PORTFOLIO COMMITTEE NO. 2 - HEALTH

Thursday 26 October 2023

Examination of proposed expenditure for the portfolio areas

HEALTH, REGIONAL HEALTH, AND THE ILLAWARRA AND THE SOUTH COAST

CORRECTED

The Committee met at 9:15.

MEMBERS

Dr Amanda Cohn (Chair)

Ms Abigail Boyd
The Hon. Susan Carter (Deputy Chair)
The Hon. Greg Donnelly
The Hon. Tania Mihailuk
The Hon. Bob Nanva
The Hon. Emily Suvaal
The Hon. Bronnie Taylor

MEMBERS VIA VIDEOCONFERENCE

Ms Cate Faehrmann

PRESENT

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

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

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

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

CORRECTED

The CHAIR: Welcome to the first hearing of the inquiry of Portfolio Committee No. 2 - Health into budget estimates 2023-2024. I acknowledge the Gadigal people of the Eora nation, who are the traditional custodians of the land on which we are meeting today. I pay my respects to Elders past and present, and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of New South Wales. I also acknowledge and pay my respects to any Aboriginal and Torres Strait Islander people joining us today. My name is Dr Amanda Cohn and I am Chair of the Committee. I welcome Minister Park and accompanying officials to this hearing. Today the Committee will examine the proposed expenditure for the portfolios of Health, Regional Health, and the Illawarra and the South Coast. Everyone in the room should please turn their mobile phones to silent.

Parliamentary privilege applies to witnesses in relation to the evidence they give today. However, it does not apply to what witnesses say outside of the hearing. I urge witnesses to be careful about making comments to the media or to others after completing their evidence. In addition, the Legislative Council has adopted rules to provide procedural fairness for inquiry participants. I encourage committee members and witnesses to be mindful of these procedures. Welcome and thank you for making the time to give evidence. All witnesses will be sworn prior to giving evidence. Minister Park, 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.

CORRECTED

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

Ms DEB WILLCOX, AM, Deputy Secretary, Health System Strategy and Patient Experience, NSW Health, affirmed and examined

Mr MATTHEW DALY, Deputy Secretary, System Sustainability and Performance, NSW Health, sworn and examined

Mr STEVEN CARR, Acting Chief Financial Officer and Acting Deputy Secretary, Financial Services and Asset Management, NSW Health, sworn and examined

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

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

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

Ms REBECCA FOX, Secretary, Department of Regional NSW, affirmed and examined

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

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

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

The Hon. BRONNIE TAYLOR: Welcome, Minister. Great to see you and your exemplary team here today.

The Hon. GREG DONNELLY: Hear, hear!

The Hon. BRONNIE TAYLOR: Minister, in May 2020 you said in a post on Facebook:

> High quality and accessible palliative care and end-of-life care should be a priority for any government.

Why would you lie to the people of New South Wales and cut palliative care funding?

Mr RYAN PARK: Well, let's be very clear—and I acknowledge your role as a former regional health Minister and I acknowledge the Committee, many of whom have a long and detailed history with health care right across New South Wales—we're not making a cut. In fact, in terms of palliative care, we will be spending $1.7 billion over four years. That will be 6.8 per cent higher in 2023-24 compared to 2022-23. We will be increasing it again in 2024-25 by 8 per cent. We're putting $93 million into capital investment for palliative care. What we have done is make sure that we have a budget that is sustainable. Now, this Committee is examining the budget. I brought the New South Wales budget papers with me today.

The Hon. BRONNIE TAYLOR: Minister, we'll have plenty of time to look through and look at those budget papers.

Mr RYAN PARK: I know.

The Hon. BRONNIE TAYLOR: But I will just move on, in the essence of time, because there are significant cuts to palliative care, which we will be outlining during this session. But today I ask you this, Minister: Will you apologise to the people of New South Wales for cutting palliative care—to those people who will die in pain because of the New South Wales Labor Government's cuts to palliative care?

Mr RYAN PARK: No, what I will be saying to the people of New South Wales is that you have a Government that's committed to delivering high-quality, first-class palliative care in regional and rural New South Wales, and in our metropolitan cities.

The Hon. BRONNIE TAYLOR: Did you propose the cuts to palliative care, Minister?

Mr RYAN PARK: I have an absolute laser-like focus on making sure that palliative care services—

The Hon. BRONNIE TAYLOR: Was it you, Minister, who proposed the cuts to palliative care?

CORRECTED

The Hon. EMILY SUVAAL: Point of order: Let's get this out of the way early. Witnesses are to be afforded courtesy at all times. That includes allowing the Minister the opportunity to answer the question.

The Hon. BRONNIE TAYLOR: To the point of order: We are allowed to pivot with the questions and to actually go and move on to a new question as well. That is within the standing orders.

The Hon. EMILY SUVAAL: To the point of order: Under the procedural fairness resolution adopted by the House, number 19, witnesses will be treated with courtesy at all times. As we all know, the Minister is here by invitation.

The Hon. BRONNIE TAYLOR: I am treating the Minister with great courtesy.

The Hon. EMILY SUVAAL: You will get opportunities to respond.

The Hon. BRONNIE TAYLOR: Don't waste my time.

The CHAIR: Order! Obviously you do have the right to pivot the question. I ask you not to speak over the Minister.

The Hon. BRONNIE TAYLOR: Minister, I will put my question again then. Did you propose the cuts to palliative care savings as a measure in this budget? If you did not propose the cuts, who did, Minister? Was it the Premier?

Mr RYAN PARK: Let's be clear: We're not cutting palliative care.

The Hon. BRONNIE TAYLOR: Well, you are cutting palliative care.

Mr RYAN PARK: We are, over the next four years, investing $1.7 billion. We're spending more on palliative care than we ever have before.

The Hon. BRONNIE TAYLOR: But that's simply not correct, Minister.

Mr RYAN PARK: I'm determined to make sure that we have a palliative care system for people living in rural, regional and metropolitan areas that is first class.

The Hon. BRONNIE TAYLOR: Minister Park—

Mr RYAN PARK: You were in the previous Government.

The Hon. BRONNIE TAYLOR: —the budget was going to be $1.85 billion. It's a $150 million cut.

Mr RYAN PARK: So over the 2023-2024 budget it will include over the forward estimates $1.7 billion—money that we have never seen invested in palliative care before, which is something that is very near and dear to my heart. I know it is near and dear to many people's hearts on this Committee as well.

The Hon. BRONNIE TAYLOR: Thank you, Minister.

Mr RYAN PARK: It has been an issue that people have been passionate about.

The Hon. BRONNIE TAYLOR: I'm glad it's dear to your heart; it's actually really dear to mine as well. I spent a great deal of my career in it and I know it very well. I know that there is a cut; we all know there is a cut. Minister, in 2021 you visited Bulli Hospital and you met with palliative care workers because, as you said, it does mean a lot to you. I genuinely acknowledge that. That's why I'm so shocked by the cuts. You said, "Listening to palliative care nurses and health workers in our community, I have learnt how important this part of our health system really is." Minister, did you tell those workers who you used in your media stunt that if you won government, the first thing you would do is you would look at this funding?

Mr RYAN PARK: Well, let's be clear about a couple of things: We are spending and allocating $1.7 billion over four years in palliative care funding.

The Hon. BRONNIE TAYLOR: Which is a $150 million cut.

Mr RYAN PARK: So everyone in the Committee, those of us who spend a lot of time focusing on budgets and the preparation of budgets, also need to understand the way in which—

The Hon. BRONNIE TAYLOR: Of which you have cut the palliative care—

The Hon. EMILY SUVAAL: Point of order: The honourable member is now directly flouting the previous ruling about speaking over the top of the Minister as he is trying to answer the question. Chair, I ask you to pull her to order.

The CHAIR: I'd ask the honourable member for an elucidation or follow-up question, but to please not just interject to speak over the Minister.

Mr RYAN PARK: The member talked about—

The Hon. BRONNIE TAYLOR: Minister, do you deny it is a $150 million cut?

Mr RYAN PARK: I haven't finished my answer, Chair.

The Hon. BRONNIE TAYLOR: Minister, do you deny it is a $150 million cut to palliative care? It's a yes or no.

Mr RYAN PARK: The member talked about—

The Hon. BRONNIE TAYLOR: Minister, do you deny—

The Hon. EMILY SUVAAL: Point of order: The Minister is trying to answer the question.

The CHAIR: The Hon. Bronnie Taylor, you didn't let him actually start answering that question.

Mr RYAN PARK: Thank you, Chair. We are investing $1.7 billion over four years in palliative care. We are providing more than 570 full time equivalent staff over the 2026-2027 period. We are focusing on delivering both infrastructure—$93 million across regional and rural areas and Western Sydney—as well as making sure that we are investing in the human capital.

The Hon. BRONNIE TAYLOR: Thank you, Minister. I do need to move on because that was not my question. I am presuming now that you agree that you have cut $150 million out of palliative care.

The Hon. EMILY SUVAAL: Point of order—

The Hon. BRONNIE TAYLOR: Do you deny that $1.7 billion is less than $1.85 billion? It's simple maths, Minister.

The CHAIR: Sorry, Mrs Taylor. I need to hear the point of order.

Mr RYAN PARK: Just for the Committee's reference, I don't agree with that. What I do agree with is we are investing record amounts in palliative care—into something that is very important to the communities that in this place we are fortunate to represent. I understand that. What I think the budget committee should also understand is something that was made evident to me in the first week when I took over—something that unfortunately the previous Government didn't allude to. That is that 1,112 nurses were going to lose their jobs—

The Hon. BRONNIE TAYLOR: Minister Park, we'll get onto that later. But now you really are straying, so I will pose this question again.

Mr RYAN PARK: —on 1 July 2024. That is a significant challenge.

The Hon. BRONNIE TAYLOR: The Minister is now talking over me, Chair, so it needs to go—

The CHAIR: I would ask you to get to your question.

The Hon. BRONNIE TAYLOR: Do you deny that $1.7 billion is a cut of $150 million?

Mr RYAN PARK: No. What I'm saying to the Committee is that we are investing a record amount in palliative care, the likes of which we haven't seen before—

The Hon. BRONNIE TAYLOR: Alright, Minister. We'll just keep going here and we'll outline it all. Minister, it has been revealed to me that you've cut funding for two palliative care staff at Bulli Hospital. Will you apologise to the people of Keira for those cuts? Will you apologise to them?

Mr RYAN PARK: What I will say to the people of Keira is I'm not aware of that, so let me be very clear about the specifics.

The Hon. BRONNIE TAYLOR: Would you like to take that on notice, Minister? Would you like to take on notice that there have been two palliative care—

Mr RYAN PARK: Sure.

The Hon. BRONNIE TAYLOR: Thank you for taking that on notice. Minister, in the same Facebook post you said:

> … I will always do my very best to ensure you have the resources that you need to provide the care that means so much to so many.

Will you take this opportunity here today to apologise for lying to the public about cutting $150 million out of palliative care in New South Wales?

Mr RYAN PARK: Your inference is wrong. We are investing a record amount in this part of the health system, both in terms of staffing, funding and infrastructure over the next four years. Were there challenges that the Government that you were a member of did not allude to the community in relation to—

The Hon. BRONNIE TAYLOR: Yes, but you're the Government now and you make the choices, and you've made the choice to cut palliative care by $150 million.

The Hon. EMILY SUVAAL: Point of order: The Minister is again trying to answer the question. Repeatedly talking over the top of him as he is attempting to answer the question is utterly disorderly and not courteous.

The CHAIR: I ask the member that if she is interrupting, it be for a follow-up question.

The Hon. BRONNIE TAYLOR: Minister, I note that you have cut $150 million in funding for palliative care in New South Wales. Have you spoken to Daniel Mookhey about this cut, and is the money now going to fund the tax break for Star City Casino? Is that where the $150 million for palliative care is going, or is it going to Jo Haylen to pay Josh Murray? Where is that $150 million going that you cut, Minister?

Mr RYAN PARK: You're wrong on all three accounts.

The Hon. BRONNIE TAYLOR: I'm not wrong. You have cut it by $150 million.

Mr RYAN PARK: We are investing a record amount into palliative care, an amount that is going directly—

The Hon. BRONNIE TAYLOR: Minister, you cannot mislead the Committee.

The Hon. BOB NANVA: Point of order: Passions are obviously high on this issue and they should be, but the procedural fairness resolution requires the Minister to be afforded some time to answer the question that's been asked of him. I just ask the member to afford him that time.

The CHAIR: I uphold that point of order.

The Hon. BRONNIE TAYLOR: The Minister cannot and should not mislead the Committee, so it is my job to absolutely prosecute that, and it is, quite frankly, our job to let this flow. If there's nothing to hide, then the Minister will keep answering the questions, but when there is a defence being run by the Government when it's quite obvious what's going on here, that is not helpful either.

The Hon. BOB NANVA: To the point of order: I think the Minister needs more than 10 seconds to answer the question that's been asked of him.

The Hon. BRONNIE TAYLOR: There was more than 10 seconds.

The CHAIR: I appreciate the passion of the honourable member on this topic. I would ask that we let the Minister at least get through a sentence of his answer before interjecting, please.

Mr RYAN PARK: We are investing $1.7 billion—that's a record amount into palliative care from any Government, present or past. It will be 6.8 per cent higher, as I outlined, in 2023-24, and again it will increase by around 8 per cent in the following year. This is a significant investment in palliative care. Budgets by all governments are always challenging, but I make no apology for making sure that we have record investment in palliative care, both in terms of the human capital and the infrastructure.

The Hon. BRONNIE TAYLOR: I have limited time so I will move on now. The record amount was the record amount that was announced, but you have cut that by $150 million. Dying people and their families in New South Wales have a right to know the truth, because people will die in pain now due to these cuts in palliative care funding. I've worked with you a long time, and I am really staggered. That's why I think that it's either the Premier or it's Mr Mookhey—someone hasn't fought hard in ERC, but something has happened here. I understand that dozens of positions right across the State that were earmarked for nursing home services and visits have now been cancelled. Could you please tell us how many of those have been cancelled, in terms of clinical nurse educators of palliative care? Would you like to take that on notice?

Mr RYAN PARK: I'm happy to take that on notice.

The Hon. BRONNIE TAYLOR: Do you think it's not important that people in nursing homes be allowed the dignity of proper palliative care?

Mr RYAN PARK: I'd like to think everyone in this Parliament would agree that palliative care and the way it's delivered in nursing homes and aged-care homes—whether it's delivered in the home or at hospitals—has to be focused around the dignity of the patient, as well as care for the family and those supporting the patient. I hope I can speak on behalf of the Parliament when I say that would be a focus.

The Hon. BRONNIE TAYLOR: I agree. It is becoming evident that I don't know if you're entirely sure about all of these cuts that have been made, so I appreciate you taking that on notice. On 4 August you said that the New South Wales Government is committed to ensuring people with life-limiting illness across Western Sydney receive the highest quality of end-of-life care to provide peace of mind when these patients need it most—a very genuine comment. Minister, in the 2022-23 budget the Coalition funded a new palliative care unit for Westmead over four years, and the funding required to run this facility has been cancelled due to your cuts. Why are you building a new facility and not funding its operations? Will you today, because of that, apologise to the people of Western Sydney for your cruel cuts?

Mr RYAN PARK: I think the honourable member needs to be a little bit careful, because many of her statements this morning have not been factual, and this is another one. I always find it's important, having spent 12 years in opposition, to work very diligently in preparation for estimates. It is important. There wouldn't be too much need to reference or read these documents called the budget papers to give you an understanding that you're wrong, because we are actually delivering Westmead palliative care. It's a new 15-bed acute supportive and palliative care unit at Westmead. It's expected to open in the next few years—around 2026 at this stage. We're in the master planning stage for that facility. We will be undertaking a partnership with Western Sydney Local Health District. I have met with many members out there and a number of elected members in this place, including people like Hugh McDermott and Julia Finn, who have been very good advocates—Donna Davis and others, people on all sides of the fence, to be honest. This is an important facility for the people of Western Sydney.

The Hon. BRONNIE TAYLOR: I agree it's an important facility. Which part is not factual about the cuts? Please tell us where the operational funding is for the palliative care unit at Westmead in the budget.

Mr RYAN PARK: Well, it's in the budget.

The Hon. BRONNIE TAYLOR: Where is it?

Mr RYAN PARK: We will be delivering Westmead by 2026.

The Hon. BRONNIE TAYLOR: Where is it? You just said—

Mr RYAN PARK: You're the one who said it's not there.

The Hon. BRONNIE TAYLOR: That's right, so where is it? You said it is. Where is it?

Mr RYAN PARK: We have a difference of opinion.

The Hon. BRONNIE TAYLOR: Well, no, Minister Park. This is ridiculous! Where is it?

Mr RYAN PARK: It's not ridiculous because you're the one making incorrect statements.

The Hon. BRONNIE TAYLOR: Where is it in the budget about your funding for that?

Mr RYAN PARK: We are delivering for Westmead an acute 15-bed supportive and palliative care unit. We are going to have that up and running by 2026. That is our commitment. That's what we'll continue to do.

The Hon. BRONNIE TAYLOR: Minister Park, was there a letter sent to Westmead local health district on Friday that clearly did not show that forward funding?

Mr RYAN PARK: What was that, sorry?

The Hon. BRONNIE TAYLOR: Was there a letter sent to Westmead local health district showing that that forward funding was not there? Yes or no?

Mr RYAN PARK: I'm not aware of it, but—

The Hon. BRONNIE TAYLOR: Would you like to take that on notice?

Mr RYAN PARK: I will. But I'm the Minister, and we're delivering something in Westmead: palliative care.

The Hon. BRONNIE TAYLOR: Absolutely, Minister Park, but as you just said to me, when you're in government, it's actually about the infrastructure and the staffing. So let's move on to that, Minister, but that is unbelievable.

Mr RYAN PARK: That's ironic because you proceeded to cut 1,112 nurses from 1 July next year.

CORRECTED

The Hon. BRONNIE TAYLOR: Minister Park, let's address that right now. Those new nurses were nurses that came in—

Mr RYAN PARK: I didn't know it was dixer time.

The Hon. BRONNIE TAYLOR: —with the government, and they would've been in the budget. I mean, who in their right mind—this whole thing that you're pushing about 1,200 nurses is just ridiculous. Not even the media believe you.

The Hon. BOB NANVA: Point of order—

The Hon. BRONNIE TAYLOR: So let's simply move on with that.

The CHAIR: There's a point of order.

Mr RYAN PARK: It's not 1,200; it's 1,112. I have a breakdown by LHD, if people would like me to take that through.

The Hon. BRONNIE TAYLOR: Minister Park, I'm asking the questions here.

Mr RYAN PARK: They were due to expire from 1 July next year.

The Hon. BRONNIE TAYLOR: You're not providing the statements, so I'd like to move on, please.

The Hon. BOB NANVA: Point of order—

The CHAIR: Order! I'll hear the point of order.

The Hon. BOB NANVA: Could we just ensure that the questions weren't argumentative and didn't contain argument? There was a question there, but it was prefaced with a lot of argument in the lead-up to it.

The Hon. BRONNIE TAYLOR: That's okay. Let's move on, then. Minister, is it true that since you refused a $3 million Coalition election commitment for palliative care in Orange, a private organisation is considering how it can operate a palliative care facility? Are you privatising palliative care in Orange?

Mr RYAN PARK: I have some information about Orange because it's something that the local MP, Mr Donato, has talked to me and our team about. The Western NSW Local Health District provides specialist palliative care. I am sure the honourable member will know that. In 2021 Orange Hospital established two designated palliative care beds, which no doubt the honourable member was a part of. That was a part of your specialist medical oncology, haematology and palliative care services. Under the program, three additional beds are planned for Orange Hospital. Construction of the upgrade is anticipated to start, we hope, next year. There's a group called, Push for Palliative—

The Hon. BRONNIE TAYLOR: That's right, yes.

Mr RYAN PARK: —out in that region who have been advocating to me and, no doubt, the local member and others around this. That's where Orange is up to.

The Hon. BRONNIE TAYLOR: So you didn't cut the $3 million or you did, Minister? I appreciate everything you've said about Orange and the wonderful work that they do there, but did you or did you not cut the $3 million?

Mr RYAN PARK: No. We're delivering on top of what you—

The Hon. BRONNIE TAYLOR: Minister, did you or did you not cut the $3 million? It's fine if it's no, but I just need the truth.

Mr RYAN PARK: No, we are delivering three additional beds for Orange—

The Hon. BRONNIE TAYLOR: Do you want to take that on notice as well, Minister?

The Hon. EMILY SUVAAL: Point of order—

The CHAIR: I will hear the point of order.

Mr RYAN PARK: Why would I take something on notice when I'm finishing that?

The Hon. EMILY SUVAAL: The Minister is clearly trying to answer the question. Continuing to talk over the top of him is flouting your previous ruling and completely discourteous.

The Hon. BRONNIE TAYLOR: I'll move on, Chair.

CORRECTED

The CHAIR: I'll repeat my previous ruling: The member is able to interject. Please at least give the Minister a sentence first.

The Hon. BRONNIE TAYLOR: I'll move on. Minister, on 11 October, the Hon. Greg Donnelly said to the House:

> I report to the House the enormous disappointment and disbelief regarding the 2023-24 State budget cut of $150 million from the $743 million funding boost announced last year.

Are you saying that your own member is wrong?

Mr RYAN PARK: Let me tell you about palliative care, but let me firstly acknowledge—

The Hon. BRONNIE TAYLOR: Are you saying that your own member is wrong? It's a simple yes or no question.

The Hon. EMILY SUVAAL: I'm loath to take another point of order.

The Hon. BRONNIE TAYLOR: Well don't.

The Hon. EMILY SUVAAL: Stop interjecting.

The Hon. BRONNIE TAYLOR: Just let him answer the question. Let your Minister do his job.

The CHAIR: Order! Order!

Mr RYAN PARK: Chair, could I have six or seven seconds just to start?

The CHAIR: The Minister has the call.

Mr RYAN PARK: I want to acknowledge that I've been in this place for 13 years and the Hon. Greg Donnelly has been a tremendous advocate for palliative care services across that time and, I'm sure, the preceding time.

The Hon. BRONNIE TAYLOR: He has.

Mr RYAN PARK: We are investing a record amount in palliative care. People who care a lot about passionate subjects, many of whom are on this Committee today, should and would, no doubt, like government to continue to do more and do better. I think that's always—

The Hon. BRONNIE TAYLOR: Minister, do you agree with your colleague or not?

Mr RYAN PARK: What I'm saying to the Committee is, and I will say it one more time, just so everyone is clear: we are investing $1.6 billion into palliative care over the next four years.

The Hon. BRONNIE TAYLOR: Okay.

Mr RYAN PARK: That is a record level of expenditure—

The Hon. BRONNIE TAYLOR: Is Greg Donnelly wrong?

The CHAIR: The Opposition's time has expired.

Mr RYAN PARK: We will continue to invest in palliative care for people both in the regions—rural/remote—and metropolitan areas.

The Hon. BRONNIE TAYLOR: So Greg Donnelly is wrong.

The CHAIR: The Opposition's time has expired. I have some questions about the implementation of the Minns Labor Government's promises regarding safe staffing levels in public hospitals, particularly for nurses. Firstly, what's the expected time line for the work currently being undertaken by the safe staffing taskforce for emergency departments, intensive care units and wards currently using the nursing hours per patient day system?

Mr RYAN PARK: Thanks for the question. I've been meeting with the nurses and midwives virtually every week probably over the last three months. Not only do we have a taskforce underway but we are also engaging deeply with them around this. We have entered a memorandum of understanding. Securing the 1,100 nurses that weren't funded on top of the 1,200 that we had committed to was critical to this rollout. I don't want to put a direct time on it right now. I'm confident that we are coming to the pointy end of when we can start to see that rollout. We will start in our emergency departments, but we will probably include other wards as well—general wards where we're moving to a one-to-four system.

The discussion that I had two days ago with the Nurses and Midwives' Association—not that I want to talk about private discussions, so I'm wary. We're at the really pointy end of just clarifying a few things around

how it will work in smaller hospitals and about how it would work in terms of where we would commence this and what is the best way to roll this out. I don't have an exact time on it. The Nurses and Midwives' Association has been very good in terms of understanding that this is reform the likes we haven't seen in 15 years. We are completely changing the way we staff hospitals.

I want to say to the Committee—and I've said this both publicly and privately, but I want to be up-front about this—that we're going to have some challenges along the way with this. We're going to have some bumps along the way. There are no two ways about that. But I'm confident with the team that we have—the ministry, LHDs and the support of the nurses and midwives—that we will have this starting to roll out very soon. I don't want to put a time on it yet. I'm happy to come back to the Committee or to you directly once we have a specific date locked in. But we have been literally working on this on a weekly basis, and sometimes multiple times a week, for the last five or six months. It's challenging. There are no two ways about it. It's not just the staffing; it's also the back office in terms of making sure that shifts are properly resourced et cetera. This is a big change. I know it's something that you're personally very focused on, and so should the Committee, and I think the people of New South Wales should be as well. It's an important reform.

The CHAIR: Thank you. I have more questions about this. Firstly, I want to commend that it is refreshing to have a health Minister who has made a commitment to work on safe staffing in our public hospitals. Has the Government commenced its review of the Birthrate Plus staffing model for maternity units?

Mr RYAN PARK: I think we have. I might defer to Deb or Phil. It's an important program, one that the association has talked to me about. Michael Whaites is obviously passionate about this part of it. I might just double-check with Mr Minns, if that's okay?

PHIL MINNS: Chair, that's my understanding as well. There's been at least one, possibly two, meetings. It is fair to say that most of the endeavour and effort has gone into trying to plan implementation of safe staffing in other contexts, but it is a parallel process that will be resourced and will be well underway by next year when we're implementing safe staffing.

The CHAIR: Thank you. Minister, in the review of Birthrate Plus, can you make a commitment that babies will be counted as patients in the workload for midwives?

Mr RYAN PARK: I probably won't say it right here and now about a commitment. I want to get this Safe Staffing reform rolled out in the parts that we are doing. But the people who work in and around maternity have certainly made clear to me that that's important. I can assure you they've been very, very strong advocates. Reform has to start somewhere, and I know that by picking emergency departments there are people in other parts of the hospital who say it should have started there. I have to start reform somewhere. I don't have a magic switch that can cover every single part of the hospital at once, but no-one is more determined than I am to make sure that we improve staffing in our public hospitals. I am focused on it like no-one else is and I'm determined to see reform in this way, because I think it is the only way in which we continue to enhance the quality of health care that we do for the people of New South Wales, which is focusing on the human capital, not just the infrastructure that we build. Mr Minns, did you want to add anything in terms of that?

PHIL MINNS: I can just clarify that there's been more than two meetings of Birthrate Plus team, or joint committee. Part of what the review will need to do is look at the underlying methodologies. Birthrate Plus is a proprietary methodology. It contains a formula. The difference with maternity staffing to safe staffing levels in other wards is that you don't have the predictability about patient attendance associated with childbirth. It's a survey model that takes into account a large number of factors to do with mothers, babies and the acuity of care. And when you do a survey, you're trying to understand what is changing in that catchment area of birthing mothers. A key part of the review is to unlock that proprietary methodology and understand how it goes about producing the formula that drives the staff numbers.

The CHAIR: Is there a time line for the progress of that review?

PHIL MINNS: I think we would be seeking to have it concluded around the time that we're ready to start rolling out safe staffing, which at the moment we'd sort of say is in the February, March time line.

The CHAIR: I look forward to asking you about it again in February next year.

Mr RYAN PARK: And I know you will.

The CHAIR: At the NSW Nurses and Midwives' Association conference, Minister, you said that your work on safe staffing is the beginning and not the end. Is there any work being undertaken to address the current unsafe staffing levels in areas that are not under the remit of the taskforce, including neonatal intensive care, paediatrics, mental health, drug and alcohol services and community health?

Mr RYAN PARK: I am glad you asked me that question. All of those groups have been particularly passionate, but I just want to call out people who work in neonatal and mental health. They have been very strong advocates in this space. What I focused on first is getting those areas that we are focused on getting up in the first round done. This is a pretty significant reform piece. I was concerned when we didn't have the 1,112 nurses in the forwards. I'll be blunt: That would have made the Safe Staffing reform impossible to do, had I not been able to secure that funding, which I think is about half a billion dollars. Yes, we will continue to look at other areas, absolutely, but we have to get the areas that we've started on focused on first.

All reform has a starting point. It's not done overnight, and whilst one of my traits is certainly that I'm incredibly impatient I've got to accept that this needs to take time to get right. And I do just want to acknowledge the nurses and midwives for understanding the nature and scale of this reform and that we haven't undertaken reform like this in the way in which we staff hospitals since NHPPD was introduced, which is '09, thereabouts. It has been well over a decade—a decade and a half—before a government has taken something like this on. I understand that the association wants me to continue to look at other areas, and I will continue to do that. But my focus and priority at the moment is getting the reform underway.

The CHAIR: I understand that it's your intention to convert all wards that are currently staffed under the Nursing Hours Per Patient Day model to minimum shift-by-shift ratios. Does the NHPPD staffing apply to public hospitals in peer group D?

Mr RYAN PARK: Phil, is that one of the ones that we are having a look at?

PHIL MINNS: I'd probably want to take that on notice and give you a more precise answer. But, I don't think so, would be my, I think, statement.

The CHAIR: I'm happy for you to take it on notice. I don't think so either. Peer group D hospitals include Bellingen, Cootamundra, Glen Innes, Leeton, Narrandera, Pambula, Parkes, Temora and Tumut.

Mr RYAN PARK: That's correct.

The CHAIR: What changes to support staffing levels can be expected by the burnt out frontline nurses supporting those communities if they are not going to be supported by the safe staffing taskforce?

Mr RYAN PARK: We'll continue to roll out staffing increases at those hospitals. That's the first point, to answer the question. Where we won't get in the first tranche of the reform is landing them into a shift-by-shift allocation. Equally I said, and I have said this from the very beginning of this reform, that this is going to take time. I've actually probably really downplayed the ability for any government to get this up and running immediately in all areas without any challenges. There are going to be challenges because we are completely changing the way in which we staff hospitals.

I understand that hospitals like that in other parts that are not covered will continue to advocate and agitate. It doesn't mean that I'm not going to be allocating and that LHDs in those areas won't be allocated additional staff as a part of the 1,100 that we've saved and the 1,200 that had already come through, plus what was coming through the system under the previous Government—and I acknowledge the regional health Minister's back. It's just that, as a part of the reform piece, I've got to start in a certain area and I've got to make sure that I get those components of the reform up and running, and that's what my focus is at the moment.

The CHAIR: Can you tell us how many of those 1,100 nurses are being allocated to peer group D hospitals?

Mr RYAN PARK: No, I can't. I could probably take it on notice—

The CHAIR: Please take it on notice.

Mr RYAN PARK: —and try my best to get it back to you, Dr Cohn.

The CHAIR: I am moving to a different topic now. You have stated that there is not a sufficient volume of patients to sustain medium-complexity cardiac surgery requiring bypass taking place at both The Children's Hospital at Westmead and Sydney Children's Hospital, Randwick. In a letter to the Medical Staff Council at Sydney children's hospital you stated that in the event the activity increases to a level where clinical experts believe a second site is necessary and sustainable, then that would be fully supported. What level of activity would justify recommencing medium-complexity cardiac surgery at Sydney kids hospital, Randwick?

Mr RYAN PARK: I will take it on notice, but I think it's somewhere in the order of 600 or so. I'm just looking at my deputy secretary, Ms Willcox. I think it's somewhere in the order of 600. It's a very good question and it's a question I spent a lot of time in the first couple of months trying to work through. All of the clinical advice that I'd received, certainly the bulk of the clinical advice that I'd received—and I understand that different

clinicians have disputes and debates about this, and I don't want anyone to think that I don't think that's important. In fact, I do think that clinicians should debate these types of issues. But I've landed on what I think is the most appropriate model, which is we're going to open up paediatric cardiac transplants, we're going to do the more complex and continue to do the more complex surgery at Westmead. The less complex surgery, ECMO et cetera will continue to be done at Randwick. But Ms Willcox might just want to add to that—if you think I haven't outlined it enough for the Chair.

DEB WILLCOX: Yes, thanks, Minister. I think that's covered off. The figure where we get to a volume where the clinicians—because, as you are well aware, Dr Cohn, it's not just about the surgeon doing the procedure. It's about the entire team—nursing, allied health and the like—and the number would be somewhere of the order of 600 to 700.

The CHAIR: I have spent a fair bit of time trying to get a hold of the case numbers, as have clinicians at the Sydney kids hospital, Randwick. Why hasn't the department's analysis of the case numbers been released publicly as part of this decision?

Mr RYAN PARK: I will ask Deb for the specifics.

DEB WILLCOX: My understanding was, in terms of the teams at both hospitals in the network, they have been provided advice and had regular discussions with the chief executive and heads of department around the service model, and volumes were certainly a key part of those discussions. But I'm happy to—

The CHAIR: Sorry, you're not answering my question. Why wasn't the analysis of the case numbers released to the public and the community?

DEB WILLCOX: I don't have a definitive answer on that. There has been no decision to not provide information to the public around the decisions around this service, but I can take that on notice in relation to the volumes in particular.

The CHAIR: Minister, in your answer you just stated that ECMO is going to continue at Sydney kids hospital, Randwick. How can you be confident that this can continue to be provided safely without a cardiac surgical program, including bypass, at that site?

Mr RYAN PARK: Because I'm confident with what I've received, from advice from clinicians and the department, that we can continue to deliver that level of service safely and effectively and that the more complex, intricate, challenging surgeries—and I've got to say they are not as common as they once were because what we are doing is interventions earlier in the piece to stop that type of complex cardiac surgery. I understand it still happens; I'm not denying that. But the volume is, at this stage, not going north. It's sort of heading south because we are often intervening earlier. But I'm confident that, in the two sites that we have and the work that they are doing, we can continue to provide the very best care to some of our sickest children. That's what I am focused on, and I know that's what you and others in this Committee would be focused on. I'm not denying that, but I'm confident that we can do it on the model.

The CHAIR: Can you name one other hospital that provides paediatric ECMO without a cardiac surgical program, including bypass?

Mr RYAN PARK: No, that level of understanding—no, I can't. I'll have to take that on notice.

The CHAIR: I look forward to you answering it on notice. I can answer the question for you. There are none in Australia or New Zealand.

Mr RYAN PARK: Okay. I'm confident that—

The Hon. BRONNIE TAYLOR: The Chair is a doctor. What do we do? It's a new world, Minister; it's a brave new world.

Mr RYAN PARK: I'm confident, Dr Cohn, that we can do it because we are doing it. That's what I'd say. We are continuing to deliver what I think is world-class health care at those two children's hospitals.

The CHAIR: But in your letter to the Medical Staff Council you cited that paediatric cardiac surgery is a team game, and as you've mentioned the broad range of clinicians that are involved in addition to the surgeon, which I really appreciate as well. But is that not also true for the provision of ECMO? How can you be confident in the quality of emergency ECMO when that whole team doesn't have the volume of practice that they would if they also were performing medium-complexity cardio surgery with bypass?

Mr RYAN PARK: Because I'm confident that given trauma and ECMO services are now being delivered and continue to be delivered at both sites, and that has been the case for a long time, I'm confident, and more importantly I want the community to be confident, that if their child needed that level of care, they would

through one of those two hospitals get what in my probably biased—I understand that—opinion is some of the best levels of health care for paediatrics in the world. And I'm confident that the system has been up and running, and running robustly at the moment. It continues to do so. But is it an area that we monitor? Absolutely, we do. Of course we do. I think the community would expect that of me as the Minister and that of my officials, and I'd certainly expect it of myself. But that's the decision that we've made and we believe that's the best level of care that we can provide some of our sickest children at the moment, and we'll continue to do that.

The CHAIR: I understand that surgeons at the Children's Hospital in Westmead have tried to plan cardiac surgery for older children at Westmead Private Hospital rather than at Sydney Children's Hospital in Randwick, and that report was in keeping with widely publicised reports of unacceptably long wait lists for elective surgery at Westmead due to short staffing. Why do you continue to stop medium-complexity cardiac surgery from taking place at the kids' hospital in Randwick when the necessary expertise and equipment is already in place?

Mr RYAN PARK: Because, as I've said, there's no change from our perspective in the current arrangements for cardiac surgery at the network. Low-complexity cardiac surgery is provided at both hospitals, as I've said. Trauma and ECMO, as we call it, will continue to be provided at both sites. We're talking about small numbers of highly complex procedures that we believe are important to be done at a site where that volume is sufficiently high enough that the expertise and skills of clinicians can continue to be developed. Ms Willcox, did you want to add anything in terms of anything that I haven't added for the Chair?

DEB WILLCOX: I think just to add in relation to the ECMO—and, again, I'm obviously not a clinician in this area, but certainly the advice from the clinical team and the team at the network is that ECMO can be implemented by people other than cardiothoracic surgeons. There are a number of large hospitals around the world, particularly in Europe, who are now conducting this, not just in cardiothoracic areas.

The CHAIR: I'd note that medical specialist training varies greatly across the world. We generally recognise, for example, New Zealand training. I repeat my question, which has already been taken on notice: Is there a single other hospital in Australia and New Zealand that's providing ECMO without a cardiac surgeon?

DEB WILLCOX: I would have to take that on notice. Not to my knowledge.

The CHAIR: My last question was just about volume. Minister, in your last answer you talked about high-complexity procedures, and I'm not aware of anyone disputing that the very high-complexity procedures should be centralised at one site. I'm really focusing on medium-complexity procedures that need bypass here.

Mr RYAN PARK: Medium, okay.

The CHAIR: Is there any evidence that mortality or morbidity has improved since those procedures were centralised at Westmead?

Mr RYAN PARK: I don't know if there's any evidence. I'll take that on notice only because I don't want to mislead or give you the incorrect information. But just to say to the Committee and to the community that the delivery of world-class health care at those two hospitals is pretty important to me. I know it was important to the last Government, and we'll continue to make sure that the model we have in place treats the sickest kids in the very best way possible. I think that's what you would expect. I would expect that if it was my child, and we believe we've got that model. But, Dr Cohn, I want to be clear about this: I understand that there are sometimes challenges and clinical disagreements and debates. I for one think that makes us a stronger and healthier public health system, not one that I want to discourage. That's all.

The CHAIR: I look forward to your answers to those questions on notice.

The Hon. BRONNIE TAYLOR: Minister, just going back to what Mr Donnelly said, because you said that you really respected him.

Mr RYAN PARK: I do.

The Hon. BRONNIE TAYLOR: Mr Donnelly and I sometimes don't see eye to eye but I absolutely respect his devotion and commitment to palliative care over his career. But do you agree that there was $743 million in the forwards for extra money in palliative care that is now $150 million less? I would remind you that you're under oath, Minister.

Mr RYAN PARK: I'm reminded I am under oath; I don't need that reminder. Let me be clear again, and I just want to go back to a few questions that you asked because I've got some information around that issue.

The Hon. BRONNIE TAYLOR: Minister, my question was very—

Mr RYAN PARK: You asked around palliative care positions at Bulli.

The Hon. SUSAN CARTER: Point of order—

Mr RYAN PARK: That's what you asked me.

The CHAIR: Sorry, I've got a point of order.

The Hon. SUSAN CARTER: The Minister has been asked a direct question and the Minister appears to want to go back to earlier questions and not answer the question that has been asked.

The Hon. EMILY SUVAAL: To the point of order: The Minister is here by invitation and can answer the question as he likes.

The Hon. BRONNIE TAYLOR: Come on, you're better than that.

The CHAIR: The Minister can choose to answer the question as he sees fit.

Mr RYAN PARK: To the Chair, we're investing—I do respect Mr Donnelly. He knows that too well. In fact, he's worked on the health Committee for a long, long time.

The Hon. BRONNIE TAYLOR: Yes, he has, and he said that there's a $150 million cut where there is. So do you or do you not agree?

Mr RYAN PARK: I respect, as I'm sure you have very strong and passionate views particularly in relation to cancer treatment in regional and rural health care—I understand you have those views. Each of us have passionate views about things and an expectation that governments of all political persuasions in this area continue to do better and should do better. What I'm saying to you is we are investing a record amount of $1.7 billion over four years.

The Hon. BRONNIE TAYLOR: Minister, you have actually said this. I would ask you this: Are you giving evidence to the Committee that there was not a reduction in palliative care funding as had been committed in the 2022-23 budget?

Mr RYAN PARK: What I'm giving evidence to the Committee about to the honourable member is that this Labor Government is investing a record amount in palliative care.

The Hon. BRONNIE TAYLOR: Minister, you have said that multiple times. My question is a simple one.

Mr RYAN PARK: We will continue to invest a record amount in palliative care because we believe it is an important part of health care. I know that Mr Donnelly—

The Hon. BRONNIE TAYLOR: Minister, I'm going to move on now because this is misleading and it is very disappointing.

The Hon. EMILY SUVAAL: Point of order—

The Hon. BRONNIE TAYLOR: I'll move on, thank you.

The CHAIR: I'll hear the point of order, please.

The Hon. EMILY SUVAAL: These continued interjections and speaking over the top of the Minister as he's answering the question—you previously ruled on this. It is utterly discourteous.

The CHAIR: I remind the member of my previous rulings. Can you please interject with questions and allow the Minister some time to actually try to answer them?

The Hon. BRONNIE TAYLOR: I'll move on. It would help if the Minister answered the question but I'll move on. Minister, are you aware that you have cancelled 11 palliative care medical staff in the Northern Sydney Local Health District? Will you apologise to the people in northern Sydney that will now have to die in pain because of your cuts?

Mr RYAN PARK: No, I don't believe that is the case.

The Hon. BRONNIE TAYLOR: So no that you're not aware that you cancelled 11 positions or—

Mr RYAN PARK: No. Chair, I'm around 4.5 seconds into my answer. Maybe I get a little bit longer than that.

The Hon. BRONNIE TAYLOR: It would help if you answered it, Minister. It may be easier for everybody.

The CHAIR: I remind the honourable member to allow the Minister at least a sentence of his answer. I think we can all agree that's fair.

Mr RYAN PARK: The reason why I'm a little bit concerned about the inferences being made by the honourable member, Chair, is that the advice that I've received already during this Committee is that there was a reference to palliative care positions being cut at Bulli. Now there has been references to palliative care positions being cut, I think, at northern Sydney. I've been advised by NSW Health that that is not the case at Bulli. I'm concerned that we're making comments that are wrong. I'm now responding to you and saying that the earlier remarks you made about Bulli, based on my advice from Health, are incorrect. I am trying to be as respectful as I can, but I'm not confident the inferences and remarks that the honourable member is making are accurate.

The Hon. BRONNIE TAYLOR: Okay, Minister. Would you like to take that on notice until you can verify the accuracy, if you're not sure?

Mr RYAN PARK: I will.

The Hon. BRONNIE TAYLOR: Thank you, Minister.

Mr RYAN PARK: But I want to take off notice the one that I've already responded to, because I would like to make sure that this Committee gets answers while I'm here. That's important. That's the accountability that I set myself as the Minister. So you can take off the one about Bulli.

The Hon. BRONNIE TAYLOR: That's fine, Minister, but we have letters to the contrary.

Mr RYAN PARK: We can take off the one about Bulli.

The Hon. BRONNIE TAYLOR: That's great. Thank you. Minister, in November I announced $13.6 million for a dedicated palliative care unit at Wyong Hospital. Why have you cancelled the $4.3 million annual funding required to run this unit? Will you apologise to the people of Wyong for creating a ghost palliative care ward?

Mr RYAN PARK: No. We'll continue to invest in palliative care services on the Central Coast.

The Hon. BRONNIE TAYLOR: Why have you cut the funding, Minister?

Mr RYAN PARK: The specifics that you infer I will take on notice. We'll probably be able to answer you during this Committee. Can I talk about the Central Coast and the commitment—

The Hon. BRONNIE TAYLOR: No, Minister. I'm the one asking the questions and I would like to move on.

Mr RYAN PARK: But I'm answering them.

The Hon. EMILY SUVAAL: Point of order: The Minister can answer as he sees fit. I understand and respect that the honourable member is the one asking the questions but, again, she has to afford the Minister time to answer, and he can answer as he sees fit.

The Hon. BRONNIE TAYLOR: I have, and the Minister said he would take it on notice. That's how this works.

The Hon. EMILY SUVAAL: And he was continuing to elucidate the response.

The Hon. BRONNIE TAYLOR: I'll move on to the next question, thank you.

Mr RYAN PARK: The issue at Wyong is important.

The CHAIR: I suggest to the honourable member that at this level of interjection, we're probably going to continue to hear points of order during your time from the Government.

The Hon. BRONNIE TAYLOR: That's what happens when they run cover.

The CHAIR: Try and help me help you.

The Hon. BRONNIE TAYLOR: I'll move on then.

Mr RYAN PARK: The issue at Wyong is important—

The Hon. BRONNIE TAYLOR: Minister, are you aware that—

Mr RYAN PARK: —and I've met those groups up there too. I acknowledge that both Labor members in that area and the member for Terrigal have been strong advocates around this issue.

The Hon. BRONNIE TAYLOR: They have, and it's fantastic that Wyong is going ahead, Minister Park. But in order to run a palliative care unit, you need staff. And to have staff, you need the arrangements to be in the forwards so that that happens. Let's be really honest. I understand you're in a very difficult position here because the Premier has obviously cut this money. Minister, in November—I'll move on.

Mr RYAN PARK: I was in a difficult position in my first week in this job when I found out that you had cut 1,112 nurses—

The Hon. BRONNIE TAYLOR: Oh, Minister Park! This is getting a bit ridiculous.

The Hon. BOB NANVA: Point of order—

Mr RYAN PARK: —and that they would be removed from 1 July 2024.

The CHAIR: A point of order has been taken.

Mr RYAN PARK: That's a pretty challenging thing.

The Hon. BRONNIE TAYLOR: It's the only thing you've got.

The CHAIR: Order! I will hear the point of order.

The Hon. BOB NANVA: Chair, I've refrained from taking points of order on a number of occasions where personal reflections have been made on others. I'm now going to take a point of order on it. It's been done a number of times during the hearing, so I ask that you call the member to order when it occurs.

The CHAIR: I uphold the point of order.

The Hon. BRONNIE TAYLOR: The Premier said yesterday, Minister, that the money needed to go to recruiting nurses, many of whom would be working in palliative care. The Premier admitted to the $150 million cut yesterday. Why won't you?

Mr RYAN PARK: That is because what I'm focused on is the investment in services that we're doing.

The Hon. BRONNIE TAYLOR: So do you disagree with the Premier, Minister Park?

Mr RYAN PARK: No. I don't disagree with the Premier around the importance of palliative care. I never will. I know it's something he's passionate about.

The Hon. BRONNIE TAYLOR: Minister Park, if you were the Premier, would you have cut $150 million out of palliative care?

Mr RYAN PARK: Well, I'm not the Premier, honourable member.

The Hon. BRONNIE TAYLOR: But if you were, Minister Park, I think you'd make a terrific Premier.

Mr RYAN PARK: I'm not the Premier, honourable member.

The Hon. BRONNIE TAYLOR: I hasten to say that I don't think you would have cut that, Minister Park.

Mr RYAN PARK: Our Premier is doing a fantastic job.

The Hon. BRONNIE TAYLOR: Thank you, Minister. So we don't have the forwards for Wyong. Minister, are you aware that, because of the cuts to palliative care, three dedicated palliative care beds will now be cancelled at Orange Hospital?

Mr RYAN PARK: No, that's not my advice at all, honourable member.

The Hon. BRONNIE TAYLOR: So you're saying they won't be cut?

Mr RYAN PARK: Our advice, honourable member, is that we're doing three additional beds. That's on top of what your Government did in, I think, 2021, which was two beds and construction of the upgrade. My advice from NSW Health and the team at Health Infrastructure and the ministry is that that will take place in 2024.

The Hon. BRONNIE TAYLOR: Thank you, Minister. So there are no cuts there. Minister, can you tell me how many dedicated palliative care beds there are at Bathurst hospital?

Mr RYAN PARK: I'll take that on notice.

The Hon. BRONNIE TAYLOR: I can tell you. There are actually none, Minister. Are you aware that, because of your cuts to palliative care, five dedicated palliative care beds will now be cancelled at Bathurst Hospital? Are you aware of that or would you like to take that one on notice as well?

Mr RYAN PARK: I think you just said that there are no beds at Bathurst. Is that correct?

The Hon. BRONNIE TAYLOR: They were meant to have five with the palliative care enhanced funding that's now gone.

Mr RYAN PARK: Honourable member, I don't want to state the obvious, but you were in government for 12 years.

The Hon. BRONNIE TAYLOR: Yes, but now you are, Minister Park. Now it's your turn.

Mr RYAN PARK: I've been in government for six months.

The Hon. BRONNIE TAYLOR: You've cut palliative care funding by $150 million.

The CHAIR: Mrs Taylor, please allow the Minister to at least get through a sentence.

Mr RYAN PARK: Honourable member and Chair, I've been in government for six months.

The Hon. BRONNIE TAYLOR: You've cut palliative care by $150 million.

The CHAIR: Order!

Mr RYAN PARK: We secured 1,112 nurses, which they were going to cut.

The Hon. BRONNIE TAYLOR: Oh, Minister. I feel sorry for you.

Mr RYAN PARK: We will continue to roll out palliative care in Western Sydney, in metropolitan areas, in rural and regional areas, and in remote areas. That's important.

The Hon. BRONNIE TAYLOR: Minister, we put money aside to fund five beds in Bathurst, but you haven't.

The CHAIR: Is there a question?

The Hon. BRONNIE TAYLOR: Yes. Don't worry; I'll keep going. Minister, can I ask you why your Parliamentary Secretary hasn't attended today?

Mr RYAN PARK: He's unavailable.

The Hon. BRONNIE TAYLOR: Is he unavailable because he doesn't support your cuts to palliative care?

Mr RYAN PARK: No, he's unavailable. I think, in the one or two of these that I observed during 12 years of opposition, I actually never remember—certainly you didn't, honourable member, have a parly sec there.

The Hon. BRONNIE TAYLOR: Minister Park, Eleni Petinos attended. Multiple Parliamentary Secretaries attended.

Mr RYAN PARK: You didn't have a parly sec there. The honourable Minister Hazzard never brought a Parliamentary Secretary there.

The Hon. BRONNIE TAYLOR: Minister Park, that's not correct. There were Parliamentary Secretaries who attended, but that's fine. Minister Park, would you agree with me that the people who are sitting with you there today—the secretary, the person who runs Health Infrastructure—

Mr RYAN PARK: Rebecca Wark.

The Hon. BRONNIE TAYLOR: —your deputy secretaries—are the most amazing individuals? Would you agree with me?

Mr RYAN PARK: Absolutely, I would.

The Hon. BRONNIE TAYLOR: I would actually hasten to say that the department of NSW Health would have to be one of the standout departments in the New South Wales Government.

Mr RYAN PARK: Thank you. I agree.

The Hon. BRONNIE TAYLOR: I thought you'd agree.

Mr RYAN PARK: With your experience, I respect that.

The Hon. BRONNIE TAYLOR: Minister, would you agree that women deserve to have a safe workplace? The Premier agreed with me yesterday that that was an important thing.

Mr RYAN PARK: Of course I do.

The Hon. BRONNIE TAYLOR: I knew you would.

Mr RYAN PARK: I would like to think that, not just as a feminist. Everyone in this building and everyone in this hearing thinks that would be the case. It would worry me if they didn't.

The Hon. BRONNIE TAYLOR: Minister, your Parliamentary Secretary has said some pretty defamatory things about very senior Health officials on your team. He has referred to one of them as Marie Antoinette. He referred to a previous health secretary as Elizabeth "Coffin" Koff. He referred to the CE—

The Hon. BOB NANVA: Point of order—

The CHAIR: I will hear the point of order.

The Hon. BRONNIE TAYLOR: —of the southern local health district as—

The CHAIR: Order! I will hear the point of order.

The Hon. BOB NANVA: I'm assuming there's a question that's coming at the end of this.

The Hon. BRONNIE TAYLOR: There is, if you'd let me finish.

The Hon. BOB NANVA: A series of statements are being made in the lead-up to a question that are seeking to adversely reflect on a person who is not here in a personal reputational way to address that.

The Hon. BRONNIE TAYLOR: I will table all the comments from Dr Holland, Chair.

The Hon. BOB NANVA: I ask that you rule the question out of order.

The CHAIR: I caution the member about adverse reflections and allow her to continue her questions.

The Hon. BRONNIE TAYLOR: Would you agree that any comments about the outstanding people in NSW Health are absolutely disgraceful?

Mr RYAN PARK: People should treat public servants respectfully and professionally.

The Hon. BRONNIE TAYLOR: But your Parliamentary Secretary doesn't. What do you have to say to that?

Mr RYAN PARK: I don't know what you're referring to. I'm not aware of that; I don't know that.

The Hon. BRONNIE TAYLOR: You're not aware of it?

Mr RYAN PARK: No, I'm not.

The Hon. BRONNIE TAYLOR: I actually believe you, Minister, because I don't think you would ever tolerate that sort of behaviour. Now your Parliamentary Secretary is working with a number of people who he has defamed and been absolutely derogatory about.

The Hon. EMILY SUVAAL: Point of order: The rules of debate still apply to committee inquiry hearings. There are some serious allegations of improper motives, imputations and personal reflections that are being made in the honourable member's line of questioning that I would ask you to rule out of order. I respect that she's got a line of questioning that she's entitled to ask, but the way in which she is doing so seeks to reflect personally on someone's character and has some quite serious imputations.

The CHAIR: I uphold the point of order.

The Hon. BRONNIE TAYLOR: I have an email here from the New South Wales Health department actually asking for these comments of Dr Holland's to stop and how inappropriate they are. I'm happy to table them as well.

Mr RYAN PARK: Let's be clear. My involvement with Dr Holland and my relationship with him has been one where I have valued his counsel and I have valued his advocacy for the communities that he represents. These allegations are being made without any reference. I don't know if it's accurate or not. What I will tell the Committee is this: I think Dr Holland is a man who advocates very strongly for his local community. He is very passionate about health care and he is very passionate about the care for children and mothers, and he will continue to do that. I'm very pleased that he is my Parliamentary Secretary.

The Hon. BRONNIE TAYLOR: Last year on 20 February on ABC South East, Dr Holland referred to Nationals members as a pack of dogs. Would you agree that that is an inappropriate use of commentary, calling myself and the Hon. Nichole Overall a pack of dogs on radio?

Mr RYAN PARK: Chair, respectfully, I don't know that any of these issues are based in fact or not.

The Hon. BRONNIE TAYLOR: They are 100 per cent fact.

Mr RYAN PARK: I am being asked to comment on things that I am not aware of. I don't think that is appropriate for me to do. What I can say is my relationship with Dr Holland is very strong. I am very proud that he is my Parliamentary Secretary. I think he is a very good advocate, particularly for the people of southern New South Wales.

The Hon. BRONNIE TAYLOR: Thank you, Minister Park. I can't imagine you, with your integrity and what you had stood up for, ever supporting comments like that. I asked the Premier yesterday if he expected all of his Ministers, Parliamentary Secretaries and backbenchers to be up to date with their disclosures and he said that was very important. Would you agree that we have to have accurate disclosures to maintain our integrity and transparency?

Mr RYAN PARK: Yes.

The Hon. BRONNIE TAYLOR: What would you say, Minister Park, if I told you very factually—and I have the evidence here—that your Parliamentary Secretary has failed to disclose any of his directorships of companies?

Mr RYAN PARK: What I would say to every parliamentarian is what the Premier has made clear to us: that he expects all of us to comply, whether it's the ministerial code or whether it's our parliamentary code. That's what I do. That's what he expects of me and everybody else. I can't comment about individual members or the honourable member. I wouldn't do that about you and I am not going to do that about Dr Holland. I say in general that we have requirements to disclose a range of different things under that. That's what I do and that's what the Premier expects of me. That's what he's made clear to our team that we should be doing.

The Hon. BRONNIE TAYLOR: I understand that. Minister Park, I actually apologise that I have to ask you these questions but, because your Parliamentary Secretary 25 minutes before the Committee was due to start decided not to turn up, I have been given no choice. Minister Park, were you made aware when Mr Crakanthorp was stood down that 72 hours before that Dr Holland deregistered his family investments of which he was a director and also failed to disclose that? He's the director of a company for 28 years and miraculously he deregisters that company right before Tim Crakanthorp was stood down. Do you reckon he's psychic or that was pure good luck?

The Hon. BOB NANVA: Point of order: I am reticent to do this, but we are now flagrantly ignoring procedural fairness resolution paragraph 13. There is a legitimate line of inquiry.

The Hon. BRONNIE TAYLOR: It's legitimate. I'm done.

The Hon. BOB NANVA: This is not the forum.

The CHAIR: There's been some pretty serious adverse mention. You have tabled documents that the Committee will consider at the end of the day with regards to whether they will be published or not.

The Hon. SUSAN CARTER: Minister, I go back to the issue of palliative care and in particular the closure of St Joseph's Hospital next month caused by your budget cuts.

Mr RYAN PARK: Incorrect.

The Hon. SUSAN CARTER: What happens to those 24 beds at St Joseph's?

Mr RYAN PARK: Honourable member, it's nice to meet you. I just remind you that you also have a responsibility as a part of this Committee to speak factually. That is incorrect.

The Hon. BRONNIE TAYLOR: Point of order: Now we have the Minister trying to school a member. That is not on.

Mr RYAN PARK: Trying to link something to something else in relation to that hospital is wrong.

The Hon. SUSAN CARTER: Are the 24 beds at St Joseph's closing?

Mr RYAN PARK: St Joseph's is not going to continue to operate the way it was. I know that you—

The Hon. SUSAN CARTER: Where will those 24 palliative care beds go?

Mr RYAN PARK: Just let me finish. I know that you understand that. We are expanding palliative care in Western Sydney, including at Auburn, from memory. I am happy to give to you the specifics. But, please, that

is a hospital run by St Vincent's. I know that you know that, Ms Carter. I think it 's important that we don't try and join dots that are not able to be joined.

The Hon. SUSAN CARTER: Where will those 24 beds be going?

Mr RYAN PARK: I will provide a detailed response on notice. I know that my deputy secretary, Ms Willcox—

The Hon. SUSAN CARTER: Could you also perhaps advise whether the 0.8 medical support that those 24 patients currently receive will also be travelling with those 24 beds or will that medical support be made redundant?

Mr RYAN PARK: Let me make this clear. I was about to say, I can update you. I am happy to take information on notice. I may not need to because I know that my deputy secretary, Ms Willcox, has been working with St Vincent's on this issue, and I have met with them on this issue. We are working with staff around this issue. I might just refer to Ms Willcox.

The Hon. BRONNIE TAYLOR: That's fine. We have time with Ms Willcox later.

Mr RYAN PARK: Chair—

The Hon. BRONNIE TAYLOR: We have the bureaucrats all afternoon. We want to talk to you. What was the funding allocation—

The Hon. EMILY SUVAAL: Point of order: The Minister is entitled to answer the question but also direct the question as he sees fit.

Mr RYAN PARK: I think that's reasonable. A reasonable question was asked.

The CHAIR: I will allow the Minister to redirect the question.

The Hon. BRONNIE TAYLOR: To the point of order: Through estimates yesterday, that was not the case. We have the bureaucrats all afternoon. We are here to question the Minister. I want to move on to a new question, Chair, and I have limited time so I am going to move on. What was the funding allocation for palliative care over the next—

The Hon. EMILY SUVAAL: Further to the point of order: The Minister is entitled to answer as he sees fit—

The Hon. BRONNIE TAYLOR: You are blatantly wasting time because you know how much trouble your Minister is in.

The Hon. EMILY SUVAAL: —and he is also entitled to direct it as he would like. If you continue to interject—

The CHAIR: While the timer is not running—

The Hon. BRONNIE TAYLOR: You need to understand how this works.

The Hon. EMILY SUVAAL: I understand the standing orders.

The CHAIR: You were in a different session with a different committee and a different Chair yesterday. I understand that the Minister is able to redirect questions if it's in the interests of getting this Committee a more accurate answer to a question that has been put.

Mr RYAN PARK: Which is what I was trying to do, Chair.

The Hon. BRONNIE TAYLOR: Chair, since I started my last question, can I just ask it and the Minister can take it on notice?

The Hon. EMILY SUVAAL: Time's expired.

The CHAIR: The time has expired. I will move to Ms Faehrmann, who is admirably on Webex due to having some respiratory symptoms. Thank you, Ms Faehrmann, for not sharing those germs with us.

Ms CATE FAEHRMANN: I want to ask you questions about pill testing to begin with, which is probably not what you were expecting, I am sure. You are aware of the Australian Capital Territory pill testing services, aren't you?

Mr RYAN PARK: Yes, I am. I have had some discussions.

Ms CATE FAEHRMANN: Have you had a look at the results of the pill testing trials there?

Mr RYAN PARK: I have read some material around it. I don't want to give an incorrect answer to say I have read the specifics about the trial, but I am certainly aware of the trial. I think Queensland is also doing some work around tendering out something in this space.

Ms CATE FAEHRMANN: That's right. There are just extraordinary statistics, actually, that come from CanTEST and the work that they have done both at the fixed trial as well as when they were operating at music festivals there as well, like Groovin the Moo. One statistic is that up to 38 per cent of patrons stated they would definitely not take a drug when the test came back with an unexpected drug. Are you aware of that result?

Mr RYAN PARK: I'm not, but I've got Dr Chant with me, Cate, who is obviously working and has been working across a range of different governments for many years in this space. I am happy to—

Ms CATE FAEHRMANN: That's fine, Minister. I just want to talk to you about this result because one of the benefits of pill testing or drug checking is that people, when they access the service, get access to health professionals as well. They haven't potentially been able to speak to anybody in their life about how to take or what to do in circumstances where they do take drugs to be as safe as possible. Are you aware of that?

Mr RYAN PARK: I'm aware that there has been some work done in that space, but I'm not aware of the specifics. I can assure you that, whilst, as the Premier said yesterday, we don't have plans to do pill testing at the moment, he and I, to be very clear, are not closing the door on reform in this space. We are trying make, Cate—largely because of suggestions from the sector and coming through the evidence—music festivals as safe as possible. We have rolled out a number of measures to make them even safer. That is something that I am proud of, but it is something that I think is necessary. We are continuing to look at a range of different issues in this space. That is what I expect of myself and I am assuming that's what a Committee like this would expect of a Minister and a department as well.

Ms CATE FAEHRMANN: But you do see benefits, I assume? If people go into those services, they talk to health professionals in an environment where they are potentially going to take drugs. There are health professionals there. They speak to people for the first time. Sometimes they get advice that makes them not take those drugs. That's better than not having that service there at all, isn't it?

Mr RYAN PARK: I am very focused on harm-reduction measures. There are no two ways about that. We've got peer-to-peer operating across our music festivals. We've got improved messaging, improved first aid, improved water, allocation and resourcing, making sure that we've got medics on site, close by. The peer-to-peer stuff is important. What we have said is we don't have a plan for pill testing at the moment. At the same time, as the Premier made clear yesterday and as I have, both publicly and privately, we will continue to not close the door on reform right across the landscape to make things as safe as possible.

Ms CATE FAEHRMANN: Has any pill testing service provider reached out to you to offer their services?

Mr RYAN PARK: I'll double-check or take it on notice. I think they have. Certainly through NSW Health—I'm not 100 per cent sure through my office, but certainly through NSW Health I think they have. I just don't want to mislead the Committee, Cate. Could I ask Dr Chant for 20 seconds, just to make sure?

Ms CATE FAEHRMANN: Sure. Thanks. Dr Chant?

KERRY CHANT: Yes, Ms Faehrmann, they have reached out. I think the letter correspondence has gone to the Minister's office, but, again, I would need to check the time and date of that. I'm happy to talk about that. You also may not be aware, Ms Faehrmann, that we currently do some what we would call back-of-house drug checking, and we have a relationship with police, that police seizures are tested, obviously, for police purposes. Anything of concern is elevated to us for consideration through a panel that involves also experts, clinicians, plus also representatives from newer and other groups. We also do look at our real-time emergency management presentations for drug-related harms and work with our clinicians to obtain samples to detect unusual contaminants. We do have a process of issuing public warnings in that case, and we have issued a number of public warnings.

Obviously the matter for pill testing more broadly is a matter for Government, but it is important that we acknowledge that the nature of the intervention with pill testing is as you described. It is also important to acknowledge that a lot of the harms that have been associated when we have looked into the deaths associated with overdose have been MDMA. So we do urge and are doing a big push so that individuals know the signs and symptoms of MDMA toxicity, make sure that they're aware of the early symptoms, particularly go slow when they're taking the medication and to care for each other. We have done a lot of work with our peers and creating safe chill-out zones in our festivals but also increased our medical capabilities at the festivals.

Ms CATE FAEHRMANN: Thank you, Dr Chant. I have of a couple questions just on that. When you say "back-of-house testing facilities", what do you mean?

KERRY CHANT: I mean that our forensic and analytical services, which is part of NSW Health laboratories, provides testing and analysis for police. We also—

Ms CATE FAEHRMANN: Right. You don't mean at festivals?

KERRY CHANT: Well, just in the course of the work that police obviously need to do that for their criminal purposes. But we also—

Ms CATE FAEHRMANN: Just to be clear—sorry. You are not testing the drugs at the festivals?

KERRY CHANT: Some of them will be obtained—

Ms CATE FAEHRMANN: Like, on site at the festivals?

KERRY CHANT: Not on site at the festivals, but some of the pills that have been collected through police activities will be tested. Anything that is of concern will be discussed with Health. Separately to that—

Ms CATE FAEHRMANN: Just to be clear, if there is something dangerous in circulation at a festival that police confiscate, are you telling me that NSW Health tests that immediately and is therefore able to alert the festival goers at that festival—

KERRY CHANT: No, no. We are not—

Ms CATE FAEHRMANN: —that there is a dangerous drug in circulation?

Mr RYAN PARK: No.

KERRY CHANT: We are saying that there are three—

Ms CATE FAEHRMANN: That's what pill testing does.

KERRY CHANT: So there are three prongs. For instance, if we—

Ms CATE FAEHRMANN: That's the point.

KERRY CHANT: If I can just describe what the current system does. If we have anyone presenting with—

Ms CATE FAEHRMANN: Minister, that's fine—sorry, Dr Chant. Maybe you should be health Minister. Dr Chant, that's fine, thank you; I know what it does. I have another question. You talked about the fact that people are dying of MDMA overdoses. When Harriet Grahame looked into this at the coronial inquest, it was really largely as a result of the fact that most of those, if not all, terrible victims of that summer were taking many drugs. Alex Ross-King, for example, took them all at once because she saw the drug dogs; others are taking too many at once. Don't you think that part of the problem is the fact that people are consuming drugs in a way that—if they are going to take it, the fact is that they are taking all of their drugs at once because of trying to avoid drug detection dogs and the like?

Mr RYAN PARK: Thank you, Cate. I want to acknowledge from the very outset that all the time that I have known you, you have been a very strong advocate in this space. Whilst we don't always agree on everything, I do want to acknowledge that to the Committee. The issue of drug detection dogs is obviously one for the Minister for Police and Counter-terrorism to outline. What I don't want to give this Committee any sense of—and I'm sure you don't either, Cate—is that pill testing is a silver bullet to stop deaths at music festivals, because the physiology and the way in which the physiology of a person's body interacts with a substance they take is something that can't be measured, and that's factual. Whilst I understand you are passionate about it and I have outlined our position, I also don't want the community to have a view that just because you have pill testing, it means that your child, if they use pills, is not going to face some very harmful effects. That would be misleading, that it is some sort of silver bullet. That's all.

Ms CATE FAEHRMANN: Sure. Thanks, Minister. I have heard the statement about not being a silver bullet before. I understand that. Nobody—well, I don't say that pill testing is a silver bullet, just like seatbelts aren't a silver bullet. Would you agree, though, that seatbelts will make people safer and can prevent deaths, which is what pill testing does?

Mr RYAN PARK: We are looking at how we make festivals as safe as possible. Already, during my time as Minister, we have rolled out a number of measures that I have outlined, including additional peer-to-peer support, including additional first aid, including additional access to medical services, including making sure that we have adequate water and information going out to patrons and visitors to these festivals frequently about

making sure that they behave in a way that reduces their harm. We haven't got plans at this point in time to do pill testing, but, as the Premier has said multiple times and as I have said multiple times, we are not closing the door on reform. You would know that we are doing a drug summit next year, the first time that the government has done this in over 20 years. No doubt this issue and other issues will be ventilated at that summit and will be discussed and debated, and no doubt, as I am sure the Committee would be aware, that yourself and others—people, no doubt, on the Committee—will be participating in that, and I look forward to that.

Ms CATE FAEHRMANN: Thank you, Minister. I very much look forward to the drug summit as well. But what is stopping your Government from putting in place at least a trial this summer so that the results of that trial can inform the discussion that will take place at the drug summit about pill testing? If that doesn't happen, all we will be discussing are trials that have taken place in other States, pill testing operations and drug checking operations that have taken place in many other jurisdictions. Why wouldn't we just put in place something that has a pill testing service at a few festivals—one in the community, potentially—just to see and be able to report back and discuss? What is the harm in doing that?

Mr RYAN PARK: Cate, I understand that's your position but, as I said, Government hasn't made that decision and is not planning to make that decision. Equally, though, this is an area across the board, not just in pill testing but in a range of different measures, in reforms, that we are not closing the door on. But we are going to do this in a sensible, measured way. We believe what we are doing at the moment, in terms of increasing the support and protection and information and access to health and medical staff at festivals, will certainly assist that. As the Premier said I think yesterday, and certainly in other forums, we haven't closed the door on reform. We are going to be engaging with the community, with members of Parliament in both Houses and, more importantly, from my perspective, with experts in this area as a part of the drug summit that we will hold next year. I'm not going to pre-empt what is going to happen at a drug summit. I don't think that would be right either.

Ms CATE FAEHRMANN: Speaking of experts, if it was up to you and NSW Health, you would agree to pill testing, wouldn't you?

Mr RYAN PARK: We've made a decision. I am a member of a government and we have made a decision around that at the moment. That is that we don't have plans for pill testing but, as I've said, as the Premier has said, and probably as other members of the Government have said, we are not closing the door on reform in this space. I think the fact that we have acted very quickly to what I think is to bolster the safety of music festivals for those attending, in a very short space of time, is important to acknowledge. I think it's also important to acknowledge that pill testing on its own is one measure. It is not the only thing that should be focused on and, as I have said repeatedly, it isn't a silver bullet.

Ms CATE FAEHRMANN: Have you made any approaches to other members within your Government about the unfair drug-driving wars here in New South Wales that discriminate against medicinal cannabis patients? There are tens of thousands of people who use cannabis medicinally in this State and, as a result, most of them probably choose not to drive because they risk losing their licence. Does that concern you?

Mr RYAN PARK: In relation to the representations, I think you would agree, Cate, members of Parliament—whether they are Ministers or members in the upper House or members in the lower House—continue to engage on issues, public affairs, topics and policy issues. That is what we are paid to do; I would worry if we didn't. But the big challenge here—whilst this predominantly sits with the Minister for Roads, the Hon. John Graham—is around the issue of impairment and how do we measure impairment. That is a challenge. My focus is making sure that people are as safe as possible if they are going to undertake driving, and that they are as well as possible. This issue has been discussed with me by the Hon. Jeremy Buckingham. I know he has, like yourself, strong views on this, but at this stage we are not planning to do that. I think the big concern—I'll let these issues be raised with Minister Graham because I don't want to be misleading the Committee—is around impairment.

Ms CATE FAEHRMANN: Yes, the issue with it as well, though, is that there are other legal drugs—because medicinal cannabis is perfectly legal—that also potentially impair, potentially more so, such as opioids, that people have prescriptions for and they are driving. So it just seems that there is this incredibly unfair situation here, isn't there? People can be zonked to their eyeballs on opioids. Obviously they shouldn't drive, but at some point something has got to happen with this really unfair law. You know that a lot of people who are very sick can't get medicinal cannabis because they need to keep their licence. It is a terrible situation, particularly for people in regional New South Wales.

Mr RYAN PARK: Yes, it is a challenging public policy space. There are no two ways about it. Having worked with many people—

Ms CATE FAEHRMANN: But it is legal medicinal cannabis. So the challenge, in terms of impairment, is the same for opioids as it is for medicinal cannabis.

Mr RYAN PARK: The challenge is making sure, as you know, that people are safe when they get on our roads. I think that is what we are all trying to do. I understand what you are saying, but it is a legislative piece that is centred with the Minister for Roads. He is obviously taking advice from people such as those in the Centre for Road Safety or the version that no doubt rests with Transport for NSW now. I understand that that is a challenge, but I understand that the impairment issue is a real one. No doubt he will continue to engage with members of Parliament on this issue. I think that's what you would expect.

Ms CATE FAEHRMANN: I have a little bit of time remaining. I just wanted to talk about the $500 million in relation to the ice inquiry. There was $357.9 million, I understand, allocated to NSW Health. I am wondering how much of that has been allocated and spent for this financial year? Dr Chant, you were invited, with police commissioner Karen Webb, to advise the Government on whether services were in place for the pre-court diversionary scheme to be enacted. I assume that that has all happened?

Mr RYAN PARK: Yes. Cate, I will add some comments and then I will get Dr Chant to go into this. Yes, we engaged with the Opposition last week about pre-court diversion—something that will potentially stop around 6,000 people from going into the court system for very low possession. The previous Government, as you said, committed I think $500 million over the four years—$358 million was allocated to Health and $141 million was allocated to other areas. Of the $358 million over the four years to Health, $163 million is for evidence-based treatment prevention and early intervention strategies, $96 million is for integrated support for people with complex needs—obviously vulnerable people—$11.7 million is for enhancing digital capacity, $66 million is for alcohol and other drug workforce through the establishment of more positions in critical roles such as Aboriginal health workers, and $20.2 million is for the better use of data and evidence to inform the system and management and monitoring and evaluation. That has been rolled out.

KERRY CHANT: In the interests of time, I'm happy to clarify any particular points, but I think the Minister summarised that there has been a lot of work done to stand up the services and allocate the money as quickly as possible, within the procurement and contract requirements.

The Hon. BRONNIE TAYLOR: Minister, can I just ask you what was the funding allocation for palliative care over the next four years at the pre-election budget update, and what was the funding allocation over the next four years in the budget for 2023-24?

Mr RYAN PARK: Well, I have already outlined what's in the budget. It is $1.6 billion—a significant increase compared to what had been rolled out previously. We will continue to roll out significant amounts of investment in palliative care and, should we be able to continue to increase that, we will no doubt have a look at that, as well as other priorities that we have in the health system. But I think you also raised, honourable member, cuts to Western Sydney in a letter that I think you referred to. I have got advice from NSW Health that there is no cut in dollars in relation to Western Sydney. I think you also advised the Committee that there were cuts to the Northern Sydney Local Health District. I am advised that that is not the case, and they have increased their medical staff at Greenwich and Hornsby hospitals. So I just wanted to make—

The Hon. BRONNIE TAYLOR: Minister, just to clarify, you are not prepared to say the numbers to demonstrate that $150 million cut. My colleague would actually like to follow up now, so I will hand over to her, about that letter.

The Hon. SUSAN CARTER: I have a letter from Deb Willcox, who is here with us today, written to all LHDs, informing them of funding allocations over the next four years of $743 million for palliative care. I also have another letter to those same LHDs on Friday informing them that $150 million of that allocation has been cancelled. Who is right, you or your Department?

Mr RYAN PARK: I think you're saying the letter was from Ms Willcox, so I'll ask Ms Willcox.

The Hon. SUSAN CARTER: The question, Minister, is you seem not to acknowledge any cut.

Mr RYAN PARK: Would you be able to provide a copy of that letter, Ms Carter?

The Hon. SUSAN CARTER: I believe I will be able to. I have a digital copy at the moment. I'll endeavour to do that in the break.

Mr RYAN PARK: Because I'm sort of arguing about something that I haven't seen, Ms Carter.

The Hon. SUSAN CARTER: The department sends letters about cuts to LHDs and you have no knowledge of that?

CORRECTED

The CHAIR: The member's time has expired. It sounds like that letter will be provided, so this conversation can continue later in the day.

Mr RYAN PARK: My advice is the letter doesn't talk about cuts, if that's the letter you're referring to. But I don't know the letter you're referring to, Ms Carter, so I'm just making sure that—

The Hon. SUSAN CARTER: If there's one letter that says 743 and another that says—

The CHAIR: Mrs Carter, I apologise, but you're cutting into the Government's time. They only get 15 minutes.

The Hon. BRONNIE TAYLOR: The Government's having time now—first time ever. Here we go. What a joke.

The Hon. EMILY SUVAAL: Minister, can you please explain when you first discovered the temporary nurses that have been left unfunded by the previous Government?

Mr RYAN PARK: This was a very big concern of mine—

The Hon. BRONNIE TAYLOR: Bravo! This is the best you can do.

The CHAIR: I call Mrs Taylor to order. The Government only gets 15 minutes. Please let them use it.

The Hon. BRONNIE TAYLOR: The Government has never, in all of my history, taken questions—the cover-up continues. Unbelievable. How pathetic.

Mr RYAN PARK: I think it came up in the first week. Certainly, it was a discussion that I had great concern about hearing. I spent the next few days trying to work out a plan with my officials around how we were going to address that. A removal of 1,112 nurses—

The Hon. SUSAN CARTER: There was no removal.

The CHAIR: Order!

The Hon. BRONNIE TAYLOR: You can't lie to the Committee.

Mr RYAN PARK: The removal of 1,112 nurses from 1 July 2024 was never alluded to in any public statements by the former Government in the lead-up to the election. I think anybody who takes over this role would be concerned if someone tells them within a short period of time of taking on the role that 1,112 of their frontline staff are not going to be in place in the space of 12—

The Hon. BRONNIE TAYLOR: Point of order: I just refer to the fact of being accurate at estimates, and not misleading the Committee about things, which the Minister is so clearly doing.

The CHAIR: The Minister is under oath. He's already made us aware that he is very well aware of that requirement. I'll allow him to continue his answer.

Mr RYAN PARK: We were going to, Chair, and to the honourable member who knows this area of health care very well, given her background—

The Hon. EMILY SUVAAL: Just to clarify, there was no indication from the former Government—either the former Minister for Health or the former Minister for Regional Health—that they were only temporarily funding 1,112 nurses?

The Hon. BRONNIE TAYLOR: Who would temporarily fund nurses? How ridiculous you are.

The CHAIR: Order!

Mr RYAN PARK: No one has made me aware that the previous Government had communicated that with the public.

The Hon. SUSAN CARTER: Point of order—

The Hon. BRONNIE TAYLOR: You guys are a joke.

The Hon. SUSAN CARTER: The Minister seems to be referring to positions that we created and we funded, and then suggesting that—

The CHAIR: That's an argument. That's not a point of order. Minister?

Mr RYAN PARK: I will explain it to you more easily, Ms Carter. I will say that in the allocation of healthcare workers—I think the overall allocation of 10,000-odd, just for the purpose of the discussion—there were 1,112 of them—

The Hon. BRONNIE TAYLOR: What do you say to the palliative care services that are cut, Minister?

Mr RYAN PARK: —that were being cut from 1 July, 2024, Ms Carter. I don't understand what you don't understand about that.

The Hon. EMILY SUVAAL: And each of those 1,112 nurses are now funded permanently?

The Hon. BRONNIE TAYLOR: Not in palliative care, they're not.

The CHAIR: I ask Mrs Taylor to please not interject.

Mr RYAN PARK: Yes, that's correct. I would like to update the House around where those 1,112 nurses are based. Some 138.2 are in the Hunter-New England, an area that I know you love and which you've been a terrific advocate for. In South Western Sydney Local Health District, 119.2 will remain in place. Western Sydney will see 109.1 remain in place. South Eastern Sydney and Sydney LHD combined—over 200 nurses. In Northern Sydney LHD, an area that I know the deputy secretary, Deb Willcox, knows very well—82 nurses. The Illawarra Shoalhaven, Central Coast and Western NSW combined—close to 200 nurses there. Northern New South Wales LHD—51. In one of the honourable member's parts of the world, in Southern NSW Local Health District that I know she knows—26.6.

The Hon. BRONNIE TAYLOR: I love the south, Minister.

Mr RYAN PARK: In Far West that's an additional 6.5.

The Hon. BRONNIE TAYLOR: I love Bulli, too, where you cut the services.

The CHAIR: I ask the member to stop interjecting.

Mr RYAN PARK: In Mid North Coast and Murrumbidgee combined, there are around 85 nurses. You can see, whether it's regional, rural, remote or metropolitan areas, these are particularly important that these positions remain in place. That was something that we got cracking on not long after I was sworn in.

The Hon. EMILY SUVAAL: Minister, how much was the investment for making these temporary nurses permanent—if could you update the House?

Mr RYAN PARK: It is hundreds of millions of dollars. I think close to half a billion dollars here has been allocated. This is investment that was absolutely critical if we are to roll out our Safe Staffing reforms that you and others on this Committee from the Government have been tremendous advocates for on behalf of the communities where not only you reside but you may represent as part of your duty electorates. This has been an important reform piece. It will be a reform piece that takes time, because it is the largest reform that we have undertaken in the staffing of public hospitals for many, many years, but it is a reform piece that we need to get right. We are going to make sure that we continue to work with the association, and continue to work with our LHDs, our nurse unit managers, our district nurse unit DONS—these are important individuals, and we'll continue to roll this out right across New South Wales.

The Hon. EMILY SUVAAL: I now turn to a question about elective surgery. When you became the Minister, you made it clear that you were concerned with the number of people who have been waiting longer than clinically recommended for their elective surgery. How many people were on that list when you became Minister?

Mr RYAN PARK: Over 14,000 were on that list. On the first day the Premier and I went to Liverpool Hospital and made it clear that we wanted to set up a taskforce examining this issue. I want to acknowledge one of the taskforce co-chairs, our deputy secretary, Matthew Daly, who is in the Committee and with us today. A tremendous amount of work has been put in to that taskforce by surgeons, anaesthetists, clinical nurses and those involved in the management of surgery across New South Wales hospitals. We have been able to get that number down by half to 7,000.

I know Matthew Daly and I both want to see that continue to improve. We are not finished yet. As late as yesterday, I met with the taskforce again around trying to make sure that we continue to look at ways in which we embed some of these practices, including same-day surgery for some of the conditions that perhaps we would have done overnight for. We are going to continue to look at this area to try to make sure that we deliver world-class health care that is safe and effective, but at the same time we efficiently make sure that we are running our hospitals to enable people to get access to very important surgery—surgery that is life-changing, but is also without is life-limiting. That is very important to me as the health Minister.

We always will have a waiting list. I think that people in the Committee and those millions of people at home watching this today need to understand that there will always be an elective surgery waiting list. What we do need to understand is that the focus is on those waiting outside our clinically recommended time periods, because they're people who we really should have got to. When we came into office that sat at about 14,000. We have got that down to about 7,000. We have got more work to do and I am determined to continue to drive this reform.

The CHAIR: If there are no further questions from the Government, we will be breaking for morning tea until 11.15 a.m.

(Short adjournment)

The CHAIR: It being quarter past 11, we'll resume today's hearing. We'll start with 20 minutes of questions from the Opposition.

The Hon. SUSAN CARTER: Minister, in December 2022, LHDs were advised by letter that there was $743 million available to them for palliative care funding, for enhanced end of life, and invited to plan for that. Has that figure been updated?

Mr RYAN PARK: Can I say this, Ms Carter? I'm deeply troubled by some of the remarks this morning about misleading claims about critical funding for palliative care, something that is very important to all of us in this room. The specific claims—

The Hon. SUSAN CARTER: And we can update that now. Has that figure been updated?

Mr RYAN PARK: Ms Carter, I let you ask the question; I'd appreciate it if you would let me answer the question.

The Hon. SUSAN CARTER: I would be delighted if you answered it, Minister.

Mr RYAN PARK: I am advised that the specific claims that palliative care services are being cut in places like Bulli, Western Sydney, northern Sydney and Orange are untrue. It's critical that we as a committee and you as a committee member don't mislead the community, particularly about this important area of health care. I'm advised, and I will inform the committee again, that there will be around—around—160 palliative care workforce increase this year. It's funded by that 6.8 per cent increase or $23.3 million dollars. I think that's important to clarify, Ms Carter.

The Hon. SUSAN CARTER: Minister, I entirely agree. Thank you for the clarification.

Mr RYAN PARK: I'm glad you agree, because you didn't agree this morning.

The Hon. SUSAN CARTER: What would be good to clarify is: Is the entire $743 million dollars still available to LHDs?

Mr RYAN PARK: What we've said all along around palliative care is that we are investing 1.7—

The Hon. BRONNIE TAYLOR: Why won't you answer the question?

Mr RYAN PARK: I don't mind how you allocate the numbers, I'm telling—

The Hon. SUSAN CARTER: Thank you. Is the entire $743 million still available to LHDs? If it's not, by how much has that been cut?

Mr RYAN PARK: The 2023-2024 budget, and this is budget estimates, includes—and I'll say it again—more than $1.7 billion over the forwards—

The Hon. SUSAN CARTER: Yes, you've said that before. I'm asking you about the $743 million.

Mr RYAN PARK: —for palliative care.

The Hon. SUSAN CARTER: The Premier acknowledged the cut. Why are you not able to acknowledge the cut, Minister?

Mr RYAN PARK: Palliative care, we'll be increasing the funding by about 6.8 per cent higher than 2023-2024—

The Hon. BRONNIE TAYLOR: Stop reading the notes and answer the question.

Mr RYAN PARK: —and it will increase again in 2024-2025.

The Hon. SUSAN CARTER: Fantastic.

Mr RYAN PARK: Thank you, Ms Carter.

The Hon. SUSAN CARTER: And the $743 million that was to be made available to LHDs, how much of that, as at today, is still available to the LHDs?

Mr RYAN PARK: Ms Carter, you and I may have different interpretations of numbers. I don't have the correspondence that you refer to, because I wasn't in government, and it would most likely be inappropriate for me to access it. I don't access the previous Government's materials.

The Hon. SUSAN CARTER: The Premier acknowledges a cut, some of your colleagues acknowledged a cut, but you don't acknowledge a cut?

Mr RYAN PARK: What I acknowledge is the investment that we are putting into palliative care, Ms Carter, and that is what we will continue to focus on. I, as the health Minister—as did previous health and regional health ministers—understand that this is an important part of health care in New South Wales. We also understand that—

The Hon. SUSAN CARTER: It is an important part of health care. Since you've become Minister—

Mr RYAN PARK: —we were 1,112 nurses short from 1 July next year. So I would understand that.

The Hon. SUSAN CARTER: A question about those nurses, Minister. How many of those will be going to work in palliative care?

Mr RYAN PARK: Of the 1,112?

The Hon. SUSAN CARTER: Yes.

Mr RYAN PARK: I'm not 100 per cent sure on that figure.

The Hon. SUSAN CARTER: The Premier indicated yesterday that a number of those nurses would work in palliative care. How many—

Mr RYAN PARK: I'm sure they are, given it's a substantial increase. In some parts it's 60 or 70 people in LHDs.

The Hon. SUSAN CARTER: So the Premier knows more about the allocation of those nurses than you do, Minister?

Mr RYAN PARK: No, you asked me for a specific number—

The Hon. SUSAN CARTER: Yes.

Mr RYAN PARK: —I think. Is that right?

The Hon. SUSAN CARTER: Well, no. The Premier indicated a number of those nurses would work in palliative care. As health Minister, I'm asking you to tell us what the allocation to palliative care of that nursing staff is?

Mr RYAN PARK: A number of them will no doubt work in palliative care. They'll work in maternity.

The Hon. SUSAN CARTER: But you're not sure what the number actually is.

Mr RYAN PARK: They'll work in critical care. They'll work in oncology.

The Hon. SUSAN CARTER: And you're not sure what the number that's actually been cut from palliative care is. Is that what you're telling this Committee?

Mr RYAN PARK: I think you're asking two different questions.

The Hon. SUSAN CARTER: Are you sure of the number of nurses allocated to palliative care? Yes or no?

Mr RYAN PARK: I've told you that we've increased the number of palliative care—

The Hon. SUSAN CARTER: No, okay. Are you sure how much money is being cut from the promised allocation for palliative care? Yes or no?

Mr RYAN PARK: Ms Carter, I'm not sure you know what you're talking about.

The Hon. BRONNIE TAYLOR: Oh, come on! That's even below you.

Mr RYAN PARK: I've explained it to you now multiple times.

The Hon. BRONNIE TAYLOR: That's appalling.

Mr RYAN PARK: You are either not letting me answer the question—

The Hon. SUSAN CARTER: So the Premier acknowledges a cut, members of your own party acknowledge a cut, but you claim there is no cut. All right. Since you've been Minister, what palliative care units have you visited?

Mr RYAN PARK: Palliative care units that I've visited—jeez, I've visited that many hospitals.

The Hon. SUSAN CARTER: Which palliative care units have you visited?

Mr RYAN PARK: I can give you a list of those, because I don't want to mislead you, but—

The Hon. BRONNIE TAYLOR: Do you need to take that on notice?

Mr RYAN PARK: I'll give you a list. Given that I'm in hospitals a couple of times—at times—a week and I'm doing unannounced visits—

The Hon. SUSAN CARTER: I'm happy for to you to take that on notice.

Mr RYAN PARK: I've visited that many hospitals and that many different units, it's not funny.

The Hon. SUSAN CARTER: I'm happy for to you take that on notice.

Mr RYAN PARK: Sure.

The Hon. SUSAN CARTER: Minister, on 4 August you said, "The New South Wales Government is committed to ensuring people with life-limiting illness across Western Sydney receive the highest quality end-of-life care to provide peace of mind when these patients need it most." I couldn't agree with you more.

Mr RYAN PARK: Thank you.

The Hon. SUSAN CARTER: Minister, given that the cuts from the money promised in 2020 have cancelled 10 dedicated palliative care medical staff from this region, will you admit that you have lied to the people of Western Sydney, and will you apologise to the people of Western Sydney who will now die in pain because of these cuts?

Mr RYAN PARK: Ms Carter, your comments are bordering on offensive and disrespectful, so I ask you to be cautious about your comments in the Committee.

The Hon. BRONNIE TAYLOR: Point of order—

The Hon. SUSAN CARTER: It's disrespectful to the people of Western Sydney not to recognise their health needs.

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

The Hon. BRONNIE TAYLOR: The Minister cannot make disparaging remarks against members of this Committee like that. That was judgemental, sarcastic and completely out of order.

The Hon. EMILY SUVAAL: To the point of order: It's been well canvassed in previous remarks, some of the remarks accusing the Minister of quite personally affronting things—

The Hon. BRONNIE TAYLOR: It's not a point of order.

The Hon. EMILY SUVAAL: If you'll let me finish—

The CHAIR: On the point of order, I agree that the Minister's most recent comment was less respectful than it should've been but also that many members over the course of this morning have asked questions that contain argument and are also disrespectful. So I ask all members, and the Minister, to try to discuss these very sensitive issues with respect and professionalism.

Mr RYAN PARK: Thank you, Chair. I wasn't, from my perspective, being disrespectful. What I was saying is that all of us need to be mindful of our remarks as public figures and community leaders, and palliative care is a very sensitive issue to people.

The Hon. BRONNIE TAYLOR: That's why you don't cut it.

Mr RYAN PARK: What I said this morning was that I was concerned with some of the remarks made about cuts in Western Sydney, cuts in Wyong, cuts in places like Orange and North Sydney, when I've clearly

outlined that's not the case. So, Ms Carter, what I'm saying is that we, as political leaders and community leaders, when talking about healthcare services and issues that are near and dear to the hearts of many people, particularly vulnerable people, need to be careful of our remarks in this space.

The Hon. SUSAN CARTER: Minister, you are saying there is an increase and a record budget; we committed to that in the 2022-2023 budget. You have reduced that by $150 million, and that means LHDs are getting less than was committed in the 2022 budget. How is that an increase in spending?

Mr RYAN PARK: I'm going to try and go through this, Ms Carter, line by line so that we are clear and have an understanding of one another.

The Hon. SUSAN CARTER: From 1.85 to 1.7, 150 million difference.

The Hon. EMILY SUVAAL: Point of order—

The Hon. SUSAN CARTER: We understand the line by line.

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

The Hon. EMILY SUVAAL: Continual interruptions over the top of the Minister while he is attempting to answer the question are utterly disorderly and discourteous.

The Hon. SUSAN CARTER: And continued refusal to actually address the issue is disorderly.

The CHAIR: Order! Order! Please don't argue with each other. Your comments need to be directed through me as the Chair. I'll repeat my earlier ruling from this morning: Members can interject, but please at least let the Minister get through the first sentence.

Mr RYAN PARK: We are increasing the funding by around 6.8 per cent. We are also boosting frontline staff in the palliative care space. We are boosting infrastructure across regional and rural New South Wales. And yes, particularly the former Minister for Regional Health, this was a passionate issue that she no doubt shared with her community and the Government, and that is why we are continuing to roll this investment out.

The Hon. BRONNIE TAYLOR: That's why I fought for the money.

Mr RYAN PARK: Palliative care services are important. So is securing the employment of 1,112 nurses to ensure our health and hospital system was sustainable, and that we're able to introduce reforms that improve the health and hospital system.

The Hon. SUSAN CARTER: Minister, did you propose to the ERC to reduce the funding allocation to palliative care that was committed to in the 2022 budget?

Mr RYAN PARK: Well, Ms Carter—

The Hon. BRONNIE TAYLOR: Who cut it?

Mr RYAN PARK: Ms Carter—

The Hon. SUSAN CARTER: Because if you didn't propose it—

The Hon. BOB NANVA: Point of order—

The Hon. SUSAN CARTER: Was it—

Mr RYAN PARK: Ms Carter, with the greatest respect, you would be asking me to—

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

Mr RYAN PARK: —participate in illegal activity if I talked about Cabinet discussions. That is something that I'm not allowed to do. Whilst I understand the importance of this Committee, I'm not about to commit an offence. I don't think your Ministers ever talked about discussions in ERC.

The Hon. SUSAN CARTER: I would not want you to commit an offence, Minister. Let's move on to a different area. If you're not comfortable talking about who proposed the cuts, we can move on to a different area.

Mr RYAN PARK: I'm very comfortable talking about things. I just don't want to do things that are illegal.

The Hon. BOB NANVA: Point of order: The Minister can't—

The Hon. SUSAN CARTER: Happy to move on.

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

The Hon. BRONNIE TAYLOR: Ms Carter is a lawyer. I think she knows what she's talking about.

The CHAIR: Order!

The Hon. BOB NANVA: My point of order was only going to be that the Minister cannot answer a question that's not a lawful question.

The CHAIR: He's made that clear in his response. We'll go back to questions.

The Hon. SUSAN CARTER: Minister, you would be aware that Western Sydney has the highest population of Indigenous people outside the Northern Territory.

Mr RYAN PARK: Yes, I think Mount Druitt is one of the highest individually, I think, from memory.

The Hon. SUSAN CARTER: It is. How many Indigenous palliative care workers are available to care for this population?

Mr RYAN PARK: I will take that specific question on notice. This is—

The Hon. SUSAN CARTER: I'm happy to answer it for you. There is one worker at Mount Druitt.

Mr RYAN PARK: Why did you ask me the question?

The Hon. SUSAN CARTER: Because I wanted to establish, as health Minister, whether you understood the special needs of the population in Western Sydney.

Mr RYAN PARK: Of course I do.

The Hon. SUSAN CARTER: Culturally and linguistically diverse with a high level of Indigenous people, all of whom approach death differently, because death is a very culturally sensitive time.

Mr RYAN PARK: Correct, yes.

The Hon. SUSAN CARTER: With the additional funding that had been flagged in 2022 that the LHD had planned for, additional Indigenous workers to help people in palliative care had been planned for as well as people from culturally and linguistically diverse backgrounds. How many of these will now be available for the people of Western Sydney in palliative care?

Mr RYAN PARK: Culturally appropriate palliative care and culturally and sensitively appropriate health care across New South Wales is something that is critically important. It was, I hope, important to the previous Government. It is important to our Government that we continue to improve this. In fact—

The Hon. SUSAN CARTER: And it was so important to the previous Government that additional funding was allocated to enhance palliative care, especially for these communities. It's my understanding that close to $70 million of that enhanced funding is no longer available in Western Sydney. Do you understand the impact of these cuts on culturally diverse communities, on linguistically diverse communities, on Indigenous people in Western Sydney—what your cuts will do as they die?

The Hon. BRONNIE TAYLOR: You didn't want to cut it Minister, did you?

Mr RYAN PARK: Ms Carter, have you finished your question? Okay. So let me answer your question again. My advice from NSW Health is we're not making cuts in palliative care in Western Sydney. Now, I'm going to go through again. I understand your inference about culturally appropriate care; I get that. I also understand that it is not just important in palliative care; it's also important at the other end of life around birthing, which is why we're investing in places like Waminda and Birthing on Country services. Ms Carter, I think, respectfully, everyone in this room has an understanding that we need to do better when it comes to culturally and linguistically diverse communities and our Aboriginal community. I certainly understand that I need to do better and this Government needs to do better. I hope that successive governments continue to have the same focus so that we can reduce the gap in some of the healthcare outcomes that these people experience. But in relation to palliative care, my advice is that in relation to Western Sydney we're not making those cuts. But you're making comments—

The Hon. SUSAN CARTER: The Premier acknowledged yesterday and the Premier has acknowledged previously $150 million of the enhanced funding for end-of-life care is no longer available because of budget cuts. About 70 million of that has gone from Western Sydney. You would recall the cuts to Screen NSW and Made in NSW that were reversed by your Government—approximately the same amount of money. So why is it that money can be found for filmmakers but not for the dying people of Western Sydney? Are filmmakers more important than the dying?

Mr RYAN PARK: Ms Carter, I think you would agree that your last comment was inappropriate. I hope you would agree with that.

The Hon. SUSAN CARTER: No. I am shocked, Minister, that these budget allocations have been made. I'm shocked that money is taken from palliative care funding, especially directed towards vulnerable communities.

The Hon. BOB NANVA: Point of order: There wasn't a question there. It was just a series of statements.

The CHAIR: Yes, I agree. I ask the member to have a question and not just a comment.

The Hon. SUSAN CARTER: My question is do you understand the impact of cuts on Indigenous communities facing death in Western Sydney?

Mr RYAN PARK: I understand the impact that 1,112 nurses and those being cut would've had on the community right across New South Wales. That's pretty significant and something that your Government when it was in power didn't outline.

The Hon. SUSAN CARTER: But you can't tell us how many of those nurses will be working in palliative care, can you?

Mr RYAN PARK: There will be a number working in palliative care.

The Hon. SUSAN CARTER: A number?

Mr RYAN PARK: Yes.

The Hon. SUSAN CARTER: Unspecified. We need detail, because local health districts need to be able to plan for how they care for the dying. In terms of planning, the 24 beds that are going from St Joseph's—where will they be going to?

Mr RYAN PARK: I'm glad you talked about St Joseph's, Ms Carter, because that is something that my colleague and our deputy secretary, Ms Willcox, has been working with St Vincent's on. I've also had a number of discussions with them about this. You would be aware that they made the decision—that's important—to decommission St Joseph's—

The Hon. SUSAN CARTER: I'm asking where they're going, Minister?

Mr RYAN PARK: Through you, Chair, I'm answering the question appropriately and respectfully. This is an important question, and I'm doing so. I ask that I continue?

The CHAIR: Continue your answer.

Mr RYAN PARK: St Vincent's and Western Sydney Local Health District have agreed that the health services at St Joseph's Hospital will be transferred to the Western Sydney Local Health District to ensure continuity of service, Ms Carter. The transfer to Western Sydney Local Health District will take effect, aiming to take effect, on 8 November 2023, and all health services will be provided at either Auburn Hospital or Westmead Hospital. And I would be advised that there will be no loss of health services to the New South Wales community, including to communities in Western Sydney as a result of that. Now, I hope that—

The Hon. SUSAN CARTER: So you're confirming all the 24 beds will still be available?

Mr RYAN PARK: What I've just said to you is the services that will remain will be moved over to the public system. I'll get Ms Willcox to add any further information.

The Hon. SUSAN CARTER: Can I ask you one more question about those 24 beds?

Mr RYAN PARK: Could I get the question?

The Hon. SUSAN CARTER: Can I ask the question first? Will the 0.8 medical support for those 24 beds also be transferred across, or has that position been made redundant?

Mr RYAN PARK: No. My understanding is that those services will move across. But to make sure that I am giving the Committee full and complete answers and that we don't have to waste time on taking things on notice—which I prefer not to do because of my respect for the Committee process—I will ask Ms Willcox to add any further information.

The Hon. SUSAN CARTER: Look, I'm happy for to you get advice, Minister, but as Minister I would hope that you could answer a direct question, or perhaps you're embarrassed about what you're having to tell us about palliative care.

The Hon. EMILY SUVAAL: Point of order: The Minister—

The CHAIR: I appreciate the point of order. Your last comment was not respectful, Ms Carter.

The Hon. SUSAN CARTER: I withdraw.

The CHAIR: And I would repeat that the Minister is entitled to seek clarification from the department witnesses.

Mr RYAN PARK: Thank you, Ms Carter. I've provided a detailed answer and to add to the detailed answer that I would do, given the importance that you place on such a topic and the importance no doubt that this is to the people of Western Sydney, I will ask that our deputy secretary add any further information that can increase the understanding for the Committee around what is happening at St Joseph's.

DEB WILLCOX: The Minister is correct, of course. There are 39 beds currently at St Joseph's Hospital. They're made up of 24 palliative care and rehabilitation beds, 11 older persons mental health beds as well as four beds for Huntington's chorea and motor neurone disease. I can confirm that all of those beds will be transitioning across to Westmead and Auburn hospitals. All of the staff who are currently caring for those patients in St Joseph's have been offered positions in Western Sydney Local Health District. They're a very small number of—

The Hon. SUSAN CARTER: If one doctor has decided that they're not transferring, is that position to be filled by somebody else or is that position being made redundant?

DEB WILLCOX: There are some positions—I can't speak to that particular position. What I can say—

The Hon. SUSAN CARTER: Are there any positions which have been made redundant?

DEB WILLCOX: Not to my knowledge. The decision for redundancy will be—

The Hon. SUSAN CARTER: Could you perhaps take that on notice?

DEB WILLCOX: I can add, if I may, Ms Carter, the issue of redundancies is a matter for St Vincent's Hospital.

The Hon. SUSAN CARTER: Perhaps we can discuss that this afternoon. I have one last question for the Minister. Minister, it's not too late to apologise to the people of Western Sydney about these cuts. Will you apologise?

Mr RYAN PARK: Ms Carter, I'm not going to apologise for making record investments in palliative care if—

The Hon. SUSAN CARTER: So you're not going to apologise, Minister, for the cuts to palliative care funding?

Mr RYAN PARK: Ms Carter, if you're asking me, "Do I have a very high expectation of myself and my department to deliver the very best health care services for people across New South Wales?"—

The Hon. BRONNIE TAYLOR: You wouldn't have cut it; the Premier did.

Mr RYAN PARK: —the answer is I do and I will continue to make sure that we do our very best to do that.

The Hon. BRONNIE TAYLOR: The Premier made you do it.

The CHAIR: The Opposition's time has expired.

Ms ABIGAIL BOYD: Minister, the unions this morning marched on Parliament House in relation to the ban on manufactured stone, trying to get your attention. Did they get your attention?

Mr RYAN PARK: I think you would agree that I'm someone who engages deeply with the workforce. That is something that I'm very proud of. The rights of working men and women is something that is near and dear to my heart. This issue is very important. This issue is largely a work safety issue. We make some reporting when we find incidents or illnesses into that system, and I know that that is something that other Cabinet Ministers are examining and looking at, certainly the Minister for Work Health and Safety as well as the Treasurer. He is someone who has had a long-term interest in this. But it is something that we report into that process. But I will get Ms Chant to add, just in case there is anything that she would like to add to that.

KERRY CHANT: We receive the notifications and we forward those to SafeWork for investigation and appropriate regulatory activity. As the Minister said, it really sits within that WorkSafe portfolio.

Ms ABIGAIL BOYD: I understand that, but I guess the frustration that I have and that the unions have is that New South Wales is taking, or has been taking, a position to the National Cabinet that is very much in line with industry and not in line with what the workers want and need. As the health Minister, and given that silicosis

is a health issue, have you been advocating in Cabinet to change that position so that we get a ban in New South Wales?

Mr RYAN PARK: Ms Boyd, I'm not allowed to talk about Cabinet deliberations, but I can say that this is an issue that has been discussed and is well known in varying different aspects of government and with individuals within government. What I've tried to say this morning and outline respectfully is that I understand that it's a health issue, which is why we report into the statutory process that is set up through WorkSafe and WorkCover and organisations like that under the Minister. So I'm happy to explain that further, but that is where our role is. But if you're asking me, "Am I concerned about people who present with this?", I think everyone would understand and should be concerned. There is no doubt about that. But the actual regulatory regime and the operational regime that sits around this and the implementation of change that sits around this sits with other colleagues of mine in Cabinet.

Ms ABIGAIL BOYD: I'm sure you understand and have seen the science that shows that there is no level of silica dust exposure that is safe, and yet Caesarstone has been putting out advertisements and other misleading information saying that, actually, a 40 per cent level could be safe. As health Minister and given that the unions are looking to you for leadership, are you concerned that this misinformation is being delivered in relation to a health issue in New South Wales?

Mr RYAN PARK: I don't like misinformation on any issue. I think that's problematic on any issue. It's particularly problematic if it relates to health issues. I'm not referring to this particular issue because I haven't examined it. But I do want to say that we have a very big capital project. We do a lot of building in NSW Health, a substantial amount under the leadership of Rebecca Wark and the team at HI. Our building projects have stopped using engineered stone and our guidance around this has been updated. So I wanted to give you an assurance that this is an issue that internally we take seriously, but the regulatory framework around this sits with a different ministerial colleague of mine.

Ms ABIGAIL BOYD: I understand that, and I understand that there are a couple of different issues here—the stone benches, which is the very easy one, which is the one that Caesarstone has a direct interest in the profits of. Banning that is very different to the huge amounts of construction and exposure that workers are also having in tunnels and in other places in relation to construction projects that New South Wales is overseeing. There is a massive issue here. What we have been told is that the screening for silicosis in this State is not at the same level as other States. Will you be intervening to ensure that there is better screening and treatment given to those workers who are really suffering with silicosis in this State?

Mr RYAN PARK: As someone who's the health Minister, we can make improvements in a particular area, whether it's screening, diagnosis, treatment, care, research. I'm certainly interested in looking at ways in which we can improve the delivery of healthcare services and the screening of those services. I don't want you to think in any way that we're not focused on that. As the health Minister, of course I would be.

Ms ABIGAIL BOYD: You can understand the frustration of the unions and the workers when they're not getting the policy response that they want out of your Government on what is a health issue. What commitment can you give to the unions today that you're listening to their demands?

Mr RYAN PARK: I can give the commitment to the unions that I'm listening today as I have listened to them on a range of different issues. I'm someone who's very proud of the fact that I engage pretty much on a weekly basis with the unions who represent working men and women in my portfolio areas, whether that's the HSU, the Nurses and Midwives' Association, ASMOF or others, and we are taking this issue seriously. We'll continue to make those reports. We'll continue to make improvements internally in terms of the materials that we use. I can give you an assurance that if we can look at improving what we are doing in relation to screening, then we will examine that. I can't give you a definitive answer as to what and when that means, but I can give you an assurance that NSW Health continues to look at what other jurisdictions are doing in this and other spaces and we continue to make sure that we're delivering world-class health care.

Ms ABIGAIL BOYD: We're falling well below the other States, though, when it comes to screening. Our methods of screening are not as robust as our neighbouring States. We are reporting a third of what experts believe we should be reporting if we were using the right monitoring. That means that there are a huge number—hundreds of workers, potentially—with silicosis who don't know about it and are not getting the care that they need. Are you committed to not only ensuring that they get the care they need but also preventing more workers from getting silicosis by putting a ban on engineered stone?

Mr RYAN PARK: We've already said what we're doing in relation to NSW Health projects. We'll continue to work with unions. We'll continue to work with industry. I will refer to Dr Chant in a moment just in case there's anything she can add to this, but I want you to understand and the Committee to understand that of

course this is an emerging health issue that we are concerned about, as are other health issues over the decades where governments have had to take leading roles in. We will continue to look at this. We'll continue to work collaboratively to make sure that we're delivering the very best and making sure we're doing our best as governments to keep workplaces safe. Dr Chant, did you want to add anything else?

KERRY CHANT: I think it's clear. We've outlined our position and we just note that some of the screening is really linked to at-risk workers and so, again, very much in an occupational health and safety. And obviously NSW Health supports robust occupational health and safety screening and appropriate follow-up.

Ms ABIGAIL BOYD: Silica dust is the asbestos of the 2020s. We are looking at what is going to be a huge number of people accessing the health system in order to get help. I am a bit concerned that the health department is not taking more of an active role in relation to this issue. Will you take a more active role in relation to this, Minister?

Mr RYAN PARK: I think we are taking an active role, Ms Boyd, but if you're asking me, "Does Health continue to look at emerging health issues and work out how we can improve our treatment, preventative strategies, research and care?", that always happens and that is an expectation of mine, as I'm sure it was an expectation of other Ministers from other governments. I think the community would always expect me as the Minister to be looking at ways we can improve our health services, particularly to working men and women. The engagement that I have with unions across my portfolio is extensive, and I will continue to do that. In relation to this issue, I will continue to look at ways that we can play a role to provide health care and preventative health in this important space.

Ms ABIGAIL BOYD: In the short term I have left I have one more question. Obviously, the disability royal commission handed down its report recently. One of the recommendations was in relation to the treatment of people with intellectual disability within our health system. What will Health be doing to ensure that people with intellectual disability are receiving more comprehensive and accessible health care, particularly primary care?

Mr RYAN PARK: That is important. I've met with a number of disability groups. I know that the Minister for disability services has done some work in this space as well. At a district level, we are continuing to engage with disability groups across the board to make sure that we improve the level of health care that we provide them. I've made it clear in a number of discussions that this is an important piece of work. You are right; we need to do better in this space. I'm confident that, through the secretary, local health districts understand that that is important. I want to add that you are right in saying that it may be different for different disability groups, depending upon what that is, which is why I've said and made it clear to Health that we need to be having some deep engagement with these groups, making sure that our staff are appropriately trained and making sure that when these individuals come into our service, we are providing a level of care that meets their needs and are informed by themselves, their carers and their support network about how we can do that better.

The Hon. TANIA MIHAILUK: I have a quick couple of questions. Have you had a chance to review local health advisory boards since the protocols around the people who are selected onto those boards since you've become the Minister?

Mr RYAN PARK: Do you mean our LHD boards, Tania?

The Hon. TANIA MIHAILUK: Yes.

Mr RYAN PARK: The Government is going through a process at the moment of reviewing boards across the entire government. We are having a look at them at the moment to try to increase a little bit of diversity amongst our board membership, because I think it needs to be more representative of the communities in which they serve. So we'll continue to have a look at that.

The Hon. TANIA MIHAILUK: To date, have you evaluated how many of those members are third-party lobbyists or registered lobbyists?

Mr RYAN PARK: No. But I understand—and I'll ask Susan or another dep sec to jump in, just in case they need to add to this—there's a stringent process that board members go through as part of the appropriate governance disclosures that they need to comply with in relation to being on boards. I don't have an exact answer or an exact number for what you're saying. Susan?

SUSAN PEARCE: I'm happy to start, Ms Mihailuk. Board members are required to complete conflict of interest disclosures.

The Hon. TANIA MIHAILUK: Do they have to complete a conflict of interest if they're a lobbyist? Do they have to make it clear that they're a third-party registered lobbyist? Is that something you ask?

SUSAN PEARCE: I would think that would be reasonable for anyone who was a lobbyist.

The Hon. TANIA MIHAILUK: Does that rule them out or prohibit them from being a member?

SUSAN PEARCE: I might pass to Mr Minns to see if he's got anything further to add.

The Hon. TANIA MIHAILUK: You can that on notice. You may not have the answer now.

SUSAN PEARCE: Any conflict of interest that a board member would have would be assessed in respect of those appointments.

The Hon. TANIA MIHAILUK: Who is the chair of the south-west Sydney local area health board?

SUSAN PEARCE: Sam Haddad. Do you have a specific example you'd like to give me, Ms Mihailuk?

The Hon. TANIA MIHAILUK: No. I'm just asking. I want to know whether there are currently any third-party lobbyists on any of these boards?

SUSAN PEARCE: Could you further elaborate on what you mean by that?

The Hon. TANIA MIHAILUK: There's a registered list of lobbyists that New South Wales has. I want to be confident that any CEO, chairman or staff member of a registered lobbyist company isn't a member of one of these committees.

Mr RYAN PARK: They would have to go through the governance procedures and the disclosure of conflicts of interest.

The Hon. TANIA MIHAILUK: It may not rule them out, Minister. I want to know whether it does or doesn't. It may not. And if it doesn't at this stage, will the Government look into ruling out lobbyists—particularly lobbyists who have an interest in health infrastructure and where health infrastructure goes in New South Wales—from being members of these types of committees?

Mr RYAN PARK: What I will say is we'll continue to focus on making sure that our boards are as robust as possible, representative of the communities in which we serve and have stringent governance requirements around them, as you would expect from any government board. That's where we'll continue to focus.

The Hon. TANIA MIHAILUK: Minister, where will Bankstown hospital end up being?

Mr RYAN PARK: We'll identify a site, and when that site is identified we'll make that public. Can I make it very clear, though, that we are taking the advice of Health Infrastructure in relation to this.

The Hon. TANIA MIHAILUK: Are we taking advice from the south-west Sydney local area health board?

Mr RYAN PARK: I've had a number of discussions with Health Infrastructure about this. Advice comes in from many sources when you're a Minister, but the advice that I'll be listening to in relation to the location of the site—and I want to be clear about this, because it's important to me—will be from Health Infrastructure, and that is important going forward.

The Hon. TANIA MIHAILUK: The former Government made an announcement on 3 February that, if elected, they would build Bankstown hospital across the road at Eldridge Road. They also announced on 3 February a clinical services plan. Have you, your ministerial office or any member of your senior executive team here from the department had any discussions with Bankstown Senior College?

Mr RYAN PARK: Bankstown—

The Hon. TANIA MIHAILUK: Bankstown Senior College, which is the site where the former Premier announced that the hospital would be.

Mr RYAN PARK: I don't think I have, but Ms Wark from HI may have.

REBECCA WARK: Thanks, Minister. During the site selection process, there were a number of discussions with the Department of Education and School Infrastructure in relation to a number of sites that were being considered.

The Hon. TANIA MIHAILUK: Minister, has the Premier had any direct discussions with you about where he would like the Bankstown hospital site to be?

Mr RYAN PARK: I'm not aware of that.

The Hon. TANIA MIHAILUK: He hasn't discussed with you at any time in your time as health Minister where he would like Bankstown hospital to be built?

Mr RYAN PARK: I'm certainly not aware of that, Ms Mihailuk. I want to be clear about this, because it's important to me and I hope it's important to the Committee. The advice that I'll be taking around Bankstown and the future redevelopment of that hospital, which I know is something that is very important to you—I understand that and I know you've advocated in this space for a sustained period of time; I acknowledge that—will be that of Rebecca's team at Health Infrastructure. I hope you understand that. My job is to make sure that we're following a process and the advice that we're taking is from experts. The experts who advise me are located in Health Infrastructure, and that's what I'm going to be focusing on when that announcement will be made. It will obviously be backed up and recommended by experts within the infrastructure space that exist within HI.

The CHAIR: In the last two minutes of crossbench time I will ask a quick question. Meningococcal meningitis is an incredibly severe condition, with high fatality and a lifelong complication rate. With cases on the rise and no clear indication from the Federal Government to add the meningococcal B vaccination to the National Immunisation Program, what action have you taken, Minister?

Mr RYAN PARK: I think that's a very good question. It's an issue that has concerned me for a bit. I've made representations to the Commonwealth Government about seeing if we can get this on the NIP, the National Immunisation Program. This is an important area, but it can become problematic if jurisdictions go around that National Immunisation Program schedule. At the moment the Commonwealth is, no doubt, looking at this and examining this. In NSW Health we are doing the same examination. We don't at this stage have a plan to fund that from the New South Wales Government perspective, but the Committee should understand that it is an area I'm looking at closely. Dr Chant is also looking at this area closely.

We are looking at trends, both in terms of vaccines or emerging vaccines that may be able to look at a range of different conditions and also looking at trends in terms of number of cases. We do know that there are other jurisdictions who have gone it alone. I understand that, Dr Cohn, but, at this stage, we are taking a more nationalistic approach, which is through the NIP. We have made representations through that, but it is an area of public policy that we are looking at carefully. I've had a number of representations from individuals and family members and community groups and advocacy groups impacted by this. That's why I've raised it formally in correspondence with the Commonwealth. It will be an area that we continue to discuss within the NSW Health team, led by Dr Chant.

The Hon. BRONNIE TAYLOR: Minister, this will be the last time that I ask this question. Will you commit today to restoring the $150 million in funding that you've cut to palliative care? Just a yes or no and then I will move on.

Mr RYAN PARK: I'm committed to rolling out the $1.7 billion in palliative care funding.

The Hon. BRONNIE TAYLOR: So you are not. Thank you, Minister. I will move on. It's disappointing. On 27 June 2023 you met with Tanya Thompson, the member for Myall Lakes. You told Tanya Thompson that Forster is safe. What do you say to the community of Myall Lakes about taking Forster out of the budget?

Mr RYAN PARK: I won't refer to private discussions that I have. I don't recall that. In respect for that member of Parliament, as I hope people would—

The Hon. BRONNIE TAYLOR: The member is very clear on her recollection.

Mr RYAN PARK: As I would hope members of Parliament would respect if I have discussions with them, I won't be making those discussions public. I think that's reasonable.

The Hon. BRONNIE TAYLOR: So you deny saying that to the member?

Mr RYAN PARK: I don't recall ever saying that. But, in relation to Forster, we understand that it is an important project. The work hadn't been done in relation to the planning and the clinical services planning around that site. Ken Kanofski did a review of infrastructure across the New South Wales government sector. We have decided to pause—not scrap but pause—that project at the moment.

The Hon. BRONNIE TAYLOR: Minister, are you saying that you're pausing because it wasn't ready? I would be very careful, knowing my previous history with that, about where those negotiations were up to. Are you saying now that you're pausing it? What has the $20 million allocated in the 2022-23 budget been repurposed for and where has it gone?

Mr RYAN PARK: Let me just finish. The infrastructure review that Mr Kanofski did looked at projects and where they were in the forwards and in the implementation phase. It was a project that, I think you would agree, was not at a stage where any detailed funding, design or significant planning had been undertaken. What those decisions were made on was a number of factors. I want to go through them for the honourable member.

CORRECTED

The Hon. BRONNIE TAYLOR: Minister, in the interests of time, I would like to say that, after cutting this hospital and cutting Forster when you told the member you would do it and when it was in the budget, how are the people of the Myall Lakes electorate supposed to believe that you will remain committed to the Manning Base Hospital?

Mr RYAN PARK: Because I am committed to the Manning Base Hospital. I am very committed to making sure that we deliver healthcare services and infrastructure across rural, regional and remote New South Wales. Like you, it is something that I'm very passionate about. In relation to Forster, at the time, in relation to the project readiness, there were concerns around minimal clinical service planning undertaken for that project. No site had been acquired for that project. The detailed scope for the hospital had been finalised.

The Hon. BRONNIE TAYLOR: Those discussions were very well advanced.

Mr RYAN PARK: No business case had been produced and no time line for the project had been produced.

The Hon. BRONNIE TAYLOR: If you are so committed to Manning and the people of Manning, why did you not allocate additional funds to the hospital in the budget?

Mr RYAN PARK: Because we're continuing to roll out the program of works around Manning that was committed and budgeted for.

The Hon. BRONNIE TAYLOR: So there was $100 million budgeted for Manning?

Mr RYAN PARK: I think the honourable member would agree that we have seen, over the last probably two years—and I know your government experienced it—significant escalation costs around projects. I think that's a fact that we would all agree on. We are having challenges at the moment—and I'll ask the chief executive officer of Health Infrastructure to add—as is any public utility and public infrastructure around that.

The Hon. BRONNIE TAYLOR: I understand and you're completely right, Minister. Thank you for that. You're not having Forster and you're not putting $100 million into Manning; you're just doing the $4.6 million. Can I just ask you—

Mr RYAN PARK: No, the $100 million—

The Hon. BRONNIE TAYLOR: I'll just move on, thank you, Minister.

Mr RYAN PARK: No, honourable member, that's not right.

The Hon. BRONNIE TAYLOR: At the election, Labor promised an additional—

Mr RYAN PARK: Chair, I need to correct something.

The Hon. EMILY SUVAAL: Point of order—

The CHAIR: Order! The Minister wasn't actually given a single second to answer that question.

Mr RYAN PARK: Chair, I respectfully need to say that—

The Hon. BRONNIE TAYLOR: He had answered. I have limited time, Minister.

Mr RYAN PARK: —the $100 million for the Manning hospital redevelopment stage two project will continue and will provide patients, carers and staff with a new modern hospital that was planned for and to meet the needs of that community. We're continuing with that project.

The Hon. BRONNIE TAYLOR: It's not in the budget.

Mr RYAN PARK: I just want to make sure that that's outlined.

The Hon. BRONNIE TAYLOR: Minister, at the election, Labor promised an additional 500 paramedics for regional and rural New South. What have you done to ensure that all 500 paramedics will be placed in the regions?

Mr RYAN PARK: I didn't know this was a time for Dixers. The issue around regional paramedics is near and dear to my heart. It was a significant election commitment, one that the commissioner and I are working on literally as we speak. Those will be dedicated to regional, rural and remote regions. They won't be going to places like Newcastle, Wollongong and Sydney. They will—

The Hon. BRONNIE TAYLOR: Thank you, Minister, you have answered that question. In letters to their constituents before the election, Jo Haylen, Chris Minns and Marjorie O'Neill, amongst others, promised to

deliver some of these 500 regional paramedics in their own electorates. Why would the member for Summer Hill, the member for Kogarah and the member for Coogee claim this? Are you stealing health resources—

The Hon. BOB NANVA: Point of order—

The Hon. BRONNIE TAYLOR: —from rural and regional New South Wales and redirecting them to seats in Sydney?

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

The Hon. BOB NANVA: That is a very difficult question for a Minister to answer without that document being tabled.

The Hon. BRONNIE TAYLOR: You know that's what they did.

The Hon. EMILY SUVAAL: To the point of order: There are some quite significant imputations of improper motives in that. I ask you to ask the honourable member to withdrew that comment, Chair, about stealing.

The Hon. BRONNIE TAYLOR: I'm happy to table the election—

The CHAIR: I rule the question out of order but accept that those documents may be tabled, if you've got them.

The Hon. BRONNIE TAYLOR: I am happy to table them. I just want to know why they said they were going to have the 500 paramedics. I have absolute faith. If you said there will be 500 paramedics in the regions, I believe you, Minister; I really do. But why, then, would they have put those comments out before the election?

Mr RYAN PARK: I can't comment on individual remarks. All I can say is that, as the Minister for Regional Health, this is something that's really important to me and it's something that's important to Commissioner Morgan. It's something that the rural and regional health inquiry identified as problematic, in terms of access to emergency care services in the bush. This is a pretty landmark investment and one that needs to happen.

The Hon. BRONNIE TAYLOR: I note that and, as I said, I note how genuine you are. But those members put out those comments; we all know they did. Ahead of the election, Labor pledged $70 million for three regional helicopter ambulance bases. Did these costings include operational fees?

Mr RYAN PARK: I'm sure all our costings were put forward through the Parliamentary Budget Office. We did work through issues around health care and resourcing and infrastructure. We have worked through that in the budget, and the budget outlined where we are going forward in relation to that.

The Hon. BRONNIE TAYLOR: Minister Park, it would cost more than $150 million to run these three bases over four years. How do you propose to operate these bases, having budgeted just a fraction of the cost?

Mr RYAN PARK: We'll continue to make sure that, when they are brought online, they are adequately staffed and resourced. That's what I will be doing. I'm not going to be opening bases with no staff there. I don't think the honourable member would expect that.

The Hon. BRONNIE TAYLOR: I don't, and that's why I don't understand how you can't budget the right amount for it. But thank you for answering the question. Minister, can I ask you about something that's really close to my heart? That is the Wellbeing and Health In-reach Nurse Coordinator program of about, I am hoping, 100 nurses—

Mr RYAN PARK: Is that the school nurses?

The Hon. BRONNIE TAYLOR: The school nurses. Yes, that's right.

Mr RYAN PARK: I know that's not what their name is, but that's—

The Hon. BRONNIE TAYLOR: I know. Someone insisted we call it that. But let's call it the right thing—the WHIN nurses, which are the school nurses. That funding will run out next year. I have spoken to many of those nurses, who have contacted me. They love their jobs. They've had the evaluation. That says "final evaluation" on it there. It's overwhelmingly positive.

Mr RYAN PARK: Yes.

The Hon. BRONNIE TAYLOR: I'm really proud of these nurses and the job that they've done. Are you going to continue the program?

CORRECTED

Mr RYAN PARK: I want to acknowledge the work in this space. In fact, in the last couple of weeks, I've had a look at these nurses in some detail. I understand that, as of 12 October, we've filled 98 of the 106.

The Hon. BRONNIE TAYLOR: Yippee!

Mr RYAN PARK: I wanted to update you on that because I think you may have asked me something formerly around that, and I asked my department to come back and give me an update on that.

The Hon. BRONNIE TAYLOR: You read me well, Minister.

Mr RYAN PARK: That's okay.

The Hon. BRONNIE TAYLOR: Are you going to continue the funding?

Mr RYAN PARK: The program will be evaluated, and we'll have a look at that evaluation. If it's as good as what you're saying it is, honourable member, then I'm confident that we will continue good programs in NSW Health that deliver good outcomes, regardless of where they were established. I hope that's the case when—

The Hon. BRONNIE TAYLOR: Minister Park, everyone's going to think we get on too well in a minute. Now, I need to draw your attention to this document from the New South Wales Ministry of Health, dated 22 December 2020. It is my favourite document that I've ever had, Minister. It actually says "evaluation", and it actually says "final". Minister, I need you commit for these 98 nurses what a phenomenal effort that is—and not my effort; that's the effort of NSW Health and those nurses that have done that work. They need a guarantee that their jobs will continue, or I know and you know that what will happen is they know those jobs are expiring and so they'll start to look for other things. So I would like a commitment today that any nurses that are going on leave will be replaced and that these WHIN nurses, this amazing pilot and program that NSW Health did, is going to continue post-June. Those nurses need to know.

Mr RYAN PARK: Honourable member, as I'm sure you did and as I'm sure Minister Hazzard did, I spend an enormous time reading advice that comes up to me. I haven't received that advice or that report yet. Respectfully, I just want to make sure that I'm across it.

The Hon. BRONNIE TAYLOR: It's 2020. What I'm trying to say is that—

Mr RYAN PARK: As I understand it, the final report—well, the interim report is November 2023. I should be receiving that, and we will examine that. I understand the program. I think it's an important program. If it's continuing to do good things and to deliver health care in New South Wales, then, certainly, we will be looking to fund those programs going forward.

The Hon. BRONNIE TAYLOR: Thank you, Minister.

Mr RYAN PARK: But I need to have a look at that evaluation myself.

The Hon. BRONNIE TAYLOR: I will table this for the Committee.

Mr RYAN PARK: Thank you.

The Hon. BRONNIE TAYLOR: It says "final document evaluation". Thank you very much for that, Minister Park. I will give you my absolute word that I will be following this very closely.

Mr RYAN PARK: I know you will.

The Hon. SUSAN CARTER: Thank you, Minister. In January 2020 you stood outside the Sydney Children's Hospital at Randwick with your colleague the member for Coogee and your Federal colleague the member for Kingsford Smith, welcoming the former Coalition Government's decision to return full cardiac services to the hospital. Do you recall this?

Mr RYAN PARK: If you said I was there, Ms Deputy Chair—

The Hon. SUSAN CARTER: Yes, Facebook is a wonderful thing.

Mr RYAN PARK: —then I'm happy to continue the line of questioning. I don't mind.

The Hon. SUSAN CARTER: Thank you. That decision was announced following the Richard Henry review of December 2019. Are you aware of the review?

Mr RYAN PARK: Yes.

The Hon. SUSAN CARTER: You would be aware, perhaps, that recommendation 34 of the review states that the Secretary of Health makes it clear that both the Children's Hospital at Westmead and Sydney

Children's Hospital "will be comprehensive specialist children's hospitals with tertiary and quaternary services on each side". Do you remember that recommendation?

Mr RYAN PARK: I'm sure it was there, Ms Carter.

The Hon. SUSAN CARTER: Thank you. You recently wrote to the chair of the senior medical staff council at the hospital to inform them that medium-complexity surgery, including cardiac bypass surgery, will no longer be performed at the Sydney Children's Hospital at Randwick. Have you backflipped on your position?

Mr RYAN PARK: No. Let me spend at least a little bit more than 10 or 15 seconds, taking you through this process. I think this issue should have been resolved earlier, in terms of the previous Government, but the reality is decisions slip into next governments and it's a decision that I'm accountable for and I made, and I did so on the basis of the best advice. We are continuing the existing arrangements, which have been in place for some years now, including under the previous Government. These are based on the weight of evidence and expert advice from clinicians, consistent with a number of different reports and findings, including the recommendations from the 2020 Paediatric Cardiac Services Model of Care Panel, which was independently chaired by Professor Villis Marshall, chair of the Australian Commission on Safety and Quality in Health Care. Also, the paediatric and congenital cardiac council of cardiac surgery of Australia and New Zealand, in a letter to former health Minister—

The Hon. SUSAN CARTER: I appreciate the detail. I think what we're really looking at is that the decision has been made to remove these services.

Mr RYAN PARK: I'm going through the decision—

The Hon. SUSAN CARTER: Are you confirming that?

Mr RYAN PARK: You referred to a submission. I'm going through the reason I had taken these decisions.

The Hon. SUSAN CARTER: I appreciate you would've had reasons for that decision. I'm just confirming that.

Mr RYAN PARK: Okay.

The Hon. SUSAN CARTER: Are you aware of the mayoral minute moved on 24 October by the mayor of Randwick council to write to the Premier and to yourself to request that the Government restore and maintain an appropriately funded paediatric cardiac surgery program at the Sydney Children's Hospital?

Mr RYAN PARK: Deputy Chair, I haven't seen it, but I've been made, I think, aware of this. Respectfully, running a health system the size of NSW Health mean that I may not be on top of Randwick council mayoral minutes.

The Hon. SUSAN CARTER: I can understand that, Minister.

Mr RYAN PARK: I have never been one to, perhaps, focus too heavily on local government, Deputy Chair. If I have missed that mayoral minute, formerly, then I apologise. But the role I have at the moment is a fairly substantial one, and—

The Hon. SUSAN CARTER: I appreciate that, but you've indicated that you were aware of that minute. I'm just wondering whether you or perhaps somebody from your office—since you're so busy—had a conversation with Councillor Dylan Parker to move a recission motion yesterday to prevent this motion from going ahead.

Mr RYAN PARK: I'm not aware, but I can take that on—I haven't spoken to Mr Parker about it, but—

The Hon. SUSAN CARTER: Minister, would you think it was appropriate for a ministerial staffer, who was a serving councillor, to move a recission motion like that from going ahead?

Mr RYAN PARK: Ms Carter, I don't know that it has or has not occurred, so I'm sort of—

The Hon. SUSAN CARTER: It has occurred.

Mr RYAN PARK: Okay.

The Hon. SUSAN CARTER: Is that perhaps just an attempt to cover up the cuts you're making to services at the Sydney Children's Hospital?

Mr RYAN PARK: Ms Carter, you're confusing two issues. I'm not making cuts to services at the hospital.

The Hon. SUSAN CARTER: So children's cardiac services will be available at the Sydney Children's Hospital?

Mr RYAN PARK: Ms Carter, I've made a decision based on clinical advice—

The Hon. SUSAN CARTER: To cut services.

Mr RYAN PARK: —that we will continue the arrangements as put in place by the former Government. Complex care should be done based on clinical care and volumes at one site. We've decided that that site is Westmead. I understand, Ms Carter, that that has not been welcomed by everybody, but I do believe that I am elected and appointed to these roles to make decisions, and I will make decisions. That is a decision that I have taken. I understand that you don't agree with it.

The Hon. SUSAN CARTER: Thank you.

Mr RYAN PARK: But it is a decision that I've got advice and I was going through a range of different—

The Hon. SUSAN CARTER: Perhaps we can move to a different issue.

Mr RYAN PARK: I'm happy for you to move to a different issue, but I wanted you to make sure that you understood that.

The Hon. SUSAN CARTER: Thank you. I'm interested by the money allocated in the budget for new rural and regional paramedics, a figure of $438.6 million. Does that figure cover the wage increases which are currently being negotiated?

Mr RYAN PARK: Well, the Health Services Union—that is the union that covers paramedics—has not accepted the wage offer as yet. We are still in negotiation with that union. Respectfully—

The Hon. SUSAN CARTER: Perhaps I wasn't clear, Minister. I wasn't asking about the status of the negotiations. I asked whether the budget figure included the wage increases.

Mr RYAN PARK: Just let me finish, Ms Carter, if that's okay. They haven't accepted the current Government's wage offer, and we are continuing. I will ask either Commissioner Morgan or Steven from finance to add any more, if they want to.

The Hon. SUSAN CARTER: It's a simple figure. Are the wage increases included in that budget figure?

The Hon. EMILY SUVAAL: Point of order: The Minister has tried to answer this question several times. He is entitled to answer in a way as he sees fit and also direct the question to other—

The Hon. SUSAN CARTER: To the point of order: There wasn't an answer given.

The Hon. BRONNIE TAYLOR: You're just wasting time.

The Hon. EMILY SUVAAL: I'm not.

The Hon. BRONNIE TAYLOR: You are.

The Hon. EMILY SUVAAL: There are continual interjections over the top of the Minister as he is trying to respond.

The Hon. BRONNIE TAYLOR: There were no interjections.

The CHAIR: Order! I reiterate my ruling from this morning that the Minister is absolutely entitled to consult the department witnesses who are here for that purpose.

Mr RYAN PARK: Ms Carter, I think you'd agree that I have tried to answer all your questions as wholesomely as possible. We have allocated—

The Hon. SUSAN CARTER: Sorry, Minister, I just want a simple answer. Does the budget figure include the amount for wage increases?

Mr RYAN PARK: Ms Carter, I would just like to finish, if that's okay. We've allocated around $3 billion, I think—I'll stand corrected on the exact amount from Treasury—around essential workforce salaries and increases because we understand that, after 12 years of wage suppression, this is a significant issue and this has made it a challenge for us to attract and retain paramedics.

The Hon. SUSAN CARTER: So are you telling me, just so I'm very clear, Minister, that the budget figure includes an amount for wage increases?

Mr RYAN PARK: Let me assure you, Ms Carter, that we will be rolling out 500 additional paramedics. In terms of the amount—

CORRECTED

The Hon. SUSAN CARTER: Sorry, you are misunderstanding my question. Does the budget figure include an amount for wage increases?

Mr RYAN PARK: You haven't let me finish, Ms Carter.

The Hon. BRONNIE TAYLOR: No, you don't want to answer.

Mr RYAN PARK: We have a separate fund for workers we'll access through those wage increases.

The Hon. SUSAN CARTER: So you have a fund in the budget for wages increases—is that what you're telling me?

Mr RYAN PARK: There is additional money put aside by Government to fund wage increases in areas where we know—

The Hon. SUSAN CARTER: So there is a fixed pot of additional money available?

Mr RYAN PARK: Yes.

The CHAIR: Ms Carter, the time has expired. I was allowing the Minister to finish the answer after the time.

Mr RYAN PARK: Yes, Ms Carter. When we roll out 500 paramedics, the agreement that we land with that union and the representation of that workforce will be paid for by the Government and included in that rollout.

The Hon. SUSAN CARTER: And the figure's in the budget?

Mr RYAN PARK: I don't really know how I can explain that any more clearly to you, respectfully.

The Hon. SUSAN CARTER: Is the figure in the budget?

The CHAIR: You don't have any time to ask more questions. Minister, what is the objective of the redevelopment that's currently planned for Albury hospital?

Mr RYAN PARK: I probably should acknowledge your deep advocacy for it. I think when you were first elected, or perhaps even before you were sworn in, you talked to me about it.

The CHAIR: It's very kind of you. I was previously the deputy mayor of Albury. Please get to answering my question.

Mr RYAN PARK: That's pretty important. We are focused on improving health care in that border region. We believe we will be able to do this by increasing the availability of healthcare services on that site—a site that was previously started, that funding, under the former Government, of over half a billion dollars. I think it is about $538 million, but I will stand corrected on the exact amount. We are focused, in a partnership with Victoria, on delivering the very best health care there. I do acknowledge, Chair, that there are groups within the community that are advocating for a greenfield site. I know that, and I know you have raised that with me before. We believe that we can deliver an improvement to health services in the border region by the development that we have proposed. The master plan process is out and in discussions. A number of groups—

The CHAIR: So for the redevelopment that you're proposing, how many beds does it have?

Mr RYAN PARK: I'll go and get some additional information, but I should say to you that that is normally developed as a part of the master-plan process, which is underway. It does include a new multistorey clinical services building, targeted refurbishment of existing buildings, and obviously a new car park and car parking. It's also going to enable the new facilities, or fairly new facilities, on that site to be expanded around it. That is important because many of those services I think, including your cancer service, are fairly new. It wouldn't make any sense getting rid of those and trying to restart them, given they have been fairly newly developed and built.

The CHAIR: As the new health Minister, you've recommitted to this proposed brownfield redevelopment at Albury hospital, saying that it improves services for the region, but that at this point you don't know how many beds that new redevelopment is actually proposing to fit on that site.

Mr RYAN PARK: What I do know is that that project will deliver—I think you would agree with this—improved health services for that region by providing contemporary, up-to-date, modern health facilities across the board that also work with the existing, fairly new facilities, such as the cancer centre et cetera on that site. Now, I know—I'm well aware—that people would like a brand-new site, but at the moment this is where we are focused on delivering. Ms Wark, from HI?

CORRECTED

REBECCA WARK: The exact bed numbers—and bed numbers are always counted in different ways, depending on what's in and what's out, whether it's acute and all sorts of other services which are provided—is usually developed in the next stage of planning, in consultation with all the users and prioritisation of all of the services and scope.

The CHAIR: Has the master planning process that was done to date for the brownfield included any geotechnical assessments? I note a briefing document to the interim CEO of Albury Wodonga Health states:

> The building has been constructed on relatively deep fill materials consisting of highly reactive clay soils which may experience high ground movement from moisture changes.

This was cited in the context of significant risk of collapse of one of the wards of the existing hospital.

REBECCA WARK: I'll take the specific question on notice, but I know there have been reports done in relation to the building that you refer to by Albury Wodonga Health, not by Health Infrastructure. We have relied on the content of some of those in our discussions with our engineering consultants who are engaged as part of the hospital redevelopment.

The CHAIR: Minister, are you aware of the 2021 Albury Wodonga Health master plan?

Mr RYAN PARK: Yes, I have seen that in correspondence that I think has been provided to me in some form, but I don't know in what form, Dr Cohn.

The CHAIR: Earlier in your answers today you said that there was a push from the community for a greenfield site. This was an extensive document that took a very long time to compile. It had consultation with clinicians, experts, councils, both departments' executives, and the board of Albury Wodonga Health. It recommended a greenfield site for the Albury hospital. On 21 November 2021 the former CEO of Albury Wodonga Health emailed Vincent McTaggart, who was at that time the director of service and capital planning at NSW Health, and his Victorian counterpart Stefano Scalzo to say:

> My apologies for missing last Mondays meeting with Janet and yourselves to discuss next steps in progression of the AWH Masterplan. I understand there was discussion about having both Departments discuss with the Board their expected role in promoting the strategy moving forward, particularly with respect to brownfield development and staging process.

I am just going to clarify the time line for you here: The site workshop for this master plan, with all of that extensive consultation, took place on 5 November, that email took place on 21 November and this master plan was released in December. So there was a conversation with the department that sounded like it was pushing for a different outcome than what this was proposing. I want to clarify—because no documents were provided through a formal order of the House to this effect—are you or NSW Health in possession of any minutes or other record of that meeting that was cited in that email?

Mr RYAN PARK: Dr Cohn, I'm certainly not, and I hope you know something about me already—I take very seriously calls for papers and things like that. I understand the transparency around it and I expect, whether it's my office or my agency, to comply with it. I wasn't the Minister then, so I don't want to necessarily make comment about the individuals involved because there's no context for me. But I expect the departments and I expect my office and other government officials to comply with those standing orders that the upper House passes from time to time.

The CHAIR: From the information I have provided—and what I have quoted from was the result of an SO 52 order through the Legislative Council—does it concern you that it appears a decision was made to progress with brownfield staging from an un-minuted discussion between a member of your department and a member of the Albury Wodonga Health executive while this very extensive master planning process was in the middle of happening?

Mr RYAN PARK: Dr Cohn, I will go through a couple of points to try to answer your question and then, because I know how important this issue is, I will ask the CEO of Health Infrastructure to add some further commentary around it. What I understood and what I've been advised is that early planning confirmed that a single site to the size and scale needed to meet the forecast healthcare needs of the that community, which is extensive, could be built on the existing Albury hospital campus, but could not be built on the Wodonga campus due to the size and site restrictions. Investing in a staged new build on the existing Albury hospital campus is more sustainable. As I have said to you, there are fairly new facilities on that site. We believe that it would deliver the community improvements in health care and services in a way that is sustainable going forward. Rebecca, would you like to add anything? It was a little bit before my time.

REBECCA WARK: Thanks, Minister. I can't answer any specific questions in relation to the timing that you mentioned. I am happy to take that on notice. I think the Clinical Services Plan highlighted the need for

a single-site redevelopment. It didn't say if that needed to be greenfield or brownfield. There are a number of advantages—

The CHAIR: Sorry, I'll stop you there, because I've got a follow-up question. You've now acknowledged that there was actually a need identified for a single-site hospital, and I am very aware of that. There is enormous clinical risk at the moment in Albury-Wodonga from having acute services split across two sites. In the absence of the bed numbers, how can you actually guarantee that the Albury hospital redevelopment is going to be substantial enough to be a single-site hospital, or do we still need acute services at Wodonga, having split acute facilities?

Mr RYAN PARK: What I believe is that the plan we have will deliver enhanced healthcare services for the region. What I completely understand is that not everyone agrees with the site, and I respect that. But as a government we've made a commitment based on the progress of this facility, and based on the fact that no government of any political persuasion has unlimited funds to build health services, education services or police services. We understand that, but we believe that this will make an improvement to healthcare services in the Albury-Wodonga region.

We do understand, though, that there are differences of opinion about a greenfield or brownfield site, but I think, Dr Cohn, it's also important to understand that some of the services and facilities at the current site in Albury are fairly new. We would essentially be replacing, dismantling or knocking down—however you want to put it—and recreating new services or new infrastructure on another site with fairly new infrastructure that we already have in place at the existing site. That doesn't mean that I don't understand people have a strong view on that—I do—but I have to make sure that, like any Minister, I manage taxpayers' money effectively and responsibly. We believe that this process and model will deliver improvements to care for the people that you and others represent in that area.

The CHAIR: I appreciate that the current hospital is located next to the Albury Wodonga Regional Cancer Centre, but, as you said, taxpayers' money needs to be spent carefully. I and many others are deeply concerned that $558 million is being spent on a facility that cannot and will not meet the needs of the Albury-Wodonga community. A brownfield development obviously needs to take place while the hospital continues to function. How will patients on the existing wards be decanted while works take place?

Mr RYAN PARK: That is a process that Health Infrastructure do very effectively across sites in New South Wales. It is a process they have embedded. It is very challenging. I am not going to say it is easy to do, and I'll ask Rebecca to talk about it in a moment. I do think, though, Chair, that we have to acknowledge that we are a part funder in this process with our colleagues in Victoria. Decisions and agreements around this—and I wasn't privy to them at the time, but I would assume that the former Government was in discussions with the Victorian Government around investment decisions into health infrastructure in this important region.

Whilst I am not privy and nor should I be privy to documents relating to those decisions, given they were a matter for Cabinet, for ERC—that is very important to acknowledge—I don't think that this would have been a decision that would have been taken lightly or in haste, given that two government departments and two governments contributed to the funding of health services in that region. Is it a challenge building around a hospital that is operational? Yes. Have we done it before in different places? Yes. Do we have the processes in place? I am confident we do. That doesn't mean that I don't acknowledge that people in that community, including yourself and other professionals in that community, have a different view. That will be the case, I think, for most hospitals that most governments build, certainly all over this country and probably all over the world.

The CHAIR: I am aware that brownfield redevelopments happen, but I am particularly interested in this hospital. For the major structural repairs that were recommended to be completed urgently to medical ward 2 at Albury hospital, the report to the CEO said that the closure of medical ward 2, which is 21 beds, for four to eight weeks is not possible without having a major adverse impact on clinical care due to a critical shortage of available beds. Albury hospital runs between 20 and 60 beds negative every day. I would like to understand, for this specific hospital at this specific site, what planning has been done to decant patients while the works are taking place.

Mr RYAN PARK: I'll ask Rebecca to add anything at this stage about where it's at in terms of the overall development.

REBECCA WARK: Thank you. The repairs to which you refer that are required to medical ward 2 are not being managed by Health Infrastructure. That, at the moment, is a matter for Albury Wodonga Health. We will, through the course of the next stage of planning, look at all of the staging and decant requirements, as we do when we do any brownfield redevelopment. I think the current investment of $36 million into the emergency department will assist in some of that in relation to the staging because there are new works there. The master

plan is also reflective of how we will achieve that by looking at the different areas where we will put the new services. We will be respectful of the existing services which are on the site, which will need to be retained.

The CHAIR: You would understand that the community is perhaps hesitant to believe that that's possible without the detail of how it's going to be done, when this really extensive master planning process recommended against doing it. My next question is to the Minister. I understand that the member for Albury was involved in meetings and briefs regarding this project in late 2021, which is obviously in the term of the previous Government. Is the Minister aware that the member for Albury had declared in his parliamentary disclosures—and rightly so—his ownership of the building and business across the road from the current Albury hospital site?

Mr RYAN PARK: I am going to say that I was aware he had declared a conflict of interest about something there. That was probably it, but I am not going to be disrespectful and say that was definitely the case. All I expect, and I think all of us expect, is that as members of Parliament we do the appropriate declarations. I don't want to say that the member for Albury has done anything other than fulfilled that requirement. That is what I think is the expectation of all of us.

The CHAIR: To be clear, in the stem of my question I did say that it was declared, and rightly so. My question was whether you were aware.

Mr RYAN PARK: I am aware that there was a conflict. He had raised some issues around potential conflict of interest. I don't think it was about a business, so to speak. I think it might have been to do with a relative, which is what I thought, but I may take that one on notice. What I will probably say to the Committee is, as a Minister, all of us as members of Parliament expect to do those conflicts of interest. That's what we do. I do them. I'm sure other members do them.

The Hon. BRONNIE TAYLOR: And you do them honestly, unlike others.

Mr RYAN PARK: I don't want to give any impression here—and I know you don't—that the member for Albury has done anything wrong.

The CHAIR: To be clear for the record, I don't. He completed his disclosure to the Legislative Assembly. That's available online.

Mr RYAN PARK: Yes.

The CHAIR: What's the cost of the current Tweed Valley Hospital redevelopment that was announced in 2018-19?

Mr RYAN PARK: It is substantial. We opened that hospital—that's been one of the most significant builds that we have done, mainly under the former Government. Rebecca?

REBECCA WARK: The budget is $723 million, and it will be delivered within that budget.

The CHAIR: What's the value of the New South Wales contribution to the Albury hospital redevelopment?

Mr RYAN PARK: It's around half of the total amount. We do a roughly fifty-fifty percentage breakdown. That's what I understand in relation to Albury-Wodonga. Rebecca?

REBECCA WARK: Yes, and there are some other smaller numbers in relation to Nolan House.

The CHAIR: I can answer it for you. It's $225 million. When is the expected completion of the Tweed Valley Hospital redevelopment?

Mr RYAN PARK: Tweed Valley—next year?

REBECCA WARK: The building work will be completed in the coming weeks, and we'll be handing over to the local health district for operational commissioning.

The CHAIR: Fantastic. So this was—

Mr RYAN PARK: There are some challenges there around what we didn't want to do. There are some challenges around opening the hospital up in the Christmas period that people on the ground advised me—or maybe they advised the former Government, but they advised me anyway. We've had some discussions with the member for Tweed just in terms of making sure that the hospital gets stood up appropriately, that we would move that into early next year. I just wanted to get that clarified.

The CHAIR: Fantastic. I'm delighted to hear that it's possible to do a greenfield hospital build in New South Wales, from announcement to completion, within five years and with the contribution of over $700 million from the New South Wales Government.

The Hon. BRONNIE TAYLOR: That's very nice, Chair.

The CHAIR: I wish that all regional communities were treated with that kind of generosity. Of the $558 million for Albury hospital, $45 million was a previous commitment of the New South Wales Government before this redevelopment was announced. Was there ever any request or consideration that this be used for urgent modular capacity while the planning for a future greenfield site progressed?

Mr RYAN PARK: I'd have to take advice on that. I'm happy to ask Rebecca. Sorry, with the predating of this, I don't want to mislead the Committee in any way.

REBECCA WARK: Could you repeat the specific question around modular?

The CHAIR: Has there ever been any consideration or request for the existing funding committed by New South Wales to be used for urgent modular capacity for the bed deficit that we currently have at Albury hospital while the greenfield planning progresses?

REBECCA WARK: We are not doing greenfield planning, and I take on notice the question about modular decant. As I mentioned earlier, we will be doing staging planning around that and if that involves some temporary relocation then that will be provided. But in specific answer to your question, no, I am not aware of it.

The CHAIR: Having heard the serious concerns that I have raised on behalf of the Albury community around the geotechnical issues with the site, the lack of bed numbers, contributions made elsewhere, the impossibility to decant wards and the concerns around decisions being made in completely undocumented meetings that took place under the previous Government, Minister, would you be willing to consider reviewing your decision to progress this brownfield redevelopment?

Mr RYAN PARK: No, not at this stage. But that doesn't mean that I'm not engaging in correspondence that comes before me and I'm not seeking advice from the experts in Health Infrastructure. That's where I will continue to do so. As a Minister, what I expect of myself—and I hope what the community expects—is that as information comes in I review it, I get it evaluated and I get advice on it. The advice I use is the team at Health Infrastructure because that's the arm of government that delivers health infrastructure across regional and rural New South Wales and metropolitan areas. That is where we will continue to focus.

The Hon. BRONNIE TAYLOR: The rural health incentive scheme—has that been paused in the Mid North Coast Local Health District since July?

Mr RYAN PARK: No, I'm not aware of it. I know this was a program that the previous Government focused on. We have made some slight changes to this in making sure that very-hard-to-fill spots in very-hard-to-fill locations, and specific services, was increased from 10,000 to 20,000. I want to be clear: That's not everyone. I am not pretending it is. That's those very hard ones.

The Hon. BRONNIE TAYLOR: It was up to 20. Minister, could you confirm—I am happy if the answer is no. Because I've just have been informed by—has the rural health incentive scheme been paused in the Mid North Coast Local Health District since July?

Mr RYAN PARK: No, I'm certainly not aware that it's been paused. Phil or Luke?

The Hon. BRONNIE TAYLOR: Just a yes or no. I have limited time.

PHIL MINNS: Not to my knowledge.

The Hon. BRONNIE TAYLOR: Minister, what about movement on, say, staffing? I'm also told that this won't happen, or even be looked at to happen, until next year and that nothing has been done since you've been in for the last six months. I know you have set up a committee, but are there any safe staffing ratios happening in New South Wales at the moment?

Mr RYAN PARK: That's unusual, you asking me a question, because Dr Cohn asked me that question I think in her first round, and I provided—

The Hon. BRONNIE TAYLOR: I beg your pardon, Minister. It's my question, and I have hardly any time.

Mr RYAN PARK: I provided a very long and detailed answer, which I'll now provide you.

The Hon. BRONNIE TAYLOR: Yes or no? Has safe staffing started?

Mr RYAN PARK: I'll provide to you now a long and detailed answer.

The Hon. BRONNIE TAYLOR: You'll run into my time.

CORRECTED

Mr RYAN PARK: Since March we have been working with the NSW Nurses and Midwives' Association and the health districts—

The Hon. BRONNIE TAYLOR: This has come from them.

Mr RYAN PARK: —with an MOU and a team. They have been working with my office. We've been meeting them, in some cases, weekly.

The Hon. BRONNIE TAYLOR: So you haven't started anywhere.

Mr RYAN PARK: We are at the very—it is arguably the largest reform of hospital staffing that has been done in a decade.

The Hon. BRONNIE TAYLOR: So you haven't started. Thank you, Minister.

Mr RYAN PARK: We've been in for six months. We are rolling this reform out, but we will do so in a sustainable way.

The CHAIR: In 2022 the European Society of Breast Imaging published new recommendations for screening of women with extremely dense breasts, which includes MRI for some women. The Royal Australian and New Zealand College of Radiologists is currently in the process of updating their position statement on breast density. Is any work being undertaken by BreastScreen NSW to investigate whether reporting breast density with screening results has a mortality and morbidity benefit?

Mr RYAN PARK: I think Tracey and the team from the Cancer Institute is working on this. I've had a number of discussions with them about BreastScreen NSW. I think the former Minister for Regional Health was also focused on delivering screening across regional and rural New South Wales, particularly in hard-to-access areas. I'll ask Dr Chant to allude, just in case. Tracey from the Cancer Institute is not here with us, but Dr Chant might be able to add some specifics around the particulars of breast density.

KERRY CHANT: Just to alert you that I'm aware that the Cancer Institute chief executive is looking at the issue that you raise. It is a very important issue. I think it would be better that we take it on notice and get a robust response on what Dr O'Brien is up to in relation to that issue.

Mr RYAN PARK: Happy to.

The CHAIR: I look forward to that answer on notice. Goodness, I have a very complicated question with only one minute left. How many cases of hospital-acquired COVID-19 have occurred in New South Wales in 2023?

KERRY CHANT: In terms of the process for identifying hospital-acquired, there is our usual routine, the ims+ notification system, where clusters and outbreaks are registered. But at the moment I haven't got collated numbers with me in terms of reports of outbreaks in our hospitals associated with that. But just to reassure you that our hospitals recognise the importance of infection prevention and control measures to reduce the risk of that, and we do call out. We are actually seeing an increase in COVID transmission in the community now. I alert you to our weekly respiratory report, which indicates that. We do want to get that message out—that we particularly urge people to stay at home if you've got any respiratory illnesses; don't go and share them. Please be mindful. Particularly don't visit any vulnerable settings like aged care facilities or hospitals. Please be compassionate when people are wearing masks and are taking other protective measures. We will be continuing to alert—and vaccination is probably the other component.

The CHAIR: I have lots more questions specifically about hospital transmission of COVID-19, and I'll come back to that this afternoon, Dr Chant.

The Hon. BRONNIE TAYLOR: We've got a few people in Parliament with COVID now. So it's coming—anyway.

The CHAIR: A community member made a GIPAA request to the epidemiology and data systems branch of Health Protection NSW. That GIPAA request showed, and I quote, "It was advised that the information on the source of COVID-19 infection is not required to be reported into the Notifiable Conditions Information Management System, and the information that is available is very incomplete."

KERRY CHANT: Maybe if I could take you back from the beginning. Certainly, when we had very low case numbers and when COVID was first notifiable, there were intense investigations of each single case and very thorough examination of the source, and there has been some published work on transmission, including in educational settings, and hospital-acquired infections were looked at very closely. That was to generate any learnings at that time. Currently, as you're aware, we're at the phase in the pandemic where individuals are not being interviewed and the only notifications that are required to be notified are those that are by PCR test, which

doesn't actually pick up those who might be doing rapid antigen testing. Also, we're not suggesting that everyone needs to have a test to understand what respiratory virus they have. We're just urging people to be at home, take appropriate steps to prevent the transmission to other people and be aware of signs of deterioration. Obviously, if you have underlying health conditions, we would recommend that you have a plan with your GP. For those reasons, we don't have a clear understanding of how everyone has acquired COVID.

The CHAIR: Can I just try to narrow you down? I'm not asking about everyone. I'm asking about hospital inpatients. Is the data being collected whether people are catching COVID infection during their inpatient stay?

KERRY CHANT: So there is a process whereby outbreaks are being documented, and that is through our Clinical Excellence Commission, and there is some documentation through that system. Now, obviously, the detailed investigation of every case of COVID in hospital is sometimes challenging because of the incubation period and when sometimes patients could have been exposed outside. But there are efforts taken at a ward level and when notifications occur to really understand if that could have been contributed to by transmission in the facility and, very importantly, actions taken to protect other patients and staff in that setting.

The CHAIR: I am properly out of time this time.

The Hon. BRONNIE TAYLOR: Is there any time left?

The CHAIR: No. We're at Government time. Apologies. Does the Government have any questions?

The Hon. EMILY SUVAAL: Thanks, Chair. Just a final one for me to round out the day, or the day for you, Minister, as it were.

The Hon. BRONNIE TAYLOR: Do a Hazzard and come back.

The Hon. EMILY SUVAAL: I just wondered whether or not the Minister could outline for us—it has been obviously a topic of much interest this morning—the issue of cardiac surgery and the availability at the Sydney Children's Hospital, Randwick in particular. Is the Minister aware of when the decision was made to cut these cardiac surgeries, and if so, who was in government at the time?

Mr RYAN PARK: My advice is that that was in 2018, and obviously that was the Coalition Government who were in power at that time.

The Hon. EMILY SUVAAL: Thank you, Minister. Thanks, Chair. No further questions.

The CHAIR: In that case, we will break for lunch early and return at 2.00 p.m. Thank you to the Minister for your time.

Mr RYAN PARK: Thank you, Chair. Thank you to the Committee.

(The Minister withdrew.)

(Luncheon adjournment)

The CHAIR: We'll get started with the afternoon session of the hearing. We'll start with 20 minutes to the Opposition.

The Hon. SUSAN CARTER: Thank you, everybody, for being here. My first question, I think, is probably directed to Ms Pearce. The funding cuts—the $150 million—was that suggested as an area that Health could offer up as a funding cut to the ministry in the budget process?

SUSAN PEARCE: Thanks for the question, and we appreciate the interest in palliative care. Look, as outlined by the Minister this morning, and I do need to restate, there has been a 6.8 per cent increase in palliative care funding this year, which equates to around $23 million.

The Hon. SUSAN CARTER: Could I maybe stop you there and say: agreed, agreed. The funding cut that is in issue is what was promised in 2022, what was planned for since 2022, which has now been taken away. That's the cut that we're focusing on. Who suggested that that should be cut from the budgets of all the LHDs who are enhancing their palliative care services using that enhancement funding?

SUSAN PEARCE: Okay. Look, I'll address that part first. The ministry, as you would be aware and obviously Mrs Taylor is aware, as do all agencies, provides assistance to governments in the build-up of budget deliberations. Fundamentally, the Government hands down the budget and it's our job to deliver that responsibly

in accordance with government policy. We're not in a position to talk about deliberations with government in respect of our budget.

The Hon. SUSAN CARTER: So you're saying that you can't suggest whether this was an area that Health identified as possible budget savings?

SUSAN PEARCE: What I'm trying to explain—because there have been a number of assertions made in this forum this morning, about cuts. I have to reiterate, there is no reduction in palliative care services, and in fact by the end of August this year there were 70 additional FTE across a range of disciplines. The memo that you've referred to this morning, for example, that's gone to Western Sydney, actually talks about an $830,000 increase in their palliative care budget this year. The chief executive there has confirmed to me—

The Hon. SUSAN CARTER: Can I stop you again, because we are agreed that palliative care funding has increased, but not to the level it was promised. It is $150 million off the pace in terms of the enhancement funding. All we're trying to work out—is this something that Health thinks is a good idea, that was offered up by Health as this would be one area that there could be budget savings, or did the idea come from somewhere else?

SUSAN PEARCE: I've provided my answer.

The Hon. SUSAN CARTER: Alright. Thank you very much. A couple of questions in relation to palliative care, and then we probably move on to other issues. I'm not sure whether these are for you, Ms Pearce, or whether they're for Dr Chant. In conversations with people in Western Sydney, issues raised in relation to the people who use the health service there—cultural background, Indigenous background—expressing concerns already in relation to trusting palliative care and great concerns about how the VAD is going to be structured and palliative care is going to be structured. Can you confirm that VAD will be physically separate from palliative care, so that these will be—especially for those populations in Western Sydney—clearly different pathways offering different services and therefore giving confidence to the patients and their families?

SUSAN PEARCE: I'll make a comment first, perhaps, and then hand to Dr Chant who is managing the VAD program for NSW Health. Internally within our organisation we made a decision some time ago—probably a year, two years maybe—that we would really keep the structure around voluntary assisted dying and palliative care in terms of where they sit within the ministry quite separate. So, for example, Dr Chant has the VAD program. Palliative care sits elsewhere in the organisation, and that was a deliberate move on our part from a structural perspective to ensure that there wasn't muddying of the water. But, Dr Chant, did you want to comment about that?

KERRY CHANT: The substance of the question is clear in the sense that from a program implementation perspective, palliative care is a different service than voluntary assisted dying. I think where I need to clarify is the settings in which voluntary assisted dying may occur is in some palliative care services there might be components of voluntary assisted dying as elements of the care where that aligns with providing person-centred care and where it aligns with the goals of care. As you're aware, the Voluntary Assisted Dying Act which passed Parliament is very clear about it being patient driven and the patient having to have capacity for the full suite of time.

There has been a lot of cognisance of the different culturally and linguistically diverse groups, and I'm very pleased to say that the team implementing this has done a lot of work with culturally and linguistically diverse communities in supporting the collateral that has been developed and sensitivity about how language might be translated. So we're very cognisant of the issues. We want to also in our rollout be very clear that we really want to improve end-of-life care overall, and that when someone is asking for voluntary assisted dying as per the Act, it is important that the full suite of measures, including palliative care and other options around treatment and prognosis, are discussed. We've got the privilege of embedding this in a sort of end-of-life care framework.

The Hon. SUSAN CARTER: Thank you for that information. I'm still not clear. As a patient seeking palliative care, am I going to be co-located with a patient receiving VAD or are they physically separate?

KERRY CHANT: Local health districts will be doing service planning associated with voluntary assisted dying. What we obviously want to do is make sure that people have access to voluntary assisted dying if they want it administered where they might want it administered—

The Hon. SUSAN CARTER: I'm not trying to cut you off. I'm just really struggling and I wonder whether I've explained the question properly. What has been put to us very clearly is that, especially in Western Sydney, there is great concern amongst culturally and linguistically diverse communities and Indigenous communities that they want to receive palliative care completely separate from VAD. I'm just wondering if the service has been structured in that way.

KERRY CHANT: The local health districts have been given autonomy in the way that they structure the services.

The Hon. SUSAN CARTER: Can you comment about what is happening in Western Sydney?

KERRY CHANT: In terms of the specifics of Western Sydney, we've obviously worked greatly with them, we can take that on notice about what their specific plans are.

The Hon. SUSAN CARTER: If you could take it on notice, I'd be very grateful. And one more question in this vein. I'm aware actually of evidence that was given at budget estimates 12 months ago and the stated intention then that has really been restated now to keep VAD and palliative care separate. I'm just wondering—I don't know whether it's Ms Pearce or Dr Chant—what specific procedures and record-keeping systems are in place so that spending on these programs are separate and investment in these programs are separate and we can see exactly what money is going to palliative care and what money is going to VAD?

KERRY CHANT: There is separate allocation that has gone out to local health districts associated with voluntary assisted dying. That has gone out for a 12-month period with recurrent money to be determined as we move through implementation. As you're aware, this commences officially on 28 November, and clearly we need to be informed by implementation issues in terms of finalising future years of funding. The funding is kept separately and distinct, and as we've got the separation of different accountabilities from palliative care within the ministry and we'll be accounting for the expenditure against the plans put in by each of the local health districts, we'll also have the ability to monitor activity through a variety of different mechanisms.

The Hon. SUSAN CARTER: Do you have data on the numbers of patients seeking palliative care who are unable to receive it?

KERRY CHANT: That's not in my portfolio area.

The Hon. SUSAN CARTER: Can somebody assist me with the answer to that?

DEB WILLCOX: We wouldn't collect that kind of data, Ms Carter.

The Hon. SUSAN CARTER: So we don't know the shortfall in palliative care, how many people seek it but cannot be provided because we don't have the resources?

DEB WILLCOX: We wouldn't have an account of individuals who are unable to access palliative care. But I can say for the service planning within the local health districts, as we plan all services, including palliative care, issues around our population size, our demographic, aging population, the numbers of people that came into our services the year before and the year before that, allow us to trend and plan for beds and—

The Hon. SUSAN CARTER: So you're saying that the workforce planning and the health planning is based on a series of predictions but you don't actually know that there are 100 people who sought palliative care in Forbes who couldn't be supported in Forbes?

DEB WILLCOX: I certainly couldn't comment specifically on Forbes, but my thinking would be that in a community like Forbes if there was a lot of concern amongst the community about inability to access any service, not just palliative care, there is strong engagement with the community in these towns that would connect with their local health managers and service managers. If these things were coming to the fore, chief executives would certainly be talking to community and making service planning around it. But as for individual numbers of people unable to, that wouldn't be because we don't know who they are to count.

The Hon. SUSAN CARTER: So we're relying on community engagement to feed through where the gaps in service are in Health generally?

DEB WILLCOX: We would rely on community engagement. We would look at activity from a previous year and the years before that. We would also rely on our population changes. There is a huge amount of data around the demographics and the types of people coming into our care, and all of these datasets would inform our service planning over time. It's not a point in time, it's iterative and some of the data and stuff is trended over a few years back to forward plan.

The Hon. SUSAN CARTER: So do you have data about the number of Indigenous people in New South Wales who access palliative care?

DEB WILLCOX: I'd have to take that on notice, I'm sorry.

The Hon. SUSAN CARTER: And the number of children?

DEB WILLCOX: I don't have that information before me. I can take it on notice though.

The Hon. SUSAN CARTER: That would be great.

The Hon. BRONNIE TAYLOR: It's really nice to see you all again, very genuinely. Thank you for everything that you're doing each and every day. And congratulations, Mr Sloane—deputy secretary, pretty amazing. You must be really pleased about that.

LUKE SLOANE: Thank you, Mrs Taylor.

The Hon. BRONNIE TAYLOR: I'm really genuinely very happy for you. Can I just ask some questions, and I'm not sure whether they will be for Mr Sloane or Mr Minns. Under the Government's Rural Health Workforce Incentive Scheme, will any incentives be available to attract or retain health workers in John Hunter Hospital or Wollongong Hospital?

PHIL MINNS: Mrs Taylor, essentially it's a decision that gets made at the LHD level. If you wanted me to, I could tell you how much money has been expended year to date for that district.

The Hon. BRONNIE TAYLOR: I know that you can tell me anything I want and I won't understand half of what you say, Mr Minns, because you're very good with all of this. I just want to know, I guess, are Newcastle and Wollongong included in the new Rural Health Workforce Incentive Scheme?

PHIL MINNS: I would want to check that. Someone will send me a text.

The Hon. BRONNIE TAYLOR: Do you want to take it on notice and then if you get the text, you can tell me and we can take it off notice?

PHIL MINNS: Sure.

The Hon. BRONNIE TAYLOR: Is that okay?

PHIL MINNS: Yes, happy to do that.

The Hon. BRONNIE TAYLOR: This new scheme is actually a modification of the old scheme that was introduced—or the scheme that the previous Government introduced. Would that be correct?

PHIL MINNS: It's really a continuation with essentially one tweak, and the tweak is that we've said that in circumstances where you've not had success with the 10,000 incentive package arrangement and it's still a critical role and that incentive is not working, you can offer up to 20,000 across a three-year period.

The Hon. BRONNIE TAYLOR: But previously would it have been correct to say that when you looked at a whole package, it could've been up to 20,000?

PHIL MINNS: Yes and so this is adding 10. It's not taking anything away from that—

The Hon. BRONNIE TAYLOR: No, I understand that, but my understanding was as well that some of those packages could be up to 20,000 previously.

PHIL MINNS: And that would relate to the non-salary-related benefits.

The Hon. BRONNIE TAYLOR: I understand that, Mr Minns, but I just want to be really clear for the Committee because it was said that there was an increase and if you look at the whole package of incentive, the previous program could allow for that uplift up to 20. I understand the new one does too. But that's correct when you look at the package?

PHIL MINNS: The new one is creating an extra $10,000, to be contributed towards the attraction component for three years.

The Hon. BRONNIE TAYLOR: But the previous one could be a package of up to $20,000 too.

PHIL MINNS: But there weren't many at that level.

The Hon. BRONNIE TAYLOR: I'm asking you the question.

PHIL MINNS: I would need to check, but I doubt that anyone got 20 under the old arrangement.

The Hon. BRONNIE TAYLOR: Yes, but it was possible to get.

PHIL MINNS: Well, possibly not because—

The Hon. BRONNIE TAYLOR: Do you want to take it on notice and we can get to the crux of it?

PHIL MINNS: Okay.

The Hon. BRONNIE TAYLOR: That would be really good. As of 27 September 2023—we just picked that date—how many positions are currently advertised as eligible for the Rural Health Workforce Incentive Scheme?

PHIL MINNS: I've got a table here that will take a while to—newly recruited with headcount across the State is 1,350.

The Hon. BRONNIE TAYLOR: What date was that from, Mr Minns?

PHIL MINNS: That is from yesterday. Well, I got the data yesterday. It might be the last fortnight's paying point.

The Hon. BRONNIE TAYLOR: When is the start of the data?

PHIL MINNS: It's a rolling—

The Hon. BRONNIE TAYLOR: I understand. Is this a total since the last scheme was introduced or is this only the new—

PHIL MINNS: No, this is the entire scheme from when it commenced. But that's not the only number that's relevant.

The Hon. BRONNIE TAYLOR: Can you break up for me pre- and post-March 2023?

PHIL MINNS: Not with the data I have.

The Hon. BRONNIE TAYLOR: Could you take that on notice? Thank you very much, Mr Minns.

PHIL MINNS: Can I add one thing? We've also extended incentives to 7,280.17 FTEs to support retention.

The Hon. BRONNIE TAYLOR: I was just going to ask you that and you've pre-empted me. So that's seven thousand—

PHIL MINNS: It is 7,280.17.

The Hon. BRONNIE TAYLOR: That's pretty spectacular, isn't it?

PHIL MINNS: It's a scheme that was designed with two objectives in mind.

The Hon. BRONNIE TAYLOR: I understand. I know, Mr Minns.

PHIL MINNS: One is to try and attract and one to try and halt the retention.

The Hon. BRONNIE TAYLOR: I know. I'm actually saying well done. I think that's amazing. It's absolutely fantastic that a scheme that was introduced is actually doing its job. That's really exciting. On the NSW Health website it says:

> Not all rural and regional health locations and jobs will be incentivised under this scheme – the recruiting LHD will make this decision.

What's the process the LHD will take when making the decision? Does the Minister have oversight of the decision?

PHIL MINNS: To answer the second point first—no, these are not matters that we raise with the Minister. We have a policy document, which has recently been updated, that reflects that change from 10, in relation to salary, to 20. The original scheme design was that you had to first of all establish it as a critical role and you had to establish that there's been a period of time where active recruitment has been unsuccessful. So they're the hurdles. Then it's a matter for the LHD to make decisions in their own context against the policy document, which runs to a couple of dozen pages.

The Hon. BRONNIE TAYLOR: So nothing has really changed on that spectrum?

PHIL MINNS: No.

The Hon. BRONNIE TAYLOR: Tell me if I'm wrong, because we know that maths is not always my strong point. If we add up the incentives of 7,280.17 with 1,350, that would be the total number of people—so FTE—who have been supported by this scheme so far to work in rural and regional New South Wales?

PHIL MINNS: Yes.

The Hon. BRONNIE TAYLOR: So that would be—help me out, Mr Minns—seven thousand—

PHIL MINNS: As you know, Mrs Taylor, this data is always about how you ask the question.

CORRECTED

The Hon. BRONNIE TAYLOR: I do, Mr Minns. Someone might have taught me that.

PHIL MINNS: Existing headcount is different again, and it's a higher number. At an FTE level we've got those 7,280 who we've retained, but at a headcount level we've got 10,198 people retained with an incentive. That's reflecting the fact that, particularly in rural and regional, some people would elect to work a 0.6 week rather than a full week.

The Hon. BRONNIE TAYLOR: I think that's absolutely fantastic. Congratulations. I will encourage the Minister for Health to start putting out some releases and some work on this, and everyone who worked on and devised that scheme should be really proud, because that is a massive result and something that everyone in NSW Health should be really proud of. I'm sure having a dep sec for regional helps.

PHIL MINNS: Richard Griffiths should receive acknowledgement for that, Minister.

The Hon. BRONNIE TAYLOR: I really mean it. That was years of your work and now we're actually seeing it have an effect. We shouldn't lose sight of these things. I think that's just terrific. I will now go on to ask some questions about Manning Base Hospital. Was a member of the department present at a meeting between Minister Park and the member for Myall Lakes on 27 June, during which the importance of cardiac services in the region was discussed?

SUSAN PEARCE: Not to my knowledge, Minister.

The Hon. BRONNIE TAYLOR: Did you want to take that on notice to check or are you happy?

SUSAN PEARCE: That is to the best of our knowledge. We can check.

The Hon. BRONNIE TAYLOR: Understood, Secretary. Thank you very much. Therefore, there was no direction that the Minister gave or anything after that if no-one was there?

SUSAN PEARCE: We would have to take that on notice.

The Hon. BRONNIE TAYLOR: Understood, Secretary. The Minister's response to a question on notice states that only $4.6 million—and I appreciate that I can't ask, so you tell me if I'm overstepping—of the $100 million will be allocated in 2023-24 for planning. Are we confident that the Manning redevelopment will be able to go ahead?

SUSAN PEARCE: Rebecca, are you able to assist Mrs Taylor?

REBECCA WARK: We know that a budget has been allocated of $100 million. We are working with the district on a prioritisation of what the scope should be within that allocation, and the 4.6 is the allocation for this financial year.

The CHAIR: I would like to come back to Dr Chant and the issue of COVID-19 transmission specifically in hospitals, not in the community. I will come back to the GIPAA that I've been sent of the epidemiology and data systems branch of Health Protection NSW, which states:

> It was advised that the information on the source of COVID-19 infection is not required to be reported into the Notifiable Conditions Information Management System (NCIMS) and the information that is available is very incomplete.

Why is the source of COVID infection not being reported for hospital inpatients?

KERRY CHANT: To be clear, in the section of the GIPAA that you're discussing there, they've answered it purely from other notifications which are coming electronically. Clearly we don't have individual follow-up now, so that's was why I was answering the question in the way I did. From a statewide perspective, we don't follow up the notifications, hence the answer to that question. The data system they're talking about is our State-based notifiable disease data system, which then has electronic feeds from labs that bring in data. There are some diseases that we do more intensive follow-up for. In those circumstances, for things like measles and other things, we would have phone call follow-up with GPs to make sure that public health action is taken.

In terms of the hospital system, I can confirm that in a system in hospitals there are generally infection control practitioners or staff who have a role in infection prevention and control. Those staff would be alerted to COVID-positive cases. The same would apply for influenza, RSV or gastro positive—anything that's infectious in nature. They would particularly be involved in looking at if there was any onward transmission in that setting and to identify the factors that would contribute to that. I can confirm that those infection control practitioners from across the State meet fortnightly, convened by the CEC. They then share learnings or lessons from any of those outbreaks, which then inform the prevention control systems that we've got in place to reduce the risk. So the answer to that question is we didn't hold that centrally in the particular form because our local health districts and wards are working through the usual process of looking at these cases and managing outbreaks in those settings.

The CHAIR: Does the CEC collect and aggregate that data that's being provided?

KERRY CHANT: The CEC doesn't collect and aggregate in a systematic way. But, as I indicated, when there are outbreaks on wards, they are captured through our incident reporting mechanism. Again, the focus is really on lessons learnt that we can share and put in place to improve infection control and prevention systems in our hospitals. We continue to be concerned about the spread of infectious diseases—COVID, influenza, RSV and gastro—in our hospital system and take steps to minimise that and learn lessons.

The CHAIR: I was really concerned with some of the reports that came out of Victoria earlier this year, particularly that for hospital-acquired COVID-19 there was a mortality rate in the order of 10 per cent. With the data that's available to NSW Health, are you able to assess the mortality rate from hospital-acquired COVID?

KERRY CHANT: Clearly, that has changed over time, but we recognise that our hospital patients are particularly vulnerable. They are vulnerable by the fact that they are more likely to have significant comorbidities. We also recognise that some areas have even greater potential risks; our transplant units are highly immunocompromised. So we don't actually know the exact mortality associated with COVID. There are other infections we're also interested in. All I can confirm is that we're conscious of taking every step we can to minimise the risk of transmission. We also have some increased and enhanced infection prevention and control strategies deployed in our very high-risk services.

The CHAIR: What are protocols at the moment in a New South Wales hospital if there is a patient with respiratory symptoms awaiting a COVID test result? What protocols are in place to prevent that transmission in, for example, a four-bed ward?

KERRY CHANT: We've got access to very rapid tests but, if someone had a respiratory illness, there would be segregation and removal into a single room. Agnostic of whether it's RSV or other things, we will try and do that. There is a whole cascade. Obviously, there may be occasions when there's not an immediate room available, but there's a whole policy document on our website which we could provide around the steps and advice to manage infection control issues in our hospitals that the CEC coordinates—our Clinical Excellence Commission.

The CHAIR: I'm particularly interested in this because I have heard a number of cases anecdotally of transmission in hospitals where there were not adequate infection control procedures and patients with respiratory symptoms on a four-bed ward. I know in my own community—we talked about it earlier today—Albury hospital regularly runs a deficit of 20 to 60 beds, so moving people immediately to a single-bed ward just doesn't happen, in practice. I'm interested in what work is being undertaken to track that to adapt protocols as required or to engage staff with P2 respirators et cetera. What work is being done?

KERRY CHANT: All I can say is that the Clinical Excellence Commission regularly updates the protocols for prevention and control. We acknowledge that everyone has a role to play. It remains an ongoing risk. These are high-risk settings for respiratory viruses and, although we've been particularly talking about COVID, we're similarly worried and concerned about other respiratory virus transmission. All I can say is that we've got those systems in place. But I am happy to follow up any particular concerns that you've got about particular settings to do that reinforcement of education, training and look at any gaps.

The CHAIR: I will send through some written correspondence about those particular cases. Coming out of hospitals to the community, testing rates are now significantly down from what they were at the peak of the pandemic, particularly with the rapid tests. I imagine there's far less information coming in about emerging strains of COVID. What work is the department doing to monitor the current and emerging strains?

KERRY CHANT: I'm actually very proud of the work that the department is doing. We have had to change our surveillance methods depending on the phase. At the moment, we are relying on a system called our PHREDSS system. This is a system that gives us relatively real-time data on admissions to hospital for COVID and direct admissions for influenza. We also capture bronchiolitis data. So we look at that and that is actually very reliable. That's probably our best indicator because we actually have quite high patterns of testing in our emergency departments for respiratory viruses—obviously for diagnosis but also for infection prevention and control.

We also look at wastewater surveillance. We collect wastewater from four different sites. Again, that detects the virus in wastewater. It's a passive system. We also look at indicators like aged-care outbreaks in aged-care facilities and, again, a factor of when we see an uptick in cases. The Commonwealth collects data on antiviral prescribing. That's a very good indicator as well. We publish an assessment of the level of transmission of viruses in a weekly report, which comprehensively has all of this data. At the moment, we are actually in an uptick of COVID. We've seen a longer than usual flu season. We're seeing flu and RSV at moderate levels but they're in decline. We're seeing COVID start to take up, and our projections are that we will see peaks later towards

the end of the year, in November and December. We are pushing out messages that now is the time that more COVID is around and to beware. Now is the time to get vaccinated, according to the ATAGI advice.

We are trying to protect our vulnerable settings. We do a lot of work with our aged-care providers. We have guidance for our aged-care providers and we ask them to reflect. We have to balance the fact that these aged-care facilities are residences and ask them to adjust their protections depending on the level of community transmission. We work with our colleagues in the Health and Social Policy branch at liaising with aged-care facilities and have specific guidance. We continue to look at proportionate measures, but what is most important to us at the moment is telling the community about the level of transmission in the community so they can adjust their behaviours, particularly those that are more vulnerable to severe consequences of COVID infection at this time.

The CHAIR: I will move to a very different topic. Earlier the Hon. Bronnie Taylor asked about the 500 paramedics being delivered for regional and rural New South Wales. Who made the allocations for those 500 paramedics and who did they consult in that decision-making process?

DOMINIC MORGAN: I'm happy to take that. Essentially, NSW Ambulance has a service planning unit and they look at a whole range of indicators to determine service profiling. Specifically in relation to the regional areas, our biggest challenge is that, pretty much for 128 years, we've had a rural on-call service model. If you look back in history, the timing of maybe doing one or two jobs a week out of hours was probably entirely fine. When you're doing two and three jobs a night, the levels of fatigue that follow are significant. Do that for 30 years and it follows, logically, with issues of wellbeing and mental health et cetera.

Probably one of the primary areas that the team has looked at in looking at the initial allocations for the rural 500 has been around those areas with significant levels of high on call. That's the familiar pattern across the locations we're looking at. They're not just all locations that have, for example, no night shift. If you look at some of the really big regional centres, they have significant amounts of on call as well. What that's done is let us come up with a priority list of the locations that we think are the primary areas. These ones are mapped out against the capital allocation we just got in the last month or two through the budget. That will allow us to work out those facilities that can physically take the enhancements. That work is being done at the moment and that alters the list and the priorities as well.

Once that's done, we consult with the unions. This is a program approach that we used in the SWEP allocation, which was four years ago. That is the Statewide Workforce Enhancement Program, where we saw over 400 paramedics put into regional New South Wales. We are replicating that approach now. Once we've got a priority list, we consult with the unions centrally at the main offices of the Australian Paramedics Association and the Health Services Union and then we go out to the local stations. Generally, what we do in those locations is consult about the types of rosters and the pattern that they will work to meet the need. In the examples I'm using, it's almost invariably replacing large amounts of on-call with on-duty staff.

The CHAIR: It's a very helpful explanation. Has that modelling that's been done so far been made available to the unions?

DOMINIC MORGAN: No, because we're still going through that bit about—we've only recently in the last month got the allocation around the capital. We're just going through it. In fact, I was only reviewing drafts before of where we think we will require capital expansion at some of these locations. Bear in mind, it's a four-year program. It's no great leap of faith to understand; it's pretty much 125 staff per year over the next four years. It's also mapped against the other program that the previous Government brought in that is more focused around the big regional areas and the metropolitan areas. So both programs will go ahead concurrently, but we just need to pin down that last bit about the priorities on capital.

The CHAIR: Of those 500, are any of those intensive care or extended care paramedics?

DOMINIC MORGAN: That's a different question. The particular Government commitment this time around was not about specialist paramedics. Going back three years ago now, the former Government made a commitment to 246 additional intensive care paramedics—specialist positions; 203 of those were specifically for regional New South Wales. Now, again, service planning have gone through and determined profiling of all the ambulance stations across New South Wales. It's not related to whether it's metro or regional. It's basically a formula. It's to do with activity, distance from services, a whole range of things. The short version is that it's divided into category A to D and specialist locations are the ones where we put the intensive care paramedics, because there are higher levels of activity, generally speaking, for specialty services with high-acuity, low-occurrence procedures that the intensive care paramedics do. It's much safer to put them at those busier locations. We currently have 402 intensive care paramedics in the metropolitan area and 396 in the regional areas—

The Hon. BRONNIE TAYLOR: That's good.

DOMINIC MORGAN: —who are trained as intensive care specialists, and we currently have another 95 that are entering training, specifically to go back to regional New South Wales. So it's well advanced, but that's a five-year program.

The CHAIR: Thank you. I'm well aware, as a former country GP, of the need to have a sufficient volume of procedures to maintain skills. But for intensive care and extended care, paramedics who may have trained or been initially working in an area with high volume use of those skills, who then relocate to a regional area, why didn't the Government support the recommendation out of the ramping inquiry to actually allow people to retain those qualifications or support them to do the extra maintenance they might need of those skills?

DOMINIC MORGAN: As a clinician—you know as well as anyone—you desire to practise your clinical skills to the top of your scope. It's something that we all hold near and dear. But there are simple realities around the fact that these are decisions around safety and quality, ultimately. No matter how proficient a specialist may be in their area, where they're doing the procedures on a very regular basis, who then go from a very busy workload to a community that might only have a handful of jobs per day or per week, that creates a risk profile that would actually potentially do harm to an individual rather than the good that we're seeking to achieve. By doing a priority list of what the places are where you can support your clinical skills in a safe and quality way, then, absolutely, we're trying to support those rural communities. But also bear in mind that the usually smaller ones with low occurrence can't really be supported. A good example would be a hospital example. Dubbo has an intensive care unit, but if an intensivist were to go and relieve at Narromine MPS, it doesn't mean that there's, all of a sudden, an intensive care unit at Narromine. That's the balance we're seeking to strike.

The CHAIR: I'm interested to understand if there has been any work done to examine what happens in other States. I've heard, anecdotally, for example, that in Victoria they have travelling paramedic educators, who can do continuing professional development for people who are not using those skills as regularly as you need them to. Has that been looked at?

DOMINIC MORGAN: Not only looked at, we have them. New South Wales has an extensive number—greater than a hundred—of clinical training officers and educators around the State. There are nine regional training centres. The clinical training officers are specifically equipped with—they don't actually have an office, per se. They have a base, but they have a vehicle that carries all their training equipment. They go from facility to facility.

The CHAIR: Sure. But it's your view that that's not sufficient to support the skills of those intensive care and extended care paramedics?

DOMINIC MORGAN: No. A good example is in the one you're using. In Victoria, they have the mobile intensive care ambulance system, which is exactly the same as New South Wales—and, as you would know, MICA is only located at specific locations. It's not just because I did an intensive care course some years ago that I take that skill with me. That's the same in Victoria as it is in New South Wales. That's my understanding.

The CHAIR: One of the other recommendations out of the rural and remote health inquiry was for 24/7 patient transport services, so that paramedics aren't used for transport that doesn't require their skills. What work has been undertaken towards implementing that recommendation?

LUKE SLOANE: I'm happy to answer that. We've been working pretty closely with HealthShare, who oversee patient transport services across the State. It's not in all regional and rural local health districts, but we have made inroads in Hunter New England, exploring where the actual demand is there for PTS. That was in consultation with local paramedics, actually, that we met with up there with Mrs Taylor when we were up on a bit of a countryside tour. We have put that in place, and that has been able to demonstrate a decrease in reliance on the ambulance service in those areas.

There still is protocol where some transports will have to be transferred over from patient transport services to the New South Wales ambulance service, depending on the criticality of the patient or acuity of the patient and some disease processes or types that may not be able to be supported by patient transport services as well. We'll continue that work with HealthShare and look at all the places that we can utilise their services in order to decrease that—

The CHAIR: Sorry to interrupt. I've got 20 seconds left. I'm delighted to hear that that's happening for Hunter New England, but what about the rest of the State?

LUKE SLOANE: No, that's happening across the State. That was just one specific example.

The Hon. BRONNIE TAYLOR: Mr Minns, can you tell me the headcount for the ones that have come and the new ones? Like, the retained as opposed—because you said that it was a 10,198 total. Can you give me the headcount?

PHIL MINNS: If I may, Chair, I'm just going to go through six numbers, because I think I might have crisscrossed earlier in my evidence.

The Hon. BRONNIE TAYLOR: My team want to know. They're very excited.

PHIL MINNS: The new FTE recruited with incentives is 1,174.59. The headcount of recruited new with incentives is the 1,350 that I mentioned previously.

The Hon. BRONNIE TAYLOR: Yes.

PHIL MINNS: The existing FTE retained with incentives is 7,280.17.

The Hon. BRONNIE TAYLOR: That's the headcount?

PHIL MINNS: No, that's the FTE of retained existing.

The Hon. BRONNIE TAYLOR: Yes.

PHIL MINNS: The existing headcount retained is 10,198. So those are completely accurate.

The Hon. BRONNIE TAYLOR: Okay.

PHIL MINNS: With respect to Wollongong and John Hunter, they are in Modified Monash level 1 locations. So they're outside the scheme's purview in the sense that the scheme is about rural and remote.

The Hon. BRONNIE TAYLOR: Okay. I'm really pleased to hear that. Thank you.

PHIL MINNS: The last thing, for completeness, is that the total annualised spend associated with all of those numbers I have given you as at yesterday's report is at $51.809 million.

The Hon. BRONNIE TAYLOR: That gives you a lot of millions left to use.

PHIL MINNS: Subject to requirement, yes.

The Hon. SUSAN CARTER: I've got a few questions—I suspect they're for Dr Chant—in relation to the implementation of VAD. I think 28 November is the rollout. Is that right? I've been looking at the clinical practice handbook. It's a tremendous resource. I think it will be very helpful for everybody, and I can see a lot of work has gone into that. I have some questions in relation to how conscientious objection is being handled. I understand from the clinical practice handbook that the process means that the first step is that there's a first request form that is filled out, and that is submitted to the Voluntary Assisted Dying Board. What information will be on that form?

KERRY CHANT: Just to be clear, the information that the conscientious objector has—

The Hon. SUSAN CARTER: Just generally what information is on the form.

KERRY CHANT: General? All of the demographic details, the person who's requesting it, general information—for the sake of time, I'm happy to provide you with a copy of the form.

The Hon. SUSAN CARTER: That would be great. Thank you. That would be very interesting. Who has access to that form?

KERRY CHANT: We've constructed a total separate, secure portal so that practitioners can upload the data. If you currently go to our website at the moment, you will see the introduction to that portal where people are able to register at the moment to be an authorised practitioner. At the moment you go in there, you log on, you enter your details, including your AHPRA, you upload identification details. Our staff then look at whether you meet the eligibility criteria. So there are requirements under the Act—

The Hon. SUSAN CARTER: Sorry, can I just stop you. I thought there would be authorised practitioners, but that any medical practitioner who receives the first request has to upload the first form?

KERRY CHANT: That's correct. I'm just describing the portal. The portal exists there at the moment, so you can go in and start looking at the portal. Obviously that will then be expanded for that portal will then take on the function of where forms will be uploaded.

The Hon. SUSAN CARTER: And the form is uploaded and is stored how?

CORRECTED

KERRY CHANT: Securely, through an IT framework. We've gone out to tender and procured it. We're in the testing phase of that and we'll be finalising the test environment in a couple of weeks. Obviously it won't go live until 28 November, but there has been a lot of work with a lot of clinicians. I saw a run-through yesterday. It's very sequential and it will support the functions of the board.

The Hon. SUSAN CARTER: So the first request form is filed. If the doctor who's received the request happens to have a conscientious objection, that's recorded on the form. Who has access to that information? What are the privacy protections for the information in relation to the doctor?

KERRY CHANT: Just like all health information, it's under the whole health information form. These are available to support the functions of the board. I think people need to understand that this is very secure information. It is treated like other health information.

The Hon. SUSAN CARTER: What other purposes could that information, in relation to the doctor, be used for?

KERRY CHANT: I'm sorry, but I'm just not sure what you're getting at.

The Hon. SUSAN CARTER: Could it be used, for example, if a doctor was applying for a different position or something, to provide information in relation to a work review or something like that?

KERRY CHANT: No, I couldn't see a circumstance where it would be used for that purpose.

The Hon. SUSAN CARTER: All I'm seeking is clarification—that's all—just to fully understand it. In relation to junior doctors, as I understand it, they often require recommendations from consultants, especially those perhaps on a training program, and those recommendations are important to progress their careers. What thought has been given to a situation where a junior doctor may have a conscientious objection but the consultant with whom they're working does not, so that their conscientious objection doesn't impede their career progress?

KERRY CHANT: I'd like to say that in the implementation of voluntary assisted dying, it's been a privilege to lead the implementation, and I acknowledge the work across the ministry. It has not just been our division; there has been work across the division and the local health districts and all of our—

The Hon. SUSAN CARTER: I acknowledge it's significant work that has been done.

KERRY CHANT: At all points we've just been respectful that the Parliament has made this a lawful option, but also it has put in significant protections and acknowledged people's ability to be a conscientious objector. So like all other things, people's views and personal beliefs should not impinge at all, and that would really be for my colleague Mr Minns to discuss if anyone's personal beliefs, views, religious issues were at all taken into account in any career progression.

The Hon. SUSAN CARTER: If I can assist you, Mr Minns—I would also be happy to get your views—that example is taken from an article written by University of Queensland academics Lindy Willmott and Ben White, who drafted the Queensland VAD bill. Their paper that they published argues that the right of conscientious objection can be an obstacle for the career progression of junior doctors. I was just wondering, looking at the difficulties they have flagged for the career progression of junior doctors, how the New South Wales system has been designed to prevent this becoming an issue in New South Wales?

KERRY CHANT: Well, I think that it's important that—whilst I will get Mr Minns to comment on it—we see a lot of these issues as general issues.

The Hon. SUSAN CARTER: I agree.

KERRY CHANT: So it might be around the fact that someone has a particular view around voluntary assisted dying or it might be a particular view around another thing that a person holds dear. The system should not factor that into their career progression. So the usual pathways would be in play.

PHIL MINNS: We'd see that sort of consequence for someone in that situation—we'd see the exercise of that sort of decision-making as being inconsistent with the code of conduct.

The Hon. SUSAN CARTER: Sorry, could you say that again?

PHIL MINNS: People have a right to have their view and they have a right that the Parliament has provided with respect to non-participation. So they should not, therefore, suffer a discriminatory response in the workplace. If that were to occur, we'd consider it a breach of the code of conduct and they'd have a right to seek to have that behaviour reviewed and ceased. But it's an interesting point, and I might seek the reference that you've referred to.

CORRECTED

The Hon. SUSAN CARTER: I'd be happy to provide it. I was wondering and I suppose I was hoping that rather than especially putting junior doctors and junior medical staff in a position where they are, after the fact, seeking redress, to what extent NSW Health had been able to design into the implementation of this system proactive steps to protect conscientious objection and protect the rights of workers in that regard.

KERRY CHANT: I think it's been clear in every document we've constructed around people's ability to do this, and we've also been incredibly respectful in our engagement, respecting the diversity of views, and the fact that they're deeply held and profoundly held. As I said, it is important that we protect people's rights to hold diverse views on a range of matters, and actually putting it in that frame is probably the most useful in terms of linking it to the usual processes we'd have, where people are experiencing these things, rather than seeing it as something unique. We've taken a deliberative action where behaviours that don't respect people in the workplace, or cause that, would then be dealt with through our usual framework.

The Hon. SUSAN CARTER: I think that's a good approach. I noticed that the practice handbook, at 22, discusses the issue of self-care. I couldn't, though, see whether any guidelines had been established, because if you think about psychological practice and regular supervision to make sure that the psychologist has self-care, and if you think about the nature of the work we're going to be asking the VAD practitioners to engage in, I wonder what guidelines have been established for them to have self-care.

KERRY CHANT: Look, the impact on providers has been considered, and there have been multiple forums. There's actually going to be a clinical practice group that has been established, and a community of practice, because we feel that that's the best forum to provide that system. In terms of our care navigator service, which is one front door for people wanting to seek advice, built in to their system, they've built in psychological safety and debriefs and really attended to those issues. So it has been considered. I also want to acknowledge the incredible help that other jurisdictions have assisted us with in understanding the insights and sharing the learnings. We've taken that on board and built in those mechanisms which we think are most fit for purpose.

The Hon. SUSAN CARTER: In the clinical practice handbook, it focuses largely on doctors. If I'm a nurse, pharmacist, another healthcare professional, where would I go to look at processes for conscientious objection and protections around that?

KERRY CHANT: So there has been a series of webinars that we've conducted, which have a broad base with a variety of different groups—open to GPs, our local health districts, our communities. We've done them with pharmacists as well. There has been a lot of communication out there about the roles and responsibilities. On the website there will also be new information. So the clinical handbook was really tailored to those practitioners who are the authorised practitioners. Why it is so medically focused is that, to be an authorised practitioner, it requires you to be a medical practitioner, except for the nurse practitioners, who can be administering practitioners.

The Hon. SUSAN CARTER: Perhaps, again, this raises the issue of responsive and proactive and whether the responsibility—and I accept that this is a broader issue than this, and I think it's important that we locate it as a broader issue—should be on the healthcare worker to identify that there have been issues in their career progression because of views they might have and seek redress, as opposed to proactive statements and supports and especially, I suppose, education of managers and those supervising them.

KERRY CHANT: I think it's a fine line. We don't want to raise your expectations that we would even condone or think that that could occur. I think you've raised the issue with us, and we're very cognisant of making sure that that happens in any of our engagement. There's been a lot of work with our junior medical officers' presentations, and in all of those we factor in respectful engagement. I've got to say that despite the diversity of views, I've always been amazed in all the sessions we've run around the respectful engagement that we've garnered in navigating this very difficult area.

The Hon. SUSAN CARTER: I think that's very encouraging. I'm aware from the clinical practice handbook, as you've said, that medical practitioners and nurse practitioners must meet specific criteria—required clinical privileges or scope of practice. I suppose I'm just seeking confirmation that the provision of voluntary assisted dying services would be regarded as outside the scope of practice for many doctors in New South Wales.

KERRY CHANT: To be an authorised practitioner and fulfilling those functions under the legislation, you need to undertake mandatory training. The portal also is the way to undertake the mandatory training. That training takes around six to eight hours to complete and involves also an exam to pass, so multiple choice questions. There are also face-to-face sessions for those that prefer a more hands-on or iterative style. They are run both metropolitan-based and regionally.

The Hon. SUSAN CARTER: With respect to that training, just a question that arises—and you probably are aware of the experiences in the Northern Territory with the Rights of the Terminally Ill Bill. You

may be aware of that article that Philip Nitschke was a co-author of after that, where he made his patient records available—significant diagnoses of treatable mental illness, including depression, in a number of patients seeking to access that service. What component of the training for providers helps them identify mental health issues in patients that could and perhaps should be addressed before the request process is finalised?

KERRY CHANT: One of the key aspects of rolling out voluntary assisted dying in New South Wales is really trying to embed where it's aligned to people's goals of care as close as possible to the clinical services in which they're engaging. About 70 per cent to 80 per cent of cases from other jurisdictions have arisen in the oncology space. Clearly the handbook, as you indicate, has a section on capacity and what is reasonable to do for capacity. But in terms of assessing it, they're very experienced and the Parliament has set forth requirements that they are more senior practitioners. Those practitioners are responsible for assessing those issues that might impact on the person's ability to make a commitment to or express an informed desire and commitment to voluntary assisted dying.

The Hon. SUSAN CARTER: I guess to paraphrase you, if I can test my own understanding—there is an expectation of clinical experience, which would allow diagnoses, but there is no specific training that would help practitioners identify mental health issues that perhaps should be addressed as part of the request process.

KERRY CHANT: I would expect that all of the practitioners putting their hands up for voluntary assisted dying would have, in the general course of their practice—many are general practitioners who would day in, day out assess mental health issues. They're the frontline health providers.

SUSAN PEARCE: Can I just clarify, though, Mrs Carter, are you referring—when you say "mental health"—to competence?

The Hon. SUSAN CARTER: No. Sorry. Excuse me. I'm not talking about ability to consent or mental competence. I'm talking about treatable depression or other things. The Philip Nitschke article in *The Lancet* clearly identified that there was treatable depression. It raises the question of whether that should have been addressed before the request process would be finalised.

KERRY CHANT: I think one of the safeguards that we've really tried to implement is to implement it as very much the care of the individual. What we're actually saying is, if a person on a ward raises the issue of voluntary assisted dying with junior medical staff, clearly they can't accept a first request, but that actually should be dealt with as a need to explore and to raise it with their more senior clinicians. Is it around pain management? Is it around access to palliative care? Is it around other psychosocial aspects? In everything we've done in implementation, we've put the patient at the centre. I'm actually very confident that the safeguards are there and the Parliament has thought carefully around prescribing the safeguards within it.

The Hon. SUSAN CARTER: I guess I'm just exploring the type of training that is provided, and I think wanting to confirm that this is patient centred, and that all the issues that the patient has are explored. I suppose there is also the concern about palliative care funding—that there is truly an option for palliative care that would sit truly alongside a VAD option, so that these are effective choices.

KERRY CHANT: Absolutely. Palliative care—it doesn't matter if someone is in a clinical trial. It doesn't matter if someone is continuing aggressive therapy. It doesn't matter if someone is choosing to have—I would expect most of these patients to be engaged in palliative care, and when I say palliative care, I mean optimum symptom control, optimum pain management.

The Hon. SUSAN CARTER: I think Parliament was clear that what they were looking for was to provide choice, and you have to have properly funded, available and accessible palliative care in the city and in the country for there to be an effective choice available to patients.

KERRY CHANT: In every component of the implementation, including with all of the practitioners that we've ever engaged with around this issue—and it's been extensive clinician engagement—we've really highlighted the importance that someone raising voluntary assisted dying is an opportunity to check that all of those other things are not impacting on the decision. It's clearly outlined in the clinical guidance, and that's been the way it's been implemented. Very much that's why keeping close to the teams—and we also would encourage people, notwithstanding Parliament has allowed people to not raise it, to keep it separate from their families or also not with their treating teams. We've really encouraged that it's as close as possible, because we feel particularly that the treating teams will know best around the person's clinical condition, but also any psychosocial factors.

SUSAN PEARCE: Can I just add one last comment to that? I think that in the normal course of things, treating patients for whatever condition or area of care they're in, our staff are used to referring patients to other

specialists as well if an assessment is required, particularly in the case of a mental health concern, where perhaps further specialist advice was required. I can imagine that that would be no different in these circumstances.

KERRY CHANT: The Act actually permits that, and it specifies that expert advice can be sought. The clinical handbook covers those circumstances where you might bring into question that you want to seek an external expert—whether it be about prognosis or mental health capacity.

Ms ABIGAIL BOYD: I was talking with the Minister earlier about people with disability in particular. I understand that just before the election Labor committed to allocate $800,000 to inclusive healthcare programs across 10 hospitals. They announced that in coordination with Dylan Alcott and his organisation GSA. Do you know if anything has happened in relation to that?

SUSAN PEARCE: Deb, would you be able to comment on that one?

DEB WILLCOX: Certainly. Thank you for your question, member. I'm certainly aware of Get Skilled Access and the work they're doing in an additional 10 hospitals, but as to where they're actually up to in terms of the work, I would have to come back to you with some more detail.

Ms ABIGAIL BOYD: Thank you. I couldn't see anything in the budget papers about it. It's quite a significant investment, $800,000, so if you could come back on notice and let me know where that's—

DEB WILLCOX: We're doing some planning work to deliver the training developed by Get Skilled Access in an additional 10 hospitals, consistent with the Government's commitment. But if you wanted detail on locations and just what they're doing, I could get back to you with that.

Ms ABIGAIL BOYD: Yes, and where it's up to. That would be great. Thank you.

DEB WILLCOX: No problem.

Ms ABIGAIL BOYD: The latest Bureau of Health Information quarterly report showed that physical restraint was still being deployed at the Children's Hospital at Westmead at a higher rate than other New South Wales public hospitals. What's being done to address that?

SUSAN PEARCE: I can perhaps start. The challenge that we experience—and, clearly, restraint is not something that is a go-to, first option for our staff. I want to make that clear. In respect of the children's hospitals in particular, what we find there, often, is that it's one or two very highly complex children that contribute to those numbers. Rather than a widespread use of restraint across a large number of children, there are—if our Chief Psychiatrist was here, and there will obviously be the mental health hearing next week where this can perhaps be further explored. But we do, of course, look very carefully at the Bureau of Health Information report in terms of any results that it provides for us because it helps to guide where our work needs to go. When we've looked at those cases, in particular with the children's hospitals, that's what we've found. Deb, are you able to add anything further to that?

DEB WILLCOX: I think you've summarised it, Secretary. I don't have anything further to add. My understanding was it was down to one or two people in that section.

Ms ABIGAIL BOYD: Have you looked into that?

SUSAN PEARCE: Yes.

Ms ABIGAIL BOYD: Have you actually got the data?

DEB WILLCOX: Yes.

Ms ABIGAIL BOYD: It was reported on 9 October that a particular boy was restrained after having open-heart surgery. This is a person who is autistic and non-verbal, and there was a media report about the trauma experienced by that boy at the Children's Hospital at Westmead. I understand that some of those are mental health episodes, but a lot of them are children with disability. What assurance can you give parents of children with disability that this is being investigated and is actually, as you say, down to a couple of people as opposed to it being a systemic issue?

SUSAN PEARCE: The first thing to say is that I'm aware of that article to which you refer. We would say that, clearly, as a health system, the last thing we ever want to do is to let anyone down or to have parents or children experience distress whilst in our care. All circumstances where there is a concern or a complaint made from a patient or a patient's family would be looked at, investigated and reviewed. First and foremost, the family would be communicated with about their concerns. We do seek to learn from any of those events. Obviously, these are very difficult situations for everyone involved, which is why, as I say, we look at the information that

we're provided from BHI, or whatever other report is received in regards to these matters, to find areas where improvements can be made. Our job is to look after people, and we never want to let anyone down in that regard.

Ms ABIGAIL BOYD: Will NSW Health be adopting the recommendations of the Disability Royal Commission in relation to State health settings? In particular, recommendation 6.36 provides that State governments provide that certain restrictive practices not be permitted in health settings. Is that to be adopted in New South Wales?

SUSAN PEARCE: Deb, do you want to comment on that particular recommendation?

DEB WILLCOX: We are currently reviewing the recommendations in detail so, again, I apologise. I would have to come back to you on that specific—

Ms ABIGAIL BOYD: Is there a time line for when that will be looked at?

DEB WILLCOX: The work is currently underway but we can certainly expedite and give you advice back on that particular recommendation.

Ms ABIGAIL BOYD: Are you aware of the one-stop shop clinic operated at Westmead Hospital that was established by Dr Peter Smith and Dr Rummana Afreen in 2020? Do you know about this one?

SUSAN PEARCE: No, I can't say I'm familiar with that.

Ms ABIGAIL BOYD: This is providing opportunistic sedation to patients with complex and severe disabilities. Funding was secured for that clinic on a trial basis with, I think, staffing for one day a month. We also called for a similar model to be used elsewhere in the State, because there is a huge need and demand for this service. Is that something that you are looking at continuing or rolling out elsewhere?

SUSAN PEARCE: I'll take that on notice.

Ms ABIGAIL BOYD: If I can ask something totally different, in relation to the Kirkbride precinct, I understand that the department of lands and property EOI for that precinct has been handed back to NSW Health to consider options for that site. I wanted to know why that's been stalled. Can you take that on notice, maybe?

DEB WILLCOX: I'm not across that.

Ms ABIGAIL BOYD: Are you able to provide an update on the final relocation of the NSW Ambulance headquarters in Callan Park?

DOMINIC MORGAN: I can start. It's well known that we received a significant enhancement from the previous Government to relocate to significantly more contemporaneous facilities out at Sydney Olympic Park. The transition into that new facility is being done sequentially. We've already got our education facilities in there. The previous tenant is now moving out of additional floors, so we will be taking over the entire building, and then we'll be building a state-of-the-art control centre on the top floor in emergency management facilities. So we'll be moving off that site sequentially. The latest advice I have formally is that that will be about mid of next year. However, us being off the Callan Park site will be totally dependent on us rehabilitating the current Eveleigh Sydney control centre, which will become a State disaster recovery and training facility. So the end date is, I think—from an Ambulance perspective, we won't be fully off the Callan Park site until at least 2025. What happens after that, my colleague may have something to add.

REBECCA WARK: I can confirm that the primary building works will be completed at Homebush later this year. There's then a significant amount of ICT and comms work that has to go into that; it's very high tech. That, as my colleague says, will be around the middle of next year. Some of that is already operational. The virtual care centre, which is very complex and high end, will be in a similar position, for both of those dates. As to the future use of Callan Park, we are currently working with our property colleagues around master planning for those uses, and what might be appropriate there.

Ms ABIGAIL BOYD: We've heard a lot of reports of sexual assault of older women in the aged-care sector, as high as 52 reports every week. I understand that there is a considerable overlap with Federal responsibility in this area. Are you aware of those cases—where people should be going or who people should be looking to for responsibility in addressing that issue?

DEB WILLCOX: Are you talking about terrible incidents like that in aged-care facilities?

Ms ABIGAIL BOYD: Is there any responsibility from Health for those issues, or is it entirely a Federal issue?

DEB WILLCOX: It would be entirely a Federal issue.

Ms ABIGAIL BOYD: I thought so.

DEB WILLCOX: But certainly if an elderly person—I mean, anything in the nature of a sexual assault would involve police and be a criminal matter, of course. We do provide forensic services for such things, for sexual assault, elderly or otherwise. So perhaps we would have a role there. If there was any follow-up care, physical or otherwise, for that individual, then certainly the local health district and Ambulance would be involved in making sure that person was safe and had their physical—

Ms ABIGAIL BOYD: But the systemic issue is more of a Federal thing?

DEB WILLCOX: Yes.

Ms ABIGAIL BOYD: I appreciate I'm jumping around issues here.

DEB WILLCOX: Would you mind if I just added to—if it's all right, through you—just an update on the seclusion comment around the children's hospital? I just want to let the Committee know that a safety and wellness plan is completed for each patient admitted to the Sydney Children's Hospitals Network, along with a sensory profile and a plan to ensure optimisation of therapeutic intervention and prevent avoidable risk of restraint and seclusion. Year to date, the acute inpatient units at the children's hospital has actually had zero episodes of seclusion. As to our response to your question—

Ms ABIGAIL BOYD: This financial year or calendar year?

DEB WILLCOX: It would be financial year to date. Due to very complex needs a small number of young people, in particular, those with complex disorders—that's why we saw that above-the-State average in physical restraint in that report. We can certainly come back to you, but I just I'd flag the nature of the patient and family planning that occurs on admission.

Ms ABIGAIL BOYD: On the spending of the $52.7 million for 48 new sexual assault nurse examiners, and medical and forensic officers, are you able to give us any more detail on where those nurses are located, and have they been hired?

DEB WILLCOX: We received the funding in this year's budget, which came in September. So we're currently working with the local health districts in terms of the nature of those positions. They'll be a combination of medical nursing and allied health. It's a significant investment. There'll be around 48.1 full-time equivalent staff that will be spread across the system to enable care for people and children who are impacted by violence, neglect or sexual assault.

Ms ABIGAIL BOYD: Will they be spread evenly across local health districts pretty much?

DEB WILLCOX: Yes. You would expect that the metropolitan areas perhaps there would be, with larger populations as a percentage, a bit more activity but certainly this is not a matter just for metropolitan Sydney. Our issue will be around recruitment and our ability—because, as you would be aware, they are a very specialist workforce. Part of the funding package goes to some training and retention issues because, again, it's a pretty stressful work environment and we really want to look after those staff that are providing these incredibly important services to the community.

Ms ABIGAIL BOYD: The other commitment from Labor was to the women's health centres: $100 million over five years. I wanted to know how much had been spent so far and what the process was for allocating that additional funding?

DEB WILLCOX: I'm afraid I'm unable to advise you how much has been spent so far, but we do have a Women's Health Framework funding you've outlined, member. We're working with the women's health centres to identify what particular programs and things they wish to do within their centre so that we can match the funding to the services and their population and demographic requirements at their centre.

Ms ABIGAIL BOYD: My understanding is that that additional money was to—basically they hadn't had any increase in their core funding since the 80s, was my understanding. We now have this increase, but I'm hearing that this money is now being sort of allocated per project instead of going towards that core funding. From your answer just now, that seems to confirm that. Is that right?

DEB WILLCOX: It is annual funding of $13.4 million to 20 centres across the State, and that annual funding is just that—it would be ongoing. So that would enable them to recruit staff or—

Ms ABIGAIL BOYD: So that's additional operational funding?

DEB WILLCOX: Yes, that's correct. And a further $8.3 million will be allocated. So that was 2023-24, the annual funding, then an additional 8.3 as part of the election commitment. There's also $2.1 million for Full Stop Australia and so these are annual funding for the women's health centres to recruit—

Ms ABIGAIL BOYD: But not the whole $100 million then? Not the whole $100 million over five years, in the figures you just gave me—$13 million per year?

DEB WILLCOX: That's for one year.

Ms ABIGAIL BOYD: But not, I would expect, $20 million. So are you saying that the other amount is for projects only?

DEB WILLCOX: I'll have to clarify the breakdown but the commitment that you've described is accurate. I was just—it's broken down into segments, but this is annualised funding across all those women's health centres. But I can give you the breakdown.

Ms ABIGAIL BOYD: Thank you. That would be really useful.

The CHAIR: I've got some more questions about infrastructure. The first one is relating to Tweed hospital, which was mentioned this morning. I understand that the new hospital is opening in 2024. What is planned for the existing Tweed hospital when the new hospital is opened?

REBECCA WARK: Those deliberations are currently underway, in consultation with the local health district, other health users and also with Property NSW.

The CHAIR: Are those deliberations regarding ongoing use of that site for other types of health services or is there a consideration that that site will be used for other purposes?

REBECCA WARK: That will be part of the deliberation—whether it's surplus to Health's requirements for health services. There's currently an ambulance station on the corner of that site and the local health district runs some other services there as well, which will need to be housed at a location to be determined for that site to be surplus to requirements. But there are also discussions with Property NSW about potential other uses, particularly with the Government's new priorities.

The CHAIR: What's the time line for those deliberations?

REBECCA WARK: I would have to come back to you on that. They're ongoing discussions and also, as I mentioned, with Government's new priority around housing supply.

The CHAIR: What is the allocation in the budget for Grafton Base Hospital, and how is that broken down?

REBECCA WARK: I can come back to that in just a moment. It's broken down—it's currently in it's planning stage. So we're working with the local health district around what is able to be afforded as part of that redevelopment and what the prioritisation of scope might be and how that fits with the existing site master plan. And we're also undertaking various due diligence studies in that space around all sorts of normal issues that we investigate, like traffic and more accurately now flooding issues, which are of particular concern in that northern part of New South Wales.

The CHAIR: Are you able to advise at this stage whether or not those plans will include an additional operating theatre?

REBECCA WARK: I can confirm that, but my understanding is that there are operating theatres in the proposed redevelopment.

The CHAIR: How does the current proposed redevelopment fit with previous clinical services plans for Grafton Base Hospital?

REBECCA WARK: I'm sorry, I don't quite understand the question.

The CHAIR: I understand there's been several iterations of the clinical services plan that's been recently updated and that previously funding was allocated for a previous version of the clinical services plan but then no building was done. So which version of the clinical services plan is the current funding for the redevelopment aligning with?

REBECCA WARK: Our normal process of facility planning and design will be based on what the approved clinical services plan is at the time that we do that. And it will have a number of projections out to a particular year about what those requirements are, which then inform a functional design brief and any concept planning which we do.

The CHAIR: Just trying to clarify my own understanding, the funding for the redevelopment would be allocated based on the most recent clinical services plan and not the previous clinical services plan, which had had funding for redevelopment allocated to that but never took place?

REBECCA WARK: That is on occasion a little bit chicken and egg, depending on when a project is announced and what the status of a clinical services plan development or approval by the district might be.

The CHAIR: Sure, but I'm trying to understand specifically for this one, specifically for Grafton Base Hospital.

REBECCA WARK: I would have to take that on notice.

The CHAIR: Please do.

REBECCA WARK: And the total allocation for that project is $263 million.

The CHAIR: And what's the time line for execution of that redevelopment?

REBECCA WARK: The current intention is for it to be finalised in planning and go into construction within the next year to two years, through that planning process, and a hospital of that scale would normally have a construction time line of two to three years.

The CHAIR: I understand that there was about a million dollars allocated as part of this redevelopment planning process. Can you just give us the detail of how that was spent?

REBECCA WARK: I'd have to take that on notice.

The Hon. BRONNIE TAYLOR: Could you please advise what funding has been committed over the forward estimates for continuation of the IPTAAS program?

LUKE SLOANE: Sure. IPTAAS 4, the current 12-month period has been budgeted: $48.9 million. And we've seen significant uptake and usage of that over the last 12 months even, with an expectation of more than 45,000 people to be benefitting from it. I think we had roughly in the ballpark last year an additional 26,000 people using the scheme, and that's escalated from the annual expenditure last year, being $36.6 million, which was an increase from $19 million in the previous year. It being one of those services that we'll continue to do and we've been very successful with the communication strategy around IPTAAS, we expect that the uptake will continue to grow. We're seeing growth of that and usage of up to 16.5 per cent in some quarter-on-quarter in some districts and usage areas.

The Hon. BRONNIE TAYLOR: That's amazing. That's really great.

LUKE SLOANE: Yes, it's really good.

The Hon. BRONNIE TAYLOR: And so then going forward, is that money there for this great IPTAAS scheme to continue?

LUKE SLOANE: Yes.

The Hon. BRONNIE TAYLOR: Can you tell me the figure, please?

LUKE SLOANE: The actual figure is still the—hang on a second—the total figure is 149 across the next three years.

The Hon. BRONNIE TAYLOR: Well, that's really exciting. I congratulate everyone who's done that, because that's really terrific to see. I'm very excited about that. Ms Willcox, I'm very tempted to ask you all about the menopause stuff, but I have so many questions I have to ask, I might just save that for the women's budget estimates—it's one of my favourite topics, as you know. Can I ask about the Coolamon-Ganmain MPS. Can I ask if a development is on NSW Health's list for the upgrade?

REBECCA WARK: I'll have to check that. My recollection is it's not currently on the list of Health Infrastructure projects.

The Hon. BRONNIE TAYLOR: The Coolamon-Ganmain MPS was listed as the number one priority for the Murrumbidgee Local Health District. Am I correct in saying that? Do I remember that correctly?

DEB WILLCOX: I'm not aware.

SUSAN PEARCE: We'd have to take that on notice.

The Hon. BRONNIE TAYLOR: Please would you mind taking that on notice, because I'm happy to be very wrong on that but I thought that was the number one priority for the Murrumbidgee Local Health District. So that's not on any priority list anymore? Would I be correct in saying that?

DEB WILLCOX: I think we have to take it on notice, Ms Taylor. We're not sure, apologies.

The Hon. BRONNIE TAYLOR: Can I please ask now about Gunnedah Hospital. There are several health infrastructure projects in development across the State. I'm just wondering with Gunnedah—and I do understand the history on this. I have been told—and I just want an answer on this—that it will no longer receive renal or chemotherapy service as part of the hospital upgrade. Would that be correct or incorrect?

REBECCA WARK: Are you happy for me to answer, Secretary?

SUSAN PEARCE: Yes, please.

REBECCA WARK: The build contract for Gunnedah, I'm pleased to say, has just been awarded.

The Hon. BRONNIE TAYLOR: That's great.

REBECCA WARK: There has been a prioritisation of what has been able to be included in that, and that's because of escalation of costs from what was estimated at the time we went to tender until the time we awarded.

The Hon. BRONNIE TAYLOR: Ms Wark, I completely appreciate this position. So, basically, the renal and chemo services which were planned to be there won't be there anymore?

REBECCA WARK: I can check that for you.

LUKE SLOANE: Sorry, Mrs Taylor, just one correction: not 149 but 199 for IPTAAS across the forwards.

The Hon. BRONNIE TAYLOR: That's 199 across the forwards.

LUKE SLOANE: Yes.

The Hon. BRONNIE TAYLOR: That sounds better.

LUKE SLOANE: Yes, sorry. That was just typos.

The Hon. BRONNIE TAYLOR: I was sort of excited but not excited, but thank you. That's great.

The CHAIR: I will jump to a completely different topic. In May the Therapeutic Goods Administration approved what's been called the plasma pathway to broaden eligibility criteria for plasma donation to LGBTQIA+ communities who have previously been excluded from donating blood products. Has any work been undertaken to prepare promotion of the broadened eligibility criteria, taking into account the risks that both Lifeblood and LGBTQIA+ advocacy groups have raised about the risk of re-stigmatisation?

KERRY CHANT: The information about this will largely come from Lifeblood in terms of the promotion of this, but clearly we have good links with our community and we would be happy to work in partnership with Lifeblood. We have a lot of collaboration through a number of committees and so Lifeblood hasn't raised the need with us to assist with that component, but I'm aware of that.

The CHAIR: I understand that the Queensland health Minister has also written to the Federal Government urging it to expedite individual risk assessment for whole blood donation, which I understand is international best practice based on evidence out of the US, UK, Canada and Israel. Do you know if NSW Health has had any engagement with the Federal Government about progressing individual risk assessment?

KERRY CHANT: I know we've had general discussions with Lifeblood about the policy setting in this space, but I would have to take it on notice in terms of any particular correspondence.

The CHAIR: Happy for you to take it on notice. Jumping back to ambulances—sorry, very wildly different topics today—I understand that a number of volunteer ambulance stations, particularly in western New South Wales, have been given Toyota Landcruiser vehicles to use as ambulances. It has been reported to me that there have been cases where it's almost impossible for volunteer paramedics to get the trolley into the ambulance and very hard to work on a lower half of the patient in the ambulance because of cramped conditions. How were the Landcruiser ambulances selected for that purpose and is there a plan to review their function?

DOMINIC MORGAN: It's actually fairly straightforward. The fleet of former troop carriers were all replaced. There were 81 vehicles statewide that were replaced. There were four volunteer ambulance services, historical ones, where they were also using those ambulances as the primary transport vehicle. The Landcruiser,

the 200 series, is actually only a retrieval vehicle. At these four locations, it was immediately raised by the local health district. We've swapped those vehicles out as an interim solution and will be moving to a Mercedes 4x4 all-wheel drive vehicle but there are delays bringing them into the country. The issue has been identified, addressed and we have a long-term solution.

The CHAIR: I'm very pleased to hear that you're aware of the issue. Is there a time line for the arrival of the new vehicles?

DOMINIC MORGAN: That's going to be in the lap of getting Mercedes Sprinters out of Germany. There is a really long—

SUSAN PEARCE: Mercedes ambulances are what we've historically used?

DOMINIC MORGAN: Yes, but these are four-wheel-drive ones. The ones that we use for the normal class one fleet—

The CHAIR: I get that it's clearly not known specifically, but are we talking about weeks, months, years? What sort of time frame?

DOMINIC MORGAN: I'm going to say it could be six to nine months. But where we are at the moment is they've got exactly what they had immediately before the change. So we've already moved the 200s out and they've got the same vehicle, is my understanding, as they had immediately before the change, and we do have a practical solution which will actually be an improvement overall.

REBECCA WARK: Chair, could I just go back to one of Mrs Taylor's questions to me?

The CHAIR: Sure.

REBECCA WARK: In relation to Gunnedah Hospital and the chemo and renal dialysis, those services will continue to be offered at Tamworth. They're not affordable in the current construction contract.

The Hon. BRONNIE TAYLOR: I got that, but thank you. At Tamworth but no longer at Gunnedah. Please may I—

The CHAIR: Sorry, we're breaking for afternoon tea.

REBECCA WARK: Sorry, they've not been at Gunnedah but they're no longer in the proposed build at Gunnedah.

The Hon. BRONNIE TAYLOR: Understood.

The CHAIR: Sorry, Mrs Taylor, we're breaking for afternoon tea.

The Hon. BRONNIE TAYLOR: Sorry, I'm not holding anyone back from food.

The CHAIR: That's alright. You'll have more time this afternoon.

(Short adjournment)

The CHAIR: We will resume the hearing. I will first go to Mr Minns, who had a follow-up answer from an earlier session.

PHIL MINNS: I have two things to clarify from your questions earlier in the day about Safe Staffing Levels. Clause 8 of the MOU, which has been signed by the association and the ministry, specifies that we're seeking to complete the Birthrate Plus review by June 2024. There have been four meetings to date. With respect to level D facilities and MPSs, they are both in scope in respect of the MOU but there are more than 80 sites and they're quite variable in their size, scale and scope of practice. They're sort of next in our area of examination. Some level D facilities have a level three emergency department. There are about six or seven of them. They will be in scope for Safe Staffing Levels rollout through the emergency departments as part of the MOU, subject to the budget envelope that we have available based on the decisions that the Government has made with funding. Those sites are Leeton, Cootamundra, Narrandera, Tumut, Byron Bay and Parkes. There is, in fact, I'm advised, one level D ward with a current nursing-hours-per-patient day ward, and that is the Camden Hospital rehab ward. That will be in scope for the NHPPD part of the initial rollout.

The CHAIR: I have follow-up questions, but I'm aware that the Opposition needs to start first.

The Hon. BRONNIE TAYLOR: In what new locations has the Government allocated funding for key health worker accommodation?

SUSAN PEARCE: Luke, can you respond?

LUKE SLOANE: Yes, I certainly can. Key health worker accommodation, funding and delivery—including regional New South Wales, we are working to deliver it in Far West, Hunter New England, Murrumbidgee, southern and western—

The Hon. BRONNIE TAYLOR: I understand. Please may I have the new ones that this Government is doing?

LUKE SLOANE: They are Far West LHD, MLHD—or Murrumbidgee LHD—and Southern NSW Local Health District. For them, once Hunter is completed, Murrumbidgee will be delivered in Finley, Leeton, Narrandera and West Wyalong. Southern will be delivered in Cooma. I think they're exploring—

The Hon. BRONNIE TAYLOR: Mr Sloane, these are all ones that were already coming. I did the first sod for the Cooma one. I want to know what are new ones that weren't already in the planning. What has the Government announced since the budget that's going to be put into key worker accommodation? I'm so excited about all the ones that are happening—don't get me wrong; I'm beside myself with excitement. I think it's wonderful that they're progressing, but I want to know where the new ones are going that have been newly budgeted for.

LUKE SLOANE: At the moment the regional housing package from 2021 is still being worked through and delivered. To my knowledge, I don't think there has been any other commitment with regard to key worker accommodation for health. We're working through that with the Department of Regional NSW and the Department of Education.

The Hon. BRONNIE TAYLOR: Good luck. There won't be much for regional.

SUSAN PEARCE: Except that there has been a commitment.

The Hon. BRONNIE TAYLOR: Please correct me if I'm wrong. The original $15 million key health worker accommodation will be completed—that's going to continue—but there's no new money to do any more new worker accommodation.

SUSAN PEARCE: There's ongoing funding.

LUKE SLOANE: Ongoing, yes—the 45.3.

The Hon. BRONNIE TAYLOR: I know it's ongoing, but is there any new funding?

SUSAN PEARCE: The information I have is that the Government is continuing to fund $45.3 million towards health worker accommodation.

The Hon. BRONNIE TAYLOR: Okay, but nothing new. I've answered my question. I completely appreciate the difficulty in getting staff, so please don't think this question is at all a gotcha. We had massive issues, as you know. I was wondering how we were going at Nyngan and Wee Waa health facilities due to staffing challenges. Has there been any better news, Mr Sloane? How is it going?

LUKE SLOANE: I would love to say there has been better news. It's still very difficult for both of those sites to recruit—both Wee Waa and Nyngan—for a wide manner of reasons. There have been working parties set up in both locations, with the local member very much included and kept in the loop by the local health districts for both of those working parties. Incentives are applied to all of the rolling ads that they've got out at the moment for those, and work continues to try to either attract people to those sites or operationalise other people to come across to those sites as well.

The Hon. BRONNIE TAYLOR: I will not criticise that because I understand how hard it is. Thank you for continuing to try and do that. I really appreciate everything that you're doing in that space. It's just really tough when you hear those great numbers you just wish—but I understand. Hopefully maybe at next estimates you'll be able to have the best news, that Nyngan is up and going. That would be fantastic. Secretary—and this is self-indulgent—can you provide an update on the Ombudsman and Health Care Complaints Commissioner work that was happening in terms of a response to the rural and regional health inquiry?

SUSAN PEARCE: Yes, I can. Phil may be able to add to this. My understanding is—I will go back a step. First of all, we continue our discussions with the HCCC and also the Ombudsman's office in respect to the recommendation arising from the regional health inquiry. In this year's budget, I believe the Ombudsman has been provided with additional funding to enable them to have a greater area of focus on health within the Ombudsman's office. So it's a good outcome, noting that we had given advice that—the Ombudsman, obviously, already has significant powers, as does the HCCC. Rather than creating a separate and distinct body that would just add to

bureaucracy, this will enable the Ombudsman, through their existing processes, with some additional funding, to be able to pay further attention to health, as it's required.

The Hon. BRONNIE TAYLOR: Will that then be communicated to health staff, that that other avenue will now exist?

SUSAN PEARCE: Again, I might turn to Phil for anything he has to add. We did send out—forgive me, I just cannot remember the month—across the health system at some point either earlier this year, I think, advice to all of our staff about what is available to them with respect to making complaints, including what's available locally, whether it was to the ministry or to other bodies. I will restate, though, that clearly our preference is for our staff to feel that they can raise issues with their manager and, if not their manager, then another senior person within an organisation. The ministry is always available to people if they have a complaint to make because we do take those matters very seriously. The Ombudsman exists if people aren't comfortable with that. We also refer issues to the Ombudsman if we're unable to resolve things for people. But, certainly, we absolutely will communicate. Phil, did you have anything to add on that?

The Hon. BRONNIE TAYLOR: Thank you, Secretary, you've answered my question. I appreciate that. I acknowledge how seriously you take anything like that. I know you even meet with people yourself, and I thank you greatly for that. What is the budget expenditure for PACER? Has there been any new funding for PACER?

SUSAN PEARCE: Did we have any comment about that specifically or did you want to take it on notice?

DEB WILLCOX: I might take the funding on notice, if that's all right, Ms Taylor. The information around that was—I'm obviously speaking for mental health next week.

The Hon. BRONNIE TAYLOR: Okay. Sorry about that, Ms Willcox. You do that.

SUSAN PEARCE: But, certainly, we are continuing with the rollout of PACER. We have a process where we triage for areas of need with respect to the rollout of that program. The police are actively engaged in that. I've spoken previously to Commissioner Webb with respect to PACER. It is something that has, as you know, been very successful.

The Hon. BRONNIE TAYLOR: Have they offered to pay for any of it yet?

SUSAN PEARCE: I couldn't possibly comment about the police budget.

The Hon. BRONNIE TAYLOR: Sorry. Understood, Secretary. If you wouldn't mind taking that on notice. I know Ms Willcox will probably answer it in the mental health inquiry, but I would be really interested to know if there's any new money for PACER to roll out any new programs, not just existing ones, if that's okay. Thank you.

DEB WILLCOX: You're welcome.

The Hon. BRONNIE TAYLOR: Has any additional money been allocated to the HealthOne program?

REBECCA WARK: No, I'm not aware of any that's been added in the current budget.

The Hon. BRONNIE TAYLOR: What about to the Rural Ambulance Infrastructure Reconfiguration program?

DOMINIC MORGAN: In terms of additional?

The Hon. BRONNIE TAYLOR: New money, yes.

DOMINIC MORGAN: No. We are continuing on with the additional $100 million, which got combined with the previous $131 million to do the rural ambulance reconfiguration.

The Hon. BRONNIE TAYLOR: Understood. It really is amazing seeing those new ambulance centres come online and the stations and what you have done and the rooms that are there. It's a real credit. Well done on that. We will start working on getting some new funding from the Opposition. How much of the $120 million health worker study subsidy has been allocated to students who live in a rural location or are intending to practise in a rural location?

PHIL MINNS: The scheme will kick off next calendar year, as graduates come through. We are in the process of designing scheme arrangements. We have the opportunity of 4,000 scholarships—2,000 for people starting their degrees next year and 2,000 for people already commenced in their degrees. Clearly, we hire more

people than that each year, so there can't be a scholarship for everyone. Obviously, we are going to prioritise our hardest-to-fill positions in rural and regional. That is just going to be the reality of how we go about doing it.

The Hon. BRONNIE TAYLOR: I think, Mr Minns, this new program is absolutely fantastic and I credit the Government with bringing it in. But my understanding was that that was going to be available to anyone starting or that was commencing. Are you saying that it's only going to be for hard-to-fill positions?

PHIL MINNS: It will be beyond hard to fill, but, to put it in a nutshell, we probably don't need a scholarship to attract people to some of our most established hospitals in the city.

The Hon. BRONNIE TAYLOR: So it won't be for everyone.

PHIL MINNS: We are working through that at the moment and what the ground rules will be. Four thousand roles is a significant number, so we have to work through the allocation to medical, allied health, nursing and midwifery. We will do that and we will also do it from the perspective of where we have the highest need, which will go to issues of regional and rural.

The Hon. BRONNIE TAYLOR: I might want to flesh it out a bit later. I am going to have to think about that and ask my question carefully. I would just like to ask about my other favourite topic, which is the WHIN nurse program. I just want to know—and I think what the Minister said, to be fair—

The CHAIR: Excuse me, Mrs Taylor, I apologise. I have just been informed that the live stream is not working. We are having some kind of technical issue. Can we stop the clock? Sorry, I am not trying to cut into your time.

The Hon. BRONNIE TAYLOR: I don't mind if people can't see me.

The CHAIR: It's meant to be a public proceeding. The millions of people online also want to know about the WHIN nurse program.

The Hon. BRONNIE TAYLOR: It will all just be Damien's family—all nine of them. It's only our staff that watch. They can come down.

The CHAIR: I am trying to follow proper process. I have been informed that the Hansard stream has been restored, but the public live stream is not working. I am interested in feedback from members. Technically we can proceed because Hansard has the feed. Would you prefer to wait?

The Hon. BRONNIE TAYLOR: I am happy to proceed. I have seen enough of myself today.

The CHAIR: Please proceed with your question.

The Hon. BRONNIE TAYLOR: Can we talk about the Wellbeing and Health In-reach Nurse Coordinator program? Although I think the Minister was very positive about the program and what might happen going forward, if there is no money in the budget from June, we all know that there is a problem if someone decides to go on maternity leave and they want to replace you for a mat leave position and there is only six months available. You know where I am going with that. People don't apply for that. Is there a commitment that, if those positions become vacant for whatever reason, then they will—I suppose you are going to tell me that they will be attempted to be filled. But then will there be a reason to be able to say that that extension of the contract will go on? That was very longwinded, but I think you know what I mean.

SUSAN PEARCE: Use as much time as you need.

DEB WILLCOX: Thank you, Ms Taylor. I'm happy to answer this question. I note that in the earlier session you had the evaluation report, which is on our website. Again, that was for the pilot of the first few sites. It was a good report with pretty positive feedback and some good insights to progress. We've got 106 positions currently funded, with 98 of those filled. I think the Minister made that comment earlier. You will be pleased to know that 59 of those are in regional New South Wales. I can confirm that we've also got an independent evaluation going on as well, which will probably get an interim report later this year. But we won't get a final report until the end of next year. But there is funding committed this year—a further $13.8 million—and that is to be followed up again in next year's budget so that the current nurses that are in place have got certainty.

The Hon. BRONNIE TAYLOR: Have the nurses been told that, Ms Willcox?

DEB WILLCOX: I couldn't confirm what direct communication has been made.

The Hon. BRONNIE TAYLOR: I am quite concerned that they haven't. This is one thing that I will hang on for until every last tooth is gone. I am concerned that they don't know that, and that's what I'm hearing back. Maybe you can or you can't tell me, but I would like an affirmation that they will be told that now there is going to be an extra 12-month extension in lieu of looking towards the program.

DEB WILLCOX: I am happy to make the commitment to ensure that they are communicated with. I think it's respectful and the only thing to do. I am hopeful that locally some discussions will have been occurring. But I am very happy to make that communication more formal.

The Hon. BRONNIE TAYLOR: This wasn't a negative comment. This was a comment from someone at an event in Dubbo and they were talking about the enormous difference that the nurses had made and how they just really want to continue and it's the best job they have ever had. I really want to see this continue. Can you just explain to me how this report that I have says, "Wellbeing and Health In-reach Nurse Coordinator model pilot evaluation final"? Is there another report?

DEB WILLCOX: Yes, that evaluation was done for Young, Tumut and Cooma in 2020. They were the initial—

The Hon. BRONNIE TAYLOR: I think it was actually more, right? It wasn't?

DEB WILLCOX: It may be more, but my understanding is that it's for those three sites. It was around the pilots. This more detailed evaluation is being done on the totality now that we've got 106 positions, with 98 filled. We will do a longer term and deeper dive into the positive impacts that these nurses are having.

The Hon. BRONNIE TAYLOR: Can I please ask a question about the Royal Flying Doctor Service? I don't have any documented evidence but I have heard that they are very concerned and looking at cutting more services. Has this been conveyed to NSW Health?

MATTHEW DALY: We've got a variety of—

The Hon. BRONNIE TAYLOR: I got you a question.

MATTHEW DALY: Yes, I was feeling unloved.

The Hon. BRONNIE TAYLOR: You can't go home without a question.

MATTHEW DALY: We've got a variety of contractual arrangements with the Royal Flying Doctor Service, from primary care through to—

The Hon. BRONNIE TAYLOR: I am well aware of that.

MATTHEW DALY: I'm unsure what service you have heard may be under jeopardy. They have not formally approached the ministry in any way about any service that may not be able to continue relationships with Ambulance. Dom?

DOMINIC MORGAN: Is it clinical? My understanding is that they were having some trouble on the interhospital grant and that they were having trouble getting the dual midwife and acute care registered nurse. We assisted by waiving that in certain circumstances and we have also cross-trained some of our own flight nurses to go on the aircraft for, particularly, the complex obstetric cases, primarily out of Broken Hill.

STEVEN CARR: Can I just say I think that—

The Hon. BRONNIE TAYLOR: I understand that air transfer has changed, it's very different and you have all those amazing new planes and helicopters, but I am very concerned and I will be watching that in terms of services.

DOMINIC MORGAN: We're still leaning heavily into RFDS, particularly out at Broken Hill for that part of New South Wales, and there is absolutely no intention to move away from that. They do a really solid job out there.

The Hon. BRONNIE TAYLOR: They really do. They're pretty good.

DOMINIC MORGAN: Yes, everyone is comfortable.

The Hon. BRONNIE TAYLOR: And they have a television show, Dom.

DOMINIC MORGAN: Yes, they do.

LUKE SLOANE: I was just going to add to that. I met with Greg Sam, the CEO, and some of the staff quite some time ago—I can't remember the exact day—where they did express that some of their extended activities outside of their not retrieval but transport services for RFDS to quite a lot of remote areas in the scheme of primary care, helping out with the supply and some thin and failing markets for the Commonwealth for primary care and GPs. They have expressed that to us, and we have made an agreement with Greg and the team from RFDS to make sure that we are working with them strategically from RDFS' point of view and how we integrate across all of those grant agreements and the great work that they for regional, rural and remote areas as well.

CORRECTED

The Hon. BRONNIE TAYLOR: I'm really happy to hear that. Thank you very much, Mr Sloane. Mr Minns, I just want to go back what we were talking about in terms of the scholarship, but I don't think that's the right way to say it—the health worker study subsidy. Is that the right term? Is that what we are calling it or are we just calling it the scholarship?

PHIL MINNS: I would have to find the note that names it. If you keep going, I will find it.

The Hon. BRONNIE TAYLOR: We know after WHIN nurses that we don't really need those. The understanding that I had was that that would be available for every person studying to get a subsidy for their study.

PHIL MINNS: Well, the scheme announced says that it's broad, and it can be metro as well as regional, but we will have more applicants than we have packets of funding to provide.

The Hon. BRONNIE TAYLOR: What do you think that difference, Mr Minns, will be with one of your calculations as to the difference between the applicants that will apply and those that will get the scholarship?

PHIL MINNS: These are rough numbers, but this year we are seeking to hire about 1,300 intern doctors. We don't yet fully know the number of nurses and midwives that we will go for in the next clinical year. Last year, we—or this current year, we targeted 3,700. We've got nearly—

The Hon. BRONNIE TAYLOR: That was the biggest ever, wasn't it, Mr Minns?

PHIL MINNS: Yes. We've got about 3,500 of them already. Next year we will probably be seeking to stay the same or maybe go a bit further north, associated with Safe Staffing rollout. You put those two numbers together and we are above the number of subsidies that are available in the scheme.

The Hon. BRONNIE TAYLOR: How many subsidies are available as per the funding allocation?

PHIL MINNS: I think it's 4,000: 2,000 for people who are enrolling in programs next year and 2,000 for people who are already enrolled as at now.

The Hon. BRONNIE TAYLOR: Sorry, because you know I am challenged with my figures, but if you say that, say, 3,500 new grad registered nurses and, say, 1,300 intern doctors, that makes 4,800.

PHIL MINNS: And then you would have to add allied health positions that we would recruit to next year as well.

The Hon. BRONNIE TAYLOR: But would allied be included in the scholarship?

PHIL MINNS: I believe so. Can you just check?

LUKE SLOANE: They weren't.

PHIL MINNS: They weren't?

LUKE SLOANE: No, no, here we go—850 nurses, 400 medical students and 150 people studying midwifery.

The Hon. BRONNIE TAYLOR: That's a lot of people missing out, from something that was announced.

PHIL MINNS: I think it just means that we have an envelope of funding. We have some priorities around workforce, and we will target those priorities in the way we design the approach. That's about all we can do.

The Hon. BRONNIE TAYLOR: Thank you.

The CHAIR: We will go to Ms Faehrmann on Webex.

Ms CATE FAEHRMANN: Good afternoon, everybody. I just wanted to ask some questions in relation to the two-strike diversionary program that is being rolled out next year. You will have to forgive me; I can't see who's in the room, and I will just ask my questions and you will have to decide, obviously, amongst yourselves who will answer them, if that's okay. Firstly, the Government has said that it will start in 2024. I am wondering if you could just explain what the tailored drug and alcohol intervention looks like for every person—sorry; it's tailored, so it will be slightly different. But what is the expectation? If somebody is caught with a little bit of cocaine and they decide to waive their $400 fine and get a tailored drug and alcohol intervention program, what does that look like?

KERRY CHANT: We're currently contracting that service to an existing drug and alcohol service provider. You're correct: It's a tailored intervention, so there will be trained clinical health staff that will assess the context for the drug use. It may be all the way through from a brief intervention to a discussion where there

may be a recognition that the drug and alcohol issue is impacting on the person's life in a way that they would be appropriate for further residential rehab or other services. Many people will use the opportunity—the opportunity will be a brief intervention by trained health practitioners, all the way through to referral to appropriate services. As you've indicated, it will be tailored. The experts will be designing those clinical pathways, depending on the context and nature of the drug use and people's readiness to engage in that. Obviously, it's an opportunity for connecting with health services and diverting away from the criminal justice system.

Ms CATE FAEHRMANN: Thank you, Dr Chant. When is it expected to be in operation?

KERRY CHANT: Government has indicated that it will be commencing in early 2024. At this stage we haven't got a firm date. Clearly there's work across different agencies for different elements of readiness. Obviously we've got a lot of the existing services already set up. We understand the service provider and we understand those clinical algorithms, but there are some pieces of work that all the agencies need to have done, including Service NSW from the point of view of setting up the IT systems to permit the diversion. We've provided advice that this will be ready in early 2024. The Government will, in due course, announce the commencement date.

Ms CATE FAEHRMANN: I assume quite a few of these are going to be over the phone. Is that correct?

KERRY CHANT: The whole suite of modalities will be used. We've actually implemented a lot of telemedicine support services through St Vincent's and also our John Hunter services. That's going into rural and regional now. We've actually found that a very useful modality to augment face-to-face service delivery, particularly in our rural and remote areas. That will be a component, so there will be telephone, telemedicine and referral to appropriate services, depending on the context and nature of the drug use and its impact on the individual.

Ms CATE FAEHRMANN: Okay. After that initial phone call, that initial briefing, for those where it is worked out that somebody should have treatment—it could be counselling or it could be rehab; I'm sure you can tell me more than what I can in terms of what's needed—is that paid by the Government or will people have to pay for some of that?

KERRY CHANT: People will be given options. Clearly, in the public sector, we run a range of public sector services, and we work very much with our NGO partners, a lot of that which is under grant funding from us but also complemented by funding from the Commonwealth. So there's a range of service providers. The choice about the pathways will really depend upon individual circumstances. We wouldn't preclude that someone may want to seek private drug and alcohol treatment if they want, but the public sector provides drug and alcohol treatment options.

Ms CATE FAEHRMANN: In terms of treatment options, if this is going to start at the beginning of next year—in fact, this Committee is conducting an inquiry into mental health, and we've heard, for example, just how hard it is still, and how long it takes for people, for example, if they're experiencing an ice addiction, and how hard it is in particular regional areas to get a treatment bed. It's still months away. What is going to happen between now and when this program comes in place to make sure that when people are interviewed during this process, they have treatment beds available to them if they need it, which is what the case in Portugal is?

KERRY CHANT: I think it's important to look at the nature of the offences and the constructs for how police are going to be delivering these. We expect there will be a number of people who are intermittent users of drugs, so the issue for them will be that they may be appropriate for a brief intervention or counselling about the issue. They may well not want to seek active care, but we provide a range of recognition of the sort of things that could be impacting on their life. So it's an opportunity to reflect on how drugs might be—

Ms CATE FAEHRMANN: That is the majority, Dr Chant. I'm very well aware of that. I'm asking about the people who need treatment, though.

KERRY CHANT: In terms of the treatment, this is the time period where we've been rolling out, as you are aware, the ice special commission. There was funding provided with that. We've been progressively rolling out a range of services and increasing services across the State. This scheme is coming in at a time when there are increasing access provisions to rehab and other services. Also, I've highlighted the fact that we've actually seen significant service innovation in terms of, particularly, telemedicine and other service provision. That's really supported rural and regional access. It has been well accepted in those services. So whilst there is always a challenge of meeting community need, I'm confident that this has been implemented at a time when we've seen a growth in expansion of other services, and we're working very much with our other NGO partners to ensure that services are available.

Ms CATE FAEHRMANN: If somebody is picked up in Broken Hill, for example—when this comes into place in February—and they've got ice on them, and it's determined, after this intervention, that they should really go to a detox facility for rehab treatment—and they want to; it's all locked in—how soon can somebody in Broken Hill get a bed, though? It's been an issue for some time. I suppose the question is just what are the changes—the actual resources, the treatment beds—that have been created as a result of the ice inquiry funding to support this change in policy?

KERRY CHANT: So there's actually—

Ms CATE FAEHRMANN: Which I support, by the way.

KERRY CHANT: Yes. I'm just going to my notes. The former Government's response to the ice commission was $499 million over four years in extra funding to fund a range of health and justice initiatives. Of that, $358 million over four years was allocated to NSW Health for the following initiatives: There was $163.8 million to increase and enhance access to evidence-based treatment, support and early intervention services, especially in rural and regional areas; there was $96.2 million for more integrated and coordinated approaches to care; there was $11.7 million for digital capability in virtual health care, and those are the telemedicine hub-and-spoke models that I described; and there's also $66 million to expand the drug and alcohol workforce, and a range of other initiatives to support monitoring in evaluation. So there is program growth. We've been working incredibly hard with our partners to put out tenders, as well as providing for NGO activity—growth in NGO activity—plus also providing direct allocation to our local health districts for service enhancements.

Ms CATE FAEHRMANN: I know it's not just about treatment beds, in terms of treating issues when it comes to alcohol and other drug use, but do you have a target in terms of opening up more treatment beds, both in Sydney and in regional New South Wales, as a result of the $500 million funding? Is there a target for more centres, for more support, for more beds across New South Wales?

KERRY CHANT: There will be an increase in beds, and some of them are residential facilities. There has been a particular focus on enhancing services in rural and regional, and particularly for priority groups such as women and those with young families. I'm happy to take that on notice and give you a bit more of an issue in terms of what we think the scope of increase will be in terms of residential rehab, but I think you were very valid in pointing out that residential rehab is just one component of the spectrum, and used in a—a smaller group of patients would be suitable for residential rehab.

Ms CATE FAEHRMANN: Getting that on notice, broken down over the forward estimates, potentially in terms of what you're expecting in terms of beds opening up. You would be very aware of the Fair Treatment campaign run by Uniting to put in place a treatment centre in regional New South Wales. People were having to travel 700 kilometres to access treatment, and even then it was three or four months' wait. The situation, though, is kind of almost the same still, despite that. I understand there have been delays in establishing the Dubbo centre. At this stage, this pre-court diversionary scheme is starting in five months, four months, six months—whatever it is—but it doesn't seem like we've got that many more treatment beds in place, which is a critical component of making sure that people, if they're seeking treatment, if they're getting this intervention, are able to get that type of help when they need it. Other than that Dubbo one, which has stalled, is there anything else on the books?

KERRY CHANT: There is a whole list of new initiatives. I think it's important to note that, as you've indicated, the majority of people accessing this will require a lower level of intensity of intervention. It is an important health intervention, but at a lower level of intensity. There will be a small number. It's likely that that small number, hopefully, have already touched our health system in other ways. I think it's important to say that, whilst this will generate increased demand for services, we're expecting the majority of those to require a lower level of intervention. We are working very hard with our partners to bring on board enhanced services, and using technology in a way that we've found very useful, particularly in our rural and regional services. We are working very much also in partnership with general practice as well. GPs are important providers in this area and we need to support them.

Ms CATE FAEHRMANN: Do you see there being any difference between the first intervention and the second intervention?

KERRY CHANT: Yes. Obviously, again, it will be taken into account in terms of the clinical context of care. For instance, a person may not recognise that they have a problem or be in that readiness state to engage in treatment and therapy, but awareness raising has occurred or they have been prompted by that. The second offence may actually be that prompt. So each circumstance where a person intersects with our service has to be dealt with uniquely, through that clinical lens of what is in the best interests of the patient. It will be done in that clinical model of care.

CORRECTED

Ms CATE FAEHRMANN: I understand you've put it out for tender or whatever, and you're about to put in place a service provider to provide this program. Is that correct?

KERRY CHANT: The provider of the service will be St Vincent's. They currently run a range of information lines and telemedicine services. We are working through the contractual issues with them and the details, as well as streamlining the pathways by which people can get information and support. We have got a service provider and we are working through those issues. Concurrently, as part of the ice special commission, we are looking at streamlining some of the other support services. As you know, St Vincent's also provides a support line to doctors that perhaps isn't utilised as well as it could be, so we're looking at what can we do to further support general practice and what does general practice need. There are other call lines which are more community facing that we're also looking at whether we can actually integrate and link. That piece of work has been done and is well progressed.

Ms CATE FAEHRMANN: I'm sure you've done this research as well, based on the numbers of people caught by police over many years with drugs on them. What is the expectation around how many people will go through this scheme in the first four years? What assessment have you done in that regard?

KERRY CHANT: I haven't got the modelling data before me but, as I said, I'm expecting that there will be a gradual uptick, as this is really also a discretionary element for police, and there are some people that won't fall within the eligibility parameters for police in this scheme. I'm happy to take that on notice in terms of the estimated volume.

Ms CATE FAEHRMANN: Thank you. I just wanted to ask about the impact—or not—of medicinal cannabis patients driving, and impairment. Has NSW Health been asked or provided advice to the Attorney General's office or DCJ in relation to that issue?

KERRY CHANT: There was a parliamentary inquiry, I think it was last year—

Ms CATE FAEHRMANN: Yes, into my bill.

KERRY CHANT: —where there was expert advice provided. Health's position was part of a whole-of-government submission that was provided to that inquiry.

Ms CATE FAEHRMANN: But nothing since then, Dr Chant, just to clarify? Because this is a new Government now.

KERRY CHANT: There have obviously been informal briefings on the issue and some of the considerations, but no formal—I would have to check, but I'm not aware of that. I note that the Premier has indicated that this issue will be considered within the drug summit, but I can just cover a couple of issues, if that's at all useful. One of the considerations from Health is that the current cannabis medicines are regulated like any other medicine, but there's only two registered cannabis medicines, and that's Sativex, a nabiximol, and a cannabidiol in the form of Epidyolex—the two trade names are Sativex and Epidyolex. They're the only ones that are registered. For medication to be registered, they have to provide certain information around dose, how they're dealt with in the body, how they're metabolised and that component.

All of the cannabis medicines have not been registered with the Therapeutic Goods Administration. Data on the expected length of time it takes to break down cannabis in the body is not readily available to clinicians or patients. That's just a consideration, that this, unlike other medicines for which there is a therapeutic guideline about the impact, and warnings about how it's metabolised and what it interacts with, is not available for the majority of cannabis medicines, other than those two that I indicated. New South Wales has invested significantly in research to understand the efficacy of cannabis-derived medicines as treatment options for various health conditions. The issue is we're very happy to participate in any discussion about the use, but it's just important to note that slight difference with cannabis medicines, that the majority of them are not registered with the TGA for unregistered medicines.

Ms CATE FAEHRMANN: Just to be clear, if somebody produces a script, you're saying that potentially that's not one of those two?

KERRY CHANT: That's correct. The vast majority of people on cannabis medicines are not on Epidyolex or Sativex, which are the trade names. One of them is a nabiximol and the other one is a cannabidiol form. So no, the majority of people that are on cannabis medicines are not using those two formulations. They're using unregistered medicines, and the corollary of that is that some of the data on the way the drugs are metabolised, how they interact, the dosing, the dose that a person gets and how that might—has not been done. That's just a little distinction that has to be taken into account, as well as, obviously, the issues that police and others will have in relation to road traffic safety. We're happy to put our piece in, and we're also interested in some of the research being done on the issues around the impairment effects of cannabis.

The CHAIR: Sorry, Ms Faehrmann, you might not have heard—I know you're on Webex—the bell rang just as you were asking that last follow-up question.

Ms CATE FAEHRMANN: Sure. I didn't hear. I never hear the bell!

The Hon. BRONNIE TAYLOR: Spoken like a true crossbencher!

The Hon. SUSAN CARTER: I just wonder, and I'm not exactly sure—apologies—to whom these questions should be directed. It's really about some updates on hospitals and services. Where are we with the Rouse Hill Hospital?

REBECCA WARK: The Government announced additional funding in the budget. We're in the process of working with the local health district around master planning and doing functional briefings and concept designs for how that might be incorporated into the larger budget.

The Hon. SUSAN CARTER: I understand it's a $700 million commitment, but $5 million was allocated in the budget. How far will you get with $5 million?

REBECCA WARK: I would have to check the current year's budget, but that will assist in the planning work which is being undertaken.

The Hon. SUSAN CARTER: So if I can summarise for the people looking for that hospital, there's some money for planning, but nothing else?

REBECCA WARK: I think we're intending to start early works on that as well. But we are in the process, and we need to finalise the statutory authority's approvals in that space as well.

DEB WILLCOX: If I might just add, Ms Carter, the early works are intended to start early next year, with a completion date in 2028 for the hospital.

The Hon. SUSAN CARTER: We talked earlier about various palliative care units that are being redeveloped in New South Wales. I couldn't see any funding in relation to allocation to the palliative care units in Goulburn and the Southern Highlands region. Can anybody help me with palliative care services in those regions?

DEB WILLCOX: Ms Carter, I'd have to double-check what's available in both those hospitals. I can come back to you. It will only take me a moment.

The Hon. SUSAN CARTER: I would be very grateful.

DEB WILLCOX: Ms Carter, could I just add to something you raised earlier around the care of our Aboriginal patients in palliative care? It's an important matter to come back to, because you raised it. It's very important to us also. A couple of things—there are around 18 Aboriginal health workers in palliative care located in the districts around the State. There are some LHDs where they've been unable to recruit, and so we're working with them. Mr Minns' team has an Aboriginal workforce unit and they're assisting in that. We also have a senior policy officer. It's an identified position—an Aboriginal person in palliative care—so their absolute focus is on culturally appropriate models of care for our Aboriginal citizens. We have an Aboriginal palliative care network in the ministry, of which the Aboriginal palliative care health workers are members. I just wanted to reassure you that it is an important part of what we are doing.

The Hon. SUSAN CARTER: Thank you, because it's important that culturally appropriate care can be provided for all the members of our community.

REBECCA WARK: Ms Carter, may I go back to one of your Rouse Hill queries? The $5 million which you mentioned in the current budget, that was out of the additional $400 million. There's also $27.797 million for works in progress from the original $300 million. So it's actually much later, which is why I stumbled a little around the early works, which I knew that we had commenced. There's substantially more than the $5 million.

The Hon. SUSAN CARTER: I'm just wondering where we are with the ambulance station at Sutherland. Is the New South Wales Government still committed to developing an ambulance station at Sutherland?

DOMINIC MORGAN: Yes, absolutely. We undertook modelling in preparation for the investment under the last Government, which identified 30 locations around the major capital city and peri-urban areas, and definitely the Sutherland station was one of them.

The Hon. SUSAN CARTER: With respect to location, has a site been selected in Sutherland?

DOMINIC MORGAN: No.

The Hon. SUSAN CARTER: Has a shortlist been developed?

CORRECTED

DOMINIC MORGAN: No, my understanding is there are investigations being undertaken, but there's no shortlist at this time.

REBECCA WARK: The process that we follow at Health Infrastructure is NSW Ambulance will give us a zone, based on their modelling, of a geographical area where the site should be, and then our property team works with the Ambulance team about potential sites. We then do due diligence on those sites and go through a property acquisition process.

The Hon. SUSAN CARTER: Do we have a time line on that for Sutherland?

REBECCA WARK: I'm not able to give you one today. It is in the list of 30.

The Hon. SUSAN CARTER: So the people of Sutherland don't know when to expect the new ambulance station?

DOMINIC MORGAN: It's important to note that's actually a now six-year program overall. So you can imagine the timing of all of these programs was actually out to what the organisation's asset needs were over the long term. It's not as if we're sitting there saying, you know, "Goodness, that's the one that we've got to have tomorrow." You would know better than I, but there's substantial development in that area, particularly around residential, and this will position us very well. The truth is that's occurring right around the Greater Sydney metropolitan area.

The Hon. SUSAN CARTER: Staying on ambulance stations, in relation to the Narrabeen ambulance station, which has been announced for closure, and the building of a new station at Dee Why, what funds were allocated in the budget for the new ambulance station at Dee Why?

DOMINIC MORGAN: That's part of the 30 as well. This goes right back to the announcement under the previous Government. What happened there was a previous Sydney metropolitan infrastructure program that paid for the construction of Mona Vale ambulance station—and you would recall that Mona Vale Hospital closed at that time. What that did is—basically, Mona Vale is six to eight minutes from Narrabeen, and Narrabeen is actually 21 minutes from Balgowlah. The introduction of Mona Vale changed the network, and the modelling showed that if you were going to replace Narrabeen, you'd move it slightly to the south. So by doing this, we'll actually get a really good footprint between Balgowlah, Dee Why/Collaroy, Mona Vale and then up into Avalon.

The Hon. SUSAN CARTER: When will the Narrabeen station close?

DOMINIC MORGAN: Only after the new station commences.

The Hon. SUSAN CARTER: It will stay open until Dee Why is available?

DOMINIC MORGAN: Absolutely.

The Hon. SUSAN CARTER: Are there any issues—because I am informed that there will be different paramedic services available. Will there be intensive care paramedic services available north of Dee Why when these changes are made?

DOMINIC MORGAN: Narrabeen is a category A intensive care station, and that will relocate to Dee Why.

The Hon. SUSAN CARTER: So Dee Why will be—

DOMINIC MORGAN: Becomes the intensive station for that area of Balgowlah.

The Hon. SUSAN CARTER: We've spoken a lot—as is, I think, appropriate today—about health services in Western Sydney, and we've also talked about the importance of community engagement with raising issues. I'm sure everybody's aware of the issues that have been raised by the community in relation to Blacktown Hospital, especially reports of people sleeping on the floor of the ED for 19 hours. I just wonder what the response to that community engagement is, and what we might expect to happen at Blacktown Hospital?

MATTHEW DALY: Graeme Loy, the chief executive of Western Sydney Local Health District, has very active community engagement forums, across his hospitals. It's one of the many strengths of Western Sydney LHD. He's also conscious of both the population and the performance pressures on, particularly, Westmead and Blacktown hospitals. Graeme has—or the team at Western Sydney and the general managers of both those facilities have—taken advantage of funding growth over the last two years in particular. We've seen significant—both medical and nursing staff in both emergency departments and the growth in those areas has been complemented and supported by the growth that was delivered in this year's budget. Western Sydney probably negotiated the highest increase in NYI activity, conscious of the populations that they serve.

There have been some good incremental improvements for both emergency departments in terms of transfer of care and also triage. Are they in the middle of the pack in relation to all of metropolitan or all of New South Wales? Frankly, no, they're not. The team there are very conscious of that. They're working and they are moving it in the right direction, but they will need more time—particularly Blacktown is a fairly unique hospital. I have seen this many times before: metropolitan hospitals slowly emerging and growing into teaching hospital status, and the pressures that creates.

The Hon. SUSAN CARTER: I understand they have a lot of pressure. I'm sure the staff are doing the best that they can. But when you use words like "incremental" and "we'll need more time", for the people of Blacktown who are waiting the best part of a day before they can be seen, I'm just wondering, what does incremental mean in practical terms? How long till people can be confident using their local public hospital, that they will get the treatment that they need?

MATTHEW DALY: Certainly the quality and safety of care at both facilities is very heavily monitored by the Clinical Excellence Commission and also a unit within my division of the ministry. The incremental care—it's a constant work in progress. I meet with chief executives, including Graeme, every week in relation to their ED performance. We are blessed with data and information systems where we can monitor these emergency departments within an inch of their life. I am not going to sit here and say that everything is rosy in both those EDs. It's about recognising that they have a problem, and the staff there do. But they are also moving it in the right direction.

The Hon. SUSAN CARTER: I have a workforce question. We were given some really helpful figures earlier today—I think the figure is 1,112 nurses will be working. It is good to have those LHD figures. But I wonder if anyone is able to help me with, for example, the 138.2 nurses who will be working in the Hunter? How many of those will be emergency department nurse practitioners? How many will be midwives? How many will have surgical expertise? What's the breakdown? And I suppose a follow-up question, if I might ask two together: How do you know who you need where?

PHIL MINNS: I think the same answer applies to both questions. We're a federated system. In the ministry we work on things like the large recruitment for interns, nurses and midwives that we think the system needs through what they tell us. We engage in workforce trend planning. We link that to all of the data we have about future growth in the health system and growth in demand. We focus on the future pipelines of supply for all of our clinical disciplines. We include access to websites for graduates, who have the ability to sort of look at the future supply pipeline across our different clinical roles. We do that at the centre, and we can't do it without the input from the LHDs. But once a performance agreement is agreed with an LHD and they're given their allocation of funding, they are making those resource allocation decisions based on local consultation with both their community and with their clinical community.

The Hon. SUSAN CARTER: How is it, then, that the centre would say, "Here's 138 nurses", without knowing what they need?

PHIL MINNS: What happened with the 1,112, when we did it, was we looked at a series of data points when we were in the middle of COVID and how do we take a bucket of available relief and distribute it as sensibly as possible. The team would have looked at a whole lot of workforce metrics and demand metrics at the time, and that was the allocation that gave rise to the numbers. But where a district decided to deploy those nurses and midwives was a matter for them. Really, we don't think we are in a position to be able to make those calls from the centre.

The Hon. SUSAN CARTER: I suppose what I am trying to understand is how the centre can know what the pipeline needs will be—because a nurse is not a nurse is not a nurse—and what the special skills are. Even in decisions like the scholarship program to support more people entering nursing, was there any thought given to whether perhaps there is a need actually to support existing nurses to upskill? At what level are those sort of decisions being made?

PHIL MINNS: We have a nursing and midwifery office that is the professional development arm for the nursing and midwifery workforce. They are in contact constantly with the directors of nursing in the districts and we have several existing programs that have been run for many years that are targeted towards encouraging people to do particular postgraduate work and study to gain additional qualifications. That is just occurring all the time, I think is what I would say. But that detailed workforce allocation—where is the best place to put it at one point in time?—we leave that to a district to determine.

The other point to note about our workforce is—and it's sometimes not well understood in the public domain—we don't have a workforce that is static. We don't hire people and they just stay there forever. It is a system with 170,000 headcount in it and they are moving around all the time. They are being moved around in

response to issues around demand and there is a serious seasonal trend available each year that basically reflects the demand that we face across a calendar year, because of things like the effect of winter, the effect of respiratory illness, and then the impact of the Christmas period when things like elective surgery go into a slower rhythm. It is a very fluid workforce that has constantly got movement in it.

The Hon. SUSAN CARTER: I anticipate you may have to take this question on notice, but I am wondering if you have—and, if so, if you can provide us with—a list of all contracts for training or consulting which have been awarded to a union?

PHIL MINNS: Yes, I'm sure we can have a look and see if there are any and make that information available on notice.

The Hon. SUSAN CARTER: Thank you. I would be grateful.

The Hon. BRONNIE TAYLOR: My question is will the new Eurobodalla Regional Hospital open with intensive care and level four services?

DEB WILLCOX: I will take that one. Yes, a lot of work and planning going into Eurobodalla, as I'm sure you know. The hospital will open at a level four, but in terms of the intensive care unit, as you would also know, in terms of building up the capability and the training and the skillset to move any hospital from one level to the next has got a bit of a lead time. When you open a new hospital, the commissioning time is probably the most risky in terms of making sure the staff are settled in and everybody's familiar with their environment and their flow and models are all working. The discussions that are going on now with the clinicians and with the local health district are the planning to get to level four and that work is underway. But I think we need to be cautious around saying that we will absolutely open on day one at level four. But that is the commitment and we are working to it. Our main focus will be quality and safety and making sure those staff and that capability is ready, and recruitment for these positions that are required once you get to level four, such as an intensive care unit medical director, is not easy in the regions—again, a subject that you know well.

The Hon. BRONNIE TAYLOR: I so understand, Ms Willcox, I really do, and I am not trying to be difficult. I suppose for me I am just prosecuting the case with the local member that has always been really insistent down there that it will open at a level four and that was the commitment that NSW Labor would give. I understand the difficulties, I understand what you are saying about the transition program, but I am just trying to prosecute that in my role in the Opposition now. I guess that is just what I wanted to know. I am a little bit confused because you did say it would open as a level four, but then you also talked about how difficult—and I understand it's safety and quality, but we all know what a level four constitutes and will it be opening as a level four?

DEB WILLCOX: The hospital itself will have a role delineation of level four but, within that, services may have—

The Hon. BRONNIE TAYLOR: So it has the potential to be a level four?

DEB WILLCOX: Just the intensive care unit. The current thinking is just in terms of the safety and quality, the commissioning components and building the workforce may require that we start at level three, working in a very reasonable period of time to get to a level four. But we want to make sure all of the appropriate elements are together, but the hospital itself will be at a level four.

The Hon. BRONNIE TAYLOR: I understand, and I really appreciate your answer. I didn't want to put you in a difficult spot.

DEB WILLCOX: Thank you. No problem.

The CHAIR: Just coming back to the recent New South Wales Government inquiry into ramping and access block and some of those recommendations, particularly around pharmacy, there was a recommendation around implementing partnered pharmacists medication trialling in hospitals. I am wondering if there has been any work done towards considering that implementation?

PHIL MINNS: I would have to take that on notice, I'm afraid.

The CHAIR: There was also a recommendation about increasing the number of public hospital pharmacists so that their availability better matches emergency department availability. I understand there is a significant number of new positions being promised in NSW Health. How many new pharmacist positions in the public hospital pharmacy workforce are being created as a result of this budget?

PHIL MINNS: I would need to take it on notice, Chair.

The CHAIR: What work is being done to attract and retain new pharmacist interns?

CORRECTED

PHIL MINNS: We are doing general work about what we would call the attractiveness of working in NSW Health. The last few years have probably created two reputational brand issues in Health. One is that people who have admired the health system and taken the view that it played a critical role through COVID, but there is also a narrative that's about people being tired and data we have about burnout through the People Matter Employee Survey. But we have spent probably about six to eight months working with our staff to understand why they like working in NSW Health and how they express that and what are the things they think are the advantages for working in NSW Health.

With that work, it's pretty much finalised and we are in the position now of working with broader government to look at an attraction campaign that we might conduct that tells that story of our own staff, about how they value, why they value working in Health. That's likely to involve some expenditure in social media and in other forms of advertising to get that internal employee narrative out there about why a career in NSW Health is appropriate. And we're trying to build a toolkit of resources that can be used by all of our Health entities, so it is a message about NSW Health, but it can be picked up and used by an LHD or one of the pillar organisations, and we can also overlay an occupational lens to that, which would be available for pharmacists.

The CHAIR: I am glad to hear that that work is being done. NSW Health should be the best place for any health worker to work. It should be perceived that way as well.

PHIL MINNS: It is by a lot of our staff.

The CHAIR: I am just interested because your answer has focused on the sort of reputational and brand issues. Does that mean that there are a number of hospital pharmacists or hospital pharmacist intern positions that are currently vacant?

PHIL MINNS: I don't think so. I will take it on notice to give you a precise answer. The area where we are sort of seeing a pattern of challenge around graduate recruitment is mostly in medical intern in rural and regional, and we are currently sitting at about 65 available places for new interns to commence in the next clinical year. But we've got the other 1,280. That bothers us because of how it impacts the system if we don't get those new medical interns, but it is not a huge order of magnitude. It is a little bit more than last year. We will look at international medical graduates earlier in the process of recruitment to see if we can use that as a resource to deal with that gap.

There has been at times a view that COVID and its aftermath and some of the narrative about it was impacting on enrolments in medical-related disciplines. I don't think that is now the view still of the university deans. I think they've seen a sort of swing back to more healthy levels of student interest in enrolment. I just think it's timely for us to have our own staff speak to what they value about working in this system, and one of the things they value is the fact that it's such a huge system that their career opportunities are really quite considerable. There are about five key themes that have come from those staff engagement sessions.

The CHAIR: You didn't quite answer my question. I let your answer run because the medical intern piece is obviously really important as well, and I was interested to hear about what's happening with JMOs. My question was about intern pharmacists rather than medical interns.

PHIL MINNS: I'll have to take that on notice. It has not been raised with me as a looming issue that's different to normal trend, but I will certainly take it on notice.

The CHAIR: While I have you, Mr Minns, I would love to come back to the nursing safe staffing question. I was grateful that you came back to us after lunch with the information about level D hospitals, and you told us that there is one ward in a level D hospital that is an NHPPD ward. Does that mean that all other wards in level D hospitals are not within the scope of the safe staffing taskforce?

PHIL MINNS: No, it means that the mechanism by which something might change in the way that we staff those facilities will be where we land in the taskforce discussion on the nurses' association claim with respect to safe staffing levels. As I mentioned, and I think as the Minister said this morning, we've pretty much got to the point where most of what the safe staffing level ratios will be in the areas of initial rollout, those things are kind of in agreement between us and the association through the taskforce.

The things that we're still working on are the other principles that go with implementation, and they typically relate to things like how do you approach the rounding of numbers? How do you deal with the association's claim that talks about the need for supernumerary positions, in-charge positions, educator positions, as well as the ratio itself? Those are the areas where we're still in discussions, and because they're quite complex discussions, we have not collectively turned our mind significantly to MPS and level D yet. We have provided for the association quite a lot of data about those facilities, but the reason why they probably need their own specific period of discussion is that they vary quite a lot from the smallest to the largest in that category, and you've really

got to reflect on how we come up with implementation principles that deal with that variability and diversity in those facilities.

The CHAIR: I'm moving to a completely different topic now. How much is the Single Digital Patient Record project costing to deliver?

SUSAN PEARCE: If you could just give us a moment, we'll see if we've got that to hand.

DOMINIC MORGAN: While they're doing that, I've just been provided some information. Those additional Mercedes Benz Sprinters, the four-wheel drives, will be in the country mid-2024 from Germany and there'll be a three-month fit-out, so they should be in place September 2024.

The CHAIR: Thank you, that was a very quick turnaround for that question on notice.

SUSAN PEARCE: I don't have the full figure to hand, Chair. We can take that on notice.

The CHAIR: What kind of experience does the selected IT provider Epic Systems have of developing a Single Digital Patient Record of this project scale previously?

SUSAN PEARCE: Our understanding is that it has a substantial history with delivering services of this size at scale. The team were able to understand the work that they've done, for example, in the US with Kaiser Permanente and so on, which is a very large health service, as you would know, in the US. The lessons that have been learnt, even from smaller rollouts, are being taken into consideration in terms of the rollout of the SDPR. This will be a huge change for the New South Wales health system that will enable our clinicians to see patient information that they couldn't previously see.

For example, if you were a patient at Sydney Eye Hospital, which is nearby with us, today, but tomorrow you were at Royal Prince Alfred, the clinicians can't currently see between the electronic medical records between the districts. The SDPR will correct that. We anticipate as well that as a consequence of that, it will improve patient safety but also for patient experience. They're continually having to repeat stories in terms of their medical history, their medications, what diagnostic tests they've had and so on. That will be addressed by this system as well as many other things.

And excitingly there is also opportunity within the SDPR for the patient themselves to be able to hold their own information that they can then share with their primary care provider, which I think will be a major improvement for us in our system in the fullness of time because of those issues, as I'm sure you're well aware, with discharge summaries and the like. So we're very excited about this, but, Deb, did you have anything else to add in terms of the scale of it?

DEB WILLCOX: I don't think so. Some of the functionality that clinicians and patients are going to receive from having this single platform across the State, the secretary has outlined, and it is a massive transformation for the system. We're working with literally hundreds of clinicians across the State, so they'll have a lot of input into the Epic rollout and to some of the configuration and special functions that will be important for their specialty areas. So just to reassure the Committee, the input of our clinicians, consumers as well as our non-clinical staff across the system will be actively involved over the coming years. I'll come back to you with a figure, my apologies.

The CHAIR: I've got a follow-up for you probably, Ms Willcox. An overhaul of this scale can rightly cause anxiety for frontline staff, particularly at the moment when they have such little non-clinical time available. What plans are in place to actually support frontline clinicians through that transition and give them, for example, paid time or training with the new system?

DEB WILLCOX: We're working through some of that detail with the local health districts currently. You're absolutely right, this is going to be a big impost, but there is a large amount of enthusiasm in the system for it as well. We also have a lot of clinicians already active on networks around the State, such as with the Agency for Clinical Innovation and the Clinical Excellence Commission, and we're going to work with those clinicians so that we're not creating additional groups and complicating where we have groups of people and clinical staff giving input into matters. The Single Digital Patient Record will become a regular item of discussion on agendas in clinical councils and all the myriad of clinical engagement forums that we have across the State. We're working through some of the issues around clinician time and are also very mindful of that, but also I note that, as I said, we've got a lot of forums already where we work with our clinicians on complex issues such as the digital record and it will become embedded into all of those forums.

The CHAIR: I've got a related question about the Oncology Information System. How many cancer centres did eHealth visit across the State as part of that consultation process?

DEB WILLCOX: I have to take that on notice, Chair.

The CHAIR: I should have kept all of my questions to do with inquiries together. I'm going back to the rural health inquiry, which heard evidence about reasons that were given for wards or theatres to be unused. At the time of the inquiry, the Minister said it was unacceptable to have unused operating theatres when there were people waiting for life-changing surgery, and I agree. Can you provide us with an update on hospitals that were raised in that inquiry with unused wards, both due to infrastructure failings or staff shortages? Have any of those been resolved since the inquiry?

LUKE SLOANE: We would have to take that on notice and go through the specific wards referenced if we had access to the evidence that wasn't confidential. I'm happy to chase that up.

The CHAIR: I understand that there is considerable pressure on local facilities in the Riverina, particularly Leeton and Deniliquin, both due to staff shortages and an aging population. Have you considered repurposing any of the decommissioned spaces near those hospitals into consulting rooms, allied health, wraparound services and the like?

LUKE SLOANE: I think the districts across all of New South Wales have considered multiple options to be able to provide any sort of collaborative service with primary care in the town. With regards to Leeton and Deniliquin specifically, I'd have to chase that up with Murrumbidgee Local Health District. But we have examples of that already in Murrumbidgee Local Health District, where they've either repurposed or collaborated with primary health care in order to offer those spaces. Finley is a really good example of where that happens currently. But I'm quite happy to take that up with Murrumbidgee to see if that's been explored.

The CHAIR: While we're on Deniliquin, I understand that Edward River Council had a meeting with NSW Ambulance about concerns with the airport's capacity to land patient transport at Deniliquin Airport. It's my understanding—and please correct me if this is wrong—that there is a mixed fleet of King Air B350s and B200 fixed-wing aircraft but only the B350s can land on the main runway. There are upgrades currently underway at that airport, but I understand that there isn't any work planned to extend that shorter runway. Is that something that could be considered by NSW Ambulance?

DOMINIC MORGAN: The detail I'm going to be shy on. What I can confidently say is that I have read a brief that says there are contingency plans in place. So there are workarounds that they've already got in place to do with the mix of the aircraft, the different types that we use and other runways. I think there's something to do with a parallel strip as well. So even if the main works are going on at the airstrip, they have an ability to use the shorter runway, or something like that. But I can confidently say that there are plans in place and we can provide more detail.

The CHAIR: I wasn't so much after while the works are underway; it was more can this opportunity actually be used to expand capacity at Deniliquin Airport to be able to then land both types of aircraft longer term?

DOMINIC MORGAN: Sorry. When there aren't works going, there's no problem with the B350 landing there at all.

The Hon. BRONNIE TAYLOR: Can I quickly be indulged about the UTI trial?

SUSAN PEARCE: Yes.

The Hon. BRONNIE TAYLOR: Is it just a smashing success? I know you guys want to go and everything.

SUSAN PEARCE: No, we're loving it.

The Hon. BRONNIE TAYLOR: I know. You're very dedicated.

SUSAN PEARCE: We are.

The Hon. BRONNIE TAYLOR: I just love that everyone is talking about it. Is there some really good news, Dr Chant?

KERRY CHANT: It's been a very effective rollout. I'm trying to find my details. I'm sure I've got the numbers, but we can certainly—

The Hon. BRONNIE TAYLOR: Just anecdotally I'm happy with. You don't even have to do it on notice. I'm just so interested, because it was obviously my baby.

KERRY CHANT: There certainly has been a reasonably good uptake. And, as you know, we've rolled out the oral contraceptive pill trial as well.

The Hon. BRONNIE TAYLOR: Yes.

CORRECTED

KERRY CHANT: So we'd be happy to give you the updated numbers. They do change daily, but we'll give you—

The Hon. BRONNIE TAYLOR: If it's not too much trouble—I'm just so interested.

KERRY CHANT: Generally, it's going well. We're finding that patients are finding it acceptable. Obviously, it will take some time for the robust evaluation, but at the moment we're having a number of people treated. We haven't been alerted to any sentinel events associated with it from a safety and quality perspective, but we continue to engage with the researchers.

The Hon. BRONNIE TAYLOR: Okay, fantastic. I might ask the Minister if he'll provide the evaluation. Will that be public?

KERRY CHANT: As you're aware, we tendered out for a provider. The University of Newcastle was successful. But it was really a consortium, where there's the University of Sydney, The George Institute, UTS, Charles Sturt.

The Hon. BRONNIE TAYLOR: It's a great evaluation team.

KERRY CHANT: I'm probably going to forget one of them, but there's a large consortium. That evaluation will be, I'm sure, publicly available once government has had an opportunity to consider the implications of the findings.

The Hon. BRONNIE TAYLOR: That's great. Thank you for that. Every time I walk past and I see a pharmacy and they're advertising, I go and talk to them. I just can't help myself. They're always so positive about it, the pharmacists. They introduced me to a patient one day in Tamworth and they said what a huge difference it had made, so well done. It was not easy to roll out and it's terrific to see it happening. It makes me very happy.

The CHAIR: Are there questions from the Government?

The Hon. EMILY SUVAAL: No, there aren't.

The CHAIR: Wonderful. We can all have an early mark. Thank you all very much for the time that you've all taken to answer our questions today.

(The witnesses withdrew.)

The Committee proceeded to deliberate.