

Q22/437

Transcript page: 6-7

Deaths due to Triple Zero (000) network and public information

The Hon. PETER PRIMROSE: Can I ask you a question, but you may wish to give it to Dr Morgan? In Victoria, the Inspector-General for Emergency Management, I understand, identified 33 deaths that were attributed to delays with Victoria's call-taking system. Does New South Wales Ambulance record any such instances where a patient has either died or experienced adverse outcomes as a result of ambulance delays?

Mr BRAD HAZZARD: Yes, I'll let Dr Morgan answer that question, if he wants to, or, if he needs to take it on notice, he can. Whatever you like.

DOMINIC MORGAN: No. I certainly can. Yes, in New South Wales, across the whole of the New South Wales health system we have an incident recording mechanism. So where we have any concerns in relation to the potential for an adverse outcome, that gets recorded in that system. We move through a process of determining a risk assessment as to whether the potential for a delay may have caused or impacted on a patient's outcome. In the event that that does occur, we undertake a serious adverse events review and identify whether or not a delay in the case actually was a cause of harm to the patient or whether that was a normal trajectory of the patient's death.

The Hon. PETER PRIMROSE: Can you maybe elucidate on the numbers? We've heard 33 in Victoria. Would you be able to identify any similar numbers in New South Wales, please?

DOMINIC MORGAN: No, nothing of that extreme. The numbers that I'd be aware of would be far smaller than that. We were fortunate in that we didn't have the extent of challenges around emergency triple zero call taking. Let me tell you, it was a very, very challenging time for New South Wales. At our peak we had 5,120 triple zero calls. A normal busy day before COVID for us was 3,300. We had, I think, an advantage in this State because the triple zero network is connected to the agencies and so pretty much from February of 2020 we were surging our control centres, as we call it, to take triple zeros right the way through.

So by the time Delta had hit and then the subsequent Omicron waves, which were the very large numbers of triple zero calls, we were very well surged. So whilst overall our triple zero call taking was very, very challenged, it was with nothing on the scale of Victoria. That is just by way of explanation, they have a separated system, so their emergency service triple zero is undertaken by a separate statutory authority rather than the ambulance service. So they didn't have quite the same ability to surge as an organisation like we did.

The Hon. PETER PRIMROSE: Would you be able to take on notice to give us a number?

DOMINIC MORGAN: Certainly, we can have a look.

The Hon. PETER PRIMROSE: Thank you. This information in terms of overall reviews, is that information available publicly anywhere, for instance, in annual reports?

DOMINIC MORGAN: On root cause analysis?

SUSAN PEARCE: We would have to take that on notice. I don't believe so, in that way.

Obviously, the most important feature of these issues is that we communicate with patients and their loved ones when we have incidents and issues. And, as you would be aware, sentinel events are publicly reported, but we'd need to take that on notice.

The Hon. PETER PRIMROSE: That's fine. I appreciate that.

ANSWER:

From 1 January 2020 to 19 September 2022 of the serious adverse event reviews completed by NSW Ambulance, there have been 4 incidents identified where a NSW Ambulance response delay was the primary causal factor for the adverse patient outcome.

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Transcript page: 11

Correspondence from the Ombudsman and HCCC

Mr BRAD HAZZARD: Can I ask a question, Mr Chairman? I acknowledge what you're saying and what Cate is saying. I can't remember, and therefore you would remember because you were chair. Did the committee actually call the Ombudsman or the HCCC to your—

The CHAIR: No.

Mr BRAD HAZZARD: Okay. I won't take up time, but there is a letter here sent in May from the Ombudsman, which the secretary has just reminded me of, and it makes it very clear that they believe the systems already exist. Cate, next question.

The CHAIR: On that point, we actually asked for a copy of that correspondence yesterday and we were told—

Mr BRAD HAZZARD: Well, I can give it to you.

The CHAIR: No, no. We were told they weren't quite sure whether it was a letter or a discussion. It went back and forth.

Mr BRAD HAZZARD: Well, I'm sorry. I wasn't here yesterday.

SUSAN PEARCE: Mr Donnelly, my recollection of that conversation is that we agreed to provide the letter, so there is no issue with that.

The CHAIR: Right, okay. So you got the advantage of the letter that in turn provides—just to give the context about whether it actually was legal advice. We weren't splitting hairs here. There was correspondence from the Ombudsman and, I believe, the HCCC on the issue. The Minister couldn't remember whether it was discussion or in writing. We got to the point where there was a recollection that there was some correspondence and then there was a discussion about what was in the correspondence. The secretary was there yesterday. The secretary had on her laptop yesterday the letter that is the basis of the discussion now, and she didn't go into any detail yesterday about that. She had the opportunity to do so. So you can see how we're a little bit unclear about the contents of those two pieces of correspondence, which is predicating in large measure your rebutting of the question from the member about why that particular recommendation wasn't proceeded with. That's the important context I give you so you understand that this was—to a point, anyway—prosecuted yesterday.

ANSWER:

I refer the Member to the response provided at the Portfolio Committee No. 2 – Health – Budget Estimates Hearing – 6 September 2022 – question on notice taken on page 13-14.

Q22/439

Transcript page: 15

COVID-19 re-infection

The CHAIR: I direct that question to the Minister and, of course, if you need further information from your officers I am sure you will obtain it. Minister, is there a total COVID reinfection figure that NSW Health may be able to provide?

Mr BRAD HAZZARD: I will turn to the Acting Chief Health Officer, Dr Marianne Gale, to give a specific answer on those issues.

MARIANNE GALE: I don't have a specific figure to hand, but I would be happy to take it on notice and see what data we do have around reinfection. What we do know is that reinfection does occur and we know that with this current Omicron wave people can get COVID multiple times if you were infected early in the pandemic in 2020 during Delta, but even subsequent Omicron. One of the challenges that we are going to have to continue to live with during the pandemic is that risk of reinfection. We know that immunity—and this is one of the, I guess, really important things for us in how we go forward, is that vaccination is really important but also infection confers immunity. As people get infected and perhaps repeated infection, and also are vaccinated, we will build this greater immunity in the community. But again, there remains a lot of uncertainty around what that will look like and uncertainty around what future reinfections will look like, either with Omicron or with any new variant that may be on the horizon into the future.

The CHAIR: Thank you, doctor. If you could take that on notice and see if the reinfection data can be aggregated to produce a figure, that would be helpful.

ANSWER:

NSW Health reported an estimate of COVID-19 reinfection in the NSW Respiratory Surveillance Report for the week ending 6 August 2022. This is available on the NSW Health website at: <https://www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20220806.pdf>.

It is estimated that of the 639,430 people who were infected for the first time in January 2022, 20,460 (3.2%) were infected again within 150 days.

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Q22/440

Transcript page: 19-20

Health advice to AHPCC on COVID-19 isolation

The CHAIR: My question is: Will you release the health advice that was given to the AHPCC on reducing the isolation period for COVID cases?

Mr BRAD HAZZARD: The advice given by whom, can I ask, Mr Chairman?

The CHAIR: Well, this is specific advice provided to the Australian Health Protection Principal Committee on reducing the isolation period for COVID cases.

Mr BRAD HAZZARD: But advice from whom?

The CHAIR: I cannot tell you who gave the specific advice. I'm advised and we understand that the AHPCC received advice in regard to the matter of reducing the isolation period for COVID cases. New South Wales would have a representation, I presume, in regard to that committee and so would be in receipt of that advice, presumably. What we are asking for is if we can—

Mr BRAD HAZZARD: They create the advice that goes to the Federal Government, not give it.

The CHAIR: Yes, but there has been, as I understand, advice that has been received. I stand to be corrected, but there is advice that the body has received.

Mr BRAD HAZZARD: Mr Chair, by the sound of it, you have received a question from somebody. Perhaps we could revisit the question when somebody gives you that update as to where the advice is from. It's a group of people—

The CHAIR: Yes, I understand.

Mr BRAD HAZZARD: I am happy to come back to it once I understand the question.

The CHAIR: No, I understand. If you are saying that your understanding is that the body itself doesn't receive advice and that, in fact, it is the body itself that issues the advice—I think that is what you are saying, if I'm understanding you correctly.

Mr BRAD HAZZARD: What I was saying earlier in the intro, just by way of explaining, is that I didn't see it; I heard it. There appeared to be more than 20 people on the calls and they were from all over the country. They were all discussing the issues and they give the advice to—

The CHAIR: We can return to this.

Mr BRAD HAZZARD: Yes, okay. That's all right.

The CHAIR: This is specifically about the reduction of the isolation period.

Mr BRAD HAZZARD: Happy to do whatever we can to advise.

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The CHAIR: In terms of the line of questioning I had in regard to the Australian Health Protection Principal Committee, I think there were some cross lines on my part. I apologise for that. I want to return to that line of questioning. It was directed to Dr Chant, who is not with us today. Dr Gale, you may or may not be able to assist, but you did provide at least some response last time we were having an exchange. This is the question properly explained or properly put. If it has to be taken on notice, so be it. Did Dr Chant, who was obviously representing New South Wales with respect to that representation before the Australian Health Protection Principal Committee, or her team—that is, from New South Wales—provide advice to the Australian Health Protection Principal Committee regarding reducing the isolation period from seven days to five days? That's, with some better precision, the question.

Mr BRAD HAZZARD: I understand now. You're actually just asking what was the specific advice out of the NSW Health public health team?

The CHAIR: Yes, whether there was advice provided and whether it was along those lines.

Mr BRAD HAZZARD: I'm not sure whether Dr Gale could answer that. If you can, go for it.

MARIANNE GALE: I'd be happy to take that on notice. As I did say, I wasn't there at the time and I wasn't privy to the discussion.

The CHAIR: I appreciate that.

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ANSWER:

Dr Kerry Chant, as NSW's representative on the Australian Health Protection Principal Committee, participated in meetings where the reduction of the isolation period from seven days to five days was discussed.

Dr Chant contributed to discussions and documentation of Chief Health Officers' considerations of the matter.

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Q22/441

Transcript page: 33-34

NSW Health written advice on COVID isolation period

The CHAIR: In terms of that engagement at the committee level—obviously a very senior committee deliberating a very significant matter—is there, in terms of the nature of the advice provided to make the discussion as robust and as thorough as possible—

Mr BRAD HAZZARD: Is this at AHPPC, you mean?

The CHAIR: Yes, indeed, from respective State and Territory contributions. Is there written advice put forward from the States and Territories about what they think should be done about something?

Mr BRAD HAZZARD: I don't know the answer categorically on that. Dr Gale, do you know the answer?

MARIANNE GALE: There is not a routine process. It depends on the circumstances. As I mentioned earlier, and as the Minister observed, it is often an iterative discussion because, as well imagined, these are complex issues and there are multiple views between the jurisdictions, and it is an active and robust discussion in the group that occurs. Following on from the Minister's earlier comments, I think, clearly from a health perspective, isolation remains an important pillar of managing the transmission of COVID-19 in the community. But we also understand the Government, as the Minister mentioned, has other considerations to bear, and the health advice is very important, but it is one aspect of the advice and we do provide that. So isolation remains important, as a pillar of control, but it has to also be seen in the context of all the other measures that we have talked about consistently—

The CHAIR: Of course.

MARIANNE GALE: —since early in the pandemic, including maintaining high rates of testing. We do want to see people come out for testing still because that's really important, especially for people who might be at risk of severe illness, particularly in order to access antivirals. So in addition to isolation, maintaining high rates of testing is another really important part of the suite of measures to control transmission, having access to antivirals, vaccination—

The CHAIR: I will leave it for you, Dr Gale, who is the Acting Chief Health Officer, to check whether or not there was written advice presented—

Mr BRAD HAZZARD: I really don't think there would have been, Mr Chair.

The CHAIR: I can ask the question, Minister.

Mr BRAD HAZZARD: Yes, and we'll find out. But I don't think there was.

The CHAIR: And if there was, we would seek, please, to be provided with a copy of that.

ANSWER:

I refer the Member to the response provided at Portfolio Committee No. 2 – Health – Budget Estimates Hearing – 7 September 2022 – question on notice taken on page 19-20.

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Q22/442

Transcript page: 35

Workforce figures by category and LHD

The Hon. ADAM SEARLE: Can I just ask you to put a pin in that? I want to ask you a couple of follow-up questions. Of that 7,674 figure, do we know what classifications? Do we know how many are going to be registered nurses? How many are going to be paramedics?

PHIL MINNS: We do have that information. I would need to provide it on notice.

The Hon. ADAM SEARLE: Can you break that down by local health district as well? I am assuming you know where these workers are needed most and where they are going.

PHIL MINNS: Broadly, with the exception of about 390 FTE in the budget announcements that were for specific initiatives—so palliative care, the first year of that. What was another one?

The Hon. ADAM SEARLE: On notice, whatever detail you have got could you provide.

PHIL MINNS: Yes. What I would say about that 390 is that we are still working through the design of the service delivery of that proposition and therefore we don't have that breakdown.

The Hon. ADAM SEARLE: Sure. But these are very precise figures. For example, the announcement wasn't around 10,000, it wasn't around 7,000 or 8,000—7,674 is very precise. You must have had a very good idea about what was needed where.

PHIL MINNS: With the exception of the 390, yes.

The Hon. ADAM SEARLE: Well, that's good.

PHIL MINNS: And we will provide that to you on notice.

ANSWER:

Health Agencies, including but not limited to local health districts, NSW Ambulance, the Sydney Children's Hospitals Network, HealthShare, PathNSW, and eHealth, were allocated additional full-time equivalent workforce budgets for 2022/23.

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Q22/443

Transcript page: 35-36

Nurses and midwives overtime hours

The Hon. ADAM SEARLE: Minister, to you or whoever you direct the question to, how many overtime hours were worked by nurses and midwives in New South Wales public hospitals for the 2021-22 financial year, as compared to the prior two?

Mr BRAD HAZZARD: I think—but I will ask—we will have to take it on notice, because at one stage there we had more than 6,000 staff furloughed.

The Hon. ADAM SEARLE: I understand.

Mr BRAD HAZZARD: There would have been, sadly, for a lot of staff, but they actually—I mean they are amazing, they stood up to it, but it was difficult because a lot of nurses were doing double shifts, when there were 6,000 staff—

The Hon. ADAM SEARLE: And not getting weekends.

Mr BRAD HAZZARD: I will ask the secretary whether she wants to say anything? Mr Minns, do you have anything specific?

PHIL MINNS: You've asked a question about across the entire year, so that I will have to take on notice, but I can give you—

The Hon. ADAM SEARLE: Sure, that's for the 2021-22 year.

PHIL MINNS: I can give you a flavour. In a typical year before COVID, 2.5 per cent of all the hours worked in our system were overtime hours—so that's everybody. Last year, 2021-22, that number was 2.7 per cent, and for the financial year just ended it was 3.3. That does reflect the fact that we have relied on more overtime than we normally would. But those estimates—

The Hon. ADAM SEARLE: And you still are.

PHIL MINNS: —are based on the status at the end of June in each financial year and comparing that date. You have asked for the cumulative number of hours that have been worked across the year and I will have to get that.

The Hon. ADAM SEARLE: Could you provide that for the 2021-22 year and the prior two financial years?

PHIL MINNS: Yes.

ANSWER:

In 2021-22, the NSW Health system has had to rely on boosting overtime hours more than usual to cover the impacts of COVID-19 furloughing and COVID-19/Influenza sick leave.

Nursing and Midwifery	FY 2019-20	FY 2020-21	FY 2021-22
Overtime as a % of total Hours	1.4	1.8	2.5

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Q22/444

Transcript page: 36

Nurse resignations

The Hon. ADAM SEARLE: Minister, how many nurses resigned in 2021?

Mr BRAD HAZZARD: I think Mr Minns has actually answered that, didn't he?

PHIL MINNS: No, I don't think I have that number to hand. I can talk to you about—

Mr BRAD HAZZARD: Sorry, resigned. Are you are talking about not from COVID?

The Hon. ADAM SEARLE: Just resigned, just left the service.

Mr BRAD HAZZARD: I don't know, but there is usually a sort of normal turnover, but then there were a few additional ones.

The Hon. ADAM SEARLE: That would be so. I am interested in most recent.

PHIL MINNS: I can give you a bit of a comparative feel for that.

The Hon. ADAM SEARLE: Please.

PHIL MINNS: In a normal pre-COVID year we would start about 20,000 additional staff. If you think about what we have published in annual reports as the growth of our workforce each year, 20,000 have started, therefore a fair number have left, and then we have had that additional staff that we have reported on each year. In 2021-22 we had 27,000 people start. And there is a reason for that. We had additional COVID funding, we had additional COVID work associated with clinics, testing clinics, people at screening processes in hospitals, the vax centres, the quarantine centres. We hired a lot of people, particularly in 2021, 2022, that were associated with extra volume that was COVID-specific volume. The funding for those roles was continued in this financial year, and so many of those roles have been extended. The one thing I haven't got to yet in your first question is, you said are these sort of additional roles. Well, they are additional roles, yes, 7,674, they are funded with additional budget. The reason we get to a precise number is to get to the precise dollar that's involved. But some portion of them is an extension of roles that were in the system last year, in the previous budget year. They were additional COVID roles for special purposes—

The Hon. ADAM SEARLE: That's the 390?

PHIL MINNS: No, it's a larger number than that. I would have to get it for you on notice.

The Hon. ADAM SEARLE: If you would please, on notice. Again, I want to know how many nurses resigned, on notice, over the last four financial years?

PHIL MINNS: If I just talk to you briefly about separation rates. We sort of measure retention and separation; they are two sides of the same coin.

The Hon. ADAM SEARLE: Understood.

PHIL MINNS: Separation before COVID was about somewhere between 7 and 8 per cent on a rolling five-year basis. I will just tell you what it has done over the last year—actually somewhere between 6 and 7 per cent in the pre-COVID years. During 2020 and 2021 financial years we saw separations decline because we had a pattern of people staying in the workforce, I think to deal with the crisis. We then started to see the emergence of some increased separations at the period of around about September last year. That was associated with Delta running its course.

The Hon. ADAM SEARLE: What quantum?

PHIL MINNS: The quantum, we were tracking at a retention level of 93.6 across the State, actually 93.7 in September of last year, and we started to see that decline to—this graph is hard to read—back to more normal levels at 93 per cent by December. Then you do see a bigger drop to 92.3 per cent in February, but that reflects those 1,200 people that we terminated. That's the reason for that bigger drop. There's been a continuing slight reduction fortnight to fortnight in our retention level, but with some good news in the last period of June—we saw an increase in the retention level to nearly 92 per cent. A specific question related to nurses in the last year I'll provide on notice. I think it is important that I give you a few years history for context.

ANSWER:

Nurses and midwives separate from NSW Health for a range of reasons, including retirement, relocation, and family reasons such as having children to name a few.

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As noted by Phil Minns in the transcript, the usual range of separations of full time and part time staff is between 7 to 8 percent of the workforce.

Reviewing the figures indicates that in the 2019-20 financial year it was in fact lower at 6.6%, whilst in 2018-19 and 2020-21 it was 7.1%.

In 2021-22 figures increased to 12.6%, which included the nurses and midwives amongst the more than 1,200 staff that no longer work with NSW Health due to their decision to not be vaccinated against COVID-19.

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Q22/445

Transcript page: 38-39

Process applied to the Minister Hazzard during Adam Marshall COVID case

The Hon. MARK LATHAM: What was the depth of information that applied to Minister Hazzard, given that Minister Marshall had told you they had very close contact and had a conversation—and that would be a definition of a "close contact"? Did Minister Hazzard provide anything in this process that contradicted Minister Marshall?

MICHAEL DOUGLAS: I will have to take that question on notice. The information was gained through the contact tracing team. They made the assessment and—

ANSWER:

Minister Hazzard's account did not contradict Minister Marshall's account.

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Q22/446

Transcript page: 44

Nursing Hours Per Patient Day

The Hon. ADAM SEARLE: Minister, how many instances over the last 12 months have New South Wales public hospitals failed to meet the weekly required nursing hours per patient day as required under the relevant State award?

Mr BRAD HAZZARD: Sorry, over what period, Adam?

The Hon. ADAM SEARLE: Over 12 months. Say, the 2021-22 financial year or, indeed, the last 12 months—whatever you have access to, if you have anything here.

Mr BRAD HAZZARD: I will ask Mr Minns whether he has anything. If not, then we will just take it on notice and get it to you. Mr Minns, have you got some information that is readily accessible?

PHIL MINNS: Not in that format.

The Hon. ADAM SEARLE: What do you have?

PHIL MINNS: I haven't got anything available to me today. What I can tell you from previous knowledge is that when we look at this on a quarterly basis, we will have wards across the State that have gone above the nursing hours per patient day ratio and we will have cases where we have not met it. Those cases have likely been elevated due to all of the furlough and sick leave issues we have had in the last six to nine months. We will get that for you on notice.

ANSWER:

Local Health Districts (LHDs) provide weekly reports to the Ministry of Health on Nursing Hours per Patient Day (NHPPD) compliance. The Ministry collates and produces reports each quarter for the previous 6 months based on returns received from LHDs. These quarterly reports do not extend down to the facility or hospital level.

Q22/447

Transcript page: 48-49

Rouse Hill Hospital services

The Hon. PETER PRIMROSE: Any update on what services the new hospital will actually have?

Mr BRAD HAZZARD: I think we'd better leave that. If you desperately needed it, we could get it from the local health district in due course but they're still working on—that's the whole purpose of the clinical services plan—finalisation and the master planning; that's all got to be done. But I can take it on notice and get you some more detail on what they've got available to date, anyway.

The Hon. PETER PRIMROSE: I've been reading through it for the last couple of years about the announcements of what will be there. I'm just trying to clarify at the moment what the current vision is of what will actually be located there. For example, the emergency department, which has been announced. Will this be an emergency department or an emergency ward?

Mr BRAD HAZZARD: An emergency what?

The Hon. PETER PRIMROSE: Ward.

Mr BRAD HAZZARD: Ward?

The Hon. PETER PRIMROSE: Yes.

Mr BRAD HAZZARD: No. Obviously there has to be emergency services there, so let's take it on notice and get it actually from the planning because I've seen 180 of these plans. I'm not sure Ms Wark would have that available for you right now, but we'll get it. We'll take it on notice for you.

The Hon. PETER PRIMROSE: If I could just ask my questions, please take them on notice.

Mr BRAD HAZZARD: Sure. If I can answer it, I'm happy to answer it. But if I can't, I'll take it on notice.

The Hon. PETER PRIMROSE: Thank you. I appreciate that. What would be the proposed capacity of the newly announced emergency department? Will Rouse Hill hospital have maternity services—obstetrics, paediatrics, oncology services—and how many operating theatres are proposed? When will the clinical services plan be released? What investigations have been done about accessibility of the chosen site? Now, as a resident there, I know how notoriously busy all of those roads are and we also have the ongoing issue of flooding. In terms of ensuring that the site continues to be accessible, how will people get there? What options are being considered that will be required to ensure that in relation to overall accessibility? What alternative sites were considered and dismissed?

Mr BRAD HAZZARD: I think most of that we will have to take on notice.

ANSWER:

The Clinical Services Plan for the Rouse Hill Hospital has been finalised by the Western Sydney Local Health District and submitted to the Ministry of Health for review. The clinical services that will be delivered in the new hospital will be confirmed once the review is completed.

The Clinical Services Plan is only one of many internal planning documents to inform future service planning.

I also refer the member to the response provided at Portfolio Committee No. 2 – Health – Budget Estimates Hearing – 7 September 2022 – question on notice taken on page 49 in relation to accessibility of the selected site (traffic and flooding).

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Q22/448

Transcript page: 49

Rouse Hill Hospital site selection

The Hon. PETER PRIMROSE: And I know my time's gone, but please, traffic, you've got major developments at Rouse Hill, you've got major developments at Box Hill, you've got Nelson going ahead. There are significant problems with the local road system.

Mr BRAD HAZZARD: What was the last thing you said, Peter? What's going ahead, the last one you said?

The Hon. PETER PRIMROSE: There are large residential areas going ahead and I've just named a few of the new suburbs—I mentioned Nelson as being one of them—all of which feed into the main roads out there. I'm just asking for some comment in relation to ensuring that its successful.

Mr BRAD HAZZARD: Absolutely. Can I say—

REBECCA WARK: All of those various reports will need to be supporting State significant development application in consultation with council, consultation with GPT, who were the landowners and are very involved in that area around what the various master plans and development proposals are and different community investments in that space. We're certainly looking through all of those and they will all need to support the development application.

Mr BRAD HAZZARD: Every one I've seen so far, Peter, has had a very close look at issues like flood. The one at Tweed has a huge issue trying to find a spot that was in an area that was subject to flooding. Traffic is always a huge issue. That's one of the things we've been agonising about with regard to Bankstown. Those issues are looked at. But let's try and get you some answers for you.

ANSWER

The NSW Government has committed \$300 million for the development of a new Rouse Hill Hospital, which includes land acquisition.

An initial preferred site for the hospital was identified near Schofields and Windsor roads. Subsequent investigations determined the site was no longer suitable due to major works planned for road upgrades and transport infrastructure in the area.

In March 2021, a new site on the corner of Windsor and Commercial roads was identified and acquired, ensuring ideal transport and road links for Western Sydney's growing population.

As part of the comprehensive site selection process, traffic modelling was undertaken and determined the hospital site met the safety and accessibility needs of the community, including NSW Ambulance.

As part of the site acquisition and due diligence process, stormwater and flood modelling were completed. The hospital site is not within a flood affected zone and would not impact regional flood behaviour. Measures are also being undertaken to ensure stormwater runoff does not negatively impact the regional stormwater system.

The land developer, GPT, and Transport for NSW have been consulted and will continue to be consulted throughout the planning, design, and construction process.

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A master plan for the site has been developed and the State Significant Development Application (SSDA) is soon to be submitted to the Department of Planning and Environment. The SSDA includes the traffic, flood, and stormwater modelling documents.

In conjunction, the Western Sydney Local Health District is working with the Ministry of Health to finalise the Clinical Services Plan, which will determine the clinical scope of the new Rouse Hill Hospital.

Finalisation of the master plan and clinical scope for the new Rouse Hill Hospital will be followed by ongoing consultation with health professionals and the community to inform the design of the new health facility.

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Q22/449

Transcript page: 50

Further documentation of COVID assessment made for Minister for Health

The Hon. MARK LATHAM: To Dr Douglas, Mark Latham here again. Before lunch, you explained to us how an individual assessment for COVID contact and isolation is different to the group assessment and you said individually you make an assessment about whether they looking at each other, how far apart were they standing, did someone breathe on someone else, how loud were they speaking. I would have expected that that individual assessment of the Minister for Health made by Jennie Musto, there would have been some notes, a record put to file as to what she found out about all of those different factors. Why isn't that contained and put forward in the call for papers furnished to the upper House?

MICHAEL DOUGLAS: Look, I can take that question on notice to see if there's any more documentation that has not been provided that is available.

ANSWER:

The Ministry of Health produced documents in response to a Standing Order 52 – *Classification of the Hon Brad Hazzard MP as a casual COVID-19 contact*. All documents within scope of the Standing Order 52 that were found at the time were provided. However, on review an additional handwritten document from Ms Jennie Musto has been found and is attached (TAB A). This was not provided in the response to the Standing Order 52 at the time, as Ms Musto was on unexpected leave and her handwritten notes were not available. In response to a subsequent Standing Order on the same matter, the document was reviewed but deemed outside the scope of this further order.

I also refer the Member to the response to the question taken on notice that was provided at Portfolio Committee No. 2 – Health – Budget Estimates Hearing – 7 September 2022 – page 59.

Q22/450

Transcript page: 51-52

Contact tracing policies and guidelines

The Hon. MARK LATHAM: Has NSW Health and your section got a written policy or guidelines on that, which guided the contact tracers down the path you've just described? Is that in writing?

MARIANNE GALE: Throughout the pandemic there has been guidance around the process of contact tracing and the definitions involved. That has been national guidance as well, in the series of national guidance around COVID-19 that provide the principles around contact tracing. That is what is broadly applied across all the groups of contact tracers, and there have been numerous throughout the pandemic, done both centrally at the ministry as well as in all of the public health units. That whole workforce of contact tracers have been trained according to the guidance outlined in national guidelines and reflected in New South Wales guidance.

The Hon. MARK LATHAM: On notice, could you provide those documents to the Committee, please?

MARIANNE GALE: Sure. They would be available. There were various iterations over time, but we could take that on notice to provide—

The Hon. MARK LATHAM: The ones that were used at this time period, in June of last year.

MARIANNE GALE: That would be possible.

ANSWER:

The Communicable Diseases Network Australia (CDNA) issued National Guidelines for Public Health Units in relation to the management of COVID-19, which were updated as necessary and are publicly available here:

<https://www.health.gov.au/resources/publications/coronavirus-covid-19-cdna-national-guidelines-for-public-health-units>

The COVID-19 Case Questionnaire Initial Interview document is publicly available here:

<https://www.health.nsw.gov.au/Infectious/Forms/novel-coronavirus-case-questionnaire.pdf>

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Q22/451

Transcript page: 52

Post-COVID and specialist clinics

The Hon. EMMA HURST: This morning we were talking about the amount of money—\$19 million—in the budget to establish new post-COVID clinics. Dr Lyons, when we were talking before and I asked you about that \$19 million going towards the clinics, you talked about the model in New South Wales being support for the primary care practitioners rather than the clinics. Are you saying that that \$19 million will be going towards that rather than the clinics, or are the clinics still going ahead?

NIGEL LYONS: I was talking about the focus of the model of care and the emphasis on caring for people in the community. The \$19 million will go into the specialist clinics. We're in discussions at the moment with our clinical colleagues and with the local health districts about what the best deployment of those will be and how we allocate that \$19 million to get the best value for it. We can give you more detail as it comes to hand, but that work is being done at the moment. support those models. That's the work that's underway at the moment, to define how that will be delivered.

Break in transcript

The Hon. EMMA HURST: Just to clarify, the only specialised clinic that people can go to at the moment is the St Vincent's one, or are there other clinics?

NIGEL LYONS: No, there are other clinics in our specialist hospitals, and they are seeing patients with long COVID already. But we're just looking at how we build on that and expand access with that investment of the \$19 million.

The Hon. EMMA HURST: Where are those other clinics, sorry?

NIGEL LYONS: I can provide you a list of where those are on notice. I haven't got that detail in front of me.

The Hon. EMMA HURST: That's fine. Thanks, Dr Lyons

ANSWER:

There are currently 14 clinic locations in NSW, being:

- Broken Hill Health Service COVID-19 Rehabilitation Clinic
- Wollongong Hospital Allied Health Level 5 Pulmonary Rehab Service
- Nepean Hospital Post-COVID-19 Infections Diseases Medical Review Clinic
- Murwillumbah Community Health Chronic Care Respiratory Service
- Tweed Heads Chronic Care Respiratory Service
- Tweed Heads Community Health Chronic Care Cardiac Rehabilitation
- Goulburn Base Hospital Respiratory Chronic Obstructive Pulmonary Disease Service
- St Vincent's Hospital COVID-19 Long and Post-Acute Clinic
- Bathurst Health Service Cardiopulmonary Rehabilitation Program
- Dubbo Base Hospital Chronic Care Service (Cardiac Rehabilitation)
- Western NSW Local Health District Planned Care for Better Health
- Westmead Hospital Pulmonary Rehabilitation Service
- Westmead Hospital Respiratory Ambulatory Care Level 5 Service
- Hills Family General Practice

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Q22/452

Transcript page: 57-58

Gender Dysphoria

Mr BRAD HAZZARD: I would point one thing out to you and that is ACON—you talked about the \$12 million, that is not for kids. ACON does a whole range of other services, including STIs and so on.

The CHAIR: I know, I am well aware what the organisation does. But TransHub—and if you go to the website you will see a whole lot of material regarding trans, as they refer to young trans people, and it is all leading into the part with respect to affirmation treatment. I think that is a matter of particular concern.

Mr BRAD HAZZARD: Again, I hear what you say, but up until this moment, and possibly going forward, I have remained very supportive of the services of ACON, very supportive of the services offered to often very confused youngsters through the clinical and, indeed, allied health multidisciplinary teams at both Westmead and John Hunter. I think the centre that you are talking about, I am very aware of that and I was always of the view they were doing a very good job—

The CHAIR: Westmead?

Mr BRAD HAZZARD: No, sorry. Westmead too, but also—sorry?

SUSAN PEARCE: Maple Leaf.

Mr BRAD HAZZARD: Maple Leaf House at Hamilton, as you have said. I have visited there.

The CHAIR: Yes. It's not been opened that long, particularly.

Mr BRAD HAZZARD: It opened probably about a year ago now—and I attended the opening. So I am very aware of all the issues you are talking about, but I agree it is complex. I have to be really forthright that it is such a complex issue, I am not sure that is an appropriate issue for me as a health Minister to determine; it is more the clinicians. I will query on the issues that you have raised because I think that is my obligation. But I am certainly not going to insert myself into what is the most complex of complex issues for youngsters who might be suffering from gender dysphoria, and I think worldwide, as you have said, there are varying views on the appropriate way to put it. I have sat with mums and dads who are just beside—

The CHAIR: No, that's not what I said at all, Minister. No, I have said that there is a distinct movement away from what was hitherto seen as the—

Mr BRAD HAZZARD: I understand what you said.

The CHAIR: No, let me finish—orthodoxy to now opposing that orthodoxy and I use the example of the closure of The Tavistock Institute in the United Kingdom, the complete closure of a clinic which treated all children and young people in the United Kingdom, along with changes with respect to procedures in Finland, Sweden, and I can go on. So, don't misunderstand me. This is not just, there's different views around the world. Of course, there are different opinions on everything. But I am talking about a sea change which has taken place and while that is happening in Australia in our six States and two Territories, I submit that we—when I say "we", I mean collectively, not you or the department, but we as Australians—are asleep at the wheel.

Mr BRAD HAZZARD: As I said, you have raised the issues with me, Mr Chair—

The CHAIR: Thanks, Minister.

Mr BRAD HAZZARD: And I will raise the issues with the Health people and try and get some insights into it and get a better understanding of the issues from a worldwide perspective.

The CHAIR: Just to finish, with respect to the clinicians and the private correspondence

ANSWER:

NSW Health advises it is committed to providing holistic, age appropriate, developmentally informed and evidence-based care for trans and gender diverse young people.

It indicates that evidence shows transgender and gender diverse young people are a very vulnerable population with high rates of depression, self-harm, attempted suicide and actual

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suicide. Trans and gender diverse young people are at high risk of mental and emotional distress caused by stigma, discrimination, bullying and social exclusion.

All patients referred to the Trans and Gender Diverse Health Service undergo a specialised and comprehensive assessment involving consultation with specialists in psychological medicine, adolescent medicine and endocrinology. Only once a longitudinal assessment and diagnosis has taken place are young people considered for gender affirming medical treatment. This occurs in close consultation with the patient, parents and treating medical teams, who must all agree that the treatment is in the best interest of the young person.

The Service strictly operates under international and national endorsed guidance, including the World Professional Association for Transgender Health available at: <https://www.wpath.org/publications/soc> and the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents available at: <https://auspath.org.au/2018/02/01/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents/>.

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Q22/453

Transcript page: 59

Spreadsheets related to SO52 – Minister for Health as casual COVID-19 contact

The Hon. MARK LATHAM: No, I am asking a question—I asked two questions that haven't been answered—if I could, please. Will you, as head of the department, investigate the adequacy of the SO52 return? In particular, are there spreadsheets that weren't furnished to the upper House as per our resolution? And, secondly, is it possible, do you believe, that in the emergency of a pandemic a decision was made that, "These four senior Ministers, we can't go without them and we are just going to have to give them an individual assessment"?

SUSAN PEARCE: On your first point, yes, we will examine the accuracy of the papers provided in the SO52, although I have no reason to believe that they would not have been robust.

ANSWER:

Documents provided in response to Standing Order 52- *Classification of the Hon. Brad Hazzard MP as a casual contact* were located through systematic and standardised search processes. The search for, and provision of, papers was conducted in a robust, diligent and comprehensive manner consistent with the requirements of the order for papers.

I also refer the Member to the response to the question taken on notice that was provided at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 7 September 2022 – page 50.

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Q22/454

Transcript page: 61-62

Funding for health prevention

The Hon. EMMA HURST: I was just about to get a response from Dr Lyons in the last session. Dr Lyons, I just want to remind you that the question was specifically about a shift in funding to increase the amount of money that we are putting towards prevention of health issues. I just wondered if you could give me any kind of data around the percentage increase in funding that is going specifically towards prevention compared to previous years?

Break in transcript

The Hon. EMMA HURST: Dr Lyons, sorry to interrupt. Do you have any actual data on the percentage increase in the budget in these areas, which was the question?

SUSAN PEARCE: I can provide some budget information.

NIGEL LYONS: We can, on notice, produce some examples of where that shift has occurred within the budget and investments. But I haven't got those percentages in front of me, I'm sorry.

The Hon. EMMA HURST: That's all right, I think Ms Pearce has.

SUSAN PEARCE: I can provide—

NIGEL LYONS: It's important to highlight that that shift is a focus of ours. It also needs to be reinforced by other components of the healthcare system as well.

The Hon. EMMA HURST: Ms Pearce had some data as well.

SUSAN PEARCE: With respect to budget, I haven't got the direct comparisons for you, but we can provide them on notice.

The Hon. EMMA HURST: On notice would be good.

SUSAN PEARCE: To give you an indication, our State outcome for prevention and health promotion is around \$1.5 billion. Dr Lyons has already touched on a number of things, but we obviously fund a lot of work in dental, protection of our staff as well in that prevention space and screening services. It's also important to note, and you would be aware of this, that we as a State have invested heavily in our public health and population health units across the State. A very significant part of that is aimed at prevention, particularly healthy eating and obesity and on it goes. So we can provide some further information about the budget.

The Hon. EMMA HURST: If I could get that comparison.

ANSWER:

The 2022-23 NSW Budget for the Outcome 'Keeping people healthy through prevention and health promotion' is \$1.5 billion, an increase of \$67.3 million or 4.6% on the previous year's initial Budget. This includes funding for some elements of the response to COVID-19.

Q22/455

Transcript page: 64

Tweed Hospital parking

The CHAIR: Moving on to the Tweed Hospital, Minister, can you please reconfirm the 2019 election promise made by the member for Tweed, Geoff Provest, MP, and the then Deputy Premier, John Barilaro, that parking would be free at the Tweed Valley Hospital when the building works are completed?

Mr BRAD HAZZARD: I haven't had any discussions on that at all. I can't confirm any change to that. You would have to direct that now, of course, to the regional health Minister as well because I am not the primary Minister. It is a regional health issue. How about I take it on notice and then I will refer it to her and do it as if it was asked in the upper House?

The CHAIR: Thank you. It is a reaffirmation. We are not asking for anything that hasn't been promised. It was a 2019 election promise made explicitly by the member for Tweed and the then Deputy Premier, John Barilaro. Minister, can you advise how many dedicated—and if this has to be taken on notice, so be it—mental health beds will be present in the new Tweed Valley Hospital?

Mr BRAD HAZZARD: No, I can't do that. Again, that is the mental health Minister and the regional health Minister. Maybe put that one on notice to her.

ANSWER:

This matter is more appropriately addressed to the Minister for Women, Minister for Regional Health and Minister for Mental Health.

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Q22/457

Transcript page: 64-65

Tweed Hospital

The CHAIR: Can you advise how many dedicated—and if this has to be taken on notice, so be it—mental health beds will be present in the new Tweed Valley Hospital?

Mr BRAD HAZZARD: No, I can't do that. Again, that is the mental health Minister and the regional health Minister. Maybe put that one on notice to her.

Break in transcript

The CHAIR: I will just need to clarify that. Some of these questions relate to that obvious last answer.

REBECCA WARK: Minister?

Mr BRAD HAZZARD: Hang on. I hear Rebecca wanting to answer the question. If you know, go for it.

REBECCA WARK: I was just going to say that I can't advise at the moment the exact number of mental health beds, but I am aware from a recent visit that in the design there are a number of pods around a courtyard on the lower levels of the mental health inpatient unit there. But we will come back to you.

ANSWER:

This matter is more appropriately addressed to the Minister for Women, Minister for Regional Health and Minister for Mental Health.

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Q22/458

Transcript page: 65-66

Status of recommendations from south western Sydney inquiry

The CHAIR: If it's best directed to her, I'll take your guidance on that. I will move on to the next area, if I could, please, on the matter of the south-west Sydney parliamentary inquiry into health and health services, which you are well aware was some time ago. In regards to that, Minister, and just to refresh, there were a number of recommendations made—a total of 17 recommendations were made. With respect to recommendations 1, 2 and 13, they were the three that were noted by the Government as the Government's response. With respect to the difference—which is 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17—pleasingly, they were supported, or supported in principle. In fact, only two of those 14 were supported in principle, so the rest were "support". I am wondering, Minister, can we get an update on where we are with the implementation of those recommendations?

Mr BRAD HAZZARD: Obviously, the Government has put out this acknowledgement and we're working through it at the present time. One of the challenges that we are facing in south-west Sydney, but across more broadly, are the issues around aged care residents and also NDIS, either confirmed patients or waiting to be confirmed NDIS. I actually asked this morning for an update. I will just see whether I got it and I'll share it with you because it's quite concerning.

SUSAN PEARCE: While the Minister's is doing that, Mr Donnelly, I am happy to take on notice that broader question with respect to their progress.

ANSWER:

I refer the Member to the evidence provided by NSW Health Secretary Susan Pearce on page 67 of the uncorrected transcript.

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Q22/459

Transcript page: 70

Number of people who have not had COVID-19

The Hon. MARK LATHAM: So that's different to domestic flights. Can I just ask on that, you mentioned people who've had COVID. Have you got a number or proportion on how many people in New South Wales haven't had it, 2½ years into the—I can proudly say, I openly and deliberately break all your rules and have met hundreds of people who've had COVID, and I haven't got it. So how many people are there who've never had it in this 2½-year period.

Mr BRAD HAZZARD: We could do a little sample here. Who has had it?

The CHAIR: Haven't had it?

The Hon. MARK LATHAM: No, had it.

Mr BRAD HAZZARD: About half.

The Hon. MARK LATHAM: Half haven't had it?

Mr BRAD HAZZARD: They're lucky. They will eventually get it.

The Hon. MARK LATHAM: Do you reckon?

SUSAN PEARCE: Not that we know of.

The Hon. MARK LATHAM: But is there a number that the health professionals have assessed?

MARIANNE GALE: I don't have that to hand but happy to take that on notice.

ANSWER:

The latest data available advises that seroprevalence of COVID-19 antibodies among Australian blood donors in June 2022 estimated that approximately 50% of people in NSW had evidence of previous COVID-19.

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Q22/460

Transcript page: 72

Dr Kerry Chant – online forums for mask mandates

The Hon. MARK LATHAM: Can I just come back to the masks? It is self-evident in schools that masking everyone in the classroom stops a number of students from talking because it's muffled speech. A lot of students have trouble hearing the teachers because of muffled speech, which is obviously a problem in educational tuition. How many online forums has Dr Chant had where she's telling schools that they need to do a mask mandate?

Mr BRAD HAZZARD: We'd have to take that on notice, but I can tell you that Dr Chant has done hundreds upon hundreds of online forums. Many of them in the earlier phases I was doing with her. But she was constantly doing it with all the different medical fraternity, the education fraternity—everybody. I'm sure there's some statistical group somewhere in Health that's keeping record of it.

ANSWER:

Dr Chant has participated in a large volume of webinars during the COVID-19 pandemic, including a number with representatives from the NSW school sector. Dr Chant routinely provides public health advice on how to mitigate COVID-19 transmission, including during these webinars.

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Q22/461

Transcript page: 75

Monkeypox vaccine shelf life

The CHAIR: Thank you, I just wanted it clarified. With respect to the administration of the vaccines—and I am grateful, thank you, for the update of the sites you provided in terms of where it is available and administered—are GPs at large in New South Wales involved in the distribution of the vaccine? I will let you answer that question.

MARIANNE GALE: We are looking at making vaccines more broadly available to people who might be eligible in other parts of the State, and there have been some supplies that have been made available. We are looking forward to getting a greater supply of the vaccine from the Commonwealth by the end of this month. That's going to be somewhere between 25,000 and 30,000 phials, so that will be great, and that will expand access to an even bigger pool of people, and we are actively planning that and looking at making that as broadly available as possible.

The CHAIR: Just out of interest, do those phials—and it is just curiosity on my part—have a shelf life?

MARIANNE GALE: They do. I can't remember exactly off the top of my head—

The CHAIR: That's okay. You can take that on notice.

MARIANNE GALE: Yes.

ANSWER:

JYNNEOS vaccine must be stored frozen at minus 50°C. At this temperature it has a shelf life of 5 years. When the vaccine is thawed from minus 50°C, and stored at +2°C to +8°C, its expiry date will be 24 weeks after the thaw date.

The JYNNEOS vaccine is now being administered intradermally, which produces up to 5 doses from one vial. However, once a vial is perforated, if stored at +2°C to +8°C, it is stable for 8 hours.

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Q22/463

Transcript page: 76

Japanese Encephalitis vaccines

The CHAIR: Can I just ask these last three or four questions before I pass it over and you can probably wrap it all up. In terms of number of hospitalisations—take it on notice if you wish, doctor.

MARIANNE GALE: Yes, happy to. I know that a number of those individuals were quite unwell and did require hospitalisation.

The CHAIR: How many JE vaccines has New South Wales acquired, please? How many vaccines have been administered since the outbreak? Who can administer the vaccines, both GPs and pharmacists? Are you trying to obtain any additional vaccines?

Mr BRAD HAZZARD: The answer to the last one is yes. We will take the rest on notice.

ANSWER:

As at 20 September 2022, 52,206 doses have been acquired.

4,458 vaccines have been distributed, of which 4,093 have been registered as administered on the Australian Immunisation Register.

NSW Health is in the process of obtaining additional vaccines.

As at 20 September 2022, only General Practitioners can administer the vaccine.

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Q22/464

Transcript page: 77

Funding for alternatives to animal research

The Hon. EMMA HURST: Minister, I wanted to ask you about alternatives to the use of animals in research. You are probably aware that we have had an upper House inquiry in this portfolio into the use of animals in experimentation. One aspect that really came out of that inquiry, which everybody agreed, from university scientists to animal protection organisations, was that we desperately needed more funding earmarked to develop alternatives to using animals in research. Are you aware of any funding for alternatives to the use of animals in research that was allocated in the most recent budget?

Mr BRAD HAZZARD: No, I would have to take that on notice. But what I would say is generally that sort of research would be across the whole of Australia, so it would be Federal government funding rather than State government funding for that type of research. But happy to take it—

The Hon. EMMA HURST: In the inquiry a lot of people were saying that you can't get it federally and that—not that you can't get it federally, sorry, that it's not coming federally. There was a push from a lot of people that it would be a great move for New South Wales to do it. Obviously, it is a possibility for New South Wales to do it if it's not happening federally.

Mr BRAD HAZZARD: Let me make it very clear that from my point of view, and I think most reasonable—categorising myself as reasonable, perhaps as most people—

The Hon. WES FANG: I was going to make that point, however I resisted the urge.

Mr BRAD HAZZARD: Thank you very much, I thought you might. I have to say most of us would want to see an end to, as much as possible anyway, animal research. That is something certainly I support. But at the moment that is not entirely possible. I will take it on notice anyway in terms of what funds, on your specific question, and get back to you.

ANSWER:

The NSW Ministry of Health, through the Office for Health and Medical Research, funds a number of grant programs in Advanced Therapeutics, a field which increasingly uses non-animal testing methods such as organoids and tissue explants.

One example of this funding is for a researcher to develop their liver-specific AAV capsid using a human liver explant rather than the traditional xenografted mice model. More information is available at: <https://www.medicalresearch.nsw.gov.au/projects/bioengineering-of-next-generation-adenoviral-vectors/>.

Funding of the Luminesce Alliance has also supported the organoid facility at Westmead's Children's Medical Research Institute, which helps develop and test advanced therapeutics. More information is available at: <https://www.cmrijeansforgenes.org.au/research/research-facilities/scof>.

The Therapeutic Goods Administration and other overseas regulatory agencies require animal model testing in order to approve new therapies. Therefore, this step cannot be eliminated under current regulatory frameworks.

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Q22/466

Transcript page: 77-78

Funding for baboon colony in Wallacia

The Hon. EMMA HURST: Thank you. I also wanted to ask a quick question, and happy for you to take this on notice. This is information you provided for me previously, but it is in regards to the baboon colony at Wallacia.

Mr BRAD HAZZARD: I would have been desperately disappointed if you had not asked me about baboons today. I can't tell you how desperately disappointed I would have been. Yes, go on, Emma.

The Hon. EMMA HURST: It's all right, we are only asking for figures. The last few years it has been funded by the Sydney Local Health District, after the national funding ceased. I am wondering if you can tell me how much funding they were given for the financial year 2021-22 and if they have been allocated funding for 2022-23, and if so, how much?

Mr BRAD HAZZARD: Does anybody here know that? I have to take it on notice, I'm sorry.

The Hon. EMMA HURST: Happy for you to take that on notice.

ANSWER:

The Australian National Baboon Colony is maintained, managed and financially supported by Sydney Local Health District. Since the National Health and Medical Research Council funding ceased, there has been no alternative funding obtained for the colony.

The District continues to support the facility financially from the annual funding allocation provided by the Ministry of Health, which includes an allocation for Teaching, Training and Research activities.

The total Australian National Baboon Colony expenditure funded by the District for the 2021-22 financial year was \$0.762 million. The net funding contribution (excluding revenue received from services provided) was \$0.243 million. The budget for the 2022-23 financial year is consistent with the actual expenditure and revenue for 2021-22.

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Q22/467

Transcript page: 80

Definition of a woman

The Hon. MARK LATHAM: Ms Pearce, under your leadership of the department, what is the definition of a woman?

SUSAN PEARCE: Mr Latham, I don't know that the Health department has issued a definition of a woman—not that I'm aware of. I would have to—

The Hon. MARK LATHAM: It was described by your Federal counterpart as a "contested space" and it has been debated in the upper House, for instance, where the Minister for Regional Health provided contradictory answers. Does Health follow the definition in the New South Wales Anti-Discrimination Act or—as at one point the other Minister suggested—do you follow the definition in the Federal statute?

SUSAN PEARCE: I will take that on notice. I am not aware of any specific definition that we have issued.

ANSWER:

I refer the Member to the response provided at LC 8626.

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Q22/468

Transcript page: 81

Policy on building new hospitals

The Hon. MARK LATHAM: Could I get a definition of the departmental policy about the building of new hospitals?

Mr BRAD HAZZARD: We'll take it on notice.

ANSWER:

In the Corporate Governance and Accountability Compendium for NSW Health, local health districts and specialty health networks have a responsibility to effectively plan services over the short and long term to enable service delivery that is responsive to the health needs of its defined population.

The NSW Health Facility Planning Process Guideline provides the framework for prioritising, planning, delivering, and evaluating capital infrastructure across the NSW public health system.

Q22/470

Transcript page: 81

Hospital in the aerotropolis

The Hon. MARK LATHAM: Could I get a forecast of the need for a new hospital in or around the aerotropolis, given that 1.3 million people are moving in west of the M7? That population in Adelaide, for instance, has four public hospitals, and under this Government they haven't even provided any land for a new hospital facility at the aerotropolis or Bringelly or Leppington or any of those locations.

Mr BRAD HAZZARD: We'll take it on notice.

ANSWER:

The impact from population growth from the Western Sydney Aerotropolis and the infrastructure associated with the airport will continue to be monitored by the NSW Government.

NSW Health is investing in a range of significant health infrastructure initiatives in the western Sydney region, which will help to service the Western Sydney Aerotropolis.

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Q22/471

Transcript page: 83

Recommendation 41 of the rural health inquiry report

The CHAIR: The bush health report—I guess I could use the colloquial reference—recommendations, specifically recommendation 41. I'm wondering if it's available to get it up.

Mr BRAD HAZZARD: That's about the Ombudsman again, is it? What was 41?

The CHAIR: Yes, it is. It's to do with the Ombudsman, yes. With respect to rec 41, it's noted—and, hopefully, you've got it in front of you and you can access it—it says in the third paragraph on the bottom of page 32:

The NSW Ombudsman and the Health Care Complaints Commission (HCCC) are existing bodies with accountability, authority and responsibility to investigate decision making by NSW Health, including clinical and administrative decisions. These bodies are independent of government and overseen by NSW Parliamentary Committees. Both bodies can receive and review concerns from staff, doctors, patients, carers and the public.

Can we skip over the next paragraph and go to the following paragraph, which says the following: The role of the HCCC relative to other agencies in the health system is set out in section 3A of the *Health Care Complaints Act 1993*.

This is the part we are coming to that I'd like some comment on:

Legislative change would be required to amend both the Health Care Complaints Act and the Ombudsman Act if the Government decided that matters relating to health administration were to be within the jurisdiction of the Commission.

I thought from the answers that we were receiving both yesterday and today—and please correct me if I'm wrong—that, essentially, the position was being put that these two bodies can—I think the phrase has been used—already deal with these matters that are relating to bullying et cetera. That's what's been told to us over the course of yesterday and today—this morning—and the secretary is going to provide the letters to us. But that's not the case at all. If I'm reading this correctly, and it's your document, there would have to be changes to the legislation for that to take place. Is that correct or not?

Mr BRAD HAZZARD: That's not my understanding from what the bodies have indicated. We're going to release—

The CHAIR: Could I take you to page 33 of your document?

Mr BRAD HAZZARD: Well, we'll give you the letters and then we'll take it on notice to clarify any further matters that need to be clarified. It needed to be addressed.

SUSAN PEARCE: Certainly, Mr Donnelly, the Minister has said we'll take that element on notice.

ANSWER:

I refer the Member to the response provided at Portfolio Committee No. 2 – Health – Budget Estimates Hearing – 6 September 2022 – question on notice taken on page 13-14, which includes the correspondence requested by the Committee.

**Budget Estimates – Health – 7 September 2022
Responses to Questions on Notice**

Q22/473

Transcript page: 84

MOU from the HCCC and Ombudsman

SUSAN PEARCE: What I mentioned yesterday, Mr Donnelly, you might recall, was that there was an overlap in the jurisdiction of the HCCC and the Ombudsman. I can categorically tell you, as we've said here under oath, that we have letters from both the HCCC and the Ombudsman both stating that they have powers that the particular recommendation in the inquiry went to.

The CHAIR: And you're going to provide those letters on notice?

SUSAN PEARCE: Absolutely.

Break in transcript

The CHAIR: Well, more than that. At 5.12 p.m. we find out there's—and this is no reflection on the commissioner at all—that there is a memorandum of understanding between the Ombudsman and the HCCC on this issue. On notice, we'd like to see a copy of that MOU. I simply put that on notice.

Mr BRAD HAZZARD: We'll take that on notice and determine, after appropriate legal advice, whether such a memorandum can be released.

The CHAIR: Sure.

Mr BRAD HAZZARD: If it can be, it will certainly be released. But I will point out it is not the fault of the independent HCCC that that wasn't disclosed.

ANSWER:

I refer the Member to the response provided at the Portfolio Committee No. 2 – Health – Budget Estimates Hearing – 6 September 2022 – question on notice taken on page 13-14.

24/6/24

Min Husband

- reception a clinic at

not FTF

- 6.30p - Nat Strangers
dining room

- head of pharmacy

- 3m past Hef, David

- 20 sec - speech

then left

left 6.50 pm casual
