

GENERAL PURPOSE STANDING COMMITTEE NO. 3

Tuesday, 30 August 2016

Examination of proposed expenditure for the portfolio area

HEALTH

UNCORRECTED PROOF

The Committee met at 14:00

MEMBERS

The Hon. N. Maclaren-Jones (Acting Chair)

Mr J. Buckingham

The Hon. B. Franklin

The Hon. C. Houssos

The Hon. S. Mitchell

Reverend the Hon. F. Nile

The Hon. M. Pearson

The Hon. W. Secord

PRESENT

The Hon. Jillian Skinner, *Minister for Health*

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

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

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

The ACTING CHAIR: Welcome to the public hearing for the inquiry into budget estimates 2016-17. Before I commence, I acknowledge the Gadigal people who are the traditional owners of this land. I also pay respect to elders past and present of the Eora nation and extend that respect to other Aboriginals present.

I welcome Minister Skinner and accompanying officials to the hearing today. We will be examining the proposed expenditure for the portfolio of Health. Today's hearing is open to the public and is being broadcast live via the Parliament's website. A transcript of today's hearing will be placed on the Committee's website when it becomes available. In accordance with broadcasting guidelines, while members of the media may film or record Committee members and witnesses, people in the public gallery should not be the primary focus of any filming or photography. I also remind media representatives that they must take responsibility for what they publish during the Committee proceedings.

It is important to remember that parliamentary privilege does not apply to what witnesses may say outside their evidence at the hearing. I urge witnesses to be careful about any comments they may make to the media or to others after they complete their evidence as such comments will not be protected by parliamentary privilege if another person decided to take action for defamation. The guidelines for the broadcast of proceedings are available from the secretariat.

There may be some questions that witnesses could answer if they had more time or with certain documents at hand. In those circumstances, witnesses are advised to take their question on notice and answers will be required within 21 days. Any messages from advisers or members of staff seated in the public gallery should be delivered through the Committee secretariat. Minister, you are able to pass messages to advisers seated directly behind you and they can do the same. Transcripts of the hearing will be available on the website from tomorrow morning. Finally, I ask everyone to turn off their mobile phones or set them to silent.

All witnesses from the department, statutory bodies or corporations will be sworn in prior to giving evidence. Minister, you are not required to be sworn in as you have already sworn an oath to your office as a member of Parliament. I remind Ms Elizabeth Koff from NSW Health, Dr Kerry Chant, Ms Cathryn Cox, Mr John Roach and Ms Karen Crawshaw from the NSW Ministry of Health that you do not need to be sworn as you were sworn in this morning.

CATHRYN COX, Acting Deputy Secretary, Strategy and Resources, NSW Ministry of Health, on former oath

KERRY CHANT, Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Ministry of Health, on former oath

KAREN CRAWSHAW, Deputy Secretary, Governance, Workforce and Corporate, NSW Ministry of Health, on former oath

ELIZABETH KOFF, Secretary, NSW Health, on former oath

JOHN ROACH, Chief Financial Officer and Deputy Secretary, Finance, NSW Ministry of Health, on former oath

SUSAN PEARCE, Deputy Secretary, System Purchasing and Performance, NSW Ministry of Health, sworn and examined

The Hon. WALT SECORD: Minister, how often do mix-ups occur involving babies in the New South Wales Health system?

Ms JILLIAN SKINNER: There are 270 babies born every day in our public health system. I cannot tell you exactly how many are not how a mother would want them to be, but, in the main, they are very happy events and things go very well. Occasionally, through no fault of anyone, there are problems relating to birth, as you would know.

The Hon. WALT SECORD: What happens when an accident or a mix-up occurs in the New South Wales health and hospital system?

Ms JILLIAN SKINNER: Any event like that is reported through the incident management system to the Clinical Excellence Commissioner. That has been a practice in place for decades now and there are different levels of incidents. They are called severity assessment code [SAC] incidents—one through four, I believe. One is the most serious and others go down the line. They are all investigated. The point of this was to ensure that the clinicians in the system could learn when things did not go as expected, how they could address that and prevent it from happening again.

The Hon. WALT SECORD: Is losing or mixing up a baby a one, two, three or four?

Ms JILLIAN SKINNER: I would have to ask for information about that. Can anyone tell me?

Dr CHANT: When you say mix-up with the baby, what do you mean?

The Hon. WALT SECORD: Giving the baby to the wrong mother, breastfeeding the wrong baby.

Dr CHANT: Those incidents would be assessed by the individual making the report of the SAC rating, and that would be influenced by many contextual factors—for instance, if it was the wrong breast milk, anything around the likelihood of that causing harm to the child in respect of whether it was given to the wrong mother, the impact and the distress, the length of time. But we would be talking about those ranging from one through to four, depending on the circumstances. There is the ability that once those incident notifications are put in and they are reviewed, the SAC rating can be altered because there might be information that is not present at the time, or there is a view that it was either under-ranked or more highly ranked. There is a mechanism where that incident reportings scale can be upgraded to a higher or lower scale, depending on potentially additional information coming to light.

The Hon. WALT SECORD: How many mix-ups would occur a year?

Ms JILLIAN SKINNER: I can answer that. The rate of incidents being reported has hardly changed over time. For example, in January to June 2011, SAC one reports—and they report them as a notification per 1,000 acute care bed days—was 0.08 in January to June 2011. It was 0.06 in that same period this year. For SAC two, it was 0.40 compared to 0.36. SAC threes were 9.09 compared to 10.53. You can see there has been very little variation, a slight improvement, but basically it has stayed pretty stable.

The Hon. WALT SECORD: What happens? What are the steps when you discover that a baby has been given to the wrong mum or a baby has been misplaced or a baby has been given the wrong breast milk?

Ms JILLIAN SKINNER: That would depend on the people at the coalface, the people in the hospital. Generally, the preferable thing is for that to be dealt with immediately in the hospital so that the people involved are given the support that is needed to ensure that the outcome is as good as it can be in the circumstances.

The Hon. WALT SECORD: I want to take you to a specific example. Are you familiar with the recent incident at Nepean Hospital?

Ms JILLIAN SKINNER: I am familiar with the newspaper reporting of the breast milk issue. Is that what you mean?

The Hon. WALT SECORD: Yes, on 12 August. Are you familiar with what happened on 12 August?

Ms JILLIAN SKINNER: With respect to the breast milk?

The Hon. WALT SECORD: Yes.

Ms JILLIAN SKINNER: I am familiar with the newspaper reporting of it. I have not had it reported to me, as yet.

The Hon. WALT SECORD: How do you know about it—through the media reports?

Ms JILLIAN SKINNER: I read that in the media.

The Hon. WALT SECORD: Did you make any inquiries to your department about this?

Ms JILLIAN SKINNER: This is the kind of incident that would come to my attention if it was going to require assurances across the whole system, because it would raise fears in the public. Everything I do that looks at a system-wide issue is to assure the public that our system is safe. Where an incident like this has occurred there are measures put in place, first of all, to address it for the people, the individuals concerned and then to put in place measures to try to prevent it from happening again.

The Hon. WALT SECORD: What measures have been put in place to prevent this from happening again? You said that you do not bother yourself with individual cases.

Ms JILLIAN SKINNER: I did not use those words.

The Hon. WALT SECORD: You said "system-wide".

Ms JILLIAN SKINNER: System wide we would put in place protocols, guidelines, measures about putting bands on babies, identification of baby and mother, et cetera. In an incident like this it would be a matter of asking the hospitals to make sure that those protocols and guidelines are followed.

The Hon. WALT SECORD: You are aware that the hospital and the local health district apologised to the family for the error.

Ms JILLIAN SKINNER: I would expect that in an incident like this the hospital would apologise to the family, as would I.

The Hon. WALT SECORD: Do you know anything of the health risks associated with feeding someone else's child?

Dr CHANT: There is advice that this does happen. I would have to double-check—maybe Ms Cox could help—but there are policies around the steps and measures that you need to put in place to make sure that breast milk is not given to the wrong child. There are risks associated with infectious disease transmission. It is important, as I indicated. These would be some of the factors that would increase the severity of the incident. It is also important that, whilst there is an incident reporting system, there is also immediate management assessment and clinical management of the mother, that there is any testing done that is necessary and any actions taken in accordance with that clinical risk assessment.

The Hon. WALT SECORD: You are probably aware that there was a freedom of information request that revealed that between 2011 and 2015 there were seven known cases of babies being given to the wrong mother. What is the current state of play? How many babies have been reported?

Ms KOFF: I would have to take that on notice.

Ms JILLIAN SKINNER: Could you compare it to what it was previously? I would expect that it is a similar number, unfortunately, because that is the kind of thing that happens when there are these numbers of babies—98,000—delivered every year.

The Hon. WALT SECORD: When you get that information can you also provide a list of the hospitals where it occurred?

Ms JILLIAN SKINNER: That will disclose some privacy issues, will it not?

The Hon. WALT SECORD: Respecting privacy issues—

The ACTING CHAIR: Order! The witness is trying to answer your question.

Ms CRAWSHAW: There is a policy directive on safe management of breast milk. It is policy directive PD2010_19.

The Hon. WALT SECORD: What is the name of that directive?

Ms CRAWSHAW: Maternity—Breast Milk: Safe Management.

The Hon. WALT SECORD: Minister, how often are identity mistakes or patient mix-ups reported in the New South Wales health and hospital system?

Ms JILLIAN SKINNER: Say that again. Patient identity mix-ups?

The Hon. WALT SECORD: Patient identities—the names "Mark" and "Walt" having different identities. Mix-ups in that sense.

Ms JILLIAN SKINNER: I would have to take that on notice. I would like to tell you about something about which I am very proud, that is, our electronic systems that are now well and truly rolling out across our hospital system. Our electronic medical records follow all patients admitted to our hospitals.

The Hon. WALT SECORD: How does that relate to identities—tracking a patient?

Ms JILLIAN SKINNER: A patient has an identification. It is almost like having a band. Some of them do have bands on the patients' wrist. That is tracked with your medication management, your x-rays and so on.

The Hon. WALT SECORD: An electronic band?

Ms JILLIAN SKINNER: Yes. That has been rolled out at Concord Hospital, as I understand it, to start with, and it is rolling out even further. Every patient has an electronic medical record in our public hospital system.

The Hon. WALT SECORD: Currently, as we speak?

Ms JILLIAN SKINNER: Yes.

The Hon. WALT SECORD: Is it at the moment at Concord Hospital or is it at all hospitals across the State?

Ms JILLIAN SKINNER: All hospitals have an electronic medical record for public patients. Many of the matters that deal with them do as well. At Concord Hospital they have been rolling out the system where the patients have a wristband that can be used to track the diagnostics of a patient—the blood pressure, et cetera, that is read all the time—so that it marries to the patient without those questions being raised every time they move to a different part of the hospital.

The Hon. WALT SECORD: It virtually has your name on it, so to speak.

Ms JILLIAN SKINNER: It has a barcode.

The Hon. WALT SECORD: Have you done any preliminary evaluations at Concord Hospital? How successful is that?

Ms JILLIAN SKINNER: It is early days.

The Hon. WALT SECORD: Can you please enlighten me a little bit on it?

Ms JILLIAN SKINNER: Yes. It is very exciting. I think it is one of the greatest advances in health. It is the investment in e-health, as it is known. We have emails, electronic medical records, where doctors can use those records to order tests for patients, check their x-rays wherever the doctor might be. They have a portable device; they can read it while they are at home or travelling. There is an electronic medication management system. Again, Concord Hospital was its test site. It has now been rolled out to other sites. The first paediatric site in Australia—and one of the first in the world—was at Westmead. In the first two weeks of it starting at Westmead I am told that that electronic system prevented two potentially very serious adverse effects. That was a result of the tracking of electronic medication management.

The Hon. WALT SECORD: This will reduce clinical errors and clinical mistakes?

Ms JILLIAN SKINNER: That is why we are investing such a lot of money in this.

The Hon. WALT SECORD: How much are you investing?

Ms JILLIAN SKINNER: I cannot remember offhand. It is substantial.

The Hon. WALT SECORD: Does the mixing up of patients occur very often in the New South Wales health and hospital systems?

Ms JILLIAN SKINNER: Not to my knowledge.

Dr CHANT: Human error and incorrect identification can occur at a number of points. As you can see, our response to that includes work arounds in terms of IT and things to make that more robust, as well as policy directives and also the general feedback of these incidents. Errors can occur in a variety of ways—where someone basically does not effect the armband, a wrong request is made, a wrong sticker is pulled out from labels. Human error does play a critical role in a range of measures where the wrong person perhaps gets the wrong x-ray or blood is perhaps collected. Often, through other safeguards put in place, we are able to pick up those errors before they have clinically significant impacts. Part of the Incident Management System [IMS] notification is to detect those, even if they did not cause patient harm, because they are a warning that we need to be vigilant, particularly about mix-ups.

The Hon. WALT SECORD: Do we have incidents or cases in New South Wales where the wrong patient is operated on? I know that this is a bit grotesque, but sometimes is the wrong leg or arm removed due to errors?

Dr CHANT: I am aware, historically, from looking at reportable incident briefs [RIBs] over my career in health that there have been occasions where an operation may have commenced on an incorrect site. There was quite a lot of work done—I think it was five years ago—about wrong sites and time-out periods required in theatres, double-checking processes before commencing. These things are done in order to stand back and double-check the documentation: Is it written right on the consent form? Is it marked in the right place? That is as I recall it, from having looked at incidents over a long period of time. I do not have the contemporary data on that.

The Hon. WALT SECORD: Could you take that on notice, if you do not have it?

Ms CRAWSHAW: Just to note that in the severity assessment code matrix that the Minister has alluded to, incorrect patient or incorrect body part for the purposes of surgery is, if it results in significant loss or damage to the patient, a sentinel event and is treated very seriously.

The Hon. WALT SECORD: What is a significant loss to your patient?

Ms CRAWSHAW: If it was a significant injury to the patient as a consequence. You alluded to the idea of somebody having an amputation that should not have occurred—that sort of event.

The Hon. WALT SECORD: Wrong amputation. So could you take on notice in 2014-15 the number of mistaken amputations that have occurred in New South Wales?

Ms JILLIAN SKINNER: Can I advise you that the Clinical Excellence Commission reports this data—

Dr CHANT: Yes.

Ms JILLIAN SKINNER: —on an annual basis. You can go back to 10 years ago when there were reports—

The Hon. WALT SECORD: Minister, do these types of mistakes in the health system happen very often?

Ms JILLIAN SKINNER: Not very often. They are quite rare, in fact. Even 10 years ago, when I was tracking it very closely, it was relatively rare. But can I say again that this is a very good example of the potential of using electronics to track things. I participated in an international conference many years ago before I became the Minister where they were barcoding every item used in an operating theatre. For example, you could wave a wand over it to track that everything was on the tray that should have been, so there were no items left inside a patient, which is what used to happen. You can do the same thing when you have got an electronic management system about the patient's expected treatment. Can I just go back to your question about the budget?

The Hon. WALT SECORD: Yes.

Ms JILLIAN SKINNER: The electronic medication management system—it is in this year's budget—estimated cost is \$170.3 million. This is stated on page 5-19 of the Infrastructure Statement. Allocated this year out of that amount, which is over the period, is \$32.469 million. There is a whole lot of information about the various parts of this investment under Health.

The Hon. WALT SECORD: I am sorry, can you take me through that slowly? That is \$170 million?

Ms JILLIAN SKINNER: The dates are 2011 to 2018—that period—\$170.3 million, estimated total cost; expended to date, \$102.9 million; this year, \$32.469 million.

The Hon. WALT SECORD: How much of that would actually go to bands on wrists or tags on toes?

Ms JILLIAN SKINNER: Okay. This was just the medication management system. Then there is electronic medical record rollout to clinical specialists, which is another estimated total cost of \$85.4 million; IMS, the incident management system, \$22.2 million; intensive care unit clinical information system, \$14 million; community health and outpatients information system, \$100.7 million. There are a whole lot of these that are identified separately.

The Hon. WALT SECORD: Minister, when do you think a mix-up involving a patient warrants your attention?

Ms JILLIAN SKINNER: I would be advised by the Ministry—we have regular meetings—about a matter where I believed it was important to reassure the public that a system is safe. If it has been made public or attention has been drawn to something and there is a concern being raised, then I would believe it is important for me to feel confident that it has been investigated appropriately, handled appropriately locally, and that measures have been put in place to ensure that it was not going to happen elsewhere in the system—so that I could reassure the public that things were safe.

The Hon. WALT SECORD: Do you have someone in your office who is designated to draw these to your attention and see that it is kicked up the chain?

Ms JILLIAN SKINNER: All my staff would be involved in that kind of thing.

The Hon. WALT SECORD: Do you think the mix-up of deceased loved ones occurs in New South Wales across the 15 local health districts?

Ms JILLIAN SKINNER: Do I think a deceased—

The Hon. WALT SECORD: A mix-up involving deceased loved ones, dead patients.

Ms JILLIAN SKINNER: Occurs?

The Hon. WALT SECORD: In the New South Wales health system.

Ms JILLIAN SKINNER: What do you mean by "mix-up"? Do you mean lost?

The Hon. WALT SECORD: A mix-up—A mix-up is a mix-up. Do you think that occurs?

Ms JILLIAN SKINNER: I am sorry, I do not quite get it. Do you understand the question?

Ms PEARCE: No.

Ms JILLIAN SKINNER: I do not understand the question.

The Hon. WALT SECORD: Patients are mixed up. Deceased patients are mixed up. Do you think that that occurs in the New South Wales health and hospital system?

Ms JILLIAN SKINNER: Do I think it does?

The Hon. WALT SECORD: Yes.

Ms JILLIAN SKINNER: I have not really thought about it, Walt. But if it does, then it is the kind of thing that I would ask for an investigation of.

The Hon. WALT SECORD: Okay, I guess I will rephrase it. How would you feel if it was brought to your attention that there were mix-ups involving deceased patients in the New South Wales health and hospital system?

Ms JILLIAN SKINNER: If it was brought to my attention, I would seek advice from the Ministry—in the first instance, Elizabeth Cox, the secretary—about what happened in that particular case, whether it was isolated to that particular case, and what measures were taken to address it so that I could, if necessary—if it is likely to come to public attention—assure people that it is an isolated incident, not likely to happen again. And of course there would be the families and so on to deal with, and that I would expect to be dealt with appropriately as well.

The Hon. WALT SECORD: Dr Chant, you have been involved in the health system for a while. Does this occur very often in your experience as a health professional?

Dr CHANT: In terms of the mix-up of?

The Hon. WALT SECORD: Corpses.

Dr CHANT: Corpses. I am aware of—I think your question may have referenced a particular case—a very small number of cases where this is happened.

The Hon. WALT SECORD: How many cases would that be?

Dr CHANT: I am aware of the one—I am personally aware of two, and one was in the construct of my role in south-western Sydney where I was involved in the exhumation of a body because the wrong body was put in at the mortuary. At that time I was the public health officer for south-western Sydney and had to be present at the exhumation to determine that incident, so I am familiar with that one. A recent case which I was peripherally aware of in relation to a mix-up happened in relation to a miscarriage and two babies that had miscarried. I vaguely can recall potentially one other case, but, again, my memory is not clear about that. But those are the two that I—

The Hon. WALT SECORD: The two babies that miscarried, without going into details of the names of people involved, how long ago was that?

Dr CHANT: That was last year.

The Hon. WALT SECORD: Where was that? Can you give us the city?

Dr CHANT: I am just not sure what information has gone into the public remit.

The Hon. WALT SECORD: Okay.

Dr CHANT: I would not want in any way to add to the grieving process.

The Hon. WALT SECORD: Did the health department apologise to the two families involved in this?

Dr CHANT: As I said, I was peripheral to that, but I would have expected that to have occurred. Ms Pearce, could you comment on the fact that this was all done appropriately?

Ms PEARCE: Mr Secord, in late 2015 we were aware of an incident where there were two babies, one that was miscarried and, I believe, one that was stillborn. There was an unfortunate incident at the mortuary level where a mix-up occurred, with one of the babies being incorrectly identified. I understand that, whilst they both had identification that was correct, there was a blanket on one of them with a label that led the staff to believe it was the other baby.

The Hon. WALT SECORD: Did the health department provide counselling and support and assistance to the families affected?

Ms PEARCE: Certainly, absolutely, definitely.

The Hon. WALT SECORD: Did the health department apologise and look after the families?

Ms PEARCE: The matter was dealt with, as you would expect, at the local level by the relevant local health district and there was counselling support offered to both of those families, yes.

Ms JILLIAN SKINNER: Yes. I have a note about it, too, that has just been handed to me. It is true. The hospital extended its condolences and provided support to both families. I can advise you that I recall a similar incident that occurred about 15 years ago.

The Hon. WALT SECORD: But I am asking about this incident, Mrs Skinner.

Ms JILLIAN SKINNER: Yes, but it is a very rare event. That is what I am saying. But it was another one involving the mother of a deceased infant that occurred about 15 years ago. It is a very rare event—tragic, but rare, fortunately.

The Hon. WALT SECORD: Minister, have you or your office had any discussions with the Northern Sydney Local Health District about mix-ups involving deceased patients this year?

Ms JILLIAN SKINNER: I personally have not.

The Hon. WALT SECORD: When was the last time you visited Royal North Shore Hospital?

Ms JILLIAN SKINNER: Probably about a month ago—it is my local hospital that I visit on a regular basis.

The Hon. WALT SECORD: What advice do you provide to families if they think they have received the wrong body or their loved ones have been wrongfully tagged or misidentified, involving NSW Health?

Ms JILLIAN SKINNER: Anyone who believes that anything like that has happened should immediately contact, in the first instance, the hospital because presumably they are still a patient. If they are unhappy with that, they can escalate it. They can even go to the Health Care Complaints Commission if they think the hospital has done something untoward.

The Hon. WALT SECORD: There has been the dreadful case involving miscarriages. Minister, you are probably aware of this case. What would you say to a 65-year-old eastern suburbs woman who visited Royal North Shore Hospital on 23 April this year and after her 89-year-old mother died she discovered someone else's identification tags were on her mother's body and the mortuary bag?

Ms JILLIAN SKINNER: I am devastated for the family and I am really sorry that such an incident occurred. It is a rare event in our hospitals. We would like to think that it did not ever happen, but mistakes do happen. In the event that they do happen, we extend our most sincere apologies.

The Hon. WALT SECORD: Are you aware that the identification mix-up was only discovered when the daughter of the deceased 89-year-old woman wanted to see her mother for the last time?

Ms JILLIAN SKINNER: No, I was not aware of that.

The Hon. WALT SECORD: What will you do about this?

Ms JILLIAN SKINNER: In all of these incidents, that would be reported and dealt with through the normal processes.

The Hon. WALT SECORD: Dr Chant, what are the procedures if you go to a hospital and find that the tags are mixed up and bodies misidentified?

Dr CHANT: I would expect that there is a responsibility on the staff when that is drawn to their attention to immediately apologise. It should be logged as an incident because, whilst it was picked up by the family, I think the question you are raising is that it could not have transpired if additional checks and balances were in place and led to a different outcome.

The Hon. WALT SECORD: Would something like this be considered a severity assessment code [SAC] 1, 2, 3 or 4 in an identification report that you described earlier?

Dr CHANT: This would not have been considered a SAC 1 unless it got picked up under the wrong—

The Hon. WALT SECORD: Minister, why would that not have been considered a SAC 1?

Dr CHANT: The reason for that, unless it got picked up in terms of the requirements—I would have to check the requirements around the fact that currently all wrong site, wrong place incidents are picked up as SAC 1. If it was considered within that lens then it would get picked up as a SAC 1, but if it was not looked at with that lens then I think we would be saying that the circumstances led to a near miss. This was a near miss of a catastrophic outcome. It was distressing to the family but the even worse course of the wrong body being buried did not eventuate. However, we should not underestimate the incredible distress that that would have caused loved ones because that would have played on their mind. This was something that this system needs to attend to.

I would expect that the person it was raised with would have called it in and that the manager of that unit would then look at the circumstances surrounding the incident and investigate how it happened. That person may have found that it happened on the wards or somewhere else along the chain and then would get to the bottom of what needs to happen, such as raising with staff their accountabilities for checking and highlighting the policies in place. That would all need to be happen. It is about taking into account that this error had an impact on their family; it was certainly not what the family needed. We have a responsibility to make sure that we identify what caused the incident and to stop that from happening again to another family.

The Hon. WALT SECORD: Minister Skinner, what do you say to the daughter, because the tags were only changed when she brought it to the hospital's attention?

Ms JILLIAN SKINNER: I say to the daughter, "I am extremely sorry about this. I wish it had not happened. I can understand how distressing it must be for you. I would like to reassure you that in an event like this—and thank God you did find it—it has been brought to our attention, and the staff will be counselled and provided with the guidelines and assistance to understand how best to prevent it from happening again".

The Hon. WALT SECORD: Can New South Wales families be confident, when they are at a hospital with a closed casket or a close mortuary bag, that their loved ones are actually in that bag?

Ms JILLIAN SKINNER: I would expect that we would have the right body in the caskets. I cannot ever guarantee—no-one can—that there are not human errors made, but we will do everything we can to make sure that things are done properly.

The Hon. WALT SECORD: Will you make a commitment to investigate this? I will provide you with the material.

Ms JILLIAN SKINNER: Yes, of course.

Reverend the Hon. FRED NILE: Minister, you appear to be a staunch supporter of end-of-life measures and giving people the chance for a good death. What are you doing about helping aged people who choose to die at home?

Ms JILLIAN SKINNER: Palliative care is one of my personal passions and it is one of the reasons why, on becoming Minister in 2011, we put a great deal of effort into developing a program to extend palliative care support for people in their homes. We have invested considerable amounts of money to provide support to organisations that won tenders to provide that support, both in the country and in the city, with phenomenal results. A survey showed that people interviewed said that in 70 per cent of cases they would prefer to die at home if they could, but only 17 per cent at the time were able to do so.

I am happy to tell you that that has reversed in many cases—in fact, I was speaking to Dr Richard Chye, from the St Vincent's hospice, not so long ago. He told me that even there they are finding that there has been an incredible turnaround in the number of patients choosing to die at home because of the support that is provided to the families to enable that to happen. That clinical support ranges from support from specialist psychiatrists and other palliative care doctors in hospitals through to community nurses and even volunteers who are trained to help.

Reverend the Hon. FRED NILE: Much was said last year about registered nurses in aged-care facilities and alternative models of care. What are you doing to increase the use of alternative models of care?

Ms JILLIAN SKINNER: In terms of registered nurses in nursing homes, the history is really interesting. Nursing homes and aged care are a Commonwealth responsibility. At one time the Commonwealth had different categories—high needs to low needs. At that time they decreed that in high-care nursing homes a certain number of registered nurses were required. They then changed the system and they did away with categorisation. In order to take the time to have a look at this, because New South Wales had some legislative responsibility in this area, we said we would look at it. There was a parliamentary inquiry and many interviews were done out in the community. We landed at a decision that this truly was a Commonwealth matter and we would leave the decision about registered nurses in nursing homes to the Commonwealth, but we would put it on the COAG health Ministers council for consideration and discussion between the Commonwealth Minister and all other States and Territories, because New South Wales was alone. No other State or Territory had any requirements in this regard. I am pleased to tell you that it is before the COAG Health Council for the next meeting.

In terms of other alternatives there are some fantastic programs run in New South Wales that have been devised largely by the clinicians on the ground. One that springs to mind is the Hornsby GRACE program run by geriatric nurses—started by geriatric nurses in the emergency department there—and extended out so that they now support some 100 nursing homes within their touring area. They work with those nursing homes, giving them the skills and the confidence to treat their patients in situ rather than calling an ambulance when it is really not the best thing to do for those patients.

Putting an older patient who does not really need hospital care in the back of an ambulance and taking them to a noisy, brightly lit emergency department can actually have opposite to the desired effect. Having those patients kept in their nursing home is a very desirable thing. I will also give a plug to the paramedics, because they do wonderful work, increasingly using their skills as trained health professionals to also provide that support. Reverend Nile, I have just talked about Hornsby, but there are a number of other projects like that. There is one in Sutherland and there are others that are extending across the State that are really wonderful.

Reverend the Hon. FRED NILE: You have no doubt heard about the cuts in funding for aged care, which could mean that more people are being transferred to hospitals. What are you doing to oppose those cuts by the Federal Government? Obviously it is a lot less expensive for both the Government and the patient to stay in an aged care facility rather than to go to hospital.

Ms JILLIAN SKINNER: As I said, we are working with nursing homes to ensure that their primary concern is looking after their residents. If we can support them in providing out-of-hospital care in the nursing home we will. We are also working on a project called Integrated Care, where we work with the primary healthcare providers—GPs and others—to ensure that they can get the care to patients, wherever they are. Increasingly I think there is a recognition that hospital and an acute hospital bed is not the best place for patients who do not need that level of care, and it is really starting to gain traction.

Reverend the Hon. FRED NILE: As you would know, in the 2016-17 budget it states that the New South Wales Government will be engaging 900 new nurses, doctors, allied health and other hospital support staff in the coming year. Can the Minister please advise the Committee where the additional staff will be placed and how they would help support current staff shortages?

Ms JILLIAN SKINNER: I thank you for the question. I am very proud of the increase in the clinical workforce since I became the Minister in March 2011. In fact, over that time there have been an additional 10,000 doctors, nurses, allied health professionals and, importantly, clinical support officers—those people who assist nurses so that nurses can nurse. The increase since March in terms of full-time equivalent figures are: nurses, 5,317; doctors, 2,189; allied health professionals since 2012, 879; and clinical support, 1,787. They are spread across hospitals, country and city, based on need. Under an award agreement negotiated back in the beginning of 2011 by the former Labor Government and implemented by us, the Nursing Hours per Patient Day is a formula that makes sure that the nurses available to a hospital are sufficient to cater for the complexity of the patients on any particular ward.

Reverend the Hon. FRED NILE: Further to my question, can you update the Committee regarding current programs used to train enrolled nurses and registered nurses, including the cost of this training to an individual nurse, how it is funded and how the New South Wales Government is supporting nurses who wish to upskill?

Ms JILLIAN SKINNER: I suspect you are referring to some of the changes that were made under the Australian Health Practitioner Regulation Agency [AHPRA], which was the national registration process that came into play several years ago. At the time there was a need particularly for some nurses who had been out of nursing for some time to undertake extra training. I think for those who had been out of nursing for nearly five years—and Ms Pearce might be able to extend this answer, as she has a background as a nurse and would know better than I—there was concern that the cost of doing that training was prohibitive, so we provided \$10,000 scholarships to any nurse who wanted to take advantage of it. I believe we still have some scholarships available if people want to take them up.

We are very proud of the work we do with universities to ensure we have sufficient training places for registered nurses, but we have also made arrangements with TAFE for enrolled nurse scholarships, which we jointly fund with Education, I believe. We did a partnership arrangement with Education. The skill mix in our nursing workforce is very important. We have registered nurses through university graduates, enrolled nurses who have on-the-job training plus TAFE, and assistants in nursing, who do certificates. The important point of all of this is that you can take a pathway from one level to another. When I attend hospitals at the start of the career of newly graduated registered nurses, I nearly always ask the cohort, "How many of you have worked as enrolled nurses?", and three-quarters of the room regularly put their hands up.

Ms CRAWSHAW: I can add, Minister, that in relation to enrolled nurses we have offered 1,005 scholarships between 2013 and 2016 for the Diploma of Nursing course leading to the qualification of enrolled nurse. There are more being offered in 2016, in the order of 170. [*Time expired.*]

The Hon. BEN FRANKLIN: That is fantastic.

The ACTING CHAIR: We will now move to questions from Mr Jeremy Buckingham.

Mr JEREMY BUCKINGHAM: Minister, how many people die in the New South Wales health system each year from malpractice, human error or accidents?

Ms JILLIAN SKINNER: How many people die through malpractice, accidents or human error? That would be reported in the Clinical Excellence Commission annual report, if I am not mistaken. Who would be the person to give further information on that?

Mr JEREMY BUCKINGHAM: To the nearest hundred.

Dr CHANT: I am struggling because there are dimensions to that question. There are some things which are reportable to the Coroner. In some circumstances the causation or the clarity of the link between what has happened in the outcome is not clear until there have been various investigations done, including coronial post-mortems to ascertain what occurred and what was the cause of death. Then there is a concept where

suboptimal care more broadly could lead to a change in mortality over five to 10 years time in the future, in effect a longer range. It is a complex question. Clearly we want to do all we can to minimise errors.

Ms CRAWSHAW: There are specially privileged committees established under statute that look at specific issues of mortality—for example, death within 24 hours of having been given anaesthetic—

Dr CHANT: Perinatal and maternal mortality.

Ms CRAWSHAW: Perinatal and maternal mortality, death under anaesthesia and also death through surgery. If you have had surgery and you die within a certain defined threshold period after that surgery, there are committees established to look specifically at those issues, as well as a reference to the Coroner where the manner and cause of death is unclear.

Dr CHANT: There is a requirement in the system, if the manner and cause of death is unclear or—correct me if I am wrong, Ms Crawshaw—under the Coroners Act if death was an unintended outcome of the procedure. There was a broadening—it was extended when the Act got reviewed—to include an unexpected outcome.

Ms CRAWSHAW: There is also a specially privileged committee looking at deaths in our mental health system.

Mr JEREMY BUCKINGHAM: Thank you for those answers. Minister, how many people have to die due to a specific incident or malpractice before you will take responsibility and resign?

The Hon. SARAH MITCHELL: Point of order: That question is out of order.

The ACTING CHAIR: The member can rephrase his question without any argument.

Mr JEREMY BUCKINGHAM: If there is a particular incidence of malpractice or error, is there a threshold at which the Minister will consider resigning? Is it one death, two deaths—

The Hon. BEN FRANKLIN: Point of order: This hearing is examining issues specifically relevant to the Health portfolio. I ask the member to consider the Labor Party's spokesperson on health and the way that he asked questions. He focused on issues, and that is why there were no interjections from Government members. The member's outrageous behaviour makes a mockery of this Committee. I ask the member to focus on specific issues in the way the Labor Party spokesperson did.

The ACTING CHAIR: Does the member have another question to ask?

Mr JEREMY BUCKINGHAM: I definitely do. If the Minister does not have an answer—

Reverend the Hon. FRED NILE: The question was ruled out of order.

Mr JEREMY BUCKINGHAM: It was not ruled out of order.

The ACTING CHAIR: It was ruled out of order. If the member has another question to ask of the Minister, I suggest that he ask it.

Mr JEREMY BUCKINGHAM: Minister, are you involved in a cover-up in regard to the issue of off-protocol chemotherapy dosing by Dr Grygiel?

Ms JILLIAN SKINNER: Certainly not. The low dosing or flat dosing of cancer patients by Dr Grygiel came to my attention when it first appeared in the media. In fact, at that point Professor David Currow, the Chief Cancer Officer and the head of the Cancer Institute NSW, was asked by the then secretary to examine what had happened. I cannot think of a better, more qualified person to do that.

Mr JEREMY BUCKINGHAM: But since that time you have worked to avoid a special commission of inquiry, have you not? In fact, you have precipitated a parliamentary select committee inquiry—

Ms JILLIAN SKINNER: No.

The Hon. SARAH MITCHELL: Point of order—

Mr JEREMY BUCKINGHAM: You have had no involvement in initiating a select committee inquiry?

Ms JILLIAN SKINNER: I can assure the member that I have always made it plain that I believed that Professor Currow, who has an international reputation and who is an expert in his field, was an appropriate and highly qualified person to investigate these matters. He has handed down an interim report and then a final report. Not one of his findings was questioned, and all of the recommendations have been implemented. When the issue came before the Parliament there were ongoing discussions with crossbench members. The member

knows that because my staff talked to him, as they do with everyone in the Parliament. Of course we have these discussions—

Mr JEREMY BUCKINGHAM: And Minister—

The ACTING CHAIR: Order!

Mr JEREMY BUCKINGHAM: Part of those discussions involved a call for a special commission of inquiry, did it not?

Ms JILLIAN SKINNER: I have said that I believed—

Mr JEREMY BUCKINGHAM: Did it not?

Ms JILLIAN SKINNER: Not to me—

Mr JEREMY BUCKINGHAM: You are unaware—

The ACTING CHAIR: If the member is going to ask a question, he should give the Minister an opportunity to respond.

Mr JEREMY BUCKINGHAM: Are you aware of any calls for a special commission of inquiry—

The Hon. BEN FRANKLIN: Point of order: Madam Acting Chair, you have given the member specific instructions to allow the Minister to respond, and he immediately launched into another question without allowing the Minister to do so.

The ACTING CHAIR: I uphold the point of order. The Minister will have an opportunity to respond.

Ms JILLIAN SKINNER: I would like to respond. This is a very serious matter, and I have always regarded it as such. This is a good example of where I have taken on the responsibility of supporting a thorough investigation, allaying people's fears about it happening again—

Mr JEREMY BUCKINGHAM: And do you believe—

Ms JILLIAN SKINNER: —and putting in place measures to ensure that it does not happen again.

Mr JEREMY BUCKINGHAM: Do you believe that a select committee chaired by a politician would be a better and more thorough inquiry than another special commission of inquiry?

Ms JILLIAN SKINNER: That was a decision of the Legislative Council.

Mr JEREMY BUCKINGHAM: Did you have any involvement in drafting the terms of reference?

Ms JILLIAN SKINNER: I believe it was a unanimous decision of the Legislative Council. I also believe that the inquiry conducted by Professor Currow answered those questions. However, I am happy to support the select committee. I do not think it will find anything different, and if it does that would only be for the good. The other—

Mr JEREMY BUCKINGHAM: Did you or your office have any involvement—

The Hon. BEN FRANKLIN: Point of order: Once again the Minister was continuing her answer, and once again the member has interjected. I ask him to allow the Minister to conclude her answer.

Mr JEREMY BUCKINGHAM: Careful mate!

The Hon. SARAH MITCHELL: Sorry, what was that?

The ACTING CHAIR: Order! All members need to calm down and allow the Minister to respond to the question being put by Mr Buckingham.

Ms JILLIAN SKINNER: The Health Care Complaints Commission is also investigating Dr Grygiel. The commission has extremely strong powers to subpoena witnesses and so on. We now have three inquiries into this issue. I believe that the inquiry conducted by Professor Currow was first class. I also believe that the parliamentary inquiry will have our total support.

Mr JEREMY BUCKINGHAM: But it is ongoing, is it not?

Ms JILLIAN SKINNER: It will be ongoing, yes.

Mr JEREMY BUCKINGHAM: The question which I asked and which you have avoided is whether your office had any involvement in the drafting of the terms of reference for the select committee inquiry.

Ms JILLIAN SKINNER: My office discusses matters with the crossbench and other members of Parliament all the time.

Mr JEREMY BUCKINGHAM: Did your office draft the terms of reference?

Ms JILLIAN SKINNER: I do not know whether my office drafted them specifically.

Mr JEREMY BUCKINGHAM: You do not know?

Ms JILLIAN SKINNER: My office talks to the crossbench all the time—including you.

Mr JEREMY BUCKINGHAM: So your staff may have drafted the terms of reference?

Ms JILLIAN SKINNER: They could have helped, yes.

Mr JEREMY BUCKINGHAM: They could have helped in drafting the terms of reference?

Ms JILLIAN SKINNER: Yes.

Mr JEREMY BUCKINGHAM: Do you think that it is appropriate that the Government established a special commission into greyhound racing, but that it did not see fit to establish one into a matter that may involve the—

Ms JILLIAN SKINNER: Well, in fact, it did.

Mr JEREMY BUCKINGHAM: —reoccurrence of cancer in potentially hundreds of people in New South Wales?

Ms JILLIAN SKINNER: We could have called Professor Currow's inquiry a special commission of inquiry. We also have the Health Care Complaints Commission, which has the powers of a special commission of inquiry and which can subpoena people and then make recommendations for deregistration and so on. That is a very strong set of tools to have in this regard.

Mr JEREMY BUCKINGHAM: When I received a briefing from Professor Currow about the flat dosing or off-protocol dosing of chemotherapy patients at St Vincent's Hospital and Central West New South Wales hospitals, he told me that there was a very strong signal that the incidents were occurring. What does a "very strong signal" mean, and what are you doing about that?

Ms JILLIAN SKINNER: You would know that Professor Currow has completed his inquiry into St Vincent's Hospital, and all of his recommendations have been accepted. Some relate to us providing oversight, and they have also been accepted. Professor Currow is completing his investigations into the other matters and I believe he is expected to finish his work on 16 September. This is a complicated matter because it goes back years and years. I think he started his investigation from 2006 because that is when the chemotherapy dosing protocol came into effect. It is not just me; there were four Ministers before me. It is a very complex matter and it has taken a great deal of effort to get all the patient records together.

The Hon. MARK PEARSON: I understand that kangaroo meat might be a new horizon, so the Minister may wish to take this question on notice. I was contacted by kangaroo shooters who took me out in the field to highlight their concerns about kangaroo meat being used for human consumption. In 2009, 2010, 2011 and 2012 samples were taken from supermarkets by private investigators and they were sent off to laboratories to test for E.coli and salmonella, which was found on the carcasses in the chillers. Russia is the largest importer of kangaroo meat; it takes 77 per cent of our meat. It banned the importation of kangaroo meat because it also found E.coli, salmonella and other types of contamination.

A measure of the concern about this issue is the fact that the Russians were invited back to Australia by Macro Meats, the largest producer of kangaroo for human consumption both domestically and internationally. Before the Russians arrived, Macro Meats sent a memo to shooters advising that they would be receiving ascetic acid and they were to spray it on the carcasses to remove contaminants. I have a copy of the memo to the shooters. We then did further tests. The Russians opened the market for a short time and closed it again when they saw our results. In 2015, we did a comparison with lamb. Again, even though ascetic acid was still being used for the domestic market, and even though other levels of contamination had reduced, they were still there and were much higher than the levels in lamb.

I am raising this as a concern for the health of the people of New South Wales and Australia that there could well be a looming problem. It is very interesting that the way these kangaroos are prepared for human consumption is that they are shot during the night. The first animal might be shot, eviscerated and decapitated at 7.00 p.m. and stay on the back of the truck with ambient temperatures of up to 38 degrees at night during summer. It does not have to get to the chiller until one hour after dawn. If a farmer were to do that with a

sheep—shoot a sheep at 7.00 p.m., drive around with it on the back of a truck, eviscerated and decapitated, and turn up to a processing plant—it would be immediately rejected. **My question is: Has the Minister ever had this information brought before her? In 2009 when these first tests came in I wrote to the Department of Health and the Food Authority. Has the Minister turned her mind to this or been advised about it? If not, would she consider it?**

Ms JILLIAN SKINNER: I will. It has not been brought to my attention. That is before my time as Minister for Health. I think Dr Kerry Chant as the Chief Health Officer might be able to help.

Dr CHANT: I would be very happy to follow those issues up. As you know the New South Wales Food Authority and Primary Industries would be the regulators here but clearly health is the principal concern you are raising. We would be very happy to do that. I would like to note that particularly the issue with chickens—

The Hon. MARK PEARSON: That was last year's subject.

Dr CHANT: We need to understand that fresh meat should be seen as potentially having, in the case of chicken, salmonella. Meats should be considered as potentially being contaminated. It is the cooking process that we generally recommend—particularly in relation to comminuted meat. That is why we recommend that the burgers are cooked right through because there is a risk with that surface contamination. I will explore the particular issues because I think what you are saying is the processes put in place potentially allow for the microorganisms to grow and expand through incorrect adherence with keeping them cold and processing them. I would be happy to follow that up with my colleagues in the Food Authority and give you a response.

The Hon. MARK PEARSON: I think the issue here is that, sure, raw meat will often have a certain amount of contaminant. But the tests showed that in kangaroo meat it was much higher for all those reasons I described. The industry recommends you cook the meat rare, so therefore you are not killing all the contaminants.

Dr CHANT: Generally the contaminants are not inside the meat unless the kangaroo was septic. It is really about the surface contamination, so searing it on both sides. But as I said, for the comminuted meat such as the mincemeat, because you have potentially put the outside surface contamination into the middle, that is why we are recommending that particularly for mince we do that. You are raising significant issues and I am happy to follow them up.

The Hon. MARK PEARSON: The levels of E. coli and salmonella are "high alert" according to Australian Quarantine and Inspection Service [AQIS] standards, so the levels of the other meats are "low alert" and are removed by cooking. But I think the measure—and this is what I think is a marker of the level of concern for the producer—is soaking the carcasses in ascorbic acid or spraying them. Clearly they are having to go to these steps.

Dr CHANT: Yes. I will follow up that issue.

The Hon. MARK PEARSON: A spray of ascorbic acid is sometimes applied in abattoirs if the inspector thinks that there is a bit of contamination here or there, but it is not a routine pickling, if you like, of the meat to try to turn around these contaminant agents.

Dr CHANT: I will be very happy to explore that with the Food Authority. I am sorry I do not have more detail. That was just a general response to the issue.

The Hon. MARK PEARSON: I can send you all of this information.

Dr CHANT: That would be great. Thank you.

The Hon. MARK PEARSON: Thank you.

The ACTING CHAIR: We will take a short break and resume at 3.10 p.m.

(Short adjournment)

The ACTING CHAIR: We will resume with the hearing.

The Hon. WALT SECORD: Minister Skinner, have you personally met with any patients of Dr John Grygiel or Kiran Phadke in respect of the chemotherapy underdosing?

Ms JILLIAN SKINNER: Not to my knowledge. I might have, but I was not aware that they were patients.

The Hon. WALT SECORD: Have you met any of the patients formally? Have they sought meetings with you?

Ms JILLIAN SKINNER: No, they have not.

The Hon. WALT SECORD: Can you check with your office? Have they made any formal approaches to your office?

Ms JILLIAN SKINNER: One has, yes.

The Hon. WALT SECORD: Did you meet with them?

Ms JILLIAN SKINNER: No.

The Hon. WALT SECORD: Do you think that you should have met with them?

Ms JILLIAN SKINNER: In the instance of an ongoing investigation I would normally wait until the investigation had completed and then consider meeting with them. That would be my normal practice.

The Hon. WALT SECORD: Is that your normal course of—

Ms JILLIAN SKINNER: That would be my normal course.

The Hon. WALT SECORD: Is that a normal protocol that you have in your office?

Ms JILLIAN SKINNER: That would be my normal inclination. I do not have a hard and fast set protocol, but it would be my inclination to wait until the investigation had been completed, but to advise or get my staff, if they had been contacted, to advise them about the processes that they could follow to ensure that their issues were being dealt with in the investigation.

The Hon. WALT SECORD: For the record, you have not formally met, to your knowledge, with any of the chemotherapy underdosing—

Ms JILLIAN SKINNER: No, not to my knowledge.

The Hon. WALT SECORD: In your press conference on the release of the report, you said that St Vincent's Hospital had lied to you. I remember the word very clearly.

Ms JILLIAN SKINNER: Not to me.

The Hon. WALT SECORD: Lied to patients.

Ms JILLIAN SKINNER: To the public.

The Hon. WALT SECORD: Lied to the public. The word "lied" was there.

Ms JILLIAN SKINNER: Yes, it was. I regret using that word, to tell you the truth.

The Hon. WALT SECORD: Why?

Ms JILLIAN SKINNER: Because it is harsh. In fact, I was paraphrasing what Professor Currow had said in his report. He used the word "misleading". At the press conference I really should have said "misleading".

The Hon. WALT SECORD: Minister Skinner, I am going to disagree with you. I think you were right to have used the word "lied" and you should not move away from it. They did not mislead, they lied to the community.

Ms JILLIAN SKINNER: The word in the report is "misleading". I can quote it to you exactly. This is what Professor Currow says—there are quite a number of items there. In particular, he makes reference to cancer recurrent rates particularly "should not have been made given that neither the internal investigation nor external review quantify these rates." It then goes on, "As such, St Vincent's Hospital's public statements were misleading."

The Hon. WALT SECORD: Minister Skinner, did you say "misleading"?

Ms JILLIAN SKINNER: Professor Currow said that in his report.

The Hon. WALT SECORD: Misleading comments to patients.

Ms JILLIAN SKINNER: To the public. I believe it referred to the statements made to the media when this first came to light.

The Hon. WALT SECORD: Let us agree upon the words. St Vincent's Hospital misled the community and the media?

Ms JILLIAN SKINNER: Well, the community through the media. They were doing an interview.

The Hon. WALT SECORD: Let us agree. St Vincent's Hospital misled the community—

Ms JILLIAN SKINNER: According to Professor Currow, yes.

The Hon. WALT SECORD: Do you think he did?

Ms JILLIAN SKINNER: I accept Professor Currow's report.

The Hon. WALT SECORD: What are you going to do about St Vincent's Hospital misleading the community and the media, or through the media?

Ms JILLIAN SKINNER: That was addressed in the recommendations made by Professor Currow—a substantial number of them.

The Hon. WALT SECORD: You are the Minister responsible for implementing those recommendations.

Ms JILLIAN SKINNER: Indeed. One of the recommendations was for the secretary to monitor, on an ongoing basis—it says here—I cannot find the exact words. It talks about the secretary having a responsibility and a role to monitor the contractual arrangements with St Vincent's Hospital on a regular basis.

The Hon. WALT SECORD: Secretary, what has happened with enacting or moving on those recommendations?

Ms KOFF: The recommendations were sent to St Vincent's, which acknowledged and accepted all recommendations as a matter of course. Also, with our arrangements with St Vincent's, we have what we call a service level agreement. The service level agreement sets out the specifications of what St Vincent's is to deliver. With this significant event that occurred, they were increased on what we call performance watch.

The Hon. WALT SECORD: What does that mean to the layperson? Can you explain that to the Committee?

Ms KOFF: If I could shift to my direct assistant in purchasing and performance, Susan Pearce, who is the deputy secretary responsible for the service agreements and the ongoing monitoring of St Vincent's?

The Hon. WALT SECORD: Can you explain what will happen?

Ms PEARCE: I can explain to you what is already happening. Arising from the report, as the Minister has already outlined, there were a number of recommendations that were accepted in full by St Vincent's Hospital. As the secretary has mentioned, we have a performance framework that is attached to the service agreements for all of our local health districts and specialty networks, including St Vincent's. There is a ranking in that of performance levels, zero being that the performance of that service is performing well, down to a four, where you are talking about a very serious situation. St Vincent's was escalated on the performance framework to a 2 following the outcome of the report and, as a consequence of that process, what we have now done, rather than meeting with St Vincent's, as we would in the normal course of things on a quarterly basis to monitor its performance, I have met with them once a month to review the recommendations arising from the report, and to ensure that those recommendations are being implemented as they indicated they would be, in full.

The Hon. WALT SECORD: If you meet them once a month, come in, have a cup of tea, what actually happens?

Ms PEARCE: During the course of that meeting—there is the broader meeting to look at their performance against the number of indicators that we have in the system, which include a range of things. We still do that meeting quarterly, as we would. The monthly meeting in between times is specifically to go through all of the recommendations with St Vincent's and to get feedback from them as to what they are doing to give effect to those recommendations, so we go through those. They have produced evidence to us in regard to the implementation of Professor Currow's recommendations outlined in his report.

The Hon. WALT SECORD: Ms Pearce, what can happen to St Vincent's if they do not meet the benchmarks that you have explained?

Ms PEARCE: If there were any indication that they were not complying with their commitment to implement the recommendations in full, there would be a further review of their positioning on the performance

framework and we would consider whether that was necessary. At this point in time there is no indication to us that they are not complying with what they said they would do in respect of the recommendations.

The Hon. WALT SECORD: What are the sanctions? What can happen?

Ms PEARCE: The most serious sanction under the performance framework at level 4 is a situation where administrators et cetera were appointed. St Vincent's Hospital has a different set of arrangements to some of our other facilities in the public health system. Nevertheless, it does participate every year in a service agreement process and the application of the performance framework. It is treated as any of our health services. I might add that I have suggested to the chief executive—more than suggested, I have told the chief executive—that at a point in time, probably at the 12-month mark, we will also appoint external independent auditors to evaluate the application of their work against the recommendations. The hospital has accepted that.

The Hon. WALT SECORD: There would be an outside auditing of what has happened between you and St Vincent's Hospital?

Ms PEARCE: There will be an outside auditing not about what has happened between me and St Vincent's Hospital, but about what St Vincent's Hospital has done in terms of giving effect to the recommendations. They have committed to us, in writing, that they would implement the recommendations in full with no exceptions. I understand that, at this point in time, that they are doing that.

The Hon. WALT SECORD: Minister Skinner, what is your response or your view of the processes underway?

Ms JILLIAN SKINNER: That is the proper process. Since this report came out—in fact, since the interim report came out—the hospital has been very willing to accept these recommendations. I believe the hospital has appointed its own person from Victoria to monitor the process—independent of the operations in New South Wales.

The Hon. WALT SECORD: Ms Pearce is meeting with St Vincent's Hospital once a month. When are you meeting with the hospital? Are you meeting once a month to make sure the staff is adhering to this?

Ms JILLIAN SKINNER: I rely upon Susan to do that.

The Hon. WALT SECORD: Have you met with St Vincent's Hospital since—

Ms JILLIAN SKINNER: Not since this. But I will, and I do. I have done on previous occasions but I rely very much on the contractual arrangements that have been put in place by Susan in this case, and by Elizabeth. I have great confidence in the work they are doing.

The Hon. WALT SECORD: You would know that earlier this year there was a bit of a tussle involving the upper House and a call for papers involving St Vincent's Hospital.

Ms JILLIAN SKINNER: Opera House?

The Hon. WALT SECORD: Sorry, it is my accent. Upper House—Legislative Council.

Ms JILLIAN SKINNER: I normally do not have any trouble with your accent.

The Hon. WALT SECORD: There was a tussle between the Legislative Council and St Vincent's Hospital. That hospital said that it was not part of the public health system and did not come under ministerial responsibility and was not accountable to executive government. Have there been any changes to that? Have there been moves to bring St Vincent's Hospital under—

Ms CRAWSHAW: They are not part of NSW Health. They are part of the public health system, statutorily. We have various regulatory powers under the Health Services Act in relation to them. Our remedies are as outlined by my colleague Ms Pearce. We have a service agreement with them, and obviously we can tighten the prescription around that service agreement. We can independently audit them.

The Hon. WALT SECORD: So that is your carrot and your stick.

Ms CRAWSHAW: We can determine the role, functions and activities that they undertake, as well, as part of the public hospital system. That is our carrot and stick.

The Hon. WALT SECORD: When we set up the Legislative Council select committee into the chemo underdosing, as part of the negotiations—Reverend the Hon. Fred Nile negotiated this—I think the deadline was 16 September. Is the report going to be provided to the Government or the public by 16 September? Will we meet that deadline?

Dr CHANT: I think Professor Currow is working to that deadline. I have heard nothing to the contrary.

Ms CRAWSHAW: It is my understanding that he is working very hard to achieve that deadline.

The Hon. WALT SECORD: How will that report be released or presented to the public? Is 16 September the date that it is provided to you or the date that it will be released?

Ms CRAWSHAW: I would have to go back and look at the terms of reference. If the date of 16 September is the date identified in the terms of reference as his reporting date, that will be provided to the secretary on that date. Obviously, then the Ministry will look at those recommendations that might come forward from that, and what ramifications there are from that report, and advise the Minister. I think it would not be dissimilar in terms of its treatment with respect to the public than the St Vincent's Hospital report.

Ms JILLIAN SKINNER: We are not expecting any delay. You will get it as soon as we can get it to you.

The Hon. WALT SECORD: Okay. I would like to ask a question specifically about the Central West investigations—Orange and Bathurst. Why are the investigations involving Dr Grygiel's treatments in the Central West not taking into account cases before 2006?

Ms JILLIAN SKINNER: As I understand it, from conversations I have had about this, even though he was practising there from the early 1990s, 2006 was the date chosen to go back to because that is when the protocol about chemotherapy dosing came into effect. That is why that was chosen as the date to go back to. It has taken a little bit of time to get into the western New South Wales matters because of the different employment status of Dr Grygiel. He was on an honorarium at that point. I think he was doing an outpatient, outreach—

Ms CRAWSHAW: My understanding is that this is still being clarified. We will have to await the report to determine what Professor Currow concludes. My understanding is that many of the patients seen there were privately referred non-inpatients, rather than outpatients of the hospitals.

The Hon. WALT SECORD: Do we have a better picture of the scale of patients in the Central West?

Ms JILLIAN SKINNER: I do not know.

The Hon. WALT SECORD: Do we still not know?

Dr CHANT: Professor Currow is working through, with that date in mind. I would have to double check this with Professor Currow. Patients were made aware of the inquiry. It has been in the public remit. So where there were concerns around their care some of those patients may have gone to the NSW Health Care Complaints Commission. They may well have sought to have their cases reviewed by Professor Currow through the inquiry. The issues really were of the broader practice of Dr Grygiel in that central western area, whereas his practice at St Vincent's Hospital was more confined to the head and neck.

One of the challenges in looking back historically is that, for many cancer treatments, care has changed. Our knowledge has changed so that in providing expert advice the lens of what was appropriate at the time in that circumstance is different. So, clearly, 2006 was a particular time when issues changed in relation to the cisplatin carboplatin dosing. But I suspect, from information available to me, that it will potentially pick up a broader range of cancer treatments that Dr Grygiel was involved in, in that area.

Ms CRAWSHAW: It is important to emphasise that we are not getting a running commentary from Professor Currow. He is undertaking this investigation at arm's length from us. It is his report, he is arm's length from us, and we will have to await the date that he provides us with that report.

The Hon. WALT SECORD: The 21 patients at Macquarie University Hospital conveyed concerns to me that they had been left a bit on their own compared with the public patients because they were private patients of Dr Grygiel. What steps are being taken to ensure that they are being included in the inquiry?

Ms JILLIAN SKINNER: They are patients of a private hospital. It is a matter for the private hospital. Do you have any further information?

Ms CRAWSHAW: I emphasise that the NSW Health Care Complaints Commission is investigating Dr Grygiel. That relates to Dr Grygiel's practice—both public and private. To the extent that they were private patients of Dr Grygiel, they are being, and can be, investigated through the Health Care Complaints Commission. Professor Currow's investigation and report is about the administration and services provided by St Vincent's Hospital, as a public health organisation, and the Western NSW Local Health District—it is a

successor to an area health service—as a public health organisation. That is, I guess, the division of responsibility around these two investigations.

The Hon. WALT SECORD: About a week ago, or maybe two weeks ago now, we know that the inquiry was yet to interview Dr Grygiel involved in the Central West patients. Do you know whether in fact they have been able to overcome any problems and difficulties?

Ms JILLIAN SKINNER: As Ms Crawshaw has said, we are at arm's length from Professor Currow in this inquiry, quite deliberately.

The Hon. WALT SECORD: I ask because he expressed concern in the briefing that he had not been interviewed yet.

Ms JILLIAN SKINNER: I do not remember him expressing that opinion.

Ms CRAWSHAW: But, again, we are not seeking to run—we are not expecting a running commentary from Professor Currow on how the investigation is being conducted. But what I can say is that Dr Grygiel will have no option but to respond to the Health Care Complaints Commission in relation to his practice.

The Hon. WALT SECORD: Are you confident he will not find a way to avoid it?

Ms CRAWSHAW: The Health Care Complaints Commission has those powers that you would be well aware of, being the Opposition spokesman.

The Hon. WALT SECORD: So is Mrs Skinner. She whispered it.

Ms JILLIAN SKINNER: I know.

The Hon. WALT SECORD: Has the department been in contact with all 15 local health districts, the two specialist networks and, I guess, the Sacred Heart Hospice and St Joseph's at Auburn to check to see whether any underdosing has occurred at any other institution other than the six that were named in the report?

Dr CHANT: The recommendations initially from Professor Currow's interim report—or the advice and confirmation from all our local health districts [LHDs] and specialty networks was sought in relation to having a couple of steps that he agreed to, which was in relation to having a monitoring process from the pharmacist and the director of oncology services or an equivalent having their role in place to check the prescribing—having an electronic prescribing system. That confirmation was sought from the local health district. In accordance with our normal processes, Susan Pearce is following up the implementation of those recommendations and subsequent recommendations arising from his final report, which we have accepted, through the performance management framework with our local health district and specialty networks.

The Hon. WALT SECORD: Mrs Skinner, I would now like to take you to the current Bankstown-Lidcombe Hospital baby gassing tragedy. Why did you not attend the press conference on Saturday morning with Dr Kerry Chant?

Ms JILLIAN SKINNER: Let me take you through the steps in this because it was not just one step or another.

The Hon. WALT SECORD: Yes, okay.

Ms JILLIAN SKINNER: In fact, just in relation to the report, I had a meeting—in this place actually—with the secretary on Thursday. The Parliament had been sitting. She advised me that it was her intention to stand down the person who had been the general manager of the hospital at the time of the installation, and I supported her.

The Hon. WALT SECORD: That is Mr Leahy, right?

Ms JILLIAN SKINNER: Yes. Then on Friday 26 August a report was put out to the families by the Chief Health Officer, which was the root cause analysis [RCA] report. It was just sent to the families only. I really want to stress that because I think some confusion arose about what report was going where. That only went to the families. It only goes to the families and to the Coroner. I do not see it. I never see an RCA and it is not made public. That went to the family on 26 August.

The Hon. WALT SECORD: Can I interrupt you? You say that you do not see it.

Ms JILLIAN SKINNER: No.

The Hon. WALT SECORD: But does it come to your office?

Ms JILLIAN SKINNER: No, never. I never see an RCA. It contains confidential information about clinical medical matters to do with the families, okay.

The Hon. WALT SECORD: I understand.

Ms JILLIAN SKINNER: That went to the families. I received a copy of the report—the Chief Health Officer's report—just after it went to the families. I received it by email. It has got about 24 pages. It is not difficult to read.

The Hon. WALT SECORD: Yes, it is 24 pages.

Ms JILLIAN SKINNER: I am sure you have read it from cover to cover. Then shortly thereafter the secretary put out a statement, as did I, talking about the steps that had been taken. I said in that statement that the Chief Health Officer would be releasing her report the next day at 11.30. That is in fact what happened. Why did I not attend on that occasion? It was because I wanted the focus to be on the findings of the Chief Health Officer. This was her report. It is a really important report. This is a very serious and tragic matter, in my opinion.

I believed it was terribly important for the focus to be on providing an assurance to the public that all measures possible had been taken to determine what had happened, to indicate to the public that there were ongoing matters under investigation, and that we had had a look right across the system to give them confidence that this sort of thing was not going to happen again. That is all very well summarised in the Chief Health Officer's report that she put out at 11.30. I was asked questions by the media after that and we replied in written form. I was in constant contact, I might say, with my office, with the Ministry and others during the day. Because the television stations wanted me to appear on camera, I did so later in the afternoon.

The Hon. WALT SECORD: Do you think it was a mistake—that you should have fronted up with Dr Chant?

Ms JILLIAN SKINNER: No, I do not. I did it deliberately because I wanted the focus to be on her report, on the findings that would give confidence to the public that the system is safe. If I had been there, that would not have been the focus. By not being there, that was the focus, and that was what the media was reporting.

The Hon. WALT SECORD: So what made you change your mind and decide to do the press conference?

Ms JILLIAN SKINNER: The media asked me several times and I decided by the end of the day that there had been enough focus and enough time for the media to absorb the matters in Dr Chant's report, and that is when I agreed to appear in the media. I said to the media virtually what I said in my written statement.

The Hon. WALT SECORD: In the report itself it says that 13 people are still yet to be interviewed as part of the final report.

Ms JILLIAN SKINNER: Yes.

The Hon. WALT SECORD: So, is this final report the final report, or is there another report which will be an addendum to the final report?

Ms JILLIAN SKINNER: No. I believe that we have had enough reports, Walt. But we will provide—there will be an announcement about findings of that report rather than another report, I expect. Is that what you are thinking?

The Hon. WALT SECORD: Dr Chant, what is happening with the 13 extra people that should be interviewed?

Dr CHANT: I am concluding that this is the final report. We should note that one of the cases is a coronial matter. I believe that that process may well identify further issues to which we need to respond or will have further recommendations that we need to consider. Obviously the Coroner has the capacity to call witnesses, who may choose not to, based on legal advice, participate in the process—the disciplinary process—but choose to make representations in the coronial process. I am not going to do another report, but it is important that the disciplinary processes and further investigations in relation to the governance are undertaken so that those matters can be brought to their conclusion and so that appropriate prevention activity can be put in place.

The Hon. WALT SECORD: Do you not think there is a question mark hanging over the fact that 13 people who should be interviewed are not being interviewed, or have not been interviewed?

Ms JILLIAN SKINNER: Oh, they are being interviewed.

The Hon. WALT SECORD: This is about the integrity and confidence in the health system and openness and transparency.

Ms CRAWSHAW: We are talking about the disciplinary investigations that were in train following the suspension of the engineer on the basis of what were fairly apparent concerns right from the beginning, so the disciplinary investigations are separate. They were separate to the RCA. In fact, the RCA process may well have investigated and talked to a number of those people who are still relevant witnesses in a disciplinary investigation, but a disciplinary investigation does not become a public investigation, as you would appreciate. You have to respect that process.

The Hon. WALT SECORD: Minister, when did you become aware that the department was communicating to the family through the lawyer?

Ms JILLIAN SKINNER: I found out about this tragic error on 21 July at around five o'clock. I remember it very clearly. I was horrified. I immediately got in touch with the Ministry to find out what they had done. They had of course started the whole process of investigation. I was advised that the disclosure to the families would occur the next day, on the Friday. I believe the first family was called into the hospital at 3 o'clock for an open disclosure. The second family was called in on 23 July, and ongoing support was provided to those families. One of the families spoke to the media, and at 7.00 a.m. on 27 July I was joined by the Secretary and the Chief Health Officer in talking to the media about what we were doing about it.

The Hon. WALT SECORD: I understand that NSW Health has engaged Francesca Manetti, of Curwoods Lawyers, to deal with the family directly involving negotiations. Can you take me through that, Minister?

Ms JILLIAN SKINNER: I am sorry that I did not answer that part of your question. On 27 July at 7 a.m., when I spoke to the media, I tried to contact both families. I spoke to both families that day, and I spoke to both the mother and her brother of the family of the little boy who died. I called them again the next day to say that I would be very happy to meet them wherever they wanted me to meet them. The request was put into my office by email, I believe, that from henceforth contact would be required to be made through the lawyers.

Reverend the Hon. FRED NILE: Because of the line of questioning that preceded, I failed to put on the record that I could have a potential conflict of interest as my wife, Elaine, was a cancer patient at St Vincent's Hospital from 2009 to 2011, and she died in October 2011. I have no concern about the treatment she received in the chemotherapy department. Following my other questions regarding the aged care industry, in years gone by the aged care industry has encountered a shortage of staff, and as a consequence aged residents suffer unacceptable abuse and neglect. Can the Minister update the Committee regarding current aged care staffing levels and what specific steps have been taken in the last 12 months to improve the staffing of aged care facilities?

Ms JILLIAN SKINNER: I do not have any responsibility for aged care. That is a Commonwealth matter. The Commonwealth Government took over, with the exception of just a handful of residential facilities, some years ago. If you want me to write to the Commonwealth Minister on your behalf I would be happy to do that.

Reverend the Hon. FRED NILE: I would be happy for you to do that, Minister, if you are able to.

Ms JILLIAN SKINNER: Alright, perhaps we could talk about that afterwards.

Reverend the Hon. FRED NILE: Following up on that, \$1.6 billion has been invested in this year's budget towards capital development for new facilities, upgrades and redevelopment including for hospitals. Can the Minister advise the Committee regarding plans for regional hospitals throughout New South Wales?

The Hon. BEN FRANKLIN: Hear, hear!

Ms JILLIAN SKINNER: I am passionate about hospital upgrades and buildings, as you are probably aware. In fact, the "Hear, hear!" came from a member who lives in Byron Bay who joined me on a visit to the beautiful new Byron Central Hospital, which was opened very recently. Yes, last term we invested \$5 billion and this term we will invest another \$5 billion—so \$10 billion all together—into hospital redevelopment, and a goodly proportion of those are in country New South Wales. For example, we have upgraded and, in some cases, rebuilt in total hospitals in towns such as Tamworth, Byron Bay, Lismore, where I believe the emergency department opened just this week; the Hon. Sarah Mitchell joined me on those visits as well. There have been upgrades in Tamworth, Bega and Wagga Wagga. We have also invested in upgrades in Dubbo, Parkes, Forbes, Kempsey and in a number of small multipurpose services. Those are all country upgrades.

In the city, there have been major redevelopments at places like Westmead, Campbelltown, Hornsby and Wollongong. The upgrade in Wollongong is huge. Blacktown Hospital is one of our biggest, and I am told that doctors in country hospitals are asking for further upgrades by simply saying, "We want a Blacktown". It is considered to be such a model of excellence in how to build a facility that is fit for purpose. I am sorry the Hon. Walt Secord has left the committee room, because that hospital has implemented what they call "paperlite". There is no capacity for storage of paper records; it is all electronic in that new facility, which is really the hospital of the future.

The interesting thing about this investment in capital development is that it changes practice. It means that doctors and nurses and others working in the system are consulted and engaged in planning the hospital and so they get to design a hospital that meets the new way they treat patients. There is a more efficient use of space and these new hospitals act as a magnet to attract new staff. For example, I have been visiting the Dubbo Base Hospital for many years, since I first become shadow Health Minister in 1995. For the past 10 years they had been advertising to employ some specialist doctors, without success. In the past 18 months or so, they have employed 15 medical specialists, and that is happening right across the country areas. We are providing much better local services for people of country New South Wales.

Reverend the Hon. FRED NILE: That is excellent. I think you did not mention Nepean Hospital in the list of hospitals. What are your plans for the Nepean Hospital?

Ms JILLIAN SKINNER: I am very happy to talk about Nepean, because there has been news about that in the media recently. It is important to have a look at the time line. In 2012 I opened the east wing of Nepean Hospital, which had been allocated \$87 million for its upgrade. The upgrade included operating theatres and surgical wards. Beyond that there was a further \$70 million for a mental health facility, for an oral health facility and, importantly, for a parking station. In the last year of my being a shadow Minister, before the car park was built, I would meet doctors who were tearing out their hair because their patients could not make appointments because they could not park. That showed that the parking was very important.

For every build in our hospital system the process involves planning properly. We put money in the pot to undertake planning, and once that planning is complete we will have determined the scope and the size, the shape and the location of the building. At that point we announce our next phase of the upgrade. This is a very important point because there has been some criticism of the fact that we have focused on planning. The reason we do that is to avoid the terrible mistakes that were made by the previous Government. I remember very clearly going to Bathurst Hospital, when it was newly opened—I think you would remember this, Reverend Nile.

Reverend the Hon. FRED NILE: The stretchers could not go through the door.

Ms JILLIAN SKINNER: The stretchers could not go through the door, the patients could not be resuscitated in the resus bay in the emergency department because it was not big enough, the operating theatres were not big enough and the most outrageous thing I experienced was walking down a corridor during one of my visits and being pulled inside a room by a nurse and shown the workmen lining the walls of a room being used for scans and x-rays. I had a look at the little trolley that was provided for women to have ultrasound scans. It was just not built adequately for the purpose. So we now spend a great deal of time and effort in consulting with the local clinicians and others to determine that we get the planning right. In terms of Nepean Hospital, we have engaged professional planners, we have engaged architects so we are well on the way. Watch this space.

Reverend the Hon. FRED NILE: Do you have similarly progressive plans to renew Liverpool Hospital?

Ms JILLIAN SKINNER: Liverpool Hospital was one where, credit to the former Government, it actually did some work out there. But again it did not do what we are doing, which is total campus planning. It did half the job without knowing what the next stage was. I cannot give you any time line about when the work on our capital works plan will start, but certainly it is well understood that there is a need to do further development out there.

Reverend the Hon. FRED NILE: According to an Australian Bureau of Statistics survey, 20 per cent of Aboriginal and Torres Strait Islander adults do not believe that their local doctors can be trusted. What steps have you taken to improve relationships between Aboriginal and Torres Strait Islander people and their doctors in New South Wales?

Ms JILLIAN SKINNER: This is a very vexed question. I mentioned in passing our involvement in what we call the Integrated Care Strategy. I am assuming in what you are reading there that they mean their local GP. The Integrated Care program has a number of elements, but one is where we have invited three different districts—one country, one city and one regional—to be demonstrator sites. They are engaging with local communities to help address people with chronic disease in particular. One that is a standout in my mind is

at Wellington and involves the Aboriginal Corporation Health Service there. It is looking at—and I will not say case managing—plans for each individual who is identified as being a chronic or high-risk patient, and I am told it is going exceptionally well. I have yet to visit that one but I might ask the Hon. Sarah Mitchell if she will come with me and do a visit out there.

The Hon. SARAH MITCHELL: Love to.

Ms JILLIAN SKINNER: I have visited a couple in that part of the world, one at Cowra, which is brilliant, and another one at Molong. When I was at Molong just after Christmas, I met with Dr Ros Bullock, who is a GP, an amazing woman who has four children of her own. One is just a baby that she carries around on her hip. She manages a number of these patients at Cowra. She turned up at this launch and said, "I have a presentation for you, Minister," and she held up a jar of plum jam that she had made the night before.

I call it the Integrated Care plum jam, because it was made by a patient of hers who for years and years had many chronic diseases and very complicated health. He had never had Christmas at home. After he had been engaged in this chronic care program involving GPs, community nurses, the hospital and allied health, he stayed at home over Christmas for the first time. He picked the plums from his plum tree and gave them to Dr Ros, who turned them into jam the night before she came to visit me. That plum jam has been one of my treasured outcomes of the value of a patient being engaged in their health care through the—

Mr JEREMY BUCKINGHAM: Are you sure it was not fig jam?

Ms JILLIAN SKINNER: It was plum jam. Was there a particular reason you would want to call it fig jam? It was a very generous offer by this patient, who, sadly, died a couple of weeks ago. But nevertheless I think the last year of his life was much more comfortable and he certainly felt more in control of things because of the wonderful work being done by Dr Ros and others in the Integrated Care program.

Reverend the Hon. FRED NILE: According to the *National Health Survey* 2014-15, it was found that 70.8 per cent of men were overweight or obese as well as 56.3 per cent of women. What specific action is the Government taking to make healthy food more affordable and more easily accessible in New South Wales, and how much money has been allocated to this specific purpose?

Ms JILLIAN SKINNER: Obesity and overweight is a very big issue. In fact, one of the Premier's 12 priorities is related to obesity and overweight in children, with a very ambitious target to reduce overweight and obesity rates by 5 per cent in the next 10 years—but it is a matter for the entire population. The NSW Office of Preventive Health, which we started within Liverpool Hospital because that is a high-needs area in terms of vulnerable communities where this is a major issue, has done a lot of work with those communities, particularly with children. The interesting thing is when you work the children you tend to work with their families as well, so you start changing the patterns of cooking and knowledge and understanding of eating well. There are a number of spin-off programs as well. There is Healthy Eating at Work, and some of the workplaces have now joined up. This one, Adult Overweight and Obesity, I am very happy to provide to you and maybe table for the rest of the committee.

Reverend the Hon. FRED NILE: I am happy for you to table that.

Ms JILLIAN SKINNER: I have had a look at one involving a very big transport company. I met with a fellow who had a bottle of water on the dashboard in the cabin of his truck. He said, "That used to be soft drink and it's now water." The canteen had healthy foods in it. On the menu board above the canteen there was advice on the calorie content of food. Through my colleague the Federal Minister for Agriculture, who also has responsibility for food, a whole range of labelling initiatives have been engaged. Maybe Dr Chant can elucidate further.

Dr CHANT: In relation to the food environment, yes, we understand that particularly people in rural and remote areas do have issues with food security and particularly the price of fresh food and the challenges thereof, but it is important to note that we have a lot of practical advice on our website—I can provide a brochure on that—which indicates how you can actually make quite healthy food at an affordable price, particularly focused on families. We do want people to use that website. We also offer a free coaching and mentoring service called the Get Healthy coaching service. That provides support for people to focus on both exercise and correct dietary advice. I am pleased to show that that has been evaluated and shown to be comparable to many other weight loss programs. Those are free resources. As I said, we are also working on a number of programs that are indicated in the brochures.

Ms JILLIAN SKINNER: I would be very happy to table those brochures. [*Time expired.*]

The ACTING CHAIR: That would be great. We will now move to questions from Mr Jeremy Buckingham.

Mr JEREMY BUCKINGHAM: Minister, in your previous answers you outlined how there was a Health Care Complaints Commission inquiry into the off protocol dosing of chemotherapy and the ongoing inquiry by Professor Currow. You also said that you thought a select committee was the appropriate vehicle to inquire into and reassure the community about the issues that had been raised. Is that correct?

Ms JILLIAN SKINNER: I believe that Professor Currow's report is adequate, but given that the Parliament and the upper House wanted to have a committee I do not have any objection to that.

Mr JEREMY BUCKINGHAM: You have no objection to that?

Ms JILLIAN SKINNER: No.

Mr JEREMY BUCKINGHAM: You said from time to time your office negotiates with the crossbench on terms of reference. Was your office negotiating with the crossbench the terms of reference for this particular select committee?

Ms JILLIAN SKINNER: I believe there were discussions about the terms of reference, yes.

Mr JEREMY BUCKINGHAM: There were discussions about the terms of reference—

Ms JILLIAN SKINNER: As I believe it, yes. Is there something wrong with that?

Mr JEREMY BUCKINGHAM: No. Did you initiate those discussions?

Ms JILLIAN SKINNER: I personally did not, no.

Mr JEREMY BUCKINGHAM: No, but your office.

Ms JILLIAN SKINNER: I am not sure. I think that there could have been, but does it matter?

Mr JEREMY BUCKINGHAM: The substance of the terms of reference does matter.

Ms JILLIAN SKINNER: But you supported it. It was a unanimous vote, I thought, of the Legislative Council.

Mr JEREMY BUCKINGHAM: That is a different matter.

Ms JILLIAN SKINNER: No, not really.

The Hon. BEN FRANKLIN: It is exactly the same.

Mr JEREMY BUCKINGHAM: Are you aware that the chair of the select committee said that the first time he saw the terms of reference you say you negotiated with—

Ms JILLIAN SKINNER: I did not say I negotiated; I said my staff might have.

Mr JEREMY BUCKINGHAM: They might have? Can you seek some advice here about whether or not there was a negotiation?

Ms JILLIAN SKINNER: Yes, and I am sure that they had discussions.

Mr JEREMY BUCKINGHAM: You are sure that they had discussions?

Ms JILLIAN SKINNER: Yes.

Mr JEREMY BUCKINGHAM: Are you aware that the Hon. Paul Green, who is the chair of the committee, said that the first time he saw the terms of reference was on the floor of the Parliament?

Ms JILLIAN SKINNER: No, I am not aware of that.

Mr JEREMY BUCKINGHAM: If I put that to you, would you like to comment on that?

Ms JILLIAN SKINNER: No, I would not like to comment on that. There are discussions—

Reverend the Hon. FRED NILE: I can make a quick comment on that. I was the initial chairman and because Paul Green had experience as a registered nurse I asked that he take over as chairman—

Mr JEREMY BUCKINGHAM: Point of order—

The ACTING CHAIR: I understand what the point of order will be, that is, Mr Jeremy Buckingham should be asking questions as opposed to committee members contributing. But Mr Jeremy Buckingham should also allow the Minister to answer the questions he asks of her.

Mr JEREMY BUCKINGHAM: It was obviously not answered by Reverend the Hon. Fred Nile.

Reverend the Hon. FRED NILE: But I know the history of it.

Mr JEREMY BUCKINGHAM: Minister, can you assure the Committee that the first time the chair of the select committee, the Hon. Paul Green, saw the terms of reference was not on the floor of the Chamber of Parliament?

Ms JILLIAN SKINNER: If he has told you that, it is probably true. I do not know. I keep telling you that there were ongoing discussions one way or another with you and other crossbench members.

The Hon. BEN FRANKLIN: It was unanimously supported by the Parliament.

Mr JEREMY BUCKINGHAM: How can there be a negotiation about terms of reference?

Ms JILLIAN SKINNER: I did not negotiate the terms of reference.

Mr JEREMY BUCKINGHAM: But you said there was a negotiation.

Ms JILLIAN SKINNER: No, I said there might have been a discussion. That is totally different.

Mr JEREMY BUCKINGHAM: And there might not have been. They might have been presented on the floor of Parliament—

The Hon. BEN FRANKLIN: Which unanimously supported it.

Mr JEREMY BUCKINGHAM: —without any consultation.

Ms JILLIAN SKINNER: There could have been. I had a dinner with you in the dining room at which we discussed health matters. For goodness sake—

The Hon. WALT SECORD: You do not take me to dinner.

Ms JILLIAN SKINNER: I will take you to dinner any time you like. We are such good friends.

Mr JEREMY BUCKINGHAM: If you want to make light of what I believe is a scandal, feel free.

Ms JILLIAN SKINNER: I am not making light of it.

Mr JEREMY BUCKINGHAM: It involves many people in the community, including members of my family. Minister, you just talked about your 12 priorities with regard to obesity. Do you think that a sugar tax could be a good strategy to reduce obesity in Australia? Are you concerned about the health impacts of allowing high-sugar food to be available in New South Wales school canteens?

Ms JILLIAN SKINNER: Yes. In fact, before I was elected one of my roles when my children were very little was running the school canteen as a volunteer. We prided ourselves on the fact that ours was a healthy canteen many years before it was fashionable. We work very closely with the Office of Preventive Health to influence, as far as we can, the operators of school canteens to reduce sugar content, fat content and so on.

Mr JEREMY BUCKINGHAM: So you think they are a good idea?

Ms JILLIAN SKINNER: Having healthy food in school canteens is a very good idea.

Mr JEREMY BUCKINGHAM: What about a sugar tax?

Ms JILLIAN SKINNER: That is complicated because it is a national issue. If there is a sugar tax in one State, we must have one across the country. It must be done at the national level.

Mr JEREMY BUCKINGHAM: Do you think it should be done at a national level? Should New South Wales initiate a sugar tax?

Ms JILLIAN SKINNER: I think it is on the health Ministers' council agenda.

Mr JEREMY BUCKINGHAM: It is. Do you support it?

Ms JILLIAN SKINNER: I support the discussions.

Dr CHANT: The Premier's priority on childhood obesity includes a range of documents that you might be interested in reading. It includes an evidence review. I believe that there is also a committee looking at the Government response and the issues associated with childhood obesity. That evidence review outlines a broad range of things that we know and it ranks the evidence for those initiatives.

Mr JEREMY BUCKINGHAM: Minister, would you support moves to remove high-sugar foods from New South Wales public school canteens?

Ms JILLIAN SKINNER: Yes, I have done that.

Dr CHANT: NSW Health is working to support the Department of Education in reformulating its canteen policy. We believe that the introduction of the health star rating system is easier for school canteens than the traffic light system of the past. We are working with the department on reformulating its policies. I do not want to speak for the department, but from our discussions it appears to be very committed to the implementation. Health NSW is very pleased that this is a Premier's priority, given the complexity of tackling childhood obesity.

Mr JEREMY BUCKINGHAM: I return to the issue of the Lismore helicopter. Do you accept that the main issue for a rescue helicopter is whether it can take off and reach an emergency situation rather than to which hospital it takes the patient because the choice can be made once the patient has been recovered?

Ms JILLIAN SKINNER: I believe that in reviewing the entire aeromedical retrieval system it was important when they were determining the site to take a comprehensive and holistic approach. It is also about access to doctors and medical staff, the hospital that will be receiving the patient and so on. That review was undertaken at arm's length from me, but I strongly support it. It was determined that Lismore was the appropriate place to retain the helicopter base. It had been there for 30 years and there was no evidence to suggest that it should be moved.

Mr JEREMY BUCKINGHAM: There was no evidence—

Ms JILLIAN SKINNER: To suggest that it should be moved.

Mr JEREMY BUCKINGHAM: There was no evidence from anyone that there was any case for the site to be changed?

Ms JILLIAN SKINNER: I think there might have been one paramedic or one person—

Mr JEREMY BUCKINGHAM: So there was some evidence.

Ms JILLIAN SKINNER: There was overwhelming evidence that it should stay where it is. As far as I know, there was a submission; I would not say it was evidence. It was overwhelmingly believed that Lismore was the appropriate site. It had been there for 30 years.

Mr JEREMY BUCKINGHAM: But there are issues with fog, fruit bats and so on. There was a suggestion in the community, and from others, that there would be more occasions when the helicopter could take off if it was in Ballina.

Ms JILLIAN SKINNER: The population is in Lismore. It is about providing the service in a place where it will be most effective.

Mr JEREMY BUCKINGHAM: What do you mean by "the population is in Lismore"?

Ms JILLIAN SKINNER: The vast population that it would serve is in Lismore. The doctors and nurses are also in Lismore. There are plenty of other places that have fog, and there are alternatives to a helicopter. Road transport can also be used to move patients.

Mr JEREMY BUCKINGHAM: So one of the considerations was that Lismore had the larger population? How big an area does the helicopter service?

Ms PEARCE: It is really because helicopter bases are generally established in communities where there are other facilities, rather than in smaller townships where the facilities are not at the level required. That is the point.

Mr JEREMY BUCKINGHAM: Is it true that in most emergency situations when a patient is picked by the North Coast rescue helicopter they will go to a major hospital like the Gold Coast Hospital or John Hunter Hospital rather than Lismore?

Ms JILLIAN SKINNER: With the upgrade of Lismore Base Hospital, I imagine that it will become a major site.

Mr JEREMY BUCKINGHAM: At the moment, where are most patients taken?

Ms CRAWSHAW: As you would be aware, there is a range of retrievals across that region.

Mr JEREMY BUCKINGHAM: Where are most of them taken?

Ms CRAWSHAW: I do not have that data, but all of the hospitals in this region—

Mr JEREMY BUCKINGHAM: I put it to you that if they are going to John Hunter Hospital or to Gold Coast Hospital, is it not irrelevant—

Ms CRAWSHAW: I do not think that we can say that they are all going to John Hunter Hospital or to Gold Coast Hospital.

Mr JEREMY BUCKINGHAM: Why not?

Ms CRAWSHAW: The redevelopment of the Lismore Base Hospital includes a helicopter landing pad. The facility is able to deal in some cases with patients requiring transport to hospital—

Mr JEREMY BUCKINGHAM: Many cases involve serious trauma and the patients are taken to a major hospital.

Ms CRAWSHAW: Certainly.

Ms PEARCE: Again, the issue is the medical crewing on the helicopter; that is vital. I think the Minister—

Mr JEREMY BUCKINGHAM: The Minister said that they had to return to Lismore.

Ms JILLIAN SKINNER: The staff work at Lismore.

Ms PEARCE: The vital point is the specialist crewing. I am not aware that Ballina has a substantial specialist doctor population.

Mr JEREMY BUCKINGHAM: It would be if the helicopter service—

Ms JILLIAN SKINNER: They integrate with the hospital.

Ms PEARCE: And Lismore Base Hospital is the major hospital in that region.

Ms JILLIAN SKINNER: We are not being hard to get on with. That is where the staff will be located, at a major hospital like Lismore Base Hospital.

Mr JEREMY BUCKINGHAM: We will see. How many extra beds will be in the new emergency department units and the new emergency medical unit at Lismore Base Hospital, which are due to open on Thursday?

Ms JILLIAN SKINNER: It is an amazing facility. I looked through it with the Hon. Sarah Mitchell just recently. I think it is four times bigger than the existing emergency department. Lismore's old emergency department is probably one of the most crowded and difficult facilities that I have seen anywhere. It is a substantial increase in size.

Mr JEREMY BUCKINGHAM: Are extra staffed rostered on?

Ms CRAWSHAW: Yes. There are additional beds in the new emergency department. However, it has been futureproofed. Upon opening on Thursday, not all of the beds will be immediately in use.

Mr JEREMY BUCKINGHAM: What does "futureproof" mean?

Ms JILLIAN SKINNER: We build them for 20 to 30 years. We do not build them just for today.

Mr JEREMY BUCKINGHAM: Okay. So we say there are all these beds but you cannot put people in them.

Ms JILLIAN SKINNER: There is scope to build and grow.

Ms PEARCE: We have got to provide for the future so that over time, with an increase in activity and population growth et cetera, you would open them accordingly. However, there has been discussion with the local staff at Lismore and certainly they have increased the staffing. In recent days during further negotiation they have added during that transition period an additional staff member over night, which they will review in four weeks time.

Mr JEREMY BUCKINGHAM: Thanks, Ms Pearce. Minister, do you think it is acceptable that the recent decision by the Industrial Relations Commission relating to the death and disability payments for paramedics will see some of our frontline emergency workers, who are frequently placed in high-risk situations and killed and injured at work, having their entitlements cut by 75 per cent? Do you think it is appropriate?

Ms JILLIAN SKINNER: Regarding the death and disability scheme that has now been rolled out, the NSW Industrial Relations Commission made a new finding providing for ambulance staff. It commenced on 20 August, as you would probably be aware. It continues to provide benefits in addition to workers compensation benefits. The new scheme includes the same death benefits as existed prior to this award. It also includes an income protection benefit instead of lump sum payouts for disability. The income protection will

support staff during a period of recovery and rehabilitation. It is our desire to assist paramedics to get back to work as soon as possible. If that means giving them lighter duties in the interim we will certainly be doing that.

Mr JEREMY BUCKINGHAM: Are you happy with the scheme as it is? Do you think it is appropriate?

Ms JILLIAN SKINNER: The new scheme also contains transitional arrangements for those who had injuries prior.

Mr JEREMY BUCKINGHAM: I know that, Minister.

Ms JILLIAN SKINNER: It will amount to an increase in the pay of paramedics of between \$1,480 and \$1,770 per annum. I believe it is fair.

Mr JEREMY BUCKINGHAM: Do you think it has been well received by the paramedics—you believe it is fair?

Ms JILLIAN SKINNER: I know that the Health Services Union [HSU] and the Australian Paramedics Association are running a union campaign, but many of the paramedics I have spoken to think it is a pretty good deal. They were consulted. Ms Crawshaw might like to continue with that.

Ms CRAWSHAW: There was certainly detailed consultation. The scheme is consistent with the agreement that was reached with the union in terms of the financial parameters of the scheme back in 2008-2009. The overall financial parameters of the scheme were agreed quite transparently then. It is a different sort of scheme to the one that existed previously. It is an income protection scheme rather than a total and partial permanent disability scheme. It is serving a different purpose. As the Minister has pointed out, as a consequence of the different scheme that has been determined by the independent umpire, the paramedics have been relieved of any obligation to make contributions which they did have to make under the previous scheme.

Mr JEREMY BUCKINGHAM: Thank you.

The ACTING CHAIR: Thank you. We will now move to questions from the Opposition.

The Hon. WALT SECORD: Minister, when was the last time you were at Orange hospital?

Ms JILLIAN SKINNER: I am not absolutely sure. It would have been earlier this year, I believe, but I think I will be going out quite soon.

The Hon. WALT SECORD: Are you aware that there are reductions in the staff at Orange hospital?

Ms JILLIAN SKINNER: I am aware that there have been concerns regarding one staff member and support from others.

The Hon. WALT SECORD: Are you aware that a no-confidence vote was carried by the Orange Health Service Medical Staff Council?

Ms JILLIAN SKINNER: I do not know whether you are quite up to date with where it is at. I might get Ms Crawshaw to continue with the answer. The doctor in question had a matter before the Supreme Court, which was determined this week.

The Hon. WALT SECORD: It is a matter of public record—his name and so on.

Ms JILLIAN SKINNER: That was regarding claims that the process was unfair.

The Hon. WALT SECORD: Procedural fairness.

Ms JILLIAN SKINNER: Procedural fairness was found not to be the case. The doctor in question I believe will go back to the situation where the district discusses with that doctor what the future will be for him. I am hoping that it will be that that doctor returns to work with support from others. That is my hope.

Ms CRAWSHAW: It is true that the doctor in question remains on leave at the moment. There is a discussion going on with the district around that. Obviously that is an evolving process and I am not privy to all the details. In relation to the overall relationship issues, there is no question that the district is aware there are clinical engagement and relationship issues that need to be healed in Orange. I understand the chief executive there has moved to establish a task force. The medical staff council chair will be on that task force.

The Hon. WALT SECORD: So that is Dr Arnold.

Ms CRAWSHAW: Dr Arnold, along with a number of others. The idea is to try to heal what appear to be some significant fractures in the community.

The Hon. WALT SECORD: Do you think Dr David Amos will be back to work at Orange hospital?

Ms CRAWSHAW: I think there are issues to be worked through between responsible health service management and the doctor in question. I think you would expect no less from the district in terms of good and proper clinical governance.

Ms JILLIAN SKINNER: That is my view as well.

The Hon. WALT SECORD: Minister, have you met with the doctors from Orange hospital?

Ms JILLIAN SKINNER: Not recently but I know them all.

The Hon. WALT SECORD: Thank you.

The Hon. COURTNEY HOUSSOS: Minister, do you think planning for hospitals is adequately included in urban planning in New South Wales?

Ms JILLIAN SKINNER: I am delighted that Health is now figuring in planning documents. Over the last five years it has been taken into the planning process for the first time ever. I am very pleased to be working with, for example, the Greater Sydney Commission, and with Lucy Turnbull particularly, in relation to health services out in the population growth areas—Westmead and the major expansion there. We have already indicated our next two major brand-new hospitals will be in population growth areas as part of the planning for the new residential and employment parts of those areas at Rouse Hill and the extension of Campbelltown.

The Hon. COURTNEY HOUSSOS: Minister, were you consulted before the announcement of either the Sydney to Bankstown or the Parramatta Road growth corridors?

Ms JILLIAN SKINNER: That is taken into consideration with the health infrastructure and planning and through the infrastructure subcommittee of Cabinet.

The Hon. COURTNEY HOUSSOS: My question was: Were you consulted before the announcement of those areas?

Ms JILLIAN SKINNER: I think it is taken into account as part of the—

Ms COX: Yes, that is correct. We also participate with the department of planning on their district planning and regional planning so that Health is represented at officer level and works very closely with our colleagues in those other agencies.

Ms JILLIAN SKINNER: And I am a member of the infrastructure subcommittee.

The Hon. COURTNEY HOUSSOS: Specifically, what hospital planning is in place for the Sydenham to Bankstown corridor?

Ms JILLIAN SKINNER: Sydenham to Bankstown?

The Hon. COURTNEY HOUSSOS: That is right—that will have 36,000 new dwellings in the next 20 years.

Ms COX: The way our planning process works is we use the department of planning population projections. Hospitals obviously have quite big catchments, so what we do is in partnership with the local health districts [LHDs] understand how the population growth will impact on our existing facilities. That often drives the expansion. For facilities we have looked at around Nepean, Liverpool, Campbelltown and Concord—all those hospitals that we look at—the additional capacity that we estimate is driven by the population growth that you see in those growth corridors.

The Hon. COURTNEY HOUSSOS: Ms Cox mentioned Concord hospital. Do you have an exact start date for the Concord hospital upgrade?

Ms JILLIAN SKINNER: We have committed to spend \$150 million, from memory, on the next stage of upgrade to Concord hospital, with the work to begin this term. Like all of the announcements we make as part of an election commitment, they are rolled out over the four-year period. The announcements are made in the context of each budget.

The Hon. COURTNEY HOUSSOS: Will the start date for the actual construction of the hospital be in this term?

Ms JILLIAN SKINNER: The start of the project will be this term. I cannot tell you how far it will be advanced, but certainly it is a commitment to start the work this term.

The Hon. COURTNEY HOUSSOS: Given the increasing numbers in the Sydenham to Bankstown corridor, would you consider an upgrade of Canterbury Hospital?

Ms JILLIAN SKINNER: Canterbury Hospital was done relatively recently.

Ms COX: That again gets to the question about how patients flow, the sorts of services that they need and the nature of the population. We do all that very detailed planning with the LHDs. The LHDs will do that as part of their usual planning process. They will look at whether to service that growth in population there might need to be additional capacity at Royal Prince Alfred, for example. So you look at your facilities and your supply of health services and align that with your demand estimate.

Ms JILLIAN SKINNER: They are good questions because it highlights the need to do the proper planning before you go and announce something, so that it might be that it is providing a cardiac catheterisation laboratory where there was not one previously, or a new element to a hospital. Bariatric surgery is a good example. An element to a service provision that was not there previously will change because of your population projections and your demography.

The Hon. COURTNEY HOUSSOS: And the Government's decisions about where the new dwellings should occur will influence that significantly.

Ms JILLIAN SKINNER: That is why I am so thrilled, really, that the work is now taken very seriously with the Department of Planning and Environment.

The Hon. COURTNEY HOUSSOS: Minister, I would like to move to Grafton Hospital. A \$7 million upgrade is promised and only \$120,000 was allocated in this year's budget. Can you promise that the bulk of the money will be in next year's budget?

Ms JILLIAN SKINNER: Those announcements are made in each budget. It is for the Treasurer to make those announcements. I do not anticipate any delay in that work. Maybe Cathryn could answer.

The Hon. COURTNEY HOUSSOS: Do you think that the construction will be completed before the next election?

Ms JILLIAN SKINNER: I think some of that is Commonwealth money. I would need to be reminded.

Ms COX: We are currently finalising the detailed planning and that phase sets the cash flow and how we deliver the project. So we are currently continuing to finalise that process. Once that is done, we will have a better indication of cash flows and time frames.

The Hon. COURTNEY HOUSSOS: The construction will begin in this term of Government?

Ms JILLIAN SKINNER: We do not make those announcements before each budget. Each budget allocates the amount and the work that will be done.

The Hon. COURTNEY HOUSSOS: I appreciate that. You just said that the Concord Hospital will begin in this term of Government. Can you give the same categorical undertaking to the people of Grafton?

Ms JILLIAN SKINNER: Yes, but not the year, this year or next year. It will be this term, yes, absolutely.

The Hon. COURTNEY HOUSSOS: I want to turn to the \$10 million promised upgrade of the Cooma Hospital, which appeared in your election commitments document accompanying the budget last year but has not appeared in the budget estimates papers or the capital expenditure planning in last year's budget or this year's budget.

Ms JILLIAN SKINNER: There are four years in a term.

The Hon. COURTNEY HOUSSOS: Can you anticipate that that construction will begin—

Ms JILLIAN SKINNER: Begin in one of the four years, yes.

The Hon. COURTNEY HOUSSOS: The construction will begin before the next election?

Ms JILLIAN SKINNER: If we have committed to do that, that is what will happen. I have never not delivered a commitment.

The Hon. COURTNEY HOUSSOS: But the completion will not be before the next election, is that correct?

Ms JILLIAN SKINNER: I can tell you what it says.

The Hon. COURTNEY HOUSSOS: That is okay; I have the document here. There is no need.

Ms JILLIAN SKINNER: It is proposed to commence 2018-19. I think that is what it said in the budget papers.

The Hon. WALT SECORD: Minister, I understand that on Thursday the redeveloped emergency department of the Lismore Base Hospital is to be opened. Is that correct?

Ms JILLIAN SKINNER: Yes. We answered a question on this while you were out of the room. It is brilliant.

The Hon. WALT SECORD: You have responded to concerns from nurses who claim they will not be able to staff this?

Ms JILLIAN SKINNER: Yes, we did. I think Susan answered those questions.

The Hon. BEN FRANKLIN: She also talked about how excellent it was. It is four times the size. She talked about the excellence of staff.

The Hon. SARAH MITCHELL: I have been there. It is amazing.

Ms JILLIAN SKINNER: We will go over it again.

The ACTING CHAIR: Order! For the benefit of the Hon. Walt Secord, who was out of the room, you may want to elaborate.

Ms JILLIAN SKINNER: I will.

The Hon. WALT SECORD: Nurses are concerned that they would not be able to staff the emergency department properly.

Ms JILLIAN SKINNER: Can I do my preamble by saying Lismore emergency department—I do not know if you have seen it—is probably the worst emergency department of any hospital in New South Wales in terms of its size and the crowded nature of it.

Mr JEREMY BUCKINGHAM: National Party seat.

Ms JILLIAN SKINNER: This new emergency department is four times its size, it is modern and equipped with facilities that are going to be first class. In respect of the staffing, over to Susan.

Ms PEARCE: As I mentioned earlier, the current emergency department have staff—I understand the concerns were around night duty staff predominantly.

The Hon. WALT SECORD: That is correct.

Ms PEARCE: They have eight staff on at night presently. From Thursday, the advice is that the new emergency department will have nine staff. However, in recent days in discussion and negotiation with the nurses and the nurses union and local people in Lismore, the district has agreed to add an additional 10 hours per night of registered nurse staffing for a period of four weeks and then they will review while they have the transition period, noting that new emergency departments tend to see an increase in volume in those early days of opening, which I understand is the source of their concern. I understand that the local branch was meeting this afternoon to consider that offer from management. I think that is what they requested, as I understand it, and management have agreed to do that.

The Hon. WALT SECORD: Minister, you will recall that in May we had a spate of reports of legionnaires' disease in New South Wales. Do you remember that?

Ms JILLIAN SKINNER: I do.

The Hon. WALT SECORD: As of 29 August there were 83 notifications of legionnaires' disease in New South Wales, and that surpasses 2014 where there were 70 cases. How many deaths have occurred in New South Wales this year due to legionnaires' disease?

Ms JILLIAN SKINNER: From my recollection—I might be slightly out of date—it was two. I will ask Dr Chant to give more detail on that one.

The Hon. WALT SECORD: Were they able to determine the cause of the outbreaks and deaths?

Dr CHANT: As you aware, this starter is put on our—

The Hon. WALT SECORD: I check it every day.

Ms JILLIAN SKINNER: You can answer the question.

Dr CHANT: I will have to defer to that because you are probably more up to date than my briefing. I will provide that data to you.

The Hon. WALT SECORD: I would like to know if NSW Health got to the bottom of what were the sources and what caused this outbreak?

Dr CHANT: There is still a bit of work to be done. We have used some new technology where we have used some genomic testing to see if that helps us. You may find Legionella in a tower, but then you have to connect it to humans and do the sputum culture. A lot of the reasons we have seen an increase in legionnaires' is that our diagnostic technologies for legionnaires' has also improved. For instance, there is a urinary test that does not yield the organism.

What we have found is that people, particularly in outbreaks in the central business district—you can imagine that a lot of people travel every day to the central business district—we had a couple of different sites that were potentially implicated and we have to differentiate which people were impacted by which to triangulate. We have the results of the testing and this will be written up and provided. Often in these outbreaks it is still very hard to conclude definitively. The reason for that is that we need to understand the background rates of particular Legionella organisms and whether there is genetic diversity to draw strong epidemiological conclusion between a tower linked to a particular case.

The Hon. WALT SECORD: When will this be in the public arena?

Dr CHANT: We are currently finalising our reports into the outbreak investigations.

The Hon. WALT SECORD: Will those reports be made public?

Dr CHANT: Yes. Our general action, as you know, with communicable disease is to report it on our communicable disease website. In addition, at the time we also indicated that we had brought together an expert panel to look at the current controls in place, and the conclusions of that panel will come to me shortly and I will then brief the Minister in regard to those recommendations.

Ms JILLIAN SKINNER: I was correct, it is two deaths. The other thing that I have found interesting, being a keen gardener, is that you can get legionnaires' from potting mix and you should always wear gloves. That is my health message for you.

Mr JEREMY BUCKINGHAM: Be careful where you spread manure.

Dr CHANT: We should be clear that there are two forms of Legionella. The one that the Minister is referring to is Legionella longbeachae but the Legionella pneumophila is the one that is more likely to come from watery environments and water cooling towers. I support what the Minister said in relation to the health advice.

Reverend the Hon. FRED NILE: Given that in 2015 there were 41 per cent of males and 33 per cent of females between the ages of 16 and 24 who consumed alcohol at levels posing a lifetime risk to health, how is the Government specifically addressing the issue of binge drinking in youth and how much money has been allocated in this year's budget to address binge drinking?

Ms JILLIAN SKINNER: I am sure that one of the officials could answer that. This is an area that Minister Goward has taken responsibility for. While I am very committed to initiatives that the Government is taking to try to address binge drinking—or any inappropriate drinking—it is part of the work that will be undertaken by the NSW Office of Preventive Health.

Reverend the Hon. FRED NILE: I have a related question which is more in your court. How much does the treatment of youth affected by excessive drinking cost New South Wales taxpayers through the health system?

Ms JILLIAN SKINNER: I would have to take that on notice, I am afraid.

Dr CHANT: Reverend Nile, you may be aware that I have issued my Chief Health Officer's report. It particularly looked at alcohol, short and long term. I could table that.

Reverend the Hon. FRED NILE: I would be happy for you to table that.

Dr CHANT: It is important to note that there are some pleasing signs that young people are initiating drinking later and drinking at less hazardous levels than they used to. Harmful drinking is still highest for people aged between 16 and 24 years and lowest for people over 65 years, but the burden of disease for alcohol-related harm relates to binge drinking but also to chronic levels of exposure in the population. So we need to tackle both

the overall consumption of alcohol as well as the binge drinking. I can provide you with a list of priorities and programs.

Reverend the Hon. FRED NILE: Thank you.

Dr CHANT: For instance, the save-a-mate program provides training and first aid skills and health promotion initiatives on drug and alcohol issues that build the practical skills and knowledge of young people to look after themselves, respond in an emergency and provide support to their peers. We also have a number of resources to support young people understand the impacts of alcohol. As you are aware, we also have a range of cross-government initiatives such as the lockout and the whole-of-government actions taken in relation to the CBD. We also have initiatives particularly focused on pregnant women, highlighting the importance of alcohol as a cause of harm to their newborn baby.

Ms JILLIAN SKINNER: I can advise that the amount spent on drug and alcohol programs is \$197 million this year.

Reverend the Hon. FRED NILE: Good. This is a question that is different to the previous questions. There is a chronic condition called lymphoedema that causes swelling, often in the arms and legs. Apparently, it affects 10,000 people in New South Wales. In March this year the Lymphoedema Action Alliance wrote to you to highlight the needs of these patients in New South Wales. What is the Government doing to address and improve outcomes for people with this chronic condition? More specifically, can you make available adequate funding for the 62.5 full-time equivalent public lymphoedema therapist positions across the local health districts? This would result in reduced pressure on our hospital system as patients can be managed and treated outside the hospital system.

Ms JILLIAN SKINNER: I have, in fact, met twice with the Lymphoedema Action Alliance, most recently a couple of weeks ago. It was a very constructive discussion. There was an official from the ministry with me at the time. I believe it was someone from the Agency for Clinical Innovation [ACI], who agreed to work with them. The ACI has very good internet information helping them to identify where the trained and qualified practitioners were that they could refer their patients to, and also to work with the Health Education Training Institute [HETI] to assist staff get additional skills to do with lymphoedema through their online training modules, where it was required.

In addition to that, one of my favourite programs that I have anything to do with is the NSW Medical Devices Fund. We have provided support to researchers to develop devices that will help patients. Some of these have gone on to earn millions of dollars. There was an editorial in the *Financial Review* today that people might want to look at about a person who developed a device and has now signed a \$65 million deal with China, following a visit which he joined me on.

There are a couple of wonderful young researchers at Wollongong University, working at the hospital down there. They developed a sleeve for patients with lymphoedema. It started off being very bulky and not terribly practical but with the assistance of the clinicians at the hospital they have refined it so that it is an almost skin-like sleeve that has electric pulses which provide permanent massaging of the lymphoedema-affected arm. This is particularly a problem following breast cancer surgery, where the lymph glands are removed.

Those two researchers won the Rosenman Scholar Program that we made available to study and work in one of the laboratories at the University of California, San Francisco. I think they are due back at the end of this year. The deal was that they had to come back and they had to bring the venture capitalists back with them. We think that this is yet another example of fantastic work being done here in New South Wales.

Reverend the Hon. FRED NILE: Thank you, Minister.

The ACTING CHAIR: We will now move to questions from Mr Jeremy Buckingham.

Mr JEREMY BUCKINGHAM: Regarding the Lismore maternity unit collapse and given the cramped conditions that staff and women are currently experiencing at the existing maternity unit, when do you expect them to move into the new multistorey building?

Ms JILLIAN SKINNER: When will it happen?

Mr JEREMY BUCKINGHAM: Yes.

Ms JILLIAN SKINNER: I am not sure about that. I know that it is well and truly in progress. I think it will happen quite soon. We might have to come back to you on the date.

Mr JEREMY BUCKINGHAM: You do not have a date?

Ms JILLIAN SKINNER: I do not know the date. It is probably there; I just do not know it.

Mr JEREMY BUCKINGHAM: Minister, when was the last time you visited the Broken Hill Hospital? Can you update the Committee on the \$30 million promise to upgrade that facility, which you made before the State election?

Ms JILLIAN SKINNER: I have not been out there for quite some time, but it is in my diary. I will be going out there, I think, in October.

Mr JEREMY BUCKINGHAM: Have you been out there as health Minister?

Ms JILLIAN SKINNER: Yes, several times. I have been to Wilcannia. I will be going out again in October.

Mr JEREMY BUCKINGHAM: You said that it had been quite some time. I did not know what that meant.

Ms JILLIAN SKINNER: "Quite some time" probably means a year. I visit a country facility probably every two weeks. I am going to Broken Hill, I believe, in October, because I have accepted an invitation. I think it is from Palliative Care NSW to address their conference. I will take the opportunity to visit the hospital.

Mr JEREMY BUCKINGHAM: According to the Murdi Paaki group, life expectancy for Aboriginal men is as low as 27 years of age in the Wilcannia region.

Ms JILLIAN SKINNER: Do you mean Murdi Paaki or—

Dr CHANT: Murdi Paaki Regional Assembly is part of the Aboriginal solution process in Aboriginal Affairs.

Mr JEREMY BUCKINGHAM: According to a paper they produced, life expectancy of Aboriginal men in that Wilcannia area was 27 years of age, which makes it one of the worst life expectancy of any cohorts of people on earth.

Ms JILLIAN SKINNER: Very worrying.

Mr JEREMY BUCKINGHAM: Would you like to comment on that and talk about what your Government is doing to deal with that?

Ms JILLIAN SKINNER: The variation in health outcomes for Aboriginal people is a major concern for everybody. We are working very hard to try to address that through a number of measures. We have done very well in some cases. I am due to visit Moree very soon to join one of the outreach obstetricians who works with Aboriginal communities and others to provide antenatal and postnatal care to families who come in from villages. That is considered to be one of the initiatives that has led to there being no difference between infant mortality for Aboriginal and non-Aboriginal children now. Aboriginal children's immunisation rates are higher than for non-Aboriginal children. So there is some fantastic work going on. I heard today of a marvellous program involving the Sax Institute and identification and involvement of young Aboriginal children with hearing problems. In relation to this, it is a challenge. Could you advise?

Dr CHANT: It is called the Study of Environment on Aboriginal Resilience and Child Health [SEARCH] project. Perhaps I can talk about the general approach.

Ms JILLIAN SKINNER: Yes.

Dr CHANT: As you are aware, some of the issues that are impacting on the differential in life expectancy, which is a true tragedy, between Aboriginal and non-Aboriginal people arise from the broader social determinants. There is very much a whole-of-government approach to some of these areas and that is led by Aboriginal Affairs. Murdi Paaki and all of the government agencies are working to support the initiatives of the regional consortiums, such as Murdi Paaki, in working through issues in a way that the community has identified for priorities. NSW Health is engaging in those processes and ensuring that there are appropriate linkages into the local service delivery structure.

In addition, we provide funding support for Aboriginal community-controlled services and we are working to support them to deliver high-quality services. We are moving to more outcome-based funding and less about the nature of the particular inputs in that funding and we are giving them more sustainable funding over three years, which will allow them to better meet the needs of their local community. We have also done a lot of work to support. We have one program called the Housing for Health program, which works into rural and remote communities and repairs and provides basic infrastructure necessary to sustain health, such as making sure that the water is running, that the electricity is safe, and that the things that are necessary and essential for

preparing food are in place. That Housing for Health targets a range of communities. I can let you know the sites where we have done that work.

Mr JEREMY BUCKINGHAM: I would be very interested in that.

Ms JILLIAN SKINNER: It is very good, that program.

Dr CHANT: We also are doing a fair bit of work in relation to childhood outcomes. As the Minister said, pleasingly, our infant mortality differential has really narrowed to being almost non-existent and also in terms of infant mortality there is our Aboriginal immunisation. There used to be a gap in the timeliness of Aboriginal immunisation and we have seen that narrowed. That has occurred because we have invested in an Aboriginal immunisation health worker program, which has been delivered through our public health unit. We have also done a lot of work in cardiac care. Just recently we developed, through our Aboriginal advisory committee, a series of videos, which I have seen, to support Aboriginal people being aware of the whole issue of what to do from when you have actually chest pain right through to what a cardiac catheterisation is, and all of the attendant processes—what follow-up care, what cardiac rehabilitation looks like. So that suite of work will then support better service delivery for Aboriginal people.

Mr JEREMY BUCKINGHAM: Thank you, Dr Chant. Minister, where are we up to with the Orange Base Hospital car park upgrade? Will you rule out staff having to pay for car parking?

Mr JEREMY BUCKINGHAM: The answer is that there has been a policy for statewide application in terms of hospital car parks. When they are multistorey, there is a payment regime. It is all published on the Health website; anyone can look at it. There are subsidies for patients who have health care cards. For staff, there is a subsidised rate. It is very reasonable—I think it is \$21 a week. If it is a flat car park on level ground, there is generally not any parking fee; but if it goes to multistorey, there is.

Mr JEREMY BUCKINGHAM: And where are we up to with the actual upgrade itself?

Ms JILLIAN SKINNER: Do we have any information about the upgrade?

Mr JEREMY BUCKINGHAM: People are parking on Forest Road.

Ms JILLIAN SKINNER: There is parking not far away. You walk through the grounds, but people do not like doing the walking, I understand. I have seen it.

The ACTING CHAIR: That concludes our questions for the portfolio of Health.

Ms JILLIAN SKINNER: Can I just answer one more question?

The ACTING CHAIR: That is fine.

Ms JILLIAN SKINNER: I was asked when the maternity unit was opening at Lismore. It is early next year—early 2017.

The ACTING CHAIR: Thank you very much. Minister, I thank you and your officials for attending today.

(The witnesses withdrew)

The Committee proceeded to deliberate.