PORTFOLIO COMMITTEE NO. 2 - HEALTH

Thursday 22 February 2024

Examination of proposed expenditure for the portfolio area

HEALTH, REGIONAL HEALTH, THE ILLAWARA AND THE SOUTH COAST

UNCORRECTED

The Committee met at 9:15.

MEMBERS

Dr Amanda Cohn (Chair)

Ms Abigail Boyd
The Hon. Susan Carter (Deputy Chair)
The Hon. Greg Donnelly
Ms Cate Faehrmann
The Hon. Cameron Murphy
The Hon. Emily Suvaal
The Hon. Bronnie Taylor

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

UNCORRECTED

The CHAIR: Welcome to the first hearing of Portfolio Committee No. 2 – Health for the additional round of the inquiry into budget estimates 2023-24. I acknowledge the Gadigal people of the Eora nation, 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 Amanda Cohn. I am Chair of the Committee. I welcome Minister Ryan Park and accompanying officials to this hearing.

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

Welcome and thank you for making the time to give evidence today. 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. Witnesses who appeared at the initial round of budget estimates hearings before this Committee also do not need to be sworn. Witnesses who did not attend the initial round of hearings will need to be sworn prior to giving evidence.

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

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

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

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

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

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

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

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

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

Ms REBECCA WARK, Chief Executive, Health Infrastructure NSW, on former affirmation

Mr JONATHAN WHEATON, Acting Deputy Secretary, Regional Development, Regional NSW, on former affirmation

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: Thank you very much, Minister and your team, for joining us here today. Minister, in relation to DLO secondments in your office, have you or your office ever requested specific public servants to fill DLO positions?

Mr RYAN PARK: Yes, I think I requested someone very early on from the ISLHD local health district. She stayed for only a few weeks. It was just to get me across not only the portfolio but also some of the challenges that we were having at ISLHD, particularly around ED pressure, that you would know, Bronnie. I requested her, yes.

The Hon. BRONNIE TAYLOR: Now that you have confirmed that, could you also confirm that the seconded DLO has not undertaken work that would contravene the Cabinet memorandum?

Mr RYAN PARK: Yes, certainly.

The Hon. BRONNIE TAYLOR: Minister, do you stand by your evidence to this Committee in October?

Mr RYAN PARK: Yes.

The Hon. BRONNIE TAYLOR: That it was truthful, Minister, your evidence to this Committee in October?

Mr RYAN PARK: Yes.

The Hon. BRONNIE TAYLOR: Let me reframe that question, Minister. Did you or did you not mislead this Committee last time you were here in October?

Mr RYAN PARK: No.

The Hon. BRONNIE TAYLOR: Here is a question. It's a simple question, Minister, and it should be an easy yes or no. Will you cut funding to Health at the next budget?

Mr RYAN PARK: No, I won't be cutting funds to Health in the next budget.

The Hon. BRONNIE TAYLOR: We can be very clear here today that you will not cut Health funding in the next budget?

Mr RYAN PARK: That's correct.

The Hon. SUSAN CARTER: Morning, Minister. When we were here last time at budget estimates you said, "Let's be clear: We're not cutting palliative care." You said, "We're not making a cut." You said, "You are wrong to suggest that palliative care is being cut." In fact, it's all here in *Hansard*. You'll be very familiar with that. Given that you said those things under oath and on record in this House, can you explain why you then wrote a letter to Palliative Care NSW admitting that funding had been cut from the former Government's $650 million recurrent package down to $401 million?

Mr RYAN PARK: Ms Carter, I'm not sure what you're reading, but let's talk about palliative care and let's do it in a way that reflects the serious nature of the healthcare service that we provide.

The Hon. SUSAN CARTER: Mr Park, perhaps you could answer the question.

Mr RYAN PARK: I think I'm about 6½ seconds in.

The Hon. SUSAN CARTER: The letter that you wrote makes it clear that the funding was cut by a quarter of a billion dollars—$650 million to $401 million—yet last time when you were here you said, "Let's be clear: We're not cutting palliative care." What was right—your statements on oath to this House or the letter that you wrote?

Mr RYAN PARK: I'll just go back to answering my question if you'd just give me more than a few—

The Hon. SUSAN CARTER: Excuse me, Minister, it's not a matter of you answering your question; it's a matter of you answering our questions. Were you correct when you said last time that there were no cuts to palliative care, yet you had already written a letter advising that the "reduced funding envelope" was down from $650 million to $401 million—a quarter of a billion dollar cut.

Mr RYAN PARK: Are you ready for me to answer the question, Ms Carter?

The Hon. SUSAN CARTER: I'd love you to, Minister.

Mr RYAN PARK: Okay. Over the next four years we will be investing, and I'm sure you're aware of this, around—

The Hon. SUSAN CARTER: I'm sorry, that's not the question.

The Hon. CAMERON MURPHY: Point of order: I'm reluctant to take a point of order, but we have now just had three examples where questions have been asked of the Minister and before he can even begin an answer, three or four seconds in, he's been cut off with a further question being asked. As a matter of simple fairness, he ought to be allowed a reasonable time to answer the question before another question follows.

The CHAIR: I think on the last one the Minister got about one word in before you followed up. I ask you to at least let him get through a sentence.

The Hon. SUSAN CARTER: To the point of order: The Minister was talking about future funding; he was not answering the question about whether was he accurate at estimates last time.

The Hon. EMILY SUVAAL: Sorry, Chair, have you made a ruling?

The CHAIR: I just ruled on the point of order and I am being consistent with previous hearings. Members are entitled to redirect a witness but I ask you to allow him to state more than a word or two so we can understand what the sentence will be.

The Hon. SUSAN CARTER: Certainly.

Mr RYAN PARK: We're investing, Ms Carter, more than $1.7 billion over the next four years. That's an increase, around 6.8 per cent higher this year compared to last year, and it will go up by another 8 per cent increase.

The Hon. BRONNIE TAYLOR: That's just not correct.

Mr RYAN PARK: The profile for the growth in funding I understand has changed. But let's be very clear: We are delivering record amounts for palliative care—$1.7 billion over four years. We're increasing it by 6.8 per cent this year—higher than it was last year. We're going to 8 per cent next year. We are significantly investing in every district in palliative care, both in infrastructure and capital, but also, importantly from my perspective, particularly in nursing and medical staff, and allied healthcare staff.

The Hon. SUSAN CARTER: You are still refusing to acknowledge that your Government has made a quarter of a billion dollar cut to palliative care funding?

Mr RYAN PARK: No, because I have a budget that I'm implementing. You put forward your budget when you were in government. We've put forward our budget. Our budget indicates a $1.7 billion investment over four years with growth of 6 per cent and then 8 per cent next year. We are making significant investments in capital as well that I don't think you've acknowledged in your question and we're also, importantly from my perspective, investing in staff, Ms Carter. That's—

The Hon. SUSAN CARTER: Let's talk about the budget that you're implementing, Minister. Let's look at some detail of the budget that you're implementing.

Mr RYAN PARK: Sure.

The Hon. SUSAN CARTER: As part of the reduction in funding envelope, change to budget, budget cut, will you acknowledge that you are cutting paediatric palliative care at the Sydney Children's Hospital and the John Hunter Children's Hospital?

Mr RYAN PARK: No. What I will talk to you—

The Hon. SUSAN CARTER: You don't acknowledge that 50 per cent has been taken from paediatric palliative care?

Mr RYAN PARK: Are you ready for me to answer the question?

The Hon. SUSAN CARTER: Before you do, Minister, I remind you that you are on oath.

Mr RYAN PARK: Ms Carter, I don't need to be reminded that I'm under oath. I take parliamentary business of all things very seriously and I have done all my life. I don't need to be reminded that I'm under oath. In paediatric palliative care we will be increasing it by an incredible 60 per cent. That is growth, the likes of which we are not seeing in any part of health care or in any healthcare budget, I think around the country, to be honest. We will be increasing it to approximately $64 million over the next four years.

As I said to you, that's about a 60 per cent increase. We are funding palliative care and end-of-life care, and I know the Hon. Bronnie Taylor understands this better than most. That comes in a number of different areas that we do the funding for paediatrics: that is through the SCHN, the Sydney Children's Hospitals Network; the Hunter New England LHD plays a significant role; hospice and respite care, and, for the purpose of the Committee, that is organisations like Bear Cottage; and paediatric pain management.

The Hon. BRONNIE TAYLOR: Minister, I redirect the question. I hold here a brief that was given, titled Palliative Care NSW Request for Funding—one of the briefs that went to you. It says here, "The Expenditure Review Committee approved a revised funding envelope as part of the 23-24 New South Wales budget." Implementation of savings, revised funding envelope—that is a cut, Minister Park. That is a cut to palliative care services of the order of a quarter of a billion dollars. You have told the Committee previously that there were no cuts. Yet we have evidence here that clearly demonstrates there is.

Mr RYAN PARK: But you're talking about growth funding.

The Hon. BRONNIE TAYLOR: Minister Park, I know exactly what I'm talking about, with respect. The evidence is here in the documents that we hold that went to you—that you and your team would know—that clearly demonstrate a quarter of a billion dollar cut to palliative care.

Mr RYAN PARK: The honourable member would know that the projections on palliative care that the former Government put forward had not been implemented. I'm not cutting those services, because they weren't in place—

The Hon. SUSAN CARTER: Minister, with respect—

The Hon. BRONNIE TAYLOR: The funding was in place, Minister.

The Hon. EMILY SUVAAL: Point of order: Procedural fairness resolution 19: Witnesses are to be treated with courtesy at all times. I don't believe it's courteous to interrupt the Minister routinely when he is part way, or just briefly answering a question.

The CHAIR: I ask members to treat the witnesses with respect and also to help me by speaking one at a time.

The Hon. SUSAN CARTER: Minister, do you acknowledge that the funding you cut was in the forward estimates?

Mr RYAN PARK: The honourable member would know that—

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

Mr RYAN PARK: Let me explain it because I think you're getting a little bit confused.

The Hon. EMILY SUVAAL: The Minister's entitled to reply.

Mr RYAN PARK: You're saying we're cutting services and cutting staff. That wasn't—

The Hon. SUSAN CARTER: Cutting funding.

Mr RYAN PARK: That wasn't the case at all. That's not the case, because I've actually increased our funding.

The Hon. BRONNIE TAYLOR: Oh, that's not true.

Mr RYAN PARK: Yes, the level of—

The Hon. SUSAN CARTER: You didn't cut the forward estimates? Did you cut the money for palliative care in the forward estimates, Minister?

Mr RYAN PARK: What we have done is reprofiled the growth of that funding.

The Hon. SUSAN CARTER: Is "reprofiled" another word for cut?

Mr RYAN PARK: No, it isn't, because there's not a reduction in services, Ms Taylor; there is an increase in services. What we have tried to do under a challenging fiscal environment is to make sure that we secured the 1,112 nurses and midwives that your Government had only temporarily funded.

The Hon. BRONNIE TAYLOR: This old chestnut.

Mr RYAN PARK: No doubt part of those were palliative care nurses. What we have done is—

The Hon. SUSAN CARTER: Can you guarantee that all the palliative care nurse positions in the forward estimates will be filled?

Mr RYAN PARK: What I can guarantee you is that the palliative care budget will be increasing by around 6.8 per cent. It's higher this year than last year and it will go to another 8 per cent. It is at a record at $1.7 billion. Yes, your Government predicted a level of growth. That's fine. To be fair, you didn't implement that budget. We came—

The Hon. SUSAN CARTER: Minister, with respect, how does one implement a budget when one is not in government? The money was in the forward estimates. What else does one have to do to implement increased funding for palliative care? Did you cut the allocation in the forward estimates, Minister—yes or no please?

Mr RYAN PARK: Ms Carter, one of the challenges is that this Government was also under the impression that your Government funded 1,112 nurses and midwives permanently.

The Hon. BRONNIE TAYLOR: That's not the question, Minister.

Mr RYAN PARK: And they weren't.

The Hon. SUSAN CARTER: Did you cut the forward estimates funding for palliative care—yes or no?

Mr RYAN PARK: Our budget is $1.7 billion. That's what we are talking about today. What was in yours and what you projected is a matter for your Government, and that's fine. We've made a decision that it is at $1.7 billion—growth of 6 per cent and 8 per cent over the next few years.

The Hon. BRONNIE TAYLOR: You know that's just not true.

Mr RYAN PARK: Ms Carter, I'd like to think everybody in this room, particularly with a sensitive issue like this, regardless of whether they're in government or not, will continue to be very strong advocates for palliative care, as I will be, as I know the honourable member and the former Minister were, and as I'm sure you are. We will continue to be strong advocates for it, but our budget is $1.7 billion. It has increased by 6 per cent and then 8 per cent. We are increasing both staff and capital, and we will continue to make those investments.

The Hon. BRONNIE TAYLOR: Minister Park, if I could just redirect you. If you're going to be a strong advocate for palliative care—and I appreciate that you acknowledge that I was—my job then was, and your job as the Minister for Health is, not to cut the funding to palliative care.

The Hon. SUSAN CARTER: Minister, what do you say to the LHDs who were all asked to prepare business cases for how the allocated funding for palliative care was to be spent, who then, with the change of government, received a memo telling them how much the funding for each of those LHDs was to be cut? They had planned for that funding. They had worked out who they needed to employ to implement that funding. This was not some fancy, in the future figure; this was real money they were planning for. What do you say to those LHDs, all of whose work has to be thrown away because you have cut the funding?

Mr RYAN PARK: Let's go through LHDs because I think you've raised a very important issue with LHD funding, Ms Carter. I think it's one that I will acknowledge. Central Coast—

The Hon. SUSAN CARTER: Excuse me, just to be clear, you are acknowledging that you have cut palliative care funding for each LHD?

Mr RYAN PARK: No, I'm answering your question.

The Hon. SUSAN CARTER: I was just clarifying what you just said because you said—

Mr RYAN PARK: No, I'm not—

The Hon. SUSAN CARTER: You are not acknowledging that funding for any LHD for palliative care has been cut?

Mr RYAN PARK: Ms Carter—

The Hon. SUSAN CARTER: I just want a clear answer, Minister. I just want a clear answer.

Mr RYAN PARK: The funding that you had projected in your forward estimates was not implemented because you didn't win the election. Whether that would have happened or not, I don't know; I'm not sure. What I've told you today is that we as a government have invested—and I'm about to take you through some LHDs because it's important to me and I'm sure it's important to the Committee. We've invested $1.7 billion and we will be investing $1.7 billion over the forward estimates, both in capital and staff—importantly for me, to be quite frank, staff—and that's a 6 per cent increase, just over 6 per cent this year and just over 8 per cent going forward for next year. But I'll look at a couple of LHDs. I won't go through line by line; I just want to explain a few LHDs. Central Coast LHD, 2022-2023 budget—you'll be familiar with that budgetary year—$1.56 million allocated to Central Coast; 2023-2024, where we're having a look at, 2.145—so a substantial increase; and then 2024-25, 2.532. Those are substantial increases to Central Coast LHD. That's just one LHD.

The Hon. BRONNIE TAYLOR: Could I redirect you? If you're talking about the Central Coast, why don't we talk about Illawarra? Again, we are giving evidence to this Committee. You told the people of New South Wales that you were not cutting palliative care. Your own LHD, Illawarra Shoalhaven, has had its palliative care funding cut by $9.2 million. That's over 36 per cent, and given that the LHD that you live in, that is part of your community, saw 38 per cent of dying patients not able to receive any end-of-life care, will you today change your mind about your cuts to palliative care? Because we have documents here clearly outlining the cuts in each LHD. Someone very wise told me once, "It's how you ask the question." When we see the answers and we see the numbers in the documents that were provided to us under a GIPAA, it is very clear what has happened. We're asking you here today: Are you going to reverse the cuts that you have made to palliative care?

Mr RYAN PARK: I'm glad you asked me about Illawarra. Parochial as I am, I wouldn't have necessarily mentioned it because I don't want everyone to think that's the only district I focus on, but it is one that's near and dear to my heart for obvious reasons. The 2022-23 budget for palliative care in ISLHD: 1.560. In 2023-2024: 2.145 to palliative care. And then incredibly 2024-2025: 2.532,900.

The Hon. BRONNIE TAYLOR: Minister, if I could redirect you about Illawarra. What about the 15 FTE—full-time equivalent—staff originally requested when all of the money was on the table in the previous Government's budget? What about the 15 full-time equivalent staff originally requested as part of the expanded palliative care service in Illawarra Shoalhaven? Will they be fully funded for the forward estimates? When you're quoting your numbers there, will they be fully funded, Minister—yes or no?

Mr RYAN PARK: We've recruited already. I'm glad you say this.

The Hon. BRONNIE TAYLOR: So that's a yes, Minister?

Mr RYAN PARK: My department know that I read things in detail and get across things in great detail. I want to take you through Illawarra Shoalhaven FTE recruited around palliative care, because this is important to me. Illawarra Shoalhaven: 9.8 people, FTE.

The Hon. BRONNIE TAYLOR: It's not the 15?

Mr RYAN PARK: The number of staff in FTE positions: 11. And we want to make sure that we continue to stay at that 11 by June 2025.

The Hon. BRONNIE TAYLOR: I'll just take you back to your detail there, Minister. You just said nine FTE, correct?

Mr RYAN PARK: It's 9.8.

The Hon. BRONNIE TAYLOR: I'll just go through this, Minister. You'll have to excuse me. I have to write it down. So 9.8 FTE, right? That's what you just said.

Mr RYAN PARK: Yes.

The Hon. BRONNIE TAYLOR: But you said a total of 11, so I'm presuming—

Mr RYAN PARK: Number of staff in FTE positions 11, yes.

The Hon. BRONNIE TAYLOR: Right. I'm asking you today: There were 15 full-time equivalent staff originally requested. Minister, you've just answered my question with your detailed numbers that you've just quoted to the Committee and you said 11 and it was going to be 15.

The Hon. EMILY SUVAAL: Point of order—

The Hon. BRONNIE TAYLOR: In your own area, in the Illawarra Shoalhaven, we are already down four FTE.

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

The Hon. BRONNIE TAYLOR: Thank you, Minister. I'm done with that question.

The Hon. EMILY SUVAAL: It wasn't a question.

Mr RYAN PARK: Could I just respond to that please, Madam Chair, if that's okay?

The CHAIR: There's been a point of order.

The Hon. SUSAN CARTER: A point of order has been taken.

Mr RYAN PARK: No doubt—and I think Ms Taylor would agree—

The Hon. BRONNIE TAYLOR: Sorry, Minister, a point of order has been taken by your side, so we have to hear it.

The Hon. EMILY SUVAAL: The point of order is about questioning and there not being a question there. It's ridiculous to continually make statements and not have a question.

The CHAIR: In this instance, the witness was happy to answer, so I'll allow the Minister to answer.

The Hon. BRONNIE TAYLOR: To the point of order: My questioning is not ridiculous.

The Hon. EMILY SUVAAL: I think the Chair has made a ruling.

The Hon. BRONNIE TAYLOR: This is a really serious matter—very serious.

The CHAIR: Mrs Taylor, I've just ruled in your favour.

The Hon. BRONNIE TAYLOR: I know, but I had to have that on the record because I'm not ridiculous.

Mr RYAN PARK: I'm assuming—and I hope this was the case from the last Government—that in the 1,112 nurses and midwives that we had to save that were going to be cut—

The Hon. BRONNIE TAYLOR: You cut your own.

Mr RYAN PARK: —some of those would have been used for palliative care nurses and would have seen that increase again.

The Hon. BRONNIE TAYLOR: You've cut palliative care nurses in your own LHD.

Mr RYAN PARK: For a government that was cutting 1,112, it's a little bit ironic, I would've thought—

The Hon. BRONNIE TAYLOR: No-one believes you on that.

The Hon. CAMERON MURPHY: Point of order—

Mr RYAN PARK: —to talk about specific nurse numbers in a particular LHD.

The Hon. BRONNIE TAYLOR: You've cut numbers out of your own LHD.

Mr RYAN PARK: Had we not done that—

The Hon. CAMERON MURPHY: I've let this go a number of times, but what we have here, in the middle of what is a very good answer on an important issue that people care about from the Minister, are these constant interjections coming from the Opposition that are just disorderly. They ought to be called to order and stop interjecting in the middle of these answers.

The Hon. BRONNIE TAYLOR: You're not wasting our time anymore.

The CHAIR: I will rule again that members, of course, are allowed to interrupt to redirect a witness, but perhaps we're straying into a bit of heckling. Minister, in 2023 the Minns Labor Government finally delivered teachers and paramedics a long overdue pay rise, touted as the biggest in a generation and certainly well deserved and long fought for by their respective unions. When will nurses and midwives in New South Wales get a pay rise that reflects their skills and their value to the community, noting that last year their 4 per cent pay rise was below inflation, so a pay cut in real terms?

Mr RYAN PARK: It's a fair question. I acknowledge your advocacy on behalf of frontline workers. I know that personally, given the representations you make, so I do acknowledge that. We have had some significant wins—obviously, with paramedics, as you said—removing the former Government's wages cap. In the last 12 months, I'll be honest, I've focused on the nurses and midwives in at times weekly meetings and multiple times a week at other times around the safe staffing reforms that we will roll out which will be the largest reform in the way public hospitals have been staffed, certainly in a hell of a long time. That has been our focus. In recent discussions with the nurses and midwives, they've made it clear that in their upcoming award negotiations, which, essentially, come into effect from 1 July—that's when they will be up; discussions will take place before then, obviously—they will be looking for increases in salary. I have no doubt that's the case for most unions and their membership.

I'd probably say from the beginning, though, that within the space of 12 months, even the harshest critic couldn't say that the Government has not made significant improvements to frontline healthcare workers. I look at the agreement that Commissioner Morgan, the HSU and I reached at the end of last year about paramedics—a landmark agreement—that certainly was never on the cards for the former Government. That is something that we have unashamedly said is a priority. I understand that nurses will be looking at that and focusing on that over the next few months and I, like every other Minister in their portfolio, will engage with them on it.

The CHAIR: I'm glad that you're engaged in those discussions with the Nurses and Midwives' Association. Can you guarantee that at a minimum in the next budget nurses will get a pay rise that's actually above inflation?

Mr RYAN PARK: That's outside my bailiwick. I'll leave that to my friend and colleague, the Treasurer. He and I have enough robust discussions on things. He will know that, like every Minister, we go in to bat for our frontline essential workers. I'll do the same; he knows that. We work together robustly to get the paramedic landmark deal over the line. We will work together again, but that's a matter for him in terms of where that lands. He has to manage those demands and make sure it's done in a fiscally responsible way. He certainly did that at the last budget, and I'm confident he will do that again this time.

The CHAIR: Sounds like he's in for a robust discussion with me, too. I understand the New South Wales Government is funding incentives for students of health professions, including nursing students, which is an excellent step in the right direction. Do you know the base pay for a New South Wales graduate nurse?

Mr RYAN PARK: Yes, I do have some pay figures here. I want to make sure I give you the right one. We've got base pay around $70,000 for an RN 1. I'm not sure what classification; I don't have every classification, but I have that. And an experienced nurse, which is an RN 8—Ms Taylor knows that, but other people may not know an RN 8.

Mr RYAN PARK: Minister, can we focus on graduates for a second? I am following on from your—

The Hon. BRONNIE TAYLOR: Clinical nurse consultant, thank you, Mr Park.

Mr RYAN PARK: CNC, sorry.

The CHAIR: Minister, I'm trying to focus on graduates because this is related to the funding incentives for students. I'm glad you have that information to hand. Do you know the base pay rate for a Queensland graduate nurse?

Mr RYAN PARK: No, I don't have that.

The CHAIR: It's about 15 per cent higher than in New South Wales. Queensland also has ratios. Why would a graduate nurse choose to work in New South Wales?

Mr RYAN PARK: Because I think it's one of the best systems in the world. It provides career and professional development opportunities, the likes of which I don't think are available in any other jurisdiction. Nurses here can work in large tertiary hospitals. They can make a contribution in those large regional hospitals; and they can make a large contribution in our rural and remote. That is significantly different to most other States and jurisdictions in other parts of the country.

On top of that, we are moving to a ratio-based model, after many years of advocacy from the Nurses and Midwives' Association. And we are obviously focused on making sure that we get a pipeline of new graduates coming into the system. I think, from memory—and I don't want to mislead this Committee—but I think we had around 3,600 new graduates last year, and I think it will be a similar amount this year. There are obviously people who want to continue to work for NSW Health and I think the professional development opportunities, the opportunities to get experience in tertiary hospitals—large, regional and outer metro, as well as rural and remote hospitals—is a unique one.

The CHAIR: What percentage of the NSW Health nursing workforce was lost in 2022-23?

Mr RYAN PARK: Turnover: I might go to Mr Minns, if that's okay, because I don't want to mislead the Committee if the figure's slightly different to what I have in my head.

PHIL MINNS: Chair, the essential position with nurses, from memory—and I can get this clarified for you across the course of the day—is that our level of retention for nurses in midwifery is almost back to where it was ahead of COVID, so we did suffer more turnover, particularly after the Delta wave and the Omicron wave. That was after in the first year of actually having increased retention where people stayed to assist in the challenge, but I think the number is 1.1 per cent that we're below retention levels as at June 2019. Our retention rate for nurses and midwives is above 90 per cent, but I will get you an exact number. It's just buried in here somewhere.

The CHAIR: Thank you. I look forward to coming back to that this afternoon, Mr Minns, and I'll also come back to the safe staffing levels, which I'm not going to call nurse to patient ratios leader. Minister, I wanted to ask you some questions about Manning Base Hospital which, as you would know, is stuck between stage one and stage two of redevelopment and in really dire condition. When will stage two be completed?

Mr RYAN PARK: I'll refer to Rebecca Wark from Health Infrastructure in a moment, but Manning Base Hospital, as has to be brutally honest to this Committee and this Committee should be informed, is significantly challenged at the moment without capital spends across New South Wales. Infrastructure Australia recently indicated around about 13 per cent—let's just say 13 per cent—increases in capital, in cost escalations and things like that that. That has put pressure—no doubt people in local government would have been feeling this—on all of our regional and rural hospitals, including the Manning Base build. That's important just to give a context of what's happening.

In Manning Base, I actually spoke with the local member there yesterday. She also raised some concerns with me about Manning Base that the secretary and the deputy secretary are just working through at the moment. I don't have a date, but it is a hundred million investment in stage two. That'll be providing modern facilities and enhanced services and that's for the communities, obviously, of both Taree and Manning Valley—the region, broadly. Currently the project scope is being reviewed because of some of the cost escalations. I've been pretty up-front about that. That's a challenge. Every infrastructure delivery arm of every government or every local council or every private organisation is facing these cost escalations, according to Infrastructure Australia—not my figures—of at least 13 per cent. Some, we hear—Rebecca the CEO of HI will tell you—sometimes that's close to 30 per cent, and that's just what we're dealing with in a market. I don't have a date on that at the moment, but we are looking at that scope.

The CHAIR: I am concerned about the cost of stage two, given that the cost of stage one doubled and I think you've alluded to some of the cost pressures happening at the moment.

Mr RYAN PARK: Yes.

The CHAIR: But I'm also really concerned about the scope being reviewed because that means that you can get a redevelopment that doesn't actually meet clinical need on the ground. Manning Base Hospital, like Albury hospital, is routinely running at a bed deficit and is already really difficult to staff. Is there an update on bed capacity for stage two at Manning Base?

Mr RYAN PARK: I might refer to Rebecca, if you would like to give any further detail.

REBECCA WARK: Thanks, Minister. I can't comment specifically around bed capacity and we can take that on notice, but I can confirm that we are working with the district around what their priorities are in relation to the scope.

The CHAIR: With these kinds of hospital redevelopments, how can the clinicians who work there and members of the community actually find out things like planned bed capacities without resorting to members of the upper House putting through orders for documents?

REBECCA WARK: We work with the local health district and with a number of user groups throughout the project in consultation around what those needs are and what the priorities are, and then we develop the designs as a result of that in accordance with the available funding envelope.

The CHAIR: You talked about how you developed the designs, but how are those communicated? The feedback I'm getting from multiple regional hospital redevelopments is frustration with a lack of transparency around this kind of detail.

REBECCA WARK: We have clinician user groups. We work with different parts of the hospitals and the local health districts around how we communicate with staff and the community, including the Indigenous community, but particularly, yes, with staff around those different areas.

The CHAIR: Minister, you would have seen the recent media reporting on the unsanitary conditions at the hospital at the moment while it's still between the redevelopment stages. In response, Health Infrastructure NSW was reported to say that it would "continue to keep the community updated". What has actually been done to address those conditions in the short term?

Mr RYAN PARK: I will let HI talk about it, but we are obviously wanting to make sure that all of our hospitals are clean, safe and tidy—all of those things. That's a responsibility that I take very seriously and it is a responsibility that the secretary takes very seriously. Any of those issues, obviously, we are working on, on the ground through HI. But I understand from the local member that, in discussions I've had with her—and she has also written to me on a number of issues—she does have some concerns about Manning Base. The secretary and the deputy secretary, who look after systems and performance, are having a look at their data and having a look at what is happening there.

Not to make any insinuations or accusations, when people from the community, including local members, think that there is a concern at the local hospital, this is a part of the process to have a look at it. That's what we will do and we will no doubt do it at many, many other hospitals, as we have. No doubt when the former Government was in place, when people like myself and others—they were decent enough to have a look at whether there was an issue there that we needed to get to the bottom of. In a system like ours that is constantly changing and constantly under big influxes of people moving in and out of it, we have to constantly take seriously any concerns raised by people and have a look at it. Quality is something that is very important to us, as is safety. We will continue to do that. I'm not sure if you want to talk about the specifics and what work on the ground is happening.

REBECCA WARK: Minister, because we are still in the planning phase of that project, the specific cleaning around the hospital is an operational issue between the LHD and potentially HealthShare. It's not a matter for Health Infrastructure at this stage.

The CHAIR: If it's not a matter for Health Infrastructure, who can answer the question about what is being done in the short term to rectify the issues?

SUSAN PEARCE: Are you able to be more specific about what the issues are, Chair?

The CHAIR: Yes, there were some issues with dampness. Clinicians thought that there was a risk of mould. There have been photos shared of peeling paint and discolouration around vents in clinical areas of the hospital.

SUSAN PEARCE: I'm happy to take that up with the chief executive of the district and address those issues with her.

The CHAIR: Manning Base clinicians told the rural health inquiry that clinical staff choose not to stay in the area due to poor infrastructure and support, and clinicians I have spoken to this week told me again that it is demoralising to work in such uncertainty and decline. Minister, are you monitoring the impact that these years-long and disruptive redevelopments have on staff and operations at the hospital?

Mr RYAN PARK: Yes, it's a challenge. I have to be honest, this is one of the most difficult parts of our capital expenditure. No doubt the other Government found this challenging as well. Where we are doing upgrades, what the impact has on the existing facility—a facility that needs to run and continue to operate. It is something

that I speak with staff about. I've had discussions with HI about it. We do our very, very best to make sure that an operational hospital continues to operate as we transition into a new facility. But I'm not going to sit here and say we always get it right, and I'm also not going to sit here and say that every hospital we have is unbelievable in terms of its infrastructure and rebuild and upgrades. That's not the case. Some of the facilities are older and we need to continue to roll out investment in that area.

I, like the previous Minister, and no doubt the previous Government, have to get that balance right between making sure that we get adequate staff in these hospitals as well as upgrading the physical infrastructure. But I know, having spoken to staff on the ground, that an environment that is pleasant, that an environment that is conducive to good quality health care, is also a good environment to work at. I'm not saying that every single hospital meets the needs of our 170,000-odd employees—I'm not saying that at all—but I am saying that we are doing our very best to improve and upgrade hospitals right across regional, rural and remote New South Wales. I think that the Government that follows this one should be doing the same as well.

The CHAIR: Minister, the redevelopment of Manning Base Hospital was announced back in 2018, acknowledging that was the previous Government. Given the state that Manning Base Hospital is in now and that the community is still waiting for stage two, what reassurance can you give the community in Albury Wodonga that the planned staged brownfield redevelopment of Albury hospital that was announced only in 2022 isn't going to end up like this?

Mr RYAN PARK: Again, I'd like to acknowledge the advocacy of members of this Committee around certain things. This is one that you have advocated on. This is a $558 million investment, by the time we get the additional money from our friends in the Commonwealth. I'll stand corrected, but it is the second biggest investment in regional, rural and remote New South Wales, I think only behind Tweed, so we are going forward with that investment. I know there are people there who may not agree with where that is happening. I understand in every hospital redevelopment there will be people who agree and disagree; I understand that. But we, working with our colleagues in Victoria, are going ahead with that more than half-a-billion-dollar investment in that community's healthcare needs.

I want to try to make sure that that occurs as quickly as possible, but, obviously, we are in the early stages and we are working through those issues that you know. We've made a decision to keep it on that site because we made investments—new investments—in I think urgent care, the cancer centre, from memory, the ED et cetera, and we wanted to make sure that those things were not essentially pulled down after they had been invested in by the previous Government, I acknowledge, fairly recently.

The CHAIR: I understand that the detailed planning for the Albury Hospital is still underway and that the project control group is now meeting. What is the projected cost of stage one of that redevelopment?

Mr RYAN PARK: What I've got is the entire budget, which we think, by the time the Feds help us out, will be of the order of $558 million. I think that was outlined when the project was announced by the former Government. That is a partnership between us and Victoria—and significant. As I said, it's the second biggest—

The CHAIR: Thank you, Minister. I am just cutting you off because I was there when both Premiers came to Albury to make this announcement.

Mr RYAN PARK: Okay.

The Hon. BRONNIE TAYLOR: Let's hope they pay up.

The CHAIR: I will be more specific. I'm not asking you what was budgeted; I'm asking you what is the current costing for stage one of the redevelopment that's being planned?

Mr RYAN PARK: I will ask Health Infrastructure if they want to add—

REBECCA WARK: Thanks, Minister. We will work within the available funding envelope through our concept design development.

The CHAIR: That doesn't really answer my question. Is our scope going to be reviewed, like Manning Base?

REBECCA WARK: As with all of these projects and, as the Minister has talked about, escalation through our design development and our consultation with the community and what the needs are and prioritisation, the scope will often be prioritised in order to meet the funding which is available.

The CHAIR: You talked about working within the funding envelope that's available and, Minister, you talked about making use of the existing assets on the site. Have you actually costed all of the stages of required brownfield development that would meet our community need in our region and compared that to the cost of a

greenfield build? You mentioned Tweed earlier. Tweed hospital was built for $723 million in five years within its budget and we have just heard about the Manning Base Hospital and how the staged redevelopment is going.

Mr RYAN PARK: Yes. What I can tell you is that we are not pulling back on Albury. The budget that we've allocated is 558. We're going to work through that with our friends in Victoria. It's a significant investment. I've engaged with the local member, Mr Clancy, on this issue. I have kept him abreast of what is happening. I acknowledge, Chair, that not every person in that community agrees with what we are doing and what the previous Government announced, but we believe that that is going to significantly uplift health services and the delivery of health care for that region.

The CHAIR: I have more questions about this but I am out of time. We will go back to the Opposition.

The Hon. SUSAN CARTER: Deputy Secretary Willcox, if I could start with you perhaps. I note that you wrote to the LHDs on 20 October informing them of the revised funding envelope of $401 million for palliative care, down from $650 million and you attached a summary of the revised funding envelope for each local health district. I know you take your job very seriously; I know you are very responsible. Did you write that letter without the knowledge of your Minister?

DEBORAH WILLCOX: I couldn't specifically comment whether I briefed the Minister on that memo per se, but certainly in terms of how we worked with the Minister and with colleagues within the ministry and the LHDs to compile a profile for palliative care enhancements across the system, there are many conversations that are held in order to develop those plans. On that specific point I would have to take that on notice, but I would acknowledge that there were multiple conversations as we developed these profiles.

The Hon. SUSAN CARTER: But through those conversations as those profiles were developed the Minister would have been aware of the final funding figures that fell within the revised funding envelope for each LHD?

DEBORAH WILLCOX: The Minister has received advice on what the budget enhancements are to palliative care and, as outlined by the Minister, we've seen an increase this year of 6.8 per cent and next year we'll see around an 8 per cent increase.

Mr RYAN PARK: Ms Carter, there is one thing that I think the Committee needs to be aware of—and I'm sure this wasn't deliberate in any way. We need to make sure you're clear and get on the record that the 401 you talk about does not include almost 100 million—almost 100 million; not 100 million—in capital and tens of millions in funding for this financial year.

The Hon. SUSAN CARTER: Minister, I'm happy to acknowledge that the capital funding for palliative care that was budgeted by our Government continued.

Mr RYAN PARK: I just want to make sure people—

The Hon. SUSAN CARTER: I am focusing on the recurrent funding, because the recurrent funding is the nurses, the doctors, the Aboriginal healthcare workers, the allied healthcare workers that actually deal face to face with patients needing palliative care. That's why we are focusing on the recurrent funding. Minister, while we are acknowledging things—

The Hon. CAMERON MURPHY: Is there a question?

The Hon. SUSAN CARTER: There's a question here. Will you acknowledge the cut to the recurrent funding in palliative care from $650 million in the forward estimates to your revised envelope for $401 million?

Mr RYAN PARK: We've been up hill, down dale and I've talked to you about your budget that didn't get implemented—

The Hon. SUSAN CARTER: I will redirect perhaps to Deputy Secretary Willcox as I was hoping to ask her some questions. Thank you for volunteering that though, Minister. Deputy Secretary Willcox, you wrote to the LHDs on 20 October and you acknowledged that the Minister had been briefed as to the amounts in the revised funding envelope.

DEBORAH WILLCOX: I think I said, Ms Carter, that the specific allocations for every LHD may not have been provided to the Minister or his office, but in terms of the quantum of the enhancement for palliative care for the State, I think I can say that the Minister and his office were aware.

The Hon. SUSAN CARTER: The Minister would have been briefed as to the revised funding envelope—the size of that envelope?

DEBORAH WILLCOX: Yes, that's correct.

The Hon. SUSAN CARTER: I'm just curious. Do you revise the funding envelope and give that figure to the Minister, or does the Minister revise the funding envelope and give that figure to you?

Mr RYAN PARK: Well, the part of the—

The Hon. SUSAN CARTER: Excuse me, Minister, it's a question for Deputy Secretary Willcox.

The Hon. EMILY SUVAAL: Point of order—

Mr RYAN PARK: It's sort of a question for me, because—

The Hon. SUSAN CARTER: It's a question for Deputy Secretary Willcox.

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

The Hon. EMILY SUVAAL: The Minister's entitled to answer any and all questions as he sees fit and the questions can't be directed specifically to secretaries. As we know from previous sessions of estimates, previous Ministers, particularly in this portfolio have taken all the questions.

The Hon. BRONNIE TAYLOR: Just do it this afternoon.

The Hon. EMILY SUVAAL: The Minister is entitled to reply.

Mr RYAN PARK: Executive Government, as you know—I hope you know this, Ms Carter; it's a fairly base level of understanding government—obviously works through and sets the budget and the Treasurer engages in that process with Ministers, including with me. It has been happening since the beginning of time. Those discussions lead us to a point, and then we determine as a Health portfolio how we are going to spend that capital or that recurrent. And, as I've explained now multiple times, the more than $1.6 billion—actually, $1.7 billion—over four years is a growth increase of 6.8 per cent higher this year, and it will be a growth increase next year of 8 per cent. I've also said that your Government had projections. None of these services were implemented. That's important—

The Hon. BRONNIE TAYLOR: I will redirect you, Minister, if I may. Minister, would you or would you not agree, in terms of Executive Government, that the job of the Minister is to direct the amazing people they have in their department to implement the policies, strategies and direction of the government of the day? Would you agree with that?

Mr RYAN PARK: Yes, without a doubt.

The Hon. BRONNIE TAYLOR: Minister, if a government, as your Government has done in cutting funding to palliative care, would direct the department to issue an email, which has been done and which we have a copy of, saying that there will be a revised funding envelope—the job of senior bureaucrats of anyone that works within a department is to implement your policies and your direction. Correct?

Mr RYAN PARK: In Health, as you know, Ms Taylor, we have a $34 billion budget. The vast majority of that is in recurrent expenditure. That looks after around 228-odd hospitals and around about 175,000 staff.

The Hon. BRONNIE TAYLOR: I understand.

The Hon. SUSAN CARTER: Mr Park, if I could redirect you.

Mr RYAN PARK: Just wait, please.

The Hon. SUSAN CARTER: We're focusing not on the totality of the Health budget; we're focusing on palliative care.

Mr RYAN PARK: And I'm just using—

The Hon. SUSAN CARTER: Can you confirm, as I believe you said previously, that it was your decision and your advice to Deputy Secretary Willcox and others in your department that there is a revised funding envelope for palliative care and that had been revised down to $401 million? Can you confirm that, Minister?

Mr RYAN PARK: You clearly don't understand how budgets are developed. That's a slightly concerning thing, but anyway.

The Hon. SUSAN CARTER: With respect, Minister, can you confirm that you communicated the revised funding envelope for further dissemination to the LHDs?

Mr RYAN PARK: The way in which the budget is developed with Ministers and their portfolios and their departments as we lead into every budget is in conjunction with the Treasurer through the normal Cabinet processes of ERC. Once we develop that, we obviously task our hardworking officials and our talented staff from

the Ministry to start to roll that out across our local health districts and our shared services, statewide services, across New South Wales.

The Hon. BRONNIE TAYLOR: Thank you, Minister, for your explanation there.

Mr RYAN PARK: Every year we review demand and investment. Like I'm sure the former Minister would've done—

The Hon. BRONNIE TAYLOR: Minister, if I may redirect you, because we know all this.

Mr RYAN PARK: —if we need to do more in palliative care, we will do more.

The Hon. BRONNIE TAYLOR: But, Minister, you changed the funding budget. You can't talk about forward estimates for 1,000 COVID nurses being cut when the funding actually there for palliative care was not implemented. It's not making sense, respectfully. That money was there. It is your right, as your Government—you won, Minister. You and ERC—I predict it's ERC that made that decision because I imagine you probably fought for this funding but you didn't get it.

The Hon. EMILY SUVAAL: Point of order—

The Hon. CAMERON MURPHY: Point of order—

Mr RYAN PARK: I'm not allowed to disclose what occurs in Cabinet.

The CHAIR: I need to hear the point of order. Ms Suvaal was first.

The Hon. CAMERON MURPHY: It's probably the same point.

The Hon. EMILY SUVAAL: Questions must not contain statements of fact that are unnecessary, unless it's enough to make the question intelligible. I don't believe that the statements of fact that were just relayed, or statements otherwise that were just relayed by the Hon. Bronnie Taylor were to make any question intelligible. There wasn't really a question there.

The Hon. BRONNIE TAYLOR: To the point of order: Besides the fact that I find that quite offensive from the honourable member, my questions are factual. We are talking about a very serious issue. For the honourable member to make such a flippant point of order to try to be personal is really disappointing and belittles this Committee.

The Hon. EMILY SUVAAL: Further to the point of order—

The Hon. BRONNIE TAYLOR: And don't waste our time. We have limited time.

The Hon. EMILY SUVAAL: I am entitled to reply. Further to the point of order: My point of order was around questioning. I was not reflecting on the substance of anything that the Hon. Bronnie Taylor said. I want to make that very clear. I do not take the issue of palliative care flippantly.

The Hon. BRONNIE TAYLOR: I appreciate that.

The Hon. EMILY SUVAAL: The point of order was around the nature.

The CHAIR: I'm ready to rule on the point of order. All members do include statements as the preamble to a question. I think that's appropriate when it's factual; it's often providing necessary context to the question. I will allow statements when they're providing necessary context as long as there's a clear question at the end.

The Hon. BRONNIE TAYLOR: I do know my stuff here.

The Hon. SUSAN CARTER: Deputy Secretary Willcox, would the layperson understand the phrase "revised funding envelope" to mean a change to the funding envelope—a change to budgeted figures?

DEBORAH WILLCOX: That could be a reasonable interpretation. Yes, there was revision.

The Hon. SUSAN CARTER: And the revision could be a revision up or it could be a revision down?

DEBORAH WILLCOX: That's correct.

The Hon. SUSAN CARTER: And if it was a revision down, the layperson would see that as a cut to the funding that had been allocated?

DEBORAH WILLCOX: That may be your word, Ms Carter. The revision—the enhancement is precisely an enhancement. It doesn't exist in the system. It's not currently employing staff or providing services. It is something to come. There was a revision of an enhancement, not a change or a revising down of current services or activity.

The Hon. SUSAN CARTER: Thank you. I appreciate your skill and your expertise. I suppose I'm just trying to translate some of your skills so it can be more broadly understood. With the Minister having provided you with the new funding envelope that was determined as a result of budget processes, which have been explained to us, you communicated the new funding envelope to the LHDs on 20 October and what their new funding allocation was. You were with us at budget estimates last time; thank you very much. You're here with us again today. You heard the Minister last time say there are no cuts to palliative care funding. You've heard the Minister assert that again today. Having written this letter some 10 days or six days before budget estimates and knowing that the revision of the figures had come from the Minister, were you surprised to see the Minister assert that there was no cut to funding when you had written to the LHDs to tell them they would each be getting less?

DEBORAH WILLCOX: Ms Carter, we receive a supplementation to the health budget through the government processes. The allocation of funding then is distributed to the Ministry of Health and we then work with that allocation with our local health districts and services to provide those allocations. I think the memo that you're referring to in October talked to a two-year profile of allocations around, I think, the paediatric palliative care and pain. It's only in reference to two years, seeking plans; it's not beyond two years. We don't do that work until the—

The Hon. SUSAN CARTER: Could I just redirect you, Ms Willcox? You talk about paediatric palliative care. Was the funding envelope for paediatric palliative care revised down?

DEBORAH WILLCOX: We currently have a base of $10 million per annum around paediatric care, and as part of the budget enhancement we—

The Hon. SUSAN CARTER: Perhaps I could explain my question. Did Sydney Children's Hospital and Hunter hospital expect to get more money for palliative care funding for children than what they will actually now be receiving?

DEBORAH WILLCOX: The next two years the pain and paediatric palliative care enhancements will increase for both the John Hunter Hospital and the Sydney Children's health network.

The Hon. SUSAN CARTER: Is that increase more or less than they had planned for, budgeted for, expected to be able to provide services to dying children?

DEBORAH WILLCOX: I would have to take the specifics of those two years and those allocations on notice, but my understanding is—

The Hon. SUSAN CARTER: Sorry, I'm confused. You're not aware of the detail of a 50 per cent cut to paediatric palliative care?

The Hon. CAMERON MURPHY: Point of order—

DEBORAH WILLCOX: I'm not—

Mr RYAN PARK: When you talk about a—

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

The Hon. CAMERON MURPHY: A witness is entitled to take it on notice. They've said they're taking it on notice. To then in effect badger them and say, "You're not aware; you should answer it now," is not reasonable and ought to be ruled out of order. It has been taken on notice.

The Hon. BRONNIE TAYLOR: To the point of order: To use the word "badger" to describe Ms Carter's line of questioning, again, is absolutely outrageous. I ask that you withdraw that. She is being completely respectful. You know what you are doing: You are trying to waste time and you are trying to run cover. You need to allow the honourable member to ask her questions, which she is doing within the standing orders and respectfully.

Mr RYAN PARK: Ms Carter, respectfully—

The Hon. CAMERON MURPHY: Further to the point of order: If Ms Carter takes offence at that, I'm happy to withdraw it. But, frankly, I think you should withdraw what you have just said about the point of order that I have taken.

The CHAIR: Can I rule on the point of order? To Mrs Taylor's, the badgering comment has already been retracted. I think the honourable member is correct in that the witnesses are entitled to take questions on notice and, if they need to, to provide the Committee with a factual response, that's appropriate.

Mr RYAN PARK: Ms Carter, just so we are clear, though, the funding for paediatric palliative care will increase to approximately $64 million over the next four years. That's around about a 60 per cent increase.

I know what you are saying. You are saying that the former Government put forward a budget that had projections—it had not implemented the budget, just so we are clear—that were different to that. What I'm telling you is that, as the person who is implementing the Health budget component of this, we are going to increase paediatric palliative care from around about the same time when you were in Government by around 60 per cent. That's beyond normal growth. I think you would acknowledge that.

The Hon. SUSAN CARTER: Mr Park, can I redirect you on that question? Thank you for acknowledging the enhancements to paediatric palliative care that we had planned and budgeted for in government. The amounts that we had planned and budgeted for, had they been communicated to the LHDs and had they been communicated to the providers of paediatric palliative care services?

Mr RYAN PARK: Between budgets of former governments and new governments—

The Hon. BRONNIE TAYLOR: That's a yes.

Mr RYAN PARK: —the Health officials don't stop working. Of course, they are continuing—

The Hon. SUSAN CARTER: So they've received that.

Mr RYAN PARK: I don't know, because—

The Hon. SUSAN CARTER: Are you aware of the detailed plans prepared by each LHD and the providers of children's palliative care services? Are you aware of the detailed plans that they had provided because of the funding that they had been assured they would receive?

Mr RYAN PARK: I'm aware that—as is the case, I would like to think, with all government departments across the board—work occurs to develop plans and work plans and proposals that they then put through, in our case, to a ministry.

The Hon. SUSAN CARTER: Will every single LHD and every single provider of children's palliative care across the board be receiving less money to assist the dying than they had planned for, they had budgeted for and they had expected would be delivered because it was there in the forward estimates?

Mr RYAN PARK: Ms Carter, every single LHD—I went through a couple and I can go through more, but I won't waste the Committee's time. That is not the approach that I take. People will know that that's not my approach. Every single LHD will receive more money this year and every other year for the forward estimates than they would have.

The Hon. BRONNIE TAYLOR: Minister Park, it's true, isn't it, that for the financial year ending 2024 there is $2 million less than the Children's Healthcare Network was told it would have in March, because you wrote to them telling them that, didn't you?

Mr RYAN PARK: I don't have what you have in front of me. What I can tell you is that, if we are still focusing on paediatric palliative care, we will increase that to approximately—in our budget—$64 million over the next four years, an increase of around about 60 per cent. That will also include funding, obviously, to the Sydney Children's Hospitals Network, the Hunter New England Local Health District and the hospice and respite care, such as—though not exclusively—Bear Cottage.

The Hon. BRONNIE TAYLOR: Minister, you are saying that they weren't written to saying that there would be $2 million less than the Children's Healthcare Network was told it would have in March?

Mr RYAN PARK: No, I'm not saying that. I just said I don't have what you have in front of me.

The Hon. BRONNIE TAYLOR: You're not denying that they were told they would have less money for paediatric palliative care?

Mr RYAN PARK: No, I'm not denying they were told that the budget that would be going forward would be this, and that that budget would be a 60 per cent increase.

The Hon. BRONNIE TAYLOR: Less—the budget going forward would be less.

Mr RYAN PARK: And over the forwards, under our Government—

The Hon. BRONNIE TAYLOR: It was cut.

Mr RYAN PARK: —$64 million.

The Hon. SUSAN CARTER: Perhaps, Ms Willcox, I could ask you: Do you acknowledge that every single LHD and every single provider of paediatric palliative care will have less money to service the dying than

they had been planning for and had budgeted for and had expected because it was allocated in the forward estimates?

The Hon. EMILY SUVAAL: Point of order: Paragraph 10 of the procedural fairness resolution clearly states that government officials should not be asked to express an opinion on government policy and I believe Ms Carter's question is straying very closely to that.

The Hon. SUSAN CARTER: To the point of order: I was not asking for an expression of opinion. It's a question of fact: Is there less money available now than the LHDs were told they would have to spend?

DEBORAH WILLCOX: The process, Ms Carter, for any enhancement to a service in the health system is one of the system planning, writing out what they would think in terms of staffing, the nature of the service, contemporary models of care. The planning work around palliative care is no different.

The Hon. BRONNIE TAYLOR: Except for the funding envelope.

DEBORAH WILLCOX: There was an enhancement touted and services would outline what they would like to do or think they could do if that quantum of funding became available in their budget. We revise this work continuously. The allocations are the allocations and then the local health districts go about recruiting their staff and rolling out the services as per the budget allocation in their service agreement.

The Hon. BRONNIE TAYLOR: And the allocation changed. The funding allocation changed.

The CHAIR: Minister, I am going to quote you from last year, before the election, in the media. You said, "Women have a legal right to safe and accessible terminations in New South Wales and the Government has failed to make sure that we have in place at our public hospitals a clear and transparent pathway", and you said, if elected, Labor would make sure women seeking a termination have safe and clear access to abortion. What has the Government done to improve abortion access in New South Wales since the election?

Mr RYAN PARK: It is an important issue for me, both as a feminist but as someone who is determined to make sure that women get access to this important part of health care across New South Wales. I've been clear from the very beginning that that is important to me, so I'm going to take you through some of the things we're doing and then I'll ask my colleague the deputy secretary, Ms Willcox, to provide more detail, should they wish. We do have a Safe Access to Abortion Care Working Group, and that was established to guide two things, largely. The first was a review of the policies and services in New South Wales, including the pathways and the barriers to access abortion care, because that is different depending sometimes on where people live. And the second thing they were focused on was a review of the Abortion Law Reform Act 2019, and you will know that that review is due to come into Parliament in October this year. That was a part of when the legislation was passed.

The working group has identified areas for improvement, which target legislative policy and service issues, through mechanisms to address local service gaps, as I've talked about, strengthen relationships, importantly, between public, private and non-government service providers and, importantly for me, support workforce development and growth. But obviously we need to do more. I'm in a discussion, I think this month, with the working group to have a look at where they're up to with this.

I acknowledge—and I sincerely acknowledge this because it's been made clear to me when I'm out in regional, rural and remote areas, to be quite frank—that it can be difficult for women to locate abortion services and the information around it, such as finding a GP who provides these services, particularly, as I said, in rural, regional and, more pronounced, in remote areas. As part of improving that information and communication, we have committed I think—and I'll let Ms Willcox double-check me on this—around $1.2 million in funding for the SEARCH Project, which is led by FPA, or Family Planning Australia, to improve the access to affordable pregnancy termination in rural and regional New South Wales. Ms Willcox might want to add, if I've missed anything.

DEBORAH WILLCOX: I think that is a good summary, Minister. I think it is important that we do note that all of our local health districts are able to provide emergency or life-threatening care after termination and have emergency referral pathways, and importantly for the community to be aware of the Pregnancy Choices Helpline, which can connect a woman with services nearest to them—and the appropriate services.

The CHAIR: The search program and the hotline were both in place before the election, although I acknowledge that they're important services. Are there public hospitals in New South Wales that have the technical capacity and staffing to be able to provide abortion services that aren't currently?

Mr RYAN PARK: I'm sure there is but I don't want to mislead anybody.

DEBORAH WILLCOX: Yes would be the answer, Dr Cohn. Staff in our women's and reproductive services would have the skill and capability to provide that but, as you're aware, most early terminations are taken care of outside the acute hospital setting.

The CHAIR: I think there's a reasonable expectation from members of the community that for a public hospital that provides women's health services, maternity care et cetera, that they would also be able to access a surgical abortion at that hospital if they need to. What work is being done to address those gaps in public hospitals?

DEBORAH WILLCOX: I think as the Minister outlined, the working group is looking at the service provision across the State: where there can be improvements in those and how we can optimise care for women when they find themselves in these situations. I don't want to get ahead of what the working group work will outline. That will be a matter, then, for us to determine next steps.

The CHAIR: Other States have tied hospital funding to provision of abortion. In 2023 polling of a representative sample of New South Wales residents showed 68 per cent support for all public hospitals that deliver women's health to provide abortion services, and that included a majority of Labor and Coalition voters. Is that something that's being considered by the working group?

Mr RYAN PARK: Not that I'm aware of, no.

The CHAIR: As you would know, there were recent TGA changes made at a Federal level that reduced red tape around medical abortion prescribing, which you mentioned in passing in your original response. As you would be aware, that can be prescribed by GPs up to nine weeks' gestation and is really critical to improving timely access, particularly in regional areas. Before the election last year Australian Clinicians for Choice wrote to all GPs and candidates calling for a centre of excellence that can provide training and support to the primary care centre. Is that something that's being investigated?

Mr RYAN PARK: No, not that I'm aware of. But training—there are probably multiple elements to this. Making sure that women know what is in their local communities or what might be more widely available to them is important to me and that's because it came up a number of times in the rural, regional and remote inquiry that that may not have been the case. Ms Willcox has, through the working group, tried to make that a focus—so not specifically around that particular issue, but the training of staff is something that we have an ongoing emphasis on in all parts in health and medical care across every district and across the entire system, to be quite honest. I'm not going to say that we are specifically working on that, but it is not something that I'm aware of. The Abortion Law Reform Act that you're very aware of, Chair, ensures that the termination of pregnancy is treated as a health issue. Also, from my knowledge—I'll just make sure this is the case from Ms Willcox—my understanding is that limits the prescribing of medical abortion medication to medical practitioners. But I just want to make—

DEBORAH WILLCOX: That's correct.

The CHAIR: Thank you, that is correct. I might come back to this topic this afternoon. On a different topic, in 2008 the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals—when Labor was last in Government—recommended the creation and maintenance of a centralised register of doctors available for locum work. What has been done to implement that recommendation?

Mr RYAN PARK: I can get some information—either one of my officials might have it—on that particular recommendation. But I'll tell you what we are doing with locums because, to be honest, it keeps me up at night. It's an issue that I know both former Ministers have raised during their time and no doubt continue to be concerned about. In some communities we're paying of the order of around $5,000 for locums. It's a challenge. We are looking at a piece of work—it is not yet ready to be presented to the Cabinet—around whether we can manage locums centrally, internally, through NSW Health. Mr Minns is leading that piece of work for me.

I've also got to acknowledge that my secretary, Ms Pearce, is leading some work through the National Health Workforce Taskforce around how we, as a nation, manage the issue of locum and locum costs so that—yes, they play an important role in our health service; yes, they are needed; but we've got to—all of us, I think—work together because at the moment there are situations where States are bidding against States and probably LHDs are bidding LHDs. The work that Ms Pearce and Mr Minns are doing is having a look at that issue and a range of other issues around how we better coordinate, allocate and deliver locums. But I want to be clear to people: They are an important part of our health service. There's no point people getting in the falsehood that you can reduce locums and you'll save X amount. You would know and Ms Taylor would know that that's simply not possible.

The CHAIR: Thank you, Minister. I'm pleased to hear that some progress has been made on this issue. Just to provide context for my further questions, I also have absolutely no problem with locum doctors and I was one.

Mr RYAN PARK: Yes, understood.

The Hon. BRONNIE TAYLOR: What do you charge, Dr Cohn?

The CHAIR: My beef is with the inefficiency of the use of private recruitment agencies, which I have personal experience with as well. How many different private agencies does NSW Health use for the recruitment of temporary health staff at the moment?

Mr RYAN PARK: I'd have to require Mr Minns. We can find that out.

PHIL MINNS: Take it on notice.

Mr RYAN PARK: I'll take that one on notice, just to make sure.

The CHAIR: That's all right. I will help you. I was told never to ask questions you don't already know the answer to.

Mr RYAN PARK: Wow, okay. I say that to my kids sometimes.

The CHAIR: It was in *The Guardian* last year that it was 59 different recruitment agencies that taxpayers are propping up the profit margins of. Can you tell me what the current cost is to NSW Health per year on the overhead fees to those recruitment agencies?

Mr RYAN PARK: No, but it would be substantial. I'll wait to see if Mr Minns, either now or over the course of the day, can provide that to the Committee. This is not to dilute the importance of the issue or the savings—I'm not saying that and that's why we're having a look at can this be done in house. And I'm not saying it can, but we are broadly having a look at the way in which we might do that. Locums and agency nurses, who are not locums but are part of a cohort of contracted labour, do represent less than 1 per cent of the total NSW Health full-time equivalent staff. They're important. I'm not saying that. If there are savings to be made, that's important; but we just have to put it in perspective as well.

I do know that I've got some advice but it's not the exact answer to the question. Non-specialist medical locum and agency nursing staff costs, including the fees, make up less than 2.5 per cent of the total payroll of NSW Health, but as for the specific budget allocated for the management, I'll just get Mr Minns to probably chase it down over the course of the day, if that's okay, or we'll take it on notice.

The CHAIR: Thank you very much. I look forward to getting that figure. In the meantime, has any work been done to centralise and harmonise the process for credentials and onboarding for NSW Health staff that move between LHDs for temporary work?

Mr RYAN PARK: Yes, I'm sure there has. This has actually been an issue that has come up multiple times and I know that the ministry working with the LHDs has significantly reduced that onboarding time. I'm going to say an average of 30 to 40 days, but I might be a little bit out there. What I knew when I came into this, one of the first questions or dialogues I had with my deputy secretaries and the secretary was around this perception that kept coming back to me that there was a substantial length of time for people to be onboarded and then often they would go to other positions, and we would lose that person or there were some challenges moving between the districts. I know Mr Minns and his team have done some work on that, so I just wanted to provide that context before we got down to the specifics.

PHIL MINNS: Chair, we have a project running in the health system which is called People and Culture for Future Health. One of its streams of work is recruitment and one of the things it's investigating is whether or not we can create an effective staff passport such that, if they move between LHDs, we've checked all of their relevant credentials to work once, and it gets reused.

The CHAIR: Thank you. Would that include things—as an example, staff have complained that you've got to do things like a mandatory handwashing module separately for each LHD and many hours of other such similar online manager training. Would that mean that they don't have to repeat those?

PHIL MINNS: As part of the time for care project, we're reviewing mandatory training settings across the system. We have established that quite a number of mandatory training requirements are, in fact, local to the district in their mandation, so we're in the process of looking to try to reduce the amount of mandatory training and certainly its duplication.

The CHAIR: Thank you. Let's come back to that at the next estimates. I'll come back to the Minister on the safe staffing levels taskforce. I understand that the safe staffing taskforce has reached an agreement for what's been referred to as phase one of implementation of safe staffing levels regarding NHPPD, wards, emergency departments and ICUs, and that this agreement controversially includes assistants in nursing in the numbers. My first question is: How long is the transition period that's being provided to services to recruit the additional staff required to achieve the safe staffing levels? When will they begin to be enforced?

Mr RYAN PARK: This reform is very significant in nature. I've said repeatedly, both in opposition and in government, that this will take time. It is arguably—some may have other views—in my opinion the most significant reform and change to the way in which public hospitals are staffed in many, many years. Between now and July 2027 we will commence the rollout of our safe staffing reform. We will continue with the taskforce. That includes representatives from the Nurses and Midwives' Association. The safe staffing reforms will be first implemented at Liverpool Hospital and Royal North Shore Hospital EDs. We will, as a taskforce, review the initial rollout and use it to inform the rollout to future sites, which we'll continue to oversee.

There are going to be challenges; there are going to be hiccups; there are going to be problems. I accept all of that, as does the Nurses and Midwives' Association. But in good faith we have reached an agreement. Last week the Nurses and Midwives' Association wrote to me saying that they've accepted our implementation plan and where we are at with that. But I say to them that I—as, no doubt, they—recognise that, given the scale and size of this reform, involving thousands more nurses, there are going to be some hiccups and challenges along the way. However, I firmly believe that this will be not a silver bullet but go a fair way towards improving health care within our hospitals. We had to start somewhere. We are starting in our EDs. We made that decision because we believe that the pressure is acutely on EDs and we needed to staff this reform. It will take place over the next four years.

The CHAIR: Minister, can I seek further clarification, specifically about the transition period? I really appreciate that there does need to be a transition period and that this wasn't going to be implemented overnight. Are you saying that just for phase one, some hospitals will be waiting until July 2027?

Mr RYAN PARK: No. We will be getting to them as quickly as possible. What I'm saying is that we may not have everything bedded down. We are rolling out this reform over that period. We are obviously going to work as quickly as we can, but we are dealing with hundreds of hospitals. We are completely changing the way in which we staff. That will also involve a change in the way we escalate problems or disputes. All of these things are coming into play over the course of this term. I'm sure the Nurses and Midwives' Association would have liked to have all of this done in the space of six or 12 months.

The Hon. BRONNIE TAYLOR: You told them that.

Mr RYAN PARK: That's fine, but that's not possible. We said very clearly that this would be starting in our emergency departments and in our level 5s and 6s initially. We'll be doing this over the term of this Parliament. But, without a doubt, depending on how well it goes, there will no doubt be demands for the next government—hopefully that's ours—to continue the work of this reform.

The CHAIR: What's the anticipated cost of implementing phase one, as agreed?

Mr RYAN PARK: I'll probably have to come back to you on that, Chair. I might be able to get that sooner rather than later.

The CHAIR: Thank you. I'd be interested in that today, if someone has it.

Mr RYAN PARK: Sure.

The CHAIR: Or, if I can phrase the question a different way: How many additional nurses are required to meet the implementation of phase one?

Mr RYAN PARK: Well, it's multiple thousands. It's significant over the course of the next four years. We had to save the 1,112 nurses. They were going to be scrapped.

The Hon. BRONNIE TAYLOR: Like you didn't save palliative care.

Mr RYAN PARK: We would have lost those.

The CHAIR: Mrs Taylor, I was quiet during your time. Could you please be quiet?

The Hon. BRONNIE TAYLOR: I take that, sorry. I beg your pardon.

Mr RYAN PARK: Job one, Chair, was to save the 1,112 nurses, because I couldn't do this reform without it. Mr Minns might correct me here, but I think it will probably be about 2,500 nurses/midwives that we

will need as a part of this phase or this reform that we're rolling out over this first term of government. It doesn't stop at this first term. I don't think anyone would think that.

The CHAIR: Last year's budget included $419.1 million to begin the introduction of safe staffing levels in public hospitals. I understand that was about 1,200 nurses and midwives. Given that the figures you've just quoted—I appreciate they are approximations—but they are significantly higher than that. Do you commit that in the next budget, the implementation of phase one of safe staffing levels will actually be fully funded?

Mr RYAN PARK: It will continue. Over the course of this, every budget between now and the next election will contain a component for the rollout of safe staffing reforms. That will need approximately 2,500-odd nurses and midwives going forward. This won't be done in a year, if that's what you're asking. It certainly won't be done in a year.

The CHAIR: I just want to know if it's fully budgeted for the actual cost of implementation?

Mr RYAN PARK: Yes, yes. It will be. There are no two ways about it. We know this was an important reform.

The Hon. SUSAN CARTER: If I am correct, we've heard some good news this morning. We've heard that there are in fact no cuts to palliative care. Does that mean, Minister, that you will be asking Ms Willcox to go back to the LHDs and tell them that all of their funding is in place and they can spend what they planned and budgeted for?

Mr RYAN PARK: No. I'm not sure how many times I can say this, but I will say it for the thirty-second time. Ms Carter, I understand that you in government put forward a forward estimates that is different to ours. You didn't implement that. We are implementing a budget. I had to—

The Hon. SUSAN CARTER: If I may redirect you, Minister. Should I understand from that, that if something is in the forward estimates, we can't be sure that that's actually going to be spent by the government?

Mr RYAN PARK: I wasn't in that Government, so I don't know what decisions you would have made had you been elected. I can't make—

The Hon. SUSAN CARTER: I'm asking you for your Government, Minister.

Mr RYAN PARK: We've got our forward estimates.

The Hon. SUSAN CARTER: Are you telling me that in your Government forward estimates doesn't mean guarantee; forward estimates means wait until we change it?

Mr RYAN PARK: No. Ms Carter, there are a couple of things. We've got our forward estimates. If you're asking me would I be continuing to advocate for additional palliative care funding, of course. I'd like to hope that previous Ministers did and the next Minister does. Of course I will be. What I've said to you quite clearly is that we are delivering a record budget for this. I accept that maybe it is different to the one that you had projected but haven't implemented.

The Hon. SUSAN CARTER: Minister Park, do you accept that you have implemented less—

The Hon. BRONNIE TAYLOR: There you go.

Mr RYAN PARK: No.

The Hon. BRONNIE TAYLOR: That's what you just said.

Mr RYAN PARK: What I can tell you is we are implementing what we are implementing, which is a record budget in palliative care, the likes of which the State has not seen. We are rolling out more staff and more capital. We will, as I am sure every government and every health Minister in this country does. If there is a need for increased and improved services in palliative care, or any other part of health care, you would like to think that, regardless of who's occupying the Treasury benches, that that be considered. But, Ms Carter, you've also got to acknowledge that your Government did not fund over 1,100 nurses that we have had to fund and find the funding for, of which no doubt a percentage of them would have been in palliative care. To say that you would have been able to implement what you said you were going to do could easily be challenged by the fact that 1,112 nurses were not funded beyond this financial year.

The Hon. BRONNIE TAYLOR: So you've just admitted that you cut palliative care. When you're the Premier, Minister Park, you can re-get the money.

The CHAIR: The Opposition's time has expired.

Mr RYAN PARK: We've got a very good Premier.

The CHAIR: Minister, statistics show that Griffith-Murrumbidgee (West) has an unacceptable rate of suicide compared to the rest of the State. Will you support a much-needed acute inpatient mental health and drug and alcohol rehabilitation unit at the new Griffith Base Hospital redevelopment?

Mr RYAN PARK: It is an issue that the honourable member Helen Dalton has talked to me about. We haven't made that decision yet. I'm happy to get some advice on where that is up to. She has raised with me some significant concerns about the mental health of some of her communities in that area, so we are going to have a look at it. In fairness, given the length and breadth that she has raised this issue, I'm concerned, as I'm sure everyone is. I can't answer it directly but I'm happy to take it on notice just because I don't want to be misleading anyone, other than the fact that I understand it's an issue. She, in good faith, has raised it with me, and I think she has raised it with the Minister for Mental Health, the Hon. Rose Jackson, who is, as I understand, also looking at it, and we will have a look at what we are providing broadly in that community in terms of mental health support and what we can do in relation to that.

The CHAIR: While we're in that region, I understand that Finley hospital has been allocated $25 million for upgrades to the hospital, but I've been advised that that plan is for refurbishment and doesn't include any new services. The local community are concerned that essential facilities such as a rehab unit, mental health and renal health is an opportunity missed to include those. Given that Finley is an hour and a half from Albury and 2¼ hours to Wagga, will there be consideration of including those services at Finley hospital?

Mr RYAN PARK: I've been to Finley Hospital, and one of the people I met there, from my memory, actually won volunteer of the year at the Health awards. I don't want to say the name because I think I might have it wrong. But I did meet him and he raised the important work that they do. I will have a look at the specific budget around Finley and around the issues that you've raised and take it on notice, but it is important. That community provides an incredible service driven largely by a group of passionate volunteers, to be honest, who work very hard in conjunction with the LHD and staff in that area. They are great advocates for their hospital. I'll have a look at the specifics. If I can't get it to you today, I'll take it on notice and I'll do my best to try and get it ASAP.

The CHAIR: Are there any questions from the Government?

The Hon. EMILY SUVAAL: No.

The CHAIR: That means we'll go to morning tea and we'll come back at quarter past 11.

(Short adjournment)

The CHAIR: It being 11.15 a.m., I will resume the hearing, starting with the Opposition.

The Hon. SUSAN CARTER: Thank you. Ms Willcox, before the break, we were talking about the allocations available to each LHD. I wonder if I could take you to a memo that you wrote, I believe, on 15 September to the chief executives of the Sydney Children's Hospitals Network and the Hunter New England Local Health District and your specifically addressing end-of-life care paediatrics to allocations. With the allocations that you provided to those hospital networks involved in paediatric palliative care, did they have the same amount of money available to spend on paediatric care, or was the amount greater or less than that which had previously been communicated?

DEBORAH WILLCOX: I don't have the memo in front of me to do the comparison.

The Hon. SUSAN CARTER: Okay. Well, perhaps I could help you.

Mr RYAN PARK: Ms Carter, I might be able to help you with the Sydney Children's Hospitals Network budget allocation. I think that's for—

The Hon. SUSAN CARTER: For paediatric? We're specifically looking, Minister, at paediatric palliative care rather than the general budget. I'm just looking at the difference between the memo dated 7 March, which indicated a commitment of $743 million to improve end-of-life care and the revised funding envelope memo of 15 September, which revised that down to $401 million, and the changes. The total change in the funding envelope was a revision down of some $15 million for paediatric palliative care. Would you acknowledge that revision down would be commonly called a cut, Minister?

Mr RYAN PARK: I'll just let you refer to something that's perhaps not in front of me but in front of you and I'll refer to something that's in front of me but perhaps not in front of you about Sydney Children's Hospitals Network palliative care. It's the children's hospital, so it would be about paediatric.

The Hon. SUSAN CARTER: Yes. Is the money available to them, in the funding year 2023, greater or less than the funding for which they had originally planned?

Mr RYAN PARK: I'll tell you what our funding is, Ms Carter, so—

The Hon. SUSAN CARTER: I'm interested in the change, Minister.

Mr RYAN PARK: Okay.

The Hon. SUSAN CARTER: More or less?

Mr RYAN PARK: You would remember, I think, this financial year 2022-23. Would that be a financial year you're familiar with?

The Hon. SUSAN CARTER: I'm interested in the change.

Mr RYAN PARK: I thought it might have been because that was the year—you were in government then.

The Hon. SUSAN CARTER: I'm interested in the change.

Mr RYAN PARK: That's $600,000 at that point in time.

The Hon. SUSAN CARTER: Is it—

Mr RYAN PARK: Sorry, Ms Carter.

The Hon. SUSAN CARTER: Yes.

Mr RYAN PARK: If I could just get this out just so that I answer the question appropriately.

The Hon. SUSAN CARTER: Yes. I see the $600,000 that you're talking about.

Mr RYAN PARK: For 2023-24, we've allocated 1.7; for 2024-25—

The Hon. SUSAN CARTER: Excuse me, Minister. That is 1.7 for what?

Mr RYAN PARK: Palliative care services in and around that area. It wouldn't include everything, but—

The Hon. SUSAN CARTER: So you're telling me that Sydney Children's—

Mr RYAN PARK: Palliative care at the children's hospital is done through a variety of different ways.

The Hon. SUSAN CARTER: Yes. So you're telling me that palliative care at Sydney Children's Hospital is 1.7 in total?

Mr RYAN PARK: The figures I've got is 1.7. Then we go 2024-25—

The Hon. SUSAN CARTER: And can I ask you, Minister—

Mr RYAN PARK: Sorry.

The Hon. SUSAN CARTER: —while you're looking at those figures, what is the specific allocation on the funding line for paediatric enhancing end-of-life care? Is that line missing in your graph, Minister?

Mr RYAN PARK: Well, I've got—

The Hon. SUSAN CARTER: Can I tell you, Minister, that in the figures—

Mr RYAN PARK: I think this is the same.

The Hon. SUSAN CARTER: And there is an allocation for paediatric enhancing end-of-life care? Is there a specific allocation for that?

Mr RYAN PARK: It includes all of the—well, it includes world-class end-of-life care, which you would know of.

The Hon. SUSAN CARTER: Yes.

Mr RYAN PARK: I think your Government called it that, I think, from memory.

The Hon. SUSAN CARTER: Yes.

Mr RYAN PARK: Completed funding allocation to LHDs and networks 2022-23 to 2026-27 and includes—Ms Carter, I think this is what you wanted—end-of-life and palliative care pain management, which—so palliative care is delivered in different ways—

The Hon. SUSAN CARTER: Yes.

Mr RYAN PARK: And paediatric initiatives.

The Hon. SUSAN CARTER: Yes. Could you explain, then, Minister, why, in the figures that were made available to the Sydney Children's Hospitals Network and to the Hunter New England Local Health District, there was a specific allocation for paediatric enhancing end-of-life care and that there were also allocations for pain management and some of the other ways in which palliative care is delivered, yet in the revised figures that are provided with Ms Willcox's memo of 15 September there is no allocation specifically for paediatric enhancing end-of-life care? Can you explain that gap, Minister?

Mr RYAN PARK: I don't have the documents in front of me.

The Hon. BRONNIE TAYLOR: We can provide them.

Mr RYAN PARK: I'd be happy to have a look. But what I'm saying to you, Ms Carter—

The Hon. SUSAN CARTER: Could I suggest, Minister, that because you're not across these documents—

Mr RYAN PARK: Could I suggest I finish answering the question?

The Hon. SUSAN CARTER: —is why you're suggesting that there's no cut to paediatric palliative care?

Mr RYAN PARK: No.

The Hon. SUSAN CARTER: Your own department's figures demonstrate there has been a cut.

Mr RYAN PARK: No. I've acknowledged there's a change in the way in which the growth funding was allocated in the forwards by your Government, but not implemented. I asked you to acknowledge—

The Hon. SUSAN CARTER: If I can translate, Minister—

Mr RYAN PARK: Ms Carter, I asked you to acknowledge—

The Hon. CAMERON MURPHY: Point of order—

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

Mr RYAN PARK: To be fair, Chair, or not?

The Hon. SUSAN CARTER: There's a point of order, Minister.

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

The Hon. CAMERON MURPHY: The questions are centred around a particular document that the Hon. Susan Carter has in her possession. The Minister has made clear that he doesn't have that document in front of him. If questioners are going to ask him about details, as a matter of fairness he ought to be provided with a copy of that document so he can see what's being referred to.

The CHAIR: That is reasonable. Members are able to table documents to be circulated to the Committee and to the witnesses.

Mr RYAN PARK: What I'm saying, Ms Carter, is that the budget that we have provided and are implementing also includes—which is important because had you become elected, the challenges that we found from day one, and no doubt you would have been briefed by your officials from day one, would have made it challenging for you to implement your election commitments—one of those challenges, Ms Carter, which is the fact that over 1,100 nurses and midwives were going to have their employment ceased at the end of this financial year.

The Hon. SUSAN CARTER: Minister, I will redirect, if I may. Would you have been able to employ those nurses with the unexpected uplift in transfer duty of $9.5 billion? Would that have covered that and still allowed palliative care not to be cut?

Mr RYAN PARK: What I had to do, Ms Carter, is step one, secure 1,112 nurses' full-time employment. Why?

The Hon. SUSAN CARTER: Can I ask you, step one was not funding for the dying? Is that what you're saying, that you were prepared to sacrifice funding for the dying for other priorities?

Mr RYAN PARK: Ms Carter, I find that comment highly offensive.

The Hon. SUSAN CARTER: I find the funding allocations highly offensive, Minister.

Mr RYAN PARK: I don't think there is a person in this building, in this Government or in opposition that would not be focused on making sure that end-of-life care was as effective, sensitive and as supported as possible. What I said to you from day one was—

The Hon. SUSAN CARTER: Minister, what did you do to protect the funding that was there in the forward estimates that the LHDs had planned for and were ready to implement? What did you do to protect that?

Mr RYAN PARK: What I did to protect the entire health system was—first and foremost, I was aghast at the fact that there were over 1,000 nurses that were going to be removed from the system. Some of those would have been palliative care nurses.

The Hon. BRONNIE TAYLOR: Minister Park, I will redirect. You are constantly bringing up that number of nurses. We get it.

The Hon. CAMERON MURPHY: It's a disgrace.

The Hon. BRONNIE TAYLOR: We get the politics you're trying to play.

The Hon. CAMERON MURPHY: You didn't fund them.

The Hon. BRONNIE TAYLOR: The question to you is this: Who made the decision to cut palliative care funding in ERC? Who made the decision? Was it you? Was it Minister Mookhey? Was it Minister Minns? Was it Minister Houssos? Who made the decision so that one of your deputy secretaries was writing to each LHD—and we can go through it in detail for the rest of the session, about all of the things being cut. Who made that decision?

Mr RYAN PARK: I'll answer that in a number of ways.

The Hon. BRONNIE TAYLOR: I don't think you did.

Mr RYAN PARK: Well, I will answer it. Firstly, as a former Minister, you would know that I'm not allowed to deliberate about Cabinet deliberations. A minor issue there. Secondly, I think your budget would have been put together in this way—I hope it has—that very clearly, discussions and frameworks around the budget occur with Ministers and the Treasurer months and months in the lead-up to the budget. One of the things that we and the Premier made clear we had to try and secure was the fact that 1,112 nurses were going to be lost to the system—

The Hon. BRONNIE TAYLOR: Minister Park, I redirect you—

Mr RYAN PARK: That includes nurses working in palliative and end-of-life care.

The Hon. BRONNIE TAYLOR: Minister Park, I would like to redirect you. I do fully understand what you're saying. What I fully understand, Minister Park, is that when I sat around that table, I fought really hard for palliative care funding. What's happened here is a decision has been made to cut palliative care funding. We have documents, which you would know that we have because it was under GIPAA, and you would know all of those documents are there and they exist. In those, it clearly states that someone has done their job and informed the LHDs of all the cuts. They also have a document saying that there are certain sections that are not going to be provided to paediatric palliative care anymore. This Committee needs to know who made the decision to cut the funding to palliative care.

Mr RYAN PARK: You made the—

The Hon. EMILY SUVAAL: Point of order: The honourable member has now twice asked the Minister to reflect on proceedings of Cabinet, which is disorderly. Obviously, he is not allowed to. I ask that you remind her of these important—

The CHAIR: Given that the Minister was about to answer, I am happy to let him answer, noting that he may choose to keep deliberations of Cabinet confidential, and that is appropriate.

Mr RYAN PARK: I'll say two things. The former Minister said that she was a strong advocate for palliative care. No doubt that may or may not have been the case. I perhaps wish she would have advocated strongly also to save 1,112 nurses who it was left to me to save.

The Hon. BRONNIE TAYLOR: Minister Park, you just know that's rubbish.

The Hon. CAMERON MURPHY: No, it's absolutely true.

The Hon. BRONNIE TAYLOR: It's rubbish. It's so ridiculous.

The Hon. EMILY SUVAAL: I find that offensive.

Mr RYAN PARK: It is probably important to note, because I think Ms Carter went through and referred at the very beginning to the previous estimates hearing and made comments about some of my comments. I spent some time in preparation for this estimates hearing to make sure I had reviewed some of the comments that the Opposition said at the time, and I have around, give or take, 11 examples of falsehoods that you made at the last estimates hearing. One of them, which was ironically just outside of my electorate—

The Hon. SUSAN CARTER: I will redirect, if I may, Minister.

The Hon. CAMERON MURPHY: You don't want to hear about your own falsehoods?

The Hon. SUSAN CARTER: No, redirect, if I may?

Mr RYAN PARK: One of them, just outside of my electorate—

The Hon. SUSAN CARTER: Minister, redirect, if I may—

The Hon. BRONNIE TAYLOR: This is paediatric palliative care.

The Hon. SUSAN CARTER: Are you saying that you have combed previous estimates testimony for falsehoods because you wanted to compare previous falsehoods to your own falsehoods?

Mr RYAN PARK: No, that's what you just said.

The Hon. SUSAN CARTER: Was that the comparison you were making, Minister?

Mr RYAN PARK: No, that's what you just said.

The Hon. SUSAN CARTER: No, I wondered why you thought you needed to refer to your testimony and then talk about falsehoods in the same sentence, Minister.

Mr RYAN PARK: Ms Carter, this may seem highly unusual to you, but Ministers—those who are doing their job diligently—tend to want to have a look at what was discussed at an important inquiry like this. I'm not sure, but I don't think I'd be Robinson Crusoe in that. I think Ministers may or may not have had a look at that.

The Hon. SUSAN CARTER: Minister, redirect. We are not discussing the estimates process generally. We are focusing on the Health portfolio and at the moment we are focusing particularly in relation to palliative care.

Mr RYAN PARK: Because I have a brain like—

The Hon. SUSAN CARTER: Minister, noting your previous statement under oath and noting that you have told this House that you are not cutting palliative care, can you confirm that there will not be a $30 million, or 41 per cent, cut to palliative care funding in the Hunter New England Local Health District?

Mr RYAN PARK: Let me go through the Hunter New England Local Health District—

The Hon. SUSAN CARTER: It's a simple question, Minister—yes or no. Can you confirm that Hunter New England Local Health District is losing 41 per cent of its palliative care funding if you compare the forward estimates to what your Government is actually choosing to deliver?

The Hon. CAMERON MURPHY: Point of order: We had a question asked and then, literally three seconds in, before the Minister could even answer the first question, a second question came in over the top of it. He ought to be given a reasonable period to answer a question before there is a redirection or a change.

The Hon. SUSAN CARTER: To the point of order: It was clear that the Minister was wanting to discuss a local health district generally rather than focus on the particular question that he had been asked. While I value the Minister's expansive knowledge of LHDs, we are focusing on one aspect of funding in this line of questioning.

The Hon. EMILY SUVAAL: To the point of order—

The Hon. CAMERON MURPHY: Further to the point of order: We wouldn't know that because he didn't have sufficient time to answer.

The CHAIR: Can I rule on the point of order?

The Hon. EMILY SUVAAL: The Minister can answer as he sees fit.

The CHAIR: From my perspective a very specific question was asked and it looked like the Minister was opening his documents to provide an accurate answer to that question. It would seem reasonable in that context to give him a minute to answer it. I also note that asking the same question again, but louder, is probably not going to get you a better answer.

Mr RYAN PARK: It doesn't work in my house either. Ms Carter—

The Hon. BRONNIE TAYLOR: Can we just remember what we're discussing here.

Mr RYAN PARK: I'm glad you're talking about Hunter New England, because I have bothered to go and have a look at that individual LHD's budget around palliative care. What I'm going to take you through is the program around world-class end-of-life care. Just so the Committee understands—I'm sure you do—that's to do with end-of-life and palliative care, obviously pain management and paediatric—

The Hon. BRONNIE TAYLOR: Minister Park, if I could just redirect you. We don't need to be taken through the programs.

Mr RYAN PARK: Okay.

The Hon. BRONNIE TAYLOR: Our questions are very specific and we have limited time.

Mr RYAN PARK: Specifically around Hunter New England, Ms Carter, in the 2022-23 budget—again one that I am sure you're familiar with—2.375 was allocated for palliative care. In 2023-24 for Hunter New England—very specific figures, Ms Carter, I think you'd acknowledge—4.493,275. It then continues to grow in 2024-25, Ms Carter, to 5.676,275; and then significant growth continues in the backend of our forwards. In 2025-26 we go to 5.865 for Hunter New England; and Hunter New England ends with just over $6 million. It started under you at 2.375.

The Hon. SUSAN CARTER: Thank you very much for that, Minister. They're very interesting figures.

Mr RYAN PARK: Thank you. I find that too.

The Hon. SUSAN CARTER: Thank you for the 2025-26, 2026-27 figures. Have those figures been advised to the local health districts?

Mr RYAN PARK: These are our budget figures, yes.

The Hon. SUSAN CARTER: Have the local health districts been formally advised of what you have in the forward estimates for those past two years?

Mr RYAN PARK: I'll stand corrected, but it's our budget. There'll be movements and discussions between the ministry—

The Hon. BRONNIE TAYLOR: Perhaps you would like to take that on notice, Minister Park?

The Hon. SUSAN CARTER: Can I draw your attention to a memo that was written by Tish Bruce to Ms Willcox where she attaches those figures and notes that, "Increased funding above 24-25 level has not yet been advised to LHDs for both the 25-26 and 26-27 years." Why would LHDs, who need to plan, not be given sufficient notice of what their funding envelope was going to be?

Mr RYAN PARK: They do get sufficient notice. What do you mean? They know what they're doing within a period of time.

The Hon. SUSAN CARTER: Because the documents with which we have been provided, your documents, talk about annualised funding being provided. It's very clear that the past two years of forwards have not been provided to the LHDs. Is that because your Government is reserving the right to make further cuts to palliative care in coming years?

The Hon. CAMERON MURPHY: Point of order—

Mr RYAN PARK: But annualised funding is exactly that.

The CHAIR: Sorry, Minister. I will hear the point of order. Procedurally I need to hear the point of order.

The Hon. CAMERON MURPHY: I will make the point again. If the questioner is going to question in relation to a specific document, then that document ought to be provided.

The CHAIR: My question to Ms Carter is: Are you referring to one of the documents that has now been tabled?

The Hon. CAMERON MURPHY: Is it the same document or is it a different one?

The CHAIR: The secretariat has helpfully made copies of that document.

The Hon. SUSAN CARTER: No, I'm referring to a document that, to be honest, is a document from the Minister's own department. I had, perhaps naively, expected the Minister would be across documents generated by his own department.

Mr RYAN PARK: I naively expected that someone in your position may know how a budget's formed. I've been corrected for the duration of this morning.

The Hon. BRONNIE TAYLOR: Minister Park, I think—

Mr RYAN PARK: I'm glad that we both naively understand.

The Hon. CAMERON MURPHY: Further to the point of order: It just isn't clear what document is being referred to.

The Hon. SUSAN CARTER: Can I ask a specific—

The CHAIR: I will deal with the point of order. If the member wants to make specific reference to a document, I invite you, just like you have earlier today, to table that document so that we can all follow it with you.

The Hon. SUSAN CARTER: I'll organise for that document to be tabled. Can I ask a specific question, Minister? We've heard a lot about the forward estimates. Can you guarantee that the money that you have in forward estimates for palliative care will not be reduced?

Mr RYAN PARK: I might try to get it increased. That's what you should be asking. That's what I will be trying to do.

The Hon. SUSAN CARTER: Can you guarantee it will not be reduced?

The Hon. BRONNIE TAYLOR: You'll have to because you cut it.

Mr RYAN PARK: Health Ministers should be trying to look at continually improving it.

The Hon. SUSAN CARTER: Minister, you are avoiding answering the question. Can you guarantee that the money you have allocated in your budget—your version of forward estimates—will not be reduced?

Mr RYAN PARK: I don't want to get into hypotheticals and try to predict what's going to happen in the world over four years.

The Hon. BRONNIE TAYLOR: It's not a hypothetical.

Mr RYAN PARK: I don't think anyone would do that.

The Hon. SUSAN CARTER: You just told us it's your budget and your figures.

Mr RYAN PARK: What I can guarantee is we will deliver more funding and provide more services and more staff at record levels to the tune of $1.7 billion.

The Hon. SUSAN CARTER: But you can't rule out funding cuts to palliative care?

Mr RYAN PARK: That is a 6 per cent increase and an 8 per cent increase over the next couple of years.

The Hon. BRONNIE TAYLOR: More cuts.

The Hon. SUSAN CARTER: You can't rule out further funding to palliative care.

The CHAIR: Minister, I would like to ask you about another really serious issue, which is the ongoing transmission of COVID-19 in our healthcare facilities in New South Wales. You would remember that I wrote to you back on 17 January—

Mr RYAN PARK: You did.

The CHAIR: —with the anecdotes of people who have contacted me.

Mr RYAN PARK: I think you raised this at the last hearing too—

The CHAIR: I did also raise it at the last hearing.

Mr RYAN PARK: —from memory, when I was reading through the transcript previously.

The CHAIR: Well remembered. I have spoken recently with the spouse of a patient who was immunocompromised and who was nursed by unmasked staff in a surgical setting despite making specific requests for staff caring for this patient to wear masks. I have also spoken with a mother whose child was infected with

COVID during an inpatient stay for a complex medical condition. I'm really concerned that the onus has been placed on vulnerable people and their carers to protect themselves from infection, rather than the system protecting them from infection. In your response to my letter, which I received in a really timely manner, and I thank you for that—

Mr RYAN PARK: I'm trying to improve that.

The CHAIR: —you quoted infection prevention and control policies which include the following. It stated, "Staff caring for or working in areas where there are vulnerable patients should consider using masks routinely when COVID-19 transmission increases." We know that COVID-19 transmission increased significantly over the summer holiday period. Do you think it's sufficient that staff need to consider using masks, or are we at a point where COVID transmission has increased enough that staff should be wearing masks in clinical areas with vulnerable patients?

Mr RYAN PARK: I will refer to my colleague Dr Chant on this matter, but I will say a few opening comments. We have seen increases in the order of moderate to high, I suppose, in terms of COVID transmission at the moment. We are sending all of those messages, and all of that data gets provided to local health districts around the importance of looking after vulnerable patients and vulnerable members of the community who may come into that hospital. I will ask Dr Chant to elaborate, but I don't want the Committee to at all think in any way, shape or form that we are not taking the challenge of COVID seriously. But we are, as a community, learning to live with it. That includes in our hospital and vulnerable settings. But we do have measures in place to—what I would call—protect, as much as possible, the most vulnerable people in our community. They're often people who are elderly or in our hospitals.

KERRY CHANT: The Clinical Excellence Commission deals with the infection prevention and control recommendations for the hospital, which gives an ability for the hospitals to tailor—as you've described there—what might happen around a vulnerable patient or, particularly for services that service and cater for vulnerable people, a much higher level of stringency in terms of the recommendations. I'm happy to take on those examples, if you would like to provide them, just to feed back and investigate the infection control and prevention strategies in place. I think it's really important because, as you know, even in a surgical or day patient setting there may be patients who are vulnerable. I'm very happy to take that on board.

We are also making sure that people understand, particularly our visitors to our hospitals, not to attend healthcare facilities when they have any coughs or colds. We've also got recommendations around if you've been a household contact—because we know transmission is very significant within households—to be particularly cautious, to do RAT tests and seek advice from the facility before attending. Also, to reassure you, if someone has COVID and there's someone in an end-of-life setting or other things, our infection control practitioners and our ID specialists can also work on how we can arrange visits, because we are in that stage of balancing risks and how we can do that safely. But I'm happy to take those examples offline and investigate them.

The CHAIR: I'm happy to share, confidentially, those examples with you. I'm certainly not reassured at this stage, particularly based on the answers at previous estimates, that we're aggregating statewide the rates of hospital acquired COVID-19 as has been done, for example, in Victoria where there was a 10 per cent mortality rate. I'm concerned that this could be happening in New South Wales and we're not even aware. I wanted to follow up on another bit of that protocol in the letter, Minister. It stated, "If patients or carers request staff members to wear a mask for an individual patient, staff need to consider this request as part of their risk assessment." Surely it's a really low bar that would be easy to implement that if patients and carers request staff members to wear a mask for an individual patient, staff must adhere to that request.

Mr RYAN PARK: I stand corrected. A lot of hospitals, over the course of a week—I certainly would be under the assumption that if a visitor or patient asked for that, a staff member would generally do that. I have a lot of trust in healthcare professionals and their judgment around the patients they're caring for. I couldn't imagine that would not be the case. I have been in hospitals plenty of times where they have masks in place because of the COVID activity within their community and people who walked in have always complied. Dr Chant, do you have anything to add to that?

KERRY CHANT: I suppose just from the public messaging perspective, we do actually strongly support the community to adopt any request to wear masks in any facility. We're messaging around GP surgeries and other settings—dental surgeries. We are supporting that masks are one of the risk mitigants that visitors and patients may be asked to put on in healthcare settings as well. That's the public-facing component of it.

The CHAIR: I'm about to move on, Minister, but I urge you to consider this. I have been speaking directly to immunocompromised patients who have requested NSW Health staff members wear a mask and have

had that request denied. It's clearly not happening uniformly across the board, but I acknowledge that the vast majority of staff do take appropriate precautions.

Mr RYAN PARK: That's good feedback.

The CHAIR: Dr Chant, you raised the public messaging on COVID. I was hoping to table this copy of a tweet that I wanted to ask some questions about. This is a post on Twitter from NSW Health with advice to prevent COVID-19 transmission at back-to-school time. In your letter to me, you wrote that key messages for the public include staying home if unwell. But the tweet, as you will see, encourages children to sneeze or cough into their elbow and to wash their hands. Is that the most effective way to prevent the transmission of COVID in schools?

KERRY CHANT: No. Just to be very clear, the message is that if you have an unwell child with a cough or illness—whether it's COVID, respiratory syncytial virus, influenza or another respiratory virus—we would urge parents to keep their child home. We don't want to see germs spread around in schools. The role of handwashing is less significant in COVID transmission, but as we move into our winter campaigns, we will be emphasising handwash because it does play some role in flu, RSV transmission and other enteroviruses associated with gastro and other things. So maintaining good handwashing is a good behaviour to adopt but, again, not really relevant as much for COVID. At the moment, we have low levels of RSV and influenza, although the latest report that we issued today does show that RSV is starting to increase.

The CHAIR: Thank you Dr Chant. I will come back to the Minister.

Mr RYAN PARK: Yes.

The CHAIR: Don't you think that that kind of messaging from NSW Health is actually implying that it's okay for kids with a cough to be at school as long as they're being encouraged to cough into their elbow?

Mr RYAN PARK: That could be interpreted that way. I interpret that slightly differently; I'm not denying that that's perhaps the way you interpret it. People can sometimes cough and sneeze but not be unwell. That's the nature of the seasons, and pollen and whatnot can mean that. Having two young children, I certainly emphasise those two rules, most of which, at times, they're not always followed. So I think it was more general around that if you need to sneeze at school, to do that in a way that reduces the chance. I'm not sure it's saying go to school unwell. But if people interpreted it that way, then that's people's interpretation. We will have a look at that communication and see if we can improve it. I also don't necessarily want to criticise some of my staff who may have worked through that, because in their context they may have been thinking that some awareness around general hygienic behaviours within the school environment is important. That's all.

KERRY CHANT: Just to reassure you, we're aware of that. We do monitor the feedback and the understandability of the tweets and the context. That's probably one where we could've done better, particularly in the context of the messaging with COVID. Just to assure you, we are working collaboratively, informed by consumer insights about where there may be knowledge gaps, to make it more accessible to the community, and we'll do better. The messaging today was really around staying up to date with your immunisation, stay at home if you have cold or flu symptoms and wear a mask if you need to leave home, gather outdoors or in well-ventilated indoor spaces, talk with your doctor now if you're at high risk of severe illness from COVID and other respiratory viruses, and you may need a PCR test and be eligible for antivirals. They're the comprehensive, core messages that have gone out this morning.

The CHAIR: Thank you. That's more consistent with what was in the letter I received from the Minister in January. I've raised that tweet in the context of our earlier discussion about masks in healthcare facilities. I'm really concerned this is part of a trend about individual responsibility of vulnerable people and their families to protect themselves rather than a systemic responsibility to look after vulnerable people when they're in public settings, particularly NSW Health settings. The Senate inquiry into long COVID recommended implementing measures to assess and improve indoor air quality and ventilation in high-risk settings, and that would particularly include NSW Health facilities. What work is being done to progress implementing that recommendation?

Mr RYAN PARK: We'll have a look at that recommendation. I'm happy for other officials to jump in after me on it. In all of the development of our new hospitals, ventilation is critically important. We know as a result of COVID just how critically important it is. We have put in place some of the anti-pressure rooms that allow almost a protective seal around patients so that transmission of things from the corridor doesn't necessarily get into the patient's room, which is important. But these recommendations are obviously for a national-led approach. New South Wales, as it always does, will participate and engage in terms of the co-design around that. But I want to make sure the Committee understands that we always take the safety of patients, including making sure they're safe from hospital-acquired infections, very seriously.

The CHAIR: Minister, if I could ask you to be more specific. I'm very pleased to hear that this is being considered in all new hospitals, as it should be. It's a really important lesson for us to learn from the pandemic. Is there any work being done to look at retrofitting existing hospitals, noting that some of them have quite poor ventilation?

Mr RYAN PARK: Dr Chant?

KERRY CHANT: Obviously, Health Infrastructure complies with these standards. Rebecca can talk about the national standards and the work done—obviously, the growth in single rooms in our facilities, particularly in our new builds. We're also aware of some research that's being undertaken. I've requested a preliminary briefing for HealthShare and our Clinical Excellence Commission on any preliminary learnings from that work. It's across a couple of our facilities. Again, we're very keen to learn about that. I think that there have been a lot of reflections on the new builds in terms of design considerations that may be impacted to reduce the burden of respiratory illnesses. Rebecca, did you want to comment?

REBECCA WARK: Thanks. Certainly, during the pandemic and subsequently, there's a community of practice which has been established and there have been some recommendations that have come from that. There were specific pieces of—

The CHAIR: Thank you, Ms Wark. I'm really sorry to cut you off. I'd actually love to come back to this this afternoon, but I'm very short on time with the Minister this morning. On a different infectious disease, Minister, four cases of meningococcal B were reported in New South Wales in January, as well as 13 nationally. As you would know, this is a very serious, life-threatening infectious disease. South Australia and Queensland have introduced free vaccination programs and Victoria has announced that they're looking into funding vaccination. Are you considering funding vaccination here in New South Wales?

Mr RYAN PARK: I've met with the group that is looking at this and who have been advocates for this. I'll say two things. We are constantly looking at the way, on a State base, that we can improve our vaccination program. But the Commonwealth through the NIP, the National Immunisation Program, also has a responsibility to make sure that they are rolling out vaccinations to all of us and that it's not left to individual States to make decisions about it.

In terms of meningococcal B, it is free, as you would know, Chair, under the NIP for Aboriginal and Torres Strait Islander children between two months and four months, six months with certain medical conditions, and people of all ages with certain medical conditions. It is available in New South Wales at the moment for a fee; I acknowledge that. I wrote to the Federal health Minister about this, because it's something that I think we need to do better as a country, to be honest, proposing that he request the PBAC, the Pharmaceutical Benefits Advisory Committee, to reassess the inclusion of meningococcal B in the National Immunisation Program. He responded that the vaccine manufacturer would be required to resubmit an application to PBAC.

So I understand your question. It's one that I think all of us believe that we can collectively do more in. But we do have a National Immunisation Program, and to be quite frank we need the Commonwealth to make sure that there's consistency of rollout across the board. I haven't used this estimates hearing to try and deflect my responsibility, and I'm not doing that now. I'm just simply saying one of our fundamental bedrocks is the NIP, and we have a belief that this program, this vaccine, should be considered going forward as part of that so that States are not, for want of a better word, played off or forced to go it alone outside of the NIP.

The CHAIR: Thanks, Minister. I'm pleased to hear you've actually written to the Federal Government about that. In my last few minutes I'd like to come back to the Albury hospital redevelopment. We will keep doing this every estimates until Albury Wodonga has a single-site hospital that actually meets the needs of our region. I've been trying to get my head around why the points-of-care projections—the predicted need for the hospital—was revised down between the 2021 master plan, which we released through an order in the upper House, and the 2022 clinical services plan, especially given that the population growth in Albury Wodonga is much higher than previously anticipated because of COVID. I wonder if the answer is in Ms Wark's answer this morning that the scope will be prioritised in order to meet the funding that's available. Is that why the points-of-care predictions were actually revised down?

Mr RYAN PARK: That document took place before I was in government, so I don't want to make judgements over the last Minister or Ministers in relation to that.

The Hon. BRONNIE TAYLOR: That would be unwise.

Mr RYAN PARK: That's right.

The CHAIR: You've committed to maintaining their redevelopment plan for the hospital.

Mr RYAN PARK: We have because, Chair, I understand that yourself and other members of the community think there is a different way of doing the hospital in a way that—

The CHAIR: Sorry, I'm just going to correct you, Minister. It's not that I think. It's that the extensive 2021 master planning process clearly recommended a greenfield build. It's not just my opinion.

Mr RYAN PARK: Sure, but all of our hospitals need to make sure that they are effective, they deliver the health services the community needs, but it is done in a budgetary environment and I'm not going to pretend that it's not. I'm in a party that seeks to form government, as is the Opposition, and respectfully, Chair, that won't be a responsibility that you have to face but it is one that I have to face and I take it seriously. It's not being disrespectful; it is that I do have a budget. I have to make sure that I'm delivering the best health services for the best value for money to make sure it gets to the most people. I believe that the plan that we have in place—although not everyone is supportive of it—will certainly enhance health services. I think, from memory, when I went through the last deliberations of this Committee in preparation for this—I spent some time on it—you asked me about bed numbers from that time. I think we're looking at around about a 50 per cent increase in bed numbers from 2019. So that is a substantial increase in services that you, as someone who is very interested in it, would at least acknowledge is going to happen as well.

The CHAIR: Sorry, I've only got a minute left. Albury hospital currently operates at a deficit of about 60 beds every day. So when you say a 50 per cent increase, does that even cover the deficit we have now, let alone the projected need for this community into the future? Victoria and New South Wales together are spending $558 million. Does it actually get us a better health service or is it just covering the deficit?

Mr RYAN PARK: No, I don't think it's covering the deficit. What I'm advised by the team in NSW Health and HI working with the Victorian Government is that, based on current planning, once fully operationalised, the new hospital as complete will have around 380 beds and this is around about a 50 per cent increase from the 2019 bed base of 245. I know, Chair, that it is not the way you would necessarily want the hospital to be redeveloped, but I'm doing it in a way that is, I think, providing growth in health services to the community at the same time as fiscally responsible.

The CHAIR: Sorry, Minister. It's my last question. Both Premiers in 2022 announced a single site hospital for Albury Wodonga. It's clear that the current planned redevelopment is not going to achieve that. What further funding is going to be committed to further stages to achieve that?

Mr RYAN PARK: We will work through the half a billion dollars that our respective governments in Victoria and New South Wales have put on the table. Chair, if my community was informed they were getting half a billion dollars in a hospital, they would be quite pleased. I understand that that is not your view, but what I'm saying to you is I will make sure that, like every hospital, this hospital, as we grow and as our population grows and demands grow, I will go into bat. I hope the person who follows me in this chair goes into bat for additional funding, but at the moment we have to work through what we have. What we have between the two governments is over half a billion dollars with the Commonwealth chipping in a relatively small amount to contribute towards that as well.

The CHAIR: I'm out of time. The Opposition?

The Hon. BRONNIE TAYLOR: Thank you. It's over to me, Minister Park. I'd just like to start with a question for you. Are you concerned for the safety of patients and staff at Cumberland Hospital?

Mr RYAN PARK: In what regard?

The Hon. BRONNIE TAYLOR: In regard to recent media attention and in regard to what's going on in site building and things. Are you concerned about their safety?

Mr RYAN PARK: With regard to the site building, I think Ms Willcox had some discussions with the respective arms of government about that. I might, just to make sure it's updated—

The Hon. BRONNIE TAYLOR: Minister Park, if it's all right, I've got Ms Willcox this afternoon.

Mr RYAN PARK: Okay.

The Hon. BRONNIE TAYLOR: It was just really a question to you. I'm happy for you to take that on notice.

Mr RYAN PARK: I'm happy to take that on notice but I'm always, as I'm sure is the case with former Ministers, concerned in making sure that staff safety is a fundamental bedrock of the health system. We can't deliver health services if the staff don't feel safe.

The Hon. BRONNIE TAYLOR: My question was about the patients.

Mr RYAN PARK: The same goes for the patients.

The Hon. BRONNIE TAYLOR: Same thing. That's okay. Thank you, Minister. Is your Government committed to the new Westmead mental health facility that was announced by the previous Government, and when can we expect that to open?

Mr RYAN PARK: The details of that no doubt will be in the estimates hearing with the Minister for Mental Health, the Hon. Rose Jackson.

The Hon. BRONNIE TAYLOR: I understand, Minister. But just to redirect, my question is to you. You are the Minister for Health.

Mr RYAN PARK: Yes.

The Hon. BRONNIE TAYLOR: And Minister Jackson would come under you in that regard.

Mr RYAN PARK: No. We see each other as colleagues.

The Hon. BRONNIE TAYLOR: I'm sure you do, Minister, but I'm sure you know what I mean. It was not meant to be demeaning to Minister Jackson. I want to know whether your Government is committed to the new Westmead mental health facility?

Mr RYAN PARK: I'll get some advice on that. I'll take some advice in relation to that. Ms Willcox looks after the mental health branch of NSW Health. They largely interface between Minister Jackson and led by Ms Willcox.

The Hon. BRONNIE TAYLOR: Yes, thank you. I'll just redirect, Minister Park. I understand that and I'm very happy to flesh that out with Deputy Secretary Willcox this afternoon.

Mr RYAN PARK: But I think we are committed.

The Hon. BRONNIE TAYLOR: Okay. Thank you, Minister Park.

Mr RYAN PARK: I think early works are to be completed early—not necessarily early but this year—and main works are expected to start later this year.

The Hon. BRONNIE TAYLOR: Okay. It's great to hear the Government's committed. Minister Park, I want to go to something else. I commend you for your article today in the media about emergency departments and how you talked about a lot of the patients that were presenting to emergency departments could be treated elsewhere. Would that be a correct analysis?

Mr RYAN PARK: Yes. What we're trying to do is make sure that those patients who can be treated outside of our EDs have opportunities to do so, so that we leave emergency departments for emergencies.

The Hon. BRONNIE TAYLOR: That's right. Then we get a more efficient health system and we're able to do the things that we need to do. Correct?

Mr RYAN PARK: Yes.

The Hon. BRONNIE TAYLOR: Minister Park, in the article today you talked about the healthdirect line and you talked about other options, which I'm very familiar with. But one of the main things—and this is my question—is wouldn't it be that a lot of these patients really would be able to get that high level of care with a GP consultation and future health management?

Mr RYAN PARK: Primary health care is an important part of our health system. Yes, when they can't access a GP in their community, or that access is prohibitive based on cost or time, then many people unfortunately find themselves presenting to our emergency departments. They're not exclusively at that level. I just wanted to say that.

The Hon. BRONNIE TAYLOR: I completely agree with you, Minister Park. Can I then pose the question to you about the representations that you've had from GPs in terms of the GP payroll tax and what your intentions are about that? If you go and say what you did—and I really commend you for that article today. I think it's great and I think it's really important that these things get said.

Mr RYAN PARK: Thank you.

The Hon. BRONNIE TAYLOR: But if you're going to do that and pursue that policy, you need to support that policy and then you would have to support GPs. How can you not support GPs in terms of the payroll tax issue, yet you say that people really need to access those sorts of primary care interventions instead of presenting to the emergency department?

Mr RYAN PARK: The payroll tax one is interesting. I came to this issue—I've had a number of discussions, I should say—you asked—with the AMA and the RACGP, both groups that you would know very, very well. I thought when I first came into government that we were only just finding this out. I took that assumption. When I asked my colleague and the Minister for Finance, the Hon. Courtney Houssos, who I'm working with it on, apparently this was an issue that goes back—incredibly—to 2018.

The Hon. BRONNIE TAYLOR: Minister Park, I know all that and I know the history, but the reality is you're the health Minister now. You're in government.

Mr RYAN PARK: Absolutely.

The Hon. BRONNIE TAYLOR: You have come out very clearly and eloquently and rightly so today about what needs to happen. My question to you is: Is it not a bit hypocritical to say that that needs to happen—and you're right, and I agree with you—but your Government won't come out and say what you're doing with GPs? GPs have told you—I know because they've told me in practices—that they will have to shut if this is not sorted.

Mr RYAN PARK: What we've done in the meantime is different to other jurisdictions. We've made a decision as a government—obviously, the executive of government, led by the Minister for Finance and certainly supported by myself—to pause any action for the next 12 months. We're working closely with GPs and their representatives—mainly, I'll say, the AMA and the RACGP. The big challenge that we have to try and make sure we do is continue to ensure that primary care is viable. I'm confident that we will be able to do that. No, we haven't landed on the exact way forward yet, but we have put that pause in place while we're in discussions. This was an issue, though, that is now five or six years old.

The Hon. BRONNIE TAYLOR: Minister Park, I completely acknowledge that. I will redirect you, because I think I know where you're trying to go.

Mr RYAN PARK: It was 2018.

The Hon. BRONNIE TAYLOR: It's a year, almost, now and they need to know. If you're coming out and saying what you're saying—rightly so, as I'll say for the fourth time on record; I support what you said—then you need to support GPs and primary care to be able to do what they do, and they need an answer, Minister Park. You won't provide that answer here today in budget estimates, which I understand, but I certainly hope you're going to advocate for those people.

Mr RYAN PARK: I am and I'm continuing to have those discussions with them. I think as recently as a few weeks ago I was in another one of those discussions, including with Minister Houssos. I understand the challenge. I understand the issue. I think you've also got to acknowledge that perhaps your Government had a little bit more than 12 months.

The Hon. BRONNIE TAYLOR: Minister Park, I'm very proud of the record of the previous Government, but I am concerned with the record of your Government in terms of palliative care cuts and now with the GP payroll tax issue. I know you'll advocate for them. I just hope you can get it through your razor gang. I'll move on to the health worker study subsidy, Minister Park, that you announced that in your election campaign.

Mr RYAN PARK: Yes.

The Hon. BRONNIE TAYLOR: Again, I commend you. I think it's a great idea and I think it's fantastic to be rewarding people that are studying. For example, I'm very biased for nursing students because I think they're fabulous and I think nurses are fabulous.

Mr RYAN PARK: Hear, hear!

The Hon. BRONNIE TAYLOR: I'm sure you agree, but I want to ask you, Minister Park—and please correct me if I'm wrong—but I recall during the election campaign that the announcement was generally, overall, for nursing students to be able to take this subsidy and then they had to commit to five years in the New South Wales health system. But when I go onto the NSW Health website now and I look—and, actually, a nursing student sent this to me, Minister Park, which I am very happy for as the shadow for regional, and obviously that is a lot of my focus. But now the subsidy is only eligible for those in the MM3 to MM7 locations. Have you changed that from your election commitment to this?

Mr RYAN PARK: I would have to have a look at that correspondence around that specific issue.

The Hon. BRONNIE TAYLOR: But, Minister Park, do you not agree that your election commitment was to provide those subsidies to nursing students that would commit to NSW Health for five years?

Mr RYAN PARK: Well, yes. But—

The Hon. BRONNIE TAYLOR: Yes. So, now, Minister Park, you said yes.

Mr RYAN PARK: Obviously, when we—

The Hon. BRONNIE TAYLOR: Minister Park, you said yes—

Mr RYAN PARK: You just didn't let me finish, though, Ms Taylor.

The Hon. BRONNIE TAYLOR: —that that was the election commitment. But now when you go onto the NSW Health website, that subsidy is not for all nurses as you said in your election campaign and as your promise. It is only for regional and rural, which I love. But what I'm saying to you is you can't say one thing and do another. Will you reinstate that subsidy for all?

Mr RYAN PARK: No. If you're talking about the 12,000 students and up to $12,000—I'm assuming we're talking about that subsidy. Or are we talking about the rural incentive scheme subsidy?

The Hon. BRONNIE TAYLOR: Yes, my—I won't say "my scheme", the department's, but yes, Minister Park. I'm very aware of that and very proud of that.

Mr RYAN PARK: I acknowledge that you—

The Hon. BRONNIE TAYLOR: But I'm going back to your election commitment. It's changed, hasn't it? It's changed from what you said it was to what it now is on the NSW Health website. Is that correct or not?

Mr RYAN PARK: The subsidy eligibility, Ms Taylor, will focus on—which I think it should do—areas of need, including metropolitan, rural, regional and remote using—and I know you know this scale— the Modified Monash scale, the MM scale, and that will be focused around MM3 to MM7.

The Hon. BRONNIE TAYLOR: Minister Park, your election commitment—

Mr RYAN PARK: We've got to do it where they're needed.

The Hon. BRONNIE TAYLOR: Your election commitment, as you've just said on the record under oath, was for all of those students; it wasn't categorised. Please don't get me wrong, I'm very, very, very happy. I'm the person that helped implement the incentive scheme. This is different, because you said one thing, and now you're doing another and I don't understand. Just say—that's fine—you changed your mind, and you've changed it. You changed your election commitment.

Mr RYAN PARK: Our commitment was, I think, for in the order of around 121—I'm going to say point nine. I might be wrong on that, but 121.9 over five years. Obviously, when you are assessing them, though, if you are over-representative, you obviously have to have where the focus is, and I don't think—

The Hon. BRONNIE TAYLOR: I see. You didn't promise enough money in the budget, so now you have to narrow the scope.

Mr RYAN PARK: No. I don't think it would be unusual. I would like to think that your Government did the same, that you targeted where the need is most significant.

The Hon. BRONNIE TAYLOR: Minister Park, one thing I think—

Mr RYAN PARK: For some of our areas that will be in metro. For some of our areas that will be in regional.

The Hon. BRONNIE TAYLOR: I'll just redirect you, Minister Park.

Mr RYAN PARK: For some of our areas that will be rural, remote.

The Hon. BRONNIE TAYLOR: I'll just redirect you. I understand that, as you know, better than most. I understand all of that. But this again now—we redirect funding out of palliative care. We redirect funding out of what we said we would do for subsidies for students. That's fine, but we just need to tell the truth and we just need to say, "Yes, we've changed our mind. We told all of you that it would be open to everybody, but now we've changed it because we've realised we haven't allocated enough to it."

Mr RYAN PARK: What we are prioritising—again, I hope this is the case, but when you have—

The Hon. BRONNIE TAYLOR: Well, then, say it, Minister. say it.

The Hon. EMILY SUVAAL: I'm going to take a point of order, Chair. I'm loath to do so.

Mr RYAN PARK: But we're including metropolitan. We're including—it depends on what sector they're in.

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

Mr RYAN PARK: It depends on where they're working.

The Hon. BRONNIE TAYLOR: You can't say one thing and do another. It's not right.

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

The Hon. EMILY SUVAAL: Chair, I am loath to do so. Under paragraph 19 of the procedural fairness resolution, witnesses are to be treated with courtesy at all times. Interrupting the Minister continually as he's trying to answer the question, by repeating the question or otherwise, is not courteous.

The CHAIR: The Minister was about to answer the question. I will allow the Minister to continue, with a reminder to all members to ask questions respectfully.

The Hon. BRONNIE TAYLOR: Chair, I'm happy the Minister has answered the question. I'm happy to move on to my colleague.

The Hon. SUSAN CARTER: Minister Park, if we could go in a different direction. In opposition, the now Premier described paid parking for health workers as "a slap in the face". Why have you reversed the former Government's decision to make parking free and instead are making our health workers pay for what amounts to a $60 million tax?

Mr RYAN PARK: Let's talk about this because it's important to me, and I have spent a lot of time in the past few weeks analysing this and going through this. Your Government, Ms Carter, at the very beginning, said that this was a temporary scheme. I just want to give the Committee context because that is important. In fact—

The Hon. SUSAN CARTER: Minister, may I also note for context that our Government committed, in the forward estimates, to a quarter of a billion dollars more palliative care funding than you have delivered.

Mr RYAN PARK: Are we talking about car parking? Because I like to get into the detail of things, I was able to pull up a debate in the Parliament. It was at the back end of September 2020 when the scheme was talked about. There was a motion back then, and the member for Goulburn, the member for Albury and the member for Tweed spoke. Each of them spoke very well—no problems—but each of them referred to the scheme as being temporary. For instance, my colleague the member for Goulburn talked about the "temporary free car parking".

The Hon. SUSAN CARTER: Minister, can I ask for clarification Are you suggesting that you are governed by what members from our side said while we were in government?

Mr RYAN PARK: No, but when an issue comes up—

The Hon. SUSAN CARTER: Then why is it relevant to your decisions—

The Hon. CAMERON MURPHY: Context.

The Hon. SUSAN CARTER: —to impose a $60 million tax on health workers?

Mr RYAN PARK: Because, Ms Carter, when this issue was raised—

The Hon. BRONNIE TAYLOR: They're worse off.

Mr RYAN PARK: —with me by the current Opposition, I think as a Minister of the Crown you would expect me to have a look at and examine the issue. I thought that I was right in believing that when it was announced it was "a temporary measure". I wanted to validate that because you could imagine it's a big job—like all of us have big jobs—and I might have got that wrong. But I wanted to double-check, so I went to the Parliament—

The Hon. SUSAN CARTER: Can I ask you, Minister—

Mr RYAN PARK: —to check if that was originally put up as a temporary scheme, and it clearly was.

The Hon. SUSAN CARTER: Minister, I'm seeking clarification: Are you saying that if, when we were in government, something was introduced with the thinking that it would be a temporary measure, that you will abide by that when you're in government? Is that what I'm hearing you say?

Mr RYAN PARK: No.

The Hon. SUSAN CARTER: Then what is the relevance of what you have just told us? You make the decisions. Why have you made the decision to impose a $60 million tax on health workers? Can I take you to a specific example, Minister?

Mr RYAN PARK: I thought I might be able to answer one question at a time, Chair.

The Hon. SUSAN CARTER: Perhaps you can answer this question. The cost of parking for a first-year nurse at RPA hospital is more than double the pay rise which your Government negotiated last year. How is that helping the weekly budget of our nurses?

Mr RYAN PARK: Chair, I'll go through a couple of things. I'll answer the question that I was answering just to ensure—

The Hon. BRONNIE TAYLOR: Where's the nurses union?

Mr RYAN PARK: —the Committee gets the full deliberation of what I'm talking about. Minister Hazzard introduced this at the time.

The Hon. SUSAN CARTER: Excuse me, Minister, are you taking us back to what you described as context because you cannot address the issue of how nurses' wages are going backwards because of the parking costs that you have imposed?

Mr RYAN PARK: No, I will be addressing this issue incredibly in depth, so just give me a moment to get through it. When this scheme was announced, it was a temporary measure during COVID. Why was it a temporary measure during COVID, Chair? Because at that time we wanted people to try to avoid mass use of things like public transport to slow the transmission rate, and what we wanted to do was enable healthcare workers to get in and get to their site as quickly and efficiently as possible. We knew at the time that hospitals were vulnerable areas for COVID transmission. That's first and foremost.

To answer the second part of your question, what I have to do, and what I'll continue to do, is in dialogue with the Health Services Union, the Nurses and Midwives' Association and ASMOF—all of which have raised this issue with me. I will continue to work through some of the concerns they're raising. Thirdly, I have to get the balance right though, Ms Carter. The reason I have to get the balance right is this: A number of people will write to me, particularly people who use the hospital frequently—they may be people undertaking radiation or cancer therapy; they maybe elderly people with chronic conditions—with concerns that they can't get a car parking spot. I have to balance the need for staff to get a car parking spot as well as the need for patients and their carers and visitors to be able to access the hospital, some of whom are vulnerable, some of whom are elderly and some of whom use the hospital frequently as part of the management of chronic conditions.

The Hon. SUSAN CARTER: Minister, is that balance struck by providing parking for patients, who will have no health workers to see if they cannot afford to get to work?

Mr RYAN PARK: Coming from the government that established the wages cap, it's a slightly unusual comment, but—

The Hon. SUSAN CARTER: Coming from the Government which has sent nurses backwards with this tax.

The Hon. BRONNIE TAYLOR: They're worse off.

Mr RYAN PARK: That's a slightly unusual comment, Ms Carter.

The Hon. SUSAN CARTER: Talking about unions, can I take you to your election promise where you promised 100 per cent salary packaging for all HSU awards? Why have you not delivered on this commitment?

Mr RYAN PARK: We have already made substantial increases to salary packaging, the first time that that has taken place—

The Hon. SUSAN CARTER: A hundred per cent? That was the commitment, Minister.

The Hon. EMILY SUVAAL: He's answering the question.

Mr RYAN PARK: We're less than 12 months in, I just remind you. We're already making substantial commitments and already have moved the dial on that. This is an important issue for me—and I'll tell you why, Ms Carter, and I'm sure you share this—because it has the ability to significantly impact very low- and middle-income earners of the healthcare workforce. People like cleaners and our security staff often don't get the acknowledgement they deserve and we have started the rollout and implementation of this scheme to particularly have a focus on lower-paid workers to enable them to get some money back in their pocket. No, we have not got

to 100 per cent yet, but we have made a substantial start. We still have a little bit over three years to go in our term and I can assure you, over that time, we will be getting there.

Ms CATE FAEHRMANN: Good afternoon, Minister.

Mr RYAN PARK: Good afternoon.

Ms CATE FAEHRMANN: I want to hand you a piece of paper. If I can give it to the secretariat and I will wait while it is handed to you. What I am handing you is a NSW Health alert for a particular drug.

Mr RYAN PARK: Yes, I read these each time. Dr Chant's office communicates with me about this.

Ms CATE FAEHRMANN: So the one before you—

Mr RYAN PARK: Yes, I think this is the one with a bull logo, from memory.

Ms CATE FAEHRMANN: Yes.

Mr RYAN PARK: Yes, it is the one with the bull logo.

Ms CATE FAEHRMANN: What happens with these health alerts—

Mr RYAN PARK: Sorry, Ms Faehrmann, is this the one that was issued back in January, from memory, or not?

Ms CATE FAEHRMANN: Yes. What happens with these health alerts when they're issued?

Mr RYAN PARK: Dr Chant is the person—

KERRY CHANT: The Ministry has a process of engaging with a range of experts, including NUAA and other committee organisations, in an expert panel to assess the significance of any of the detections and to determine the appropriate course of action. There are two arms—

Ms CATE FAEHRMANN: That's fine. You know how it goes with this. I will ask you this afternoon. I am aware, but thank you.

KERRY CHANT: Sorry, Ms Faehrmann.

Ms CATE FAEHRMANN: Thank you, Dr Chant, I know you were answering the question. Minister, this was published on 29 January, which was a Monday. The reason it was published was because these pills were in fact consumed by people at at least one dance music festival that weekend, on the Saturday night. Are you aware of what happened at that festival?

Mr RYAN PARK: Yes, I'm aware there were some issues which resulted in the identification of this. I'd need to go back and check.

Ms CATE FAEHRMANN: People were hospitalised as a result of taking this—overdosed.

Mr RYAN PARK: No doubt.

Ms CATE FAEHRMANN: You are also aware of the way in which patrons of that festival were notified about this drug in circulation?

Mr RYAN PARK: I'm not 100 per cent sure I am aware that specific, but you obviously do?

Ms CATE FAEHRMANN: Yes. The medical staff became aware because somebody presented who had overdosed and you know that within this pill there is a substance called nitazene that is a very dangerous opioid, much stronger than fentanyl.

Mr RYAN PARK: Yes. Dr Chant has informed me about that drug.

Ms CATE FAEHRMANN: They had overdosed. The medical staff gave that person naloxone, which is for—

Mr RYAN PARK: To reverse it, yes.

Ms CATE FAEHRMANN: So they recovered. When they realised that this was in circulation at this music festival, they got to the stage and spoke with everybody there, with DanceWize, and they alerted the 20,000 patrons that a dangerous drug was in circulation. Do you know when NSW Health alerted the people of New South Wales? Two days after. Two days after people had already been hospitalised; two days after, 20,000 people were notified. Minister, doesn't that just say we need pill testing in New South Wales?

Mr RYAN PARK: No. I don't think you could draw that conclusion. I think if you draw the conclusion of could there be greater communication between organisers and the Ministry of Health, perhaps; but I'd just need to check time line and see how that works. I don't think we should have a view, Ms Faehrmann, that pill testing is some silver bullet that will protect everybody who goes to—

Ms CATE FAEHRMANN: Let's just go back to those 20,000 patrons at that festival. So how would they have known? What way would they have known? Would NSW Health or your Government have alerted them to the fact that there were deadly, fatal pills in circulation at that festival? How would your Government have alerted them if we don't have pill testing? I'll stick with the Minister at this point. I know you want to answer, Dr Chant.

Mr RYAN PARK: Do you mean in terms of how would we have alerted on the day?

The CHAIR: Yes, when they're about to take it or, ideally, before they take it because I do understand that the DanceWize personnel, the volunteers at that festival, were told by people after that announcement that they discarded their drugs or turned them into the medical tent.

Mr RYAN PARK: But that's taking an assumption that this particular drug is different in relation to others. Any drug, any narcotic or illegal drug, can have a catastrophic effect on my physiology but may not have a catastrophic effect on yours.

The CHAIR: Minister, are you worried about contaminated, the fact that this—

The Hon. GREG DONNELLY: Point of order—

The CHAIR: Let's hear the point of order.

Ms CATE FAEHRMANN: No points of order to the colleagues over here, who were interrupting every two seconds in relation to palliative care funding? Absolutely hilarious.

The Hon. GREG DONNELLY: The Minister was answering the question.

The CHAIR: We've had lots on this subject. Give him at least a sentence to answer, but you're welcome to redirect.

Ms CATE FAEHRMANN: I'm just like, he's been silent for three hours. Minister, what I'm saying is these drugs were contaminated with something that was fatal, potentially. So those 20,000 people were alerted at the time that something dangerous was in circulation that people weren't expecting it to be. How does your Government do that? How would your Government have alerted those people?

Mr RYAN PARK: We continue to, broadly, around music festivals, do a range of different things to make sure that people know that they've got to be very careful if they choose to take illicit drugs. I can't say—and I'm not sure any government could say, whether they had pill testing in or not—whether they would be able to do anything differently than what was already in place because of an identification of a particular drug.

Ms CATE FAEHRMANN: But the thing that was in place was the stakeholders at that festival acted outside of what your Government was providing in terms of notifying people from the stage. Yes, I'm aware that NSW Health funds DanceWize, but it was identifying what that pill was and being able to alert everybody to it.

Mr RYAN PARK: But I think that's making an assumption, though, Ms Faehrmann, the only risk is around a drug like this. We're doing a range of other things in relation to festivals that you'd be aware of to keep people as safe as possible. We have increased first aid. We have increased cooling stations. We have increased water availability.

Ms CATE FAEHRMANN: Which is all excellent. I support those measures.

Mr RYAN PARK: We have done all of those things. There is no doubt there will be room during the drug summit to have discussions around these issues. That's why we want to hold the drug summit, which is the first of its kind in over two decades. However, I don't want to give the impression—and I never want to give the impression—to the community that having a pill testing arrangement in place at a festival means that we can guarantee that we will identify anything that will have a harmful impact on an individual because the physiology of all of us is different. I don't want to—

Ms CATE FAEHRMANN: I don't think it's too different when it comes to nitazene in MDMA, just by the way. I think that's pretty guaranteed to knock you out. I will move on because of the amount of time I have. The $500 million funding that came out the of the ice inquiry, I understand that a certain amount was given to local health districts out of that $500 million.

Mr RYAN PARK: Yes.

Ms CATE FAEHRMANN: What was that figure?

Mr RYAN PARK: I've been talking with my colleague the CEO Tobi Wilson at South Eastern Sydney Local Health District. He and I have engaged with this because I have a personal interest in this. Over four years $358 million was allocated—I think you just said that, Cate—to NSW Health. Since last year, $146 million was allocated—in 2023-24—to deliver a range of alcohol and other drug programs and services. Some of that investment included $69 million, which has been allocated to fund 19 new and expanded alcohol and other drugs public sector services. As a result of this funding, at least 300 new positions have been established, including, importantly for me, 33 Aboriginal-identified roles. As part of that $146 million, two new safe assessment units have been funded in the Nepean Blue Mountains and South Eastern Sydney LHDs.

Ms CATE FAEHRMANN: I will jump to one area then. You've just mentioned that's good because you're getting further out but it might take a while to get out to where I want to ask about, which is Broken Hill. I understand that there has been a very big push by that community for a very long time for a community withdrawal and residential rehabilitation facility. They've even put together, which I understand has been to NSW Health and your office, a proposal for that rehabilitation facility. They are desperate for this. Why isn't that being entertained out of that $500 million, for example? Why haven't the people of Broken Hill been promised and delivered a residential rehabilitation facility from your Government?

Mr RYAN PARK: Is that a request from Broken Hill about a specific residential facility in their community, did you say?

Ms CATE FAEHRMANN: Yes, it is because the nearest one is 800 kilometres away. I understand they've written to the Premier and to you requesting a meeting. I believe that, in their words, that offer was rejected by you; that is what the community has told me. They have so many different supporting organisations that are behind this. They put in a hell of a lot of work. It has been an issue for a long time. You talked about First Nations health as well.

Mr RYAN PARK: Yes.

Ms CATE FAEHRMANN: The nearest residential rehab service is 800 kilometres away. Are you aware of the plight of Broken Hill?

Mr RYAN PARK: Firstly, I challenge anyone to be more accessible than I am but I'll be happy to meet with them. That's for a start—

Ms CATE FAEHRMANN: Thank you, Minister.

Mr RYAN PARK: —because I have a personal interest in this, and Secretary Pearce has allowed me to engage with CEO Tobi Wilson who is leading what I will call our rollout of the funding under the ice special commission of inquiry. There's currently a review of AOD treatment needs, and I'll make sure that Broken Hill is considered as part of that needs-based assessment. And I am happy to meet with them. Dr Chant, did you or anyone else want to say anything else on that?

Ms CATE FAEHRMANN: This was the copy I was going to refer to, but I will table it and give it to you now, Minister, so it's freshly on your table. That would be excellent. I turn now if I can to medicinal cannabis. A recent study—it was actually a couple of years ago—found that only 24 per cent of Australian medicinal cannabis users agreed or strongly agreed that the current model for accessing medicinal cannabis is straightforward or easy. I hear from so many people who talk about how expensive it is and that it's difficult. What is the New South Wales Government doing to make it easier for patients to access medicinal cannabis in this State?

Mr RYAN PARK: Yes, it is an issue. What you've raised is no doubt some feedback that I've also received. I've got a member in my own community, Ben Oakley, who was important in trying to advocate for better availability of medicinal cannabis. I think, Cate, we've still got more work to do in this area, to be quite frank. It is a part of health care that I think we need to lean into. Not everyone agrees across the medical profession that that is the case, but I certainly have a view that we need to do more in this area. We have, from memory, invested significantly in research to understand the efficacy of cannabis-based and cannabis-derived medicines as treatment options broadly. Generally, the evidence for use in most conditions, to be blunt, unfortunately is poor compared to other medications. That's not the fault of medicinal cannabis per se. It's just that the level of research hasn't developed around that. Dr Chant?

Ms CATE FAEHRMANN: Minister, I might just jump in here. In the last Parliament I did chair an inquiry into a bill I had before the Parliament, which was into the whole issue of driving being not impaired by medicinal cannabis and trying to get an exemption for medicinal cannabis users.

Mr RYAN PARK: I think Mr Buckingham has got a bill or something.

Ms CATE FAEHRMANN: I must admit, the evidence and the witnesses from NSW Health—I don't have the details now—were incredibly opposed. It was extremely surprising, to be honest, how they seemed to be so against just the very idea that medicinal cannabis is effective. It shocked me. It shocked the stakeholders. It's 10 years behind where everything is at on this. I am inundated by people saying how effective it is—their aches and pains have gone away—how it's changed their life, how they've gotten off drugs of dependence. Will you commit to perhaps ensuring that the advice you're receiving from NSW Health, from your own department, reflects what is actually happening in the world of medicinal cannabis? Because there is a lot of research, there is a lot of science, and it does work for a lot of ailments. I worry that you're not getting the right advice, to be frank.

Mr RYAN PARK: I'm confident that the advice I'm getting from Dr Chant, largely, and the team is fit—

Ms CATE FAEHRMANN: And it wasn't Dr Chant who I'm referring to.

Mr RYAN PARK: No. In relation to the bill—I think Mr Buckingham has one floating around at the moment that's similar, Ms Faehrmann, to yours around the roads issue—obviously that will be a matter for Minister Graham. But we do have to factor in the impairment issue that may be in place and that can negatively affect cognitive motor skills that you need for driving—things such as your judgement, your memory, your vision. I have to take that into consideration as well. Dr Chant, did you want to add anything else? I don't want Ms Faehrmann to feel as if we're—

Ms CATE FAEHRMANN: Don't worry about how I feel.

Mr RYAN PARK: I don't want you to think as if we've got a particular view or an axe to grind against medicinal cannabis, because we certainly don't.

KERRY CHANT: I think—

Ms CATE FAEHRMANN: Can I come back to you?

KERRY CHANT: Yes.

Ms CATE FAEHRMANN: I'll just get this question out and then we'll come back, just so my time doesn't run out. Minister, firstly, turning to whether you're developing an alcohol and other drugs strategy and action plan, where is that up to? It was a key recommendation, as I'm sure you're aware, from the ice inquiry.

Mr RYAN PARK: I was concerned that we didn't have one of these, I think, for about 10 years.

Ms CATE FAEHRMANN: That's right.

Mr RYAN PARK: I spoke to one of Dr Chant's colleagues, Mr Daniel—

KERRY CHANT: Madeddu.

Mr RYAN PARK: —Madeddu. Sorry, I just needed to remember his last name. I had a number of discussions with him. What we want to do to ensure that we're not reducing what might be some of the outcomes of the drug summit is we will develop that as a result of, or part of, that landmark event, to take place this year. That will be an important component, because I do want to have an up-to-date evidence-based drug and alcohol policy and plan in place.

Ms CATE FAEHRMANN: You've just said that the drug summit is going to happen this year. Is there a reason why you just don't come out and announce the date so everybody can plan and prepare? What's the hold-up? It's this year.

Mr RYAN PARK: We're less than 12 months in.

Ms CATE FAEHRMANN: Most big conferences and summits do take a fair bit of time to organise. These things don't happen overnight.

Mr RYAN PARK: Sure, and we will make sure the community and stakeholders and everybody gets adequate lead-in time and preparation. That will be a decision—when that's announced is a matter for government broadly, and that's not one that I take unilaterally, because the drug summit is not just a summit that impacts on the Health portfolio; it's a summit that, by its very nature, crosses over multiple portfolios. Our colleagues in the Cabinet Office will essentially be partnering with Health and other agencies to lead the work plan around that. But it will happen. I'm looking forward to it. But I'm not panicked that we don't have a date.

Ms CATE FAEHRMANN: And it definitely will happen this year? That's a 100 per cent commitment from your Government that we'll see a drug summit before the end of the year?

Mr RYAN PARK: Yes, the drug summit will take place this year.

Ms CATE FAEHRMANN: Can I check, with that drug summit, is there an ideal level of notice that you've been advised that people are needing? Again, maybe there are a few people in your department who might be working on something, but there are a lot of stakeholders that need to book out times to plan. Surely six months, Minister, is the minimum notice you'd need for a drug summit.

Mr RYAN PARK: We'll make sure that—I am not an event planner but we'll make sure that—

Ms CATE FAEHRMANN: Maybe you need a few event planners in your department if you're leading this.

The Hon. BRONNIE TAYLOR: I can plan a really good event.

Mr RYAN PARK: No, I don't need any of that.

Ms CATE FAEHRMANN: So can I. You've got to back-plan.

Mr RYAN PARK: We will make sure there's adequate time for stakeholders to be engaged. I do want to say this on the drug summit, because it's important to understand: I know stakeholders have an important view around this, and I know it is important to them. I do think, though, you also have to understand that we have deliberately spent our first 12 months focusing on our essential workers and frontline workers and making sure that we secured wage increases and support that was needed for those frontline workers so that our general health services could be properly funded going forward, coming out of a challenging period for them during COVID. Of course I think it is important, but I am not going to apologise for having a focus over the first 12 months on making sure that our frontline essential healthcare workers were prioritised so that our health services could be supported and enhanced going forward.

Ms CATE FAEHRMANN: You might need to multitask, Minister. You have only three years left.

The Hon. SUSAN CARTER: Minister, I note that the Hawkesbury hospital has just come back into public hands after being well run by Catholic Healthcare and St John of God. Can you confirm that that hospital, the Hawkesbury hospital, will remain functioning when the new Rouse Hill Hospital is opened?

Mr RYAN PARK: Yes. Again, I've had a number of discussions with my colleague Ms Willcox about this, and thank you for asking. It's an important question, to be quite honest. What we're doing is making sure that we secure the employment of the staff. We make sure the services continue to roll out. It was bit of a shock. They always are when these sorts of decisions, to be blunt, are taken by individual operators of hospitals, but we have a responsibility to make sure that we provide health services in that area. We're working closely with that organisation directly through the Deputy Secretary, Ms Willcox. We will continue to engage with them. I have also, through my office and the department, engaged with a number of local members around that facility because—

The Hon. SUSAN CARTER: Can I redirect you, Minister? I'm grateful for your show of support for Hawkesbury hospital now. Can you confirm that it will continue to operate as Hawkesbury hospital into the future, specifically when the new Rouse Hill Hospital opens?

Mr RYAN PARK: Yes, we have no plans to reduce that. We have a belief that there's a need for both hospitals in that area. We're not going to be closing Hawkesbury hospital. I'm not sure where your residence is, Ms Carter, but you would know that area, no doubt, has seen substantial growth. I think the last Government actually announced Rouse Hill Hospital about three or four times. We will get on with the delivery of that hospital. We increased the funding to that hospital because it was needed, and we will continue to deliver services in what's broadly the north-west of Sydney.

The Hon. SUSAN CARTER: Thank you, Minister.

Mr RYAN PARK: We will continue to deliver services in what is, broadly, the north-west of Sydney.

The Hon. BRONNIE TAYLOR: Minister, I'm very excited to have heard from some of the school nurses that they have received future funding into the next cycle. I can't tell you how happy that makes me. Minister, I was just wondering if you would be willing to table the final evaluation report that I asked about at the last estimates of the wellness health in-reach programs.

Mr RYAN PARK: I certainly don't have an issue. I think, from memory, I looked at that as a part of my preparation over the last couple of months. I know that you have a very strong interest in this. Just before I get to that, I want to update the member. As of 8 February—it's not today so I'm sorry it's not a today figure—of the 106 wellbeing nurses that were committed to, 95 of them have been filled.

The Hon. BRONNIE TAYLOR: It was 100, yes.

Mr RYAN PARK: The evaluation has commissioned Urbis. NSW Health, through the Ministry, has commissioned Urbis to undertake a further two-year independent valuation of the program. The interim program valuation report was delivered in December 2023 and found that the wellbeing nurse role provides necessary and complementary support for student health and wellbeing in schools. I'm sure you thought that would be the case and that has been found to be the case: That is a program that we believe is working.

The Hon. BRONNIE TAYLOR: It makes me very happy, Minister, but it would make me even happier if I were able to read the evaluation.

Mr RYAN PARK: Sure. I don't have any particular issue.

The Hon. BRONNIE TAYLOR: Because it's obviously positive.

Mr RYAN PARK: I don't have an issue in providing that. A second evaluation report is due at the end of this year, which will inform the ongoing refinement of the program, as you'd expect, as we roll this out. But there are some challenges, Ms Taylor. Some rural and regional areas have been challenging recruitment so we are going to continue to do our best there. We're looking at different strategies to maybe fill in those hard-to-recruit areas. But it is a program that we believe has merit and it will continue. I'll try to make sure I can get that report.

The Hon. BRONNIE TAYLOR: It makes me very happy, thank you, Minister.

Mr RYAN PARK: That's okay.

The CHAIR: Minister, the last question from me, not to diminish the importance of the issue.

Mr RYAN PARK: Of course.

The CHAIR: As of December 2023, the waitlist for the New South Wales public dental service was just over 80,000 people. The website says that the proportion of patients who've been waiting more than the maximum recommended is only 5 per cent, but we're talking about 4,000 people. Do you think that's acceptable? What's being done to reduce the waitlist for public dental services?

Mr RYAN PARK: I certainly want to. I think every health Minister should want to try to reduce waitlists in their areas. Waitlists will always be a part of hospital services just by their very nature. Things don't happen automatically so people go onto waitlists quickly. From my recollection, Chair, we've provided—again I'll stand corrected—a figure in the vicinity of around about 840,00 to 850,000 dental appointments to about 350,000 people this year. We do prioritise in dental emergency situations; I think you would agree. Patients with very urgent and those types of emergency needs or conditions are given immediate appointments. They're not placed on the waitlist.

The CHAIR: Thanks, Minister. I understand the triage criteria and I understand the need for a waitlist, but my question was very specific. The 5 per cent of people are on the waitlist for more than the maximum recommended time for their condition, regardless of the urgency. We're talking about 4,000 people in New South Wales who have been on waitlists for longer than the recommended maximum. I'm specifically interested in what's being done to increase the capacity of public dental to get those people off the waitlist.

Mr RYAN PARK: Yes. I'm concerned about that because we know that oral health has a big impact on the entire health of a person. That's clear in all the evidence in recent years, certainly. Do you, Dr Chant, want to just add? I know it's your portfolio area, so I don't want to—

KERRY CHANT: Yes. I just wanted to say that a range of initiatives have been put in place. Obviously, we're working with our workforce colleagues to ensure some of the incentive programs for retention and recruitment in rural areas leverages off other incentive programs, recognising the importance of dentistry within the broader healthcare provision. Recruitment activity has been pleasing. We have been able to bring on a dentist at Far West in Broken Hill, and that had taken a long time to do. I'm pleased to see that we've been monitoring weekly the activity there and it's pleasing to see that increase.

The Hon. BRONNIE TAYLOR: That's great.

KERRY CHANT: We're also working with our private sector to streamline engagement in our voucher program, but a lot of the dentists are at capacity. Obviously there has been some impacts associated with the floods in northern New South Wales, and they're increasing their activity. We're engaging with the universities to make sure we have training streams, particularly to make sure that we have incentives and programs for people that have come from rural areas to pursue dentistry and looking at career progression through, like, assistant in dentistry and then how you would progress through the different stages. So there's a lot of work at the back end to look at a sustainable workforce but dentistry is also challenged by some of the workforce constraints.

The CHAIR: Thanks, Dr Chant. I'm out of time. Let's come back to this this afternoon. It's now the Government's time. Do you have any questions?

The Hon. GREG DONNELLY: Thank you, Minister, for coming along today and providing detailed and comprehensive answers. My question, or our question, is around a matter that you've given a lot of attention to both as the shadow Minister at the time but now also as the Minister, and that's around the efforts to relieve pressure in emergency departments. I wanted you to provide a further update on the efforts made by yourself and the department—

The Hon. BRONNIE TAYLOR: Is this a question?

The Hon. GREG DONNELLY: —to relieve the pressure on emergency departments and the importance in particular of Healthdirect in diverting non-emergency presentations away from our hospitals.

Mr RYAN PARK: Healthdirect play an incredibly important role. More than 315,000 people in New South Wales—an incredible number—contacted Healthdirect between 1 January and 31 December last year. Of these, more than half, or over 175,000, were referred to a healthcare service other than the ED. That could have been virtual care, it could have been GPs, it could have been virtualKIDS, it could have been providing some information and assurance to family members down the phone. All of those things combined have an impact on our emergency departments. But through the work of the secretary, we are doing a lot more in this space.

We are rolling out 25 urgent care services. We're not just doing urgent care facilities. We believe the better model is through services because that incorporates things like urgent care virtual services that we believe in some cases are more effective. But we are rolling out around 25 of these. We have established the Emergency Department Taskforce under the leadership of Deputy Secretary Matthew Daly, who also led our surgical taskforce that had big improvements in getting down the number of people who were clinically recommended on that waitlist. He will lead a team around EDs to try and look at ways in which we continue to improve the efficiency of EDs but also, importantly for myself and the secretary, ED avoidance to try and make sure that we treat people in the right place at the right time.

On top of that, we are obviously significantly boosting staff numbers and the rollout of our safe staffing reforms commencing this year—arguably the biggest reform of the way in which we staff our hospitals in certainly well over a decade since NHPPD was in place—will make what I think is a considerable difference simply because when you talk to the people in the ED, particularly our healthcare professionals, our allied healthcare professionals, our nurses or what not, staffing is one of the biggest challenges they face, and that's across the entire healthcare sector. That is why we are focusing on the rollout of that program and will continue to look at ways in which we can provide urgent care that doesn't need for a person to go into our emergency departments but it is still care that they need in a fairly quick and timely manner.

Just like 000 should only be called for emergencies, we need to have a situation where—I think emergency departments as we were growing up as children would only be used for emergencies. At the moment, we're having increases in category 4 and 5 triage areas, and they are often categories that could be treated through primary health care—not always but could be treated through primary health care—and we are trying to do our best to make sure that the alternative pathway, particularly through our urgent care services reform, helps to provide people who are needing urgent care but don't need emergency care and we leave emergency care for those emergencies.

The CHAIR: Thank you very much, Minister, for your time this morning. We'll be back with the departmental witnesses after lunch at two o'clock.

(The Minister withdrew.)

(Luncheon adjournment)

The CHAIR: Welcome back, everyone. It being 2.00 p.m. we will recommence the hearing, starting with the Opposition.

The Hon. BRONNIE TAYLOR: Mr Minns, I'm going to start with you and carefully ask my questions. My questions are in regard to the health subsidies that were announced on 6 March 2023, during the election campaign, for healthcare students. We talked about these in the last estimates, but when they were announced it was said, "Students undertaking a healthcare degree will be eligible for a subsidy on their study expenses." I know that would have gone through the PBO and everything, but when I looked as I questioned the Minister, that has now changed and it is for designated MM areas. When did that change, Mr Minns? Are you the right person for me to direct this to?

PHIL MINNS: Yes, that's fine. I don't think that there has been any actual change in the sense that we understood the policy, when announced, was for a total value of $121.9 million. That was structured around a $12,000 subsidy over three years for 2,000 new students with an intent to commit to the public health system upon graduation for the next three years. Then we had a further 2,000 scholarships up to $8,000 in value for students currently studying and entering the system upon graduation. What we have had to do in designing the way to apply the system is say, "Well, we have more people studying in New South Wales than those numbers across all medical disciplines", so that implies that you've got to have some form of rationing about who gets access to the scholarship.

The Hon. BRONNIE TAYLOR: I understand, and that will be the second part of my question. Obviously rationing does have to go on when there is not enough money allocated for something, but what I don't understand is why suddenly—and you probably can't answer this for me, so it's probably a bit unfair, but it does clearly say that they will be eligible and now, on the NSW Health website, clearly only a certain amount of people are eligible, and I have had lots of questions asked of me by nursing students in the city saying, "I thought this was available and now it's not."

PHIL MINNS: I can correct that. As a result of your questions in the morning session—

The Hon. BRONNIE TAYLOR: You've gone and researched something, haven't you?

PHIL MINNS: Yes. The team has indicated that they think the website wording is not as clear as it might be, so just let me find the email.

The Hon. BRONNIE TAYLOR: I can come back, if you like, Mr Minns?

PHIL MINNS: Yes. What they have done is clarify that additionally, for nursing, paramedicine and medicine—they have added in the location issues, MM3 to MM7. But the point that they have tried to clarify is that a metropolitan graduating nurse can still access these scholarships.

The Hon. BRONNIE TAYLOR: That is really unclear on the website.

PHIL MINNS: That's the bit they are trying to correct today.

The Hon. BRONNIE TAYLOR: How can you try to correct something? It's either correct or it's not correct. But I'll watch and I'll tell the students to watch the website. Mr Minns, when you say that there was $76 million in health study subsidies for this program for nursing students, correct?

PHIL MINNS: The new study scholarships?

The Hon. BRONNIE TAYLOR: Yes.

PHIL MINNS: I've got a global number of $129.1 million.

The Hon. BRONNIE TAYLOR: Okay. Just explain to me how many students there were this year. How many students are there that are eligible to apply for this?

PHIL MINNS: I'd have to take that on notice.

The Hon. BRONNIE TAYLOR: Please take that on notice and provide it to me. What I would also like to know, Mr Minns, because you are much better at mathematics than I am, is that of those students that are eligible to take up this program, what the cost of that would be compared to the cost allocated. Does that make sense?

PHIL MINNS: I understand you're asking, if everybody who was studying in these disciplines in New South Wales was to have a scholarship, what would the value of that be.

The Hon. BRONNIE TAYLOR: Yes, and I would like to have a value and a percentage, if I may be so indulgent.

PHIL MINNS: On notice, obviously.

The Hon. BRONNIE TAYLOR: Understood. That's fine, Mr Minns.

PHIL MINNS: It's not always the case that universities share all of their information about enrolments with us.

The Hon. BRONNIE TAYLOR: Even if it's a ballpark figure, Mr Minns, I'd really appreciate that, but as accurate as it could be would be really, really good. Mr Morgan, can I please go to you now? I have some questions to ask you about an ambulance restructure, which I am told has resulted in eight deployment managers being directed to move from their regional locations to a consolidated metropolitan centre. These positions were

downgraded from an operational paramedic role into a non-operational health role, and the change of classification means that they are no longer paramedics. My question to you in regards to that, Mr Morgan, is why does the ambulance service—really, my question is "why does the New South Wales Government", but I realise that you are not—think that it is acceptable to relocate regional jobs into metropolitan Sydney?

DOMINIC MORGAN: Thanks, Ms Taylor. What you are referring to is a program called the statewide rostering improvement model. I think, as anyone who's ever worked in an operational environment knows, that getting rosters right or wrong can have a profound impact on the health and wellbeing of the staff who are actually doing those rosters. We identified over a long time that there was a significant risk of inconsistency in application of award criteria and benefits to staff that sometimes meant that we were rostering on the day, making people drive long distances et cetera. One of the things—no matter what you do with training, if you don't have someone to back up, you get inconsistency. What we are doing is bringing together a community of practice of people. We've historically had registered paramedics primarily undertaking rostering duties. We know from—

The Hon. BRONNIE TAYLOR: Mr Morgan, I understand. I'm really sorry to redirect you because I know that you are trying to answer my question, but I have limited time. I just need to know what is the justification that these roles cannot remain in regional areas.

DOMINIC MORGAN: Because, fundamentally, they need to be together so that they can all learn and do roles together. That's the fundamental—

The Hon. BRONNIE TAYLOR: So we are moving people out of those areas and putting them into metropolitan centres.

DOMINIC MORGAN: Importantly, under the last Government we put more than 410 additional rural paramedics out there. We did, under this current Government, another 144 and we've got a commitment to another 500. All up we are going to put more than 1,050 additional registered paramedic jobs out there. We're actually talking about four.

The Hon. BRONNIE TAYLOR: I understand and I appreciate that, Mr Morgan. But these are jobs that are actually career progression jobs in the regions. I think, for myself as a regional person, it is really disappointing to see any jobs moved out of the regions. Both sides—both the previous and current government—are putting more paramedics in and I commend that. We all want more paramedics. We love our paramedics. But I am very disappointed to hear that there are jobs coming out of the regions back into the city.

DOMINIC MORGAN: They'll be more than offset by the thousand additional jobs that are already going out there.

The Hon. BRONNIE TAYLOR: But they're not the same job, are they?

DOMINIC MORGAN: No. And, fundamentally, this is the issue: It's not the best use of a registered paramedic, who of course we would want, wherever possible, out there treating patients and doing work in the community. We know for 20 years New South Wales police have entirely adequately moved away from sworn police officers doing rostering into civilians doing rostering and it works very well for them.

The Hon. BRONNIE TAYLOR: I know, but we are still talking about—

DOMINIC MORGAN: These roles will remain in the community.

The Hon. BRONNIE TAYLOR: —people and, in this case, a single mother who's doing a really great job, who has a great job, who now no longer has a job in Goulburn. It's not acceptable to me. Does that mean that Goulburn will have six new paramedics, or are they only gaining four?

DOMINIC MORGAN: In terms of general paramedic enhancements?

The Hon. BRONNIE TAYLOR: I'm presuming this is leading me to the question that because you're pulling out from those roles, are you going to replace them with face-to-face paramedics?

DOMINIC MORGAN: What we're doing is the actual administration side. I think what you're talking about is the ambulance station. They don't work in the ambulance station; they work within an administrative office. The people that are working in the ambulance station won't change. There was an announcement previously—

The Hon. BRONNIE TAYLOR: But will they be increased because you are taking admin out or not?

DOMINIC MORGAN: There are four positions, regionally, in total, that will come out of administrative roles and be replaced by non-clinicians.

The Hon. BRONNIE TAYLOR: We are losing those jobs out of the regions.

DOMINIC MORGAN: Gaining 1,050 jobs, yes.

The Hon. BRONNIE TAYLOR: I'm very sad to hear that. I'm particularly sad for this actual person. Anyway, you've answered my question and I appreciate that.

The Hon. SUSAN CARTER: While we're talking about ambulances and the regions, could you help me in relation to areas that will be looked at for priority areas for new stations—for example, Moama and Darlington Point? What is the status of ambulance stations there?

DOMINIC MORGAN: Moama is about five kilometres away from Echuca. We have extensive and long-term cross-border arrangements with Victoria. Moama itself does 822 incidents per year, as a rule. Because of the fact that it's five kilometres away from the closest ambulance station, regardless of who it is serviced by, they're not the highest New South Wales priority location. Should the situation change with Ambulance Victoria—for example, their own demand went up to a rate that meant that it could no longer service the community five kilometres up the road—then of course we would revisit that.

The Hon. SUSAN CARTER: And Tocumwal?

DOMINIC MORGAN: Tocumwal does about 450 cases per year. It's serviced by Finley and Berrigan, which are approximately 15 minutes away. They don't currently have the workload that would see them as a priority location for the establishment of an ambulance service, but there's certainly been discussion about whether they may be appropriate for a volunteer responder model. We have a number of those; in fact, we have about 350 volunteers around the State.

The Hon. SUSAN CARTER: How regularly is the need and the demand reviewed?

DOMINIC MORGAN: We go through all of the locations throughout the year. It's an ongoing thing. Whenever a question comes up in relation to that, we revisit it. Of course, it has been topical of late so we're well aware of the current situation in those communities.

The Hon. SUSAN CARTER: In those border communities or border-adjacent communities, do you have discussions with Victoria or do you operate separately?

DOMINIC MORGAN: We regularly have discussions. For example, I can tell you that it's all about whoever is the closest ambulance, regardless of what logo is on the side of the vehicle. In Moama, for example, if you dial for an ambulance, you will actually be connected to 000 Victoria because they will dispatch an Ambulance Victoria crew from Echuca down the road. There are five other locations where New South Wales is actually closer, that Telstra will—if a call comes up in Victoria—send it straight to us and we will go to them.

The Hon. BRONNIE TAYLOR: Mr Morgan, can I just add one more in? In regard to the Wagga ambulance station—I'm not sure if this should be directed to you or to the secretary—the Minister announced in October last year that Wagga city council would be returned the $610,000 they paid for the old ambulance station. Maybe this is Health Infrastructure. I want to know where in the budget the funds were found for the refund.

ALFA D'AMATO: We have identified some savings.

The Hon. BRONNIE TAYLOR: We gave back $610,000. Sorry, the Government received that. I want to know where in the budget was that new money that was found to repay, or was that needed to be found internally?

ALFA D'AMATO: As I say, it was just savings that we identified internally.

The Hon. BRONNIE TAYLOR: Sorry?

ALFA D'AMATO: We identified some savings internally.

The Hon. BRONNIE TAYLOR: Would you be able to confirm if those savings that were found internally were found from other projects in Wagga, or was that just generally across the board?

ALFA D'AMATO: I need to double-check that.

The Hon. BRONNIE TAYLOR: Would you mind taking that on notice, Mr D'Amato?

ALFA D'AMATO: Sure.

The Hon. BRONNIE TAYLOR: I want to know, too, when you take that on notice, if any Health Infrastructure projects were cut or reduced in scope in order to find those funds.

ALFA D'AMATO: I can confirm that there is not. We haven't compromised any of the capital because, effectively, that is not a capital expenditure.

The Hon. BRONNIE TAYLOR: Thank you, Mr D'Amato. Could you take on notice where those savings came from?

ALFA D'AMATO: Sure.

The Hon. BRONNIE TAYLOR: That's my ambulance. Do you have any more ambulance?

The Hon. SUSAN CARTER: I have no more ambulance, but I've got some regional hospital questions. I'm sorry, Ms Willcox or Ms Pearce?

The Hon. BRONNIE TAYLOR: Mr Sloane.

SUSAN PEARCE: It depends on what the question is, Ms Carter.

The Hon. SUSAN CARTER: Sorry?

SUSAN PEARCE: If you could tell us what the nature of the question is, that will help us.

The Hon. SUSAN CARTER: Certainly. I don't think it's a secret to anybody that there are major issues attracting and retaining staff in regional and rural hospitals. A number of hospital areas have identified that accommodation for staff is a major issue. I'm wondering what planning is being done or what thoughts Health has in relation to accommodation—for example, the possibility of making accommodation available onsite or using hospital grounds in places like Griffith, for example, so that accommodation can be provided?

LUKE SLOANE: I'm happy to answer this. Thank you, Ms Carter, for the question. We've had a pretty extensive key worker accommodation program that's continued to be funded to the tune of, I think, $45.8 million to roll out to three existing districts onsite accommodation. Again, that money stretches so far. We've done a significant piece of scoping for where the next areas of need are across the State, highlighting flood-affected areas and other areas that realise that they exist on a pretty significant transient workforce—agency, locum or otherwise. We're working with the Department of Regional NSW and now, as they transition to homes, we'll continue that piece of work and be seeking further budget enhancements in order to deliver further accommodation.

Not only that; we'll be looking at internal assets that are already available to us that are perhaps not up to spec and will need to be repurposed in order to do that. We know that it's a really significant problem for people looking to either move to regional areas with their families—I guess that's where it becomes tricky, because we've rolled out a whole bunch of single-person pods or single-person studios—or otherwise. We know if we're trying to attract families and their dogs, we need property that can fit the family and accommodate all their needs, as well as give them a nice, warm hug when they move to that community.

The Hon. SUSAN CARTER: Do you have any feedback or have you done any analysis of how successful rolling out accommodation has been in attracting suitable staff?

LUKE SLOANE: The districts have evaluated how much they've used at the moment, and that's still being worked through in its entirety—the program of getting the pods actually on the stilts, on the sites. I think I'd be just going off anecdote at the moment with regard to feedback from clinicians that then don't have to look for or are more happy to go out for shorter stints in some of the regions that need more critical workforce, knowing that they can go out there and the accommodation that's been set up already is lovely and they feel like they can be at home there, whether it's for a week or several weeks that they need to provide.

The Hon. SUSAN CARTER: Mr Sloane, could you take on notice and perhaps provide us with details of how much accommodation has been provided in which particular hospitals?

LUKE SLOANE: Yes, absolutely. I can take that on notice.

The Hon. SUSAN CARTER: That would be great. Thank you.

SUSAN PEARCE: Ms Wark may be able to assist further, Ms Carter, with some of this.

REBECCA WARK: Thank you.

The Hon. SUSAN CARTER: I just have one follow-up question, if that's all right, first. Mr Sloane, in your answer you mentioned seeking budget enhancements. How much extra money do you need to be able to fund adequate accommodation for workers at hospitals?

LUKE SLOANE: It's a difficult figure to put our finger on right now. We're working through that process at the moment to understand what that means. The unit of measure for how much exactly we need can range from bedrooms to—that might look different depending on the type of accommodation that's actually needed. It's as long as a piece of string if we're talking about a lot of the places that have been affected by natural disaster or otherwise, but that's something we're going to be working through over the course of the next year.

The Hon. SUSAN CARTER: Thank you.

REBECCA WARK: You mentioned before Griffith, which is in the Murrumbidgee Local Health District. We are providing, through the current program, six units at Finley, three at Leeton, three at Narrandera and three at West Wyalong under that program. There are also others around the State, but that's specifically in Murrumbidgee. That has been at the prioritisation of the district.

The Hon. SUSAN CARTER: If you could provide details of any hospitals with that accommodation, I'd be very grateful if you could take that on notice.

REBECCA WARK: I can keep going, if you like.

The Hon. SUSAN CARTER: On notice would be fine. Thank you. Is any thought given to especially those more remote areas in the Murrumbidgee, where patients often have extensive travel needs? Is any thought given to accommodation onsite for patients?

REBECCA WARK: That's probably a question for Luke.

LUKE SLOANE: At present, yes, of course, we always think about that. We put the patients first and make sure we're thinking of their needs and what would suit the family and make their trip more comfortable if they have to seek health care over a long distance. We currently support that through the Isolated Patients Travel and Accommodation Assistance Scheme. At the moment we are concentrating on getting the workers to be there and have accommodation so they can be treated once they go there, but, yes, we'll keep working through that and factor in the patients. I know there are some sites and some other non-government organisations that we work pretty closely with, like Can Assist and others, who also partner up to provide accommodation for patients and their loved ones when they travel.

The CHAIR: Just before I go to my colleague, I've been consulting with members to try not to keep witnesses longer than we need to this afternoon. I'm advised that there are no further questions for Mr Wheaton. Thank you for making the time to be here today. We'll try to do that over the afternoon as we go.

(Mr Jonathan Wheaton withdrew.)

Ms ABIGAIL BOYD: Good afternoon to all of you. If I could start with what I'm sure some of you know is one of my favourite topics, which is consultants and the use of consultants. Looking at the last year's reports, it doesn't look like we've reduced consultant use particularly over the cluster. Can you tell me how it's going, trying to reduce the total expenditure on consultants?

SUSAN PEARCE: Yes, I'll get Mr D'Amato to perhaps speak to the detail, but I am pleased to report, Ms Boyd, that we have made a substantial improvement in the use of consultants and substantially reduced the cost associated with that. I'm not sure what report you're looking at.

Ms ABIGAIL BOYD: Maybe that's just Health and not the cluster.

SUSAN PEARCE: Possibly, but we obviously can see our cluster and, as you know, I think when we were at the inquiry we detailed for you the new approach that we put in place, including having our chief procurement officer review and approve any requests for consultants above $30,000. We went a step further than was required via the standards that were issued and we do believe that that has had a substantial impact and given us much better visibility in regard to the use of consultants. Alfa, did you want to comment? I'm not sure what report you're looking at, so it's a bit hard.

Ms ABIGAIL BOYD: Just the last financial report.

SUSAN PEARCE: From when? What year?

Ms ABIGAIL BOYD: From 2022 to 2023—the last audited.

ALFA D'AMATO: I just want to acknowledge the work that we've done so far is looking at the internal governance processes and we also just launched at the end of January what we call our VMS, our vendor management system, that will allow us to address one of the issues that was raised during the inquiry in respect of the post-engagement reviews. That kind of system will allow us to not only meet those commitments but also enhance visibility across the system of why we are using or engaging consultants and what is the nature and the duration of these engagements.

As I say, the other part I also want to note is that there was a comment from the Auditor-General in respect of the transparency. We are addressing that by preparing ourselves to report the same level of details that we would report for the ministry over a number of years across the system. Therefore all the LHDs will be

reporting the level of details that we have reported so far. We have structured the data and we are obviously analysing the results to make sure that it is fit for purpose for publication, and we are engaging with the CEs so that we can ensure the process is robust before we publish anything in this upcoming annual report.

Ms ABIGAIL BOYD: I have one more question about consultants. I did noticed in that last audited report that one of the engagements that was disclosed was for PricewaterhouseCoopers and it was just under $800,000—a project called "Design the Future Possible" for the people and culture Future Health project, which sounds very consulting-y. Can you tell me what that $800,000 was spent on?

PHIL MINNS: I can, Ms Boyd. NSW Health has a Future Health strategy, which is about the next decade plus, and we made the decision to have a complete sweep of the entire people and culture teams throughout NSW Health—the ministry, the pillars, the statewide services and all the districts and networks—because we think that we haven't taken a strategic look at how we are set up, how we are structured and how we are performing in all of those different contexts because the system has been, since the establishment of the districts, pretty devolved with respect to how people and culture functions operate. It was a very, very considerable deep dive. It looked at comparable-sized organisations in Australia and overseas, and that was particularly some of the value from PricewaterhouseCoopers.

There were many, many consultative sessions with staff right across the State, the purpose being to say, "Well, how do we benchmark as we are currently structured and operating? What are large employers, corporates and/or other large public systems doing in respect of how they run their HR functions?" I won't remember the recommendation's number; I'll have to take that on notice. A series of changing reform agendas—one of them I mentioned earlier today—was about recruitment. We're in the process now of implementing. The work we did with PricewaterhouseCoopers was really about taking our small team and making it bigger and able to do more consultation quicker as well as that international expertise and best practice advice on people and culture.

Ms ABIGAIL BOYD: How long did that piece of work go for that PwC was employed to do?

PHIL MINNS: I'll take that on notice, but it's more than a year.

Ms ABIGAIL BOYD: Okay. If I try and cut through all of that consulting speak, it sounds like a strategic plan that was developed.

PHIL MINNS: I'd say it's more a change and transformation plan. This is an area we have not looked at since I've been here.

Ms ABIGAIL BOYD: It's still a strategic plan.

PHIL MINNS: Well, it's a change plan.

Ms ABIGAIL BOYD: Okay.

PHIL MINNS: We have a strategic workforce plan. This is designed to change the way we deliver human resources services across the whole Health network.

Ms ABIGAIL BOYD: Do you think $800,000 for PwC to do that work was sort of money well spent? It seems like an enormous amount of money.

PHIL MINNS: You're effectively paying for arms and legs and time on the floor. If we had not spent a considerable amount of time face to face with people, we would not have got to a point where we have majority agreement on the direction of reform. I certainly don't have a team that could scale up to do that work.

Ms ABIGAIL BOYD: I might put a pin in that for now. When people are crying out for services in Health, the $800,000, I just feel like that's something that the average person on the street would think was quite extraordinary for a strategic plan.

PHIL MINNS: All I can is, Ms Boyd, in seven years of coming to these matters, lots of issues get raised about how we deliver human resources services and our culture et cetera. It's a once in a decade investment to try and reset how we perform those functions.

Ms ABIGAIL BOYD: If I could turn to something completely different and I'm not sure, Ms Pearce, who to direct this to. I want to ask some questions around disability and disability training within Health. The first question I have is: Is there an intention to expand the specialised Intellectual Disability Health Service statewide for people with cognitive disability? So local health services and statewide.

SUSAN PEARCE: Could you just repeat that, sorry. Expand the?

Ms ABIGAIL BOYD: The specialised Intellectual Disability Health Service, I understand they're in some locations at the moment but not—

SUSAN PEARCE: Are you talking about the—you mentioned training at the start.

Ms ABIGAIL BOYD: Yes. I will get to that. This is—I'm being told it is something called the specialised Intellectual Disability Health Service.

DEBORAH WILLCOX: I would have to take the question on notice, Ms Boyd. My apologies. We do have an intellectual disability service, as you describe. We have a very—it's a centralised service so that we can make sure we identify the needs and help staff in our local health districts provide care to people with disability—intellectual disability—as they come into our mainstream health services for procedures and the like. On the specifics of our level of training and any decisions around expansion, I have to come back to you, but there's not a proposal on foot to expand at this point in time, to my knowledge.

Ms ABIGAIL BOYD: Thank you. What measures are currently being taken to upskill all New South Wales health practitioners in relation to cognitive disability health?

DEBORAH WILLCOX: Yes, it is a very important area. As I said, patients come into our care and bring all of their life and their issues with them. There is a large amount of work being led initially by the Australian Commission of Safety and Quality in Health Care, which has a very substantial package around cognitive disability and what staff need to consider, and the policies and the issues that need to be a part of care when an individual comes in with their carer or family. I can come back to you with detail on the training packages, but suffice to say it's a significant component of our accreditation and there are tools and resources in our local health districts to support staff.

Ms ABIGAIL BOYD: Maybe when you come back—what I am being informed is that there are only, sort of, short e-learning courses which are not mandatory and not particularly comprehensive in this area. I would like to know if there are plans to beef that up, I guess.

DEBORAH WILLCOX: Sure.

Ms ABIGAIL BOYD: Does the Government have any intention to establish a disability deaths review scheme? I don't know if that would fall within your purview anyway.

DEBORAH WILLCOX: Not in my remit as far as I'm aware. I would have to take that one on notice.

Ms ABIGAIL BOYD: Are you able to tell me how many investigations there have been in the last financial year into the use of physical restraints on patients with disability in NSW Health settings?

DEBORAH WILLCOX: I'd have to take that one on notice.

Ms ABIGAIL BOYD: Is anything being done within the department to improve health data collection in relation to reducing fatalities and poor health outcomes for people with disability?

DEBORAH WILLCOX: I don't have specific advice for you on that. The outcomes of patients is something that we manage and monitor for all patients. So, I think, though in relation to people with a disability, we wouldn't have a separate reporting line around that. But, again, if there are any incidents or suboptimal outcomes for an individual in our care, they would be investigated and recommendations would be made as a matter of course, regardless of their circumstances.

SUSAN PEARCE: I might add, it has been an area of focus on that—and whether Matthew could add anything here. It certainly has been an area of focus in the past where we have encountered situations where a person's disability perhaps has contributed. The way they've been cared for may have been impacted because of the disability and presenting symptoms and the like. Those types of issues are dealt with very seriously and the Clinical Excellence Commission in the past has had a good look at those types of events. There have certainly been, over the years, a number of matters that have reached coronial hearings and the like, so any lessons learnt from those processes are shared with our staff. And we could take that on notice because I'm almost certain, although I'm slightly demented from last four years, that in the past we have absolutely had this issue raised at our peak safety and quality committee in respect of how our staff care for people with disability when they attend our hospitals.

Ms ABIGAIL BOYD: Last one: Given the recent rises in COVID-19 cases and the continued state of the numbers of COVID-19 cases, is there any plan to commit to funding protective measures to prevent people with disability from contracting COVID-19, similar to Victoria's COVID Positive Pathways program?

KERRY CHANT: Just to say that COVID remains an ongoing threat but we're putting it in the frame of respiratory viruses more broadly. We need to optimise the protection for our community from all respiratory viruses, including COVID. Obviously we're in the wave of COVID. Whilst there are some early signs that the wave might be starting to go down at the level, we're currently calling it quite medium-to-high transmission in the

community. We've continued to work through our disability services in supporting them with information. We continue to work with our disability services to make sure that they've got access to testing. Often that will be through GPs giving their patients already a PCR request form, making sure that there's pre-documentation of an antiviral plan, given some of the disability patients.

We know that it's a very broad spectrum and not all disabled patients will be at risk of more severe illness, but some subset of disabled patients, people living with a disability, will be more likely to have a severe impact and be eligible for the antivirals. Again, there are those general awareness messages which we're targeting to both disability group homes and the community more broadly to continue to highlight the importance of boosters and highlight the importance of those COVID-safe behaviours. We do recognise people living with a disability as a priority population within our programs, and that will be a feature of our winter strategy. I hate to talk about winter when we're just coming out of summer, but we are doing planning now.

SUSAN PEARCE: In respect of some of your earlier questions, Ms Boyd, the Get Skilled Access group has been engaged by NSW Health and supported to implement a disability capacity-building and inclusion initiative as part of a pilot program. You will be aware also we had officials give evidence at the disability royal commission and there are a series of recommendations from that royal commission, all of which we're addressing. I note also that that royal commission acknowledged that New South Wales has the most developed intellectual disability health service in Australia, so there is some good news on that front, but there are a range of recommendations that we're working through.

The CHAIR: I have more questions for Dr Morgan. At last budget estimates we were told that the Government was working on expanding patient transport services to 24-hour coverage in regional and rural areas. Where is that up to?

LUKE SLOANE: We're currently working through and have established terms of reference on the oversight group for the review of transport in health policy, which is made up of representatives from all transport areas, including the department of Transport for NSW. We've kicked off that group with regard to looking at all aspects of transport, that being one of them. HealthShare and Patient Transport Service are part of a larger effort to bring together and consolidate not only their business intelligence platforms but their actual workforce and transport assets to be able to deliver that across all of the local health districts. We are currently working with the local health districts that aren't on board with Patient Transport Service or the HealthShare model to be able to make that transport better.

The CHAIR: What is the expected time frame for us to have patient transport in every LHD?

LUKE SLOANE: We have patient transport in every LHD.

The CHAIR: Sorry, 24-hour.

LUKE SLOANE: Yes, sorry, we do have patient transport in every single LHD, and where the acuity of the patient doesn't suggest that then it will be also delivered through non-emergency transport that Ambulance provides. It's just a case of HealthShare being the body that has central oversight and management of it, but that is something that we have to work through with each one of the districts and something that we've only just socialised this year with regard to how well it is being managed in some of the districts where HealthShare and Patient Transport Service, aka the brand, is present now—like the example around Hunter New England that I gave at previous estimates.

The CHAIR: I have heard that NSW Ambulance has completed the service demand and workforce planning to determine proposed locations for the additional regional and rural paramedics. Is that planning publicly available?

DOMINIC MORGAN: At this stage the Government has already announced the first 11 locations in the first year. That is the confirmed budget that we have at this time. There is a provision in the forward estimates about additional locations of another 125 for each year over the next few years. Each of those locations will ultimately come down to consultation with the unions and also the local workforce. One of the things that we learned in the previous program where we did this was that there were some extremely valuable insights that we got from consulting on the ground, so nothing will be locked in stone until those consultations are done, but the first 11 are confirmed.

The CHAIR: A question along similar lines: How is the fleet allocation formula for ambulances, which decides if new vehicles are needed, developed? And can it be made publicly available?

DOMINIC MORGAN: The formula has always been in existence, as far back as I can remember—like, 30 years. The formula is quite simple. It is simply every deployed crew has access to an ambulance plus a

fleet maintenance reserve at a location. For example, if you put a day and a night crew out, there would be three ambulances.

The CHAIR: To check my understanding, the workforce formula is then informing the fleet formula.

DOMINIC MORGAN: That is correct, yes, and we hold to it quite rigidly.

The CHAIR: I understand that, where possible, the additional paramedics are going to replace on-call paramedics, which is welcomed given that it is going to help reduce fatigue and burnout amongst regional paramedics. The risk is that, if a night shift is created at local stations, those paramedics may be called to low-acuity jobs, like patient transport, whereas on-call paramedics wouldn't be called in to take on that work and would only attend higher acuity jobs. What measures have you got in place to ensure that paramedics are not being prevented from attending to emergencies because they're performing patient transports?

DOMINIC MORGAN: I think it's probably important to put this into context. NSW Ambulance transported around 759,000 patients last year. Within rural New South Wales we transported around 5,000 NEPT. It's actually a very, very small percentage. When you trade off having the availability of on-duty staff to immediately turn out to a life-threatening condition, versus the occasions where they may be engaged in non-emergency patient transport, it is actually very small. Having said that, we do have policies and procedures in place that wherever possible we do displace non-emergency patient transport to the daytimes, which is actually better for patients in many situations and better for preserving emergency coverage.

The CHAIR: Thank you. Just to confirm, those policies will still apply even for regional areas that are having a night shift created?

DOMINIC MORGAN: Completely.

The Hon. SUSAN CARTER: Ms Willcox, I wonder if we might keep exploring something we touched on this morning, which is the revisions to the funding envelope in palliative care and the impacts that that may have in particular local health districts. I understand that the Illawarra Health District had planned for 13 FTE staff to work on the Aboriginal health team to enhance cultural support for patients and improve end-of-life care for Indigenous people in the region. Will those positions be impacted by the revisions in the funding envelope or will they still be available?

DEBORAH WILLCOX: They will still be available, Ms Carter—no change to the Aboriginal health workers that have been specifically recruited for palliative care services.

The Hon. SUSAN CARTER: There will still be 13 FTE Aboriginal health workers for palliative care in the Illawarra Shoalhaven?

DEBORAH WILLCOX: I don't have the actual number for Illawarra in front of me but I can confirm there is no plan to change the FTE allocated as part of our palliative care enhancement in relation—

The Hon. SUSAN CARTER: Perhaps you could help me, Ms Willcox, because if the funding envelope has been reduced, does that mean that parts of the funding have been quarantined?

DEBORAH WILLCOX: The service planning that the districts will have done in relation to the revised enhancement will reassign the service model that they now wish to undertake, and the allocation for Aboriginal workforce would be a separate item.

The Hon. SUSAN CARTER: In a number of the local health district plans that I've seen, they have actually specified Aboriginal healthcare workers because death can be quite a cultural experience and it's appropriate to have culturally skilled people to assist people at that stage. Are you saying the funding of all the Aboriginal healthcare workers is completely separate to the palliative care funding?

DEBORAH WILLCOX: Those positions have not been impacted by any change to the enhancement model. The word "quarantine" may be used, but, yes, they are preserved.

The Hon. SUSAN CARTER: Those positions are preserved. Does that mean, then, that there's a disproportionate impact on other areas that fell inside the palliative care funding envelope?

DEBORAH WILLCOX: I would say, Ms Carter, that our Aboriginal employment strategy is a fairly small component of the overall workforce, and wherever we can possibly recruit more Aboriginal staff to work in our health system and with our communities is to everybody's benefit, most particularly the Aboriginal people and their families that we care for.

The Hon. SUSAN CARTER: I don't dispute that at all. That's why I was really wondering what the impact would be on these Aboriginal health workers, especially because they can provide such a valuable service

to people at the end of life. If I understand what you're saying, they're quarantined; so the revision down of the funding envelope will have disproportionate effects on other areas because these workers have been quarantined.

DEBORAH WILLCOX: I wouldn't necessarily characterise it like that. We are looking to probably get near to 600 additional FTE in palliative care over the coming years. The numbers of Aboriginal health workers is fairly modest compared to medical nursing and allied health. It is a very good thing—

The Hon. SUSAN CARTER: But if they are preserved, other areas must be adversely impacted. I don't understand—or does the envelope have stretchy sides?

DEBORAH WILLCOX: The service plans are constructed around the funding envelope that is available. That service enhancement will have been revised as part of the routine planning by the district and an appropriate service model will be developed. You have heard this morning around the nature of the increases for each of the LHDs and all of the LHDs are having increasing numbers of staff to provide those services.

The Hon. SUSAN CARTER: If we look at the Illawarra Shoalhaven LHD, they identified an existing unmet palliative care need of 38 per cent. Their funding envelope has shrunk. How will they be able to meet that existing unmet palliative care need and any growth in that need for palliative care?

DEBORAH WILLCOX: The Illawarra Shoalhaven, along with the other local health district, Ms Carter, has received an increase of 6.8 per cent this year and 8 per cent the following year.

The Hon. SUSAN CARTER: Could I then ask you, how does the 6.8 per cent increase in funding address an identified 38 per cent unmet need?

DEBORAH WILLCOX: I'm not aware of the 38 per cent figure.

The Hon. SUSAN CARTER: It's in the Illawarra local health district business plan that was provided for how the initial allocation of funding was to be spent.

DEBORAH WILLCOX: Thank you. In relation to demand, I guess the situation in terms of understanding that figure is, is that a current need or a need over time? And, like all services, we work to meet our demand, we modify models of care and we look for different service delivery models—if you think about the changes in virtual care, telehealth, at-home care. So when we talk about demand, we work to modify our services to meet the demand and we are contemporising our models of care constantly.

The Hon. SUSAN CARTER: So you're anticipating telehealth will be a major supplier of palliative care?

DEBORAH WILLCOX: I'm not suggesting that. All I'm saying is that we can hear about a figure around demand and there are many ways for, firstly, how that figure may be arrived at; and, secondly, how we can respond to it to meet people's needs, whether in their home, in hospital or in care.

The Hon. SUSAN CARTER: Thank you. The Northern NSW Local Health District was planning to hire 15 new palliative care nurses over the next five years. Will those hires still go ahead?

DEBORAH WILLCOX: Northern NSW, according to my figures, will get up to around 11 FTE, which may be more in headcount.

The Hon. SUSAN CARTER: Okay. So the plan was 15 but they will only have 11. Thank you. And the Mid North Coast LHD, they were planning to hire 18 palliative care nurses over the five years. Will they be cut?

DEBORAH WILLCOX: The current employment FTE model for the Mid North Coast—it looks like they'll be employing around 10 FTE. Again, FTE may be more individuals.

The Hon. SUSAN CARTER: Thank you. So 18 down to 10. The North Sydney LHD was proposing to develop palliative care support for people with dementia. Will that very important work still proceed as planned?

DEBORAH WILLCOX: I'd have to take that one on notice, Ms Carter. I'm not sure of the details there.

The Hon. SUSAN CARTER: If you could, I would be very grateful. Thank you very much. A number of local health districts were planning to hire bereavement counsellors for the parents of children who receive paediatric palliative care. Will those bereavement counsellors still be employed, given the reduction in the funding envelope for paediatric palliative care?

DEBORAH WILLCOX: I would need to look at the specific paediatric palliative care service plan that's been provided and see what the number of bereavement counsellors was. Again, I don't have that figure at hand, but I'm happy to take that on notice and attempt to get it back before the end of the session.

The Hon. SUSAN CARTER: That would be lovely. Thank you very much. In the same vein, the paediatric palliative care specialists, who would be hired as part of the Sydney Children's Hospitals Network—will those hires still proceed?

DEBORAH WILLCOX: The service plans that have been put in by the children's hospital would require a combination of staff—a multidisciplinary team—to provide the service. Just what that configuration is—I think you're on safe ground to assume a palliative care physician would be a part of that staffing model.

The Hon. SUSAN CARTER: Thank you. We touched on demand earlier as part of the reformatting of the funding envelope. Have you looked at expected increase in demand in palliative care? Do you have any models or any plans or research available that looks at the likely demand of palliative care over the next five years?

DEBORAH WILLCOX: We could certainly provide the Committee with any modelling that's been done. It would be, as a general statement, reasonable to say that with the medical interventions, research, personalised medicine and some of the genetic work that's being done, many diseases that would have led to early end of life or palliation, particularly in young people—unfortunately, diseases like cystic fibrosis—now people are having a much longer, healthier life. We have seen a flattening in some of these conditions that previously would have led to end-of-life individuals. But, in terms of particular modelling, that would be something I would have to take on notice.

The Hon. SUSAN CARTER: I think it's very encouraging that we are looking especially at perhaps a slowing demand for paediatric palliative care, but I'm a little bit confused. I would've thought that death, like taxes, comes to us all, so at one stage we may all be looking for palliative care.

DEBORAH WILLCOX: Not every person who dies would necessarily seek palliative care but, certainly, throughout general practice a person's GP would be someone who would be very able to support a person coming to end of life with palliative care, but it is something that is a very specialised service in our hospital service, and particularly for children.

The Hon. SUSAN CARTER: How many people currently die in general wards in hospitals because they can't access palliative care beds?

DEBORAH WILLCOX: That is not something that would be appropriately counted, Ms Carter. Anyone in our care in hospital who is coming to end of life who requires pain relief and comfort and care will receive that.

The Hon. BRONNIE TAYLOR: I'm going back to Mr Morgan because I have two more questions, I'm sorry. Actually, I think this is for Mr D'Amato. Could you please confirm if the money has been returned back to the City of Wagga Wagga?

ALFA D'AMATO: I'll take that on notice and confirm. We certainly received approval to return the money. I can also confirm the funding source was the Minister's contingency fund.

The Hon. BRONNIE TAYLOR: The Minister's contingency fund?

ALFA D'AMATO: Yes.

The Hon. BRONNIE TAYLOR: I've never heard of a contingency.

SUSAN PEARCE: You've got a contingency, Mrs Taylor.

The Hon. BRONNIE TAYLOR: What would that be—a contingency fund?

SUSAN PEARCE: All Ministers have an approved contingency fund, as you would recall.

The Hon. BRONNIE TAYLOR: Like a discretionary fund?

SUSAN PEARCE: Yes.

The Hon. BRONNIE TAYLOR: That came out of that. Would you be able to tell me when that occurred?

ALFA D'AMATO: Yes, I will.

The Hon. BRONNIE TAYLOR: Mr Morgan, this was one that I had left: The transfer of deployment staff onto the health manager award means that these positions have lost their critical entitlements and salary. Was

this a cost-cutting measure to ensure that these deployment managers were not being paid to the New South Wales Government's wage deal?

DOMINIC MORGAN: No, it had nothing to do with that.

The Hon. BRONNIE TAYLOR: I think the questions that will be coming up will be for Mr Sloane. Mr Sloane, my questions are in regard to the acute ward at Manning Base Hospital, which have been provided to me. I obviously can't verify any of this, but I'm just asking you these questions as it has been brought to my attention that patients deemed to have no decision-making capacity have been left stranded in the acute ward at Manning Base Hospital due to what people are saying is an issue that's going on with streamlining of these referral processes and these abilities. My question would be: How many aged-care patients deemed to no longer have capacity have been in the acute ward at Manning Base Hospital for 30 days or more? I presume you're going to have to take that on notice.

LUKE SLOANE: Yes, I would have to take that on notice and come back to you.

The Hon. BRONNIE TAYLOR: Would you be able to outline what are the internal barriers for aged-care patients in the acute ward to be discharged and placed in a residential aged-care facility?

LUKE SLOANE: Internal barriers?

The Hon. BRONNIE TAYLOR: Yes.

LUKE SLOANE: I don't know.

SUSAN PEARCE: Ms Willcox might be better to answer that one, Ms Taylor, just with respect to the aged care-related issues, because that's something that we are very focused on, and Deb has done a lot of work with the Commonwealth.

The Hon. BRONNIE TAYLOR: Deputy Secretary, I am being advised—as I said, I haven't been able to verify this myself—that there are issues with referrals from the social work department for people who are awaiting placement in an aged-care facility at Manning Base. Are you aware of any of these issues?

DEBORAH WILLCOX: I'm not aware of any internal delays in relation to the discharge of elderly people. I'm acutely aware, though, of the lack of available aged-care facility beds around the State. I think as of last week we had about 580 individuals assessed and ready to go into aged care with no available or appropriate beds for them to go to.

The Hon. BRONNIE TAYLOR: Is that an increase or a decrease, Deputy Secretary?

DEBORAH WILLCOX: It's definitely an increase, Ms Taylor. We've seen it grow gradually over time. We work very closely with our colleagues in the Commonwealth and with the aged-care sector. In fact, the health Ministers are meeting tomorrow and it's, again—

The Hon. BRONNIE TAYLOR: Yes, and I understand you need to be at that meeting, so I'll keep going.

DEBORAH WILLCOX: For Hunter New England—

The Hon. BRONNIE TAYLOR: Deputy Secretary, may I ask you then, please—because I have been told about this, and it does really concern me, but, as I said, I'm not in a position any more to be able to verify that—could you undertake for the Committee to look at what's going on at Manning Base Hospital and these allegations that people are waiting for an unnecessarily long time when there are apparently some aged-care beds available?

SUSAN PEARCE: We certainly can do that. Can I just be clear, though, that there is a difference between beds available and staff beds available.

The Hon. BRONNIE TAYLOR: Understood.

SUSAN PEARCE: One of the challenges we have in our dialogue with the Commonwealth is that whilst beds may be talked about as being in existence, there is a serious challenge in some and it's disproportionate. There are some parts of the State where there is a disproportionate impact of this. The Illawarra is one. Hunter New England at our last report has over 110 people in hospital beyond their expected date of discharge either by the NDIS or aged care that we're unable to discharge who have been medically cleared. It is a very real and significant issue. Thank you for raising it because it's something that we're constantly raising. Deb has done an outstanding job working on this with the Commonwealth, and there is more to be discussed with health Ministers tomorrow. In fact, Minister Park tomorrow at the health Ministers' meeting is taking a paper co-sponsored by the Commonwealth to all health Ministers to raise this very issue.

The Hon. BRONNIE TAYLOR: Thank you very much, Secretary. I am very well aware of those issues and those challenges. This particular issue is in regard to a particular department, being that there are some challenges within the social work department to get the appropriate checks and things done so that these people can then be eligible to go. I think they're really serious concerns. As I say, I can't validate them but I just would like comfort from the Committee that that will be looked at because that's obviously coming as a lot of issues.

I will now go onto—and I think it will be you again Deputy Secretary Willcox or it may be Mr Sloane—the wellness health in-reach program with the nurses. I'm so beyond thrilled, as you would all understand, about the continuation of the funding. I wanted to make sure that that continuation of funding pertains to those positions remaining as their job descriptions as registered nurses and not being downgraded at all to any other lower—I don't mean lower category as in a lower level but just in a grading.

DEBORAH WILLCOX: No intention, Ms Taylor, to change their role as registered nurses.

The Hon. BRONNIE TAYLOR: Great.

The Hon. SUSAN CARTER: This is a question perhaps for you, Ms Pearce, in relation to the David Berry Hospital. Can you tell me whether all of the staff at that hospital will be transferred to the Shoalhaven Hospital or will any lose their jobs?

SUSAN PEARCE: We might have to take that one on notice

DEBORAH WILLCOX: Yes, we'll come back to you, Ms Carter.

SUSAN PEARCE: We'll be able to come back to you during the course of the hearing.

The Hon. SUSAN CARTER: The other question I have in relation to that is that you may be aware that that land was actually given by the Berry family. Will you rule out the sale of the land on which the David Berry Hospital sits?

SUSAN PEARCE: We'll try to get an answer for you in the course of this afternoon. I just don't have that to hand right this second.

DEBORAH WILLCOX: We are aware of the trust and the legal issues around the site.

The Hon. SUSAN CARTER: Absolutely. I have another question, I think also to you, Ms Pearce. It's in relation to a commitment that was made by your Minister to undertake a comprehensive gap analysis of the mental health sector to determine whether current levels of staffing and funding are adequate to meet the increasing mental health needs of the community. Could update us on if the analysis has started, if there's budget allocated to it or what the plans are for its completion?

SUSAN PEARCE: That is a question for Minister Jackson, noting that it will be her estimates hearing next week.

DEBORAH WILLCOX: I can give a brief comment if that's alright, Ms Carter. Minister Jackson did task us with a piece of work that was a commitment around looking at community mental health services. The "gap analysis" is absolutely the term used. We had a group pulled together with the Mental Health Commission, with the alliance that includes the college of psychiatrists and consumers, and we co-chaired with one of the deputy mental health commissioners who has had lived experience. It has been a substantial piece of work. The report is in a final draft and we'll be working with the Minister to finalise that, and with any future plans for investment, it will form a solid basis for those discussions.

The Hon. SUSAN CARTER: That's very good news. Thank you very much. I'm wondering also in relation to the Government's Medical Research Support Program, which is a major source of funding for a number of independent medical research institutes—Black Dog, Kirby Institute, Victor Chang. Concerns have been raised in this sector that this Medical Research Support Program is at risk of a substantial cut. This, of course, is a fund essential for the growth of a sustainable and highly productive medical research sector. Are there planned cuts to this program?

SUSAN PEARCE: We would need to take that on notice. The Minister for Medical Research is in a hearing today, and our colleague who supports that part of the portfolio is over there. So if we could take that on notice.

The Hon. BRONNIE TAYLOR: Separated.

SUSAN PEARCE: We've been separated, yes.

The Hon. SUSAN CARTER: If you could take it on notice, I'd be grateful. You may be aware of the New South Wales People Matter survey, which measures engagement and wellbeing of the New South Wales

public sector. It has identified frontline workers in Health, Education, and Communities and Justice as ranking the lowest on measures of wellbeing. Within the Health workforce specifically, 41 per cent reported feeling burnt out at work. A number of Health workers have expressed concerns that the Employee Assistance Program may impact upon their registration. Are there independently run programs available to Health workers to address burnout and mental health concerns?

SUSAN PEARCE: I'll pass this to Mr Minns, but if I have your question right, are you suggesting that our staff are concerned that if they go to the EAP there may be some consequence for their registration?

The Hon. SUSAN CARTER: Concerns have been raised with me that staff have a perception—I'm not suggesting it's necessarily valid or not, but there is a perception that, because there is a link, if you like, between the Employee Assistance Program and the employer, there could be some risk to registration.

SUSAN PEARCE: Before I pass to Mr Minns—and I appreciate the bell's gone. The wellbeing of our staff is—there is nothing more important or paramount to us. Our system is absolutely nothing without them. We want a workforce who, obviously, feels good about their work, and we want to see those results improve. I've made it a personal commitment of mine. Phil, are you able to add anything to that question?

PHIL MINNS: Ms Carter, the EAP services that we run are confidential. We fund them, but the limit of the information that each of our districts or entities will get is a sort of thematic report—monthly or quarterly—which can be useful for identifying that you're seeing more usage of the service. But there is no personal, confidential information exchanged between those external providers and the health entity that is making that service available.

The Hon. SUSAN CARTER: I feel very confident in that answer.

The CHAIR: You're well over time. Sorry, Ms Carter.

The Hon. SUSAN CARTER: I was just going to suggest you might want to communicate that to workers.

PHIL MINNS: We have but, as we know, we have to repeat.

DEBORAH WILLCOX: Excuse me, Chair, through you, am I able to respond to Ms Carter's question on David Berry? I can do that now. I just couldn't find the appropriate advice.

The CHAIR: Sure.

DEBORAH WILLCOX: Ms Carter, there's been a considerable amount of work done with the team at David Berry Hospital and a general agreement that all of the services currently provided by David Berry would transfer—those specialists services—to the new Shoalhaven. So that's good news. There's a lot of connectivity with the services that are going to be, from David Berry, connected to the Shoalhaven model. In relation to the use of the land, as I mentioned and as you rightly pointed out, there are some legal issues around that. They're working through resolution. Once we know the answer to that, that will inform what is possible.

The Hon. SUSAN CARTER: I think my question was staff transfer as well as service transfer.

DEBORAH WILLCOX: Yes.

The Hon. SUSAN CARTER: So all staff?

DEBORAH WILLCOX: That will be all part of the consultation in terms of the transfer of the services.

The Hon. SUSAN CARTER: Thank you.

The CHAIR: I have a couple of last questions for Dr Morgan, picking up on Mrs Taylor's line of questioning earlier. Under the restructured model of deployment operations, how will the deployment officers working out of Sydney be able to conduct their work without the local knowledge that current deployment officers in rural and regional areas use? I'll give you an anecdote for this, which was pretty compelling. I've been told that a deployment officer from southern zone, where one of the deployment officers from outside the sector asked about calling someone in on overtime to fill a shift—the southern zone officer had to explain to the other deployment officer that the station the paramedics would be coming from was five hours away because the metropolitan-based person wasn't actually aware of the geography. This is obviously a real concern.

DOMINIC MORGAN: In terms of can jobs be done remotely—to give you a really good example, our western control centre in Dubbo takes 000 calls for George Street. There are systems and processes in place that allow you to deal with that. The big important thing is it's a balance between local knowledge and the fact that we can better plan ahead and ensure consistency of deployment for our staff. A really good example that I would give back is a small ambulance station in a community that has a known vacancy coming up in three weeks time. There

may be another station down the road that has a paramedic on a different line. If educated and planned together and experienced, that deployment officer will actually get that person to move and go into that community, and so there's continuity of service. When we don't get it right—because it can be we only have a single person doing these particular things, so you may get an inexperienced person go in there—we may actually not make that change and actually get a person to drive for an hour, an hour and half to that local ambulance station, which means the community doesn't have that service in place for hangover gaps. On balance, having a community of practice of people that educate and support each other rather than individuals at remote locations was determined to be the best model.

The CHAIR: Sure. Appreciating the benefits of having people working together. I think we all appreciate that after COVID more than ever. What practices are you actually going to put in place to make sure that we're not losing that local knowledge or that that local knowledge is actually available to your centralised deployment officers?

DOMINIC MORGAN: Principally, in exactly the same way as we went through the transition when we moved 000 to be able to do what we call "globally routed". There is knowledge that builds up within the teams over time. What's important is that whilst there are currently two roles that are in each of these remote locations, we're actually going to put in another role that will stay there with that local knowledge. The net loss of roles—and it's important to be clear here that we're talking about roles, not jobs. We're putting, as I said before, more than 1,000 additional jobs out there. It's the role that changes and it's about targeting healthcare professionals back to looking after patients. And where we have other job opportunities for people who may not be clinicians—entirely capable of doing rostering.

The CHAIR: Thank you. I'm going to come back to Albury hospital, because I appreciate actually getting some bed numbers this morning after many, many months of the community asking for that. Can I follow up by asking how many operating theatres are going to be provided at Albury hospital?

REBECCA WARK: I think there's a clinical services plan which is in place, which Vince might be better placed to speak about. However, it's important to understand that we are currently in the concept planning phase of that, which is, as I mentioned this morning, around prioritisation of the scope and what's needed.

The CHAIR: Sure.

REBECCA WARK: And the clinical services plan, as I understand it, has not yet been released.

VINCENT McTAGGART: The number in the clinical services plan is 10 theatres.

The CHAIR: And how many ICU beds are we looking at?

VINCENT McTAGGART: If I'm not mistaken, the revised number is 12.

The CHAIR: Okay. And you're aware that that's the same number of ICU beds as we have now—

VINCENT McTAGGART: I am aware of that, Dr Cohn.

The CHAIR: —for a $558 million spend? Okay.

REBECCA WARK: Sorry, just to clarify that. As I understand it, the operating theatres number does not include the procedures room. The endoscopy room is in addition to that, of which there are two.

The CHAIR: Thank you. Mr McTaggart, I'm hoping that you can shine a light on some questions I asked at the previous estimates hearing, which hopefully you've read. I was really interested in the return for the call for documents I made last year. There was an email sent in November 2021 from the former CEO of Albury Wodonga Health to you that says:

> My apologies for missing last Mondays meeting … to discuss next steps in progression of the Albury Wodonga Health [AWH] Masterplan. I understand there was a 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.

VINCENT McTAGGART: I recall that.

The CHAIR: Could you let me know the nature of that discussion, and particularly if any minutes were taken?

VINCENT McTAGGART: I don't recall any minutes being taken. That email was from the late Michael Kalimnios, one of the chief executives of Albury Wodonga. There was discussion at the time over brownfield and greenfield, as was included in a number of the clinical services plans—the original clinical services plan. At the time, brownfield was considered an option.

The CHAIR: My understanding of the timing—and please correct me if I'm wrong—was that this was in the final stages of the 2021 master planning process, because that document has a release date on it of December, even though it wasn't made publicly available until last year.

VINCENT McTAGGART: That's correct.

The CHAIR: This is about a month before the document was finalised, so how is it possible that you were talking about the expected role of the board in promoting the strategy with respect to brownfield development and staging when you hadn't finalised a master plan process that actually then recommended greenfield?

VINCENT McTAGGART: Dr Cohn, that document recommended either greenfield or brownfield. I just put that on note. At the time that master plan was being prepared by Albury Wodonga Health, it hadn't been reviewed or approved by either Victoria or New South Wales.

The CHAIR: My understanding is that you were on the project control group, though, that produced that master plan.

VINCENT McTAGGART: As I said, it hadn't been approved and hasn't been approved by Victoria or New South Wales, Dr Cohn. I guess the intention of that whole master planning process, which is continuing, is to see the redevelopment of a $558 million build for Albury Wodonga Health.

The CHAIR: My understanding is that at the time the master planning process was done, there certainly wasn't any price tag attached to it at that stage. That announcement was made about a year later—end of 2022.

VINCENT McTAGGART: That's correct.

The CHAIR: I actually had the master plan with me for the last estimates hearing. I don't have my prop this time, but it did recommend clearly that the greenfield option was preferred and would be the option for all further planning moving forward. Again, I'm concerned about the discussion with the board about their expected role in promoting the strategy moving forward. What was that in reference to?

VINCENT McTAGGART: I don't recall, Dr Cohn.

The CHAIR: In a brief to the former Treasurer—and I appreciate this was in your former role, but I'm glad that you remember all of this.

VINCENT McTAGGART: The same role. Well, I've been around a while.

The CHAIR: Yes.

VINCENT McTAGGART: I've been dealing with Albury Wodonga for the last nine years. During that period, I've dealt with seven chief executives.

The CHAIR: In a brief to the former Treasurer, you wrote that a risk associated with a greenfield development would be that New South Wales wouldn't have operational control of the hospital once it was built. Will New South Wales have operational control of Albury hospital after the brownfield development?

VINCENT McTAGGART: Under the current agreement with the Victorians, Victoria will continue to oversee Albury Wodonga Health.

The CHAIR: That's right. Was it conveyed to the Treasurer when that funding decision was made to proceed with brownfield?

VINCENT McTAGGART: I can't recall. Did I put it in the brief? I can't remember what I put in the brief but I'm pretty sure at the time the Government was aware that Albury Wodonga Health—because it had been running operationally under Victoria for a number of years—so it wasn't new, so to speak.

The CHAIR: I guess my concern is that it was conveyed as a risk for a greenfield development, but obviously that same risk exists whether it's greenfield or brownfield. Either way, because of the intergovernmental agreement, Albury Wodonga Health is operationally controlled by Victoria.

VINCENT McTAGGART: Correct.

The CHAIR: This one might be back to Ms Wark, but I'm happy for either of you to answer. What discussions have been had with Transport regarding the Borella Road corridor in Albury and any upgrades that would be needed to accommodate the hospital redevelopment?

REBECCA WARK: I'd have to take that on notice.

The CHAIR: Have any of the road upgrades been included in the costings for the redevelopment?

REBECCA WARK: I'd have to take that on notice, but my preliminary answer would be no, unless it's immediately adjacent to the hospital as in ingress and egress.

The CHAIR: I look forward to that answer on notice. While you're taking these on notice, I assume this one will be too: What discussions have taken place between Health Infrastructure and AlburyCity Council?

REBECCA WARK: There is ongoing consultation with the AlburyCity Council and I understand that the project team briefs the council from time to time and answers queries.

The CHAIR: Could I get details of those meetings?

REBECCA WARK: Yes.

The CHAIR: Moving to a completely different topic, the Federal Government has recognised the incredible work of the Waminda Birthing on Country program in Nowra with their $22.5 million investment to expand culturally safe care and wraparound support services. The New South Wales *Budget Statement* recognised the value and limited accessibility about chosen birthing on country programs, particularly in rural and regional areas. What of the gender equality budget commitments will fund chosen and expand programs like birthing on country?

SUSAN PEARCE: We will have to take that on notice.

The CHAIR: In the Regional Health Strategic Plan within priority one is tailor and support career pathways for Aboriginal health staff with a focus on recruitment and retention. What is the New South Wales Government currently doing to expand the Aboriginal health workforce and, particularly, opportunities to work in Aboriginal community controlled health organisations?

SUSAN PEARCE: I might start that, if you wouldn't mind. We have, over the past 12 to 18 months, worked very hard on getting our structure right with respect to our Aboriginal workforce. Part of that has included encouraging all of our chief executives, whether at a local health district or one of our support services or pillar agencies, to have a senior Aboriginal person reporting directly to the chief executive in order to influence their decisions around Aboriginal health and workforce at the most senior levels of every organisation across NSW Health. That is extended also to me. I've changed the reporting line for our executive director for Aboriginal health at the ministry to me personally, to signify the commitment that we have to this. We are getting feedback from our districts and services that that change is being felt, and that Aboriginal people are being able to have a voice at the table in decision-making.

We are doing quite well around some of our Aboriginal workforce targets across a number of our districts, where they have exceeded or are at least equal to the Aboriginal population in those geographic regions. But I've challenged our system to think a little more broadly about the Aboriginal workforce in NSW Health. We can employ Aboriginal people from the entire breadth of our organisation. Whilst we are very supportive of the Aboriginal health worker model, and we wish to see more of that across our system, we are being very ambitious with the focus on this. Last week I met with the acting chief executive of AH&MRC. We are talking actively with them around what we can do to better improve our partnership.

We have a senior executive forum every month where our chief executives come together to talk about a range of issues. We held our senior executive forum in October last year at Tharawal AMS in south-western Sydney. We wanted to demonstrate to the chief executives what good looks like in terms of a partnership between an AMS and a local health district. I have to say, to the credit of south-western Sydney, that is one of the most spectacular examples of a partnership with an AMS and a local health district that I've seen. There are other good models across the State, absolutely, but the challenge for us is now to really see what we can do, and sharing staff across those services is really important.

We've had Uncle Michael come from the Stolen Generation organisation, from Kinchela Boys Home, to address our chief executives in person to explain to them the experience that he had as a child as part of the Stolen Generations—a harrowing experience. Part of that has been to ignite in our services that we need to do better to redress the issues of the past, and that includes employment, but it includes a whole lot of other things. I hope you can hear from me that, along with the health workforce, there is no greater priority.

The CHAIR: I had three more questions on this topic but you actually answered them all in that response.

SUSAN PEARCE: I'm glad I did something right today.

Ms CATE FAEHRMANN: I want to turn to the two-strike diversionary scheme and the support that is being provided as a result of people who are going to be referred to what I understand is a service provided by an existing drug and alcohol service provider, and I understand that is the St Vincent's Health Network. I put in

questions on notice and got back that it is estimated that there will be 2,438 tailored brief interventions required per year to June 2026. I also got back the amount of $1.63 million over three years, which will be provided to the St Vincent's Health Network to deliver that service. By my calculations—and I think it's for you, Dr Chant—that's $222.86 per intervention, which actually isn't that much when you consider that it is a drug and alcohol intervention and people are being referred to a service. What is being done to ensure that St Vincent's can handle that number? It is obviously an outstanding health service and facility, but what is being done to ensure that they can handle that? That amount of money doesn't seem enough.

KERRY CHANT: Thank you for the question. St Vincent's is funded for a number of programs. We are also working with St Vincent's to look at how those different programs overlap. Because obviously people are calling St Vincent's and other call lines for help and we see that there may well be some overlap. It's important to know that, while St Vincent's will be the front door for the service, it won't be the total service. Clearly, patients will be referred as appropriate, in some instances to GPs, in some instances it will be to our own drug and alcohol services in our districts or to NGO services. I think we are very much looking at the service system. We're working in partnership with St Vincent's. We'll monitor this very closely and adjust service provision as needed. But I think we should see it as a service network and St Vincent's providing the sort of front-end door. As you know, Ms Faehrmann, the spectrum of people ringing that service and what will be appropriate will be very different, depending on people's experience of drug use and their context, underlying health conditions.

Ms CATE FAEHRMANN: Is that underway in terms of people avoiding being charged and being referred? I can't remember. Has that started, or what's the date?

KERRY CHANT: It starts on 29 February. It isn't commenced yet but we have been in recent discussions and St Vincent's have confirmed that they will have the service operational. As I said, as you know, there are a number of other services that St Vincent's run. We have also given St Vincent's free rein to look at operational efficiencies across their services. But it's very much a networked system with our local health districts as well.

Ms CATE FAEHRMANN: I wanted to turn back to the proposal that I spoke with the Minister about earlier today for the Broken Hill rehabilitation centre. I want to ask maybe you to begin with, Ms Pearce. Were you aware of that proposal?

SUSAN PEARCE: I feel like I had seen that document before, but I can't confirm it, I'm sorry. We'd have to have a look and see whether it's come to us.

Ms CATE FAEHRMANN: Anybody around the table, the many, multi-year campaign by the community of Broken Hill, who—I understand at the Broken Hill hospital several people, almost, a week who need help are turned away because there are no rehab services. It's quite shocking. Surely there has been an assessment of the need for a rehabilitation centre in Broken Hill and you're well aware of the community desperation and lobbying for a long time, including with the LHD, for this facility?

KERRY CHANT: I'm aware that there has been advocacy, I believe, to the Minister's office, but again we would have to confirm the nature of the correspondence with that group. I really need to speak to the team to see. Obviously the drug and alcohol section has been rolling out some commitments and funding opportunities through the ice special commission and there has been a prioritisation process. I'd really be happy to take it on notice, Ms Faehrmann, and explore what the needs are.

Ms CATE FAEHRMANN: Thank you. I would have thought something like a $500 million amount of funding that came from this ice inquiry—all of the history, that $500 million funding, I would have thought that there would be something in there that would ensure Broken Hill, the nearest rehabilitation centre 800 kilometres away, would get a rehabilitation centre.

KERRY CHANT: I'm happy to look at it, remembering that there are—

Ms CATE FAEHRMANN: Lots of demands.

KERRY CHANT: —lots of challenges with workforce sustainability and critical mass, but obviously our responsibility is to serve the needs of the community. Let me take that on notice and look at what's the analysis of that and what the best way to support community is.

Ms CATE FAEHRMANN: I'd appreciate that, thank you.

The CHAIR: We've got three minutes of time for the Opposition.

The Hon. BRONNIE TAYLOR: My question will be for Mr Sloane. Mr Sloane, I have an email here from the Chief Executive of the Hunter New England LHD. I will congratulate Susan Hayman on her new job,

because I think she's quite outstanding. But I understand that they have combined a role to be a rural, regional and metropolitan part of Hunter New England. Can you explain why that is a good idea?

LUKE SLOANE: My understanding from talking to the chief executive is that it was to give a greater operational oversight of the whole district, but from a regional-based position, so that there isn't that disconnect from the more metropolitan hub that is Newcastle, and to be able to give that job to the appropriate person and the portfolio to be able to better connect them all together.

The Hon. BRONNIE TAYLOR: I'm not the chief executive, but I suppose what really concerns me, from the representations that have been made to me, is that we all know—you know only too well, as do I—the challenges that Hunter New England has presented. A lot of those challenges are the clash with the metro section, Newcastle. I'm really happy to be wrong once in a while, but I just know that there are really great concerns about that. Susan Hayman is an outstanding Health person—I know that—but I'm not sure why that would happen, to be honest.

LUKE SLOANE: Probably what is not outlined there is the rest of the structure that lies under there that better brings together all of the regional areas across two portfolios so that they can work together as well.

The Hon. BRONNIE TAYLOR: I guess the proof will be in the pudding.

LUKE SLOANE: Yes.

The Hon. BRONNIE TAYLOR: I look forward to following that up. Mr Morgan, I'm trying to get my last questions for you so that you can be dismissed. My questions are about the ambulance station in Tocumwal. I have here some notes that quoted that Mr Hazzard had looked at the first responder model, which you would have implemented in 2020, and that has really grown. They are expecting 8,000 people over the Easter period. They are wondering when they will have an ambulance station. Representations have been made by the mayor. They feel that the demand is insufficient for professional development; however, ambulances in Berrigan, Finley and other places are not staffed to an appropriate level. When will that be improved for Tocumwal?

DOMINIC MORGAN: I'd probably go back to my earlier answer. The workload is, in total, 415 incidents per year, so that's one case, on average, per day—a little bit over one case. It is very difficult to maintain clinical currency for a registered paramedic across one case per day. The reality is it's not a priority location, given that workload, and it has proximity to two other ambulance services, being Finley, and I think Berrigan was the other one. The important thing is that it probably is a candidate for volunteer services auspiced under NSW Ambulance, so there is a further conversation that we can have around that.

The Hon. BRONNIE TAYLOR: My last question, Mr Morgan, and then I've completed my line of questioning: Would you, or one of the people that work for you at a senior level, undertake to speak with the council about the concerns about the ambulance station and reaffirm to them the options that are available and what can be done?

DOMINIC MORGAN: That is something that is commonly done around the local community, so I'm more than happy to do it.

The Hon. BRONNIE TAYLOR: I think they are not really feeling it, Mr Morgan, because they wouldn't have come to me. It would be great if you would do that.

DOMINIC MORGAN: I'm always happy to talk to the councils.

The CHAIR: I have one last question for Dr Chant before afternoon tea. I understand that after the SARS pandemic in other countries, like Canada, efforts were made for fit-testing for, particularly, respirators as PPE became a standard part of onboarding of new Health employees, rather than waiting for a pandemic to then roll out fit-testing. You would be aware of how protracted that process was during the peak of the COVID pandemic. Personally, working as a GP, it was more than a year into the pandemic before I was fit-tested. I was wearing non-fitting respirators for direct contact with COVID patients before vaccines came out. Is introducing fit-testing as a standard part of onboarding for NSW Health employees something that is being considered?

KERRY CHANT: I will have to direct that—apologies—to our infection control section within the Centre for Clinical Excellence. Probably one of the challenges is, as you know, fit-testing has to be particular to the brands, so one of the challenges is having the brands in sufficient quantities. We don't tend to use the P95s as much. Clearly use has really increased during the pandemic and we've been much more increasingly using those, recognising the importance of airborne transmission in a lot of settings. But having said that, it will have to be a continual revision to make sure that the products we're using at the time, that the staff are fit-tested. But I'll take that on notice and go to the Clinical Excellence Commission and see what the guidance is at the moment. But

I would suspect there's more of an active program, particularly in areas that are higher risk, to have staff maintaining their skills and having repeated checks that they can meet those standards.

The CHAIR: I look forward to that answer on notice, which gives me time for one last question for Mr Minns. At the last estimates hearing I asked about the review of Birthrate Plus and you advised that the review would be completed around February or March of this year. Could you provide us an update?

PHIL MINNS: Unfortunately, Chair, the rest of the agenda around introducing safe staffing has pretty much preoccupied the taskforce. There is a parallel piece of work to the planning for ED rollout that is about Birthrate Plus but it's not yet complete. In my case, I have to recognise just how comprehensive and extensive the dialogue has been about how to go about introducing safe staffing, and even as we contemplate phase one, there are still things that we have to resolve before we can turn phase one on and one of those is the definition associated with agreement on regularly used treatment spaces in emergency departments.

The CHAIR: If I can have a very cheeky follow-up. Obviously it's really disappointing for midwives. Is there a revised time frame now for that review of Birthrate Plus?

PHIL MINNS: I'll need to get that for you; I might be able to get it in the break.

DEBORAH WILLCOX: Through you, Chair, is it possible before we go to break to respond to two matters that Ms Carter raised?

The CHAIR: Yes, please.

DEBORAH WILLCOX: In relation to the bereavement counsellors, Ms Carter, there was a different funding pool that enabled the local health districts and the Sydney children's health network to employ bereavement counsellors. In the event in that service enhancement for palliative care the districts decide they want to use some of those funds for additional, it's absolutely within their local decision-making to do that. The second thing was in relation to the dementia and palliative care at Northern Sydney. There are three nurse practitioners and they're unchanged, and they're actually hoping to bring some further nurse practitioners into that service with a growing ageing population in that region in particular.

The CHAIR: We'll have a short break for afternoon tea.

(Dr Dominic Morgan withdrew.)

(Short adjournment)

The CHAIR: Welcome back, everyone. We will resume the hearing, starting with questions from the Opposition.

The Hon. SUSAN CARTER: Mr Minns, I wonder if I could start with you. The last time we spoke we were talking about the implementation of VAD and we were talking about potential impacts on career progression. I believe I furnished you with an article written by people who were involved in the implementation in Queensland and raised some of the workplace issues that they had found that could impede progress. I wonder if you had had a chance to consider that and look at what steps NSW Health has in place to guard against those sort of issues identified in the Queensland experience?

PHIL MINNS: I think I'd indicate that—and I think I did this last time—our code of conduct is meant to operate as a bar to those sorts of threats or risks for people. I don't know if Kerry is able to add any more on the theme of the consultation that has happened with the clinical community about implementation and since it has gone live.

KERRY CHANT: In regard to?

PHIL MINNS: Doctors who might not want to participate and their concern about—

The Hon. SUSAN CARTER: The issue we raised last time—and it was documented as experience in the Queensland system and in that article that I furnished that was written by people who were directly involved in implementation in Queensland—was that junior doctors in particular faced career obstacles if they were working with senior doctors who were involved in VAD and those junior doctors had a conscientious objection. I know the intent of the code of conduct and the intent of NSW Health is that conscientious objection should always be respected, but given that this is a live issue identified just to the north of us, I wonder what steps NSW Health is taking to ensure that this does not become a problem for doctors in New South Wales.

KERRY CHANT: I think just to say this issue has not emerged at all in any of our extensive consultation with the districts. We are now looping back with all of the districts. Even yesterday I had meetings with four or

five of the districts to assess with their chief executive and their voluntary assisted dying lead about implementation issues, and none of them have raised this issue.

The Hon. SUSAN CARTER: With respect, it's an issue of design, though, isn't it? It's not an issue that I would hope we would ever get to the point of being raised. Given that it has been identified in Queensland, I wonder what work has been done by NSW Health in looking at Queensland, looking at New South Wales and seeing what steps we can take to ensure that it never becomes an issue for people with conscientious objections.

KERRY CHANT: I think in terms of the way we've implemented the model, the engagement we've done with stakeholders and senior clinicians, and the way we've worked extensively in terms of communication with both community clinicians, practitioners and our private health colleagues, it has been extensive. I have to commend the work of the teams, and those teams are across the ministry and across our local health districts. We are very conscious of any issues. It is a complex piece of work to be implemented. I'm very happy to be very vigilant about those issues. We also have staff who are going into the regions to support our regions and our metropolitan areas. They are also eyes and ears who can help us. But I have to say that the professionalism—we have encountered many circumstances where staff may express conscientious objection to it, but the feedback I have had is incredibly professional.

They are saying, "I don't support voluntary assisted dying but, respectfully, I know it's about the patient. You have access to the patient. You are able to do it." The experience to date has been very much affirming of the professional nature of our consultants, and we would be reinforcing that point to any junior doctors. I'm happy to speak also to the professional colleges like the RACGP and the college of surgeons—the specialist colleges—to see if they're getting that coming back from their trainees. But, as I said, that issue has not at all come to the fore in the way we've gone about implementation in a New South Wales context.

The Hon. SUSAN CARTER: That's good news. What information or what educational training is given to junior doctors about options that they have if they're conscientious objectors?

KERRY CHANT: There are detailed resources on our website. There's also a series of webinars and plain fact sheet information about what is reasonable. We've also had a number of discussions around what we would expect as a reasonable engagement that a clinician would have, irrespective of their position about voluntary assisted dying. That's within what ethical practice would look like for you. Those discussions have occurred. The resources are on our website. We're happy to always have feedback and modify those resources. But, again, that hasn't come through as a particular issue when we've been going around the implementation to date.

The Hon. SUSAN CARTER: An issue that's been identified to me by various stakeholders is that when training has been rolled out in hospitals, junior doctors are being given specific advice for how they manage around senior doctors who may be conscientious objectors. I wonder whether you thought that was an appropriate part of the health training in hospitals?

KERRY CHANT: I think the reality is the Act gives very clear roles of who needs to be involved in voluntary assisted dying. The approach we've taken in New South Wales is that voluntary assisted dying should be discussed with patients in the context of a broader discussion around prognosis and other treatment options, including palliative care, and integrated very much into the care environment. I'm happy to follow up examples of that, but that's not something we have been working very closely with the communities of practice and implementation groups on. We've been very conscious of making sure that our junior staff and our nursing staff that change over at the beginning of the year are given information about the services and what their responsibilities are.

For many of them it is raising it with their consultant, because one of the things that we're very conscious about is if a patient is asking about voluntary assisted dying on a ward round, that could mean that the patient is expressing that their pain is not being met and that they may well have an underlying depression. There may be very many other issues that need to be attended in a holistic way. We're being very clear about the need to document those things, to treat them in a clinical context and to give people pathways within the districts. But if you want to raise any questions where you think that could have been done better, I'm happy to take that on board and engage that with the local health districts. But, as I said, we've established a lot of communities of practice, because this hasn't been a one-size-fits-all implementation due to the fact that professionals do have their own ability to conscientiously object in this domain.

The Hon. SUSAN CARTER: Last time when we were talking about implementation—perhaps now that it's actually been rolled out and operating it's clearer—it was not clear to me to the extent that VAD is occurring in hospitals whether that is actually occurring in separate wards, in general wards, or is it actually occurring in palliative care wards?

KERRY CHANT: It can happen wherever is appropriate for the circumstances of the patient. Those plans are made around the patient, within the parameters of the hospital obviously. There's always a prioritisation process in relation to availability of beds and other things. But, notwithstanding that, I wouldn't preclude that those things could happen in a palliative care ward. Or it could happen in a general ward, it could happen in a different setting or, as I said, it could happen in a person's home. There's a range of different settings. Part of that localisation is really understanding what works for both the patient but also the clinical services around that individual, and what's the most appropriate place for that that affords the person adequate privacy and respect in that circumstance.

The Hon. SUSAN CARTER: The intention is to respond to the patient wherever they are, not to co-locate VAD and palliative care services?

KERRY CHANT: No, but I wouldn't preclude that in some places, that that may be where administration occurs. It will be service by service, but ultimately there is a plan around what is the best pathway, noting the context. It's not a one size fits all—we've been very clear about that. We will continue to evolve the service. That's why I'm really very keen to hear any feedback around the experiences of particularly junior doctors and nurses around implementation of voluntary assisted dying.

The Hon. SUSAN CARTER: I have some questions following on from Ms Faehrmann's earlier questions and, I suppose, Dr Chant, drug diversion. That would be you as well, would it? Yes, thank you. I suppose fundamentally I am really trying to understand. The media release dated 10 October last year talked about drug use and dependence being health issues, ones far better addressed through health support outside the courts and criminal justice system. To what extent is this a health initiative and to what extent is this a justice initiative? Is it a shared initiative?

KERRY CHANT: Very much a shared initiative. The idea is that minor—this is not decriminalisation in the sense that there still is an offence, but basically police will have the discretion to use a fine approach and then there's a waiving of that fine if the person engages in health intervention. Now, that health intervention needs to be tailored to the perspectives of the patient, but it could be just a brief intervention, it could be planting the seed to ask them about how their experience of drug use is impacting their lives, just to create awareness that it may be having collateral impacts, all the way through to, "This is a wake up call and you may need more intensive intervention," and linkage to more formal drug and alcohol services, rehabilitation services, linking to NGOs. That's the nature of the service. It's really recognising that, for small offences—there are preclusions to it. Obviously the more serious end—trafficable quantities are not picked up in this. This is really possession charges for prescribed levels of common illicit drugs.

The Hon. SUSAN CARTER: There was what, a working party between health and justice to co-design or—

KERRY CHANT: There was a close whole-of-government working party in developing the protocols and agreeing on the parameters. I suppose the cannabis diversion scheme probably was an example that we could build on. There has been sort of an alignment of the program. The whole of government had the ability to work together. Basically it was the whole of government working together.

The Hon. SUSAN CARTER: How does this relate to the cannabis scheme? Is cannabis an exempt drug for the drug diversion scheme?

KERRY CHANT: The cannabis scheme runs in parallel but the intervention will be similar and the fine levels are similar. It's just working in a same way, but it was already in place for cannabis, so this has broadened it to a broader group. But the schemes are running in parallel. But we have harmonised as much as possible.

The Hon. SUSAN CARTER: Two people walking down the street, both of which come to the attention of the police, one because of cannabis use, one because of methamphetamine—

KERRY CHANT: They will have a similar experience of the system.

The Hon. SUSAN CARTER: But through different doorways.

KERRY CHANT: Yes.

The Hon. SUSAN CARTER: Are you familiar with the South Australian Police Drug Diversion Initiative?

KERRY CHANT: I have to say no, but maybe if you could describe it in broad principle I may—

The Hon. SUSAN CARTER: Certainly. The reason I raise it is because, when I asked the Attorney General questions about the drug diversion scheme in estimates last year—

The Hon. CAMERON MURPHY: All those hypotheticals.

The Hon. SUSAN CARTER: —he referred me to this scheme and to a 2012 evaluation, which found that individuals who completed their diversion were less likely to reoffend and used this as a research base and a comparator that had been useful in the New South Wales scheme. As I understand it, the New South Wales scheme is to be administered through St Vincent's. I think you described that before, Dr Chant, as they are the "doorway".

KERRY CHANT: For the health perspective of the intervention, Service NSW provides the back end for a number of the fines and the communications. It truly is a whole of government, but the health service provider at the front end is going to be St Vincent's.

The Hon. SUSAN CARTER: And the intervention or the diversion is delivered through telehealth?

KERRY CHANT: Through telehealth but, as I said, they may be linked to local drug and alcohol services. It will be tailored to the needs of the individual. Not everyone may have—everyone will be at different stages in their response, an appropriate tailored response that's led by very experienced clinicians.

The Hon. SUSAN CARTER: In the New South Wales scheme, with that initial conversation, if further needs are identified, can they be required of the person or are they recommended to the person?

KERRY CHANT: They're linked in. Care at this point in the process is voluntary. The evidence is strongly for voluntary engagement in care in this circumstance. There would be referral to appropriate services and, optimally, warm referrals. We will be evaluating the outcomes and closely monitoring it and taking an approach to continue to learn.

The Hon. SUSAN CARTER: My understanding is in South Australia referrals can be a required element and that it is generally meeting with a health practitioner face to face rather than through telehealth. I wondered if you had any views about those differences in the structure of the schemes and their likely efficacy.

KERRY CHANT: I think we have learnt that a lot of interventions can actually be delivered through a telemedicine setting. We have good evidence that a number of drug and alcohol services and mental health services can effectively be dealt with through that. Obviously we have a local network within our local health districts where a face-to-face requirement is. I think we're open to making sure we very tightly evaluate this program. But, in some circumstances, that sort of intervention may be more accessible to individuals. We also know it's a large State. There are barriers for travelling to a certain point. The level of confidentiality that affords may well suit clients. I'm optimistic that the interventions put in place are going to be appropriate.

The Hon. SUSAN CARTER: Can I go back to something? I want to check. Did you say that in some centres there would be face-to-face options available?

KERRY CHANT: Obviously, if the referral pathway indicates that this person may need to be followed up in a drug and alcohol service or linked in to a provider, then that service may well be delivered face to face. So it's the second step in the process that may well be delivered more face to face.

The Hon. SUSAN CARTER: We explored issues around some of the regional areas earlier today; Broken Hill is the very strong example that we've looked at. As part of this program, are there additional resources so that appropriate follow-up treatment is available to people subject to the diversions?

KERRY CHANT: Clearly, there is a large unmet need but the ice commission commitment of funds from the Government has been important at redressing that. There's obviously workforce challenges and other challenges at play. But I suppose just to say that the provision of telehealth has been, actually, a game changer, and the feedback from some of our rural/regional—where St Vincent's actually supporting the drug and alcohol services in those rural/regionals—has really assisted in access locally. Obviously we want to link in, and enable and work with GPs. This is an evolution. The investment has certainly increased the capacity and capability within our drug and alcohol services. But we need to work effectively with general practice and our non-government organisation sector, which is vital in the drug and alcohol space, as well as our own services.

The Hon. SUSAN CARTER: Telehealth—is it telephone? Is it audiovisual?

KERRY CHANT: It can be video. Currently, a number of the services do do video. Again, it will be tailored. We will continue to learn, continue to evaluate and also monitor what delivers outcomes.

The Hon. SUSAN CARTER: What identity checks are in place?

KERRY CHANT: There is a process through the way the fines are administered and the data that will need to be shared. I would have to take that on notice in terms of what details are captured and how we can prove it's the same person. I will have to take that on notice. But this is administered as a whole of government, linked to the fine, linked to Service NSW.

The Hon. SUSAN CARTER: If you could take it on notice, I'd be grateful because obviously for this diversion to work, the person with the problem has to be the one attending the diversion and not outsourcing that to somebody else in their circle.

KERRY CHANT: That's right.

The Hon. SUSAN CARTER: The South Australian study produces some interesting figures in relation to doubling of hospital admissions for drug-related issues over the period of the diversion scheme. Have you thought about impacts on the health system if our experience in New South Wales is similar to that of South Australia?

KERRY CHANT: Could I just ask if they were for admissions or for acute presentations?

The Hon. SUSAN CARTER: The information I have is it was drug-related hospital admissions per capita doubled during the first 10 years of the drug diversion scheme in South Australia.

KERRY CHANT: I think it would be most appropriate if I review that study and review the scheme.

The Hon. SUSAN CARTER: Certainly.

KERRY CHANT: I'm sure my team are across those details but some of the considerations are that, when we make services more accessible when people are engaged in care, we would sometimes see corollary increases in admissions, particularly perhaps in rehab. So I'm not necessarily surprised but I'd like to be seeing that. I suppose that goes along with the fact that there have been increased enhancements across the services. I don't want to portray that there are not challenges—workforce infrastructure and other challenges—in the delivery of drug and alcohol services. Obviously the important role that general practice has, and some of the case complexities, is perhaps not reflected in the remuneration for GPs in this area.

The CHAIR: I'd like to come back to some of some of the staffing issues at Manning Base Hospital. I asked the Minister about this this morning, but I'd appreciate understanding some more of the detail. Is it possible to understand what Manning Base is currently spending on locums and whether that's increasing or decreasing?

SUSAN PEARCE: We would have to take that on notice.

The CHAIR: Similarly, what about staffing vacancies at Manning Base Hospital?

SUSAN PEARCE: Notice.

The CHAIR: Coming back to something else I asked about this morning, which was the budget commitment of $3.5 million to improve access to reproductive health services, including in regional New South Wales, and the *Budget Statement* noted the negative health outcomes for people with unintended pregnancies. Can you please break down how that $3.5 million is being spent?

DEBORAH WILLCOX: I'd have to take the breakdown on notice. I just have the global figure, as you do.

The CHAIR: On the same topic, the Minister gave quite a comprehensive answer this morning about what's being done to actually provide more abortion services in rural and regional areas, but I'm interested in understanding in the interim what's being done to address the significant cost and difficulty for people to access abortion in areas where there are no local services, particularly looking at places like Western and Far West. I understand, according to Family Planning, that AMSs, women's health centres and other organisations are incurring significant costs in providing transport and staff to attend services that are sometimes hundreds of kilometres away.

DEBORAH WILLCOX: The specifics I would need to get some further advice on, but as you are aware there is the Pregnancy Choices Helpline. The intent of that service is to give people advice on the nearest place from which they can safely receive an assessment and a service provider. Mr Sloane may be able to assist me with what local transport options may be available to someone in the State requiring these services.

LUKE SLOANE: Yes. In some occasions there would be support or assistance provided by the health district, but I wouldn't be able to—again, I'd be going off anecdote where that would actually be, whether it's a support worker or an Aboriginal support worker that would provide transport assistance to travel to another area or spot, like we do across a lot of health and medical specialties. I'll get my team to check how it interfaces with the IPTAA Scheme as well with regards to subsidies or otherwise for access to specialty services, but I'll have to come back to you after reviewing the policy.

The CHAIR: I would appreciate a response to that on notice. I'm aware of the hotline but in many cases that hotline is telling people that they need to travel 300 kilometres. I'm interested specifically, while we're actually

addressing the lack of services, how we can get people to those services, noting how time-sensitive this is as a procedure.

DEBORAH WILLCOX: Yes. I understand, and also some sensitivity around the location for people in their own communities. Being very close to home may not be optimal, either, and that's where I take your point. You don't want to have travel far for that but it would often be other circumstances for individuals where it's appropriate that we assist them with a different location.

LUKE SLOANE: Sorry, Chair. My team are on fire today. Yes, it is covered under the IPTAAS scheme.

The CHAIR: That's incredible.

The Hon. BRONNIE TAYLOR: They are always on fire, Mr Sloane.

The CHAIR: I was also hoping to follow up some of my questions this morning about public dental services.

SUSAN PEARCE: Dr Chant is ready.

KERRY CHANT: Yes, I'm ready.

The CHAIR: I understand that in 2021-22, which was the latest data I could find online, the number of potentially preventable hospitalisations for oral health was 21,303 people, and 57 per cent of dental presentations to emergency departments are preventable. Has there been cost-benefit analysis of this cost compared to the cost of expanding capacity and eligibility for public dental services?

KERRY CHANT: No, not that specific analysis. I think we recognise that we have done a couple of things in terms of making sure that dental needs are integrated within Healthdirect. Some of those needs do need to be seen. Some of those dental conditions will be trauma and they will also be associated with dental injury or they might be associated with other reasons. We are trying to put dental within the Healthdirect service so that people with certain conditions can be referred rapidly to general practice as well, where there might be conditions that are appropriate for general practice. I'm happy to take that on notice and consider that from the view of considering what else. But clearly there is an unmet need within dental.

The CHAIR: In 2018 the percentage of adults with untreated dental decay was 37 per cent, with an enormous increase over the previous decade. ABS data shows that the most common reason people skip or delay dental care is the cost. Considering the rising cost of living, is anything being done to combat people delaying dental treatment to avoid those preventable hospitalisations?

KERRY CHANT: One of the things that we are very keen that the community is more broadly aware of is the Commonwealth family dental scheme, which allows vouchers for people in Family Tax Benefit A. We think that's an important thing that we remove any barriers for people accessing that, because obviously dental health and good behaviours in relation to regular visits to dentists is important to establish young. We are looking at increasing awareness by making sure that, through a variety of services, our communities we serve are aware of that opportunity, as well as the fact that we provide free dental care to children up to 18 years of age. One of the other initiatives that has been really important at getting to the unmet need has been our school dental program.

That has been running in a number of areas, and we are looking at the opportunity for how that could be scaled. But that has tragically found a lot of unrecognised dental caries in children, and at quite high levels. We are targeting our more disadvantaged schools and we are also making sure that there is very good follow-up of those children. That's one of the components. We are also looking at how we can be better at capturing that revenue from the child dental benefit, because the Commonwealth Government has allowed our services to claim that, and then using that to reinvest into expanded activity. We've also been looking at a number of other programs to increase the efficiency of our services. I am pleased to say that there has been a significant recovery.

I want to thank all the dental services across the State in terms of the effort they've put in to reduce any backlogs that did accrue during COVID, and we are committed to really improving that performance. We are doing other things in terms of streamlining patients' experiences. Through COVID we integrated things like telemedicine again, and teledentistry, to remove the need for people to come in for an assessment visit. We are also trying to network our central specialty services better, and also create access to specialist services closer to home through models with private specialists. There is a lot going on there. There is much more to be done. It is a really important area that is so critical. We are also trialling some initiatives with our drug and alcohol clients to more proactively engage our drug and alcohol clients.

That might be using and reusing the mobile dental vans at times when the school holidays are on and the vans are not being used, perhaps taking them to clinics, because the feedback we've had from our drug and alcohol services really reinforces the importance of oral health, how people appear and how they feel about their

appearance and their teeth really can have life-changing impacts, particularly in those. They're some of the things that we're doing, but I really want to acknowledge that there is significant unmet need.

The CHAIR: I should acknowledge you mentioned this morning that you had recruited a dentist to Broken Hill, which is a huge achievement. I've worked out there as a locum at an AMS and I really appreciate how serious that need was, so well done for that.

KERRY CHANT: I think it's thanks to the district who put the hard work in, but it's very pleasing and it's pleasing to see the data change. We were down at not performing as we would want to in Far West despite some service provision. I want to acknowledge that some of our services such as South Western Sydney and Sydney have been rotating dentists out there. We've been working with Sydney Uni to have students rotate. We've been using a mix of strategies, but having someone grounded there for the majority of the time is really important.

The CHAIR: Absolutely. I'm interested in the primary school mobile dental program, which you mentioned. Has it been evaluated and what are the results?

KERRY CHANT: It has been evaluated. I just need to chase up whether that has been published yet. But clearly there were a number of lessons that, for me, came out of review of that report and that was really around making sure that the follow-up was very tight for the children that had dental caries detected and increasing our routine monitoring so that we had very good metrics to show that the complete cycle of care had been enacted for those children; and also, I think, which wasn't in the report but it's really key, that we actually use the findings from this to inform our health interventions in schools around water is the first best drink and appropriate messaging around some of the sugary products that really are associated with significant dental caries. That's the other component.

The CHAIR: You also mentioned the under-utilisation of the Commonwealth program, and I have these figures in front of me that 45 per cent of New South Wales kids are eligible but only 35 per cent use the program. You mentioned in passing trying to encourage more people to be aware of that program and utilise it. What specific activities does that involve?

KERRY CHANT: That's really about making sure that we circulate that through our services that might be touching. We actually have quite significant reach in ourselves that we will touch a number of families through, say, our sustained home visiting program or our drug and alcohol services, so making sure that there's the awareness of the staff that they can prompt people that that is a potential pathway. Also our partners in Service NSW have been useful in raising awareness. It's just something we have to do more of.

Also I'm very keen to work with the Australian Dental Association to understand what might be barriers for people going into dentist surgeries and claiming the CDBS and reassuring them that even if they expend the voucher, the public system can pick up if the work is not covered. I think there are some of those fears that families might have that they might still accrue an out-of-pocket because the voucher is obviously limited to a certain amount over two years.

We need to do some more work at making sure the community is comfortable to use the private sector. I want to acknowledge that in New South Wales there is a lot of use of it in the private sector and it's also seen as a really important intervention for the family. Bringing the child in is an opportunity to talk to the whole family about good oral hygiene, so it's actually got a ripple effect as well if we get that program from the Commonwealth utilised as much as we can.

The CHAIR: I'm also interested in the Oral Health Fee For Service Scheme. Is there data about how many people receive treatment at public dental facilities compared to people who've received care at private facilities through the voucher program?

KERRY CHANT: Yes, there is. I suppose it's just horses for courses. We really respect the private practitioners that participate in that scheme. It's pretty clear that where we've got large clinics, we can do activity very efficiently. So you'll find differences in districts where they've got the dental infrastructure to do it. They would rely very little on vouchers. I can give you an example. The Nepean Blue Mountains would not often use vouchers. South Western Sydney is a mixed picture. We would rely on vouchers more in, say, rural-regional, where we might use local dentists both as a retention and—it's good for them to have some flow of funding and throughput. So there are some actual advantages where we might make sure that we are doing a proportion of our investment to retain dentists in some rural and regional locations.

So the data is available, but it will reflect that diversity and different motivations and reasons why we might have a different mix between the Oral Health Fee For Service. One of the things that we are looking at is recruiting and engaging and expanding that program to specialists so that specialist services—South Western Sydney, for instance, has piloted I think an orthodontic voucher system and some endodontic—so, again, learning

from that and looking at how we could scale that. Because obviously recruitment and retention of some of those specialists, particularly in rural and regional areas, is challenging.

The CHAIR: The NSW Health Oral Health Strategic Plan states:

> NSW Public dental clinics will promote gender affirming spaces and inclusiveness in providing dental care to patients.

How is that goal being implemented?

KERRY CHANT: I will have to look at the specifics to respond to that, but I would say that our services are really cognisant of the diverse communities which they serve and really aim to provide a safe environment. I can perhaps taken on notice some specific initiatives that have been put in place. But it is a key focus that our services serve many diverse groups, and we need to be welcoming in a safe setting.

The CHAIR: Absolutely. I'm happy for you to take that on notice. I was pleased to see it in the strategic plan, and I'm interested in understanding what that actually means day to day in practice. My last question for you, Dr Chant, is about COVID vaccination.

KERRY CHANT: Yes.

The CHAIR: You mentioned earlier today the ongoing encouragement for people to get booster vaccinations. The feedback that I'm receiving is that the messaging is very confusing but also the availability is very confusing. For example, I've spoken to someone who's tried to get the latest available booster who's been told by a pharmacy that they have to use up all their old stock before they start having new stock. People who are being very proactive and requesting booster vaccination are being told that they're not eligible because they don't have at-risk medical conditions. What's being done to make sure that the messaging is consistent and that vaccines are actually available when people are requesting them?

KERRY CHANT: At the moment the Commonwealth is responsible for distribution of the COVID vaccines. New South Wales did put up and do a pilot to support the transition, but there was a decision made by the Commonwealth Government not to transition that at that time. I'm happy to follow up those issues, and it's sad that people can't access the vaccine. Let me explore those. We will raise those issues with the Commonwealth in terms of the communication. I have regular engagement with the pharmacy sector, so we might look at particular messaging we can give. Clearly, we recognise the need to have clearer, synthesised advice. We are, to some extent, waiting for—we suspect that there will be some revised ATAGI guidance ahead of winter, so we will be working to make sure that that message is crisper as well. But I acknowledge those experiences. We'll take them up and work with the Commonwealth and our pharmacy and GP colleagues.

The CHAIR: Thank you. I hope you can also appreciate that there are two different pieces of communication missing here. One is the one with the broader general public, where there's confusion and lack of clarity around who's eligible and what they should be doing, but the second piece is with the pharmacies and with the practitioners. I think it's awful when people are being proactive and doing the right thing and turning up. If they're turned away, they don't try again and then the result is that people aren't getting vaccinated, which is the opposite of what we want.

KERRY CHANT: That's right. We would encourage the pharmacies to ring our public health units, who could assist them as well in reassuring them about the eligibility, if there's any confusion. Let me take that away and we'll see what we can do to support better information and what the information gap is.

The CHAIR: Just to clarify for the record, when updated vaccines become available to keep up with emerging strains of COVID, it's not the case that practices or pharmacies have to use up the old stock before they are able to use new vaccines?

KERRY CHANT: That is a matter for the Commonwealth and I would just need to check whether the Commonwealth has put any guidance out. I would not have thought so. I think it was important to say though that all of the vaccines help and clearly the newer vaccine is the preferred one. But the vaccine you have is better than the vaccine that you don't have, particularly in the context of high community transmission where your likelihood of coming into contact with COVID is highest. That's been one of the issues that we were trying to get out last year when everyone knew the new vaccine was coming and perhaps waiting. If you are in a very high risk category that's probably not desirable. But let me take that on notice in terms of understanding what the Commonwealth might have been communicating.

The CHAIR: The last follow-up to that is, are you aware of any supply issues that might mean that people are being told that they are not eligible? If a fit, healthy adult wants to do the right thing and have a booster, is there a reason that they shouldn't be eligible or told they can't have one?

KERRY CHANT: I'm not sure there should be any supply issues. But, again, it may be the fact that obviously the ATAGI advice is requiring a very nuanced approach to those outside—it's very clear for the over-65s and it's a little bit more nuanced for the other groups. That may be adding to the confusion about what pharmacists are permitted to do. Let me follow that up and I will talk to the Commonwealth about any materials they have sent them out and see if we can be a bit clearer in our advice.

The Hon. BRONNIE TAYLOR: We love vaccines, we love pharmacists. My question, Mr Sloane, is for you and I think we should talk about some good news. Firstly, Mr Sloane, I did hear that the recent graduates from the Country Universities Centre in Broken Hill—I think there were 42, and half of those graduates were health graduates that will be staying to work there. That's exciting news. The second thing is, I would like you please to update the Committee on the great work of the rural incentive scheme. I also read somewhere that other States were now looking at it because it has been so effective.

LUKE SLOANE: I'm not too sure about the other jurisdictions, but thank you for your question, Ms Taylor. Did you want to give the good news?

PHIL MINNS: I can give you news from 21 February. We are at a position now in terms of full time equivalent employees where we have 7,373.41 FTEs who are the beneficiary of a retention arrangement. In a head count sense, that is 9,427 employees. If we talk about recruitment—

The Hon. BRONNIE TAYLOR: Since it started, Mr Minns, or this financial year?

PHIL MINNS: No, that's since commencement. If we talk about recruitment of FTE using incentives, we are at 1,600.76 FTE, and a head count of 1,894 employees.

The Hon. BRONNIE TAYLOR: That is really exciting and congratulations to all of you, because there are many people here who worked very hard on that and you should be really proud of that. Mr Minns, you spent a lot of time crunching numbers to get to that. That's really great. I just wanted to know, with the allocations that were there in the first year, what the underspend of that was that has now been put towards increasing that payment? Is that a reasonable question?

PHIL MINNS: I'm not sure I follow what the question is.

The Hon. BRONNIE TAYLOR: The allocated money that was put in for the rural incentive scheme for the first financial year—the underspend of that. I am just thinking that the whole thing wasn't spent, because now you can actually get more.

PHIL MINNS: This came into operation in this financial year, or did it start in the last one?

ALFA D'AMATO: Last one.

PHIL MINNS: We wouldn't have got to scale that we are at obviously in that first period of the budget year. Money that was not spent, we did invite districts to come back to us for a request for things that would be additional workforce strategies, so to the regional and rural districts.

The Hon. BRONNIE TAYLOR: Therefore you could flex up what was being offered?

PHIL MINNS: Not so much that, more complementary strategies. Some of them sought money that they weren't going to be able to spend on incentives in that first-year allocation and they sought to use it for accommodation initiatives—

The Hon. BRONNIE TAYLOR: Yes, so part of the package, which was originally what it was supposed to be about, right?

PHIL MINNS: Yes.

The Hon. BRONNIE TAYLOR: It wasn't just about the wage; it was about all of those adjuncts too.

PHIL MINNS: Still, though, I'm making a different point.

The Hon. BRONNIE TAYLOR: I'm not following you, Mr Minns, so can you explain?

PHIL MINNS: The districts were able to ascertain that, given the balance that was left in the financial year, they weren't going to be able to spend to full capacity. We invited them to, if you like, pitch to us for additional strategies that would complement their efforts to recruit people, rural and regionally, so it was quite diverse. It was based on the district needs. That is what we did in year one. We weren't able to continue that, we told districts it would be one-off spending, and once we got to the new financial year we had to come back to the basics of the system, or the program.

The Hon. BRONNIE TAYLOR: Has there been any additional funding allocated to the rural and regional workforce incentives scheme?

PHIL MINNS: No. What happened was that we sought—

The Hon. BRONNIE TAYLOR: That's okay, that's all I wanted to know. Thank you very much, Mr Minns. Ms Wark, my next question is going to be for you. I want to talk about Finley Hospital. I understand there is a $25 million commitment to the upgrade of Finley Hospital.

REBECCA WARK: Yes, that's correct.

The Hon. BRONNIE TAYLOR: I am told, and again I wasn't there, that the community has been disappointed with the concept plan and that a meeting was held where nine people from Health Infrastructure and Murrumbidgee Local Health District attended. Would that be correct?

REBECCA WARK: I understand there have been a number of meetings and I think you may be referring to an online meeting, not a face-to-face meeting. But I'm not sure. I'd have to take that on notice.

The Hon. BRONNIE TAYLOR: I think I am referring to an online meeting. I understand that the council wanted to get some information, but they were told they would have to do that through a GIPAA application, about the budget spend for their enhancement.

REBECCA WARK: I would have to find out the details of that. I understand that Murrumbidgee Local Health District also had a representative in attendance.

The Hon. BRONNIE TAYLOR: Ms Wark, I'm wondering if it would be reasonable to assure the community, because we know that often when these things happen, when people can go and discuss it with people face to face, we tend to be able to allay communities' fears and have reasonable discussions. You have built billion-dollar hospitals everywhere—it must be very exciting. The Tweed must be very exciting. Sorry, I digress. I am just wondering if you could assure the Committee that perhaps someone on top of what has happened with this online forum would be able to speak to Finley council to reassure them about the issues they have about the upgrade of this hospital.

REBECCA WARK: I will certainly look into that. I am aware of the meeting which you're talking of and I will speak with Mr Sloane and also Jill Ludford at the district around what we need to do in that space. I think it is fair to say that Finley hospital is like many of our projects where we are now under significant budget pressure because of the escalation issues that we're facing and what we may have been able to afford when the project was announced is no longer able to be afforded. We are working through that with the community and the local people there about what we can do, and I understand that is still a mix of new build and refurbishment.

The Hon. BRONNIE TAYLOR: I completely understand and I think it is very well-known that building costs have increased. As I said, this was a commitment by the Minns Labor Government, but I just want to get the outcome, so perhaps, Mr Sloane, you could put that under your attention as well, as Deputy Secretary of Rural and Regional Health, to make sure we're able to communicate a bit better so the community knows there is transparency, and that perhaps what was promised may not be able to be delivered for whatever reason. I would really like that assurance to be given to the Committee today.

REBECCA WARK: I'll certainly also liaise with our project people about what consultation they are doing and when they last met with the local council as well to brief them.

The Hon. BRONNIE TAYLOR: Perhaps when it's at that stage, maybe I'd pose the question of whether an online forum is really a good idea when there are obviously big issues and you know what you're doing. Maybe face to face would be really helpful with the council that has these concerns.

LUKE SLOANE: Yes, absolutely. I'll definitely commit to that, and working with Rebecca's team and the local council and the district. I think we've done that in quite a few communities already where they have had concerns with regard to builds or health care or otherwise. We will engage directly with them.

The Hon. BRONNIE TAYLOR: That is why I raise it here, because I have seen you in action and I know you can be very up-front and you understand about rural and regional health. I really appreciate that.

The Hon. SUSAN CARTER: I have a couple more questions. I have one last one, Dr Chant, in relation to the diversion scheme. I understand that there is an allocated budget for an allocated number of diversions or interventions. What happens when the money runs out?

KERRY CHANT: It is not allocated for a specific number. Clearly it's obviously for operational planning that we would project numbers. But there are a range of other services. We will be working closely with St Vincent's to make sure that there are adequate resources to support the diversion program.

The CHAIR: If additional resources are needed, where will that funding come from?

KERRY CHANT: We will provide provisions or re-prioritise activities to support the program.

The Hon. SUSAN CARTER: What is likely to be re-prioritised?

KERRY CHANT: I think that's speculative. I think at the moment we are likely to see a gradual uptake in the program. As I indicated, we are concurrently doing work around the variety of different service lines and service configuration. We are also continuing to roll out additional funds as part of the ice special commission. I think we will be monitoring the situation closely and adjusting requirements, but where we are in the financial year—probably by the time we are approaching the end of this financial year we will have an idea of what looks like the demand profile.

The Hon. SUSAN CARTER: Is this Health budget, Justice budget, sui generis budget?

KERRY CHANT: Correct me if I'm not using the right terms, Alfa, but this would have been provided to Health in terms of the budget for the diversion lines, but there is money that has gone to other agencies for their components of the early diversion scheme.

The Hon. SUSAN CARTER: So it will reduce pressure on Justice spending because it is anticipated to reduce pressure on courts, but Health are paying for it?

KERRY CHANT: No, it was a whole-of-government initiative, and the initiative required a number of organisations to undertake work. Those organisations have been funded.

The Hon. SUSAN CARTER: So it's not Health funding; it's whole-of-government funding.

KERRY CHANT: This was a whole-of-government initiative out of the ice inquiry and then the money was allocated to the appropriate organisations to undertake it.

ALFA D'AMATO: Yes, the ice inquiry allocated an overall envelope, and that was allocated to different portfolios and agencies. For instance, out of the $500 million we received $350 million and the balance went to DCJ.

The Hon. SUSAN CARTER: Presuming this is going to be, after evaluation, an ongoing program, who will continue to fund it once the ice-specific funds have been spent?

KERRY CHANT: Clearly there is significant funding that has been run out of the ice commission and a lot of services set up. The usual expectation would be that we would be reviewing those services, but services that are found to be providing good service would be continued with funding. That is the usual way in which things are forecast over the four years. But taxpayers would expect us to review programs and make any adjustments to the funding envelope of those programs or to modify or change those programs. But, philosophically, the things that have been committed to, we would be providing an expectation that they would continue if effective, within the parameters of government to always set the policy framework.

The Hon. SUSAN CARTER: Sorry, perhaps I didn't express myself clearly. Given that this is a joint Health-Justice initiative, if it's successful and it's ongoing, is it anticipated that funding will be joint Health-Justice or will all the funding burden fall on Health?

KERRY CHANT: No, I wouldn't expect the funding burden to fall on Health. It has been started up as jointly funded across the agencies. I would consider that would be the way it would go forward. But these are really matters for government in framing the budget. But I just wanted to make sure that we don't create anxiety for the services that we've set up. Generally the services we've set up would be expected to continue unless they are not delivering the intent for which they have been set up or if the policy framework changes.

The Hon. SUSAN CARTER: I'm just trying to understand how this joint works: who pays for what and who is responsible for what—just how it works when it's a joint initiative like this.

KERRY CHANT: There are many joint initiatives. There are so many joint initiatives across Health and DCJ. For many of our clients, close cooperation is required, as with a number of other sectors. There are many other examples of where there are joint funding across—there would be issues in relation to child protection and other services. It's not a unique situation. It is one that is a longstanding arrangement where there is often shared portfolio responsibility for initiatives because we have to work effectively across government to successfully implement many initiatives.

The Hon. SUSAN CARTER: Just to be very clear, your advice to us is that it's a shared portfolio initiative?

KERRY CHANT: Yes, across government.

The Hon. SUSAN CARTER: I just have one or two questions, if anybody is able to answer them, in relation to the transfer of the Hawkesbury hospital. Is anybody able to answer those?

DEBORAH WILLCOX: I can assist.

The Hon. SUSAN CARTER: There is concern in relation to local Hawkesbury suppliers, services, businesses and contractors who currently support Hawkesbury hospital. Will they be disadvantaged as a consequence of NSW Health procurement policies when the hospital is transferred?

DEBORAH WILLCOX: The transition from St John of God, which determined not to continue with the contract, is underway and won't be completed until the end of June, at the end of this financial year. Part of the transition work we're doing with St John of God is to look at things that you just highlighted: contractors, the imaging suppliers. They have been part of St John of God and so all of their supply chain contractors and the like have all been managed through them as a private organisation. As we step through the transition, that will be a critical part. Firstly, supply chain needs to be maintained. As you would be well aware, we have HealthShare, which provides food and linen and some warehousing services for our local health districts. We would expect there would be some changes from private suppliers back into Health supply chains. We would obviously be looking to optimise value for money for our health services; led by Mr D'Amato, the procurement activity is pretty significant across Health. We look to get those opportunities for the Nepean local health district as St John of God moves in. We will work with all the suppliers and the contract staff who are currently caring for patients in St John of God.

The Hon. SUSAN CARTER: Happily, parking at that facility is currently free. Will that be maintained with the transfer?

DEBORAH WILLCOX: I can't answer that question directly, but the hospital is coming into the public health system. It would only appear to be equitable to have the same rules apply to those staff who will now be part of the public health system and not have the different arrangement.

The Hon. SUSAN CARTER: So those nurses now have to pay to go to work.

DEBORAH WILLCOX: I would think so, yes.

The Hon. SUSAN CARTER: What about donations or bequests benefitting the Hawkesbury hospital? Will they remain with the Hawkesbury hospital or be absorbed into NSW Health after the transfer?

DEBORAH WILLCOX: As part of the transition we'd have to look at each individual gift or bequest. Often, as you would be aware, people make very specific requests. If things are for a specific service or a particular group of staff, we would have to legally and morally make sure that that bequest or gift was dealt with in the legal terms of it. Sometimes people make a general gift, but we would be true to the spirit of those donations and gifts and make sure that they are used for the purposes that the person intended. They wouldn't get squandered into a sort of discretionary fund somewhere in the local health district.

The Hon. SUSAN CARTER: Will medical teaching, which occurs at Hawkesbury hospital, continue after it's transferred to NSW Health?

DEBORAH WILLCOX: Indeed. We would hope that we would be able to strengthen the education and training opportunities. We'll have the full weight of the Health Education and Training Institute and all of the supporting education infrastructure that they have in the district and, more broadly, to be able to engage with those staff and give them really great training and learning opportunities.

The Hon. SUSAN CARTER: The perinatal depression service currently offered by St John of God through Hawkesbury Hospital—will that continue after the transfer?

DEBORAH WILLCOX: Yes. There is no intention to alter any of the service models that are currently being provided to the community of Hawkesbury. We would like to, over time—as the district would do, as part of good planning—look at the services across the district and look at how we can more strongly network the current activities within Hawkesbury into Nepean local health district.

The Hon. SUSAN CARTER: I understand that the hospital auxiliary has indicated some concerns about their role in the new hospital. Will they still be welcome partners with the new hospital?

DEBORAH WILLCOX: We love the auxiliary and all the volunteers. They will be welcomed with open arms. We don't want them to go anywhere. They're incredibly valuable.

The Hon. SUSAN CARTER: They will be delighted to hear that, I know. Will the Hawkesbury hospital be established and resourced as part of the Nepean Blue Mountains Local Health District?

DEBORAH WILLCOX: That's right. It will come into the full governance of the Nepean local health district and be treated as every hospital and service is in that. There will be greater connection hopefully now, giving the opportunities for staff but certainly for those services to connect in to Nepean. Clinical governance, the human resource support services and all of the things that go into running a health district will now be available to the team there.

The Hon. SUSAN CARTER: And in relation to human resources, transfer of staff entitlements—will they all be transferred across?

DEBORAH WILLCOX: Yes. We are working with St John of God. We've been on the ground with the staff. The relevant unions and professional associations have been part of the discussions, and all of the staff who wish to will transition into the local health district. There are some details around sick leave and the like which we're just finalising.

The Hon. SUSAN CARTER: Last question from me, if anybody can help me: When will the Bega safe haven open?

DEBORAH WILLCOX: I've probably got a note on that, but I can take that on notice.

The Hon. SUSAN CARTER: Thank you. That would be lovely.

PHIL MINNS: Chair, could I perhaps provide some more information about Birthrate Plus?

The CHAIR: Please.

PHIL MINNS: My team have sent me through the terms of reference from the Birthrate Plus review working group, which was set up under the stewardship of the safe staffing levels taskforce. In the terms of reference it says, "Noting the review needs to be robust and may require the involvement of Birthrate Plus Associates Ltd, as owners of the methodology, the time frame for the working group should see the work completed within a six- to eight-month period from commencement of the working group and, in any case, by no later than 30 June 2024." It's got its own membership, but some of the key members of the taskforce are also on the working group. It has been a challenge to keep momentum on it. They are actually still within the frame, and my advice to you at the last estimates was not accurate.

The CHAIR: Thank you very much for the update. I know there are midwives across the State eagerly awaiting the outcome of that review.

KERRY CHANT: Sorry, could I just clarify—obviously you're familiar with the complexity of the ATAGI recommendations and that increasingly we're moving to recommendations that frame the benefit-risk ratio for vaccinations for the older populations. I think, to be fair, that may have been playing into the pharmacists, because currently the recommendations are really for anyone who is 18 to 64 and considered severely immunocompromised in relation to the current guidance. So that guidance has been changing. I'm happy to do some work around how we can streamline those messages, depending on where you've had your booster and the timing.

The CHAIR: Thank you.

DEBORAH WILLCOX: Through you, Chair, could I respond to Ms Carter on the Bega safe haven?

The CHAIR: Yes, go ahead.

The Hon. SUSAN CARTER: Thank you.

DEBORAH WILLCOX: Just to advise, it was to open on Monday, but sadly, as with a number of sites around New South Wales, there was a finding of asbestos in the mulch in the ground. So they're just attending to that. As soon as that's resolved we'll be able to open the safe haven for the community.

The CHAIR: First they came for Fair Day; then they came for the safe haven. I asked at the previous estimates about what is being planned for the old Tweed Hospital site now that the new Tweed Hospital is opening. Ms Wark, at that hearing, advised that the deliberations were underway. Are you able to now advise whether that's going to be used for a health service or for another use?

REBECCA WARK: I think those deliberations are still underway. My colleagues in the ministry of Health property are liaising with Property NSW about the ongoing use of part of that site. Certainly, in the new term the district will be keeping one part of the site. There is a breast screening service which will operate from there. There are also some other district administrative functions which will operate out of one of the buildings there.

The CHAIR: So other than BreastScreen and those administrative officers, is my understanding right that now the rest of the site is going to be transferred to Property?

REBECCA WARK: I can't confirm about the transfer, but certainly, as far as the project is concerned, we're not doing any further work on that site. There's also an ambulance station on the greater site as well.

The CHAIR: Which is going to be retained?

REBECCA WARK: There's no current plan for that to be moved, that I'm aware of.

The CHAIR: Mr Sloane, I was hoping you might be able to provide an update about the Collaborative Care Program that I understand the Rural Doctors Network is undertaking on five sites. I asked previously about scalability assessments of that project. I was particularly excited to hear about the State Government supporting primary care access in regional areas. How's the project going?

LUKE SLOANE: As you may recall we work with the Sax Institute to work with all the stakeholders at those five sites to conduct the scalability assessment. That has been finalised and I'm more than happy to provide you with a copy of that. It validated a lot of our thoughts and thinking around small communities and how healthcare in those spots where collaborative care is currently set up, work and rely on trust with the community, really great communication and connecting all the different parts of what's the provision of healthcare in those areas. We are now working through the process of identifying further areas where we'll work with Rural Doctors Network and the other stakeholders in communities to roll that out further. We have two tentative sites that we're working with at the moment—one being Leeton and the other one being Wee Waa. We've had early conversations with both of those towns and their communities, and also with Leeton council as well, to be able to work with them, coordinate it all and get that in place. So it's very positive at the moment.

We're also very aware that there are other models of collaborative care that perhaps aren't documented or written up. We know there's really strong work happening in that space in places like Gunnedah, where they've got primary care working with the Aboriginal Medical Service and the LHD and other stakeholders in the one spot to be able to divert people away from emergency, as well as provide that really good quality, holistic primary care. We'll continue to work on that because we can see it's got real benefit in small communities and to make sure that we're working with not only the GPs in town to support them and make sure that the community has wraparound healthcare that suits its needs that's not necessarily definitive acute care, and that's working on prevention. Kerry and I have discussed this recently—working on prevention, health promotion and actually targeting some of the more preventative needs of the community as we work forward.

The CHAIR: I'm also interested in understanding the uptake of the NSW Rural Generalist Single Employer Pathway, which I will forever refer to as the Murrumbidgee model, because I'm very proud that it came from Murrumbidgee. How's the uptake of the program been? Have you filled all the places?

LUKE SLOANE: Yes, I can give an update on that as well. I'm very excited to inform the Committee that we have secured the memorandum of understanding with the Commonwealth for two collaborative trials that cover the entirety of the State. We also have the option of a third trial to use in a different or innovative way. We're just working through how we will do that at the moment. The first two collaborative trials allow us up to 80 exemptions under the 19 (2) insurance exemption for primary care.

To date, because of some we'll say delays with regards to getting all the appropriate documentation signed by everybody, we were late to the bandwagon with regards to advertising for the training and recruitment pathway. But I'm pretty pleased to announce that, including the five Murrumbidgee model trainees, we've got an additional 16, so we have 21 for the first year of the collaborative trials spread across regional New South Wales. That doesn't go to solve all of our GP training problems or primary care problems or, in fact, acute and hospital problems for medical officers, but it's a very good step in the right direction. What we heard through the rural and regional inquiry was that that was one of the major barriers to people taking up general practice and rural generalism, so we've now removed the roadblock, especially for the next four years, through these pilots.

The CHAIR: It's a wonderful update. I agree, I think it's a really strong step in the right direction. Do you think that there might actually be benefit in having a single employer model for all GP registrars, not just rural generalists?

LUKE SLOANE: I don't think I can comment on that. I think there's really strong private practice training and the collaboration and consultation we've done with a lot of primary practice across all of the State. I really want to give kudos to GPs and primary practice in all of the regional towns because they do an amazing amount of work. The provision of care that they provide that somewhat goes unseen in communities in regional areas, remote and rural areas, probably is not given the kudos that's needed. With regards to the single employer model, I think it's just one option. We've had some really good consultation from GPs that present a variety of

different options, one of those being single employer. But other people definitely don't necessarily want to take that pathway. But we have ticked that off the list as one of those barriers. So, look, we'll keep working through that both with the Commonwealth, as it is their main jurisdiction—primary care in communities—but we know we have a role to play and definitely have a good appetite with regards to forming how that comes from NSW Health for rural, regional and remote communities.

The CHAIR: Thank you. In terms of the other models that are being considered, I know things have been put forward like some kind of collaborative arrangement for leave portability for registrars that might be employed in private practice. I also note that Victoria's recently announced basically a cash handout that they're just supporting GP registrars to cope with the pay cut they take when they leave the hospital and also the costs of their exams. Are any of those sorts of models on the table in the absence of single employer?

LUKE SLOANE: Look, I don't think anything's necessarily off the table but I'm not going to be firm on what model's going to suit each and every one of the people we know we have. You know, Phil and I are always talking about this continual—just last week I was down in Melbourne at a conference with the Royal Australasian College of Surgeons discussing the drop-off of medical graduates taking a career in GP. I think we need to work through some of those problems and understand exactly from the people that are taking the career choice to go into general practice and/or into rural generalism, and understand exactly what their needs are, to prop them up and make sure that they're going to stay in and work in regional, rural and remote communities.

The CHAIR: Thank you.

The Hon. BRONNIE TAYLOR: Best place to live, isn't it, Mr Sloane?

The CHAIR: I've got a question I think that's going to be for Ms Pearce. There's been a lot of coverage in the media of the Government's proposed legislation to ban conversion practices in New South Wales. That was an election promise that's been somewhat delayed. Given that there are some instances of conversion practices occurring in health settings, what consultation has been sought from Health? Have you been contacted by the Attorney General?

SUSAN PEARCE: I'd have to take that on notice.

The CHAIR: Okay. Thank you. I'm going to come back to Ms Wark. I'm reflecting on a lot of the questions that have been asked today as well as at the last hearing. Obviously through a number of members on the Committee there's feedback from communities as diverse as Albury, Manning Base, Muswellbrook, Finley, Grafton, where communities are obviously frustrated by a perception of lack of communication or lack of community consultation from Health Infrastructure. Is there any work going on to improve the way that you're actually collaborating with communities so that they don't feel they have to resort to contacting members of the upper House on a regular basis? I asked the cheeky question this morning about, you know, should people have to have an order for documents to understand the number of beds at the local hospital? But, genuinely, there's clearly a frustration across a huge range of regional communities.

REBECCA WARK: I think, firstly, I'm disappointed that we have projects where the communities are feeling that. We will look at how we can communicate better and work with our local health district partners in that space. I think we do do a lot of work around community consultation at particular stages and phases of projects, which includes setting up pop-up stalls in shopping centres, having community information sessions. I think sometimes the frustrations come when there is nothing new to tell at a particular time and communities are looking for new news about where we're up to. We don't always have that. I certainly can make a commitment to go away and look, and work with our colleagues around what we can do differently in that space.

The CHAIR: Thank you very much. Sorry, I just missed one about Tweed Hospital. I asked about the previous site. I understand that the new Tweed Valley Hospital's a 40-minute trip by public transport and that there's some concern from practitioners and consumers of the methadone clinic that that's now being relocated to the new hospital. Is anything being done in the short term to support those patients who are now having to travel quite a long distance to access the methadone clinic?

REBECCA WARK: I'm not familiar with that program, but we can certainly take it up with the local health district chief executive.

KERRY CHANT: I would be happy to follow up that program. One of the things that we're very keen to do is also partner with our colleagues in pharmacy, who can provide both methadone, but also buprenorphine, long acting. We have really got a strong focus in supporting pharmacies improve access to that option for clients. But I am happy to follow up the issue in relation to the clinic.

The CHAIR: Coming back to Mr Minns—sorry, I am very out of order at the end of the day—I am interested in coming back to junior doctors. You would well be aware of the class action in both New South Wales

and Victoria regarding unpaid overtime. What work is being done to address this issue? I'm sure you are aware of the issue where junior doctors feel bullied or pressured by hospital administration not to claim overtime and that that's affecting their career progression.

SUSAN PEARCE: I'm sorry, I have to object to that, Dr Cohn. I think that's an unfair statement, to say that they feel bullied or pressured by hospital administration in this case. That's a very broad statement and I don't think it accurately reflects what has in fact led to that within the supervision of junior medical doctors over many years, which is also part of the problem.

The CHAIR: I'm aware that that's the experience of some junior doctors. I'm happy to correct the statement to make it less broad.

PHIL MINNS: Chair, I can't talk about the class action matter. It is the subject of ongoing legal conversations, including mediation. The department, the ministry, together with all of the LHDs and networks, has done an extensive amount of work over a four- or five-year period to try to create dashboards, policies, frameworks, information, new opportunities to claim overtime, an app for junior doctors to be able to easily claim their overtime, and I think we track—it gets tracked in the annual survey that occurs with the Australian Medical Council. I think there's a question in there that asks about their ability to claim overtime. If I can take that on notice I will get you the most recent data from that. We have seen improvement and my memory is—but the data will prove it on notice—that New South Wales' percentage of people saying they regularly claim their overtime is better than the rest of the States. But that will be confirmed, if my memory is completely accurate, by what we supply as a response on notice.

The CHAIR: Thank you. I would really appreciate that data on notice. It will be very interesting.

DEBORAH WILLCOX: Dr Cohn, if I may respond to your question on the conversion practice bill—apologies, just not quick enough getting to my note. You are probably aware that the bill is planned to be introduced this year. We've done some consultation in partnership with DCJ, the Department of Communities and Justice. We have had almost 150 organisations as part of eight roundtables, and there's been 134 written submissions received. So, good engagement, obviously key groups, advocacy groups, victim-survivor groups, faith-based groups—all the ones you would appropriately expect. That drafting work is underway and, as I said, with a view to introduction of the bill later this year by the Government.

The CHAIR: I am looking at the time. I did have an earlier conversation but I understand that Ms Pearce and Ms Willcox need to catch a flight to Melbourne. I am seeking leave of the Committee to release those witnesses to catch a flight.

The Hon. BRONNIE TAYLOR: Yes, agreed.

SUSAN PEARCE: I appreciate it. Thank you very much.

(Susan Pearce and Deborah Willcox withdrew.)

The CHAIR: All my questions have been answered or taken on notice, so I am happy to go to questions from the Government.

The Hon. CAMERON MURPHY: I have one question, probably to Mr Minns. What is the latest retention rate for nurses?

PHIL MINNS: While I am finding it, I can say it has improved. I mentioned earlier in the day that back in June of 2019 it was 93.65. The reason we do this is retention rates are a point-in-time comparison based on individual staff members who remain in a permanent role within the system when compared to the previous year. You have to go point to point for it to make sense. I said we were within 1.1 per cent of our 2019 performance at June '23, so we have improved to 92.59. I have got data for January, which really should be referenced back to January '23. In January '23 we were at 92.4 per cent retention and at January '24 we were at 93.1 per cent.

The Hon. CAMERON MURPHY: Well done.

The Hon. BRONNIE TAYLOR: Including rural and regional?

PHIL MINNS: Yes.

The Hon. BRONNIE TAYLOR: That's the scheme. Thank you.

The CHAIR: No further questions from the Government?

The Hon. CAMERON MURPHY: No further questions.

The Hon. EMILY SUVAAL: No.

The CHAIR: Thank you very much, everyone, for your time today.

(The witnesses withdrew.)

The Committee proceeded to deliberate.