PORTFOLIO COMMITTEE NO. 2 - HEALTH

Tuesday, 6 September 2022

Examination of proposed expenditure for the portfolio area

WOMEN, REGIONAL HEALTH, MENTAL HEALTH

CORRECTED

The Committee met at 09:30.

MEMBERS

The Hon. Greg Donnelly (Chair)

The Hon. Mark Banasiak
The Hon. Wes Fang
The Hon. Emma Hurst (Deputy Chair)
The Hon. Aileen MacDonald
The Hon. Peter Primrose
The Hon. Penny Sharpe

MEMBERS VIA VIDEOCONFERENCE

Ms Cate Faehrmann

PRESENT

The Hon. Bronnie Taylor, *Minister for Women, Minister for Regional Health, and Minister for Mental Health*

* Please note:
[inaudible] is used when audio words cannot be deciphered.
[audio malfunction] is used when words are lost due to a technical malfunction.
[disorder] is used when members or witnesses speak over one another.

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

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

Budget Estimates secretariat
Room 823
Parliament House
Macquarie Street
SYDNEY NSW 2000

The CHAIR: Welcome to the initial public hearing of Portfolio Committee No. 2 inquiry into budget estimates 2022-2023. 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, present and emerging. I also acknowledge and pay my respects to any Aboriginal and Torres Strait Islander people joining us today. I welcome Minister Taylor and accompanying officials to this hearing. Today the Committee will examine the proposed expenditure for the portfolios of Women, Regional Health and Mental Health. We have all our witnesses in the room except for two who are joining us via videoconference.

Before we commence I would like to make some brief comments about the procedures for today's hearing. Today's hearing is being broadcast live via the Parliament's website. The proceedings are also being recorded and the transcript will be placed on the Committee's website once it becomes available. In accordance with the broadcasting guidelines, media representatives are reminded that they must take responsibility for what they publish about the Committee's proceedings. All witnesses in budget estimates have a right to procedural fairness according to the procedural fairness resolution adopted by the House in 2018.

There may be some questions that a witness could only answer if they had more time or with certain documents to hand. In these circumstances, witnesses are advised that they can take a question on notice and provide answers within 21 days. If witnesses wish to hand up documents, they should do so through the Committee staff. Minister, I remind you and the officers accompanying you that you are free to pass notes and refer directly to your advisers seated at the table behind you at any time. Finally, could everyone please turn their mobile phones to silent for the duration of the hearing. All witnesses will be sworn prior to giving evidence. Minister, I remind you that you do not need to be sworn as you have already sworn an oath to your office as a member of this Parliament.

Dr MURRAY WRIGHT, Chief Psychiatrist, NSW Health, Mental Health Branch, sworn and examined

Ms TANYA SMYTH, Director of Women NSW, Department of Premier and Cabinet, affirmed and examined

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

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

Mr LUKE SLOANE, Coordinator General, Regional Health Division, NSW Health, affirmed and examined

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

Dr NIGEL LYONS, Deputy Secretary, Health System Strategy and Planning, before the Committee via videoconference, sworn and examined

Ms CATHERINE LOUREY, NSW Mental Health Commissioner, NSW Health, Mental Health Branch, before the Committee via videoconference, sworn and examined

The CHAIR: Today's hearing commenced at 9.30 a.m. and is scheduled to run through to 5.30 p.m. We are joined by the Minister for the morning session from 9.30 a.m. to 12.45 p.m., with a 15-minute break at 11.00 a.m. In the afternoon we will hear from departmental witnesses and heads of agencies from 2.00 p.m. to 5.15 p.m., with a 15-minute break at 5.30 p.m. During these sessions there will be questions from members of the Opposition and crossbench members only. If required, an additional 15 minutes is allocated at the end of the morning and afternoon sessions for Government questions. Thank you for your attendance today and we will commence the questioning. To confirm, the Opposition members are me, as Chair, and the Hon. Peter Primrose. The Hon. Penny Sharpe will come in at some stage. They are the three Opposition members on the Committee.

The crossbench members you will see as they come in. There are quite a few participating members today. Except for Ms Cate Faehrmann, who is participating remotely, the other crossbench members, as I understand, will be coming in when they can find some time. Most of them are involved with commitments on other committees. Minister, on behalf of Committee members and all MPs in the Parliament, I commence by acknowledging and thanking all employees of NSW Health, particularly those on the front line for their herculean—I was trying to think of a good word to describe their efforts over the last pushing towards three years—efforts with resources at their disposal since early 2020 to support, to care and to protect all the citizens of this State with respect to what have been some very pressing health needs that we are all well aware of. They have been absolutely outstanding in the work that they have done.

I want to ensure that is communicated to them in an appropriate way so they know that their elected representatives understand the significance of their contribution and extend their gratitude and thanks for their efforts over that period of time. Minister, have you had the opportunity to read the *NSW Rural Health Plan: Towards 2021 Final Progress Review* report?

The Hon. BRONNIE TAYLOR: I am aware of the report, yes, Mr Donnelly.

The CHAIR: Have you had an opportunity to read the report?

The Hon. BRONNIE TAYLOR: I have looked over and I read lots of documents. Your question is?

The CHAIR: I am asking the questions. I am asking you have you read the report?

The Hon. BRONNIE TAYLOR: Yes, Mr Donnelly.

The CHAIR: You have read the report. You would be aware that the report was the third iteration. When I say "third iteration", there were interim reports. It was for the period of 2014 to 2021 and there was a report in 2015 as an interim document, then in 2018, and what is the final progress report. With respect to this final progress report, I'm wondering if someone at the table can just confirm with me when that was released by NSW Health, because it was earlier this year. I don't know whether Dr Lyons would know, and maybe the Secretary, but the report—do we have a month in which it was released? My recollection is it might have been April, May or—does anyone at the table know?

SUSAN PEARCE: I'll ask Dr Lyons if he can specifically remember, or Luke may be able to remember.

The CHAIR: It's not a trick question; it's just when it hit the deck.

NIGEL LYONS: Mr Donnelly, I don't exactly remember which month. The period you are talking about is probably correct in terms of the timing it was released, but I'd have to take the exact date on notice.

The Hon. BRONNIE TAYLOR: Mr Donnelly, I believe it was in March that that was done.

The CHAIR: That it hit the deck?

The Hon. BRONNIE TAYLOR: Yes.

The CHAIR: Okay, great, March. Now, Minister, the terms of reference into the inquiry into regional, rural and remote health—and I'll use that as a summary of the actual full title of the inquiry—its terms of reference, it was a self-referral, as you know, on 27 August 2020. Now at the time you would be aware that the Government came out quite forthrightly, and in the lead-up to the release of the terms of reference indicated that it rejected the call for an inquiry. You would recall that, wouldn't you?

The Hon. BRONNIE TAYLOR: Look, Mr Donnelly, I do, but I've been very open in every comment that I've made—

The CHAIR: Thank you, Minister.

The Hon. BRONNIE TAYLOR: If I could finish, Mr Donnelly.

The CHAIR: No, Minister. I'm asking questions in a particular sequence.

The Hon. BRONNIE TAYLOR: Oh dear.

The Hon. WES FANG: Chair, with due deference to your position, when a question is asked it is up to the witness to perhaps provide some context to their answer. I think the Minister was trying to do that. I just ask that the Minister be able to provide a little bit more context around her answer if she elects to do so. Is that okay?

The CHAIR: No, it's not.

The Hon. BRONNIE TAYLOR: I would like to be allowed to speak, Mr Donnelly, when asked a question.

The CHAIR: We don't want to get off to a bad start, do we, Minister?

The Hon. BRONNIE TAYLOR: That is entirely up to you, Mr Donnelly. I have only asked to be allowed to speak to answer the question.

The CHAIR: I asked you a specific question with respect to the Government's position before the inquiry was announced.

The Hon. BRONNIE TAYLOR: And I wanted to say one more sentence, Mr Donnelly, and that was that—on the record—I have welcomed the inquiry and I have said that it was a good thing to have the inquiry. That was all I wanted to say. Thank you for allowing me to say that.

The CHAIR: I draw to your attention in *The Sydney Morning Herald* on 16 September 2020—this is when it was announced publicly that the inquiry was going to take place—the health Minister, Minister Hazzard, rejected calls for the inquiry, and that was consistent with public statements by him in the lead-up to the actual inquiry. Would you be aware of that?

The Hon. BRONNIE TAYLOR: Mr Donnelly, that really would be a question for Minister Hazzard. I have said that I have welcomed the inquiry.

The CHAIR: Thank you. I am happy to continue those questions with the Minister tomorrow.

The Hon. BRONNIE TAYLOR: I am sure he will be very happy to answer that for you.

The CHAIR: You are aware, Minister, that the inquiry obviously ran its course—you're well aware of that—over an 11-month period. There were over 700 submissions, 15 hearing days. We visited Deniliquin, Cobar, Wellington, Dubbo, Gunnedah, Taree and Lismore; we heard from other witnesses from rural, regional and remote New South Wales via videoconferencing; and we had 220 witnesses to the inquiry. Minister, that report was almost 300 pages long, as you're aware—because I'm sure you've read it—and it was tabled in the Parliament in May this year.

So the report was tabled in May this year and we have what is the Government's position, or the report of the Government, into the *NSW Rural Health Plan: Towards 2021*, which was actually basically produced by the Government in a period whereby they had complete and full cognisance of the content of what the evidence was with respect to the inquiry. Would you agree with that? That this was produced late last year, early this year, released in March, we understand—so in full cognisance of all the evidence that came to the inquiry, which was all there, for everyone to see, and there was much public commentary about it. This report was produced in that context, wasn't it?

The Hon. BRONNIE TAYLOR: I've been really clear, Mr Donnelly, that we will be working towards a finalisation of a rural health plan by the end of the year. I met with the new chair of the ministerial council yesterday to discuss that. That will absolutely be our focus going forward. I'm interested in what we're going to do from now.

The CHAIR: Minister, you're not prepared to answer the question, and that was—

The Hon. WES FANG: Point of order: The Minister hadn't completed her answer yet. She was attempting to provide a response. I think there was an interjection—

The CHAIR: Just stop, please. Can you stop the clock?

The Hon. WES FANG: I was going to say, there was an interjection and I think to suggest that the Minister wasn't answering the question or was refusing to answer the question, given that she hadn't actually completed her answer, is probably slightly disingenuous. I just ask that she be permitted to complete her answer before the next question.

The CHAIR: I don't and won't take offence at the suggestion that it was disingenuous—my interjection.

The Hon. WES FANG: I don't mean for it to be offensive either, Chair.

The CHAIR: The matter was I asked the Minister about the preparation of this report in the context of all the evidence from the inquiry and she moved straight to talking about the future and what her focus was on. My question was very specific, Minister, about the preparation of this report in the context of all the evidence from the inquiry.

The Hon. BRONNIE TAYLOR: That report is not a response to the inquiry, Mr Donnelly. The response to the inquiry was tabled last week. If that's what you're trying to suggest, I would say that you are incorrect.

The CHAIR: No, that's not what I was suggesting at all. Let's go back to my question, Minister: Was this report produced in the context of all the evidence before the inquiry that was in the public domain?

The Hon. BRONNIE TAYLOR: That report that you have in front of you—that was tabled in March, that was presented in March—is part of us working towards our rural health plan, of which we will have a new and final one hopefully towards the end of the year. It was not and is not a response to the rural health inquiry.

The CHAIR: I understand that crystal clear—that it is not the response.

The Hon. BRONNIE TAYLOR: That's good.

The CHAIR: But clearly, if this was produced late last year, early this year, and published in March, the people who prepared this were cognisant completely of all of the evidence from the inquiry. Would you agree with that?

The Hon. BRONNIE TAYLOR: Mr Donnelly, NSW Health is a big system. It is something that we are continuously working on. We are looking at rural health plans. The inquiry was something different entirely. That is why we got the response. We have actually delivered the response to the inquiry, to respect the inquiry, to value it. That response was done. I think drawing correlations between the two is—I see what you are trying to do, Mr Donnelly, but I can only be really honest and really transparent in my answers. The document that you are providing there was a document working towards the rural health plan, which we are doing. We didn't have the findings of the recommendations of the inquiry at the time, so we are not going to stop doing that work. We are going to continue to do that work. We continued to make sure that we had a response well before the desired time to make sure that we were respecting the inquiry.

The CHAIR: Minister, what you say is blatantly wrong. This was not looking to the future. This document here I am referring to was the final progress report on the plan that expired in 2021. That is what this is.

The Hon. BRONNIE TAYLOR: That is right, Mr Donnelly.

The CHAIR: Thank you.

The Hon. BRONNIE TAYLOR: That is why I clearly said to you that the final report that we are working on will be at the end of the year. Did you want to add to that, Secretary?

The CHAIR: No, my question is to the Minister.

The Hon. BRONNIE TAYLOR: Oh, you're not allowing the Secretary to speak either.

The CHAIR: No, my question is to the Minister.

The Hon. BRONNIE TAYLOR: Right. This is great.

The CHAIR: This is the final progress report on the plan that expired in 2021. Is that right?

The Hon. BRONNIE TAYLOR: That's right, Mr Donnelly.

The CHAIR: Minister, was it not disingenuous and cynical to issue the *NSW Rural Health Plan: Towards 2021 Final Progress Review* in the form that it was? You are well familiar with it because you have said you have seen the document. Some 53 pages in length, lots of photos—in fact, every photo in there of happy, smiling country people—and almost exclusively all good news, all good news, about matters health in the bush when an 11-month inquiry that had received its last evidence on 2 February revealed that there were so many issues with respect to health in the bush.

The Hon. BRONNIE TAYLOR: No, Mr Donnelly, it was not disingenuous, and I really resent that reputation. I am sure people who worked on that report within NSW Health do as well.

The CHAIR: I don't know whether you speak for those—they can speak up for themselves, if they like, in a minute—but if you look at this report, not one photograph is a photograph of anyone other than smiling individuals from the country or people wearing country clothing and, with respect—

The Hon. BRONNIE TAYLOR: Country clothing?

The CHAIR: With respect to—

The Hon. BRONNIE TAYLOR: Sorry, could you just clarify what you meant by "country clothing"?

The CHAIR: With respect to—

The Hon. BRONNIE TAYLOR: Could you clarify what you just said, by "country clothing"?

The CHAIR: The clothing that people typically wear in the bush.

The Hon. BRONNIE TAYLOR: And what would that be?

The CHAIR: Minister, all the photographs are there. This document, with all the information at NSW Health's disposal, produced a final progress report talking up everything with respect to bush health when an 11-month inquiry demonstrated a manifest set of problems around the State. Not only that, picking up your point about the report and the recommendations, and the Government's response—and you're well aware of the number of responses in terms of support and support in principle—how do you reconcile a review which has got happy, smiling people on every page virtually and only good news stories with a report which was coming down the track like a freight train demonstrating so many problems with respect to health and health services in rural and regional New South Wales?

The Hon. BRONNIE TAYLOR: Mr Donnelly, I think your comments just then about people's appearances and photos is really quite offensive. As a country person, I find it very offensive. What I will say to you is that I have—

The CHAIR: You're easily offended, Minister.

The Hon. WES FANG: Point of order: The Minister was providing a response. It is up to the Minister how she responds. Any interjections from any member is disorderly, but I would just ask that interjections be withheld while the Minister is providing a response.

The CHAIR: Minister?

The Hon. BRONNIE TAYLOR: Mr Donnelly, I become offended when people are offensive, and I'll leave it at that. What I will say is that when we look at things in rural and regional health, I have said consistently that I welcomed the inquiry, I appreciated the brave and courageous people that came forward to give evidence at that inquiry. I will also say to you that each and every day we have a lot of good things that happen in our rural and regional hospitals. That's not just me saying that; that is a report by the bureau of health investigation that found, looking at over 6,000 people that had gone through emergency departments in rural and regional New South Wales, that over 95 per cent of those people had reported a good to very good experience. So I think, respectfully, we need to be very balanced with what we're saying about the rural and regional health system. That is a progress report that you refer to, and that will continue to keep going and it will continue to have photos, and we will continue to do things and to improve our service every single day.

The CHAIR: Minister, can I just pick you up on one point: It is not a progress report. It is the final report on the period. It's not a progress report; it's the final report.

The Hon. BRONNIE TAYLOR: Well, Mr Donnelly—

The CHAIR: No, Minister, you can't take a report that says *NSW Rural Health Plan: Towards 2021 Final Progress* report—and that's the progress with respect to the actual plan, not the progress to the next plan, Minister. You know that. My question is: How can NSW Health produce a report that you obviously saw before it hit the deck—you would have seen drafts of this. Did it not strike you that there was this huge incongruency between what is in here and all the evidence we've seen over the course of the 11 months? There was no question of incongruency in your mind?

The Hon. BRONNIE TAYLOR: Mr Donnelly, you keep trying to draw conclusions between the two things. They are entirely different. If you want to talk about the report, the recommendations and what happened, and how we responded to that, I'm happy to do that. That is something entirely separate. Okay?

The CHAIR: I know that, but I am pressing you—there is a continuity here, Minister.

The Hon. BRONNIE TAYLOR: Mr Donnelly, you can press me as much as you want. My answers remain the same.

The CHAIR: So that's all you've got to say about the continuity between this report, how it is presented—and can I just make this point. I think the people in here that actually have attire which is worn typically by people who live outside metropolitan areas—there is nothing offensive about that; nothing offensive about drawing attention to the fact that people outside metropolitan areas wear particular attire.

The Hon. BRONNIE TAYLOR: I'm just not going to respond any further. I think you've said—it will all be on the Hansard transcript, what you said about the way country people dress, so leave it at that.

The CHAIR: Yes, and I am just making sure that you understand—

The Hon. BRONNIE TAYLOR: Oh, I do, Mr Donnelly.

The CHAIR: That your suggestion is, I would have thought, very unusual, to say the least. Minister, moving on to the response then to the inquiry, and I'm just conscious of the time available, can I acknowledge that the response came back in a timely fashion, and I'd like to acknowledge and thank you for that. As you know, there is a six-month window for responding to an inquiry set of recommendations from the upper House. Having sat on committees, you're well aware of that and, as you're equally well aware, what we normally receive back is a response on what is the last day of the six-month period for the Government to respond. That is what normally happens, and we received it a lot earlier than that in this case, a lot earlier.

The Hon. WES FANG: And before estimates.

The CHAIR: Yes, indeed, from the Hon. Wes Fang, a pure coincidence that it hit the deck on the Thursday before budget estimates and your appearance here today, but the Hon. Wes Fang put that on the record, not myself. With respect to—and this is something we'll come back to later on—the Government's response and with respect to the recommendations, I just want to ask you this question, first of all. The Government didn't think it was appropriate to make any comment about the findings that the inquiry came up with; it just wanted to respond to the recommendations?

The Hon. BRONNIE TAYLOR: Mr Donnelly, I'll just go back to your previous statement. We wanted to be accountable for the report and for the Government's response, and that's why we ensured to get it done before estimates, so I'd just like to clarify that for you.

The CHAIR: Yes.

The Hon. BRONNIE TAYLOR: I'm really happy to respond to each and every recommendation, if that's what you'd like to do, so if you'd like to ask me specifically about that, that is the job and that was in the report, to respond to the recommendations that were in there. So I'm very happy to discuss those, if you'd like to illustrate what that is.

The CHAIR: Okay. Time is running down, but I might commence. Minister, would you be able to define what you mean and what the Government means with respect to the response in the report to a recommendation that says—and I want some specificity around this—

The Hon. BRONNIE TAYLOR: Could you tell me which recommendation, please, Mr Donnelly?

The CHAIR: No, this is the opening question of explanation about what things mean. What do you mean and what does the Government mean with its response to a recommendation that says "Support"?

The Hon. BRONNIE TAYLOR: It means that we will support the recommendation.

The CHAIR: You'll support the recommendation, and with respect to the implementation following what is the support of the recommendation, what is the timetable we are to take away for the implementation of the support to that recommendation?

The Hon. BRONNIE TAYLOR: Mr Donnelly, if you tell me which particular recommendation you're referring to, that would be helpful. In terms of the recommendations, we're already working towards implementing and actioning 28 of those recommendations from the inquiry.

The CHAIR: Okay, that is helpful to know.

The Hon. BRONNIE TAYLOR: I think it demonstrates that we're taking the inquiry seriously with the fact that we're already working towards 28 of those.

The CHAIR: Particularly an inquiry that the Government opposed vigorously before it actually got underway and did its work.

The Hon. BRONNIE TAYLOR: Mr Donnelly—

The CHAIR: I might pass now to the crossbench.

The Hon. EMMA HURST: I want to start by asking you some questions about the Women's Opportunity Statement in the New South Wales budget. One of the Government's stated highlights for women in this budget paper was $30 million for lighting, CCTV and foot traffic upgrades. Can you explain to me why better streetlights is a budget win specifically for women?

The Hon. BRONNIE TAYLOR: This would come under Minister Ward's portfolio, Ms Hurst, as you would know, but one of the things that we know for women to keep safe—say if you're walking and participating in a sporting event in a comp and you want to walk home, you want to know that it's well lit. It's what makes you feel safer. And we know that that is a really big contribution and something that women have been telling us. So that was a really important part of that. I'm happy for Ms Smyth to elaborate as well, if you would like to, Tanya?

TANYA SMYTH: It was in response to some of the feedback around women not feeling safe in public spaces, especially at night.

The Hon. EMMA HURST: I understand that you're saying that you got some feedback about feeling unsafe and I understand this crosses over with Minister Ward and Minister Hazzard and then your portfolio as well with women, given that this is specifically around women. However, the research shows that men are more likely to experience violence from strangers and in public places, whereas women are far more likely to know the perpetrator and the violence usually takes place in the home. So I'm wondering why this money was earmarked specifically in the budget as funding for women when the research actually suggests it's more likely to benefit men and maybe the population at large.

The Hon. BRONNIE TAYLOR: I'm not a security expert but one of the things that I have been told by people that are security experts is that having well-lit spaces and well-lit areas are massive deterrents for violence to occur. Often when someone feels that a light is coming on or that the automatic sensor lights can come on when there's movement, that will make a very big difference in terms of perpetrators actioning that, whether it's crime, whether it's domestic violence or whether it's sexual assault. I think there are lots and lots of different things that we can do, and I think this is one of them. It's something that we heard. We've also invested half a billion dollars into domestic violence residential centres and things that we announced before the budget. There are lots of factors involved; it's never one thing. I think the more that we can do, hopefully the better we will get at making women, men and everybody feel safe, because it's a good idea for everyone to feel that way. But it is something that we had from feedback from women.

The Hon. EMMA HURST: I agree with you, Minister, when you say that this would target violence and crime. My question is more around the fact that it was earmarked specifically and sold as money for women. I just wondered if you, as the Minister for Women, had advocated specifically for this or if it was something that the Treasurer or maybe another Minister had been involved in.

The Hon. BRONNIE TAYLOR: As I say, it didn't come entirely under my portfolio as Minister for Women. But, Ms Hurst, I won't make any contradictions to anything that has any ability to contribute to women feeling safer. I think it's a really positive thing; if that also benefits men, that's a good thing as well. It's certainly something that people talk to me about, particularly in rural and regional areas. It often would deter them from—I use the example of sport, which is only one small example. But it deters people from exercising as well, and women particularly, because they don't feel safe. As soon as you can put those lights in, it makes a big difference. I know in my own hometown around Cooma, once we were able to put lighting in around one of our walking

paths, it made a really big difference for people to be able to go walking, and a great majority of those were women.

The Hon. EMMA HURST: Did any women's group actually advocate to your office specifically for lighting or anything like that within the budget?

The Hon. BRONNIE TAYLOR: As I said, because it was Ms Ward's announcement in terms of what she was doing, that would be a question best directed to her. I'm happy to take that on notice and check, but I can't off the top of my head recall yes or no.

The Hon. EMMA HURST: If you wouldn't mind taking it on notice, that would be really useful. Thank you.

The Hon. BRONNIE TAYLOR: I will say too that the review and where we got our information from—we have consulted widely. That review went out to all agencies for submissions as well.

The Hon. EMMA HURST: The reason I ask, just for context, is that I've had a number of peak women's health bodies that have expressed concern that their core services weren't funded in the budget but that the streetlights were potentially favoured over that and sold as a win for women. I wondered if you have any kind of response to those claims.

The Hon. BRONNIE TAYLOR: I think it's always challenging deciding where funding is going to be spent. You can only do that on the feedback that you have and the decisions that you make at the time. In terms of women's funding, we've had the biggest budget allocated to women in New South Wales that we've ever seen. I think that's a wonderful thing. That's why we had the review, that's why we've asked for feedback and that's why we base all of that in that area. I'd like to see even more things for women, but for me as the Minister for Women in New South Wales over the last three years to have been able to see this massive budget go into issues that affect women has been incredible. Do we have more to do? Of course we do. But we've made a very clear message here in saying that we really value this and it's really important. And that's what we're doing.

The Hon. EMMA HURST: When you talk about how the budget was the biggest allocated amount of funding for women, that hits the nail on the head in regards to some of the concerns that have come to my office about what has been earmarked as being for women. I don't think people are against the streetlights but they are saying that that's not for women. The other concern that I had raised was before- and after-school care and IVF being tagged in the budget as a win or funding for women, whereas the feedback I'm getting is that they are budget items that will benefit families and people of all genders. Obviously having child care is something for fathers as well as for mothers—not just for women. In a day and age where we're looking at equal opportunity for women and shared parental responsibility, do you have concerns as the Minister for Women about the Government promoting child care as a women's issue and a win for women rather than a win for families?

The Hon. BRONNIE TAYLOR: I don't have concerns, Ms Hurst, because when the women's economic review took place and we called for submissions, they spoke to people and the overwhelming feedback that they got about what was holding back women's economic opportunity were the challenges in child care. I think it's really important that we go to people and we hear their responses and we hear what they want. That was categorically the number one thing that they spoke about. That is why recently in the jobs summit federally we were talking about child care and about how important it is and how we have this enormous untapped potential out there that is happening where people can't access the child care that they need. We talked about childcare deserts.

When I go and talk particularly to rural and regional women, they talk to me about the difficulty—rural and regional women are just this untapped potential that's sitting out there. We've seen things like Buy From The Bush, which has been incredible. When you talk to Grace Brennan, who's the founder of that, who lives in Warren and who's actually a metropolitan girl who married a farmer and moved out there, she talks about these cut-off times. You've got nine till three basically, from the time you place your children on the bus. As much as we're moving towards joint parenting and joint responsibility, which I think is great—I'm really excited for my daughters that that's coming through and that that's very widely accepted now—we do know that women are the primary caregivers when it comes to children, often absolutely by choice, which I completely respect, but also just by the necessity of the situation they find themselves in. So if you can provide after-school care to make sure that someone can actually do a full working day, that's going to make enormous difference to the economic opportunity of the State but also to the choice that that woman might want to make.

The Hon. EMMA HURST: But shouldn't our messaging be reflective of that choice?

The Hon. BRONNIE TAYLOR: I think messaging is messaging, Ms Hurst. I think it is for families, you're right, but I also think it's primarily for women.

The Hon. EMMA HURST: But aren't we pushing that whole idea that it is a woman's responsibility to be involved in the child care? When we say that this is a win for women, we're ignoring the fact that society is changing, that those roles are moving around and that there is that flexibility with families these days. As you say, that's a good thing. And I'm not saying we shouldn't have the funding for child care. I think that that's a good thing to put in the budget. I'm just confused that there are so many things in the budget that seem to be earmarked as a win for women, and then there are a lot of groups coming forward and saying that this isn't actually a win for women, it's a win for families—including the IVF; again, it's a win for families rather than a win for women.

The Hon. BRONNIE TAYLOR: Ms Hurst, I haven't, hand on heart, had people come to me and say this budget isn't a win for women, really respectfully. If you have stakeholders and groups that have done that and they come and discuss that with you, I'm happy to discuss that with you any time, as you know. But that's what the evidence says. It's also about single women where child care is just so important. And I look forward to going through in a world and a society where those things are shared more equally but the reality of the situation is—it's not my personal opinion but it is the fact—that women are most of the time the primary caregivers, and women are the ones telling us that child care is the most important issue to them in terms of their economic opportunity.

Ms CATE FAEHRMANN: Minister, given the alarming number of issues raised during the inquiry into regional, rural and remote health, including preventable deaths in regional New South Wales hospitals that have not received any external scrutiny beyond the local health districts they occurred in, why did you not support recommendation 41 in the report to establish an independent office of the health administration ombudsman?

The Hon. BRONNIE TAYLOR: Can I say that we didn't reject that, we noted it. What that meant was that—we have two existing things already. We have HCCC and we have the Ombudsman. Both of those organisations have said to us that they have the capacity, the ability and the framework to be able to meet all of those things that we are talking about in terms of an external inquiry in terms of that procedure. They're well recognised, they're well respected. What I want to do is make sure that we can work within that existing framework that's there rather than reinventing another one. Actually, the Secretary will be meeting with the Ombudsman and the HCCC to talk about those ways forward.

The issue—I don't know, and this is just an assumption—is that perhaps people within the system don't understand that those avenues are already there and already exist. They actually work very well in a lot of cases and they provide that independence. But what we will do, going forward, is make sure that people are really aware of that, how we can assist that process and what can be done. But I think—well, I know—that what they said to us was that all of those things already exist.

Ms CATE FAEHRMANN: For example, when you're saying that the Secretary is meeting with the Ombudsman and the HCCC to look at those things going forward or the way forward, what do you mean by that? Is that to expand any powers—for example, could it be the Ombudsman now that would look into if people had concerns about, say, bullying behaviour or allegations in a particular LHD? Are you saying that that is what the Ombudsman could look at?

The Hon. BRONNIE TAYLOR: Absolutely. I think, as well, the inquiry didn't actually look at the HCCC and the Ombudsman and what they already do and how they are available to them. I think that we have to look at that and make sure that if that indeed exists as it's there, as they're telling us, we absolutely make sure that people within the health system know that that is there as well. The Secretary is happy to expand about the meeting that she's having, as well, so I'll hand over to her.

SUSAN PEARCE: Later this month we'll be meeting with both the HCCC and the Ombudsman jointly. It's important that we do that. They do have some overlapping jurisdiction in respect of the matters that they can look at. What we're seeking to do is—they have both written to us, as the Minister has outlined, indicating that they already have powers, as were noted in the recommendation in the inquiry. What we'd like to do is to further look at the scope of those powers, noting that they are both independent organisations and we need to be respectful of that. But what we're trying to do is make it simpler for our staff, if they seek to access either the HCCC or the Ombudsman, to provide further clarity to them as to the avenues to be able to reach them if they feel that their matter is not resolved locally. Clearly we would prefer, and are working hard to ensure, that people can deal with things as locally as they possibly can and get quick resolution, but we do appreciate the fact that at times that doesn't always work. It's important that people know what external avenues exist and are available to them, so that's the purpose for that meeting later this month.

Ms CATE FAEHRMANN: Minister, how does that deal with what came out consistently in this inquiry? We had to hear from quite a few witnesses in camera that weren't able to speak publicly or were afraid to speak out because they would be bullied or because they would potentially lose their job. How is that going to be addressed? Recommendation 41 was clearly around dealing with alleged cover-ups of medical errors and what have you. What are you doing about that to make sure that staff in regional New South Wales feel empowered to

speak mentalout, as opposed to what is happening right now? They are afraid to speak out—extremely afraid—and all we were hearing was alleged cover-ups and mistreatment of whistleblowers.

The Hon. BRONNIE TAYLOR: What I will say again is that the NSW Ombudsman and the Health Care Complaints Commission are existing bodies with accountability, authority and responsibility to investigate any decision-making by NSW Health. I'll just put that there. Then what I'll go forward to say is that recently the coordinator general, Luke Sloane, myself and the Secretary went up into the New England area to run three health meetings where we had numerous clinical staff. We had doctors. We had mayors. We had all of the people there. The Secretary and I made it very clear to every single person in that room that they were to speak freely and that there would be no repercussions for speaking freely. I can't make any stronger statement as the first-ever Minister for Regional Health in New South Wales to say that, and I will say it continuously.

Ms Faehrmann, I worked in the New South Wales health system for 20 years myself and I was one of those people that spoke out regularly. I understand that I've got quite a strong voice; I've always felt that I'm able to do that. But I want everybody in the New South Wales rural and regional health system to feel that they can do that. We've made that very clear from the Minister and from the Secretary, who is the chief executive of NSW Health, a registered nurse herself, and someone that worked in the regions extensively in Broken Hill and grew up in Bathurst. Us going out there and doing all that—my coordinator general has been on the ground. People will always tell me when things aren't going well. But the feedback that I've had from Mr Sloane going out and visiting numerous hospitals already—from people that I know that he doesn't know; that have liaised with him and worked with him—the feeling is positive that they are being heard. I really want to turn that around, but it's going to take time.

Ms CATE FAEHRMANN: Minister, why won't you support the recommendation to have an inquiry into mental health as recommended by the same inquiry into regional health services?

The Hon. BRONNIE TAYLOR: In terms of mental health, we have a Mental Health Commissioner in New South Wales. Ms Lourey is on the line, so I will pass to her. The Mental Health Commission is an independent body that was set up to actually deliver a framework in living well in terms of going forward with mental health. They have recently done a full review into mental health services in New South Wales and—Ms Lourey might have to correct me—I think it's over 6,000 people that they've spoken to. It's 3,000, sorry; I just doubled it. I beg your pardon, Cate. It's 3,000 people that they've spoken to. When we look at the inquiry, that is actually more than double the people and submissions that we heard from the inquiry, so we feel that actually is being done. They are an independent body of government. They are a statutory body. So, I think to reinvent that and to take resources away when that's the reason that they exist wouldn't be a good use of resources and also demeans the Commission. Ms Lourey, would you like to add to that?

CATHERINE LOUREY: Thank you, Minister. Ms Faehrmann, I think we all know that there have been so many reviews into mental health over the last few years. As to the Commission, what we're really keen to see is implementation of this practice, and taking up and adopting the recommendations that we've seen. In *Living Well in Focus*, for example, we have 24 actions. We have monitoring and progress reporting on that. That goes through the Mental Health Taskforce and we also release that publicly. So whilst I think we always know that we need to be understanding of what's happening in our rural health services and with mental health overall, we need to understand that there are the interactions between the Commonwealth and the State.

We need to understand the PHNs and the LHD roles. All of those things were picked up in our *Living Well in Focus* review. So I think for our role as the Commission, whilst we have under our legislation the opportunity the undertake reviews, when we did *Living Well in Focus* we travelled to over 60 communities across New South Wales to listen to what communities said. When I talk about communities, it's not only about people with mental health issues. It was the local PHNs, the local police, the local schools. I think New South Wales can feel confident that in *Living Well in Focus* we have a strategy. It's a whole-of-government strategy.

Ms CATE FAEHRMANN: Thank you, Ms Lourey. That's the strategy. That's the plan. Yet why, Minister, do we still have rates of suicide in regional communities sometimes 50 per cent higher than the city? We've got the plan in place. These are the stats. This is what's happening. I think this is why people are calling for an inquiry because whatever is happening is not working. It's 50 per cent higher in the regions, Minister.

The Hon. BRONNIE TAYLOR: Ms Faehrmann, I would respectfully disagree. Any death by suicide, as we know, is an absolute tragedy. But we are actually seeing a turnaround, particularly in the under-25 data, in terms of suicides. We've actually had a significant reduction. Over the last 2½ years coming forward we've had almost a 30 per cent reduction in under-25 suicide in rural and regional New South Wales. It's really the first time we've seen this sort of downfall. I'm very conscious because Dr Wright—he's a professional; he's a psychiatrist—says that we have to be really careful with that data because we have to look at it over a 10-year period, so I am cautious when I say that. But when you actually look at that data and you look at the predictions that were made

during COVID, that it would be catastrophic and we would see an exponential rise, we certainly haven't seen that in New South Wales as we have seen in other parts of Australia.

We've had our suicide strategy. I'd like to think, Ms Faehrmann, that because we've had that going now for some time and we've had a lot of success, particularly with things like our Safe Haven model—over 350 people have accessed that in Parkes alone and we've actually seen quite a high number of people over 80 access those services, which I think has been some really interesting data. It would actually tell us that that prevention strategy that we're working on is actually having some effect and those people are doing an incredible job. Any death, as I said, is a tragedy. When we're looking at those sorts of numbers for under-25s, I think that data is telling us that somewhere in the system we're having a very positive effect on that, and that's particularly in rural and regional.

The CHAIR: We will move on to the next round of questions from the Opposition. I will commence with the tragic case, which I'm sure you're well aware of, of the death of young Alex Braes—an incident that's subject to a coronial inquiry. I presume that either you have read, or would have been briefed specifically, about the contents of the detail most recently in terms of coverage in the media. I'll take that as a given; I think that's probably fair. Minister, can you inform the Committee of what is the current status of the negotiations over the memorandum of understanding for urgent patient evacuation from Broken Hill to Adelaide?

The Hon. BRONNIE TAYLOR: Yes, Mr Donnelly. Ms Pearce recently met with her counterpart in South Australia to discuss that. I will hand over to her to answer that question.

The CHAIR: Thank you, Minister.

SUSAN PEARCE: Mr Donnelly, as per the recommendation from the Coroner, we have met and have embarked on conversations with South Australia over a long period of time. We've met with, as the Minister said—

The CHAIR: When did you commence those discussions?

SUSAN PEARCE: I'd have to take that on notice, Mr Donnelly. It has been occurring over a period, certainly.

The CHAIR: Years?

SUSAN PEARCE: I suspect it probably would be at least several months, but I would need to take that on notice.

The CHAIR: Okay, thank you.

SUSAN PEARCE: We have certainly worked with South Australia to improve the processes around transfer from Broken Hill to Adelaide in particular. I will note for you that there are something in the order of 300 transfers from Broken Hill to South Australia a year. Almost one a day occurs from the Broken Hill Hospital to Adelaide. For the most part, those transfers work very well. What we've sought to do with the department is to shore that up further. Most importantly—and I think this is the key to most issues with respect to patient care—you can have words written on a page but, fundamentally, what is required in all circumstances in my lengthy experience in health and the operations of the health system is a clear escalation pathway if things aren't working. What I have communicated—

The CHAIR: Which, can I just say, are words, of course, on paper.

SUSAN PEARCE: No. What I'm getting to—

The CHAIR: The escalation.

SUSAN PEARCE: No. What I'm getting to, Mr Donnelly, is to make it very clear, as I have done with the Secretary of SA Health, that if escalation is required, and that needs to come to me to assist that, I would be very happy to do so, as would any of the officers who work in the ministry. Indeed, over the years, not specific to Broken Hill but in regard to other parts of our system, we do exactly that. It's one of the ways that we worked through and managed the flow of patients during the pandemic. There are clear escalation pathways in place, and it is up to the leaders of our organisation to make that abundantly clear. I put on the record that I am available 24/7.

The CHAIR: Secretary, can I return to my question, which you haven't answered?

SUSAN PEARCE: Yes.

The CHAIR: The question was a very specific one. It was directed to the Minister, who passed it to you, with that authority. Can you please explain what is the current status of the negotiations over the MOU for urgent patient evacuation from Broken Hill to Adelaide? I take the comments you made earlier about words on

paper. I'd like to re-emphasise that there is a belief that the words on paper with respect to the MOU are critically important.

SUSAN PEARCE: Of course, and I don't seek to underestimate that. I was just making the point that there is another element to this. I've signed the MOU. There were a couple of items for SA Health to come back to us on, but it is signed from a NSW Health perspective.

The CHAIR: When will it operate on and from?

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

The CHAIR: Is it imminent?

SUSAN PEARCE: I've signed the document myself. As I said, there were a couple of outstanding matters from the South Australian perspective. But we are in agreement; the document has been signed.

The CHAIR: When was it forwarded to the South Australian health Minister?

SUSAN PEARCE: It was to the Secretary of SA Health at least a couple of months ago.

The CHAIR: A couple of months ago?

SUSAN PEARCE: Yes.

The CHAIR: Given the significance of this—and, in your own words, the 300 people transferred, roughly one a day—two months is a long period of time to be waiting for the return of a signed important document like the MOU.

SUSAN PEARCE: I don't know whether Mr Sloane can assist with this. I've said I'd take it on notice. The matters on which South Australia was to come back to us were not significant issues. They were just a couple of tidy-ups. But, from our perspective—

The CHAIR: But it's not signed.

SUSAN PEARCE: —we have enacted our side of the MOU and we've got correspondence from SA Health that gives us no reason to believe that there will be an issue with signing at their end. We feel confident that that will help to improve things. But I go back to my earlier point in noting that back to SA Health we have made it very clear that should they, or on our side, need to escalate matters at any time of the day or night, seven days a week, I am personally available, and my South Australian counterpart has indicated similarly.

The CHAIR: And you will undertake, will you not, after this hearing—or can I ask or invite you to undertake after this hearing—to follow up, without delay, with the Secretary of the department of health in South Australia to ensure that the signature is put on the piece of paper, so to speak—the words on paper, in your words—and return back to us as expeditiously as possible?

SUSAN PEARCE: Certainly.

The CHAIR: Thank you. Minister, what steps have you taken to address what has been reported as the routine failure to follow up test results at Dubbo Base Hospital, specifically in an instance that's received some coverage in the media leading to a baby's death and three missed cancer cases?

The Hon. BRONNIE TAYLOR: Mr Donnelly, any time our health system has situations, we go through a process. The department people can speak to that further. That process is that we review the incident, we do a root cause analysis and then that comes up with recommendations.

The CHAIR: A sentinel event. We know about those.

The Hon. BRONNIE TAYLOR: In regard to that particular incident, those recommendations have been implemented and adopted to ensure that this doesn't happen going into the future. And there have been no further instances since, I have been told.

The CHAIR: There are two parts to my question, as I'm sure you appreciate. There was the matter involving the tragic death of the baby and three missed cancer cases. My question was basically in two parts. I presume you've answered the first part in regard to the tragic loss of life of the baby. But, with respect to the three missed cancer cases, can you provide any information on that?

The Hon. BRONNIE TAYLOR: Mr Donnelly, I can't provide information on specific cases. What I can say to you is that it has been reviewed and we have accepted all the recommendations of that review going forward. I am informed that there have been no further incidences since that time.

The CHAIR: Not to be misunderstood, Minister, I wasn't actually asking for individual responses but what essentially is—

The Hon. BRONNIE TAYLOR: You referred to three specific missed cancer diagnoses in your question, so I am answering that.

The CHAIR: Correct, yes. I wasn't looking for the individual names, just to be clear. We don't do that in budget estimates.

The Hon. BRONNIE TAYLOR: I know that. I was referring to the context of the personal information.

The CHAIR: I appreciate that point. Can I return briefly to this matter of the—and it was used throughout the inquiry—"culture of fear" inside NSW Health? Ms Cate Faehrmann raised this in her line of questions, particularly relating to recommendation 41. Given the repetition of a statement like that about a cultural fear, we are fearful or we don't want to speak up because of potential consequences—those are the sorts of phrases and comments that I think you would have seen because I know and appreciate the fact that you read the inquiry report and would have seen pieces of *Hansard* that are apposite to particular points drawn to your attention.

In light of the fact that there is not going to be the support to move forward with the Ombudsman's recommendation 41 and you have provided an answer in terms of the Health Care Complaints Commissioner and the Ombudsman themselves to be able to deal with these matters, have you sought and received legal advice that that is the case, that they are—as entities and agencies of government—able to deal with the types of matters we are talking about?

The Hon. BRONNIE TAYLOR: Mr Donnelly, I'm happy to repeat myself. As I referred to previously, we have had advice from the HCCC and the Ombudsman that they had those powers that exist within them and, respectfully, the inquiry didn't look into those powers that the Ombudsman and the HCCC had. Let's just establish that first. The initial part of your question was about a culture of fear within NSW Health. Within NSW Health we have internal systems for complaint that exist. Another thing that I have done as a result of all of this is I have said to the coordinator general that I want to have a review of the Local Health Advisory Committees—the LHACs that sit within each organisation. I think those are really important mechanisms and what is really important as well about them is that they have staff representation on them. I want to make sure that all of those LHACs that exist are current, that they have good turnover and that they have staff representation on them.

That can be another internal avenue for staff to be able to know who that representative is and then to be able to raise that with the LHAC, which then has the appropriate ability to raise it with the facility manager, to escalate it to the board and so forth how that system happens. Then, externally to NSW Health, we already have the Ombudsman and the HCCC. That is why the Secretary is meeting with the Ombudsman and the HCCC, who have said that these services exist. Whether that is legal advice or not legal advice, I don't know. But the Ombudsman and the HCCC have made it clear to us that that exists. Respectfully, they have the ability to be accountable and they have the respect and they have that independence.

The CHAIR: Correct me if I am wrong, Minister, but I gather from your answer that the department of health has received written correspondence confirming, and I will use the term in a generic sense, that the jurisdiction or the capacity of the HCCC and the Ombudsman to deal with these matters is—did I understand your answer correctly, that there has been the receipt from those respective heads of those agencies that that is the case?

The Hon. BRONNIE TAYLOR: We have received advice, yes.

The CHAIR: On notice, could you provide to the Committee a copy of the advice from the Ombudsman and the HCCC with respect to an explanation confirming—

The Hon. BRONNIE TAYLOR: Mr Donnelly, I can endeavour to provide that but what I can also provide to the Committee is—

The CHAIR: You can take it on notice, Minister.

The Hon. BRONNIE TAYLOR: If I could finish, Mr Donnelly—

The CHAIR: No, Minister, I was actually—

The Hon. BRONNIE TAYLOR: If I could finish what I was going to say, Mr Donnelly?

The Hon. WES FANG: Point of order: This is in relation to Hansard and their inability to capture when two people are talking over each other. I ask that the Minister be allowed to finish her answer before interjections.

The CHAIR: The question was underpinned by a statement regarding taking it on notice.

The Hon. BRONNIE TAYLOR: But what I wanted to offer you, Mr Chair, and your Committee—and I think, actually, members of your Committee would be interested in this—is that when the Secretary meets with the Ombudsman and the HCCC, I am happy to provide the outcome of that meeting to the Committee. That was all I was offering to do.

The CHAIR: Most grateful.

The Hon. BRONNIE TAYLOR: Thank you for allowing me to finish.

The CHAIR: And the letters to yourself from the Health Care Complaints Commissioner and the NSW Ombudsman confirming their capacity or jurisdiction—

The Hon. BRONNIE TAYLOR: The letters weren't to myself, Mr Donnelly, and that's not what I said. I said that we had received advice and I would endeavour to provide that advice.

The CHAIR: With respect to that advice I would ask you to take on notice—

The Hon. BRONNIE TAYLOR: I will seek legal advice on that.

The CHAIR: Well, that's why I asked the question about whether there was a letter from them or was it advice.

The Hon. BRONNIE TAYLOR: Mr Donnelly, I've been really clear in my answer. I'm not trying to be tricky so there is no need for that. I'm being very honest. I'm saying to you, that's the advice, that's what has come from the HCCC and the Ombudsman.

The CHAIR: That is fine.

The Hon. BRONNIE TAYLOR: And because of that advice the Secretary is now having the meeting and we are going through the correct processes, and I have actually offered to provide you with that.

The CHAIR: We'll make sure that you receive clearly in writing after the hearing those two points that I have raised so that there will be no doubt or ambiguity about it.

The Hon. PETER PRIMROSE: Minister, just to clarify the earlier questioning by the Chair, can I confirm that it is correct to say that, following the coronial findings and recommendations into the tragic death of Alex Braes, there is an MOU in operation now between New South Wales and South Australia? That is an operational document.

SUSAN PEARCE: As I noted, Mr Primrose, I have signed the document. It has been returned to South Australia for their signature.

The Hon. PETER PRIMROSE: Is it operational now or not? I can sign a contract now.

SUSAN PEARCE: I have answered the question.

The Hon. PETER PRIMROSE: No—

The Hon. BRONNIE TAYLOR: Mr Primrose, if I may add to that, as the Secretary clearly said, there are over 300 transfers from Broken Hill to South Australia every year. Those transfers continue; they haven't stopped. We continue to transfer patients that require the assistance of a major treatment centre in South Australia. We continue to work with those South Australian hospitals to do that. We were looking at a new memorandum of understanding. The Secretary has met with her counterpart in South Australia. The Secretary has said very clearly to the Committee that she has signed her part of the MOU—New South Wales' part of the MOU—and we are awaiting South Australia. To suggest that things aren't happening and that people are—people are being transferred now. They are being cared for under the arrangement that exists.

The CHAIR: Minister, I have to stop you there. That wasn't said or implied by the honourable member, I have to say.

The Hon. BRONNIE TAYLOR: Well, Mr Donnelly, I think it was.

The Hon. PETER PRIMROSE: Minister, I am simply trying to understand. If one party signs a contract and the other party hasn't yet signed that contract, it's clearly not a document that's operational. I am simply trying to understand the status of the current—

The Hon. BRONNIE TAYLOR: What I'm trying to explain to you, Mr Primrose—

The Hon. PETER PRIMROSE: Is it an operational document that is working now?

The Hon. BRONNIE TAYLOR: Mr Primrose, I'm trying to explain to you that the Secretary has clearly said that there are over 300 transfers a year between Broken Hill and South Australia. That continues.

The Hon. PETER PRIMROSE: Minister, can I please focus on just the MOU?

The Hon. BRONNIE TAYLOR: And memorandums of understandings—

The CHAIR: Order! Minister, you are talking over the member, who is trying to—

The Hon. PETER PRIMROSE: I appreciate what you are saying, Minister. I'm focusing here on the memorandum of understanding, which we all agree is really important. I understand that the New South Wales Secretary has signed it, but is it fair to say that it is not technically operational because the other party has not yet signed it as well?

The Hon. BRONNIE TAYLOR: What is operational, Mr Primrose, is that we are waiting for South Australia to sign that part of the memorandum of understanding. But when patients need to be transferred, that is existing now. The two secretaries have undertaken that if there are any issues in any transfer that they are to be contacted directly. We accepted all of the recommendations from that report into the tragic death of Mr Braes and we have implemented those.

The Hon. PETER PRIMROSE: Thank you. Is that memorandum of understanding a public document?

The Hon. BRONNIE TAYLOR: Look, Mr Primrose, I would have to take that on notice in terms of the memorandum of understanding being a public document, but really I'm just focused on the health care and the health care that people are getting, not the status of the document.

The CHAIR: You will take it on notice, Minister? That's what you'll do, won't you?

The Hon. BRONNIE TAYLOR: I am happy to take that on notice.

The CHAIR: Thank you.

The Hon. PETER PRIMROSE: Thank you. Minister, you'd be aware of an open letter signed by 25 staff members from Yass District Hospital in relation to staffing concerns at that hospital. You'd be aware of that, aren't you?

The Hon. BRONNIE TAYLOR: I am.

The Hon. PETER PRIMROSE: Thank you. Can I just read you out some of the letter? For example, "The current staffing crisis at Yass hospital means that there have been periods of time where no appropriately trained clinical staff are present at the hospital to provide any form of emergency service." Can you respond to that, please, Minister?

The Hon. BRONNIE TAYLOR: So can you please repeat, Mr Primrose, on which particular day you are referring to—on what particular days you're referring to?

The Hon. PETER PRIMROSE: I'm quoting from their letter, okay? And their letter says, "The current staffing crisis at Yass hospital means that there have been periods of time where no appropriately trained clinical staff are present at the hospital to provide any form of emergency service." I'm just asking for you to comment on that, please.

The Hon. BRONNIE TAYLOR: Well, Mr Primrose—

The Hon. PETER PRIMROSE: You've indicated, Minister, you've seen the letter.

The Hon. BRONNIE TAYLOR: Yes, I have. I have.

The Hon. PETER PRIMROSE: Thank you.

The Hon. BRONNIE TAYLOR: And what I would say—and I've been very transparent and very open about this—is that we are facing significant workforce challenges right across the health system for a number of reasons. In terms of those particular incidents that were referred to in Yass, we actually did have nurses on at that time and there were no adverse effects—events, I beg pardon—that happened as a result of that.

The Hon. PETER PRIMROSE: Well, thank you. Can I then, Minister, just read out another section, indicating a particular date: "On the night of 6 July 2022 there was no doctor on site and only one nurse for the entirety of the facility, including the emergency department." Do you think that's acceptable, Minister?

The Hon. BRONNIE TAYLOR: Mr Primrose, I know that at the time that all of our health services are doing the very best that they can to provide the high quality care that they do each and every day and, as I

said, no adverse events happened from that incident that that letter referred to, and that there were staff on duty, and they were able to manage the situations that were presented to them.

The Hon. PETER PRIMROSE: Minister, I appreciate—and we all, and I think the Chair began by saying we acknowledge the dedication and work and, indeed, the need for increased remuneration of all of the staff. But do you think it is acceptable, as occurred at that hospital on 6 July, there was no doctor on site and only one nurse for the entire facility? Is that an acceptable situation in regional health?

The Hon. BRONNIE TAYLOR: Mr Primrose, you know, there are times as well where we have situations where nurses are extremely capable of being able to work in emergency departments and we have different levels of nurses and different abilities to do that. Often in our rural and regional hospitals we will call doctors in that need to present when that's required. So I would say to you that, on those occasions that are mentioned, there were no adverse effects that happened and the hospital was staffed as to the best ability at the time.

The Hon. PETER PRIMROSE: Luckily, that was the case, Minister. Is it fair then to say, given your answer, that you would say that that is an acceptable situation?

The Hon. BRONNIE TAYLOR: Mr Primrose, what I would say to you is that I judge things on health outcomes, and on those situations that you're mentioning there were no adverse health outcomes that occurred.

The Hon. PETER PRIMROSE: So, given the effluxion of time and given the fact that no-one died on that night, that's an acceptable situation?

The Hon. BRONNIE TAYLOR: Mr Primrose, as I've said, you know, you are drawing out one situation where you're saying that—

The Hon. PETER PRIMROSE: The staff, Minister—

The Hon. BRONNIE TAYLOR: No—well, you are, Mr Primrose, and—

The Hon. PETER PRIMROSE: The staff have drawn that out, not me.

The Hon. WES FANG: Point of order: The Minister was trying to provide a very concise response to Mr Primrose. He's interjecting over the top of her. I just ask for her to be able to finish her answer before any further interjections.

The Hon. PETER PRIMROSE: To the point of order: I think the Minister misheard me because I was quoting from the staff at the hospital who were expressing concern.

The Hon. WES FANG: That's not a point of order, Mr Primrose.

The Hon. PETER PRIMROSE: Neither was yours.

The CHAIR: Indeed. It's interrupting an important line of questioning that I think we may return to, if that is agreeable—

The Hon. PETER PRIMROSE: I'm sure we will, Chair.

The CHAIR: —on that and similar themes. So we now move to the crossbench. I invite the Hon. Mark Banasiak to proceed.

The Hon. MARK BANASIAK: Thank you. Good morning, Minister. Just a general sort of broad question regarding the interpretation and assessment of mental health reports. Is there any Government policy document or directive that you're aware of for how those mental health assessments prepared by psychiatrists or psychologists are to be interpreted—more specifically, interpreted by non-medically trained public servants?

The Hon. BRONNIE TAYLOR: Sorry, Mr Banasiak, I'm not sure what the question—are you talking about mental health plans that are written by doctors or—

The Hon. MARK BANASIAK: Mental health plans, mental health assessments that might be conducted by psychiatrists. Are there any guidelines or policy documents that dictate how those documents are to be interpreted—more specifically, how they would be interpreted by non-medically trained public servants? This isn't a gotcha question for you, Minister, just to alleviate any fears. I'm interested as to what—

The Hon. WES FANG: I'm pretty sure she didn't have any fears.

The Hon. BRONNIE TAYLOR: Yeah. I'm just trying to figure out what you're asking now. I'm actually not fearful at all.

The Hon. MARK BANASIAK: Is there a document that specifies how mental health assessments or mental health reports are to be interpreted by non-medically qualified public servants?

The Hon. BRONNIE TAYLOR: So, Mr Banasiak, what I will do is, Dr Wright's actually a psychiatrist so he will be very well aware of that. But I think when reports are written in the health system, so they're written to be interpreted by the Health people or they're plans of action or they're mental health care plans. But, Dr Wright, would you like to elaborate? You might be able to make more of that.

The Hon. MARK BANASIAK: I am more concerned about when those reports leave the mental health system and go to another separate department and then—

The Hon. BRONNIE TAYLOR: Well, if they're private, confidential reports—anyway, I'll let Dr Wright answer that, Mr Banasiak.

MURRAY WRIGHT: Thank you. Look, I think it's a reasonable question. I would see then there is no one standard for the reports. The reports are written for a particular purpose and for a particular audience and so they need to be written in a way that they are understood by the audience. So, for instance, if a forensic psychiatrist is writing a report which is for the Mental Health Review Tribunal in reviewing an individual's care, then they know that the Mental Health Review Tribunal has one layperson, one lawyer and one medical practitioner and they will write the report for that audience.

The issue that I think is relevant to this is if a report is prepared for a particular audience, then it may not be accessible for a different audience that doesn't have the same level of expertise. I think that most psychiatrists are trained to prepare reports which have recommendations that are able to be interpreted and understood by the audience that they're directed at. So if it's a non-clinical expert audience—that is, a public servant—then they would write it in plain English, the recommendations and any outcomes.

The Hon. MARK BANASIAK: Yes, and through you, Minister, to Dr Wright: You would agree that you wouldn't expect a non-medically qualified person to then overrule or disregard the expert advice provided by that psychiatrist?

MURRAY WRIGHT: I am quite happy for people to challenge the expert advice because I think, for instance—again, using the tribunal as an example—it's got a mix of backgrounds and skills. I think it's perfectly appropriate for the layperson, the community representative on that tribunal, to ask the psychiatrist how they formed their opinions and, if they find that the report is not easily understood by them, to explain it. So it's not so much about overriding the recommendations as challenging the conclusions or the reasoning behind it.

The Hon. MARK BANASIAK: Thank you. That's very helpful. Minister, I just want to do some follow-ups on some questions and representations by my lower House colleagues. We've had six suicides in Orange in the last two months, all men, some under 25 and some over 25. Is there any consideration being given by your department to place a safe haven in Orange? I know there's one in Dubbo and Parkes, but it would seem that the level of suicides in Orange may justify that investment.

The Hon. BRONNIE TAYLOR: Yes, we have seen that particular area of the State as well that has seen that. Mr Banasiak, across New South Wales, before you came in, we actually have seen a reduction in under-25s of up to 30 per cent in regional New South Wales, but I completely take on board what you are saying for Orange. Yes, we are considering a Safe Haven, and that's actually been in the process for quite some time now. We have had a lot of success with the Safe Haven model. We have had over 350 people through Parkes, which is quite amazing. What has been really interesting across Safe Haven is the percentage of people over 80 that have been accessing the Safe Havens.

I think that is really interesting data that's coming out and that's why I'm keen to explore that. I think they have been so successful that we have actually rolled them out as a flood response as well in the Northern Rivers and we have done three pop-ups there as well. We are looking at that. We are going to go out and have it because it has been really successful. I think it sort of meets that need, the Safe Havens, Mr Banasiak, where if people don't feel comfortable presenting to a formalised mental health service, they seem to feel very comfortable going into these Safe Havens. I do think a lot of that is because they are staffed by people who have lived experience. It is something that we do particularly well in the mental health profession in honouring those people who have lived experience in allowing them to actually provide that support in those services.

The Hon. MARK BANASIAK: Thank you, Minister. That was a very wholesome answer. One of the other issues that was raised with you—because a lot of these suicides in Orange are happening around Mount Canobolas, and there are obviously similar circumstances around the State where people are choosing to take their life in such a fashion. I note there are signs around The Gap in the eastern suburbs for Lifeline, encouraging people

to seek mental health. Is the department considering expanding that level of signage around known suicide hotspots, with a particular focus of concern for me: Mount Canobolas?

The Hon. BRONNIE TAYLOR: Yes, we are.

Ms CATE FAEHRMANN: Minister, I want to turn to a story that was in *The Sydney Morning Herald* in August in relation to a situation at Dubbo hospital. Are you aware of the case of missed cancer diagnoses at Dubbo hospital? There was an unfortunate death of little baby Jayleigh Murray in June 2019 after she was discharged from emergency after doctors checking x-ray results showing suspicious fractures? That was one result. An LHD spokesperson told the Herald that after Jaylee's death, recommendations of an inquiry of an investigation into it had been implemented, meaning all diagnostic results are actioned daily. But this Herald story revealed internal documents that painted a very different picture about what is still going on in Dubbo hospital. Minister with this story, you referred all questions back to the LHD, yet the story seems to be revealing that the LHD is lying. Minister, why aren't you taking responsibility for the culture within your LHDs of cover-ups?

The Hon. BRONNIE TAYLOR: **T**hank you very much for the question. Actually, we have spoken about this prior in questioning from the Opposition. The death was an absolute tragedy, and my heart goes out to the family. What my advice is that we have done the review. My advice is that all recommendations have been implemented and my advice is that there have been no further incidents since then. If you are aware of an incident that has happened since that review, I would really like you to let me know, but my advice is that it hasn't.

Ms CATE FAEHRMANN: Minister, just to be clear, this is the advice from the LHD back to you. Is that correct?

The Hon. BRONNIE TAYLOR: That's correct.

Ms CATE FAEHRMANN: It is not your advice; it is advice given to you.

The Hon. BRONNIE TAYLOR: That's right, it is advice that's given to me.

Ms CATE FAEHRMANN: Minister, in this regard this article is extremely concerning in relation to what it has uncovered about the LHDs in question. When the doctor blew the whistle [audio malfunction] uncovered 1,500-2,000 unchecked test results while working in the hospital's emergency department, he was subsequently sacked for being unsupportive of his colleagues, although it is understood he was cleared of any wrongdoing on appeal to the Ministry of Health. But for this story, you referred comments back to the LHD. The story was talking about the culture within the LHD. This doctor was sacked for uncovering it, and you are now saying that all the advice you are getting on this for your response today is from that very same LHD. Aren't you concerned enough, like in the regional and rural health inquiry, there was a reason that we recommended establishing a health ombudsman because of the amount of complaints that were received? Are you doing anything to look into the culture of your local health districts that we have received so many complaints about?

The Hon. BRONNIE TAYLOR: Yes, Ms Faehrmann, I am. As I said before—and as I have stated previously—I have directed the coordinator general also to do a review of all the local health advisory councils because I want to ensure that the people that need to be represented are there on them. I want to be absolutely sure that there is staff representation on them. That's another avenue for things to be able to come through. As I said before, the HCCC and the Ombudsman already exist. The inquiry did not look into their roles and how that could be effective, so they are there and Secretary will be meeting with them at the end of the month to progress that and to make sure that people know about that. In regard to the incidents at Dubbo, what we do is we do a root cause analysis to find the root of the problem. Then we have adopted all of the recommendations that are there. Those recommendations have been implemented and we are moving forward. Secretary, would you like to add anything further?

Ms CATE FAEHRMANN: Sorry, can I just check, though? You have said you are looking at a review into the local health advisory councils. So after all *The Sydney Morning Herald*, for example, and the ABC, there have been so many—basically it is the media that are telling these stories week after week it seems, day after day sometimes, of what is going on in our regional hospitals and a lot of the stories talk about the whistleblowers experiencing extreme repercussions if they talk about the culture of cover-ups within LHDs. So, you are sitting here today saying you are not undertaking any inquiry of your own so that you can have faith that the culture within our LHDs is a good one? Don't you think that there needs to be some—you're talking about root and branch review, for example, of Dubbo hospital. Where is the root and branch review of the LHDs and the way in which they function?

The Hon. BRONNIE TAYLOR: Respectfully, Ms Faehrmann, we are looking into a lot of things. Can I say to you as well, that you talk about this, which is absolutely fair enough—all of these things that have come through in the regional health inquiry? We have valued the inquiry. We have given a response well before time.

We made sure that response was here before estimates, so that they could be absolute scrutiny of that. But can I say as well that each and every day—we have over three million presentations a year to our emergency departments in New South Wales. The massive majority of those presentations have very, very positive outcomes.

Ms CATE FAEHRMANN: Minister [disorder]—

The Hon. BRONNIE TAYLOR: You need to let me finish because you are going down one track. I have specifically referred to what happened in Dubbo. I have specifically told you that there was a review that happened and that we have implemented all of those recommendations.

Ms CATE FAEHRMANN: I'm aware of that and thank you. My question to you, Minister, is specifically after the last couple of years particularly there have been just such an incredible number—because of the good work of a number of investigative journalists that have decided to focus on this issue and the stories that are coming out are absolutely shocking. So you are telling me, Minister, that after all of this, though, we have had the health inquiry, you yourself, you are not undertaking any further—unless you're talking about [disorder]—

The Hon. BRONNIE TAYLOR: But that's just not correct, Ms Faehrmann. That is not correct.

Ms CATE FAEHRMANN: [Disorder] the same for the LHDs?

The Hon. BRONNIE TAYLOR: That is not correct.

Ms CATE FAEHRMANN: [Disorder].

The Hon. BRONNIE TAYLOR: There are many processes that are in place that are continually reviewed, that are continually looked at in terms of making sure that there is service improvement.

Ms CATE FAEHRMANN: Aren't you concerned—

The Hon. WES FANG: Point of order: Hansard cannot record what is occurring at the moment. I think the Minister needs to be able to have the opportunity to provide her response before Ms Faehrmann asks any further questions.

The CHAIR: The Minister must pause also when a question is being asked and not talk over the honourable member. I will give another opportunity to Ms Cate Faehrmann. Did you want to put a position back to the Minister for her to respond to? It is almost time for morning tea, but would you like to ask a question?

Ms CATE FAEHRMANN: One final question then. Minister, if you commit to not establishing the New South Wales health administration ombudsman, which is a key recommendation from the inquiry, will you commit to looking at having an independent review into the culture of cover-ups and alleged bullying, and other things that are happening within your LHDs? Will you commit to doing that today because so many people have blown the whistle that that is actually the case?

The Hon. BRONNIE TAYLOR: Ms Faehrmann, we've supported, in principle, recommendation 40, which is into workplace culture, complaints management, satisfaction surveys, whistleblowers and protections. But what I will say again is that the inquiry did not look at the role of the HCCC nor the Ombudsman. So, to say that we are not doing something when that something actually exists and we need to make sure that Health staff know about that avenue that can do that, is really not fair in your summation of your question. If the inquiry had indeed looked at those two things and found that they were unsatisfactory, well, then we would be having a different conversation.

What I am doing is looking at the facts, and the facts are that those two things already exist, and the facts are that some of those complaints and reports haven't been brought to either of those bodies and that's what needs to happen. That is what they are there for. But in terms of that, we are reviewing our LHACs, we are constantly looking at workplace culture and it cannot be any more decisive than the Minister for Regional Health and the Secretary of Health saying to people that we absolutely expect that they should be able to speak freely and openly. I don't know how you can address culture change more than that. I think it is a very powerful statement, what we have done. But I also will say as well that a great majority, the absolute majority of cases that are presented and go through our rural and regional health services have extremely positive health outcomes.

The rest of the country is looking to the New South Wales health service for recommendation and for advice, and because of the excellent way that we have performed. I absolutely take on board that there are issues for improvement, but I would say as well—and I would say this to the media—have some balance in what is happening here. And let's hear too about some of these—let's talk to the man from Wellington that now is able to—who's happy to put his name to something, to his comment to say that now he can have radiotherapy at Dubbo Hospital that he could never have previously and the difference that that has made to him. Let's be fair in the way

that we are reporting this as well. Let's also give those people a voice that are very happy to put their name to things that have had really positive experiences as well, and that's at Dubbo.

The CHAIR: On that note of charging that the media has been unfair by the Minister, in terms of the balance of reporting, let's break for morning tea for 15 minutes.

The Hon. WES FANG: That wasn't my take home from the comments, but—

The Hon. BRONNIE TAYLOR: Yes, you need to be very careful.

The CHAIR: Back at 11.15 a.m.

The Hon. BRONNIE TAYLOR: Before that comment about me, that we are actually having a break now?

The Hon. WES FANG: Yes, we are.

The CHAIR: Yes. We have got a break now. We will be back at quarter past.

(Short adjournment)

The CHAIR: Before we move to the next tranche of questions from the Opposition, we need to defer to the Deputy Chair who, as part of the crossbench, did not have the opportunity to ask her portion of the crossbench questions.

The Hon. EMMA HURST: Minister, at the last budget estimates I raised the issue with you of obstetric violence and birth trauma. Just to remind you, obstetric violence occurs when women experience disrespectful and sometimes abusive care during pregnancy, labour and birth or after a baby is born. It is a systemic issue which has been recognised all around the world. At the last estimates you told me that nobody had raised obstetric violence with you before. Is that still the case?

The Hon. BRONNIE TAYLOR: After the estimates, Ms Hurst, I gave you an assertion that my office and people from Health would meet with the organisation that had made representations to you. That did happen under Minister Hazzard because it's a system-wide issue that was raised. Minister Hazzard's office met with that organisation and then they informed my office of that meeting.

The Hon. EMMA HURST: When I spoke to Maternity Choices they told me that the meeting they had with Minister Hazzard's office was on an unrelated issue. This is specifically to do with obstetric violence. Was there a meeting on obstetric violence where that information came back to your office?

The Hon. BRONNIE TAYLOR: That was my understanding, Ms Hurst.

The Hon. EMMA HURST: I want to talk to you about a recent Australian study involving around 9,000 women. The study found that one in 10 said that they had experienced some form of obstetric violence in Australia. Does that concern you, that 10 per cent of women are reporting obstetric violence in Australia, given that this experience is supposed to be quite an exciting, happy time in their lives?

The Hon. BRONNIE TAYLOR: I think it is an exciting and happy time, as you said. Childbirth, I am not sure if I would say it was—I think, Ms Hurst, if that's been said then it needs to be tested and the conclusions, they need to be tested. In terms of people raising obstetric violence with me, the first time it was ever raised with me was when you raised it with me at the last budget estimates, and then it was organised for that organisation to meet. It's not something that has been brought to my attention. It's not something that I have seen in evidence in terms of it being a big issue here in New South Wales in terms of the term obstetric violence. Would anyone else like to—

The Hon. EMMA HURST: Sorry, Minister, I will just continue on that because you did say that it is something that needs to be tested. I am actually referring to a study that was conducted by researchers at a university here in New South Wales. That's where that one in 10 figure comes from the 9,000 women. Would you be willing to meet with the authors of that study to talk further about obstetric violence and what they found in that research? This is different to Maternity Choices; these are researchers at a university.

The Hon. BRONNIE TAYLOR: Which university, just out of interest, not that that makes any difference?

The Hon. EMMA HURST: The university of western Sydney.

The Hon. BRONNIE TAYLOR: Look, I am happy to organise—that would be something I would discuss with my colleague Minister Hazzard. As I said, that sits across as a system-wide thing. It may be more appropriate for his office to meet with the researchers. But look, I am happy to look at that. I would be really keen

to see—I would ask them to write to me and to request that and we can work out internally how we best do that. I would be quite interested to know those one out of 10, in talking about that obstetric violence, what is the detail and the causation around that. Is it caesarean rates? Is it forceps deliveries? Is it things like that? And was there a medical reason for that as well because I think that that has to be considered. But I am not a midwife, I'm not an obstetrician, so if they want to write to me and request that—to the best of my knowledge, they haven't. But they can write to me and I can look at the subject of what they want to discuss.

The Hon. EMMA HURST: I will encourage them to do that. As I say, this isn't specific practitioners; this is more of a systemic issue. There was recently a UN report around obstetric violence and the fact that it occurs all around the world. It is really looking at not seeking consent from women, or insisting on procedures where it is causing them pain or when a woman has actually asked them to stop a particular procedure. My understanding of it is that it is a conversation that hasn't been had. I guess the question to you then, Minister, is this something that you would be looking to engage the health system on and have those early conversations about why women are leaving childbirth—one in 10 women are feeling traumatised or feeling a victim of obstetric violence?

The Hon. BRONNIE TAYLOR: I think that, again, I would encourage the group to write to me with what they want to discuss and their findings in terms of the research paper. I can only go from there when I have all of the information presented to me. As I have said, I am not an obstetrician and I am not a midwife, but I will say as well that one thing I am very firm on is that clinical decisions are made in sometimes very quick situations where preservation of life, both the baby's and the mother's, is the absolute paramount. These interventions sometimes need to happen to keep everybody safe, and that is why we have such an incredible system.

The Hon. EMMA HURST: No, that's not what we are referring to here—absolutely not, no. This is about obstetric violence. This is about a conversation with practitioners—

The Hon. BRONNIE TAYLOR: But you just said that was procedures.

The Hon. EMMA HURST: —where people have felt traumatised; where there has been a lack of seeking, for example, consent. I will take you to one thing that experts have told me in this space, which is that, unlike other States, New South Wales doesn't have a human rights Act. The Queensland Human Rights Act, for example, provides that a person must not be subjected to medical treatment without the person's full and informed consent. People working in the space of obstetric violence have told me that the recognition of this human right in New South Wales would go a long way in tackling the very real issue of obstetric violence. Is that something that you would consider—making sure that there is some kind of form of consent in all procedures?

SUSAN PEARCE: If I may, consent is required for any procedure in the health system. Putting to one side human rights arrangements, which go without saying, consent is absolutely required in any procedural element of the New South Wales health system and is clearly spelt out in the policy documents.

The Hon. EMMA HURST: Is that in the legislation, sorry?

SUSAN PEARCE: There are a variety of legislative underpinnings to consent, but consent is an absolute requirement for anything associated with any procedure in any facility in NSW Health. The other point to make is that we do survey maternity care, and we have also measures around things like perineal tears and so on, which at times go to the issue of birth trauma—and I am not talking about the issue of a lack of consent; I am talking about where the birth has been difficult. We look at those because, for us, a woman suffering a perineal tear during the course of a vaginal delivery is obviously something we seek to avoid, and we measure that quite specifically with all of our local health districts. I think that we would obviously be very interested to see the research and the information. Clearly, we use those things to improve our services over time. But I just wish to be clear that there should be no question of consent for procedures.

The Hon. EMMA HURST: I will come back to this line of questioning.

The Hon. PENNY SHARPE: Good morning, Minister.

The Hon. BRONNIE TAYLOR: Good morning, Ms Sharpe.

The Hon. PENNY SHARPE: Hello to your officials as well. I am going to ask you questions about the Women's portfolio. First of all, though, I wanted to say happy Women's Health Week.

The Hon. BRONNIE TAYLOR: Thank you, Ms Sharpe. Thank you for acknowledging that.

The Hon. PENNY SHARPE: Yes, it's very important. Minister, you obviously now have Regional Health, you have Mental Health and you have Women. About how much time do you estimate you spend on the Women's portfolio?

The Hon. BRONNIE TAYLOR: Ms Sharpe, that's a question where I'm just not sure that I can give you an adequate answer. My portfolios all intersect in lots of different ways, as it does with Women's Health Week. That intersects with Mental Health and with Regional Health. I cover all of my portfolios every day in some way or another.

The Hon. PENNY SHARPE: You can't give us a ballpark? Is it 30 per cent?

The Hon. BRONNIE TAYLOR: Ms Sharpe, I just don't think I'd be giving things justice if I said that. I think the fact that we have delivered the biggest Women's budget ever would indicate that I've spent a lot of time on Women. It is also the benefit that I've been so fortunate to have it for my entire time as the Minister, as I have with Mental Health, and Regional Health is obviously a newer portfolio that was added to me at the end of last year.

The Hon. PENNY SHARPE: How many times have you met with women's organisations, say, in the last 12 months?

The Hon. BRONNIE TAYLOR: Multiple times, Ms Sharpe, and also I have a Council for Women's Economic Opportunity that I meet with, the department meets with people.

The Hon. PENNY SHARPE: When did you meet with them, Minister?

The Hon. BRONNIE TAYLOR: Sorry?

The Hon. PENNY SHARPE: When did you meet with the Council for Women's Economic Opportunity?

The Hon. BRONNIE TAYLOR: This week or last week.

The Hon. PENNY SHARPE: And prior to that?

The Hon. BRONNIE TAYLOR: I would have to take that on notice to give you exact dates, Ms Sharpe, but I also meet with them out of session as well.

The Hon. PENNY SHARPE: Can I clarify that it was only last week that you met with them?

The Hon. BRONNIE TAYLOR: Yes, that's correct.

The Hon. PENNY SHARPE: And that you haven't met with them prior to that?

The Hon. BRONNIE TAYLOR: It is all in my diary disclosures too, Ms Sharpe.

The Hon. PENNY SHARPE: I know. We are coming to that, Minister.

The Hon. BRONNIE TAYLOR: Yes.

The Hon. PENNY SHARPE: But, just to be clear, the council for women's economic participation—I think it is called—you only met with them last week? You hadn't met with them prior to that?

The Hon. BRONNIE TAYLOR: My Council for Women's Economic Opportunity is different to the group that was organised in collaboration with the Treasurer. They are two different things.

The Hon. PENNY SHARPE: Did you ever meet with that group?

The Hon. BRONNIE TAYLOR: Yes, I did.

The Hon. PENNY SHARPE: When?

The Hon. BRONNIE TAYLOR: Ms Sharpe, I'd have to take on notice the exact date.

The Hon. PENNY SHARPE: That would be great.

The Hon. BRONNIE TAYLOR: I met with them via Zoom, but I can't remember the date.

The Hon. PENNY SHARPE: Minister, we have had a look at your diaries and since November last year you only had one meeting that you indicate was a meeting in regards to the Women's portfolio. Are you aware of that?

The Hon. BRONNIE TAYLOR: No, Ms Sharpe, but I talk to people all the time. I am always—

The Hon. PENNY SHARPE: No, I am asking about your formal meetings as the Minister. Just to be clear—

The Hon. BRONNIE TAYLOR: Ms Sharpe, if you've looked in my diary, I'm not going to disagree with you, but I would have to have a look at that myself. As I said, my staff have meetings, my department, Ms Smyth.

The Hon. PENNY SHARPE: Sure, but I'm asking about you.

The Hon. BRONNIE TAYLOR: We have just done a really big consultation.

The Hon. PENNY SHARPE: That's okay. I'm asking about you, though. Minister, in the last 10 months you've had one meeting to do with the Women's portfolio. Do you remember who that was with?

The Hon. BRONNIE TAYLOR: Ms Sharpe, I have had more than one meeting in terms of internal meetings, in terms of phone calls, in terms of discussions.

The Hon. PENNY SHARPE: Sure. I am just talking about what is recorded in your diary in terms of trying to get an understanding of the balance of your time.

The Hon. BRONNIE TAYLOR: It would be great if you guys let us see your diaries too, wouldn't it?

The Hon. PENNY SHARPE: Do you remember who that meeting was with?

The Hon. BRONNIE TAYLOR: As I said, I met last week with my CWEO, I have met with the Women's Economic Opportunities Review, I have met with Ms Smyth numerous times, my adviser.

The Hon. PENNY SHARPE: Sure. This is from your diaries to June. We only have them until June because, as you know, they are reported three months previously. So to June 2022—

The Hon. BRONNIE TAYLOR: I have done events, I have done visits.

The Hon. PENNY SHARPE: Yes, terrific. That's not what I am asking you. I'm asking you about the meeting that you have officially recorded in your diary—do you remember who that meeting was with?

The Hon. BRONNIE TAYLOR: No, because there are numerous ones.

The Hon. PENNY SHARPE: Do you remember meeting with Lucinda Burke?

The Hon. BRONNIE TAYLOR: Yes, I do.

The Hon. PENNY SHARPE: Who is Lucinda Burke?

The Hon. BRONNIE TAYLOR: Lucinda Burke was currently working on a project that she was looking at to help flood-affected victims in the Northern Rivers, and particularly concentrating on women and getting them back to work.

The Hon. PENNY SHARPE: Yes. Where did Lucinda previously work?

The Hon. BRONNIE TAYLOR: Previously she worked at a—

The Hon. PENNY SHARPE: You know what I am getting to. Was she your former deputy chief of staff?

The Hon. BRONNIE TAYLOR: Yes, she was—an outstanding young woman.

The Hon. PENNY SHARPE: I am just clarifying that, aside from the ones that we don't know—so say we say to June—from November to June last year you had one meeting in the Women's portfolio and it was with your former deputy chief of staff. Is that accurate, Minister?

The Hon. BRONNIE TAYLOR: No, Ms Sharpe, because I have met with—I have spoken to many people, I have been to many events. That is not accurate, no.

The Hon. PENNY SHARPE: Well, it is accurate in terms of how you officially do that.

The Hon. BRONNIE TAYLOR: No, Ms Sharpe. I can see what you are trying to do here.

The Hon. WES FANG: Point of order—

The Hon. BRONNIE TAYLOR: To go against another woman.

The Hon. PENNY SHARPE: It is okay; I am ready to move on.

The Hon. WES FANG: No, I am going to take the point of order because I think it is important.

The Hon. PENNY SHARPE: I have finished this line of questioning, so we can move on.

The Hon. WES FANG: It is not the issue of the questioning; it is the issue of talking over the Minister.

The CHAIR: Stop the clock, please.

The Hon. WES FANG: The Minister is providing an answer and we need to ensure that Hansard can record it. I just ask that we don't talk over people and that Hansard are able to record what is said in the meeting accurately.

The CHAIR: My clear hearing of what the Minister said was a direct imputation on the honourable member's question in terms of the basis of asking the question. It was a straightforward question about meetings. It has been a continual line of questioning from when she commenced about eight minutes ago and the Minister said something like, "I know where you are taking this," or "where you are going with this." That is an imputation on a member who is entitled to, at budget estimates, ask questions. The Hon. Penny Sharpe.

The Hon. WES FANG: Regardless of that, it's the talking over each other that is actually the issue.

The CHAIR: We all need to provide opportunities for each other to ask questions and respond.

The Hon. WES FANG: Thank you, Chair.

The CHAIR: But, of course, the Minister needs to be directly relevant to the question asked.

The Hon. WES FANG: I believe she was.

The Hon. BRONNIE TAYLOR: Ms Sharpe, sorry, but I'd still like to add—

The Hon. PENNY SHARPE: I'm ready to move on.

The CHAIR: The Hon. Penny Sharpe.

The Hon. BRONNIE TAYLOR: I've met with Gidget and Tresillian and the CWA, so I'm not sure why you're not classifying them as relevant to those—

The Hon. PENNY SHARPE: No, I've got all of those. There were 11 meetings in total from April last year.

The Hon. BRONNIE TAYLOR: So you said one and now you're saying 11.

The Hon. PENNY SHARPE: Yes, since November. If you were listening to the question, you would understand the time frames that I'm talking about. This is all in your recorded diaries, you know; I am drawing from what they are. Minister, are you familiar with women's health centres across New South Wales?

The Hon. BRONNIE TAYLOR: Yes, I am.

The Hon. PENNY SHARPE: Have you ever visited one?

The Hon. BRONNIE TAYLOR: Yes, I have.

The Hon. PENNY SHARPE: Which one?

The Hon. BRONNIE TAYLOR: Coffs Harbour and Bathurst.

The Hon. PENNY SHARPE: When?

The Hon. BRONNIE TAYLOR: In the last three months. That would be in my diary.

The Hon. PENNY SHARPE: We don't have access to that yet, Minister, so that's why I am asking those questions. Have you met with the peak body Women's Health NSW?

The Hon. BRONNIE TAYLOR: I've met with the people at, as I said, Coffs Harbour and—

The Hon. PENNY SHARPE: No, but there's a peak organisation.

The Hon. BRONNIE TAYLOR: No, no, no, if I could just finish, Ms Sharpe—and Bathurst, who are also part of that bigger women's health initiative. But in terms of system-wide things in women's health, that actually sits with Minister Hazzard, but I am the Minister for Women and I'm very passionate about women's health centres.

The Hon. PENNY SHARPE: You've talked a lot about intersectionality and this would seem to sit directly in the middle of that. Minister, are you aware how many women's health centres there are across New South Wales?

The Hon. BRONNIE TAYLOR: I'd have to take that on notice but 20, I believe. There are 20.

The Hon. PENNY SHARPE: Minister, have you met with their peak organisation Women's Health NSW?

The Hon. BRONNIE TAYLOR: I'd have to take that on notice in terms of the peak body that the people I've met with are representatives of that body.

The Hon. PENNY SHARPE: Yes, there's no argument about that. Are you aware that 18 of the 20 women's health centres are winding back their services because of funding pressures?

The Hon. BRONNIE TAYLOR: I am aware that there are funding pressures, because they have raised that with me.

The Hon. PENNY SHARPE: And, just to be clear, that 18 of the 20 are doing it; so you're aware of that?

The Hon. BRONNIE TAYLOR: I'm aware that they have raised that with me, yes.

The Hon. PENNY SHARPE: And you're aware that they made a budget submission in the lead-up to the last budget in relation to this?

The Hon. BRONNIE TAYLOR: I am.

The Hon. PENNY SHARPE: Minister, why didn't they receive any additional funding?

The Hon. BRONNIE TAYLOR: What I will say, Ms Sharpe, is that they put a submission in—and I can't discuss the details; you've probably seen it. In terms of where that—

The Hon. PENNY SHARPE: Yes, I don't think it's a secret document.

The Hon. BRONNIE TAYLOR: That's fine, Ms Sharpe, I'm just trying to be polite. So I think what we have found is that their business case needs further elaboration and further detail, and I understand that the funding has been provided to the organisation to re-present that business case with the detail that is required.

The Hon. PENNY SHARPE: Minister, are you aware, though, that they're already cutting back services?

The Hon. BRONNIE TAYLOR: Well, I think you've said that four times now and—

The Hon. PENNY SHARPE: If you want a specific case example, I'll give you a specific case example. The Blue Mountains women's health centre offers GP services and counselling, and they've got very long waiting lists for all of their services, and the community is still in significant trauma, given they've had to deal with both bushfires and floods. After the mandated wage rise, and they got the CPI which was 4.5—and I think all the services say that they need 4.6 at least—all of the workers at that centre are now working part-time, except the receptionist. Do you think that that is reasonable, Minister?

The Hon. BRONNIE TAYLOR: I think, Ms Sharpe, that the proposal that they will come back with, which they have been given extra funding to be able to present, will be able to come back and be given due consideration in the normal course. I will also point out that we had funding for menopause and that as well—

The Hon. PENNY SHARPE: We're going to get to that, Minister.

The Hon. BRONNIE TAYLOR: But if I could just say as well, Ms Sharpe, that I've actually said to them as well, a lot of them already do that work in terms of menopause care within those women's health centres—

The Hon. PENNY SHARPE: So, just to be clear, women's health centres will be funded out of the menopause announcement?

The Hon. BRONNIE TAYLOR: No, Ms Sharpe, if you'd just let me finish instead of trying to answer the question for me, respectfully.

The Hon. PENNY SHARPE: No, I'm asking. I'm asking for this further detail, Minister.

The Hon. BRONNIE TAYLOR: No, no, no, you are trying to put words—

The Hon. WES FANG: Point of order, Chair.

The CHAIR: A point of order has been taken by the Hon. Wes Fang.

The Hon. WES FANG: I'm just going to take the point yet again that talking over—

The CHAIR: Can I foreshadow what the point of order is and encourage there be the exchange of question and answer back and forth.

The Hon. PENNY SHARPE: Question and answer, yes, got it.

The Hon. BRONNIE TAYLOR: So what I have said, Ms Sharpe, is that we're looking at that menopause funding now, how we're going to roll it out. It's actually really exciting. The response from the sector has been phenomenal. It's the first time that we've seen this. It's very, very needed. It is something I feel very strongly about and I think there will be opportunities within that for those women's health centres to participate in the delivery of those new menopause services. We haven't locked that in yet. We're in consultation and we're talking to them, we're doing all of those things that need to be done. I look forward to the women's health centres putting through a new proposal in terms of funding that will clearly demonstrate the criteria. I think they are really important. I have no argument about that with you. I've used them myself. They were the first place I went to when I, you know, first went on the oral contraceptive pill, when I had my first—

The Hon. PENNY SHARPE: Minister, that's great, but I want to actually ask you some questions.

The Hon. BRONNIE TAYLOR: Yes, I know, but I'm so very passionate about them too. So I'm not disagreeing with you.

The Hon. PENNY SHARPE: That's terrific, but you're not funding them—

The Hon. BRONNIE TAYLOR: Well, Ms Sharpe, what I said—

The Hon. PENNY SHARPE: And they're reducing services.

The CHAIR: Order! Just back and forth, if we could, please.

The Hon. BRONNIE TAYLOR: What I've said, Ms Sharpe, is that we've said that we need to see a proposal from them that details and addresses the criteria. You, of all people, would know that the process has to be undertaken and has to be correct. And that is why my colleague, who is also very passionate about this, Minister Hazzard—and you can ask him questions tomorrow—

The Hon. PENNY SHARPE: Terrific, that's fine. Can I just stop you there and ask you a question then, please, Minister?

The Hon. BRONNIE TAYLOR: No, I need to be able to finish. I mean this whole thing is really—

The Hon. PENNY SHARPE: I have really limited time and I've got very specific questions, and you need to be directly relevant to the questions that I'm asking you.

The Hon. BRONNIE TAYLOR: You don't like the answer I give, so you talk over me.

The CHAIR: No, this is where we've got a problem, making imputations like that reflecting on the member's motivation and intention.

The Hon. PENNY SHARPE: Minister, I welcome that you're talking to Women's Health NSW in relation to their budget bid and their ongoing funding crisis, but are you aware that they are reducing services?

The Hon. BRONNIE TAYLOR: What I'm aware of—

The Hon. PENNY SHARPE: And what are you going to do in the meantime so that women don't lose access to these services, sometimes the only free services in their area, particularly in regional areas?

The Hon. BRONNIE TAYLOR: What I have said is that we are funding them $12.7 million in the 2022-23 budget. They've also been provided funding to look at bringing a business case forward that will set them up hopefully to go forward.

The Hon. PENNY SHARPE: Yes, thanks, so for 20 centres $12.7 million, and they deliver across the State, but you can't find the extra funding. Their budget bid was looking to, over time, increase their budget to $23.4 million—half of what you are paying for the menopause centres. You don't believe that that would be a good prioritisation of funding?

The Hon. BRONNIE TAYLOR: I believe that it's all important, Ms Sharpe. I believe that business cases and presentations need to be put forward that allow that funding to occur. I think that you also would support the process for that.

The Hon. PENNY SHARPE: Who did the business case for the menopause hubs, Minister?

The Hon. BRONNIE TAYLOR: Ms Sharpe, look, I'd have to take that on notice in terms of that. But are you suggesting that we shouldn't have funded menopause hubs?

The Hon. PENNY SHARPE: No, I'm asking why and what involvement women's health centres, which have been delivering menopause care for over 35 years—how they were involved in the development of the menopause hub announcement?

The Hon. BRONNIE TAYLOR: One thing we know, Ms Sharpe, is that there has been a gap because the feedback from the sector—and I think they will be horrified to hear this line of questioning in terms of questioning the fact that we funded this, which is so very needed—

The Hon. PENNY SHARPE: That is absolutely not what I'm doing. Don't even try that, Minister. That is actually offensive.

The CHAIR: Minister, I am reluctant, as you know, to interrupt the flow back and forth, but that was a pretty serious whack.

The Hon. PENNY SHARPE: It was completely inappropriate.

The CHAIR: And completely inappropriate.

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

The CHAIR: No, I'm speaking. I am making an observation. Minister, the way we conduct these hearings is back and forth. We don't make imputations on motivations behind questions, and certainly when there is absolutely no evidence to provide a basis to make such an imputation. There hasn't been in regards to that last imputation, which was one between the eyes to the Hon. Penny Sharpe. So I would ask that you cease and desist from doing that.

The Hon. WES FANG: In that instance, I'm going to take a point of order at this stage.

The CHAIR: Stop the clock.

The Hon. WES FANG: That ruling really should go both ways. There are imputations that are made by questioners through questions to the Minister that are probably inappropriate as well. So if the ruling goes one way it really should go both ways.

The CHAIR: What is good for the goose is good for the gander. I accept that.

The Hon. WES FANG: Thank you, Chair.

The Hon. PENNY SHARPE: Minister, I absolutely reject any assertion that you think that funding for menopause is something that Labor or myself don't support. I'm asking you about the involvement of women's health centres in the development of that proposal. Can you give me some information about that, please?

The Hon. BRONNIE TAYLOR: Ms Sharpe, we have many avenues where we consult with stakeholders and with things that are happening. In our women's review we had a great—I think it was over 3,000 people this month that contributed to that.

The Hon. PENNY SHARPE: Minister, thank you. That's not directly relevant. I'm asking you specifically about the development of the menopause hubs.

The Hon. BRONNIE TAYLOR: Ms Sharpe, this has been something that has been looked at for a long time. The response to these menopause hubs has been overwhelming and that clearly indicates—

The Hon. PENNY SHARPE: Minister, thank you. I'm sure it's overwhelming because women desperately need it.

The Hon. BRONNIE TAYLOR: Can I finish?

The Hon. PENNY SHARPE: No, because you need to be—

The Hon. WES FANG: Point of order—

The Hon. PENNY SHARPE: Well, I'll take a point of order.

The Hon. WES FANG: Seeing as I called it first, do you mind if I go—although ladies first.

The CHAIR: You called it first. Stop the clock.

The Hon. WES FANG: Once again, Chair, there is absolutely no ability for Hansard to record when two people are talking over the top of each other in the way that the member and Minister are. I'd ask that the question be put and that the Minister be allowed to complete her answer before the member asks an additional question. The tete-a-tete that's happening at the moment is not appropriate, and the Minister was trying to complete her answer.

The Hon. PENNY SHARPE: To the point of order: I will just make these points. I have very limited time. I've got very specific questions. The Minister is required under the standing orders to be directly relevant. I apologise, and I do not wish to interrupt the Minister, but I also do not want to ask a question and let the Minister talk for five minutes in a way that's outside the standing orders; hence why I interrupt and try to move the Minister on.

The CHAIR: Minister, you're acutely aware of the standing order being referred about being directly relevant. There's always the opportunity to provide a bit of context to an answer, but that's deemed to be a limited period of time before you then become directly irrelevant. You're well familiar with the rulings of the House by the President, so I remind you in regard to that.

The Hon. PENNY SHARPE: Minister, as the development of the menopause program is occurring, which is for $40 million, what access will women's health centres have to that pool of funding to deliver the services that they have been delivering for 35 years.

The Hon. BRONNIE TAYLOR: They'll be consulted widely.

The Hon. PENNY SHARPE: No. Where are they going to be funded? Is it going to be a grants program? Will they have access to support funding? I'm actually solving a problem for you here, Minister, which is that women's health services are having to reduce their services. There's an opportunity here for them to get support to continue doing the work that they're doing in relation to menopause and do additional work. That would actually solve the problem while they're doing their budget bid. Are they going to be able to do that?

The Hon. BRONNIE TAYLOR: Ms Sharpe, I respect you greatly, but I don't need you to tell me how to do my job and how to solve the problems.

The Hon. PENNY SHARPE: Well, you tell me how you're doing it?

The Hon. BRONNIE TAYLOR: Ms Sharpe, I'm not going to be here in budget estimates and—

The Hon. PENNY SHARPE: What, tell the public how you're going to fund a program?

The Hon. BRONNIE TAYLOR: —tell you how I'm going to allocate certain parts of money.

The Hon. WES FANG: Chair, do I really need to raise the point of order yet again?

The Hon. BRONNIE TAYLOR: I can't get a word in.

The CHAIR: I don't think anyone would ever claim that you, Minister, can't get a word in. That's the first point I'd make. I think I know what the point of order is.

The Hon. BRONNIE TAYLOR: Sorry, what was—

The Hon. PENNY SHARPE: I apologise. I will cease.

The CHAIR: Let's proceed with the next question, if you wish to move on.

The Hon. PENNY SHARPE: I am happy to move on. Minister, can you take on notice and provide information—maybe this afternoon I'll ask questions in relation to how the rollout of the menopause hubs will occur.

The Hon. BRONNIE TAYLOR: Ms Sharpe, as I've said, it is all actually in train. We are looking at it. We are going out and looking at how we're going to do that at different aspects. We've had multiple meetings in regard to that. As I said to you, the response from stakeholders in this area has been quite overwhelming. There is not a place I go on a visit where people don't come up to me and say this is the most fantastic news that we're doing this. I just think that's absolutely fantastic.

The Hon. PENNY SHARPE: Minister, are you aware of the Illawarra Women's Trauma Recovery Centre?

The Hon. BRONNIE TAYLOR: I am.

The Hon. PENNY SHARPE: You'd be aware that they've received $25 million from the Federal Government.

The Hon. BRONNIE TAYLOR: I am, and I think it's fantastic that the Feds have stepped up.

The Hon. PENNY SHARPE: Yes, and they're asking for contributions from New South Wales. What's New South Wales contribution to the trauma recovery centre?

The Hon. BRONNIE TAYLOR: First of all, I'd love the Feds to step up even more with the trauma centre. But what I will say is that it is my understanding—and someone may be able to elaborate for me—that the local health district had offered a parcel of land for it to be sited on and it is my advice that that was rejected. Is that correct, Secretary?

SUSAN PEARCE: Yes, my advice, Ms Sharpe, is that the Illawarra Shoalhaven Local Health District did offer land on the old Port Kembla Hospital site at Warrawong, and the women's health centre has advised they prefer a different site, which requires additional funding to purchase, and haven't yet provided us a response—at least when this note was written—as to whether the offer of land at Warrawong will be accepted. So that's an update. I don't know whether my colleague Dr Lyons has got anything further to add on that. I think that note probably summarises where we're up to.

The Hon. PENNY SHARPE: So you're working with the centre to identify the land. Is that accurate? I'm looking at Dr Lyons.

NIGEL LYONS: That's correct, Ms Sharpe. There's nothing further to add to what the Secretary has provided in that response.

The Hon. PENNY SHARPE: Are you able to let me know why Warrawong is not considered suitable?

SUSAN PEARCE: I'd have to take that on notice. I don't have detailed knowledge as to why they've determined that that offer wasn't suitable for them, Ms Sharpe.

The Hon. PENNY SHARPE: Minister, how many staff have you got in Women NSW doing social media?

The Hon. BRONNIE TAYLOR: Ms Smyth?

TANYA SMYTH: There's one officer who is responsible for communications and social media as part of that role.

The Hon. PENNY SHARPE: We might have to come back to this this afternoon, but are you able to give us some information on the metrics that are with the social media accounts that are being run by Women NSW?

TANYA SMYTH: There are three Facebook groups, there's an Instagram page and there's a LinkedIn page.

The Hon. PENNY SHARPE: Minister, do you think that the Women NSW Instagram account should have polls like "Do you love wintertime?" with pictures of cats on them?

The Hon. WES FANG: Who's going to say no to that?

The CHAIR: Order!

The Hon. BRONNIE TAYLOR: Ms Sharpe, I'm not aware of the post. I saw that you just put it up. I'm not aware of the post that you had, but these are done by people that work with Women NSW. And I'm really pleased to tell you about how much we've increased the amount of people that are working in Women NSW, which has been really exciting.

The Hon. PENNY SHARPE: Thanks, Minister, but that's not directly relevant to my question.

The Hon. BRONNIE TAYLOR: No. I'm sorry. I don't know about the post that you're referring to so I can't make that judgement call, but there a lot of things—I'm a 53-year-old woman, so what I see is very different to what other people see, and that's why you have professionals running this account. But if there's something that you don't agree with or you think is wrong, I'm really happy for you to raise that with me anytime, as you know.

The Hon. PENNY SHARPE: I'm just trying to understand the amount of time that's put into cat Instagram posts. Thanks, Minister.

The Hon. BRONNIE TAYLOR: Lots of people love cats.

The Hon. WES FANG: Yes, not enough.

The CHAIR: Cats and dogs are good.

The Hon. PENNY SHARPE: There are plenty of cat accounts. Perhaps Women NSW doesn't need to be one of them.

The CHAIR: And while we're talking about animals, there is no-one better to talk about animals than the honourable Deputy Chair from the Animal Justice Party.

The Hon. BRONNIE TAYLOR: Yes. How do you feel about that, Ms Hurst?

The Hon. EMMA HURST: I might actually turn back to obstetric violence. Minister, I've just done a quick Google search for definitions of obstetric violence because I think we were maybe talking about slightly different things. I understand it's not something that your office has been extensively briefed on. I will just read this out. It states:

> … obstetric violence is anytime a person in labor or birth experiences mistreatment or disrespect of their rights, including being forced into procedures against their will, at the hands of medical personnel.

With that in mind and with the research that's looking at potentially one in 10 women that say they've experienced this, and with the comments from Ms Pearce around the legislation underpinning consent, what preventative measures has the New South Wales Government taken to protect woman in childbirth and to ensure that respect and consent are at the forefront of women's care?

SUSAN PEARCE: Ms Hurst, if I may, in response to a question without notice perhaps from the last hearing or in the intervening period, there has been a meeting with Maternity Choices Australia. In respect of this issue, Health was advised that the burden of obstetric violence can be reduced through having a known midwife. We've reaffirmed out commitment to continue to focus on supporting and promoting midwifery continuity of care models across the State, which we have continued to build over many years. They're very popular and very successful models across the State. That's one element, as I said, in addition to the measures that we look at that I mentioned earlier. Can I say, though, I cannot recall ever seeing an incident or a report that goes to the issue that you speak of. That would be something that we would treat very seriously.

It is clearly a very important issue and we do have mechanisms in place, so I will certainly ask the team to look for any such reporting. I can only speak for myself in terms of what I've observed, but absolutely we would look at that. But, as I say, midwifery continuity of care models are very important to our State, to the women. We continue to grow those services across the State.

The Hon. EMMA HURST: Thank you, Ms Pearce. I will suggest to the authors of this Australian study to reach out to your office to talk through some of that research. Minister, in New South Wales if a woman is concerned with the care that she has received during pregnancy and childbirth, particularly if she feels that she has experienced OV, what avenues would she have to be able to get support or to put those complaints in?

The Hon. BRONNIE TAYLOR: All of the avenues that we've spoken about, Ms Hurst, that she can do internally through NSW Health. Also, if there has been an event that she feels that she has suffered obstetric violence due to a procedure that she didn't consent for, hypothetically, then she is also able to raise that through external bodies like the Ombudsman and the HCCC. But again, Ms Hurst, if you know of any situations where this has happened, I'd really encourage you to let NSW Health know and we could pursue that in the appropriate manner.

The Hon. EMMA HURST: Thank you. I haven't actually been approached by any particular victims. I've just been talking to the women that are doing the research in this space, who I highly encourage you to meet from the university to talk further through it. I understand this is a very new, global discussion, but it's something that is now on the table here in New South Wales and Australia as well. That's why I'm bringing it up today. I guess birth trauma is slightly different to obstetric violence, but they're somewhat interrelated as well. But in regard to birth trauma, 29 per cent of women report birth trauma. But my understanding is that there are only three specialised psychologists in New South Wales in this area. Is this an area that you're looking into? My understanding is that they have enormously long waiting lists. What can we do to ensure that specialist care isn't overlooked or neglected, given so many women are now reporting this as a problem?

The Hon. BRONNIE TAYLOR: As I said, Ms Hurst, it has never been raised with me as the Minister for Regional Health or the Minister for Mental Health, except in budget estimates when you raised it last time. If there is clear evidence out there and if people have reports of these situations happening then of course NSW Health will look at that through our normal processes that exist. But, as I said, I have not been made aware of any of these. The last time I was made aware of this was in budget estimates by yourself.

The Hon. EMMA HURST: Thank you. OV has also been linked to burnout and retention issues for health staff themselves. Something else that has come to my office is the issues with actually being a witness to obstetric violence. Is that something that the Government is willing to look into and address, both the issue more broadly of obstetric violence and the stats that are coming out for Australia, but also the problems that potentially will flow on from being a witness to obstetric violence?

The Hon. BRONNIE TAYLOR: As I've said, if there is a specific case where a staff member feels that way or someone who has gone through the birthing process feels that way, I would really encourage that it's raised through the appropriate channels so we can look at that and give it the evidence that—

The Hon. EMMA HURST: Minister, I understand that whenever there's a specific case—but I'm not talking about specific cases. As I said, I haven't spoken to any specific victims myself. What I'm talking about is the data that's coming forward and the research that's coming forward, both from that global perspective—as I said, the UN did a report on this just recently as well—and now there's research coming from Australia to show that we do have an obstetric violence problem here as well. Is this something that the Government is willing to look into? And is it something that the Government would be willing to look at with consideration of any legislative changes that would actually support women and would deal with this problem? Or maybe it's a conversation with the healthcare community and including them in any changes going forward.

The Hon. BRONNIE TAYLOR: As I said, Ms Hurst, I think the research has to provide the evidence of the situation.

The Hon. EMMA HURST: Yes, which it has.

The Hon. BRONNIE TAYLOR: I understand that the UN has done a report because you've told me, and I absolutely believe you, but I don't know the context of that report. I haven't seen that report and how it refers to Australia and New South Wales and rural and regional hospitals, which is my area of what I'm doing, and in terms of my portfolio as the Minister for Women. Also, I would discuss it with my colleague Minister Hazzard. But, as I said, none of this has been raised. We have research papers that come out and that's fantastic, and we need to rely on the evidence and the data. But, again, I would have to see that coming through our system here in New South Wales.

The Hon. EMMA HURST: Thank you, Minister. We'll definitely send you that research when it comes out. As I said, I encourage you to speak with the researchers as well, and then hopefully we can talk further about what we can do. Minister, I want to talk a little bit about the Broderick review and the findings from the recent Broderick report into the experience of people working in New South Wales Parliament. The report found that sexual harassment and everyday sexism occur at unacceptable rates, with prevalence of experiences particularly high for women. The report also noted that women experience a higher prevalence of sexual harassment than men across all roles, with female members of Parliament—46 per cent—the group most likely to report experiencing sexual harassment in the last five years. As the Minister for Women, what steps have you taken since that Broderick report was released in regards to women?

The Hon. BRONNIE TAYLOR: In terms of that, we've also had the Goward review, which was for Ministers and Ministers' staff only. Look, I think the Broderick report has been really powerful. I've been pretty strong on what I think and what I think going forward. I've also been someone in this Parliament that has constantly called out bad behaviour, and I've had plenty of that put onto myself over the years without it being called out very publicly in the Chamber. Anyone that's there knows exactly what I'm talking about. I think the powerful thing about the Broderick report is that people were able to come forward, as well as people from vulnerable groups like LGBTIQ, which came out very strongly in the report and which actually hasn't been ventilated and talked about. I find that really concerning as well.

But the great point about this was that they were able to come out and they were able to be anonymous, so that gave them—you know all this, Ms Hurst. I know how strongly you feel and that you're a very big advocate. So I think that's really important. What I would like to see going forward is that people can see that this report has been taken very seriously, and I think there have been very serious consequences out of this report on all sides of politics. But I think what needs to happen is that then we need to empower these people to be able to formalise that process if they feel they are up to that. It's something that I would do anytime with anyone that wanted to come through my door, regardless of what political party they're from, to try to support them.

I think that we live in a society and an environment now where these things are no longer tolerated and they are no longer okay. I think that to have reports like this and to be able to speak about this openly is extremely powerful. We all have the right to work in a respectful workplace. We all have the right to feel free from sexual harassment in the workplace, from bullying and from really bad behaviour. So I welcome it, and I welcome the fact that our Premier has been very strong on that. The Deputy Premier has been very strong about it. I think the Opposition leader has come out and said that he supports that review as well. We need to make sure that that continues, but the only way that happens is if people call it out. That's what needs to happen more and that, respectfully, is something that people need to do. The things that are tolerated in this workplace would not be tolerated anywhere else. That has to stop, and the Broderick report has drawn a line in that.

The Hon. EMMA HURST: Are you concerned, as Minister for Women, that this kind of behaviour that has been exposed—and I'm not suggesting it wouldn't be exposed—that it's going to discourage women from wanting to enter politics, given that we need more women in politics as part of the solution?

The Hon. BRONNIE TAYLOR: I absolutely am. I must say, from my own experience, I think I was very naive when I came into Parliament because I hadn't been a member of a political party for a long time. I was a registered nurse. I came in because I was tapped on the shoulder because I wanted to advocate for better health services. I came from a very female-dominated environment as a registered nurse in the New South Wales health system to a very male-dominated environment, where I was targeted. I was targeted relentlessly for my appearance and for my family. We've all sat through multiple budget estimates where I was grilled and quizzed. Accusations were made against my husband, who I absolutely adore, and my children, who were devastated by that with the slurring of his reputation. The names that I was called in the Legislative Council, and people didn't speak up. So I have promised myself, Ms Hurst, that now I am in the privileged position of being a senior Minister in the New South Wales Government, I will not tolerate this behaviour from anybody at any time. I will continue to call it out; but we all have to do that. I think the Broderick report has given us the impetus to be able to do that.

When people come in here, they should absolutely be scrutinised for everything that they do within their portfolios and within their professional realm. But to think that women and men would see the way that sometimes people are treated in this place, the way that things happen within the Chamber, where things can be said—and those things, I think, are sometimes abuse. Sometimes within the structures that we have, when people are personally attacked and their families are brought into things, absolutely it would turn people off. I can honestly say to you, and I've said this publicly hand on heart, that if someone had said to me before I decided to put my hand up for preselection with the New South Wales National Party that the Opposition would go after my husband and my family the way they did, I would have seriously considered entering this place, because it almost broke us as a family. It is something that I will never, ever forget, and I will never allow it to happen to anybody else.

The Hon. EMMA HURST: Minister, I want to ask you, as Minister for Women, if you have any kind of specific plan for New South Wales Parliament to make it a safer place for women to work? I know you've talked about encouraging people to call it out, but is there a plan going forward to make sure that New South Wales Parliament is a safe place for all women?

The Hon. BRONNIE TAYLOR: Yes. What there will be going forward is there will be a committee that exists in Parliament that will be cross-party. My understanding is—and I would have to recheck the detail on this—that all the leaders of the parliamentary parties will be on this committee to make sure that we can enforce the recommendations of the Broderick review. But it has to be cross-party. To be entirely fair, we've seen that commitment from all parties to be able to do that. All the parties have responsibility here. This sits equally with everybody because everybody has been exposed in some way—every single political party.

The Hon. EMMA HURST: I've got some questions as well around Women's Health NSW and also sexual violence. I know that Ms Sharpe has asked some questions already about Women's Health. My understanding is that they put in a budget bid for approximately $300,000 per annum for each of their health centres, which they say is "essential to reflect unattributed increases over 30 years and provide sustainable core funding". Going back to my earlier questions around streetlights and how we work out the priorities, particularly given that this was a rather small sum of money with a huge benefit overall for women, can you take me through how those issues were prioritised and your role in prioritising budget towards women, as the Minister for Women?

The Hon. BRONNIE TAYLOR: As I said previously when you referred to the streetlights, that didn't come under my portfolio in terms of that initiative going forward, in terms of the bigger budget piece for women. So when we looked at child care, when we looked at things like menopause and when we looked at pre-k education, which sits under Minister Mitchell as well, these were all discussed in terms of what we could do for women in our budget that would actually make a huge change. But that actually came not from my Council for Women's Economic Opportunity but the women's economic review that was headed up by Sam Mostyn and also had Jillian Kilby, who sits on my CWEO group, in that. So those recommendations came from them. That recommendation, after they had consulted widely with their committee and with their group—and these are really experienced, amazing women, who are very well respected—is what they came back with. They came back with the number one issue is child care.

So that was that which we pursued, which normally sits in the remit of the Federal Government. But we saw it not only as something for women's economic opportunity but something that women were actually calling for and asking for. So that was that. The pre-k, in terms of sending young people—I take your point too, that that is sending people for that extra year of school, but that's something that Sarah Mitchell has been really passionate about for a very long time, and she had been working on that policy as well. In terms of the menopause money, that was something that was really important that I thought we were hearing a very strong call and a very strong need for. So that was something that we pursued as well.

The Hon. EMMA HURST: On that menopause, the budget included, I believe, $40 million for menopause. Given that there are so many pressing health issues facing women—obviously, I'm not suggesting

that we don't fund menopause, because I understand that's important. Again, I'm trying to understand the decision-making process and how that issue became the Government priority over other women's health issues, like adenomyosis and endometriosis, or the variety of other health issues that have been chronically neglected for a long time. Was there any sort of research and data done on the amount of money that was going into those spaces and the amount of problems that were occurring due to underfunding?

The Hon. BRONNIE TAYLOR: We know that endometriosis has been funded as well.

The Hon. EMMA HURST: But that was Federal money, though, wasn't it? Is that the one that you're talking about?

The Hon. BRONNIE TAYLOR: Yes, but it doesn't matter if it's Federal or State funded.

The Hon. EMMA HURST: I'm just confirming. So that was Federal money.

The Hon. BRONNIE TAYLOR: Sorry, I didn't mean that to sound disrespectful. I think as well, in terms of menopause, as I said to Ms Sharpe, I cannot tell you the phenomenal response that we've had, both in measuring data in terms of the social media information that you get back and just going out. I've had women pull me aside at events saying, "We just can't thank you enough." It's, like, "You don't have to thank me, it's taxpayers' money", but it's a policy perspective. What we do know from the evidence is that menopause can significantly affect people when they're at probably the prime of their careers in terms of what they're doing and the symptoms. They're even making that new Danish television show. It actually has quite a section on the woman who is the Secretary of State and the symptoms that she's suffering. We know that it affects people and, therefore, it affects their economic opportunity.

We also know, because we're so good at treating breast cancer now, that one of the misconceptions that ended up eventuating as well was that medical specialists were reluctant to prescribe HRT because they felt that HRT—as in hormone replacement therapy, which is used to treat debilitating menopausal symptoms—could actually precursor someone to developing a type of breast cancer that was receptive to those particular hormone receptors. What this is as well is it's a really big education piece to make sure that we can educate GPs and health practitioners about all these things that are happening, because there are really great symptom management tools to be able to deal with that. That's going to make women healthier and it's going to make families healthier. That is a really positive thing going forward.

There are always choices to make when you're doing funding and when you sit in government, and they are difficult choices. If I had my way—my colleagues will all disagree with me—I would love even more money for health and more money to be able do the things that we do because I think it is so important. But we have to look at where things are, where the strengths are and where the weaknesses are. But I really stand by this menopause funding because I know how needed it is. The thing that I see in terms of menopause is a lot to do sometimes with what's happened with mental health, is that people haven't felt they can talk about it. People have been told to just put up with it, not worry about it or not talk about it. How many situations where you talk to people where they'll be in a room and suddenly they get up and they open the windows because they might be having—and everyone just looks and no-one actually talks about it. All those things are really important to talk about and that's actually what's happened with this conversation now, and I think that's a really powerful and positive thing.

The CHAIR: Thank you, Minister.

The Hon. BRONNIE TAYLOR: Do you want to talk about menopause?

The CHAIR: Returning to Opposition questioning. If I could, before you leave us this afternoon, could I briefly go back to the matter of the New South Wales Government response to the inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales? There were the three recommendations—25, 41 and 44—which were noted, as opposed to the other ones which were either supported or supported in principle. With respect to 25—and I'll just cover this in a general statement—that was the recommendation to NSW Health to consider undertaking an inquiry into mental health, including into mental health services et cetera. Recommendation 41 is the one that deals with the proposition of a health administration ombudsman, of which there has been some reflection and comment this morning in answers. Recommendation 44 states that the New South Wales Government adopt a Health in All Policies framework and it also makes some reference to a framework in the State of South Australia.

Minister, in light of the fact that since the—and it has been a relatively short period of time, I acknowledge, that the actual Government response to the recommendations has been in the public domain; it was late last week. There has been limited time for people to fully digest them and then be able to gather their thoughts about commenting. But there has been some strong commentary in response in this short period of time,

particularly about the matter of mental health. I know this is a matter that you are passionate about. You are very highly regarded in this Parliament for the advocacy you have done in that area and continue to do in that area. There has also been commentary on the ombudsman proposition and on the final recommendation, which I'll just mention briefly, which I have already, and then I will move on.

Is the Government prepared to go back and look at those three recommendations again and see whether there is some capacity—particularly in regard to 25 and 41, but I don't want to leave 44 out because that is also "noted"—or scope to move beyond just "noted"? This is not a trick question. I'm not actually asking you to go and resend the report or anything like that. But the report is out there and there is a lot of commentary and a lot of reflection on those areas. Can I get you to particularly comment on the mental health side of things? You have responded on the matter of the Ombudsman and the Health Care Complaints Commission, I think, quite thoroughly this morning, and I accept that. But in the mental health area, really, with the absolute capacity and resource base that is NSW Health, will it have a close look at this issue?

The Hon. BRONNIE TAYLOR: Mr Donnelly, you have been in the upper House a lot longer than me. What I would say is that the interpretation of "noted" that I am taking forward into this inquiry response—and can I just say as well that my intention to get this released before budget estimates was absolutely intentional because I wanted to give the Committee that respect to be able to look at it. We pushed a lot and these people at this table pushed a lot to get these recommendations done to honour and respect the work that this parliamentary inquiry did. I wanted to make sure that that came through before budget estimates, not after. That intent is extremely genuine.

In terms of the three recommendations, when we say noted, what we mean by that is that we respect the intent of the recommendation of the inquiry. When we look at the one in terms of the HCCC and the Ombudsman, which we discussed, the inquiry did not look at those roles and how they could integrate with the recommendations that the inquiry was doing. So we have noted that and we have said that we hear and we understand and we value what you are saying and we have noted that. That is why I have said to the Secretary and we have discussed—and this is a Secretary who is passionate about rural and regional health as well—that we would go and talk to the HCCC and the Ombudsman, who have given us that advice. I don't want to waste your time and reiterate but just to allow me the context of the answer—

The CHAIR: No, we have covered the issue of the correspondence.

The Hon. BRONNIE TAYLOR: Yes. If indeed they came back and they said something different to what they advised us about, then we have to absolutely look at that and I absolutely will. In terms of the one on mental health, I see what you are saying and I hear what you said in the beginning when you said there were Government members that didn't support the inquiry and what happened. I don't want you to think that that is what we are saying with mental health. I take a lot of—

The CHAIR: No, Minister, please don't—

The Hon. BRONNIE TAYLOR: I'm not trying to be difficult. I am just trying to be genuine. What I'm trying to say is that we have a Mental Health Commission in New South Wales and a Mental Health Commissioner, who I have enormous respect for. I'm sure Ms Lourey won't mind me saying, but we don't always see eye to eye. She tests me on things and she tests the Government and she goes back to all government departments as part of her role as the Mental Health Commissioner and as part of the Mental Health Commission in New South Wales. That is why it was set up; it is legislative. It was set up to be independent and to be able to look at all of that and test the system and, most importantly, go out and regularly consult and touch base. That is what they have done with over 3,000 people. If we go and repeat that process, is that really the best use of services and resources at the moment? As the Minister for Mental Health, I genuinely don't believe so. I believe that we have to keep working towards what we are doing.

We are seeing some really promising results with our Towards Zero Suicides strategy. The Hon. Mark Banasiak was here earlier talking about Safe Havens. We are having people coming everywhere from all communities asking us if they can have one. That came directly out of that suicide prevention strategy—Towards Zero Suicides. It is something that we have been working really hard on. I think that what we have seen with that strategy is we haven't seen a huge escalation in suicide numbers because now we have a suicide monitoring system in New South Wales. Any death by suicide is horrible and something we don't want to see and that is why we are working towards zero. The point is that there were experts in the mental health field who came out during the pandemic saying that this was going to be greatly exacerbated and that we were going to see a huge rise. We haven't seen that in New South Wales, I think, because we've had terrific strategies in place. I want to keep focusing on that.

The CHAIR: Minister, I don't want to cut you off. I know you could provide more detail.

The Hon. BRONNIE TAYLOR: I have given a long answer.

The CHAIR: The matter of mental health you are acutely aware of, I think, because you have a particular and very keen understanding of that. All I can say to you in the context of you now being the Minister for Regional Health is that you can be well assured that this Committee is very much behind you pressing on hard and fast with respect to mental health. That is noted. As I said, I invite you to look at those three noted recommendations as being as important as the other 41. Minister, can I just move on to some further questions. There is a piece of correspondence that I would like to draw to your attention, if I could, please. Minister, I want to follow this up. I don't know whether you have seen this piece of correspondence. I am sure you get a fair bit of correspondence across your desk. I guess that's an estimation of what happens to you.

The Hon. BRONNIE TAYLOR: Yes, there is a fair bit, Mr Donnelly. Often, I won't be able to recall exact pieces of correspondence.

The CHAIR: Minister, this is not a gotcha question. If it was a gotcha question, I would be giving it to you.

The Hon. BRONNIE TAYLOR: Mr Donnelly, I never said it was.

The CHAIR: I'm trying to get to the bottom of a significant matter here. You were written to on 15 June and, to the best of my knowledge, and it has been checked most recently, there has not been a response back on this matter. We now have a Minister for Regional Health and a senior bureaucrat—the person we will be asking a number of questions to this afternoon—who specifically have regional health in their bailiwick. That is what they are charged with. I'm trying to work out how a matter like this is not attended to when it is sent to you in that form, very clearly outlining a position. If you need to take it on notice, so be it. But, you know, this is very clear, outlines the position. It is a deteriorating matter, as I understand, the issue of the open surface out there at the Broken Hill Airport. The member of Parliament raised it and I've tried to follow it through as best I can. But perhaps I'll leave it there if there's nothing more to say, and could you please take it on notice and, if you can, through your officers, provide a response as soon as is practicable? I want to try to advance this issue and, if we can, give assistance.

The Hon. BRONNIE TAYLOR: Yes. So, Mr Donnelly, this may be that it involves multiple agencies and jurisdictions, but I will take that on notice in terms of your response. The member for Barwon does write, indeed, a lot of correspondence, which is terrific. I will say that I actually went out with the Royal Flying Doctor Service last week or the week before and did two clinics with them out at Tilpa and went to see White Cliffs and went in one of their planes and there weren't any issues.

The CHAIR: Well, that's all very good, Minister, but can I tell you the apron out at Broken Hill Airport is breaking up—

The Hon. BRONNIE TAYLOR: Please don't—

The CHAIR: It's breaking up and falling apart and having a direct and immediate impact, potentially, on the ability of aircraft operating out of that airstrip. I appreciate that you've gone out with the RFDS and done a whole bunch of work; that's all wonderful.

The Hon. BRONNIE TAYLOR: I've been on the apron and on the runway.

The CHAIR: But at the end of the day, this has been around for a little while, this issue. I can't comment on what the member may have written to you in regards to this issue; I did not pursue it. I've taken it up. You've received the correspondence, or at least your office has, on 15 June. It's 6 September, so it's coming up to three months and we've heard nothing. So take it on notice—

The Hon. BRONNIE TAYLOR: I wonder if there's been a response from the Commonwealth Minister for infrastructure, do we know?

The CHAIR: I beg your pardon?

The Hon. BRONNIE TAYLOR: Has there been a response from the Commonwealth?

The CHAIR: Yes. There has been actually.

The Hon. BRONNIE TAYLOR: The only reason I mention that I was there, Mr Donnelly, was I was there and I was in the hangar and I was on the plane and I was on the runway and it wasn't raised with me. But I will absolutely follow this up.

The CHAIR: Sorry, Minister, are you contesting now—

The Hon. BRONNIE TAYLOR: No, no, no, I'm not. I'm just saying that perhaps there has been a resolution. I don't know. I'll take it on notice and I'll get back to you.

The CHAIR: Okay. Well, can I just say there has not been a resolution to this.

The Hon. BRONNIE TAYLOR: Okay.

The CHAIR: And people are getting a bit toey about it, so I might just leave my comments there. The Hon. Peter Primrose?

The Hon. PETER PRIMROSE: Thank you. Minister, as regional health Minister, have you had any conversations with the Premier, his office, the health Minister or any other Minister about setting up a separate department for regional health?

The Hon. BRONNIE TAYLOR: I have had numerous discussions and now we have a division of regional health with a coordinator-general.

The Hon. PETER PRIMROSE: No, as opposed to a division, a separate department?

The Hon. BRONNIE TAYLOR: No, because—well, what we did was we canvassed lots of different ideas, Mr Primrose, in terms of what we would do and what would work best with the time frame that we had and how we thought we could instigate that. It was absolutely my decision that we move forward with a coordinator-general that reports directly to the Secretary and a division of regional health.

The Hon. PETER PRIMROSE: So the answer is you haven't had those conversations? That's correct?

The Hon. BRONNIE TAYLOR: No, of course I have. That's how we came to the fantastic result that we have now with the division of regional health.

The Hon. PETER PRIMROSE: What are the reasons that you favoured a division as opposed to a separate department?

The Hon. BRONNIE TAYLOR: Well, I think that because there are so many things that happen across NSW Health that are system-wide in terms of the way we deal with things, the way that we operate. I mean, NSW Health has been seen to be quite an exemplary performer in terms of the recent COVID-19 pandemic, and a lot of that was put down to the fact that our local health districts were connected very well on the ground but also that we had the central ministry that was able to coordinate things—things like vaccination clinics, which, you know, really were the responsibility of the Feds, that, you know, NSW Health just stepped up and did so well and had amazing results when you look out at western New South Wales.

So, for us to actually break up a system in terms of making it just for regional health or just for NSW Health was something that we—that I felt at the time the better result would be a division of regional health. And I must say, Mr Primrose, that it has been so far a really great success and I think it's working really well. The feedback from the ground from people, where Mr Sloane has been, has been overwhelmingly positive in terms of this new focus that we have. And also what I think was a really big thing for me was the fact that we could have the coordinator-general position that then reported directly into the Secretary, so there was that constant line of communication as well, but to actually, you know, embody and take across all of the different sections of NSW Health that already are working, but have the coordinator-general that sits there to just make sure that the focus and regional health decisions were considered in all of the decisions that get made every day.

The Hon. PETER PRIMROSE: Thank you. Are you aware of the petition started by your Nationals colleague calling on you to split Hunter New England Local Health District?

The Hon. BRONNIE TAYLOR: I'm very well aware, Mr Primrose.

The Hon. PETER PRIMROSE: Thank you. Have you met with Mr Marshall about his concerns?

The Hon. BRONNIE TAYLOR: I have, and actually, I think it was the week before last, myself, the Secretary and my coordinator-general went up to the Northern Tablelands and held three public meetings with the member for Northern Tablelands to look at different issues that were being presented and to see about possible solutions that we could do to address that.

The Hon. PETER PRIMROSE: So you'd agree with him this is a burning issue and needs some changes?

The Hon. BRONNIE TAYLOR: I'm always happy to hear about issues that are confronting our health services on the ground. That's why we went up. We had really productive meetings. We heard about a really wonderful trial that was being run in the emergency department of the Armidale Hospital that included a team

leader overseeing that emergency department and being supernumerary, which allowed different things to happen and that was only being—

The Hon. PETER PRIMROSE: Thank you. Minister, can I just ask at your meetings—

The Hon. BRONNIE TAYLOR: Can I please finish, Mr Primrose?

The Hon. PETER PRIMROSE: Please, but just in terms of my time, Minister, can I just ask you, since you have had these meetings, do you think the community supports the split?

The Hon. BRONNIE TAYLOR: Mr Primrose, I am pretty sure I know where you're going with this. So there's been, I think, quite a vigorous response to Mr Marshall's petition that he's done. He's a great local member. He has every right to canvass and to bring forward the ideas of his community. But when I went down and I spoke to them, we had three really successful meetings. And as I was trying to explain to you previously, one of the issues that they have said in the emergency department was that they had trialled this model that was only, I think, three days a week but now we are moving forward to seven. So that was an immediate response that we've got out of that as well. We've also been able to recruit further nurse practitioners as well, which is something that the community wanted. So we absolutely addressed those issues when we were down there, and I think we got some really positive results, and I think Mr Marshall's pretty pleased with those visits and those results as well.

The Hon. PETER PRIMROSE: Thank you. I note that there's been a unanimous vote from New England mayors to investigate breaking up the Hunter New England Local Health District.

The Hon. BRONNIE TAYLOR: Sorry, from New England—

The Hon. PETER PRIMROSE: Mayors.

The Hon. BRONNIE TAYLOR: Mayors. Right.

The Hon. PETER PRIMROSE: What discussions have you had with them?

The Hon. BRONNIE TAYLOR: I have had discussions with—I met with the mayors when I was up there. They attended the public meetings.

The Hon. PETER PRIMROSE: I'm trying to get an understanding. You've met with them, Minister. Do people generally support the break-up?

The Hon. BRONNIE TAYLOR: I think that people are looking for some solutions to some issues that they have within the health service delivery up in that New England area. So what I'm focusing on is I'm focusing on the issues and how we solve those.

The Hon. PETER PRIMROSE: But they're focusing on the split. Do you think that—which way is the community—

The Hon. BRONNIE TAYLOR: Well, you know, Mr Primrose, I was actually up there, so I can tell you exactly what happened at those meetings.

The Hon. PETER PRIMROSE: Yes.

The Hon. BRONNIE TAYLOR: And, yes, definitely the idea of splitting the Hunter New England came up. But when I actually started to address the issues that were concerning them, I think we've been able to find solutions to that.

The Hon. PETER PRIMROSE: Okay.

The Hon. BRONNIE TAYLOR: And I've been really clear that my focus is on workforce; my focus is on fixing these solutions and getting really workable solutions to make sure that we are delivering, continue to deliver the high quality health care that we do.

The Hon. PETER PRIMROSE: So the split is no longer a big issue up there?

The Hon. BRONNIE TAYLOR: No, I didn't say that, Mr Primrose.

The Hon. PETER PRIMROSE: Okay.

The Hon. BRONNIE TAYLOR: I didn't say that it all.

The Hon. PETER PRIMROSE: Well, I'm asking you the question, Minister.

The Hon. BRONNIE TAYLOR: Well then, I've responded to you. I've said that it is something that people are talking about and concerned about. But when I'm able to talk to people and present to those meetings

and say some of the solutions that I think, the main solutions—the main things that were raised at those meetings were not splitting Hunter New England. They were dealing with workforce issues. They were making sure that we could use some strategies that are already being used, like the example I gave you in the Armidale emergency department, to roll those sorts of things out, to look at more nurse practitioners and to be able to look at the doctor shortage, which is actually an issue with the Federal Government.

The Hon. PETER PRIMROSE: Is this the only local health district where there are calls for it to be split, or are there others?

The Hon. BRONNIE TAYLOR: As far as I'm aware, this is the only one, Mr Primrose.

The Hon. PETER PRIMROSE: Have you and the Minister for Health discussed the split proposals by your colleague and his community?

The Hon. BRONNIE TAYLOR: I discuss most things with Minister Hazzard and speak to him most days about issues. I seek advice from him and he seeks advice from me.

The Hon. PETER PRIMROSE: Have you had any discussions with the chair of the board about this?

The Hon. BRONNIE TAYLOR: The chair of the board, I haven't. Minister Hazzard, I think you'll have to ask him tomorrow, but did speak directly with the chair, who he actually knows. But I have had multiple discussions with multiple people about this, including Mr Marshall, and I'll continue to.

The Hon. PETER PRIMROSE: Finishing up on one final question, what then is the decision in relation to the calls for the split?

The Hon. BRONNIE TAYLOR: Mr Primrose, those discussions will continue to go on but, as I said, my focus is on-the-ground issues and on-the-ground care that we have to do, and I have made that really clear. So that's the answer to my question.

The Hon. PETER PRIMROSE: Okay, so you are not canvassing the issue of the split with anyone.

The Hon. BRONNIE TAYLOR: Mr Primrose, I will say it again. My focus, as I have said many times, is on workforce and is on making sure that those issues are heard and that we find solutions, which we actually did in a recent meeting—three public meetings in one day in the Northern Tablelands.

The Hon. PETER PRIMROSE: You have made that clear. Okay.

The Hon. EMMA HURST: I want to talk to you about the organisation Full Stop, who work in the space of sexual violence. They report that they are continuing to have one in every three calls go to voicemail due to the fact that they have understaffing and are under-resourced. Given that sexual violence primarily affects women, do you have concerns about women and women's safety and their support after sexual violence given those statistics that are coming out from Full Stop?

The Hon. BRONNIE TAYLOR: Of course, I'm concerned. I'm always concerned with anything that has to do with women. But as you know, Ms Hurst, too, the whole reason we did split this in terms of portfolio—it was something that the former Premier Gladys Berejiklian did—was that for sexual and domestic family violence that now sits with Minister Ward, economic opportunity, and the Minister for Women sits with me.

The Hon. EMMA HURST: I understand that. I understand that obviously it somewhat crosses over. But, given this is such a significant issue, and they have requested funding and I believe they have spoken to all Ministers that would potentially fall under, including your office, is it an issue that you would be willing to look at and advocate on, on behalf of women as well?

The Hon. BRONNIE TAYLOR: I am always happy to advocate on behalf of women, and I do that. I work closely with Minister Ward as with Minister Maclaren-Jones, who are doing an amazing job rolling out a lot of these services that are existing. Dr Lyons, would you like to elaborate on that at all, if that's okay, Ms Hurst? That is in his remit.

The Hon. EMMA HURST: My question is kind of more about you advocating as Minister. I'm sure Dr Lyons and I can talk further about the issue this afternoon. They have been calling for these funding increases, and my understanding is that Full Stop have approached Minister Ward, Minister Hazzard and your office as well. Are you willing to advocate to try to make sure they get the funding they need to be able to protect vulnerable women in this space?

NIGEL LYONS: I will actually provide some help here, because there is an agreement to actually fund Full Stop with an additional $1.3 million in the 2022-23 year, and that funding has been through NSW Health. So it is additional funds which we provided to them in this financial year.

The Hon. EMMA HURST: Dr Lyons, is that the Federal funding that has come down to New South Wales? Is that the one that you are referring to?

NIGEL LYONS: It's NSW Health funding through the family, domestic and sexual violence national partnership agreement, so it is through partnering with—

The Hon. EMMA HURST: Is that recurring funding to help them set up long term, or is that a one-off payment?

NIGEL LYONS: That's for the next 12 months, and we will need to assess whether there is ongoing funding available after that.

The Hon. EMMA HURST: Have they actually received that funding yet, or is it still to come?

NIGEL LYONS: I'm not aware if the funding has flowed through to them yet, but it is allocated in this year's budget.

The Hon. EMMA HURST: Could you take that on notice and, if they haven't received it yet, when the money will be received.

NIGEL LYONS: I am happy to clarify that, yes.

The Hon. EMMA HURST: Minister, just floating back quickly to Women's Health NSW. I understand many of these health centres, similar to Full Stop, have increasing wait lists, overheads, wages, inflation. Again, they are cutting counselling and case management hours because they are so stretched for funding. What will happen to women who will fall through the gaps from those services, and from Full Stop, if we are not getting enough funding into this space for sexual violence and for other women's health issues?

The Hon. BRONNIE TAYLOR: Ms Hurst, we had one of the biggest injections of funding into sexual violence and domestic violence. It was close to half a billion dollars that was announced last year, and that's going towards rolling out more services, expanding existing services and looking at all of those things. I think that that's actually a really powerful statement.

The Hon. EMMA HURST: Is any of that going into those two services: Women's Health NSW and Full Stop?

The Hon. BRONNIE TAYLOR: I would have to take that on notice. It is not just two services. There are multiple services out there doing incredible work—

The Hon. EMMA HURST: They are the ones I am asking about specifically.

The Hon. BRONNIE TAYLOR: —and that is a decision that's based when people apply for funding and do that. That's made by very experienced people in New South Wales departments that make those sorts of decisions. So that is a big injection of funding, and I look forward to seeing that rolled out. But I think to say that there is not that funding is just not accurate in that sense.

The Hon. EMMA HURST: I suppose my comments around there not being funding was about those specific services Full Stop and Women's Health NSW.

The Hon. BRONNIE TAYLOR: There are plenty of services.

The Hon. EMMA HURST: My questions were specifically to those two very large services that are doing absolutely amazing work and are clearly underfunded and struggling. I am going to move on to access to abortion in regional areas. As I'm sure you are aware, it can be very difficult to access abortion for people in regional and rural New South Wales, particularly in the public system. Women are still having to drive long distances to access these services. What is being done to improve access in rural and regional areas?

The Hon. BRONNIE TAYLOR: In terms of access to abortion in New South Wales and rural and regional areas, there are multiple services that provide that, that exist. I think this is a very important thing and rural and regional women need to have the same access that other people do. I know that there are situations where they have to travel, or where decisions are made that, you know, make it harder for them to be able to access the services. But I might actually pass to Dr Lyons as well to talk about those services that are available in more detail.

The Hon. EMMA HURST: I might actually come back to Dr Lyons this afternoon because I have only got a few more minutes with you.

The Hon. BRONNIE TAYLOR: Okay.

The Hon. EMMA HURST: I'm wondering if anything has been done to actually improve access to abortion services over the last two years since the legislation has passed. Has something been done from your department in that space specifically?

The Hon. BRONNIE TAYLOR: I think here, Ms Hurst, it does say on 23 June—just to get more detail around it, which is why I wanted to refer to Dr Lyons—there were issued guidelines about preventing terminations being performed for the purpose of sex selection, which we have addressed. We have also sought expressions of interest from non-government service providers to pilot a new service model to improve access to affordable termination of pregnancy and contraception services in regional and rural New South Wales. Family Planning NSW will lead the trial of the new service model to support the delivery of community-based termination of pregnancy services—that's medical and surgical.

Also, the SEARCH Project service model will also offer best practice long-acting reversible contraception for women who experience barriers to safe and affordable services in regional New South Wales. I'm advised that the Family Planning NSW model will build the capacity of local service providers in regional and rural areas. That will include a strong focus on working with local Aboriginal community-controlled health services to provide high-quality clinical services and abortions and long-acting reversible contraception options that are financially sustainable for people. The trial will use existing Medicare arrangements. NSW Health funding will support the admin requirements, local workforce training and education, and auxiliary service costs. This clinical service delivery commenced in July 2021 with the first pilot site launched in the Newcastle region.

There is quite a bit going on. Again, if people are hearing about incidents where there are women who feel they can't access that where they live, please raise them with me. Please be assured that one of my fundamental ethos is that people should have access to the choices that they make and to facilitate that.

The Hon. EMMA HURST: There have been discussions, Minister, particularly in Victoria, about nurse-led abortion care being a possible solution for regional and rural areas—upskilling nurses to be able to provide particularly abortion medications where required. Is that something that your department is looking into for New South Wales?

The Hon. BRONNIE TAYLOR: As this is an operational clinical issue, I would have to refer that to the department people that are here, Ms Hurst, because I couldn't answer that for you because I'm not sure if they already do as nurse practitioners.

SUSAN PEARCE: Nigel, have you got any comments on that one?

NIGEL LYONS: We are not actively looking at that sort of model at the moment. Our first focus is about working with the non-government organisations in this space, so with Family Planning and other organisations that we are partnering with already to expand the service offerings that they have available. The only other thing I was just going to mention is that we also support the Pregnancy Choices Helpline, which is actually a helpline that is available right across the State to give people advice about where they could access termination services if they are not available in their local area.

The Hon. EMMA HURST: Minister, I just want to talk to you about urgent care centres as well. Last week the Premier announced that New South Wales will be establishing 25 urgent care services in partnerships with GPs to relieve pressure on emergency rooms that are struggling. I am wondering if any of these will be located in rural and regional areas.

The Hon. BRONNIE TAYLOR: Thanks very much for the question about the announcement of the urgent care centres. I don't have oversight as to any of the sites that have been chosen, if indeed they are going into rural and regional New South Wales, but as the Secretary was across that, I will let her answer that.

SUSAN PEARCE: Yes, absolutely, we will be looking at rural and regional New South Wales. In fact, out of that announcement we have five services up and running already. Two of those are in rural and regional New South Wales. The Murrumbidgee Local Health District has a program around chronic obstructive pulmonary disease in partnership with GPs aimed at reducing pressure on emergency departments, and importantly, improving care for those people. Also, in western New South Wales there is a partnership, which is in its formative stages, between the local health district and the primary health network with respect to people who have diabetes. We have taken an approach around disease-specific conditions to improve the pathway for patients between general practitioners and our hospital system. I think it's really important to note that avoiding emergency departments is sometimes absolutely the goal, but the other side of that coin is sometimes coming to hospital is exactly the place people need to be, or seeing their general practitioner.

We are really pleased to be continuing to work on that model because the aim, as I said, fundamentally is about improving the care of people in the community around those diseases. The further 20 urgent care services

that we will be working on—absolutely we will be focusing on right across New South Wales. We are currently working with primary health networks to drill down and understand which parts of our State will be best suited to those, noting that there are also 13 urgent care centres that were announced by the Commonwealth Government in addition to that. We have quite a bit of work to do in that regard, but absolutely we will be focusing on that.

The Hon. EMMA HURST: This might be a question back to the Minister; I am happy for Ms Pearce to help as well. At the rural health inquiry we heard about the shortage of GPs and the difficulty in attracting GPs and other healthcare staff to many of these regions. I am wondering how we are going to overcome that with the urgent care centres and how we are going to make sure that they are staffed, rather than taking healthcare professionals away from their existing work and regular GP appointments and those sorts of spaces that are already lacking.

The Hon. BRONNIE TAYLOR: It's a really good question and it's one that if there was a simple answer for, someone would have found it, because we do have a real shortage of general practitioners in rural and regional New South Wales. That is why we are really excited about the Murrumbidgee model in terms of their training pathway for GPs, but also the 4Ts model, which then goes further to that and that is that single employer model of working in rural and regional areas. I think that those two models are really exciting and we had a great story that the ABC ran the other night about someone who is actually in that Murrumbidgee program that has been really successful. That is one part of it.

The second part of it is, one thing we know is about growing your own in terms of training GPs in rural and regional areas, because evidence clearly demonstrates that they are more likely to stay. I think that is a really exciting development with the new medical school at Charles Stuart University. I know that there is a local nurse in Bombala who is actually doing medicine and really wants to go back to Bombala and practice. It is those sorts of stories that we really want to see going forward. But we need that cooperation with the Federal Government. The new Federal Government has been really keen to work with us and really positive and wanting to look for those sorts of solutions. But we have to make sure that they want to partner with us in terms of that section 19 exemption, which then allows Medicare to also help pay for that salary, and then obviously with the 4Ts as well—that is Tottenham, Trundle, Tocumwal and Tullamore—that model as well as having those doctors be able to work in the private practice, but also be able to work in the hospital and then bill Medicare through that.

At a recent meeting I was at of national health Ministers, the Murrumbidgee model was actually raised as something that was really positive and could be rolled out right across Australia. I think we should be really proud of that. It was also mentioned and highlighted in the inquiry. It will be all these different things that come to fruition. But we have got a serious issue with GPs that has been a long time in the making and we have to make sure that we can do that. In the meantime, what we are doing is rolling out more nurse practitioners. Nurse practitioners are what some people like to call super nurses. They are able to prescribe some medications to do different things. We have actually got for the first time ever a nurse doing scopes in Dubbo, that we have said is pretty incredible and really groundbreaking and very exciting. We are looking at these extension of practice for registered nurses that may be able to take some of that load off in the interim.

Also there are things like My Emergency Doctor, which we are rolling out and which we have done quite successfully in the New England. The issue for GPs—and this is the workforce right across New South Wales—it's not just about finding the people; it's about retention. One of the things that people will tell us is that it's not like the days when I started over 20 years ago when the Cooma doctors were happy to work really long shifts and to do on call overnight. People just are not prepared to do that now; they are looking for more balance.

We can provide something like My Emergency Doctor, and we can say to someone, "Dr Hurst, we really want you to go and work in Trangie, but we are not going to ask you to do seven nights on call in a row, but we are going to implement My Emergency Doctor, which is a virtual doctor service that we can do on Friday and Saturday nights so that every week you've got some time off so that you can do the things that you want to do." That has actually been used as well as a successful retention tool. I wish I could say it was one thing, but it isn't. It's about trying lots of things and actually Phil Minns is the absolute god of workforce and everything else. He has a heap more answers and suggestions than I probably do.

The Hon. EMMA HURST: I might go to Mr Minns later. I have a couple more questions for you, Minister, going back to the menopause funding. You said that you were going to establish 16 holistic menopause services. I am wondering if these are going to be brand new centres, or will existing women's health services be able to apply for some of that funding that is being put into this.

The Hon. BRONNIE TAYLOR: I don't want to pre-empt that, but it will probably end up being a mixture of both.

The Hon. EMMA HURST: Where is the allocation of that funding up to, or has that process not started yet?

The Hon. BRONNIE TAYLOR: We are neck deep into it with consulting and getting out. As I said, the feedback has been phenomenal. We are looking at lots of different options. Ms Smyth will be able to give more detail on that because she leads on that so well.

TANYA SMYTH: For the menopause hubs, there are two groups being set up: a clinical group for advisory group, and a community group. Those EOIs are public and they close on 11 September. They will inform the outcome of how that funding is distributed. But, yes, as the Minister said, existing services may end up providing those services given what infrastructure already exists.

The Hon. EMMA HURST: When do we expect the services to be up and running? Is there a time line put forward on this?

The Hon. BRONNIE TAYLOR: There is no time line at the moment, Ms Hurst. But as soon as we do get more detail around that and when we will be able to do that, I am really happy to inform the Committee. But please be assured my department is working on this with NSW Health. This is something that we really want to see out there that a lot of people are calling for. We are working really, really hard to make sure that we get that right, that we honour those women that are looking for this service where menopause has had such a huge impact on them and they haven't been able to easily access services. We will continue to do that but we will do it in a really diligent way and a right way because this is an opportunity we have never had before, and I want to make sure that we get it right.

The Hon. EMMA HURST: Last week nurses and midwives went on strike for the third time this year to highlight their serious concerns about staffing levels in New South Wales hospitals. We have heard at the inquiry as well about staffing problems in regional and rural areas. You have a background in nursing yourself, so I am sure you have a lot of sympathy for their concerns and a desire to ensure the best care and safety for patients. Why has the New South Wales Government not committed to staffing ratios at this point in regards to nurse and midwife ratios?

The Hon. BRONNIE TAYLOR: Ms Hurst, as you would be acutely aware, it is not just the Government, it is also the Opposition, because I think you and Cate Faehrmann were the only ones who voted for it in terms of the inquiry response.

The Hon. EMMA HURST: I am only asking, though, for your position.

The Hon. BRONNIE TAYLOR: Yes, I know; I am just saying. In New South Wales we have nursing hours per patient day, and that is what we use in terms of how we allocate staff in each of our services. What that allows us to do is it allows us the flexibility to flex up and flex down. So if you are working at a rural and regional hospital and you are having a really busy time in the emergency department but in your surgical ward for some reason you've been able to discharge everyone earlier than expected and things have gone really well, then you are actually able to move staff around in that situation because you are not bound by the rigidity of nurse-to-patient ratios that is legislated and is there. I think that—you know, we actually have nursing hours per patient day, where people have put an enormous amount of work into doing that to make sure that that works. I have always been really open, really transparent about this. I have worked on wards where things are there.

There are some really tough days at the moment—really tough weeks, really tough months. That is because we have had, as we have been really transparent and open about, very big workforce challenges for a number of reasons. What we have to do is—you know, there are situations too where we have put a record amount of staff into the NSW Health system, over 8,300 staff announced prior to the last election. We have also announced more of that staffing. We are actively recruiting in every area—the increase of staff has increased. When we reach those staffing numbers, that will ease the system, but what has been really difficult is that we have had large amounts of staff furloughed, so staff have had to sometimes step up and do double shifts, which is really hard and really exhausting. I absolutely appreciate all of that but I think, as well, we have said very clearly that we are investing in record numbers of health staff, as we have. Mr Minns, as I said, he is the God of workforce and knows a lot more than I do—well, sorry, he is a very senior—

The CHAIR: You come with a very high endorsement, Mr Minns, I've got to tell you.

The Hon. BRONNIE TAYLOR: Yes, he does. He knows—

The CHAIR: You have been referred to as God twice.

The Hon. WES FANG: No pressure.

The CHAIR: No pressure.

The Hon. BRONNIE TAYLOR: He knows so much.

PHIL MINNS: So eight minutes to explain the health workforce.

The Hon. EMMA HURST: If you want to use the Government's time.

The CHAIR: I am sure there will be more time this afternoon.

The Hon. EMMA HURST: Yes, we can come back to that.

The Hon. WES FANG: No, we don't need that. We don't need the Minister to—

The CHAIR: That's not letting you off the hook, Mr Minns. We will be back.

PHIL MINNS: Okay.

The CHAIR: But you might have a brief response and then we can return to it.

PHIL MINNS: A brief response is to highlight what the Minister has been saying with some numbers. We have had a consistent pattern of furlough that has impacted staff. The worst day in our system was 22 January—no, it is not, though it was in January; I think it was about the thirteenth—with 6,184 staff off and there would have been in the region of 2,000 nurses or more. We then had another number in April at 4,669 and then the most recent peak from the latest wave was 22 July with 2,906, and there were more than 1,000 nurses off. Now, thankfully, we are back. I think we are almost below 600 furloughed today, and the nursing compliment of that is less than 500. I might correct the record with the exact detail after the break.[1]

But the other thing that happened, particularly in the July period, was sick leave was well up on the equivalent period last year. Winter is normally when you expect sick leave to peak, but it was up by 20 per cent to 30 per cent across the month of July. It was a combination of people with COVID, rather than being furloughed for isolation, and people with influenza. Those two things coming on the back of everything else have meant that we have probably seen the most challenging period for our staff in the last six months, since the whole pandemic began, and we have also seen an elevation in the amount of overtime that we needed to ask our staff to work. I can provide some detail about that after the break.

The CHAIR: Thank you, Mr Minns. That's very helpful. On that note, that brings us to the conclusion of the a.m. session for this hearing.

SUSAN PEARCE: Mr Donnelly, if I may?

The CHAIR: Please, Secretary.

SUSAN PEARCE: Sorry to interrupt you. I just wanted to circle back to a question from the Hon. Penny Sharpe earlier with respect to the Women's Trauma Recovery Centre at Port Kembla. I have been advised that just yesterday there was a note to Minister Hazzard that the recovery centre has actually accepted the land that NSW Health, via the district, has offered. So, just to update the Committee on that, that letter came in just yesterday.

The CHAIR: Thank you. That's good to know.

SUSAN PEARCE: And we will progress discussions and meetings with them as a result of that.

The CHAIR: That is good. Thank you, Secretary. That's helpful. It now moves to Government members if they would like the opportunity to ask some questions.

The Hon. WES FANG: Chair, given the comprehensive and thorough answers that the Minister has provided to the Committee today, I think she has covered all the points that I would have raised—but only to say thank you to her and the staff for attending today and excellent job. Thank you, Minister.

The CHAIR: Thank you, the Hon. Wes Fang. I appreciate that. Thank you, Minister. I know that you are—what do they say?—flat out like a lizard drinking in your role across your three important portfolio areas. To give this amount of time is much appreciated. Thank you very much.

The Hon. WES FANG: She is good like that.

The CHAIR: We look forward to the afternoon session with your Secretary and the other officers to be able to expand on some of the questions we have raised with you. Thank you very much. We will break now and return at 2.00 p.m.

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[1] In correspondence to the committee received 6 October 2022, Mr Phil Minns, Deputy Secretary, People, Culture and Governance, NSW Health, clarified the evidence given.

The Hon. WES FANG: Make it 3.00 p.m. Be a rebel; do something different.

The CHAIR: Thank you.

The Hon. BRONNIE TAYLOR: Thank you to all of the secretariat staff too for everything you have been doing.

(The Minister withdrew.)

(Luncheon adjournment)

The CHAIR: Welcome back, everybody, for the afternoon session. Once again I thank the Minister for her availability this morning—

The Hon. WES FANG: She was phenomenal.

The CHAIR: —and for being able to ask her a range of questions, which lead to no doubt some follow-up questions thematically on what we covered this morning and perhaps some new topics as well. We will do it in the same format as this morning: It will be the Opposition and crossbench, with some time for the Government at the end. I don't know who is coming for the crossbench, in what order, so we'll just have to work with that. The crossbench has 20 minutes, as the Opposition does, and they have to split it either one way, two way or three way, depending on how many of them are here at any one point in time, if that makes sense. So a bit of flexibility would be appreciated.

We will get underway and perhaps we will commence with questions directed to Mr Sloane. Just to be clear, we weren't ignoring you this morning at all. I know you didn't field any questions. We weren't looking in any way to reflect on you, but with the Minister present, we directed it to her and we knew we'd have the opportunity to ask you questions this afternoon. So please don't read anything into what we did this morning. First of all, welcome to the position. Obviously, it is a very significant and important announcement by the Government earlier this year to put into place your position and role specifically within the department of NSW Health. Could I ask you when you officially started in the role? These are, dare I say, warm-up questions. When did you get underway?

LUKE SLOANE: Yes, so it was early July. I think the exact date was 13 July.

The CHAIR: So that is when you commenced. As we understand, we have Minister Hazzard, Minister Taylor and then obviously yourself within the department of NSW Health in the particular role. I'm just trying to get some clarification of reporting and reportage by yourself on a presumably regular ongoing basis of the priorities that are set for you and the work that you do in terms of your direct report. If you could please explain who is your direct report?

LUKE SLOANE: Yes, my direct report is the Secretary for Health, Ms Susan Pearce.

The CHAIR: Thank you, and do you meet—and when I say "meet" that perhaps involves also remote meeting—with the Secretary on a regular basis?

LUKE SLOANE: Yes, we have regular meetings to catch up, yes.

The CHAIR: Once a fortnight, once a month, once a week?

LUKE SLOANE: I think at the moment the frequency is once a month formally in the diary, but we talk mostly every day.

The CHAIR: On bits and pieces, yes. With respect to the Ministers themselves, Ministers Hazzard and Taylor, do you have within your remit a task or requirement or obligation to speak to them on issues that may arise, or is it essentially through the Secretary that the communication to the Ministers takes place?

LUKE SLOANE: My remit is on the permission of the Secretary to escalate to the Ministers when it's things that are pertaining to regional, rural and remote health.

The CHAIR: So are you only dealing with matters to do with regional, rural and remote health?

LUKE SLOANE: That's my remit, but there are things that fall in between, I guess, the local health districts and specialty health networks that have some rurality or regionality that I also and between myself and my colleagues, we make sure that we are well versed and across that business for each other.

The CHAIR: But it would be true to say that all matters, one way or the other, that you get yourself involved in, are touched by a dimension or an element of matters regional, rural or remote health services and health outcomes.

LUKE SLOANE: That's correct.

The CHAIR: With respect to the priorities that have been presented to you in your new role, either by the Ministers or perhaps through the Secretary, or a combination of a meeting of the Ministers and the Secretary to yourself, has there been a laying out of, dare I say, a set of priorities or markers that are being looked forward to be achieved in the period ahead—and whatever that period ahead is, if you could identify what it is, that would be helpful?

LUKE SLOANE: Yes, we have key, or myself in my role and the division have key tasks that we've been asked to prioritise, those being the regional health plan, the response to the inquiry, as well as the development of the Regional Health Ministerial Advisory Panel. They're quite operational things that we have to deliver on, including that I have a sense of, I guess, strategic priorities to provide the advocacy for rural, regional and remote health in New South Wales and to make sure there is strong advocacy in those spaces for not only the communities in those areas, but then to create the single point of contact for regional health districts, the Minister's office into the ministry and anyone else providing health care in those regions.

The CHAIR: Can you just run through the first part of your answer? I think you said about four items.

LUKE SLOANE: I can. Support the swift delivery of the New South Wales Government's regional health priorities in response to the recommendation of the New South Wales upper House inquiry into health outcomes and access to health and hospitals in rural and remote and regional areas of New South Wales; support and coordinate the development and implementation of the regional health plan—

The CHAIR: Can I just interrupt you there, just to pause for a moment?

LUKE SLOANE: Yes.

The CHAIR: With respect to the development of that specifically, what is the instruction, to use that word you have been given, with respect to the timetable to be met to achieve that, that is, the next plan ahead?

LUKE SLOANE: Yes, so the approved time line for us is to work towards a release date of the end of the year. I would have to come back to you with the exact date that we've had approved—

The CHAIR: That's fine.

LUKE SLOANE: But it would be late November, early December.

The CHAIR: Okay, and the proposition, can I ask, is it for a five-year or a 10-year plan, the length of time that you're preparing for?

LUKE SLOANE: A 10-year plan.

The CHAIR: And you are receiving satisfactory cooperation from within NSW Health in terms of all the information and data you need to, I guess, sieve through to help work that plan up?

LUKE SLOANE: Yes, absolutely, from NSW Health and beyond, external stakeholders, the communities themselves, local government. The consultation list is very wide and well spread.

The CHAIR: And can I ask: Who is being consulted externally? Is there a list? I know it is a hackneyed phrase used all the time—stakeholders—but let's use it because it is used all the time, parties, interested parties, NGOs, whoever they might be, is there a broad suite of organisations being consulted?

LUKE SLOANE: Yes, the list is very long. I can go through that list if you want, but it might take some time.

The CHAIR: No.

LUKE SLOANE: But yes, we do have a very wide—we've done three pointed areas of consultation, the first one being general, run by some colleagues from Bendelta to do a broad overarching piece of consultation New South Wales-wide. We have had a focused piece of consultation from 33 Creative for Aboriginal community members all around. Further to that, we've done quite pointed engagement with Aboriginal medical services and several other Aboriginal groups, and then we've also done a qualitative piece of consultation to make sure that we build on those themes that we very much acknowledge that came out through the inquiry through the evidence tendered and make sure that that is interwoven into the plan taking it forward.

The CHAIR: Just out of interest, was there consideration given to consult with the shadow health Minister, the Hon. Ryan Park?

The Hon. WES FANG: Who is he?

The CHAIR: To provide some input into the development of the plan?

LUKE SLOANE: I don't think so at the moment, but that is something we can very much do.

The CHAIR: Will you take it on notice?

LUKE SLOANE: Yes, take it on notice. There will be a period of three weeks in September where it is completely open to the public via Have Your Say.

The CHAIR: Good, okay. I'm sure he will have a worthwhile contribution to make. With respect to the local health districts in the State of New South Wales, obviously you are well familiar with the network of them and the ones identified as covering rural and regional New South Wales are listed as seven of them. But with respect to the others, there is Nepean Blue Mountains, there is Illawarra Shoalhaven and there is South Western Sydney. In all three cases, I think it can be reasonably put that parts of their region are, if not rural in the complete sense, certainly at least semirural, and I think, quite frankly, parts of them are rural on an ordinary definition of what "rural" is. Do you have any remit into the health facilities in those parts of those three non-regional, strictly speaking, local health districts—not the seven—to deal with any matters because of the rurality associated with parts of those LHDs?

LUKE SLOANE: There are seven core regional LHDs. We also include the two—so Central Coast and Illawarra-Shoalhaven.

The CHAIR: Central Coast as well. Okay, good.

LUKE SLOANE: But, again, with all the partners that we're engaged with, and when we've had these discussions at NSW Health, we do also cover off those areas like Lithgow Hospital and like the Bowrals of the world where there are levels of rurality. And just to reinforce, we're doing so as one group or one system that is able to tackle those problems and issues that arise and cross over, whether those are in formal rural LHDs or not.

The CHAIR: As a practical, day-to-day, operational perspective, there aren't issues that come about whereby there is the health Minister and Minister for rural health and there's an intersection crossover and there is a question of who should be dealing with this. That doesn't arise? It's a pretty clear demarcation?

LUKE SLOANE: No, not so much of a demarcation rather than we leverage the collaboration that happens across all of those sites.

The CHAIR: I appreciate the date you've provided to us in terms of your formal commencement date in the role. Have you had the opportunity yet to meet all the chief executives from the rural and regional LHDs—at least those seven I've referred to? Have you had the opportunity to meet with them?

LUKE SLOANE: Yes, absolutely.

The CHAIR: In general terms, what were the points of discussion and dialogue you had with them? What was the priority for you, anyway, as a newly appointed coordinator?

LUKE SLOANE: I might just clarify as well that I have been acting in the role since April.

The CHAIR: Yes, I appreciate that.

LUKE SLOANE: I think I've had over 220 meetings in 90 business days and that includes with the chief executives, some of them more than once. And we meet regularly with the chief executives at the senior executive forum in the Ministry of Health. It was really to garner and contextualise what their challenges were in each one of their respective local health districts and to make sure that I was across any issues that were arising or the things that they needed help to work through, solve and address, as well as the exemplars of care that were being delivered or different innovative models that we could look at possibly scaling and/or rolling out across the State.

The CHAIR: Can I ask you, behind closed doors—and I don't need to know the details although I'm happy for to you volunteer them if you wish—there were some very frank points of discussion led by yourself about particular concerns where there needed to be a pulling up of the socks, so to speak. I appreciate that the meeting would have been a meet and greet and a cup of coffee and biscuit but, beyond that, when you got down to tin tacks the actual inquiry report has got some pretty sharp edges to it. I gather, at least in parts of the discussion, there was clear-sighted commentary around saying, "Listen, there are some errors we need to focus on."

LUKE SLOANE: I think every conversation I've had has been extremely frank, candid and authentic with every single one of the chief executives and all the staff that we've met and talked to, with or without the chief executive there in the district. We have a performance framework within NSW Health that is used to provide those performance outlines and have those conversations on a quarterly basis with all of the districts, whether they

are metro or rural. There's probably a good outline from all of the chief executives as to what some of their local challenges are, with respect to themes both inside and outside of those that were identified through the inquiry. Every single conversation I had was really frank and candid around what some of the challenges are that they're facing but also what they're doing or what they're implementing in order to try and challenge those issues, as well as take their health service forward.

The CHAIR: In your capacity as the coordinator general and through the assessments you've been able to make thus far, and accepting that you've been in the role, at least acting, since April, do you have confidence in all of the chief executives of the local health districts in New South Wales that you have responsibility for?

LUKE SLOANE: Yes.

The CHAIR: And you have told them that?

LUKE SLOANE: Yes.

The CHAIR: What have you told them are your expectations in terms of what they are to do and deliver with respect to their roles going into the future in light of this inquiry report and, perhaps in some senses for them personally and organisationally more significantly, the Government's responses to the recommendations?

LUKE SLOANE: I think the chief executives all have an understanding that we work as a collaborative system, and so our response to the inquiry recommendations will be done as such. My role as coordinator general is not to manage downwards. It is to manage up and across and make sure that I'm using influence and negotiation in order to make sure that the recommendations are implemented and/or that issues are being worked through from whatever we need to do to implement and doing that collaboratively with the chief executives in all the rural, regional and remote local health districts.

The CHAIR: I think we all understand the value, importance and efficacy of cooperation, but can I put this to you: In the context of what was some quite scathing evidence about bullying, which was covered in the inquiry in evidence, both in oral and written submission—and you would have heard the back and forth in the earlier part of the day with the Minister—surely it would be the position, your starting point, that you are wanting to move this ahead a little bit more quickly than just with cooperation, given the evidence that has come before the inquiry—that is, the comments about the systemic nature of bullying inside NSW Health.

LUKE SLOANE: That's why I think it has been very important for me to have meetings with all manner of staff outside of the chief executive and outside of management, when I've moved around. I think we've been probably about 7,000 road kilometres and 15,000 air kilometres at the moment to make sure that we're meeting with everybody. And I can guarantee you that management and the chief executive are not there at all of those meetings, and it gives everybody the ability to, as I said before, have those frank and candid conversations about what they think is working or not working on the ground.

The CHAIR: I'm talking specifically, Coordinator General, about bullying. What have you been saying to employees of NSW Health in your toolbox—if I can use that phrase—or staffroom meetings about, thematically, what's going to be done to deal with this in light of the inquiry report and its recommendation?

LUKE SLOANE: I'll hand over to Phil in a second to cover off a little bit, but in my discussions I'm saying and reassuring staff that they need to be frank. I'm reassuring them that we have a really robust reporting framework around clinical incidents that can be done either anonymously or not, and that there are support services in place for all staff across NSW Health. We do have independent bodies, and I have reiterated this at several forums that I've been to whilst I've had visits or meetings with people across the State, to make sure that they understand that those options are there and in place and to be able to advocate for them if they think that something's not right.

I've given my phone number to countless numbers of people to be able to escalate to me directly if they need to, but also to make sure that they feel supported to raise those issues should they need to with their local chief executive, management or otherwise, so that we can work through whatever the issue is that arises. Reinforcing that safe culture, we do have an amazingly strong culture of reporting within NSW Health with regards to clinical incidents, but we also want to make sure that there's a culture of safety in the workforce so they can also respond and feel heard when they have an issue.

The CHAIR: I presume it goes without saying but the point has been made clear by yourself, Coordinator General, that there is zero tolerance—that's zero tolerance—for bullying and that, with respect to retribution, potential retribution or payback or whatever phrase one might like to use, that is completely unacceptable behaviour and practice inside NSW Health in regards to people speaking up about matters of concern.

LUKE SLOANE: Absolutely. I'd welcome anyone to speak up about matters of concern that they have about any particular issue to ensure that they are thoroughly investigated through the policy process that we have in place and reiterate the comments that the Secretary made to our colleagues and clinicians up in places that we've travelled to, that they need to be able to have those frank and candid discussions without fear of retribution.

SUSAN PEARCE: Mr Donnelly, if I could add to that, I think it's important as the Secretary for NSW Health that I put on the record categorically that there is zero tolerance for bullying and intimidatory behaviour in our health system. We have more than 160,000 staff across NSW Health. We are very invested in the culture and the health and wellbeing of our workforce, and reporting issues and incidents goes to the very heart of our health system. It is nothing without our staff. If people don't feel that they can safely report issues, then that is obviously something we take very seriously. Mr Minns will add further comments, but we have done a lot of work over time.

I really want to categorically put this on the record: It is very concerning to me, as the Secretary of this organisation, to continually hear commentary around a culture of fear. I respect the fact that evidence was given to the inquiry and absolutely respect people coming forward, but it's very important for us to let our staff know—every single one of them—that they have to right to raise issues, which is why it's important that I meet with the Ombudsman and the HCCC later this month so that we can further spell out to our staff that if they need to go external to their organisation, they have the opportunity to do that in a safe way. In fact, the HCCC takes anonymous complaints into their remit.

We've done a lot of work over time to improve patient experience, but we absolutely acknowledge that you cannot improve patient experience if you don't improve staff experience. So we have a framework called *Elevating the Human Experience*. The reason it is called human experience is to that very point. It's not just about patients; it's about staff as well. As Mr Sloane has mentioned, there are multiple avenues to raise issues. But we do understand, like in all large organisations—in health systems not just in New South Wales but across the country—sometimes in smaller facilities that can be challenging. We understand that people can sometimes feel uncomfortable about raising an issue in a small workplace, but there are avenues outside of that. With your indulgence, I'll pass to Mr Minns.

PHIL MINNS: Just to give you some results from 2021—the People Matter Employee Survey—we did see a reduction in eight percentage points on the number of staff who reported witnessing bullying, and we saw a reduction in one percentage point of staff indicating that they felt they'd been subjected to bullying. So there has been some improvement. I would make two other points about this whole area of the consistency of Health culture. When I started in Health at the end of 2017, I spent a fair time in 2018 dealing with a range of unfinished complaints, outstanding complaint matters et cetera. It was pretty evident to me that the way our complaints system worked was not as effective as it could be and certainly not as fast as it might be. In a way, it was contributing to some of the angst that staff felt if they brought forward a matter or a complaint.

So we started a project in late 2018, which has been somewhat cursed by COVID. Its goal was to see if we could simplify and clarify the complaint arrangements that operate across the health system. They are quite complex, from simple workplace grievances, to bullying, to complaints about a clinician that involved the national registration law. One of the problems we sometimes see is that, if I can use vernacular, we find people are in the wrong swimming lane. They think they're dealing with a complaint of this nature under this policy framework, but they're not in the right lane. So a lot of work has gone into building resources and supporting managers to be more effective at this, particularly in the first instance. Some of our significant, long-term complaint matters that may have been the subject of referral to your previous inquiry often have a history where things go wrong from the first step, if you like. There is a misstep in process at the start.

That project has completed throughout COVID. What we want to do is create a similar resource portal for employees. If you are an employee, you will be able to go—it's almost finished. It just needs to be put into internet protocol, but the content is done. So, "This is what's happening to me in my workplace." Or if you're not sure what's happening to you, read four or five case studies and say does this feel or look like what you're experiencing? If that's happening to you, what's the process? What are your rights? What are your options? How should you seek counsel? That resource will hopefully be available before the end of this year for employees, as well. There are two portals, and then we want to wrap a bunch of new education around that for both frontline managers and for staff. That project had its genesis in me experiencing, if you like, the backlog of open complaints that Health had in 2018.

The other thing that occurred to me was that we probably have parts of the system where we see and hear enough evidence to suggest that something's not quite right. What we want to do is be much more able to go in early and intervene in those workplaces, be they a department, a ward—whatever. We've done a pilot trial. Again, its timing was repeatedly delayed by COVID, but it involves us working with an external, independent provider

with appropriately trained organisational psychology staff. There's a survey. There's a deep dive of focus groups and individual meetings with staff. It's really a culture diagnostic. We've heard some issues in this ward in this part of the system. It has come through, maybe in the PMES results. It has come through in complaints to the Minister or to the ministry, or it has been raised with us by the relevant unions.

Once we get enough of that noise in the system, the idea is that we have this standard methodology whereby you can do a deep-dive cultural assessment, not from the point of view of necessarily finding fault but from the point of view of saying, "What's occurring? Why is it a driver of workplace grievance and unhappiness? What would be the solutions that would work for that team and that community of people? Can we get those recommended and then implemented?" So it is a kind of bureau service from the centre. We would say, "It's available." What we want to do is create a stable of four or five organisations who can implement the methodology so that we haven't got constraints about rolling it out. Both of those things are aiming at early intervention because many of the matters that you would have seen probably brought to the committee, and that I see in my role, have this long history of unfortunate issues and unresolved matters. So we want to try and intervene right at start, when we start to see things not working.

The Hon. EMMA HURST: I have a couple of questions for Ms Smyth in regard to women's opportunities. A recent Australian study detailed how and why the COVID-19 pandemic had a greater financial and psychological impact on women. It detailed how women have suffered disproportionately from the effects of stress, anxiety and depression due to job losses, reduced income and domestic labour burdens. I'm wondering if anything has been done in New South Wales to try to combat the issues women are facing post COVID?

TANYA SMYTH: In 2020 the Government announced the New South Wales Return to Work grants. The program involves developing a return-to-work plan with a return-to-work coordinator, which involves looking at what New South Wales already offers that aligns with that woman's plan, and it also may be supported by a grant of up to $5,000. In the Women's Opportunity Statement, the New South Wales Government announced an additional $32 million for that program for this year and the following year. That is to continue to support women who have faced unemployment, many for the first time in their lives, to access opportunities to return to work.

The Hon. EMMA HURST: With that grant for the $5K just for women or was that more broadly?

TANYA SMYTH: Just for women.

The Hon. EMMA HURST: The study also recommends a greater focus on an integration of flexible and hybrid working relationships, and urges organisations to continue to promote equal access to remote and hybrid working while, of course, ensuring that there are no penalties in pay. Is the Government doing anything, or is your department doing anything, on work in this regard to support women in flexible work?

TANYA SMYTH: I don't recall any specific initiatives. Obviously, within the public service in New South Wales those options are available to all of our employees on an "if not, why not?" basis. But I don't recall any specific work being done with the private sector.

The Hon. EMMA HURST: I want to ask about the NSW Health maternity care policy. I might direct these to Ms Pearce but I'm happy for anyone else to jump in. In regard to the NSW Health maternity care policy, the NSW Health website states:

> NSW Health has developed a revised Maternity Care Policy. Once finalised this policy will replace the current NSW Health policy directive *Towards normal Birth in NSW*.

Can you give me an update on where this policy is up to and how close it potentially is to being published?

SUSAN PEARCE: I'll get Dr Lyons to respond to that.

NIGEL LYONS: The policy revision is well advanced. The redraft is in the final stages of consultation. It's called "NSW Health: Connecting, listening and responding: a blueprint for action for maternity [audio malfunction]". It addresses many of the issues that I think you were raising this morning in your questions to the Minister, in particular around issues in relation to the involvement of women in the birthing process itself and about having respect for the decisions that they might want around what happens during their care. There has been a lot of focus on changing some of the approach that we've had in the past. A lot of the new components of the policy will be highlighting the importance of having socially and culturally respectful care being delivered by the treating team and making sure that women are connected to information and care early in their pregnancy so they can have lots of information around what options are available to them and what they would like to receive as they progress through their care journey.

We're very keen to maintain continuity of care through antenatal, through the delivery process and postnatal. It's a high focus of the new policy, whether that's through a GP or through a midwife. We're really keen to make sure there's continuity of care so that people can have consistency in the person they're dealing with and

establish a relationship with them. I think that addresses a lot of the issues where people are concerned that they may not be being heard when they're expressing their views about what they would like to have happen. There's more focus on women being supported to make informed decisions about the care, and the choices and the preferences that they would like to see, and that those preferences are respected in the care that's delivered. Recognising, of course, that we know in maternity care that all of the things that go on may not always be able to be done because of what occurs through the delivery process—that some changes occur and what the expectations were may not be able to be met, but if they are changed there's a process of communicating that appropriately, and that people are informed and involved in the decisions around what has to happen from thereon in.

In particular, there's a keen desire to have professionals maintain that supportive care partnership, especially when women may choose to decline a recommended care path. We are really highlighting the importance of women being involved and having the options to choose. Women need to be informed about the outcomes of those decisions so that they are fully aware of the choices they're making and the potential consequences of those. All of this takes time to do. So that continuity of care and the relationship building is so key, that there is a trusting relationship between the different parties. I think those things are very much highlighted in the policy. There have been lots of discussions with our key stakeholder groups, the peak organisations like Maternity Choices and the consumer groups that are advocating for the need for this, and we're in the final stages of consultation now. Following that last round of consultation that new policy directive should be available around October of this year, so only in a matter of weeks' time.

The Hon. EMMA HURST: Will the policy come into effect in October or will it just become public?

NIGEL LYONS: It will have been through its whole process. It needs to go through an approval process through the Secretary. We're aiming to have that completed by the end of October.

The Hon. EMMA HURST: And then will it come straight into effect?

NIGEL LYONS: And then it will be implemented across the whole system.

The Hon. EMMA HURST: Great. You were talking about the continuity of care model. I know we've spoken quite a bit about that in previous budget estimates as well. I'm glad to hear that that's being included in the policy. Will the policy also look at and recognise some of the barriers to achieving that, particularly in certain regional and rural areas?

NIGEL LYONS: I think the policy highlights that overarching direction of what we need to achieve. How it's actually delivered, the care that's delivered in different settings and the models of care that are utilised to deliver that will vary depending on the context. I think we all recognise that the way care is delivered in a small rural community versus in a large, highly specialised, complex hospital delivering high-risk maternity services are very different models. So the overarching principles apply to all services. How it's actually operationally delivered will very much vary depending on the context of those services.

The Hon. EMMA HURST: You've alluded to the policy, touching on some of the OV issues that we discussed before. Was obstetric violence something that was included specifically in the consultation? Will it be addressed specifically in the policy, or do you feel that parts of the policy that are going to come through will just reflect some of the solutions of OV?

NIGEL LYONS: This issue around obstetric violence—I did check with the team in the break about the level of evidence that's available in the literature. There's not a high level of evidence around this. There are some observational studies that have been reported from overseas. The work that's being done in New South Wales, we couldn't see where that had been published at this point in time. It may be research that's being undertaken at the moment. But we're very confident that the issues that are being raised in this space are very much directed to this issue around having people respected in their choices, having good information available to them, and having a respectful and ongoing continuity of care arrangement. All of those things will help address the concerns that people might have around things happening to them that they don't believe they thought would happen to them or they haven't had any involvement in the decisions around those. We believe very much that the sort of direction we're going in with this new policy will very much address those concerns that you were highlighting this morning.

The Hon. EMMA HURST: Just as an FYI, the research with the 8,000 women hasn't been published yet. Apologies, that's why you wouldn't have found it yet. I was lucky enough to get a private briefing on the research. My understanding is that it will be published sometime over the next few weeks. So very, very soon is my understanding. I'll make sure that we pass that on.

NIGEL LYONS: We're very happy to make connection with the researchers and ensure that our policy team are aware of what's in that research and make sure that our new revised policy is addressing those issues.

The Hon. EMMA HURST: Fantastic. Thanks for that. Does the new policy look to address the issue of the midwife shortages in New South Wales? I know that this has been raised often as a serious issue. I was wondering if there is a strategy in this policy or elsewhere to deal with that?

NIGEL LYONS: This policy highlights how we would like care to be delivered. It doesn't talk to who—

The Hon. EMMA HURST: The problems.

NIGEL LYONS: —or what addresses the workforce shortages that we're facing. That's part of other work that's being undertaken. It is, as you know, a real highlight of the New South Wales health system, the concerns around shortages of the workforce, particularly in rural and regional settings, and certain areas of expertise, including midwifery. There is a range of different strategies that are being put in place separate to this policy which are around how we increase recruitment and retention, and ensure that we have environments that are supportive for people to be able to exercise the skills they need in providing the care in different settings. So that's a separate part to the policy.

The Hon. EMMA HURST: I have one last question on the new policy. I know you've talked a little bit about the continuity of care model and a few of the other aspects, but are there key changes that will be made in this maternity care policy compared to the previous one?

NIGEL LYONS: The heading of the new policy I think highlights what we're proposing to do which is different, which is much more a focus—if I read it out again—on connecting, listening and responding. It's really much more around the fact that in the past we've tended to talk about what we believe should happen in the care, but we very much see the need for much more responsiveness from our teams around the individual and their family having much more to say around how care should be delivered and what they would like to see through the care we're offering. It is much more of a partnership arrangement, and that's reflected all the way through the document. It is very much about evidence-based care and making sure care is safe and appropriate, but it's also very much more around listening to the needs of women who are delivering babies and their families, and making sure we are responding to those appropriately.

The Hon. EMMA HURST: I want to talk about the residential eating disorders treatment centre that's proposed for Newcastle. Ms Pearce, would you be the best person to direct questions to on that one?

SUSAN PEARCE: Dr Lyons may be able to assist with that one.

The Hon. EMMA HURST: Dr Lyons, in April this year it was announced that Newcastle would be home to a new $13 million residential eating disorders treatment centre which, I believe, is the first publicly funded service of its kind in New South Wales. Can you give us any kind of indication on where that project is up to? Has construction started? Is there a time line for when we could see it open to the public?

NIGEL LYONS: I'll talk a little bit about eating disorders and that clinic, and my colleague Ms Wark might have some more detail about the construction time line because that's part of the delivery of capital works. It is the first of the publicly available inpatient—or a residential setting for eating disorders in New South Wales and is on the back of a significant investment in eating disorders right across the State. We have had a detailed plan with investment in coordinators at a local level across all of the local health districts, a real focus on establishing our specialist services, both psychiatric and psychological, and also people who deal with metabolic effects of eating disorders and having them working in partnership at a local level.

The real focus is about how we can have access to care early and intervene as early as we possibly can, recognising this is an area of increased incidence of disorders, particularly in young people, and in both men and women. It is in young females and males now that we are seeing these disorders in. The focus is very much working in partnership with general practitioners and our specialist teams at the local level, trying to intervene early so we can change the trajectory of this illness. Where we need that highly specialised residential care, we haven't had that available in the past [audio malfunction].

The CHAIR: We have lost the audio. We are just getting you back, Dr Lyons.

The Hon. EMMA HURST: I might throw to Ms Wark with some of those questions about the construction of the centre, when that will be commenced and when it will be open to the public.

REBECCA WARK: My understanding is that the tenders for that have recently closed. It's actually being managed by Hunter New England Local Health District because it was deemed in collaboration with them that they would be able to deliver it more swiftly, given the deemed urgency of the facility. I'm advised that that tender has now closed and will be awarded shortly.

The Hon. EMMA HURST: Do we have a time line as to when we are hoping to actually open the centre?

REBECCA WARK: I would have to take that on notice.

The Hon. EMMA HURST: Thank you. Dr Lyons, do we have you back? No.

The CHAIR: Not yet.

The Hon. EMMA HURST: I might see if Ms Pearce has any further information on this. I do have a few more questions, and I understand if you are not sure of the exact details. I was wondering if there were also plans with this particular centre for ongoing support for outpatients because, obviously, we are talking about a very chronic issue here and the recovery is a long journey. Do you know if the centre will have outpatient plans as well?

SUSAN PEARCE: I will need to take that on notice, Ms Hurst.

The Hon. EMMA HURST: Could you also take on notice how long the estimated standard stay at the centre will be?

SUSAN PEARCE: Yes, certainly.

The Hon. EMMA HURST: I might move on to another one and come back to this and see if we can get Dr Lyons. Am I able to ask you, Ms Pearce, about the Mental Health Line?

SUSAN PEARCE: Certainly, yes.

The Hon. EMMA HURST: The New South Wales Government recently launched an initiative to improve the 1800 Mental Health Line. The Government called for people with lived experience of mental illness and their carers to help improve the Mental Health Line. The public consultation period closed recently on 26 August. I'm just wondering what kind of a response you have had from that consultation period, whether you have had a significant number of submissions and if there is a time line around when the community can expect a final report.

SUSAN PEARCE: I will pass that one to Dr Wright, if that's okay.

The Hon. EMMA HURST: Of course.

MURRAY WRIGHT: I don't have the details on the number of people that have responded to that request or when the answer is going to be made available. We would have to take that on notice.

The Hon. EMMA HURST: Thank you, if you wouldn't mind. Dr Lyons, do we have you back now? No.

The CHAIR: He can hear us but we can't hear him. We will get him back.

The Hon. EMMA HURST: Dr Wright, do you have any other information about that Mental Health Line that you can share with us or is it at such early stages of that consultation that there is nothing to report at this point?

MURRAY WRIGHT: I think there are a few things I can say about it. I think that there was a substantial enhancement to the Mental Health Line as part of the COVID packages which occurred. There has been quite an improvement to the responsiveness of the line against some of the industry standards over the last 12 months. I also know that there is some work being done by Service NSW to look at improving the customer-facing part of that capability. It's a service which was first conceived in the mid-nineties and it is a telephone-based service. Communication technology has moved on since that time. I think everyone is looking forward to opportunities to see whether it can be made more customer-friendly and more flexible in how it delivers services. We think it's a really good opportunity for us to have a look at how we can improve what is an absolutely critical part of enabling access to services for people in crisis.

SUSAN PEARCE: I could add, Ms Hurst, perhaps to round it out a little more, given that we can't hear Dr Lyons because I'm sure he would have more to say on this topic, but there has been an investment of over $50 million starting from 2021-22 to expand virtual mental health services. Again, they are never suggested to replace face to face but they do form an important function and certainly assist some of our rural and regional colleagues. That is work that's also underway as part of our virtual care strategy as to how we can reach more people across the State.

MURRAY WRIGHT: I have got some information in relation to your previous question.

The CHAIR: Please.

MURRAY WRIGHT: I'm informed that there have been 724 surveys completed and 33 consultations, and the draft report is in its final stages.

The CHAIR: Back to you, Mr Sloane, returning to a couple of themes I had before I passed over to my colleague. You explained, I think, quite clearly the reportage and the regularity, which is firm and also ad hoc, according to what might arise with the Secretary in terms of issues that are within your remit. I'm just a little bit unclear about what is—if it does exist—a trip-wire of a matter or a type of matter that may lead to you having to go or would have to go directly to Minister Taylor. I got the impression that there may be occasions where that could happen, or may happen, where you have to go to the Minister directly, but could you just explain what might be an example where you would have to go to the Minister without going through the Secretary?

LUKE SLOANE: Yes. I would think that I would probably do them both hand in hand, but if there was a serious or contentious issue that needed to be raised, I would do it at the same time where I would raise it to the Minister as well as raising it to the Secretary.

SUSAN PEARCE: You'll appreciate, Mr Donnelly, it's my expectation, which I don't think is unreasonable, that if there's a matter that is serious enough to raise with one of our Ministers then I ought know about it.

The CHAIR: Absolutely.

SUSAN PEARCE: And the team, I think, are very capable at determining those types of issues. Of course, on a day-to-day basis, if Mr Sloane needed to speak directly to either Minister Taylor or Minister Hazzard, that is no issue. Certainly that goes to all of the officers here. They have quite direct engagements with Ministers and the Ministers' offices. You can't grind the place down with bureaucracy in terms of those day-to-day conversations, believe it or not.

The CHAIR: Yes.

SUSAN PEARCE: So I think it is important to note; but, you know, we do obviously try to keep the communication up with both offices in a timely fashion.

The CHAIR: Yes. Thank you. With respect to the engagement, Mr Sloane, you had with the chief executives of the rural and regional local health districts, which at least for some of them may have been the first or second opportunity to have met you perhaps—so in other words, getting to know them and they you—did you outline to them, either in those engagements with them or foreshadowing at a later time that there would be the presentation of performance indicators, or KPIs, that would be presented to them, that there would be the expectation that they would be met by you in your new role?

LUKE SLOANE: We have a division in the ministry called the Patient Experience and System Performance, who the Deputy Secretary and subsequent branches in there are responsible for implementing the performance frameworks and the service level agreements with all of the districts. It's definitely not the first time I've met any of the chief executives. I've had a very close working relationship with all of them since my time in the ministry and some of them before that. Without a doubt, they are very well aware of the KPIs for my previous role in the system management branch and the fact that I was guiding and implementing the performance framework and making sure the quarterly performance meetings were met, and had, and discussed all of the key performance indicators across the service level agreement, so it's not a new discussion.

Have I personally had discussions about those service level agreement key performance indicators? No. It's more about the context and what's happening in rural and regional health at the moment with several different, I guess, points that we need to work through, including the inquiry, including the consultation and planning and including understanding their context and the community's context in those areas.

SUSAN PEARCE: Could I add to that, perhaps, Mr Donnelly?

The CHAIR: Yes.

SUSAN PEARCE: The recommendations have been presented to all the chief executives so we have gone through all the recommendations with them. Generally, arising from inquiries and other matters with, you know, very important and serious findings, we pick those up either in policy or through performance frameworks. Certainly, we have inserted into service agreements over time some engagement indicators in regard to staff and so on because it's important that we don't just focus on transactional issues in the health system. It is important for us to start to measure some of the softer indicators, if you like, around workforce engagement. The implementation of the recommendations, noting that by far the great majority of those are supported, is now incumbent upon us as the entire health system to ensure that those recommendations are implemented across the board. Obviously, Mr Sloane has a key role in that, but it is the responsibility of NSW Health and me as the Secretary to make sure that those recommendations are implemented across the system and that's exactly what we will be doing.

The CHAIR: Thank you, Secretary. Before I pass to my colleague, I have just a couple of more questions for Mr Sloane. I presume you have an office here in Sydney at St Leonards?

LUKE SLOANE: Yes.

The CHAIR: And do you have offices elsewhere in the State that you operate out of as you travel the State?

LUKE SLOANE: Yes. So wherever I'm travelling to becomes my office.

The CHAIR: Okay.

LUKE SLOANE: Yes. I don't have a specific space or office as you would conventionally think about it, but I am based in 1 Reserve Road in St Leonards, and that's for a reason.

The CHAIR: Of course.

LUKE SLOANE: So I can be at the table for those executive meetings and I can shine a laser light on regional, rural and remote health at the ministry executive.

The CHAIR: Do you have any dedicated staff to support you, per se, in your role?

LUKE SLOANE: Yes.

The CHAIR: How many, may I ask?

LUKE SLOANE: Do you mean support me personally, or in the division?

The CHAIR: Yes—support you in your role. I am trying to envisage the structure beneath you, so to speak.

LUKE SLOANE: Yes.

The CHAIR: So there's you and the structure that then flows from you.

LUKE SLOANE: Yes. So the regional health division, including myself, has 17 people.

The CHAIR: Okay. Is the 17 a number that's been explained to you as a number that we'll start with and see how we go with that and, subject to time, we may amend, change or alter that number? Is that essentially where we're starting with this?

SUSAN PEARCE: I think that's for me to respond to, Mr Donnelly.

The CHAIR: Sure.

SUSAN PEARCE: Certainly, we have started with that number. As Mr Sloane has mentioned, he was acting from April, appointed in early July. Clearly, we will assess and see how the division is working with regard to that staffing. The other point to note is that all districts have been required to have a key point of contact for the regional health division as well so that we could ensure that Luke Sloane and the team didn't need to work through layers.

The CHAIR: Of course.

SUSAN PEARCE: So he's got very senior contacts at every local health district so we could expand, I guess, the breadth of the work that it was doing, and we felt that that was a good approach.

The CHAIR: Yes.

SUSAN PEARCE: The issues that you raised earlier with regard to the interaction between other parts of the system that have rurality is really one of the key reasons that we felt that a division within NSW Health was the best option, I suppose, if I can put it that way because the integration that is necessary to get the job done is really important and being at the table. So not to just create more bureaucracy but rather to be able to come together on these issues which are genuinely important to all of us and we're very pleased to be doing this work.

The CHAIR: Thank you. I'll pass to my colleague the Hon. Peter Primrose. Just to confirm: Dr Lyons can hear us but we can't hear him, so we'll be very polite, Dr Lyons. I see he is speaking back to us. We can only do the sound check during the break for afternoon tea, so I apologise. We'll come back to you as soon as we can, but everyone is on notice that Dr Lyons can hear us.

The Hon. PETER PRIMROSE: Well, all my questions are for Dr Lyons. Can I please direct all my questions to Ms Pearce, and please refer them to whoever you think appropriate and, as many of them deal with statistics, you may wish to take them on notice, and that's fine.

SUSAN PEARCE: Thank you very much.

The Hon. PETER PRIMROSE: Firstly, concerning paramedics: Of the Government's commitment to 1,858 extra paramedics and 210 ambulance support staff, how many of these will be located in rural and regional New South Wales?

SUSAN PEARCE: I'll pass that one to Mr Minns, thank you.

PHIL MINNS: I think we'll have to take it on notice and I'm not sure that we would have worked through that entirely as yet, but the work no doubt will be going on.

The Hon. PETER PRIMROSE: Thank you. I guess because you have that division within Health generally, it will be something you will be able to work on together.

PHIL MINNS: Ambulance will definitely have the lead on that, but they will consult with the ministry.

The Hon. PETER PRIMROSE: That's good. Okay. Can you also possibly take on notice as well: Where will those in regional New South Wales be geographically located? I'm not talking about each individual, but if you can give us an idea where there would be significant cohorts of those. Thank you. When will those in regional New South Wales be on board? When do you expect them to start work?

PHIL MINNS: I can give you a little bit of a guide to that—

The Hon. PETER PRIMROSE: Okay.

PHIL MINNS: —in the sense that Ambulance advised me yesterday that they have started 116 new paramedics since 1 July. So in terms of the four-year commitment, the Government announced in the budget 619 were targeted for year one, so they're so far at 116 with 103 already on the road. The balance are finishing their induction.

The Hon. PETER PRIMROSE: How do you actually go about recruiting? Is there a significant mechanism or agency that you use?

PHIL MINNS: Health recruitment is a very large engine with lots of different parts. If you think about the tertiary workforce, they come from the graduating university classes: allied health professionals, including paramedics; doctors; nurses; and midwives. Most of them come through the university pipeline, which means they arrive system-ready for us in January and February at the start of each clinical year. But what we are doing at the moment, because of the additional funding that is in the budget, and because of our intention to try and relieve the fatigue we know is in the system, is we are out there doing a lot of what you might call off-cycle recruitment for all of the medical, nursing and paramedic and allied health professional workforces. We are starting to see some good results at this time of the year, but we will see, hopefully, in the order of 3,750 new graduate nurses join the system in the beginning of the next clinical year. The paramedic intake will receive a significant boost when it is able to look at the next year's intake. You asked that question about how do we recruit?

The Hon. PETER PRIMROSE: Yes.

PHIL MINNS: For nurses, we run a grad start program, which is currently in play. It is halfway done. I can advise you that we do want to bring on board this year 3,752, and we have currently got more than 4,000 applications.

The Hon. PETER PRIMROSE: How do you do it for paramedics and ambulance?

PHIL MINNS: Paramedics will be conducted by Ambulance, and so they will be issuing ads within the recruiting and onboarding system, which has links to all of the relevant social media and job boards, as well as the "I work for NSW" job board.

The Hon. PETER PRIMROSE: How do you go about increasing the retention rates in regional New South Wales of such people?

PHIL MINNS: For the workforce generally?

The Hon. PETER PRIMROSE: Let's stick with paramedics and ambulance support staff for a minute, and I'll come to the others later.

PHIL MINNS: Paramedics—I would have to take on notice their retention rate, and how it compares to the rest of the health workforce. Paramedics who work for NSW Health, if you like, have found a career calling. Their options are to think about working for a private organisation in the context of emergency response medicine, or to think about working in another State. We have pretty strong retention of our paramedics.

The Hon. PETER PRIMROSE: Can I ask you to take on notice and just give me some idea of the percentage of retention amongst paramedics and ambulance support staff, particularly in regional areas?

PHIL MINNS: I'm, happy to do that.

The Hon. PETER PRIMROSE: You mentioned earlier but I will specifically ask how you are tracking towards the goal of 1,858 extra paramedics at the moment.

PHIL MINNS: Well, I mentioned that current progress is 116 started, which, after eight or nine weeks, is pretty good progress towards what we had hoped to do in year 1. As I mentioned, there will be that boost for the January-February start period when there is a new pool of graduating paramedics in the marketplace.

The Hon. PETER PRIMROSE: I'll refer to them somewhat cinematographically as "lost healthcare workers"—it sounds like the name of a movie. How many nurses quit, move interstate or otherwise leave the public health system each year?

PHIL MINNS: That's a question I would need to take on notice, but it does give me an opportunity, if I might, Chair, just to make two or three points about the health workforce that are very important within the context of what we are trying to describe. The first point I would make is our workforce isn't static. It is constantly having people come and join us and depart from us for all sorts of reasons: career-related, life-related—you know, all the things you would expect. We have a headcount—we talk about our headcount—as number of staff we employ as individuals. That's up around the 156,000 mark. In fact, more than 39,000 of those elect to not work full-time. You can't talk about the health workforce as a head count, because it is not a real full-time equivalent number.

What we do is we count every hour worked in our system. It is by full-time staff, by part-time staff, by casual staff, by agency staff, by staff working overtime. When you add all of those hours that are delivered into the system, and then work them towards the standard working week, you can talk about full-time equivalent employees. So, it is quite a volatile scenario generally. COVID has made it incredibly challenging. I just want to give you four examples about COVID. We separated 1,227 employees for noncompliance with the vaccination public health order between November and now, in essence. Six hundred and nineteen of those were nurses and midwives—51 per cent. In the last 12 months, we also did something that was the reverse of what we did in the previous year: We closed five vaccination centres, 39 testing clinics and four quarantine facilities. A lot of the workforce who worked in those areas would have been nursing workforce. Now, we offered all of those people re-employment in our system, but not everyone sought that re-employment. They came to work in the vaccination centre and then went back to their previous form of employment.

The last point I would make is that COVID had a huge impact in 2021-22 on how much elective surgery we did. It was 27 per cent lower than the previous year because of the interruptions to elective surgery associated with the impact of Omicron and Delta on the system. It has been a year where we have had to rely more than we normally would on overtime. If you look at the five years' average before COVID, just over 70 per cent of our workforce hours are made up by permanent staff, just over 20 per cent are made up by part-time, 4 per cent are made up by casuals, 1 per cent is made up by agency nursing staff, and about 2.5 per cent is made up by staff working overtime. That's the average for five years before COVID. Overtime contributed 2.7 per cent of hours worked in 2020-21 but 3.3 per cent in 2021-22.

There is evidence that aligns with what you hear when staff say they have had to work more overtime, and it has particularly been in the second half of 2021-22 and even earlier in parts of the system when the Delta wave was hitting in, say, the first to second quarter of the last financial year. But notwithstanding all of that, we have still grown our workforce generally in the last 12 months, despite all those closely linked events. We have grown our workforce. We have grown our nursing workforce. I will find for you the separation rate in the last 12 months and for the four before.

The Hon. PETER PRIMROSE: I note that you were reading from a document. I'm not going to ask you to table it—

PHIL MINNS: I'm reading from my notes.

The Hon. PETER PRIMROSE: Is there a document which would help disaggregate the information. That was very valuable information, and I'm sure there is more. It would be useful when we are talking about such a complex issue. Rather than I write and send you a whole pile of questions on notice, it might be useful if I could just examine a document which would help me prepare any questions that I may still have.

PHIL MINNS: Yes, the other option too is for you to approach the Minister and see if he is amenable to us providing you with a briefing. The issue that I was trying to make about the workforce not being static is that you can look at our workforce numbers at, say, the end of January in any year, and say, "Gee, what's going

on there?" It reflects the fact that the health system goes through a quiet period in December-January every year, particularly around elective surgery, so the number you will see at the end of January is not the important number. What you need to look at is what is our workforce scale and size by headcount and FTE when we are back up and running as a full system, and that typically is what we track at the end of June every financial year.

The Hon. PETER PRIMROSE: Finally, if I can just ask before I hand over to colleagues again, is there a document that is prepared by the department that actually would include all of this information that you have just enunciated?

PHIL MINNS: We report in the annual report a whole series of measures and it reflects the reporting that we are asked to provide by the Public Service Commission. It is referred to as a workforce census. They request that of all sectors. They want data as at the end of June of each financial year.

The Hon. PETER PRIMROSE: If I ask for that document, that is a publicly available document?

PHIL MINNS: I would have to check. We provide a submission to the Public Service Commission. I don't know how they then treat it.

The Hon. PETER PRIMROSE: I would ask you to please take that on notice and if it is not publicly available we might have to use other means. Thank you very much. I will come back and continue.

The Hon. EMMA HURST: I have a few questions. I think Dr Wright might be the best person to answer them. At the last budget estimates hearing we discussed the Government's announcement that it was recruiting for 25 child and adolescent mental health response teams known as Safeguards. I was told at the time there were two teams that were operational out of the first tranche of 11 and that the rest of the 11 teams would be operational by May/June this year. I am wondering if I can get an update on those teams and if that time frame was met and if the 11 teams are now operational.

MURRAY WRIGHT: Thank you for that. While I am looking for the note in relation to that, just going back to the eating disorders centre, the construction is expected to be completed by mid-2023. You appreciate it's a statewide service, so it is not anticipated to have locally-based outpatients service. I am assuming that people will be integrated back into their local health district clinical services, because there are eating disorder clinicians being recruited across all LHDs. The estimated length of stay will be between three and six months, and that is as per the draft model of care. Now to the question you just asked me. Seven of the local health districts have their Safeguards teams operational. You will appreciate the segue from Mr Minns' commentary on the workforce. It's been a particularly challenging time to recruit workforce. I think that the fact that they have been able to get seven up and running during this period indicates how valued those services are. Fifty out of 90 of the actual positions have been recruited.

The Hon. EMMA HURST: Do we have any kind of a new time line for the remaining Safeguards? I appreciate the workforce—

MURRAY WRIGHT: I think the recruitment is underway. It's just a matter of identifying the appropriate individuals and getting them on board.

The Hon. EMMA HURST: Has there been any feedback from the programs that are running? Is there any sort of information or updates you can give us on the ones that are fully operational?

MURRAY WRIGHT: I can't give you any hard data but anecdotally I can say they are very highly valued and they are making a very significant difference. It fits in, really importantly, with some of the things that we were seeing particularly during the middle of last year. I am sure you will remember that there were reports of increasing numbers of adolescents and young people presenting to our emergency departments with mental health crises. The Safeguards initiative was really borne out of that to try and improve our community-based services and to provide people with an opportunity to access services before they got to a crisis. It is addressing a need which I think everyone agrees is there and I think it has been very well received.

The Hon. EMMA HURST: I also wanted to ask for an update on the Safe Haven program that was designed to reduce suicide rates. I believe the program was in a pilot phase in 20 towns across regional New South Wales. In the last estimates I was told that funding for the current program would finish in June this year but the Government would like to continue it into the future. Do we know what the status of that Safe Haven program is now?

MURRAY WRIGHT: Those are the Safe Havens, which are part of the Towards Zero Suicides initiatives. The funding for all of those has been renewed, so they are continuing.

The Hon. EMMA HURST: Great.

MURRAY WRIGHT: Again, I think you heard the Minister talking about them this morning, and the member here raised the issue of a Safe Haven for Bathurst. I think it resonates with the community. People understand that there are times when someone is considering accessing that service for some support but they don't necessarily feel like they need to be in an emergency department or in a state of crisis, and it is a less intimidating environment for people to get support and care. I think that is how it is seen by the community. We think it addresses a need which has been identified in the research literature on reducing suicide. I think that they have been taken up with gusto by the districts that are implementing them. It is really quite innovative. We are very much looking forward to seeing what kind of an impact they make and also what we learn about what the most effective models of care, staffing processes et cetera, et cetera come out of it.

The Hon. EMMA HURST: In July the Government announced four regional flood-impacted communities will see Safe Haven centres open in their community to support people at their most vulnerable, and allow people in the community experiencing mental health distress to actually seek support. I believe those centres are now operating and open from 12.00 p.m. to 6.00 p.m. each day. I wanted to know if there is any information on how these centres are going and if they have been able to expand their operating hours or if there are any plans for the future.

MURRAY WRIGHT: I know all four are open and running. Again, I think that they have been very much appreciated. As you can understand, it's a community that has been extraordinarily stressed over the last period of time and any kind of additional support is welcome. I would have to take on notice the question of the current hours of operation.

SUSAN PEARCE: I can confirm their locations, if you needed that.

The Hon. EMMA HURST: Yes, that would be great.

SUSAN PEARCE: Lismore, Murwillumbah, Woodburn and Mullumbimby.

The Hon. EMMA HURST: Do we know if there are any more Safe Haven centres planned for other rural or regional areas?

SUSAN PEARCE: My understanding is, of the 17 that are currently in operation, which may or may not include those four, 10 are in rural and regional areas across the State. So there has been that focus but we would have to take that on notice, I think. Murray?

MURRAY WRIGHT: Yes.

The Hon. EMMA HURST: I have some questions about the mother and baby mental health units. The first statewide mother and baby mental health unit opened at RPA in May this year. Are there any early reports on how the service is going or what the uptake has been like?

SUSAN PEARCE: I can perhaps open with a couple of comments. I was fortunate enough to attend the opening of that unit and meet some of the mothers and families who had used the services there and I think it's been met very positively. And certainly in one case one of the mothers that was there spoke very openly about the challenges that she had experienced postnatally. It was, I felt, incredibly brave of her to speak so publicly about the experience that she had had. As you know, we are planning for a further unit at Westmead of that nature. But certainly it has been very well received and serves the community well in the Sydney Local Health District and beyond.

The Hon. EMMA HURST: Do we know if the facility in Westmead is on track still to open in November?

SUSAN PEARCE: I would need to—Rebecca, you might have a comment?

REBECCA WARK: I am not quite sure of the actual opening day, but I understand that construction and the delivery of that is on track.

The Hon. EMMA HURST: Do we know in regards to the RPA unit if there have been any barriers to people being able to access or use it in the initial months?

MURRAY WRIGHT: I have not heard any reports of barriers and usually that kind of information does come to our attention.

The Hon. EMMA HURST: At the last budget estimates I was told the agency would evaluate whether a mother and baby mental health unit might be needed in other regional LHDs. Has any evaluation of that occurred?

SUSAN PEARCE: I am not aware of that. I would have to take that on notice, I think, in the absence of Dr Lyons being able to utter a word there because he may have a response to that, but if we could take that one on notice, please.

The Hon. EMMA HURST: After the break I might check in with Dr Lyons on that as well. Actually I have a follow-up question on that one as well.

REBECCA WARK: Ms Hurst, I could go back to one of your earlier questions. Sorry to interrupt.

The Hon. EMMA HURST: Yes, please.

REBECCA WARK: I am advised that the operational date for the Westmead mothers and babies is early 2023, so we will be on time with handing that over at the end of this year to go live early next year.

The Hon. EMMA HURST: Great, thank you. Thanks so much for that. At the previous budget estimates we were talking about the recovery package for LivingWorks in regard to how many people are being trained in first aid and suicide prevention. I think it was, at that time, 76 people who have been trained. Do we have any further updates on this program and how many people have been trained now?

SUSAN PEARCE: If we could come back to that perhaps, Ms Hurst, because I have seen a number attached to that. I just can't put my hand on it at the moment.

The Hon. EMMA HURST: That is all right. We can come back to it. I think that is actually it for me other than having a few more questions for Dr Lyons this afternoon, which I will come back to.

The CHAIR: What we might do, so we can get Dr Lyons back in, so to speak, to participate, is have a break now. I know the tea hasn't arrived, but Dr Lyons has been denied opportunities I think that he would like to take.

SUSAN PEARCE: Yes, we wouldn't want him to be denied an opportunity.

The CHAIR: No, we would not want to deny Dr Lyons.

PHIL MINNS: We could call it the "Dr Lyons session", Chair.

SUSAN PEARCE: Yes, we are all happy with that.

The CHAIR: Let's break now for 15 minutes and, in the meantime, we hope to get Dr Lyons back online.

SUSAN PEARCE: Thank you very much.

(Short adjournment)

The CHAIR: We return now to the hearing. It is Opposition time. The Hon. Penny Sharpe.

The Hon. WES FANG: It had better be to Dr Lyons.

The Hon. PENNY SHARPE: Ms Smyth, can you explain to me the machinery-of-government changes and what that has meant for Women NSW?

TANYA SMYTH: I think it was in December last year advice was received that Women NSW would be transferring to the Department of Premier and Cabinet from the Department of Communities and Justice, from the date of 1 April this year.

The Hon. PENNY SHARPE: And that transfer, I presume, is complete?

TANYA SMYTH: Correct.

The Hon. PENNY SHARPE: When you were transferred, have you kept the same amount of staff?

TANYA SMYTH: Yes. Women NSW had multiple components. We had domestic and family violence, sexual violence as well as women at one point. What transferred was the portfolio related to Minister Taylor's Women's portfolio—so the team that worked on that portfolio.

The Hon. PENNY SHARPE: Sorry, can I just clarify that with you? Domestic violence and sexual assault was within Women NSW within DCJ, but it was not Minister Taylor's—

TANYA SMYTH: Correct.

The Hon. PENNY SHARPE: So it would have been with Minister Ward?

TANYA SMYTH: Correct.

The Hon. PENNY SHARPE: Sorry, I had not quite realised that. Taking out the domestic violence and sexual assault staff, how many staff did you have in DCJ and how many staff do you have now in Premier's?

TANYA SMYTH: What we transferred with were six policy—I'll take it on notice just to check it, but I believe it was six staff plus two who sat within our comms and events team. So eight people came across. But in the most recent budget, we received additional funding for more roles.

The Hon. PENNY SHARPE: Can you take us through what those are?

TANYA SMYTH: Yes. So that would have been eight and we now have funding for 26 roles, which we are recruiting to at the moment.

The Hon. PENNY SHARPE: So 26?

TANYA SMYTH: Correct.

The Hon. PENNY SHARPE: So another 18 staff?

TANYA SMYTH: Yes.

The Hon. PENNY SHARPE: And what are they going to do?

TANYA SMYTH: Predominantly the team were working on policy issues. Some of the initiatives funded through the budget will sit with Women NSW, so those additional staff will work on implementing those new projects. We will also have a team that will work on evidence and evaluation, and that will help evaluate some of those programs but also track and monitor implementation of the new NSW Women's Strategy.

The Hon. PENNY SHARPE: So you now sit within Premier's, but is there a role for Women NSW providing advice to Cabinet across all issues impacting on women?

TANYA SMYTH: We had an existing role in DCJ doing that, so we continue to do that.

The Hon. PENNY SHARPE: Just to be clear, when there is a Cabinet minute that goes to Cabinet, you saw every Cabinet minute to provide a gender lens over the impacts and the decision-making going into that?

TANYA SMYTH: We didn't see every single Cabinet minute, but what would happen is there was a decision made by the Cabinet team in DCJ about what they thought we should look at. So we would get those Cabinet minutes. But we have access in DPC to all Cabinet documents.

The Hon. PENNY SHARPE: Yes, but is there established within the operations of Cabinet a formal process where the impact on women of government decision-making is done?

TANYA SMYTH: The same as other portfolios. So as a lead for women's policy, that's our role, to look at any relevant Cabinet submissions.

The Hon. PENNY SHARPE: I'm not trying to be tricky about it; I'm trying to understand. So the Cabinet office goes—clearly there are Cabinet minutes that come forward that would obviously be about and for women, but I'm trying to understand the broader input that you have in other areas.

TANYA SMYTH: I think moving to the Department of Premier and Cabinet will provide us with more ability to do that, plus an increase in roles within Women NSW. So we do have access to review all Cabinet submissions in the Department of Premier and Cabinet.

The Hon. PENNY SHARPE: But you are not formally required to do so. It is optional in terms of you—what's the system? Obviously there are the ones that are given to you, which clearly you need—do you have your own minutes?

TANYA SMYTH: In DCJ, they were given to us. In DPC, they are all available to us.

The Hon. PENNY SHARPE: And that's been since April?

TANYA SMYTH: Correct.

The Hon. PENNY SHARPE: I'm obviously not asking you about the deliberations of Cabinet, but I am interested in the number of Cabinet minutes that Women NSW has provided specific advice on. You can take that on notice, if you like.

TANYA SMYTH: Yes, I will take that on notice. Thank you.

The Hon. PENNY SHARPE: Obviously there is a whole bunch of projects that came out of the budget, and you have been given 18 additional staff. Would you be able to take on notice the breakdown of what those staff will be doing?

TANYA SMYTH: Sure.

The Hon. PENNY SHARPE: At the same time, you are working on the next NSW Women's Strategy; is that correct?

TANYA SMYTH: Correct.

The Hon. PENNY SHARPE: Where is that up to?

TANYA SMYTH: That is due to go to Cabinet in October, so we have a draft that we have circulated across our interdepartmental committee.

The Hon. PENNY SHARPE: Given that the Government has announced a bunch of projects, it seems to me that there are two things happening at the same time, or actually sort of in the wrong order, which is that the Government has announced a whole lot of funding—18 new staff, very welcome—but you haven't finalised the Women's Strategy. Can you take me through the process that led to that order of events?

TANYA SMYTH: I think through the Women's Economic Opportunities Review it was identified that Women NSW could play a more pivotal role across Government and so the staff were added to support those functions. For example—

The Hon. PENNY SHARPE: Is that basically delivering on the Treasurer's program, not the Minister for Women's? Is that correct?

TANYA SMYTH: The Women's Economic Opportunities Review and the opportunity statement were a joint ministerial initiative but, yes, so what was in the Women's Opportunity Statement—some of those projects were directly allocated to Women NSW, including the requirement for all New South Wales Government agencies to develop a women's action plan, so that will sit with Women NSW, and I expect that there will be a considerable amount of work in getting those plans up and consistent, and then tracking their implementation.

The Hon. PENNY SHARPE: The previous strategy kind of grouped together a bunch of activities across Government, so it is similar to that.

TANYA SMYTH: Each agency or cluster will have their own action plan.

The Hon. PENNY SHARPE: So cluster or agency?

TANYA SMYTH: Yet to be determined.

The Hon. PENNY SHARPE: In terms of the women's opportunities committee, the one chaired by Ms Mostyn, can you tell me how many times the Minister met with that committee, please?

TANYA SMYTH: I'd have to take that on notice.

The Hon. PENNY SHARPE: That would be great, thank you. If we can go back to the previous strategy, there have previously been yearly updates on the completion of the actions. Where are you up to with Year 4?

TANYA SMYTH: We have completed an evaluation of the entire strategy, which encompassed what was completed in that final year, or the activity in that final year, and that evaluation has informed the development of the draft next Women's Strategy.

The Hon. PENNY SHARPE: Can I just confirm: Is that evaluation publicly available?

TANYA SMYTH: It hasn't been published.

The Hon. PENNY SHARPE: When are we going to see it?

TANYA SMYTH: I'll take that on notice, thank you.

The Hon. PENNY SHARPE: Do you anticipate that it is going to be made public?

TANYA SMYTH: I don't expect that there is a reason why it wouldn't, either in summary or in full, be made public.

The Hon. PENNY SHARPE: Okay, so it is coming. Who did the evaluation?

TANYA SMYTH: I'll have to take that on notice. It was an external consultant that did that evaluation.

The Hon. PENNY SHARPE: If you could let us know about that, that would be great.

TANYA SMYTH: Yes.

The Hon. PENNY SHARPE: Given that I can only work off the three-year plan, I've got some questions based on some of the things that we talked about last year I think. Are you able to give me an update on a couple of key items? Within Sport, there were some issues around developing the NSW Sport Leaders of Change program. Are you able to give us an update on what happened with that?

TANYA SMYTH: I'll have to take that on notice.

The Hon. PENNY SHARPE: Increasing the number and visibility of female coaches?

TANYA SMYTH: I'll take that on notice.

The Hon. PENNY SHARPE: Would you particularly be able to tell us how many additional female coaches there are?

TANYA SMYTH: I'll work with sport to get that information.

The Hon. PENNY SHARPE: Ms Pearce, you might know this one because it is a health one. How is the implementation of the First 2000 Days going?

SUSAN PEARCE: Fortunately, Ms Sharpe, Dr Lyons has rejoined us now.

The Hon. PENNY SHARPE: Excellent.

SUSAN PEARCE: He may be able to contribute to that.

The Hon. PENNY SHARPE: Great. Dr Lyons?

NIGEL LYONS: There has been a lot of work across the health system and with our agency partners, of course, that is being led through education now with a whole-of-government investment in the Brighter Beginnings, which is what the program is called across the whole of the government agencies, and we've done a fair bit of work on our side of things in terms of what we're doing around antenatal care and postnatal care, and ensuring that we're building in various elements of that overarching strategy for the First 2000 Days into ensuring we are offering the best start for women and their babies as part of that whole-of-government response.

My understanding is that there were announcements at the last budget around further investments. I haven't got the details in front of me for Health, but I could obtain those for you. But certainly the commitment is there, the desire to continue to do good work is there, and I know our health workforce are very passionate and committed about the importance of this important area.

The Hon. PENNY SHARPE: That is something that we share, Dr Lyons. In terms of the framework, is the framework for maternity health and family health complete?

NIGEL LYONS: I was speaking earlier around a revision to the maternity care policy, which is under revision at the moment and has got a major focus on changing the emphasis of maternity care to be much more in partnership with the woman and family around decisions around antenatal care and delivery. This is really a big shift in the direction which was reflecting the sort of important work that the First 2000 Days initiated, which was to say we offer great medical care but it is very important that we think about the psycho-spiritual and emotional care that we offer as well, and make sure we are doing that in partnership with the woman and family—at least in the antenatal and immediate postnatal period—so that and the whole policy is being revamped to reflect those changes. I outlined all of those in the earlier phase of the hearing.

The Hon. PENNY SHARPE: Yes, I know, and I thank Ms Hurst for asking those questions. I don't have time to ask as many as she did, so I'm very pleased that she asked them. I still don't quite understand from your answer, Dr Lyons, the framework for maternity health and family health. Is it being superseded by the revamp that you are talking about or is it just called Brighter Beginnings? I don't quite understand where all the programs fit together.

NIGEL LYONS: Yes, so the overarching program is Brighter Beginnings. That's a whole-of-government response with all of the different agencies doing their various components.

The Hon. PENNY SHARPE: Just to be clear, that's specifically the 2,000 days?

TANYA SMYTH: Yes.

NIGEL LYONS: Well, it's the First 2000 Days, but now called Brighter Beginnings.

The Hon. PENNY SHARPE: Great, thank you.

NIGEL LYONS: That's my understanding, and we then translate the overarching principles of that Brighter Beginnings strategy into what we need to do in the health space to work from our end, how we work with

our partners in DCJ, the Department of Communities and Justice, and how we work with our partners in Education to ensure that we're all providing the appropriate support that will see that successfully implemented over time.

The Hon. PENNY SHARPE: Thank you, I appreciate that. Ms Smyth, if I can go back to you, I am also interested in how we've gone in relation to recruiting and recognising volunteers, particularly female volunteers.

TANYA SMYTH: I'll take that on notice. I think that's an action in the volunteering area in DCJ.

The Hon. PENNY SHARPE: I think it was also in the Women's Strategy.

TANYA SMYTH: Yes, it was an action in the Women's Strategy, correct.

The Hon. PENNY SHARPE: In that case, can you also get me some feedback on action 1.18, which is doubling the number of women in non-traditional trades. It was a modest target from 1 per cent to 2 per cent on Government infrastructure jobs. Has that been delivered?

The Hon. WES FANG: That's a doubling.

TANYA SMYTH: I'll take that on notice, thank you.

The Hon. PENNY SHARPE: You don't know?

TANYA SMYTH: I don't think I've got it here.

SUSAN PEARCE: Ms Sharpe, Ms Wark has indicated that she may be able to assist you.

The Hon. PENNY SHARPE: Excellent.

REBECCA WARK: Thanks. You weren't here earlier; I am the Chief Executive of Health Infrastructure. We have a 2 per cent target, which we are meeting and is reported on for women in construction.

The Hon. PENNY SHARPE: That is excellent. I want to know about the other agencies too, but a gold star to Health Infrastructure. Very good. This is one that again, Ms Pearce, you might be able to answer for me, which is the action under the Women's Strategy to increase breast screening participation rates—obviously challenging under the COVID situation. How did all of that go?

SUSAN PEARCE: As you know, breast screening was impacted by slowdowns in procedural services during the various waves of COVID. I'm certainly pleased to say, and I would have to take on notice the more recent figures, Ms Sharpe, but certainly in 2021 the catch-up was, as I recall, faster than we had originally anticipated in terms of that catch-up because there are a very large number of breast screens performed every month. With every week that went by, those numbers accumulated. The teams did an incredible job in 2021 to catch up. In the Omicron waves—the various waves this year—I think we've learnt to be able to nuance our response to those a little more and, consequently, we didn't reduce the amount of breast screens, which we had done in earlier waves, if that makes sense. We'd kept that going. But in terms of the specific numbers, I'd have to take that on notice.

The Hon. PENNY SHARPE: My understanding is that the target is 55 per cent by 2023. Do you think we're on track for that?

SUSAN PEARCE: I'd need to take that on notice.

The Hon. PENNY SHARPE: Great, thank you. I wanted to talk about the new Women's Strategy. What has been the process of pulling that together?

TANYA SMYTH: We commenced with a draft paper that was available on Have Your Say, which we promoted widely.

The Hon. PENNY SHARPE: You promoted it widely? What did you do?

TANYA SMYTH: We used our database and electronically direct mailed to those organisations and we promoted—

The Hon. PENNY SHARPE: How many people are on that database?

TANYA SMYTH: I'll have to take that on notice. We also promoted on our Facebook page and the New South Wales Government Facebook page, and I think other socials, but I'll take that on notice.

The Hon. PENNY SHARPE: Yes, if you could. Through your social media channels, are you paying for any advertising or is it just organic?

TANYA SMYTH: We occasionally boost posts but it's $30 or $20. It's not significant.

The Hon. PENNY SHARPE: Would you then be able to take on notice for me—I'd be interested in what the metrics were in terms of what engagement you got with the request for people to have input into the NSW Women's Strategy.

TANYA SMYTH: Of the Have Your Say page, we had 4,800 views. We had 1,583 surveys completed and 815 completed the quick poll.

The Hon. PENNY SHARPE: Sorry, did they do the poll or did they do the whole survey?

TANYA SMYTH: So 1,583 did the full survey and 815 separately—

The Hon. PENNY SHARPE: In addition to?

TANYA SMYTH: In addition to, did the quick poll.

The Hon. PENNY SHARPE: Great, thank you.

TANYA SMYTH: Following that work, there were also consultations completed.

The Hon. PENNY SHARPE: How many consultations were there?

TANYA SMYTH: I don't think I've got a number here but there were around 30 different consultations.

The Hon. PENNY SHARPE: I assume that was pretty challenging, given COVID and all those kinds of things. Are you able to give me the list of where they were held? I'm assuming some of them were online.

TANYA SMYTH: Correct.

The Hon. PENNY SHARPE: Were all of them online?

TANYA SMYTH: The majority were online. There were consultations in person in the Central Tablelands and south-west Sydney in Casula. And there was a session at Liverpool library. That was just with walk-ins.

The Hon. PENNY SHARPE: How did you advertise? You did 30 consultations, obviously a lot of them online. Did you geotarget? Were they done geographically, or you ran 30 for whoever showed up?

TANYA SMYTH: They were geographic, but they were also targeted towards the priority groups in the Women's Strategy and priority areas. So there were some location based and some priority group and priority areas.

The Hon. PENNY SHARPE: Can you give us a breakdown of—obviously on notice as I don't expect you to have this here today—the number of people that participated in each consultation?

TANYA SMYTH: Yes.

The Hon. PENNY SHARPE: I'm also interested in whether you did get the diversity of views. So the organisations or others—and I realise that some people would turn up and don't necessarily identify, but if you can you give us an idea of the number particularly of organisations that represent women that picked up the various groups, that would be very good.

TANYA SMYTH: No problem.

The Hon. PENNY SHARPE: So it's going to Cabinet, and I assume that means you expect it to be out before the end of the year.

TANYA SMYTH: Correct.

The Hon. PENNY SHARPE: Just to go back to the issue of all of the new staff in DPC. I'm also aware that DCJ has created the new directorate. Is that where the DV and sexual assault staff have gone into from what was under the auspice of Women NSW? Is that right?

TANYA SMYTH: It was already quite merged. It was more that we removed the Women portfolio rather than that they joined a new directorate; that is my understanding. It was back when we merged with justice. When family and community services merged with justice, there was a domestic family violence team in justice. As that all came together, there were responsibilities that shifted across the directorate that sat above Women NSW.

The Hon. PENNY SHARPE: The Women's Safety Commissioner position, do you have any oversight of that or is that wholly within DCJ?

TANYA SMYTH: Wholly within DCJ.

The Hon. PENNY SHARPE: How do you anticipate that the Women's Safety Commissioner is going to work with Women NSW?

TANYA SMYTH: We continue to work with communities and justice in regards to the development of the Women's Strategy and their development of the domestic family violence and sexual violence responses to the national plan to identify where the crossover is, specifically, with gender equality and respect for women and how they impact on those various plans.

The Hon. PENNY SHARPE: You have been funded out of the budget, linked to the announcements made in the budget—all very clear. Does Women NSW, though, have a broader role? How are you managing the cross-agency issues to do with women? Are you a driver of that? I assume that there's an interdepartmental committee. Can you explain to me what you do there?

TANYA SMYTH: The interdepartmental committee will be refreshed. The chair will be an executive director level, as will the participants. We expect it will be expanded as well to include all agencies and, given the development of those women's action plans, that will drive that focus across agency via the Women's Strategy and the Women's Opportunity Statement.

SUSAN PEARCE: Mr Donnelly, would it be okay if I clarified that issue?

The CHAIR: Yes. Just to confirm, the Secretary approached me during the break saying that she'd like the opportunity to revisit a matter that was discussed earlier today to provide some clarification around it. I said, most certainly so. Please take the opportunity.

SUSAN PEARCE: Thank you, I appreciate it. Mr Primrose, I think you raised a question around the transfer arrangements between Broken Hill and South Australia. I didn't articulate myself as well as I could have. To assist the Committee, I wanted to be clear. There's a schedule and transfer document that has been signed by both New South Wales and South Australia. Accompanying that is a *Guide to Retrievals and Bed-finding for Far West Local Health District Patients* for patients going to South Australia. So that is agreed between the parties. There are some outstanding matters with a broader issue associated with cross-border arrangements between us and South Australia that I was conflating into that response.

So I just wanted to be clear, in so far as the transfer arrangements are concerned, we both have agreed to that schedule, and there's a document that goes with it. Inserted into the document is a phone number and a direct contact for the purposes of escalation which, as I was attempting to point out this morning, is a really important component of how that works. I just thought that I should revisit that and also underscore the importance for us in that collaborative agreement that we've reached with South Australia, because we have taken very seriously what happened in respect to Alex Braes—and I cannot stress that enough, the sorrow that we have personally felt for what occurred in that case. So I just thought we should revisit that.

The Hon. PETER PRIMROSE: Thank you. My specific question was relating to a memorandum of understanding.

SUSAN PEARCE: I think it's just a language issue. We've got a schedule that attaches to the cross-border agreement and that has been signed by both parties.

The Hon. PETER PRIMROSE: Okay. You've signed a memorandum of understanding, but—

SUSAN PEARCE: And so has South Australia, yes. We've called it a schedule. I think it's just a language issue. It goes straight to the Coroner's recommendation in terms of an agreement between the States as to those arrangements.

The Hon. PETER PRIMROSE: Okay, but there still are documents that are unsigned by—

SUSAN PEARCE: The other matters associated with the cross-border agreement are not related to that issue. There are other issues around high-cost therapies and genetic services that are—as I said, I had inadvertently conflated that into my response. That wasn't my intention, so I just wanted to be clear. There's an operational document, and a guideline that accompanies that, that is now in place.

TANYA SMYTH: Ms Sharpe, I have the response regarding the trades target, if you would like that. The Infrastructure Skills Legacy Program identified that a total of 4,013 women participated in non-traditional trade roles through that program, and that doubled the 2 per cent target to 4 per cent of representation of women across those key projects.

The Hon. PENNY SHARPE: Just to be clear, how many people?

TANYA SMYTH: Over 4,000 women.

The Hon. PENNY SHARPE: That surely doesn't—I mean, I hope this is the case. You're not telling me that 4,000 women completed apprenticeships through that program?

TANYA SMYTH: Participated, through that program, in non-traditional trade roles.

The Hon. PENNY SHARPE: What does that mean?

TANYA SMYTH: I'll get you some more information about what that breakdown was and what roles—

The Hon. PENNY SHARPE: It sounds a bit like work experience to me. I don't think that's what the target is about. I would be very excited if it was 4,000 women in trades.

TANYA SMYTH: I'll get that information for you.

The Hon. PENNY SHARPE: Thank you.

REBECCA WARK: Ms Sharpe, I could give a little more information to that, if you like. It's not around particular statistics, if that's appropriate?

The Hon. PENNY SHARPE: If people are happy, yes. I don't want to be taking up anyone's time.

The CHAIR: No objection. Go on.

REBECCA WARK: Health Infrastructure participates, with INSW, in the Construction Leadership Group and also the Construction Industry Leadership Forum. As part of that diversity of skills, both gender diversity and other diversity is a main target. That also includes traineeships, graduates, in that system. We can get you some specific statistics. But we're working with Education—School Infrastructure, ourselves and INSW—about different pilots that we're doing on jobs, on projects, to particularly increase young women and women who may be returning from bringing up children returning to the workforce and having different opportunities. We've also worked very successfully on our recent Concord Hospital project on a joint project with Roberts Co, the contractor there, on a five-day working week. We did a research project with the University of New South Wales around the effects that had on—

The Hon. PENNY SHARPE: Just to be clear, people came and worked for five days?

REBECCA WARK: The project was only open Monday to Friday. It was not open on Saturdays and Sundays.

The Hon. PENNY SHARPE: No, but I'm trying to—

REBECCA WARK: Yes, five days. Traditionally the construction industry either works on a 5½- or six-day week.

The Hon. PENNY SHARPE: Oh, yes. Gotcha.

REBECCA WARK: We ran a research project to say, "What would the impact be on both individuals' wellbeing and family wellbeing if that were reduced to a five-day week?" Whilst COVID mucked around with that a little bit, the initial findings are very positive. We're now going to continue that research on a number of other projects. We're actually working with the Construction Industry Culture Taskforce, headed up by Gabrielle Trainor, around different things that we can do in that space. It's really exciting. We have a number of very large recent projects where our tenderers are offering no time or cost impediments for running a five-day week rather than a six-day week, whereas we were finding that there was a cost impediment for a five-day week. So I think there are some very pleasing results, and we're in a number of different working groups with the Construction Leadership Group and INSW, led by Simon Draper.

The Hon. PENNY SHARPE: Just to clarify, I'm looking specifically at—sorry, we've reopened this issue again. I appreciate Ms Smyth providing the information. To double the number of women in non-traditional trades on New South Wales infrastructure jobs—I read that as being the number of women completing apprenticeships, possibly traineeships.

REBECCA WARK: I don't know about that those specific details, but I do know that we are working on a number of different school-leaver programs as well.

The Hon. PENNY SHARPE: I'm happy for you to take it on notice; I suspect you weren't anticipating this question today. Within Health Infrastructure and the work that you're doing, which sounds pretty extensive, are you able to tell the Committee how many women are currently employed on those jobs as apprentices?

REBECCA WARK: Yes, but I would also note that it is more than just in apprenticeships. There are different traineeships, different work experience, different work styles and also university degrees, so it's across a range of different educational experiences.

The Hon. PENNY SHARPE: Well, I suppose that's good. Then I would like to know the gender split of everyone in those programs. Or are those programs just for women?

REBECCA WARK: No, no. It's not gender specific.

The Hon. PENNY SHARPE: If you would be able to take it on notice and break that down, I'm just trying to understand where women are coming from and hopefully going into these—

REBECCA WARK: That particular school-leavers program that I referred to has a 50 per cent target for women.

The Hon. PENNY SHARPE: Is it meeting that target?

REBECCA WARK: I understand that, yes, it is. I know we have a number of young women on our projects, and part of that works on a rotation between the government agency collaboration with our builder partners and project managers. It's trying to get them different work experiences so then they might choose what they further educate themselves in.

The Hon. PENNY SHARPE: I'm very supportive of all of that. I think it's all excellent. But the question remains: How many are then going into doing an apprenticeship and are we actually meeting the target? Thank you. I appreciate that information.

The Hon. EMMA HURST: I have some questions for Dr Lyons now that we've hopefully got him back, particularly in regard to the residential eating disorders treatment centre in Newcastle. My understanding is that the centre will only have 12 beds. I know there are about 1,600 people seeking care within New South Wales around eating disorders, in which case I assume the centre is going to be under very high demand quite quickly. I'm wondering if there's a process already in place as to how patients will be prioritised to get residency?

NIGEL LYONS: Thanks. I hope you can hear me okay now.

The CHAIR: We can.

NIGEL LYONS: Great. The eating disorders model of care is primarily focused on intervening as early as possible with a multidisciplinary team to support keeping people as well as possible, in partnership with their primary care provider. The residential component of the model will actually be for the most complex of patients who haven't been able to be supported with that earlier intervention or with the outpatient specialist models and are requiring a level of residential care. So, as you said, at the top of the pyramid in terms of the service delivery model are the most complex people who need that intensive support in a residential setting.

The aim will of course be to ensure we continue to provide additional supports and the investments we're making in eating disorders across the State to ensure that we have the appropriate models of psychological, psychiatric and metabolic support for people in a multidisciplinary approach; doing that as close as possible to home; and then having increasing levels of support provided, depending on the complexity of care that's required, with ultimately the residential care being an end point which is for the most unwell people who need that level. It will be upgraded. We will continue to monitor the need for that service. We appreciate that 12 beds in the whole of the State doesn't seem like a lot, but it's a significant investment, given the fact that we don't have anything specifically targeted at the moment. So it's very welcome from the providers, and we will continue to monitor the need over time.

The Hon. EMMA HURST: Thank you. And will the centre accept children and/or teenagers?

NIGEL LYONS: I think it will be targeted towards the age profile at the upper end. It'll be more teenagers than children. We would be wanting to intervene with family models of support for younger children and having them cared for in their family environment rather than being separated out into a residential program setting. At least in the early stages, until we gather greater evidence around need, demand for services and how we best deliver that, it will be targeted towards the older age groups.

The Hon. EMMA HURST: Thank you. It was noted in the press release about the centre that there's capacity for whole-of-family therapy, which is vital for ongoing treatment and recovery. That sounds very promising. I'm wondering, given it's going to be located in Newcastle, how there are any prepared plans for people to be able to access the service? Will there be accommodation or funding available for families to participate in the centre's program if they're coming from, say, regional or remote New South Wales?

NIGEL LYONS: Whole-of-family therapy is available as a component of the service model much earlier than just the residential component. We would be anticipating that there will be a relationship with the local health professionals wherever the services are being accessed across the State. We would want to see that that—continuity and relationships of providers and families and patients is really important. While we're in the

stages of building the facility at the moment, the way we deliver the care, I suspect, will be to manage as much continuity for those patients as possible and connecting them in with their local services, because the residential care component will be just part of the overall care journey.

We will expect that that will be in a residential care program for a part of their care and then we'll go back to where their family and their other health providers are. We want to maintain those professional relationships across the boundary. I don't know, Murray, whether you have any other comments you want to make in relation to how care is best provided. But my expectation would be that we would want to make sure that this model is not fragmenting care, it's actually supporting care.

MURRAY WRIGHT: Thanks, Dr Lyons. I think that Dr Lyons mentioned that the residential service is the top of the pyramid. I think that it's important to appreciate that this is part of a whole eating disorders plan across the State, that there's been a significant enhancement of capability within the districts in recent times, which includes the recruitment of eating disorders coordinators in all of the districts, and enhancements to also employ a number of additional eating disorders clinicians in the districts. As Dr Lyons said, the goal is actually to not use the inpatient services but to treat people closest to home, closest to family, as early as possible.

That's both with these specialist resources, but also using these resources, and also funding provided to the InsideOut foundation, to increase the capability of the general clinical staff to also support consumers and families who have an eating disorder. The idea is not just to have highly specialised treating resources but also to improve the capability of the general staff. But it is a recognition that the residential services can sometimes provide a level of complexity of care which is difficult to do in an ambulatory setting. The service is also open for individuals 16 years and older, to take the point about the age range.

The Hon. EMMA HURST: I don't know if this question is too specific, but is the plan to have some of that whole-of-family therapy available for inpatients for some of those more complex cases where it's possible for those families to attend? Or will the focus of that whole-of-family therapy really be for the out care component?

MURRAY WRIGHT: I think that what is expected to be provided in an intensive way within the inpatient facility is really just a more intensive version of what we expect to be seeing in all of our clinical services. Especially with the younger adolescents who present with eating disorders, the treatment isn't just for the adolescent with the eating disorder; it's really to support the whole family to work with that individual. So the description of whole-of-family care is something that most child and adolescent mental health services would see as their business as usual. They all operate on a multidisciplinary, holistic approach.

When people are still living within the family setting, that's who they're treating. They're not just treating the person with the eating disorder. It's absolutely what happens in the clinical services. It is just the case that sometimes there are individuals who are going to recover more fully if they are in a residential setting above and beyond those services which we expect to be comprehensive services on an outpatient basis in all of our districts.

The Hon. EMMA HURST: My other question, going back to Dr Lyons, was from when we lost you and we couldn't hear from you. I think that it was indicated that you might have some more information around the mother and baby mental health unit. I was told that the agency would evaluate whether more might be needed in other regional LHDs, whether evaluation has occurred and if there's been any identification for the need of this service in other regional local health districts.

MURRAY WRIGHT: I have also got some information.

The Hon. EMMA HURST: Great.

NIGEL LYONS: Murray will be able to help and I can make some comments if needs be.

MURRAY WRIGHT: There was quite a lot of modelling to select the locations for the two units that are funded. These sites were based on the analysis of the prevalence of difficulties, the birth rates, inpatient admissions to the LHDs and other factors, including access to co-located maternity, mental health and paediatric departments. So there's a matrix of factors which contributed to those two choices. They are both metropolitan but they've got a statewide remit, so they are intended to admit people from across the State. Because it's not just about the beds; it's also the skill set of the staff who are working in those units. It's a very, very highly skilled area for the mothers who are at the really severe end of the spectrum of mental health difficulties postpartum.

Again, it's a bit like the story with the eating disorders in that this is the top of the pyramid. We have also got extensive perinatal and infant mental health services across the State. We also have an outreach hub from Westmead Hospital, which provides advice and support for those districts that don't have ready access to that expertise. The reason those services have been enhanced over the last few years is because we honestly believe that the most appropriate treatment for a mother suffering a mental health problem postpartum is in her place of residence, in the community and with her family. The building of the clinical services and capability within the

community mental health teams is supposed to address that need in the most effective way possible, noting that there will be a very small number based on the modelling who will benefit from an inpatient service but accepting that that's also incredibly disruptive.

It doesn't matter how effectively we put it together, it's disruptive at a time when most young parents actually want to be with their families. We think the balance is appropriate for now. We've only just opened the first one. We haven't yet opened the second one. I think it's a case of road-testing and establishing how effectively these work to complement what we see as the real engine room for providing these services, which is in our community-based perinatal infant mental health services. Based on the modelling—and modelling is not always right—we are optimistic that it will address the need and that we won't need to be establishing others. But we'll be evaluating that as it goes.

The Hon. EMMA HURST: If there's nothing else to add to that, I think I'm done, Chair.

The CHAIR: Thank you, Deputy Chair. The Hon. Peter Primrose I think might have some.

MURRAY WRIGHT: Sorry, Ms Hurst, I do have another answer to your question in relation to LivingWorks from before the break—the number of individuals trained in suicide prevention. The number that we have trained by LivingWorks is—and you will appreciate that there are different modules of training. The more intensive one is the two-day program, and that's the one that's mostly being rolled out at the moment. There have been 2,119 people trained as of 24 August. There have also been 7,300 people trained under the Community Gatekeeper Training initiative since 2019-20. As I said, this is the two-day program. There is also a four-hour in-person training, which will be rolled out in the near future, and a 90-minute online session. You can appreciate that the second and third modules are less resource intensive and we expect the numbers to increase as those are rolled out.

The Hon. PETER PRIMROSE: Ms Pearce, I will just finish up on a couple of statistical questions. One issue that has been raised recently is the Victorian Government's announcement about free university nursing qualifications. Is there an assessment at the moment from the department about the likely impact of that, if any, on our ability to recruit and retain nurses in New South Wales?

SUSAN PEARCE: I will ask Mr Minns to respond to that.

PHIL MINNS: Thank you, Mr Primrose. I have two observations to make about the scheme. There has been some commentary in relation to the first comment I will make by some of the relevant professional bodies. The impact has raised concerns for some in the private health sector in Victoria and also in the aged-care sector in the sense that it's not necessarily clear that the measure will grow the number of nurse graduates. But it is relatively clear that it will have the effect of encouraging the graduates who are going to be in the pipeline to head towards the public sector for a period of two years after they graduate. The Minister for Health has received a letter of concern from a relevant association about that fact. The reason why it doesn't necessarily guarantee an increase in the number of people entering postgraduate study is that one of the limiting factors around the number of graduate nurses and midwives that a system can actually effectively train is the availability of placements within the public health system so that they can get the necessary hours of on-the-ground training that supports their university education.

It is the case that several of our universities have indicated to us that they would like, where possible, to have higher intakes of nurses and midwives into their undergraduate programs, but we always have to work through the capacity of the system to actually provide the relevant clinical placements. The second point I would make is that my team in the Nursing and Midwifery Office did an analysis of where some of the Victorian arrangements are already mirroring aspects to do with scholarships and other workforce measures that we have in place currently in New South Wales. The last point I would make is that the 2022-23 budget provided funding in the order of, I think, $183 million this year—but it's continued over the four years and escalated with indexation—for a rural and regional incentives program in New South Wales.

The value of the incentive associated with Victoria is likely to have some impacts for us around the border communities of our workforce, but it's not like we don't have something to return serve. We have given the districts that meet the criteria for hard-to-fill roles that they can document—and being in a remote regional location measured by the modified Monash remoteness scale, which is a scale used by the Commonwealth in the Medicare system. If those hurdles are met, we are able to provide incentives for staff up to $10,000 on an attraction and retention basis per annum and we are also able to provide to them some additional costs associated with travel, movement and relocation et cetera. At this stage, we are probably going to talk to some of those industry organisations that have had comment about the Victorian scheme and get their sense and perspective directly rather than simply through correspondence in the media. After we have done that, if we have a position for Government, we will put it before them.

The Hon. PETER PRIMROSE: But it would be reasonable to say, from what you have indicated, that you don't expect there to be a significant disadvantage to New South Wales from the actions of the Victorian Government?

PHIL MINNS: Look, I think it will play into the mix. All of these things have an impact. What I can say is that we are starting to see both the results in terms of the new incentives framework delivering recruitment in some of our hard-to-fill sites across regional and rural New South Wales. We have sought that information as soon as LHDs can provide it to us and some have been able to give us positive results in the last week. I think our current framework or our new framework that is rolling out is proving effective, as we would have hoped. We will keep monitoring the situation as it relates to the Victorian framework, particularly how it might impact our border local health districts.

The Hon. PETER PRIMROSE: My last lot of questions relate to the rural healthcare Workforce Incentive Program. I understand that the Government recently announced a $5,000 and a $10,000 incentive program for rural healthcare workers, which Mr Minns just alluded to. For the $5,000 payment for hard-to-fill roles, what's the total budgeted number of roles or people expected to take up this program? Please feel free to take it on notice.

PHIL MINNS: Yes, I will take it on notice. To give you an indication of what's currently happening, there is one regional local health district who has indicated to us that they have identified 242 staff across 15 sites who they will be looking to offer the incentive program to. It's a delicate balance between focusing on the sites where you have that demonstrated hard-to-fill criteria met, you have the remoteness assessment under modified Monash scale, but you're not saying that every single person in rural and regional New South Wales qualifies. So it has to be worked through, but that's the status of one of the districts that reported their position to us in the last week. I think we can probably work backwards and give you an answer on notice as to how many roles are modelled in the amount of funding, but I would like to do that accurately.

The Hon. PETER PRIMROSE: Please, thank you. If you could do that for both the $5,000 and $10,000 payment for critical roles, that would be great.

PHIL MINNS: Yes, I will see what I can do there, Mr Primrose. In our position of the business case to Government, I don't think we actually made that specification because we wanted to see what happened when the LHDs did their local analysis.

The Hon. PETER PRIMROSE: Whatever information you could give us, with the caveats, that's fine.

PHIL MINNS: Yes, happy to do that, Mr Primrose.

The Hon. PETER PRIMROSE: For both programs, when did they commence and how many payments have been successfully made for roles filled thus far?

PHIL MINNS: It started to operate from 1 July. I think we signed off the policy framework associated with how it would work with all of the relevant chief executives in the local health districts in that first week of July. They have been working on how they will analyse their context and how they will use the framework ever since. The numbers that I could give you in time for, I think, the 14 days that we answer on notice, they will be preliminary. Not all districts are as far advanced as the one that I referenced today, but we will be able to tell you what we can tell you.

The Hon. PETER PRIMROSE: Whatever information you can, that will be great.

The CHAIR: I will return to some further questions for Mr Sloane. In answer to questions earlier this afternoon, you explained that part of the work that you have been doing, particularly after the formal appointment, is travelling around the State speaking to many people in all sorts of forums and meetings and what have you about a range of matters, which includes, as I understand from your answer, some discussion around the Government's response to the recommendations in the report of the inquiry into regional and rural health. Is that correct that these matters of the recommendations are being discussed with people at your meetings?

LUKE SLOANE: I would say that some of the subjects or the topics are interlinked but not with the specific point of talking about those inquiry recommendations or findings. We would have covered it off in presentations to executive groups and boards of local health districts with regard to what the findings were and what the specific recommendations were and have discussions around that.

The CHAIR: So at that leadership level within the LHD?

LUKE SLOANE: That's correct.

The CHAIR: There was some specificity that was gone into in explaining that there is the Government response; there are 44 recommendations. You may not have gone through every last one, but there would have been a discussion, presumably, about some of them.

LUKE SLOANE: That's right.

The CHAIR: Can I ask you, Mr Sloane, in regard to recommendations that have a position within them, "supported in principle", how did you explain the meaning of that to the people you met with regard to what it actually means—a supported in principle recommendation?

LUKE SLOANE: I don't think we would have had the discussion at the point in time when travelling around with regard to what would be supported or supported in principle. I think that's been an ongoing discussion with all consultation—

The CHAIR: Right.

LUKE SLOANE: —when we've actually sent it out and got the evidence to provide the response back through Cabinet.

The CHAIR: So with that in mind what did you say to people when you said that there is recommendation X and it says "supported in principle"? What did you explain that to mean?

LUKE SLOANE: With regard to supported in principle, that we would support the premise of the recommendation, but it might also need collaboration from an alternative organisation or another level of government, or some other, I think, important aspect for us to be able to then continue to deliver it—not in silo as NSW Health.

The CHAIR: So with respect to recommendations that say "supported", how do you explain the meaning of that to the people you meet with? What does " supported" mean?

LUKE SLOANE: That we fully support that recommendation and have carriage as NSW Health to take it forward.

The CHAIR: Finally, with respect to the three recommendations that are annotated as "noted"—that's the recommendation—how do you explain, or what did you explain the meaning of "noted" to be to the people you met with?

LUKE SLOANE: Again, as mentioned previously during the day, the ones that we've supported, we did not want to express that we did not support them because we supported the principles outlined in the recommendation and the reasons and evidence that were given that perhaps led to the recommendations; however, noting that there were also alternative arrangements in place that could perhaps satisfy the intent of the recommendations.

The CHAIR: Thank you. Can I move onto the area of some questions, if I could, please, around mental health matters—Dr Wright, perhaps to you or to the Secretary and through the Secretary to Dr Wright, or perhaps someone else with us today. Can I just start with this particular question, which goes to when it will be completed and released, that is, the report entitled *Shifting the landscape for Suicide Prevention in NSW*—a whole-of-government strategic framework for a whole-of-community response 2022-2027.

SUSAN PEARCE: Ms Lourey may wish to comment on that to begin with, Chair.

The CHAIR: Thank you. Please, Ms Lourey. Sorry, I didn't mean to ignore you.

CATHERINE LOUREY: Don't worry. That report has been completed and has been submitted and has gone through Cabinet, so now it's up to the Government to release that.

The CHAIR: So it's completed as far as NSW Health is concerned. It's been handed to the Minister or Ministers. It's gone to Cabinet and your understanding is that Cabinet has considered the report and it has passed through Cabinet, as you understand—it's gone through the Cabinet process?

CATHERINE LOUREY: Yes.

The CHAIR: It's been endorsed by Cabinet, so we're now just needing to wait. I know you can't discuss, even if you're aware of, matters to do with Cabinet deliberation, but is there any word on the street, Ms Lourey, about when this might be released? There's always some word on the street, isn't there?

CATHERINE LOUREY: I don't know whether there is word on the street, but I do know that it's a timely report that the Commission's undertaken and we have noted. Again, as we always do, we had extensive community consultation and I think the community is very much looking forward to the release of that report.

The CHAIR: To receiving it. I very much appreciate the subtlety to that answer, thank you. Can I move specifically to some questions around the matter of suicide, particularly some reflections, if I could please on the matter of the Premier's Priority, which is called, as we know, Toward Zero Suicides, which NSW Health has been, and continues to, work towards reducing the suicide rates by 20 per cent by 2023. Of course, the NSW Suicide Data Monitoring System is used as the basis of, obviously, the collection and analysis of data for the purposes of monitoring suicide or attempted suicide in the State of New South Wales. I am wondering if we have received a progress report of how we're going with respect to the work being done with respect to that priority, and where we stand at this point in time, which is basically the commencement of September 2022?

MURRAY WRIGHT: You have mentioned the suicide monitoring system, which is delivering quite a lot of detailed information on the suicides in New South Wales and the Premier's Priority obviously is connected to a very large investment in a number of initiatives to address the suicide rate, and we've touched on some of that already today.

The CHAIR: We have.

MURRAY WRIGHT: But I think it does bear repeating that they are multifaceted. They include everything—we talked about the gatekeeper training, the suicide prevention training and we've talked about the safe havens.

The CHAIR: Yes.

MURRAY WRIGHT: There are also the suicide prevention outreach teams and there are after care initiatives for people who've made a suicide attempt.

The CHAIR: Yes.

MURRAY WRIGHT: So there are many, many moving parts to this.

The CHAIR: Correct. And how are we moving towards the reduction by 20 per cent?

MURRAY WRIGHT: Well, I think the Minister made a brief reference to the advice that I usually give in answer to that, which is that my expectation is that the substantive changes that we are likely to see from the sorts of interventions that we've done in the last few years can take five to 10 years. We don't get a rapid turnaround on some of the initiatives. I'm very confident that the sorts of initiatives, particularly around some of the non-clinical after care, the peer-led work, the safe havens, et cetera, are addressing a real pressing need for our community to not just prevent suicide but to reduce the impact of mental illness for individuals and their communities. It's also—

The CHAIR: Dr Wright, I regret interrupting, but I will. I don't think anyone around the table cavils with what you've just said about the multifaceted dimensions to dealing with this challenging issue. But, of course, all of that was quite well known, at least in principle before the Premier, the Government, announced the target. So what you say is absolutely correct, but it's not new news. We knew that. So, yes, it takes time, but with all of that in mind, nevertheless the Government set itself the target of reducing the rate by 20 per cent by 2023. So my question to you is: As at September 2022, how are we tracking towards that meeting that objective that was very clearly set with respect to that 20 per cent reduction?

MURRAY WRIGHT: Yes. Those things were well known but they weren't funded.

SUSAN PEARCE: Dr Lyons is attempting to say something, Mr Donnelly.

NIGEL LYONS: We have got figures for up to 2020 which is the last year for the comparative rate, looking at that reduction over time for 2023 target has been calculated, because they're the rates of suicide standardised per 100,000 population. Our rate at 2017 was 11.6 and the target was 9.3 for the year 2023. For the last full year where it was calculated, which is for the 2020 year, the rate had reduced to 10.5. We have had a reduction in the rate and, if you look at the tracking of that target towards the 2023 level, it would say that we are actually tracking in line with meeting that target over that time. But, as everyone knows—and we also heard a lot about COVID and its impacts and some of the other changes that are occurring with the social situation and the economic situation—we need to be very cautious about predicting where we will end up.

The CHAIR: I am grateful for that, doctor. With respect to those most recently collated and published figures, or figures which are at least available and known to yourself, when will we get to see, hear or find published the 2021 figure?

NIGEL LYONS: That needs to be finalised once [audio malfunction]. The suicide [audio malfunction]—that was a preliminary assessment. Ultimately it's a decision for the Coroner around the interpretation of cause of death. And we need to wait for those to be finalised and then the calculation per 100,000

population needs to occur. I have taken it on notice when that will occur, but that's the process that we need to follow.

The CHAIR: Take it on notice, yes.

MURRAY WRIGHT: I don't want to complicate it. Those figures are determined by the Australian Bureau of Statistics. So we're locked in to the—

The CHAIR: There's a lag, that's what you are saying, in terms of the calculation.

MURRAY WRIGHT: That particular figure, which is why we have only got to 2020.

The CHAIR: Okay, it was not a criticism per se, but rather trying to understand the lag.

MURRAY WRIGHT: Sure.

The CHAIR: Tragically we learnt of a young child aged just 10 who took their own life at the Illawarra Primary School. The child's death, as we understand, is not being treated as suspicious. I'm not quite sure whether it's the Secretary or the doctor; the doctor would answer this. Are you able to explain in that type of circumstance the types of additional resources and services that are made available to a school community to deal with a tragedy like that? As a general statement—I'm not saying specifically necessarily it's replicated school by school, but there is obviously some response to assist the school community. I am wondering what that would look like.

MURRAY WRIGHT: It's a very, very delicate issue that you raise.

The CHAIR: I appreciate that.

MURRAY WRIGHT: I'm not going to comment on any individual cases.

The CHAIR: No, I'm not asking you to.

MURRAY WRIGHT: What I can say is that there is an interaction between the mental health services and the education providers, both in terms of providing support for individuals who need support but also in terms of support if there is any kind of tragic event. I also know the Department of Education has mobilised staff to support both families and the other students and the staff in those facilities. As you can imagine, any kind of tragedy of that nature has an enormous effect on a wide range of individuals. It's my observation that between them, the education providers, the education department and the mental health services work together to support the range of individuals that need it. It's not a small operation and it's not a short-term operation.

SUSAN PEARCE: Just to add, Mr Donnelly, very briefly in addition to what Dr Wright has said, and again without going into any detail with respect to that case you have raised, I made direct contact with the education Secretary to offer any support that was required from NSW Health as well. So we, again, at every level do whatever we can to assist.

The CHAIR: Once again we're talking in generalities here. Essentially, we have Health working with Education. Are there other agencies or departments there sometimes? And if so, just for our edification, what might they be?

MURRAY WRIGHT: Headspace has a specific function to provide support to the schools themselves after an event like this. I know that the headspace coordinators work very closely with our child and adolescent teams and with the education providers as well.

The CHAIR: Thank you for the sensitivity in handling that one. Can I just move onto the issue of rates of increase of suicide for the age cohort 55 to 64 years of age? I have just got some figures here that I will recite as a matter of fact and then ask my question. If we look at the period in 2019—we're looking at the period from 1 January to 31 May in each of the years. In 2019 there were 48 individuals; in 2020 there were 47; in 2021, 52. In 2022 it jumped to 76. I'm wondering in terms of the forensic work that's done in looking at these numbers and trying to understand what's going on to hopefully develop some way of responding and hopefully mitigating these numbers, do you have any comments, observations or reflections about this particular cohort's increase that has occurred?

MURRAY WRIGHT: It's relatively early days, Mr Donnelly, before we fully understand. You're identifying something which, obviously, any kind of potential for an increase is something that causes a good deal of concern. We don't know whether this is something which is going to be sustained; we obviously hope that it's not. There are two ways that I would say that we respond. Firstly, we are able to feed that information back, particularly to those districts or parts of the State where those increases seem to be occurring, for their attention. The main goal of the suicide monitoring system is to provide accurate but preliminary information, so that the local collaboratives, which is a multi-agency group working at a local government and local district level,

including the primary health networks and community management organisations, can actually work together to try and understand what those figures mean and respond accordingly. It gives, if you like, a red flag to the services that there may be something occurring.

I think Dr Lyons touched on the concerns about the potential impact on the community at large of the drawn-out effects of the pandemic, any potential economic impacts on particular groups. It's fair to say that the impact of the pandemic economically and socially has not necessarily been uniform. There are some groups that may have been more affected. It's noteworthy that you're talking about an age group that is, in broad terms, in the working age group. Whether they have been particularly impacted economically, whether there are things happening in that area, that's speculation, really. We have noted it and do have concern about it. But we don't necessarily have to completely resolve what it means at a State level. It is very important though that at a local level, each district understands what is happening in their community across the different age ranges. We talked last year about what was happening, what seemed to be happening in the young adolescent and young adult presentations to the emergency department with suicidal concerns and self-harm. But what you are talking about here is a more recent concern and is certainly getting attention.

The other thing I note is that we are also trying to identify what are the particular ways that we can encourage early engagement of vulnerable individuals, age groups or groups in the community, because not everyone accesses services in the same kind of way. For instance, we know that suicide happens far more in men than in women, and men are not good at reaching out for help and that particular age group are not necessarily good. So whether some of the initiatives that are being rolled out through the Towards Zero Suicides initiatives, whether some of those are going to assist that age group in getting access to care.

There are also concerns about the older age group and there is a project happening. The over-65 age group often goes unnoticed, and there are concerns about the risk of suicide in that age group. There are particular issues that occur in that age group, which cause unique needs for them and also the need to develop a more specific pathway to care to make sure that we identify people in those older age groups who may be at risk of suicide so that we can intervene early. That is a broad ranging answer, but it is a matter of some concern.

The CHAIR: Can I ask relating to this issue of—I guess the word is "clusters" of suicides—that sometimes beset a local community? There was some publicity recently about the tragedy in Parkes and a young gentleman, Mr Geordie Horan, lost three close friends—relatively young people. It is so sad in so many ways. I am wondering when something like that happens in a community—and I suppose I am looking for some analogous response like with respect to in a school and a description of the work that is done to try and then go into that community to provide some comfort and support. Is that actually done? In the case of Parkes—and you may not have the specifics; you can take it on notice—is it fair to assume that in that community there would have been some response by NSW Health and perhaps other departments or agencies to support that community?

MURRAY WRIGHT: I mentioned before the specific initiative of the suicide prevention collaboratives, which are intended to be locally based consortia of multi-agencies and part of their role is to bring together all the agencies and individuals who have a stake in the mental health of their community so that they can pool their intelligence as to what are some of the contributing factors, what are some of the risk factors and what are some of the opportunities to intervene. In my mind that is a critical part of reducing suicide over the next generation, switching to much more locally driven initiatives where Health is not necessarily the lead but is an active participant.

The CHAIR: Sorry to interrupt, but I take your point. If we look at Parkes—and I haven't done any investigation myself, but reading the literature and the media—would I be reasonable in concluding that it is likely that there would have been some support go into that community from, in broad terms, the New South Wales Government through one of its departments or agencies to provide some support for that community? Is that likely to have happened? Or just take it on notice perhaps.

MURRAY WRIGHT: It's probably better to take it on notice. I know of some instances in the last several years in regional areas where there has been concern about a number of suicides in a short space of time and both in the case of Lithgow a number of years ago and then—

The CHAIR: And the Clarence Valley.

MURRAY WRIGHT: And the Clarence Valley. Those are actually models of what I'm describing and they got appropriate publicity and praise for what they did. I think that the institute of the collaboratives provides a mechanism for those sorts of initiatives. I can't speak to what has happened specifically in Parkes.

The CHAIR: That is fine. Take that on notice. I am just conscious of the time that is left and there are a couple of areas I still wish to cover. Perhaps if I direct the question directly to Dr Wright, who normally deals with this, and if others need to jump in, that's just fine. The line of questioning, doctor, that you are all familiar

with about seclusion and restraint, and being as assiduous as you are, I am sure you have done some preparation in terms of looking at the numbers. I probably don't need to read through what are my notes to tell you the numbers, particularly with respect to some particular sites. Some of this perhaps can be put on notice. There are just a couple of lines of information: Statewide the average duration of a seclusion event was 11 hours and 18 minutes in January to March 2022. My understanding is that that is up four hours and 54 minutes for the same quarter the previous year. That is a statement of what I understand is fact. Then there is data with respect to individual hospitals where there appears to be instances of quite high numbers of hours. Can I invite you to make a general comment about this, because it is something that you do perhaps each year and perhaps the difference I can put in on notice?

MURRAY WRIGHT: Sure. The most recent figures that we have are the April to June quarter, and the rate of seclusion in that quarter across New South Wales was 5.1 per thousand bed days, and the target is below 5.1. So, we are just sitting on that target. The duration, which is an important measure, has dropped since the first quarter but it is still very high, which is at nine hours across the State. I think by way of explanation, we have consulted widely with the districts and their leaders to try and understand particularly the increase in the duration. There are some particular challenges that have occurred during the course of the pandemic.

The acute inpatient mental health services have been working in personal protective equipment, which is very good at keeping you safe from getting a viral infection, but it really gets in the way of engaging sensitively with someone who is in distress, and it actually makes it more difficult to identify someone whose condition might be deteriorating, so that it probably contributes to missing some of those early signs, and potentially misunderstanding from the perspective of the consumer. That is a factor. It is an incredibly challenging work environment. We have had considerable disruption, both in terms of the workforce that Mr Minns talked about, reductions in numbers of staff and reductions in available facilities from time to time, which have put pressure on everyone. The other thing—

The CHAIR: If I may ask, are there any particular comments you might have in regard to Cumberland?

MURRAY WRIGHT: To Cumberland?

The CHAIR: Whereby we understand there's an average wait seclusion time of 22 hours and 20 minutes. Is it on your radar?

MURRAY WRIGHT: It's absolutely on our radar. All of them are on the radar because these matters get discussed at the quarterly performance review meetings, which Ms Pearce and Mr Sloane referred to earlier, and we seek an understanding, not just of why these figures are where they are but also what are the range of strategies that are being implemented to address them, and there are a number of strategies. Western Sydney has been hit particularly hard by the pandemic. It's been an extraordinarily difficult time for the mental health services on that campus. I think that the way in which the staff and the leadership there have responded to the challenges has been, in my mind, very impressive. But I do think there has been a contribution from that to increasing challenges.

The other information that I'm hearing more anecdotally is that—you will recall that, particularly during the waves of infection that have gone across the community, people were reported to be staying away from emergency departments and staying away from general practices for a variety of reasons. We saw that in our mental health services, and we weren't pleased about that because that meant that people who had ongoing need of medical attention and attention for their mental health conditions were probably staying away out of a concern that they might either put pressure on the system or they might be exposed to the virus. That meant that we were sometimes seeing people much later in the course of an illness and they were presenting in a more complicated and acute stage, which then could possibly translate to some of those—what I'm going to call—deteriorating figures in seclusion and restraint.

The CHAIR: Can I move on to my last few questions—just to take us through to the end in time—on the matter of palliative care, if I could, please? I have distributed to yourselves a copy of a media release dated 9 June 2022, which was released by the Premier, Treasurer and Minister for Health. It was a significant announcement, namely, $743 million to enhance end-of-life care in New South Wales. If I could just take you to the parts of the first and second paragraph that I've highlighted. I will read the full paragraph:

> NSW residents will have access to the highest quality care and pain management services at the end of their life, with palliative care and specialist health services to receive a record $743 million funding boost over the next five years.

It goes on to say in the next paragraph:

> Premier Dominic Perrottet said the 2022-23 funding boost is on top of the $300 million the NSW Government invests each year in palliative care.

Obviously from my point of view, I—and I am sure members around the table, and all members—acknowledge and compliment this announcement. But my question is quite specific because this has become quite a live matter in other jurisdictions in Australia—namely, Victoria and Western Australia—which have operationalised their voluntary assisted dying legislation. As you are aware, in both of those States their respective Acts have been fully operationalised and are providing for VAD—physician-assisted suicide, euthanasia. In the other States it has not been operationalised yet, but in New South Wales on and from 27 November next year my understanding is that's the commencement of the full operationalisation of the legislation.

The issue with respect to voluntary assisted dying and with respect to palliative care are matters that we found through the inquiry that we undertook into the legislation to be conflated and overlapped. In other words, there is no real distinction in the minds of some people that with respect to end-of-life care, it is, in fact, specifically palliation and palliative care and not related in any way whatsoever with voluntary assisted dying, which is provided for quite separately under its own piece of legislation—and with respect to what will be costs that NSW Health will need to bear and internalise for the operation of the scheme in this State on an ongoing basis, including obviously specific funding for the board that's set up in the legislation.

The issue is this. In Victoria and in WA, what has been established is that there is a leakage of money away from that set aside by governments for palliative care specifically into end-of-life care, some of which is, if I could use the word, leaching over into voluntary assisted dying. So in other words, the headline figure—and let's take $743 million, which is the announcement—sounds very good and very much worthy of endorsement. But is there absolute clarity—and I guess I direct my question to the Secretary and Dr Lyons and others perhaps around the table, but the Secretary first—are we absolutely clear that with respect to the $743 million, that is for palliative care, as understood and described in the media release, and there is not going to be and there is no intention to have any of that money leached away or syphoned away into the voluntary assisted dying program, which will commence on 27 November next year?

SUSAN PEARCE: Thanks, Mr Donnelly. We obviously take very seriously our responsibilities to expend funds that have been committed by the Government to the programs to which they have announced. I think we need to be clear about that up-front. I will ask Dr Lyons to comment, but one of the things that we have done so far to distinguish this work—noting the issues you have raised around palliative care and end of life and then voluntary assisted dying—is to assign the responsibility—

The CHAIR: And sometimes the conflation.

SUSAN PEARCE: This is what I'm getting to, this issue of conflation. Is to assign the responsibility for voluntary assisted dying to our Chief Health Officer, who is leading that piece of work quite separately in terms of the establishment of the committee and the like, who will oversee it and how we will conduct those arrangements via one of our local health districts, in the first instance, that will have carriage of various elements of that program. We are learning from other States, and thank you for pointing that issue out, because clearly for those who have already operationalised voluntary assisted dying, it's important for us to understand some of the pitfalls and some of the issues they may have experienced along the way. We've also, as I recall, been speaking to New Zealand because they are a little more advanced in that area. Dr Lyons, through his portfolio, maintains carriage for palliative care and end of life. I am just pointing out that we recognise that there is the potential for conflation and so we've assigned the two issues separately in an attempt to avoid that. But Dr Lyons, if you wish to make any comment, please?

The CHAIR: Dr Lyons?

NIGEL LYONS: Thanks, Secretary, and thanks, Chair. Absolutely, we recognise the importance of keeping these completely separate from the point of view of the policy and planning side of things, so we were very pleased to hear of the announcement of the $743 million investment over five years. We were involved in putting the package together with very much a focus around specialist palliative care services and also pain management, which is a very important area for people often with terminal conditions, and we're very keen to see issues around access for these specialist services extended beyond the traditional area of cancer care, and more recently end-stage renal disease, into some of the other chronic conditions which our specialist services are challenged by, particularly chronic respiratory failure and congestive cardiac failure, which are very common conditions and where some of the learnings from the renal supportive care program could equally be applied, which would give much greater quality of life and symptoms control and supportive care for people who are coming to the end of their life with those chronic conditions also.

We are very conscious of the need to separate the two. We also advocated very strongly within the ministry and the Secretary has supported the separation completely from planning for the voluntary assisted dying implementation, completely separate from the team who are involved in supporting the implementation of the

palliative care enhancements, and we welcome that decision because it will allow us to focus very importantly on both and ensure we don't have any confusion or conflation created internally.

The CHAIR: That brings our hearing to a conclusion today. Before I thank everyone, perhaps to the Government members, are there any questions you would like to ask to seek clarification over?

The Hon. WES FANG: No, thank you, Chair. I think the members acquitted themselves exactly as the Minister did, very well. They covered all bases so we have no points to raise. Thank you very much for attending today.

The CHAIR: On behalf of the Committee, can I thank you all for putting in the hard yards, getting us through to just about 5.30 p.m. It has been a long day, but we do appreciate, in the first instance, you making yourselves available because we know you are all extremely busy in normal times, and we express our gratitude and thanks to yourselves and all the people who work for New South Wales to do what has been outstanding work to keep us all safe over what has been a difficult time. That brings to a conclusion our hearing today for the portfolio areas. We will be returning tomorrow for the budget estimates hearing for the Health expenditure portfolio.

(The witnesses withdrew.)

The Committee proceeded to deliberate.