZZARD:** They do and I am telling you, Walt, the schools are absolutely rife. Primary schools are rife with it and it has been growing in the last three years particularly. Ask any primary school teacher and they will tell you that their kids disappear into the school toilets and they have all got them. Not everybody, but there are a lot of young kids who have them. It is absolutely terrible. Seriously, the vaping companies tell you that this is to help people get out of smoking. With respect, I do not think they are that philanthropic. I think they are actually making a profit by flogging it to kids and to people who simply do not understand how dangerous these products are. As I said before, the researcher from the Woolcock centre told me the same chemicals as you find in antifreeze are dressed up in 500 different flavours. It is actually appalling.

**The CHAIR:** We will break now for afternoon tea.

**The Hon. WES FANG:** The Government consented to follow through if there is only one more round.

**The CHAIR:** No, there are more questions, so we will have an afternoon tea break.

**Mr BRAD HAZZARD:** Did I miss something? Did you guys decide you wanted more questions?

**The CHAIR:** There are more questions, yes.

**Mr BRAD HAZZARD:** Was that a Committee decision? Because I heard the Committee decision before.

**The CHAIR:** No.

**Mr BRAD HAZZARD:** In that case, at the moment I have got the entire executive shy of one deputy secretary sitting here. Can I ask for at least the ones down there and the ones down there to be able to go so that they can get on with doing some work on behalf of the taxpayers of New South Wales? I will keep the final few here if that suits. Because this just cannot go on. They have got to do some work.

**The CHAIR:** We will just pause there for a moment, Minister. You know the arrangements with respect to budget estimates, don't you?

**Mr BRAD HAZZARD:** I do, and I thought we agreed that 3.30 p.m. was—

**The CHAIR:** No, I said that I would consult and I have consulted, so we are not finished yet. You made the decision, which you are entitled to do—we never reflect on this—to be here for the duration of the whole day. Most Ministers choose to—

**Mr BRAD HAZZARD:** I am talking about the executive. I do not mind being here until 10 o'clock.

**The CHAIR:** Let me finish. If you do not mind being here until 10 o'clock, maybe we will need another resolution to go through until 10 o'clock. We are going to about 5.15 p.m. We will break for afternoon tea.

**The Hon. WES FANG:** Given the circumstances of the day, the pandemic and floods and also the circumstances which we had discussed, our position is the Government members would consent to another round of questions now so that we do not break for afternoon tea. Then perhaps the Opposition and the crossbench might have the opportunity to ask another round of questions and then we could finish a little bit earlier and allow the members to get back to attending to some things this afternoon that they may have outstanding. Would that please the Chair?

**The CHAIR:** No. We are going to break for afternoon tea and we will be back at quarter to four and we will continue.

**Mr BRAD HAZZARD:** What goes around comes around, Mr Chair.

**The Hon. SHAYNE MALLARD:** Mr Chair, can I add something here? Your colleagues on—I am not sure which Committee it was on. I think it was Mr Ayres. Mr Graham and Mr Mookhey identified witnesses they still wanted to ask questions of and allowed those that no longer needed be asked questions to leave. Is that a possible process?

**The CHAIR:** We will talk about that over the afternoon tea break.

**(Short adjournment)**

**The Hon. WALT SECORD:** Minister, this is to you or to the appropriate official. Given the Government's commitment to and announcement about the reopening of the palliative care unit at Westmead, can you update the Committee on where the commitment is up to?

**Mr BRAD HAZZARD:** You would know, Mr Secord, that palliative care has been one of the big areas of concern for the Liberal-Nationals Government. It does not matter whether it is at Westmead or in any of our hospitals right across the State, palliative care is a vital service for people who may not be immediately at end of life but certainly there are periods where towards the end of our lives palliative care is of vital assistance. There have been very substantial funds put into palliative care under the Coalition Government. You would remember that a commitment was displayed when we had more than 20 roundtable conferences around the State with local staff and local community members to talk about what was necessary.

In fact, one of my proudest moments, not in the city area but in the furthest part of the State, was to attend Broken Hill hospital to see the incredible outreach of palliative care services that were being done there and the pride of the palliative care staff, who were reaching out to the individuals in their homes—Aboriginal and non-Aboriginal—and travelling for hours in some cases to get to their homes to be able to give them the appropriate services and support that were necessary.

Westmead is one part of a massive effort and approach in relation to palliative care. I have obviously visited many of these facilities in my time as health Minister. Westmead has a particular facility where palliative care is offered, but it is for patients who are currently in with others who require a range of other very serious clinical attention. That service, in my view, would be best delivered, as advised to us by a number of the palliative care specialists out of those roundtable forums, if it could be done in a specialised palliative care structure. By



that I mean a ward that would allow for the individual patients to be cared for by appropriately qualified nurses, doctors and allied health staff, but also to allow, most importantly, for family to be very much part of that palliative process. A lot of the older facilities generally do not have, for example, spaces for families to sit quietly with their loved ones during the journey, which can be many months or indeed years on occasions.

Westmead has a good facility, but it is not as good as I think it can be. I have asked the western local health district, as part of the rebuild of Westmead—and you would know there is vast amounts of money being spent at Westmead—to try to ensure that there is a dedicated ward that is in that facility. The last advice I have is that it is proceeding with the planning of that proposal. I cannot give you an absolute deadline on the timing at this point, but I am happy to take it on notice and get that from the local health district as soon as I can and, of course, provide the answer to this Committee.

**The Hon. WALT SECORD:** As part of the taking on notice, if you could tell us where the commitment is up to as of this week and the time line for when it will be operational, and maybe the funding allocation for this year's budget for that project.

**Mr BRAD HAZZARD:** Sure.

**The Hon. COURTNEY HOUSSOS:** Minister, prior to the Omicron wave, patients with chronic health conditions were given undertakings that if they received regular life-saving treatment in hospital, they would continue to be able to receive that treatment even if they did contract COVID. Are you aware of that?

**Mr BRAD HAZZARD:** I am sorry, Courtney, can you say that again? Patients what?

**The Hon. COURTNEY HOUSSOS:** Patients with chronic conditions who received regular treatment in hospital were given undertakings that they would continue to receive that treatment even if they contracted COVID. Are you aware of that?

**Mr BRAD HAZZARD:** I was not aware specifically of that undertaking, but, of course, they would still be getting their treatment, as far as is humanly possible, because they would still have the primary health issues that need to be addressed.

**The Hon. COURTNEY HOUSSOS:** That is exactly right, Minister. I am aware of at least one instance where upon receiving a positive RAT at the hospital, the patient was then told to leave and had a series of presentations that meant that they were effectively fighting to receive their life-saving treatment. Given the increase in cases today, can you give an undertaking that patients with chronic conditions will continue to receive their life-saving treatment in hospital?

**Mr BRAD HAZZARD:** The undertaking I can give is that obviously the ministry could work with those local health districts and the individual hospitals and, most importantly, the individual clinicians to ensure that they understand the importance of giving priority to those ongoing health conditions. But I would say this: To ask for a broad-scale undertaking, I am sorry, but that is not the way Health should be conducted. Clinicians are the experts; they are at the forefront of treatment for each individual patient. The patient may have all sorts of complexities or they may not, and those are issues which a clinician has to weigh up. Having said that, I am aware that from time to time individual clinicians working under pressure may make decisions with which I may not agree, you may not agree and the patient may not be happy. Sometimes I have had to raise those issues with the management of the hospital to make sure that appropriate weight was given to all the factors that need to be considered. That is the best I can answer on that question. I will ask the Secretary whether she wishes to add anything.

**The Hon. COURTNEY HOUSSOS:** Before we go to Ms Pearce, I would just say that these are patients who receive regular and life-saving treatment in hospital. They are balancing their chronic conditions, so they have underlying health conditions, which puts them at a greater risk for COVID complications. This particular patient who I am aware of—and I am told that there were others—was refused the treatment and then had to fight. They presented at emergency and were told that they would not be treated there. They were told they had to receive their treatment in a COVID ward and there was not a place in the COVID ward. This is creating a lot of anxiety amongst that particular community, but also other communities with chronic conditions.

**Mr BRAD HAZZARD:** If you give me the details, I will do that and look at it. But can I tell you also, Ms Houssos, if you were lying in a bed or in a chair receiving care in one of our hospitals and you did not have COVID and there were another 20 people in that ward receiving similar care who did not have COVID, I do not think you would want necessarily to have a COVID patient put next to you, so those are the challenges in a one-in-100-year pandemic. It is a balancing act of caring for the patient in the best way possible within the environment that is available. Sometimes it may not be perfect because it is a COVID pandemic. I have given you

the undertaking that I can give you, but I will ask again. There are clinicians sitting at the table. It sounds like the Secretary would like to add to that.

**SUSAN PEARCE:** Clearly we would want everybody who presents to a hospital to get the care and treatment they need—absolutely. If you could provide the information about that specific example we would be very happy to look into it because, whether you have COVID or not, if you have an underlying health condition that requires care and treatment we would expect to be able to provide that and would find a way to do that, as the Health system has done all these many months to manage all manner of complexity associated with COVID. I would be very happy to receive any information you have in regard to that so we can follow it up. We have very regular conversations with the chief executives across the system and we will remind them of that. But the Minister is quite right; our clinicians have been placed in a position of having to make decisions at times which have been very difficult. But we would better like to understand the issues that you are raising.

**The Hon. COURTNEY HOUSSOS:** This specific incident happened during the Omicron wave, so obviously there is no need for further follow-up now. I appreciate the offer, but the anxiety amongst patients, particularly in the face of increasing cases again, is that they might not have access to the regular treatment that they receive. That, as you can understand, creates a great deal of anxiety within those communities. I appreciate what you are saying about referring to clinicians, but they want that certainty to know that they are going to be able to receive their treatment.

**Mr BRAD HAZZARD:** The only certainty I can give you is what I have already said and what the Secretary is now repeating, and that is that obviously every patient should be given the very best service that we can possibly give them, and the New South Wales health system is, I think, the world leader—it is. The doctors and nurses who are in our hospitals work very hard to try to strike the balance when they have complex and conflicting pressures. A pandemic is a very big conflicting pressure, so they need to make those clinical decisions. I do not think it is fair, really, to expect there to be a black-and-white situation. All we can really do is say, "Yes, we agree with you. I agree with you that all patients deserve the very best care." But it is striking the balance within a hospital environment. It is not a one-off room by yourself with one doctor—it is not.

**The Hon. COURTNEY HOUSSOS:** I appreciate that, Minister. I want to move on to the question of resignation of nurses. Do you have a figure on how many nurses have resigned since 15 December?

**Mr BRAD HAZZARD:** Since 15 December?

**The Hon. COURTNEY HOUSSOS:** Yes.

**Mr BRAD HAZZARD:** Was that when the compulsory—

**The Hon. COURTNEY HOUSSOS:** When the restrictions were lifted.

**Mr BRAD HAZZARD:** Are you talking about the mandatory restrictions?

**The Hon. COURTNEY HOUSSOS:** Yes.

**Mr BRAD HAZZARD:** All up, I think Health had—out of 170,000 staff I think there were approximately 1,000. I will ask Mr Minns.

**The Hon. COURTNEY HOUSSOS:** Just to clarify, this is not about the vaccination status; this is about how many nurses have left since 15 December.

**Mr BRAD HAZZARD:** Okay.

**PHIL MINNS:** I will not be able to give you the rates since the 15th.

**Mr BRAD HAZZARD:** Why the 15th?

**PHIL MINNS:** I will take it on notice.

**The Hon. COURTNEY HOUSSOS:** That is when restrictions were lifted.

**PHIL MINNS:** But we have done some analysis of what is happening to our separation rates. Over the long term, our retention improved through the first period of COVID, reflecting, I think, a commitment of staff to support the system through what it was experiencing. We have seen a slight increase in separations in the period after Delta—so from about September. There is an increase in separations in the month of January, for the whole month, but that is pretty standard as a seasonal time when people choose to end their employment in the system. I will give you the correct answer on notice, but if we have seen a change at all in the last quarter, it is in the order of less than 1 per cent. But I will confirm that precisely.

**The Hon. COURTNEY HOUSSOS:** If you could give me the figure for that particular period and then for the same period the previous year that would be helpful. Thanks very much, Mr Minns. I would like to move to a separate issue, the Iluka Ambulance Station. Minister, I understand that the station was originally to be a 24-hour rostered station with a full complement of staff, which would have meant 12 staff. I am advised that currently four staff work there. Do you have any plans to recruit more or what are the efforts going in to recruit additional officers for that particular station?

**Mr BRAD HAZZARD:** As I said to you before, those sorts of staffing issues are entirely operational matters within the purview of the Ambulance service. What the Government is committed to—and you heard from Mr Minns before that we have been delivering on that commitment—is the additional paramedics that are being employed within the service, and allocations are then made by the service as it considers appropriate. But I am happy to take the question on notice and direct it to the Ambulance chief executive, who is not here, and ask him for his advice and I will table it.

**The Hon. COURTNEY HOUSSOS:** If you can provide us with the current officers, the current staffing level, at that particular station; are there any efforts to recruit additional staff; and how many additional staff are attempting to be recruited? That would be helpful. I have some final questions coming back to the Forster-Tuncurry Hospital site. You mentioned there were 10, and one preferred site. Are you planning on doing any community consultation around the selection of that particular site or is it just what Health chooses?

**REBECCA WARK:** I am sure there will be consultation ongoing through the whole planning process both around site selection and then generally what the function of that will be and how it will be planned and delivered.

**The Hon. COURTNEY HOUSSOS:** Perhaps you can provide on notice what that community consultation plan is and who is going to coordinate it?

**REBECCA WARK:** I am happy to take that on notice.

**The Hon. COURTNEY HOUSSOS:** Thanks very much. If you need to take this on notice, that is fine. Is the consultant role actually to scope out those sites or what was the role of the consultant?

**Mr BRAD HAZZARD:** A consultant for the sites?

**The Hon. COURTNEY HOUSSOS:** There was that \$7.9 million consultancy budget commitment. I just want to find out if it was for scoping—

**Mr BRAD HAZZARD:** Wasn't that for general planning?

**REBECCA WARK:** I understand the \$7.9 million was in relation to pre-planning for a number of sites. I think it included perhaps Glen Innes and a couple of others as well—so four in total.

**The Hon. COURTNEY HOUSSOS:** That is right.

**REBECCA WARK:** So that would not have just been for consultant fees. That would be for the actual pre-planning work that is done by the whole HI team, which may also include consultant work.

**The Hon. COURTNEY HOUSSOS:** What is pre-planning? Sorry if that is a dumb question.

**REBECCA WARK:** It involves a range of things about what the functional briefing might be for a site to get it ready. What the master plan might be for a particular campus. What the service requirements are—so liaising with local health district and the hospital, in particular. It is often around master planning.

**The Hon. COURTNEY HOUSSOS:** Master planning for the site?

**REBECCA WARK:** Master planning for what the services might be. So Forster would not be that because it is a new site, but it would be what type of site would be required to be able to work out how large it should be, what its location should be, what it needs to be near to.

**Mr BRAD HAZZARD:** There is also master planning, which is slightly different to later on. Once it is all settled, as to this is what the clinical services are, then there is the master planning or the physical arrangement of the hospital. Whereas if it were a larger hospital, where maternity would be to make sure that it might be right near the theatres, but is it close to other services? So all those things go on as well, but that is master planning at a later stage.

**The Hon. COURTNEY HOUSSOS:** So the master planning you are talking about is in terms of the actual location within the broader town?

**REBECCA WARK:** I was talking more generally about the types of tasks that we undertake with that pre-planning funding.

**The Hon. COURTNEY HOUSSOS:** Alright. I think my time has expired.

**The CHAIR:** Not until five past. That was 20 minutes.

**Mr BRAD HAZZARD:** I know you are interested in this, Walt, I just had a note from the Children's Advocate advising me of one I had forgotten to mention, so it has been raised. In that vaping aspect, the Health ministry and the team are all pulling together to try and get some downward turn in the number of youngsters vaping. The vaping campaign has been reviewed by members of the Youth Advisory Council as well. So there has been quite extensive consultation with younger people to make sure that it actually will be absorbed by them, in a sense.

**The Hon. WALT SECORD:** Thank you. Minister, you would be aware that there were a number of cyber attacks on New South Wales government agencies, and NSW Health confirmed an attack in June 2021. Have there been further attacks or breaches involving NSW Health since the June 2021 incident?

**Mr BRAD HAZZARD:** Not that I am aware of. Is anybody at the table aware of it? It does not sound like it.

**The Hon. WALT SECORD:** Thank you.

**Mr BRAD HAZZARD:** I will double-check it with Zoran Bolevich. He is not here—we could have 170,000 people sitting around the table. But I will check and I will let you know. If there has been, I will give a response to the Committee. If there hasn't been—the answer is no, nobody here knows of any.

**The Hon. WALT SECORD:** Thank you. Through the Minister to Ms Dawson, have things settled down at the HCCC? In 2019 there was a high-profile incident which involved a person who was convicted of sexual offences who acquired a senior position. Have things settled down in the HCCC?

**SUE DAWSON:** I think we can see through the People Matter Employee Survey that they certainly have. As you know, Mr Secord, many changes in practices and procedures were put in place following that situation and they are working very well.

**The Hon. WALT SECORD:** Have there been any departures since 2019 of individuals who were removed from the workplace for "inappropriate harassment"?

**SUE DAWSON:** There have not.

**The Hon. SHAYNE MALLARD:** I do not think there is any appropriate harassment, let alone inappropriate harassment. Harassment is always inappropriate. It is a language problem.

**The Hon. WALT SECORD:** Thank you for that contribution, champ.

**The Hon. SHAYNE MALLARD:** You are welcome. I am doing something here today.

**The Hon. WALT SECORD:** Since the 2019 incident, has the HCCC reviewed its internal complaints process?

**SUE DAWSON:** It has reviewed all of its recruitment processes. It has reviewed and maintained, as it does with all internal policies, its process for making bullying or harassment complaints as part of its review of HR policies. So yes, there has been a very diligent attention to maintaining all of those disciplines in the people and culture space.

**The Hon. WALT SECORD:** The review of those procedures and protocols, was that conducted by an internal person or an external person?

**SUE DAWSON:** As with all of our HR policies, we have a regime of reviewing those. Those are then examined and reported back to our Audit and Risk Committee. So there is a general program of review, amendment and approval.

**The Hon. WALT SECORD:** As well as harassment, have there been cases—if you could provide the number—involving complaints of bullying in the workplace at the HCCC since 2019 to 1 March this year?

**SUE DAWSON:** There has been one such bullying complaint. It was a worker-to-worker complaint. It was investigated and found not to be substantiated.

**The Hon. WALT SECORD:** Who found that it was not to be substantiated?

**SUE DAWSON:** It was through our normal procedure. Our normal procedure involves an initial investigation, some discussion with those who are involved, and it is through that process that that finding of non-substantiation occurred.

**The Hon. WALT SECORD:** Are those two individuals still employed by the HCCC and still in the workplace?

**SUE DAWSON:** They are.

**The Hon. WALT SECORD:** Thank you.

**The CHAIR:** Do Government members have any questions?

**The Hon. WES FANG:** I thank you very much for the opportunity, Chair, but I think we are very content with the answers given today and the Government will cede its time.

**The CHAIR:** Thank you. That brings us to the conclusion of today's supplementary budget estimates hearing for Portfolio Committee No. 6. Thank you very much, Minister and witnesses, we appreciate it very much.

**(The Minister and the witnesses withdrew.)**

**The Committee proceeded to deliberate.**