

# **PORTFOLIO COMMITTEE NO. 2 – HEALTH AND COMMUNITY SERVICES**

**Wednesday, 6 September 2017**

**Examination of proposed expenditure for the portfolio area**

## **HEALTH, AND MEDICAL RESEARCH**

### **UNCORRECTED PROOF**

**The Committee met at 2.00 p.m.**

### **MEMBERS**

The Hon. Greg Donnelly (Chair)

The Hon. W. Fang

The Hon. P. Green

The Hon. C. Houssos

The Hon. N. Maclaren-Jones

The Hon. M. Pearson

The Hon. M. Taylor

The Hon. W. Secord

Ms D. Walker

### **PRESENT**

**The Hon. B. Hazzard**, *Minister for Health, and Minister for Medical Research*

## **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 CHAIR:** Welcome to the public hearing for the inquiry into budget estimates for the financial year 2017-18. Before I commence, I acknowledge the Gadigal people, who are the traditional custodians of this land, and I pay respects to elders, past and present, of the Eora nation and extend that respect to other Aborigines who are present, or who may be joining us on the internet. I welcome Minister Hazzard and accompanying officials to this hearing this afternoon. Today the Committee will examine the proposed expenditure for the portfolios of Health and Medical Research.

Today's hearing is open to the public and is being broadcast live via the Parliament's website. In accordance with the 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 who may be present now or who may come a bit later that you must take responsibility for what you publish about the Committee's proceedings. The guidelines for the broadcast of proceedings are available from the Committee secretariat.

There may be some questions that a witness could only answer if they had more time or with certain documents in hand. In these circumstances witnesses are advised that they can take a question on notice and provide an answer within 21 days. Any messages from advisers or members' staff seated in the public gallery should be delivered through the Committee secretariat. Minister, I remind you and the officers accompanying you that you are free to pass notes and refer directly to the advisers seated at the table behind you. Transcripts of the hearing will be available on the web from tomorrow morning. Finally, could everyone—and I include myself—please check to make sure that mobile phones are switched to silent for the duration of the hearing?

All witnesses from departments, statutory bodies or corporations will be sworn prior to giving evidence. Minister, I remind you that you do not need to be sworn as you already have sworn an oath of office as a member of Parliament. I also remind Ms Pearce, who joined us yesterday for the Mental Health portfolio, that you do not need to be sworn as you were sworn yesterday. For all other witnesses, I ask you to, in turn, state your full name, position title and agency and swear either an oath or an affirmation, the words of which are on the cards on the table in front of you.

**SUSAN PEARCE**, Acting Secretary, Ministry of Health, on former oath

**SUSAN ELIZABETH DAWSON**, Commissioner, Health Care Complaints Commission, affirmed and examined

**LEANNE O'SHANNESSY**, Acting Deputy Secretary, People, Culture and Governance, Ministry of Health, sworn and examined

**KERRY CHANT**, Chief Health Officer and Deputy Secretary, Population and Public Health, Ministry of Health, affirmed and examined

**SAMUEL SANGSTER**, Chief Executive, Health Infrastructure, Ministry of Health, sworn and examined

**DAVID CHRISTOPHER CURROW**, Chief Cancer Officer, Chief Executive Officer of NSW Cancer Institute, sworn and examined

**The CHAIR:** I declare the proposed expenditure for the portfolios of Health and Medical Research open for examination. The questioning of the portfolios of Health and Medical Research will run from now until 4.40 p.m.. As there is no provision for a Minister to make an opening statement before the Committee commences questioning, we will begin with questions from the Opposition.

**The Hon. WALT SECORD:** Minister, are you aware that the family of young [EVIDENCE OMITTED BY RESOLUTION OF THE COMMITTEE 6 SEPTEMBER 2017] and his parents, [OMITTED], have set up a GoFundMe website to assist with the funeral costs and that as of 1.30 this afternoon they have raised \$17,835 towards their \$20,000 fund? What happened last week at the Hornsby hospital?

**Mr BRAD HAZZARD:** Thank you, Mr Secord, I am more than happy to answer the question but at this stage I do not know—you were indicating it—but I was under the impression that the family had not released their name or the little boy's name, so I am not going to use that name.

**The Hon. WALT SECORD:** Okay, but there is a GoFundMe website.

**Mr BRAD HAZZARD:** There may be and I do not know that, but I am just saying let us be careful about how we go in the discussion about this. First of all, can I just say that you and I both expressed our sympathy yesterday to this little boy's mum and dad. I just want to say again to the family how sorry I am as the health Minister—and I know you are as the shadow Minister—and to say to them that if there is anything we can do obviously we will do it to support them. I have had discussions, if that is what you are asking, with staff at the hospital to establish what is known. At this point, all I can really say to you is that there is no indication as to what actually caused the passing of this little boy.

I have indicated to the Department of Health, the Ministry of Health and the local health district [LHD] to review the situation as closely as they can and to support the family in any way that they can. Of course, as you would be aware—and I think you also observed it in issuing your press release—the matter, of course—sadly, because everybody will have to go through it—will be the subject of a coronial hearing at some point. That will be in the purview of the Chief Coroner as to when they appoint that hearing.

**The Hon. WALT SECORD:** Minister, in the light of the horrible case at the Hornsby hospital last week, the misdiagnosis of a staphylococcus infection in two-year-old Xavier Wakefield, who was turned away from Blacktown hospital in May 2016, the tragic death of a baby, baby John Ghanem, at Bankstown—

**Mr BRAD HAZZARD:** I am sorry, I actually have the flu at the moment, or I am at the end of it, and my hearing is a little blocked.

**The Hon. WALT SECORD:** I am sorry, I will move closer to the microphone. I will start again. In the light of the tragic case at the Hornsby hospital involving the five-year-old boy; the misdiagnosis of a staph infection in two-year-old Xavier Wakefield, who was turned away from Blacktown hospital in May 2016; the tragic death of a baby, John Ghanem, at Bankstown, and the permanent brain damage to another baby at Bankstown in July 2016; the death in October 2016 of a three-year-old girl at Westmead Hospital, where, her family believes, the care was inadequate and which is now the subject of a coronial inquiry; the misdiagnosis in December 2016 of a Wollongong three-year-old, Hamza Said, who was sent away, after being treated with Panadol, and ended up on life support; and the death of six-month-old Kyran Day at the Sydney Children's Hospital, Randwick, on 22 October 2013 after a misdiagnosis at the Shoalhaven hospital, have you now reached the conclusion that there are problems in paediatric care in the New South Wales health and hospital system? That is quite a list.

**Mr BRAD HAZZARD:** I am also aware that over the entire history of the Labor Government there were similar issues from time to time. Each one of those cases is terrible both for the child, the individual, and

for the family. Again, I know that you on occasions have expressed your sympathy, as have other members of Parliament, because we all do feel that. It is terrible to think that a little child or indeed an adult might have a misdiagnosis. I do not know at this point and I do not think you can really say with any certainty that there has been a misdiagnosis in each individual case because the only thing that determines that is the Coroner's investigation.

What I would say is that there are about 2.7 million attendances in the emergency departments of the New South Wales hospitals each year. They have gone up dramatically in the last few years. What I would say is that by far the majority of people who go into our public health system get excellent service from the clinicians, the ancillary medical staff and the nurses. Each of those people who does their work do it, generally, with full commitment and application. What I would also say is that when there are mistakes made, it reflects the fact that it is a human system. You can put in place all of the protocols and all of the procedures but at some point it will continue. As I said, I was here and observed it when Labor was in government, and it will happen. The endeavour that government has to make and that public servants have to make is to always try to improve the system and learn when there are situations that have adverse outcomes. Not all adverse outcomes, of course, are because of human mistakes. Some of them are simply unavoidable, and those issues are issues that on each and every occasion I require of the Health department—the Ministry of Health and the local health districts—to review and determine. In fact, when there have been issues—sometimes of less significance than what you were talking about—I have gone to the trouble of asking the relevant LHD or the relevant hospital, just in my first seven months in the role, "What have you done to make sure the staff—

**The Hon. WALT SECORD:** Minister, on that note—

**Mr BRAD HAZZARD:** Please let me finish.

**The Hon. WALT SECORD:** No, you are giving quite a long speech.

**Mr BRAD HAZZARD:** No, I am actually explaining it to you.

**The CHAIR:** Minister, you have given quite a lengthy answer. If members wish to ask a further question, they are entitled to raise that further question.

**Mr BRAD HAZZARD:** They are, but I have to finish. You should not be stopping me from speaking.

**The CHAIR:** Minister, we want to provide ample opportunity for questions. There will be reasonable time to answer. If the member wishes to follow up the question—

**Mr BRAD HAZZARD:** Yes, and this is a very serious question that deserves a serious response, and I am giving it. I am about to finish. I personally have sought from the hospitals or the LHDs what action they are taking to make sure that the message goes out to all staff to try to address those issues. But it will be, and will continue to be, a constant challenge.

**The Hon. WALT SECORD:** Minister, do you think there is a case now for a statewide audit or review of paediatric services in New South Wales? I have given just six examples.

**Mr BRAD HAZZARD:** I will give that some consideration, but the advice I have had to date is that the paediatric services in New South Wales lead the country. If you are suggesting that, I will certainly consider it.

**The Hon. WALT SECORD:** What do you say to doctors at Hornsby hospital, who in June said that the upgrade that was promised was \$50 million less than they believed was necessary to deal just with the demand at Hornsby hospital?

**Mr BRAD HAZZARD:** Stage one of the development, the STAR development, was completed and opened in the last 12 months. Stage two is another \$200 million—from my recollection, stage one was \$121 million. The doctors were all consulted in the clinical services plan. They signed off on the clinical services plan, and Health Infrastructure is currently working its way through the master planning for the project. It is always the case that others, who might not have signed off, might have a contra view. There is always more to do, but can I say the Government is actually delivering, effectively, a new Hornsby hospital. As I said, it has already spent \$121 million. I remind you that the policy document, which I assume you put together for Labor, never even mentioned Hornsby. I think the current Government is doing everything we can humanly do. If Labor were in government, according to your policy document, there would not be a brass razoo.

**The Hon. WALT SECORD:** Minister, you have been in government for seven years now.

**Mr BRAD HAZZARD:** And you were two years ago putting a policy document saying, "We are not spending anything on Hornsby", just as you are not spending anything on the north side. Do not be hypocritical.

**The Hon. WALT SECORD:** In fact, you referred to doctors, who you said may have signed off on the Hornsby plan. There is a photograph of the Health Infrastructure senior bureaucrats. One of the doctors who is critical is Dr Middleton, who said that the upgrade of Hornsby hospital—the plan that you announced in the budget—standing with local member of Parliament Matt Kean, was "undercooked". Through you, Minister, to the Health Infrastructure bureaucrat—

**Mr BRAD HAZZARD:** No, I am going to answer the questions. I am the Minister.

**The Hon. WALT SECORD:** Head of surgery Dr Philip Middleton said that your announcement in June was "undercooked". Was he consulted on this? Was he one of the people you said signed off on the plan for Hornsby hospital?

**Mr BRAD HAZZARD:** As you would hopefully know, there is a medical staff council, which was consulted and signed off. As I said, one of the things that I am sure you have discovered is that clinicians have their own views on a whole range of things. One clinician, or even some clinicians, may have a different view.

**The Hon. WALT SECORD:** It is not one clinician; it says 25 clinicians signed a public statement expressing their view.

**Mr BRAD HAZZARD:** Can I say this—

**The Hon. WALT SECORD:** Twenty-five differs from one.

**Mr BRAD HAZZARD:** Here is your policy document, there is your page and there is nothing there for Hornsby—nothing.

**The Hon. WALT SECORD:** Minister, you have been in government for seven years. It is time you take responsibility for the health system.

**Mr BRAD HAZZARD:** I am, but you are not.

**The Hon. WALT SECORD:** Seven years in government—stop looking in the rear-view mirror and start taking responsibility for your decisions.

**Mr BRAD HAZZARD:** It is very clear that you would not have spent a brass razoo on the hospital. I am sorry, but this is a stupid line of questioning.

**The CHAIR:** Order!

**The Hon. WALT SECORD:** It is not as stupid—

**The CHAIR:** Order! Minister, it is not for you to make a determination whether the questions are stupid or otherwise. Excuse me.

**Mr BRAD HAZZARD:** Actually, Mr Chair, it is, and I have made that call.

**The CHAIR:** Order! Minister, it is not for you to sit there and make a determination about the questions being good or—

**Mr BRAD HAZZARD:** I will make a determination on every question.

**The CHAIR:** Order!

**Mr BRAD HAZZARD:** Mr Chair, I will make an inference on every question.

**The CHAIR:** Minister, you are not to call a question stupid.

**Mr BRAD HAZZARD:** If it is stupid—

**The CHAIR:** You are not to call a question stupid.

**Mr BRAD HAZZARD:** Is there a standing order that says that?

**The CHAIR:** Did you hear me, Minister?

**The Hon. NATASHA MACLAREN-JONES:** Point of order—

**Mr BRAD HAZZARD:** What is the standing order?

**The CHAIR:** Minister—

**Mr BRAD HAZZARD:** I have the standing orders; where is it?

**The CHAIR:** Minister, you do not call a question stupid.

**Mr BRAD HAZZARD:** All right, then I will call it a ridiculous question. As I said—

**The CHAIR:** Minister, if you do not wish to take these hearings seriously—

**Mr BRAD HAZZARD:** I am taking them seriously.

**The CHAIR:** —that is a matter for you.

**Mr BRAD HAZZARD:** You are blocking.

**The CHAIR:** If you are not going to engage with these hearings properly, that is a matter for you. But I will not allow you to call questions stupid when they are directed to you. A reasonable question was asked, and you have turned it around and called it stupid. That is not acceptable at this hearing. Do you understand?

**Mr BRAD HAZZARD:** Mr Chair, will you then acknowledge, in the course of how this matter is to be conducted, that Standing Order 65 applies to these committee hearings?

**The CHAIR:** Minister, have I made myself clear?

**Mr BRAD HAZZARD:** I am asking you: Will you confirm—

**The CHAIR:** Minister, if you are not prepared to participate in this hearing in accordance with the standing orders of the Legislative Council—

**Mr BRAD HAZZARD:** I am. I am referring to Standing Order 65.

**The CHAIR:** —and the due process of these Committee hearings, you might need to take counsel from someone.

**Mr BRAD HAZZARD:** I am asking you for your advice, but you are not giving it to me.

**The CHAIR:** Minister, if you want to vacate this hearing and go because you are not prepared to cooperate, you should do that.

**The Hon. NATASHA MACLAREN-JONES:** Point of order: The Minister is entitled to answer the question in whichever way he likes—

**Mr BRAD HAZZARD:** You can thump the desk and carry on, but—

**The Hon. NATASHA MACLAREN-JONES:** —just as a member may ask any question they wish.

**The CHAIR:** He does not have the right to call a question "stupid".

**The Hon. NATASHA MACLAREN-JONES:** He can. He can say whatever he wants.

**The CHAIR:** Minister, if you want to leave with your staff, do so. If you are prepared to cooperate—

**Mr BRAD HAZZARD:** I am quite happy to take part, provided there is a fair adjudication of what goes on.

**The CHAIR:** There is a fair adjudication. I remind you that I will not accept you calling a question "stupid".

**Mr BRAD HAZZARD:** All right, I will not, but I will call it some other thing is if it is that way.

**The Hon. WALT SECORD:** Chair, to assist, how about I change the line of questioning to another subject?

**Mr BRAD HAZZARD:** I would like to finish the previous one, because I would like to say—

**The Hon. WALT SECORD:** Okay, we will go back to it. There were 25 staff—

**Mr BRAD HAZZARD:** —that I think your press release yesterday was unfortunate because talking about an issue to do with infrastructure in the context of a little boy who has just passed away was very inappropriate. That is why I think, but I cannot use the word—

**The Hon. WALT SECORD:** Minister, 25 staff signed a public statement—

**The CHAIR:** Please turn off your phone, Minister.

**Mr BRAD HAZZARD:** I was about to, obviously.

**The CHAIR:** I asked people at the start of the hearing to turn off their phones. Obviously, you were not listening.



**The Hon. WALT SECORD:** Minister, 25 clinicians signed a public letter expressing their concern about underfunding of infrastructure at Hornsby hospital. I think this whole line of questioning goes to the support that staff received and the infrastructure available at Hornsby hospital. Staff work their guts out at the hospital doing the best they possibly can, but they are not being properly supported. Twenty-five of them have signed a public letter saying that they were concerned and that it was an undercooked proposal. I now want to take you to the death of baby Kyran Day on 22 October 2013. Has the New South Wales Government implemented the recommendations of the Coroner—sorry, Brad, can you not hear me?

**The CHAIR:** Please address the Minister by his proper title.

**The Hon. WALT SECORD:** Sorry. Following the death of baby Kyran Day on 22 October 2013, has the New South Wales Government implemented the recommendations of the Coroner issued on 16 December 2016, when Magistrate Teresa O'Sullivan said there needed to be changes "in categories employed by the ambulance service to delineate calls to the service for assistance so that they can be better communicated to all health professionals who may be required to book an ambulance or be involved in the booking of an ambulance"? She asked that this recommendation be adhered to by 30 June 2017.

**Mr BRAD HAZZARD:** I will take that question on notice. I know there have been a lot of discussions within NSW Ambulance as to how to better determine the particular issues of potential patients. It may well be that there is more to do, but I will find out and let you know.

**The Hon. WALT SECORD:** Minister, I take you to the current flu crisis that we are experiencing. As of this morning, the official NSW Health data report shows that there are currently 68,122 influenza cases in New South Wales, and 36 per cent of them are in Western Sydney. That is almost double the 35,537 cases in 2016. As of this morning, there were 48,478 cases in Sydney. Are you confident that NSW Health has done everything to prepare for the 2017 flu season?

**Mr BRAD HAZZARD:** Yes.

**The Hon. WALT SECORD:** Are you confident that NSW Health has taken all the necessary steps?

**Mr BRAD HAZZARD:** Yes.

**The Hon. WALT SECORD:** Are you confident that NSW Health has handled the outbreak in nursing homes to the best of its ability?

**Mr BRAD HAZZARD:** Aged-care facilities are, of course, under the Federal Government's auspice, but I can say to you that one of the concepts I proposed a few weeks ago—which was reported in the media—was that all aged-care staff should compulsorily have the flu shot and that is something which Minister Hunt has now taken on board as well. In fact, he spoke to me on the weekend and confirmed that New South Wales was "leading the way" and that he was keen to see what the senior public servants and I had proposed to implement that rollout across the country.

**The Hon. WALT SECORD:** Who has ultimate responsibility in NSW Health for our response to the flu? Would it be the Chief Health Officer?

**Mr BRAD HAZZARD:** I think it is the entire health system. It is the collegiate; everybody in the 15 local health districts across the State.

**The Hon. WALT SECORD:** When you determine vaccinations in Australia, how is that determined—the strains?

**Mr BRAD HAZZARD:** In what sense?

**The Hon. WALT SECORD:** The World Health Organization recommended that the Southern Hemisphere contain A/Michigan, A/Hong Kong, B/Brisbane. How does Australia determine which strains—

**Mr BRAD HAZZARD:** I am sorry Mr Secord, I do not understand.

**The Hon. WALT SECORD:** I would like you to possibly direct this to—

**Mr BRAD HAZZARD:** I will take it on notice.

**The Hon. WALT SECORD:** I would like an official to answer this question.

**Mr BRAD HAZZARD:** Maybe, but I am actually indicating I will take it on notice.

**The Hon. WALT SECORD:** You are now a scientist?

**The CHAIR:** Order!

**Mr BRAD HAZZARD:** No, I said I will take it on notice. It actually happens that I am, but thank you for asking.

**The Hon. WALT SECORD:** Are you confident that all these strains were included and properly distributed in New South Wales?

**Mr BRAD HAZZARD:** I am absolutely satisfied NSW Health did all they could. Can I say that during the peak season—and it has happened every year forever, whenever the peak flu season is; this just happens to be the worst on record—the staff at the front line work very hard. In fact, I would like to acknowledge the Acting Secretary for her personal role in managing that because one of the issues, of course, when you have so many people coming into emergency departments, self-presenting or coming by ambulance, is actually making sure that there is a place for them if they are that sick and she has been determined—

**The Hon. WALT SECORD:** Minister, are you aware that—

**Mr BRAD HAZZARD:** I am sorry, I would like to finish. I just acknowledge that Susan Pearce has been doing that and thank her accordingly.

**The Hon. PAUL GREEN:** Following on from that question, I now you said it is a Federal Government responsibility, but surely NSW Health would know how many people have perished in New South Wales aged-care facilities due to influenza?

**Mr BRAD HAZZARD:** We would.

**The Hon. PAUL GREEN:** Do we have a statistic available?

**Mr BRAD HAZZARD:** Are you talking about in aged-care facilities?

**The Hon. PAUL GREEN:** Yes, I am.

**Mr BRAD HAZZARD:** Only in aged-care facilities?

**The Hon. PAUL GREEN:** Just at this point of time, yes, because I know the aged are quite vulnerable. We have seen in Victoria recently that some people have perished from the flu and I am very aware, from my previous nursing history, that we would lose a few patients. What are the figures in New South Wales?

**Mr BRAD HAZZARD:** There are a few excellent nurses on this panel.

**The Hon. BRONNIE TAYLOR:** Thank you, Minister.

**Mr BRAD HAZZARD:** I will ask the Chief Health Officer to give us a run down on that.

**Dr CHANT:** As of 3 September, 368 aged-care facilities have been reported to New South Wales public health units affecting over 4,000 residents, with 350 requiring hospitalisation. There have been 183 deaths reported associated with those flu outbreaks. All of the residents had significant underlying comorbidities. Of note, we have distributed over 9,962 courses of Tamiflu from the State to the aged-care facilities to facilitate timely access. There is good evidence that if that is given early—within 24 hours of onset—there is a good response. In addition, aged-care facilities were written to recommending influenza and pneumococcal vaccination of the residents and the Victorian Ambulatory Classification and Funding System [VACS] recommended influenza vaccination of staff prior to the season. There has been a lot of ongoing engagement with aged-care facilities.

**The Hon. PAUL GREEN:** Do we have matching statistics for the same period last year in terms of how many we may have lost due to influenza and comorbidity?

**Dr CHANT:** In my notes here I have not got that, but I would be happy to take that on notice.

**The Hon. PAUL GREEN:** I want to see what the increase is.

**Dr CHANT:** One of the positive things that has happened is we have become more aware of aged-care outbreaks and are working much more proactively with the aged-care sector, and we do notify the Commonwealth of outbreaks as well in the aged-care facilities.

**Mr BRAD HAZZARD:** Can I just clarify a point, you asked other States?

**The Hon. PAUL GREEN:** No, just New South Wales.

**Mr BRAD HAZZARD:** We will get that.

**The Hon. PAUL GREEN:** Have you got some initiatives of what we are doing to decrease outbreaks of influenza—for instance, handwash on public transport and places like that?

**Mr BRAD HAZZARD:** The Chief Medical Officer is very keen to answer your questions, so I am going to allow her to do that.

**The Hon. WALT SECORD:** Precedent.

**Mr BRAD HAZZARD:** Precedent, but not for you.

**The Hon. PAUL GREEN:** Just briefly, because I have some other questions.

**The Hon. WALT SECORD:** Because she might tell the truth.

**Dr CHANT:** Maybe if I could give a rundown of the strategy that is used at various points?

**The Hon. PAUL GREEN:** Just headlines, because I have got some other questions I need to ask.

**The Hon. WALT SECORD:** I have some questions for you too.

**The CHAIR:** Order!

**Dr CHANT:** The initial focus in phase one was really a lot of correspondence to general practitioners, Aboriginal medical services, obstetricians, specialist services, maternity service, aged-care facilities and we also corresponded to the Department of Family and Community Services really promoting the use of influenza vaccination in the target groups. We had a particular focus this year on at-risk and particularly also some work around promoting vaccination for pregnant women. Obviously, throughout the season we have been issuing press releases.

We have also developed a media campaign. That media campaign did not happen immediately because what we find is the vaccine manufacturers do a lot of media initially, concurrently with the vaccine availability. We started the media campaign in May and that proceeded for the said months. We have communicated directly on a number of occasions with general practitioners to remind them and, as the season has evolved, we have changed our messages, initially focusing on vaccination but moving to the use of Tamiflu for early treatment of influenza.

**The Hon. PAUL GREEN:** If you want to take the rest of that question on notice, I would be happy for an answer like that.

**Mr BRAD HAZZARD:** Can I just clarify one thing? You were suggesting—which I thought sounded like a good idea, even though we do not do it—that maybe on trains and trams—

**The Hon. PAUL GREEN:** Yes, handwash, because you have masses.

**Mr BRAD HAZZARD:** I think that is a really good idea.

**The Hon. PAUL GREEN:** I know it is a fantastic idea.

**Mr BRAD HAZZARD:** I think it is a great idea.

**The Hon. PAUL GREEN:** Spoken like a true nurse. I am just talking where there is a great gathering of people and where there are elevators, for instance.

**The Hon. BRONNIE TAYLOR:** That is actually a good idea.

**The Hon. PAUL GREEN:** I use my knuckle to push the elevator button.

**Mr BRAD HAZZARD:** When I got the flu, I wondered whether I got it from a bannister in a shopping centre or something. So I think actually it is a good idea.

**The Hon. PAUL GREEN:** Where public transport is.

**Mr BRAD HAZZARD:** We do it in the hospitals.

**The Hon. PAUL GREEN:** Can you tell me whether the sad case of the baby being given the wrong gas has been settled?

**Mr BRAD HAZZARD:** Yes, I can tell you a bit about that.

**The Hon. PAUL GREEN:** It has been a bit longwinded, you would have thought those parents would like to be finished with the bureaucratic way forward.

**Mr BRAD HAZZARD:** There were two babies. One baby, little John, unfortunately died and the other baby, as I understand it, has very substantial disabilities. Two or three weeks ago a journalist from Channel 9 raised the issue and, when I found out that it was taking its time getting sorted, I made some

inquiries. I found that our lawyers were doing what lawyers do—that is, the Government lawyers and employed private lawyers, which is appropriate—and the private lawyers were doing what lawyers do. I am a lawyer as well as being a scientist.

**The Hon. WALT SECORD:** You are a scientist?

**Mr BRAD HAZZARD:** I am; it was my first degree. Thank you for asking. I was a science teacher actually. Then I spoke to the lawyer and had a discussion with the department, and we were able to move things along dramatically. I do not think it is appropriate that I actually say where it has got to precisely.

**The Hon. PAUL GREEN:** I just want to know that it is underway and it has been hastened because their grief is enormous.

**Mr BRAD HAZZARD:** I drove out to [EVIDENCE OMITTED BY RESOLUTION OF THE COMMITTEE 7 SEPTEMBER 2017] on Monday morning and met with the family and had a good discussion. It is a very sad case. It is not appropriate that I say a lot, but it is well in hand. They have had a horrible experience, but they are satisfied that we are trying to look after them.

**Ms DAWN WALKER:** I have some questions on ambulance response times. In terms of ambulance services on the North Coast, I know you are aware that there are issues with wait and response times. I am wondering whether you have considered deploying a second ambulance based at Maclean, given the fact that many patients are transferred to Lismore Base Hospital or across the border to Queensland for treatment, which results in a lack of ambulances being available in the Lower Clarence area.

**Mr BRAD HAZZARD:** I do not know whether or not it would be appropriate, but if you are suggesting it I will certainly take it on board. I will raise that with the commissioner. More broadly, NSW Ambulance emergency demand has been up again this year. It is always under pressure but it has gone up another 2.1 per cent this year. In terms of the statistics used for analysis, BHI advises me that the fiftieth percentile response time to priority 1A cases—the highest priority emergencies—

**Ms DAWN WALKER:** I have limited time, and although I appreciate the details you are giving me, I am interested in this particular issue at Maclean. The member for Clarence raised the need for a second ambulance base at Maclean for a 12-month trial, and in the *Grafton Examiner* on 4 May he promised that he would speak to you about it after a very disturbing incident where someone was not able to have access to an ambulance while they were experiencing a life-threatening event.

**Mr BRAD HAZZARD:** Which event was it? Members from all over the place raise issues.

**Ms DAWN WALKER:** It was an aneurysm. A patient was brought to the hospital and the hospital could not deal with it, but by the time that decision was made the one ambulance available had been sent to another job and there was no ambulance available. The member for Clarence assured the community through the media that a second ambulance would be given to Maclean to prevent that sort of thing happening again.

**Mr BRAD HAZZARD:** I do not think he said that; I think he said that he would approach me and raise it, as I recollect.

**Ms DAWN WALKER:** Now I am concerned that he has not done that, because you did not seem to be aware of it.

**Mr BRAD HAZZARD:** No, he did that, but the issue is that there is a whole lot of ambulances across the State.

**Ms DAWN WALKER:** There are not enough, actually. That is the problem.

**Mr BRAD HAZZARD:** There are approximately 1,000 ambulances, actually, plus another 200 ancillary, like motorbikes and smaller smart cars.

**Ms DAWN WALKER:** Yes, but clearly we are having problems, particularly in regional areas—

**Mr BRAD HAZZARD:** And we have about 3,600 paramedics.

**Ms DAWN WALKER:** —and in this particular area they were promised this issue would be looked at.

**Mr BRAD HAZZARD:** Since we have come to government we have increased the number of paramedics. In the last budget there were another 50 to assist with relief in regional areas. Last year there were, I think, 85. It certainly has increased since the last Government was in place, and we are doing what we can.

As late as this morning I was out talking to the union—the APA—at its annual general meeting about some of the issues around how we make ambulance work more effectively in regional areas.

**Ms DAWN WALKER:** In terms of Maclean, a community which is really seeing the effects of not having enough ambulances—

**Mr BRAD HAZZARD:** One of the issues might be, as was raised this morning, that there has been a predisposition by ambulance not to call in staff who were not working—in other words, they are not on duty—and apparently that had something to do with some computer program, which I do not fully understand. I have directed the commissioner to address that issue and I assured the union this morning that we are in the process of doing that. In fact, I presented it with a letter from the commissioner this morning. That might address the issue, but let me take that away because, to the best of my recollection, the advice was that it was not appropriate to put another ambulance there. Let me have a look at it for you and I will come back to you.

**Ms DAWN WALKER:** The other issue is the average response time. I am interested in how many requests there have been for an ambulance in Byron Bay and Nambucca Heads since January 2016 and what the average response time was between requests being received and when the ambulance arrived to those two destinations. Are you able to give that to me now or can you take it on notice?

**Mr BRAD HAZZARD:** I cannot give you the specifics for that area. I can tell you that ambulance response times have improved, and I will come back to you on that.

**Ms DAWN WALKER:** My concern is, if they have improved, have they improved across the board or are the response times in the Northern Rivers longer than they are in other regions? Which communities have the longest wait times for ambulance services?

**Mr BRAD HAZZARD:** It varies, obviously, across the State, but overall for priority category 1 and category 2 around 95 per cent of all arrival times are within the designated time frames. I will take it on board because I understand it does vary—and it varies from time to time if you have staff off sick as well. Let me find out for you. What period are you specifically asking about?

**Ms DAWN WALKER:** Since 1 January 2016.

**Mr BRAD HAZZARD:** That is 2016, not 2017. I will find out for you.

**Ms DAWN WALKER:** Moving on to midwifery, we know that implementing continuity of midwifery care is the safest and most cost-efficient form of care for mothers, babies and families, and that this form of care is recommended by national policy. Given this, why are only 10 per cent of women in New South Wales able to access continuity of care?

**Mr BRAD HAZZARD:** I am not sure of the percentage but, given what you just said, you would be well aware of the ongoing debate about midwifery-led births and obstetrician-led births. Trying to strike the balance is a challenge, and it varies from area to area. Certainly in your area, the Byron community hospital has the most amazing birthing rooms. Have you been there?

**Ms DAWN WALKER:** It is funny you mention my area because there was a huge community fight to save the Murwillumbah Birth Centre, which I am happy to say was successful. It was under threat of being closed down recently.

**Mr BRAD HAZZARD:** But the Byron community hospital—your local community hospital, which took many years to get to that point—has some amazing birthing pools as well as the birthing baths. It is a very strong midwifery-led practice in your area. All I can say is that in some areas it is wanted and in some areas it is not the main focus. In other areas people prefer the obstetrician-led practice. I will certainly go along with trying to support women in their choices, whichever they want. *[Time expired.]*

**The Hon. MARK PEARSON:** On global pandemic risks of intensive animal farming, the United States Centers for Disease Control and Prevention has identified the H7N9 strain of avian influenza as a high to moderate risk of pandemic if it mutates into a strain that achieves sustained human-to-human transmission. It has already shown that mutations have occurred since first being identified in 2013. In a 2017 study researchers reasoned that additional mutations might enable a full switch to human-to-human type. Minister, now that scientists are concerned that we are only a couple of H7N9 avian flu mutations away from a global flu pandemic, are you aware that these mutations could be occurring in one of the thousand broiler—meat chicken—sheds in New South Wales?

I understand that the Minister relies on the Department of Primary Industries to track and manage disease outbreaks in animal agriculture, but I am interested in knowing whether the Minister's own department

is considering the gravity of this potential outbreak in the future. Are you given briefings and updates on any increased risks of avian influenza in the intensive poultry industry?

**Mr BRAD HAZZARD:** The point you raise is a good one because there is a plethora of viruses, and the avian flu viruses are a particular risk. We have lived through one period where we thought it would create major problems right across the world. The department is very aware of the possibility of a pandemic with regard to the avian flu. I will ask the Chief Health Officer to give you the benefit of her expertise on it.

**The Hon. MARK PEARSON:** The important factor is that in these sheds there are more than 22,000 birds—or 44,000 lungs—which is a perfect Petri dish for mutation. Could agriculture be the cause of a major pandemic? That is the issue.

**Dr CHANT:** As you rightly point out, that is an international concern, particularly with intensive agriculture and where there is proximity between humans and the sheds and animals. We rely on two methods. The Australian Government works internationally, as do our own heads of communicable disease, monitoring the literature, ProMED and surveillance mechanisms. We share information through the World Health Organization about emerging threats. That is at the macro level. I can assure you that we have a very close relationship with the Department of Primary Industries [DPI]. Many diseases are linked between humans, zoonoses, and we need to work in partnership to manage those risks. I am very confident that in the case that there would be any mass deaths within poultry sheds that appropriate testing would be done by the DPI to investigate the cause of that and that any implications for human health would be rapidly engaged.

**The Hon. MARK PEARSON:** If it became clear that the very existence of intensive farming on the scale that it is, with so many animals being kept in such a confined area—a perfect environment, petri dish-like, for a virus to mutate, to become airborne and to be able to go from human to human—and the risk became grave, as the World Health Organization states, would the Minister find himself in a position to advise the DPI that practices must change away from large-scale, intensive farming, which is probably the main risk factor? Once the disease is on foot, the chickens might be dying in the shed but if it has mutated it is in the air, and as was the case with the Spanish flu, it will kill 52 to 53 per cent of people it infects.

**Dr CHANT:** I think the issue is that the surveillance mechanisms we have in place and the work with the DPI, I am confident we would pick up the emergence of a strain. I suppose globally, yes, we do recognise that risk. But I am confident in the Australian setting that we have very close vigilance and work with the DPI to be aware of any emergence. From time to time we do have the emergence of issues and I can provide on notice examples of where we have responded to those, including strong consideration of any human health impacts.

**The Hon. MARK PEARSON:** Has the department engaged in any joint research or discussion with the DPI to identify these risks?

**Dr CHANT:** We meet regularly with the DPI. I think we recognise from a one health perspective that we have to work across primary industries. This cuts across a number of issues including antimicrobial resistance and zoonoses. I attended a meeting of the DPI and all of its regional offices, and Dr Jeremy McNulty has regular meetings where we meet with the DPI to do that. We have very close working operational engagement with the DPI. Our public health units work with the regional representations of the DPI in managing a number of zoonoses, such as Hendra, on a relatively frequent basis. I am confident that the linkages are quite strong.

**The Hon. MARK PEARSON:** The difficulty you have though is the Department of Primary Industries is mainly about protecting primary industries that use animals. One of their main portfolios is to look after the Department of Primary Industries. At the same time they have animal welfare. The other issue is, in looking after the primary industries and being responsible for their protection and for them to flourish, surely the Minister for Health or the Ministry of Health needs to look at the possible human health consequence if something suddenly happened in this situation?

**Mr BRAD HAZZARD:** I think, in fairness, they do. I am aware there are regular meetings between the DPI and Health. If you have any examples where it has happened and it has been problematic let me know and I will take it up and try to make some changes.

**The Hon. WALT SECORD:** Minister, I want to take you to the Prince of Wales redevelopment. Are you confident that NSW Health Infrastructure is dealing fairly with the residents in the affected streets of Botany, Eurimbla and Magill? Are you confident they are being treated fairly?

**Mr BRAD HAZZARD:** Just before I made the announcement, I did stop and talk to some of the people in one of the streets—I forget which street it was. The first gentleman I spoke to said to me that everybody in the local area had been aware for years that this was a likely outcome because the convergence of

the hospital clinical roles and the university was an obvious way forward. Having said that, I did speak to one of the nurses there who said to me that her mum was really worried about it. She thought her mum probably did know but was not quite sure.

I think it is unfortunate. It is always difficult when there is a resumption of properties. People might have known about it but they hope that it will not happen. There is a very understandable anxiety. If I were living in one of those properties, if you were—the gentleman I spoke to had been living in the property for more than 60 years; he had horses walking past his property when he was younger. It is tough, it is difficult. Having in mind that is the case, I think the staff are trying really hard. I have certainly encouraged them to do everything possible to work with those people to help them get what is fair in a reasonable way.

**The Hon. WALT SECORD:** Do you not think your comments are a bit insensitive? In the *Southern Courier* to Rebecca Franks on 11 July you said, "These are the risks when you are living in a big city." Do you stand by those comments? Those are your words, direct quote.

**Mr BRAD HAZZARD:** No, those are the words that are allegedly in a paper that you are quoting from. I do not remember those words.

**The Hon. WALT SECORD:** I give you another quote then, a direct quote from Channel 9. It is on the website. In reference to residents concerned about the compulsory acquisition of their homes, you said:

I want to make sure that the money is fair but we are not silly.

Those are your direct words.

**Mr BRAD HAZZARD:** I remember those words.

**The Hon. WALT SECORD:** You remember that one?

**Mr BRAD HAZZARD:** Yes, I do, and that is true.

**The Hon. WALT SECORD:** You had your hand on your hip when you said that. I remember it distinctly.

**Mr BRAD HAZZARD:** I am glad that my impression on you is that distinct; that is good.

**The Hon. WALT SECORD:** Do you stand by those comments?

**Mr BRAD HAZZARD:** What I was saying, and I have just said it then, is striking a fair balance but also recognising the sensitivities and challenges when someone has lived in a house a long while. I think you would probably be pushing it to suggest that I am not sensitive to those issues. I think I am extremely sensitive to those issues.

**The Hon. WALT SECORD:** Do you think that—

**Mr BRAD HAZZARD:** I am not going to argue with you anymore. I refer to Standing Order 65, Mr Chair.

**The Hon. WALT SECORD:** No-one is arguing.

**Mr BRAD HAZZARD:** No argument, no inference. There is an argument. I am not going to argue. I would ask you to enforce your own standing orders.

**The Hon. WALT SECORD:** I am sorry, Minister, I do not know what you were referring to. I was going to show you a three-sentence document slipped under the doors of about 90 homes in the area. It says here, "Sorry we missed you. NSW Health Infrastructure Randwick Campus Redevelopment was in your area today to let you know our NSW Health project proposed for your area and you may be impacted on your property. Sorry we missed you." Do you think that is enough of an alert to the community? Do you want me to table it? I am very happy to table it.

**The Hon. NATASHA MACLAREN-JONES:** Maybe you can show it to the Minister.

**The CHAIR:** In all fairness, absolutely, if the Minister wants to see it. What is it? It is a copy of a document on NSW Health Infrastructure letterhead.

**Mr BRAD HAZZARD:** May I see it?

**The CHAIR:** Absolutely.

**The Hon. WALT SECORD:** Stop the clock.

**The CHAIR:** Be quiet please. We want to get through this in an orderly fashion.

**Mr BRAD HAZZARD:** I have not actually seen that before, Mr Secord, but what I would say is I think 22 June was the day we made the announcement, was it not?

**The Hon. WALT SECORD:** Yes, it was.

**Mr BRAD HAZZARD:** I did hear from one of the staff on the day that they had gone around—it is not quite as simple as you are saying—and doorknocked the area on the night before and the morning of, and they did manage to come into contact with the bulk of the people but there were a number they could not. They did say, "But Minister, we put a notice under their door and told them that they can contact us." I said to them, "Go back again." That was not the only thing they were doing; they were knocking on doors.

**The Hon. WALT SECORD:** Minister, what assistance are you providing to elderly residents in the area, for example, Eileen who is almost 88 years old? She has lived in the area for 45 years and volunteers at the hospital. How are you helping her relocate?

**Mr BRAD HAZZARD:** As I said, I think that would be really tough. It is not nice. Are you suggesting that we should not be redeveloping the Prince of Wales campus of the university?

**The Hon. WALT SECORD:** I have been very upfront and open.

**Mr BRAD HAZZARD:** So you support it?

**The Hon. WALT SECORD:** I have met the residents twice.

**Mr BRAD HAZZARD:** So you support it?

**The Hon. WALT SECORD:** I have had long conversations with them. I said that if I am Minister I will be supporting this project. However, I also said that I did not think the Government was treating them fairly, that it was compulsorily acquiring their homes and re-running WestConnex. I also said that I thought the Government was trampling on them.

**The CHAIR:** Order! A question is asked of the Minister and the Minister responds. It goes back and forth that way. Put the question to the Minister and allow him to answer it.

**The Hon. WALT SECORD:** Minister, do you think we have a re-run of WestConnex next to Prince of Wales Hospital?

**Mr BRAD HAZZARD:** I think the staff are doing their best. However, if you are telling me that some people still have concerns about it and the way it is being done—

**The Hon. WALT SECORD:** Many of them do.

**Mr BRAD HAZZARD:** —I will take that on board and make every effort to have the staff understand the sensitivities. Yes, it should be done in the most sensitive way possible.

**The Hon. WALT SECORD:** What is Converge International?

**Mr BRAD HAZZARD:** Who?

**The Hon. WALT SECORD:** It is a company that you have employed to assist local residents who are having difficulties with the transition.

**Mr BRAD HAZZARD:** I do not know. You would not expect the Minister to know that level of detail, but I will find out.

**The Hon. WALT SECORD:** May I ask the Chief Executive of Health Infrastructure—which employed Converge International to assist with the residents—whether he can answer the question? He seems to know.

**Mr BRAD HAZZARD:** Because you have asked so politely, of course.

**Mr SANGSTER:** I can confirm the details on notice. However, it is part of the team that is engaging with that community. Every resident has a personal manager who is their primary point of contact and who will explain the process to ensure there is no wall of anonymity. They have that person's mobile phone number and they can contact them at any time. We are ensuring that we work with them on all of the issues you have raised so that they understand relocations and other matters. The company is part of our team.



**Mr BRAD HAZZARD:** If you have any other suggestions about how the process could be more sensitive, please let me know. I have not received a letter from you on this issue. I have had eight letters from you in eight months, but none of them covered this issue.

**The Hon. WALT SECORD:** I will facilitate a meeting with the residents during the break. They are in the gallery now. They can tell you firsthand about their experiences. Deanna has lived there for 13 years; Scott has lived there for nine years; Mary has lived there for 11 years; Graham has lived there for 23 years—

**Mr BRAD HAZZARD:** Of course I am happy to talk to them. But even that is showing a lack of sensitivity on your part.

**The Hon. WALT SECORD:** Come on, Brad.

**Mr BRAD HAZZARD:** You are the man who told John Aquilina a kid had a gun in his hand. Get serious. Pull out the Privacy Commission report, Walt.

**The Hon. WALT SECORD:** Were any sites other than the three streets in question considered for the redevelopment?

**Mr BRAD HAZZARD:** All that matters is that that is where it is happening.

**The Hon. WALT SECORD:** Were any other sites considered?

**Mr BRAD HAZZARD:** I am indicating to you—

**The Hon. WALT SECORD:** Were any other sites considered?

**Mr BRAD HAZZARD:** What the Government—

**The Hon. WALT SECORD:** Were any other sites considered, yes or no?

**Mr BRAD HAZZARD:** I do not have to answer yes or no; I can answer the question any way I like. I am telling you that a decision has been made, and that is all you need to know.

**The Hon. WALT SECORD:** I put it to you that the Inglis site could have been examined. Why was it not examined?

**Mr BRAD HAZZARD:** You can put to me whatever you like, but the decision has been made.

**The Hon. WALT SECORD:** Why was it not examined?

**Mr BRAD HAZZARD:** A decision has been made.

**The Hon. WALT SECORD:** Can I ask the Chief Executive from Health Infrastructure if he—

**Mr BRAD HAZZARD:** No.

**The Hon. WALT SECORD:** I would like you to ask the Chief Executive of Health Infrastructure whether the Inglis site was considered.

**Mr BRAD HAZZARD:** No.

**The Hon. WALT SECORD:** Why not? He is two people away from you.

**Mr BRAD HAZZARD:** The decision has been made and we are moving forward.

**The Hon. WALT SECORD:** I think it goes to public policy in New South Wales. Why was the Inglis site not considered?

**Mr BRAD HAZZARD:** I am not saying whether it was or was not.

**The Hon. WALT SECORD:** We can clear this up now.

**Mr BRAD HAZZARD:** No.

**The Hon. WALT SECORD:** No?

**Mr BRAD HAZZARD:** No. Next question.

**The Hon. WALT SECORD:** I refer again to influenza. Are you familiar with an organisation called the World Health Organization Collaborating Centre for Reference and Research on Influenza? Dr Chant is nodding yes. Are you familiar with it? Do you know that it is responsible for Australia, New Zealand, Fiji, Papua New Guinea, Cambodia, the Philippines, Singapore, Thailand, and Sri Lanka?

**Mr BRAD HAZZARD:** If Dr Chant has nodded, she is. I am not, but I will find out.

**The Hon. WALT SECORD:** This goes to the New South Wales response and testing. Dr Chant, are you familiar with the organisation?

**Dr CHANT:** I am familiar with the World Health Organization collaborating centre. Your previous question related to who makes the decision. I can provide a detailed response to that on notice. It is a national process and part of a broader international process. Each year the seasonal flu strains in the Northern Hemisphere are examined and an expert panel agrees on what particular strains are likely to be circulating in the Southern Hemisphere, and that is then factored in. These decisions are made in an international environment using expert advice. The current advice is that the predominant strains—which are influenza B and influenza A sub-type H3N2—are matched by the vaccine.

Obviously, the World Health Organization collaborating centre—there is one in Australia—routinely monitors the genetic pattern of the new virus, which is isolated from people, and tests it during the season to establish the match. At the moment there are no indications from the World Health Organization influenza laboratory or the national flu hospital surveillance of more severe strains circulating, or significant drift from the vaccine strains. However, that will be reviewed as part of the annual process.

**The Hon. WALT SECORD:** Are you aware that Western Sydney doctors are saying that the Australian response involved the wrong strains?

**Mr BRAD HAZZARD:** Before Dr Chant addresses that question—

**The Hon. WALT SECORD:** It is a follow-up question in response to Dr Chant's answer.

**Mr BRAD HAZZARD:** And you have asked another question. Before she answers it, can you specify which doctors?

**The Hon. WALT SECORD:** I am not going to reveal the identity of whistleblower doctors.

**Mr BRAD HAZZARD:** In that case, it is a hypothetical question.

**The Hon. WALT SECORD:** No, it is not.

**Mr BRAD HAZZARD:** Under Standing Order 65 it is an inappropriate question.

**The Hon. WALT SECORD:** Okay.

**Mr BRAD HAZZARD:** Put the question and give us the facts. Do not hypothesise.

**The Hon. WALT SECORD:** I want to go back to the response to other material provided by Dr Chant. A number of countries—Australia, New Zealand, Papua New Guinea, Fiji, Cambodia, the Philippines, Singapore, Thailand, and Sri Lanka—provide samples. The website talks about the number of responses received. Why are the New South Wales responses fifth and twelfth in the list of samples provided, behind countries like Cambodia?

**Mr BRAD HAZZARD:** Where is the evidence for that?

**The Hon. WALT SECORD:** Right here. Are we going to go through this pantomime of using up my time again? I have the documents here.

**The CHAIR:** Stop the clock. The Minister wants to see the documents.

**The Hon. WALT SECORD:** This is a clear tactic.

**The CHAIR:** Order! The Minister has asked to see the documents.

**Mr BRAD HAZZARD:** I do not have a problem with the clock being stopped; I simply want to see the facts.

**The Hon. WALT SECORD:** There is a reference to Westmead and John Hunter hospitals.

**The CHAIR:** Let the Minister read the document.

**Mr BRAD HAZZARD:** Where is Westmead mentioned?

**The Hon. WALT SECORD:** It is number 12.

**Dr CHANT:** There are 24, and Melbourne has provided 27. The World Health Organization collaborating centre is in Melbourne.

**The Hon. WALT SECORD:** Yes.

**Dr CHANT:** I will have to check, but I think Westmead Hospital has the Institute of Clinical Pathology and Medical Research. I assume that the samples are collated from across the States. A selection of samples is sent to the WHO collaborating centre. We were requested to send samples from vaccinated patients who have the disease or who have more severe symptoms. I can provide the methodology, but this would be part of a national process and samples would be sent as part of the national approach to understanding the match between the vaccines. It is not something over which NSW Health has any influence. As I said, it is a national process and an international process.

**The Hon. WALT SECORD:** As the Chief Health Officer of New South Wales, are you confident that this State's response to the flu season this year was the best it could be?

**Dr CHANT:** It was a solid, good response. Obviously, we take on board new ideas that are presented, such as messaging around transport stops and other things. It is important to know that since the 2009 pandemic many things have been built into standard practices. That is a very good aspect of the response. You have probably seen when you go into hospitals that handwash stations are now a part of the routine. You will see posters that read, "Stop. Do not enter here if you have an influenza-like illness." Those initiatives were started in 2009. We have certainly implemented a good communications strategy. We need to do more to get people vaccinated. You have identified that, as have many other stakeholders. But that is not for want of trying. We can always work and engage with the community more strongly about those messages, but I think we have undertaken a comprehensive response.

**The Hon. WALT SECORD:** Minister, I want to take you to the Health Care Complaints Commission. In June we were advised that the results of the HCCC investigation into Dr John Grygiel and Dr Kiran Phadke would be completed by July. Through you to the Health Care Complaints Commissioner, what is the status of the HCCC investigations and why have they been delayed by three months?

**Mr BRAD HAZZARD:** I am happy with that. Would you like to answer that question, Ms Dawson?

**Ms DAWSON:** There are five different strings to the investigations concerning off-protocol dosing. They are the investigations into the patients that were treated at St Vincent's, Macquarie, and Bathurst-Orange as well as investigations into both St Vincent's and Macquarie University hospitals in relation to their management of these matters. As I have observed previously before Parliament, this is possibly one of the most complex matters that the commission has had to deal with. You know the layers of complexity. They relate to the fact that the treatment was provided over a period of more than a decade. They relate to the fact that the treatment was provided in both public and private facilities, in some cases when Dr Grygiel was in his capacity as a visiting medical officer.

Around 150 patients were involved. The patients raised complex clinical questions as well as questions relating to issues regarding consent, governance, the operations of multidisciplinary teams, mandatory reporting and the like. These are hugely complex matters that also required us to support, source and commission various experts. So that is why these investigations have taken time. The commission has completed investigations relating to the patients treated by Dr Grygiel at St Vincent's and Macquarie University hospitals, it is nearing the end of its investigations into practices at Bathurst and Orange hospitals, and investigations into the management of Dr Grygiel by St Vincent's and Macquarie Hospital are also nearing completion.

**The Hon. WALT SECORD:** On 23 June Victoria's Health Minister Jill Hennessy released details of an audit of cladding in Victoria's hospitals. Has a similar audit occurred here?

**Mr BRAD HAZZARD:** I have asked the Ministry of Health to coordinate by having the 15 local health districts check with the various medical people in their hospital facilities. The advice that I have received is that there is no cladding that is problematic. Mr Sangster, do you know anything about that?

**Mr SANGSTER:** We are still working our way through and looking at some buildings.

**Mr BRAD HAZZARD:** How many more have you got to go?

**Mr SANGSTER:** We have been commissioned by the ministry to check any buildings that were built about 10 years ago, so there are still a number to go.

**The Hon. WALT SECORD:** Of the audit that is underway, have any turned up?

**Mr SANGSTER:** Not at this point.

**Mr BRAD HAZZARD:** The advice I had was no. None have turned up so far, but the audit is still ongoing.

**The Hon. WALT SECORD:** Can you take that question on notice, particularly about Lismore Base Hospital? Yesterday nurses made representations that Lismore Base Hospital may have cladding.

**Mr BRAD HAZZARD:** The nurses? Absolutely. That is the new facility.

**The Hon. WALT SECORD:** The transition.

**Mr BRAD HAZZARD:** Mr Sangster, do you know about that facility? It is brand spanking new.

**Mr SANGSTER:** It is. The Lismore Base Hospital has a fire system that is completely compliant with Australian building standards.

**Mr BRAD HAZZARD:** No problem.

**The Hon. WALT SECORD:** Thank you.

**The Hon. PAUL GREEN:** Returning to the chemotherapy issue, as Professor Currow is here, I would like an update of compliance by St Vincent's and other hospitals with the recommendations.

**Mr BRAD HAZZARD:** I am happy to let Professor Currow answer that question. There is a review currently ongoing in regard to the various recommendations from the inquiry under section 122 of the Health Services Act and the Legislative Council select committee. Were you on that committee?

**The Hon. PAUL GREEN:** I was.

**The Hon. BRONNIE TAYLOR:** He was the Chair.

**Mr BRAD HAZZARD:** You were the Chair?

**The Hon. PAUL GREEN:** Yes.

**Mr BRAD HAZZARD:** Thank you for that.

**The Hon. PAUL GREEN:** That is why I am anxious to see whether those recommendations have been complied with.

**Mr BRAD HAZZARD:** It was a very good review and so was the 122 committee. I think you saw some of that committee as well.

**The Hon. PAUL GREEN:** Yes, we did. That is correct.

**Mr BRAD HAZZARD:** I think that was David Currow and—

**Professor CURROW:** Paul Curtis.

**Mr BRAD HAZZARD:** —Paul Curtis. That is right. Professor Currow, would you like to answer that question? I think the recommendations are still working their way through. If we find out something different from Professor Currow, then we will both hear something new.

**The Hon. PAUL GREEN:** That is all I wanted: an update of the compliance with those issues.

**Professor CURROW:** I suggest that the ministry is responsible for overseeing the response to the section 122 inquiry. Ms Pearce may want to take that question.

**Ms PEARCE:** The ministry has closely monitored the implementation of the recommendations, in particular in St Vincent's, in Western New South Wales and—in regard to the broader recommendations that pertain to everyone—in the rest of the State. At St Vincent's a lot of work has gone into implementing the recommendations. To assure ourselves that there was proper compliance with those recommendations, we had the Australian Quality Commission conduct an external review of the implementation of the recommendations. We found that a significant effort was made in regard to those, which was reassuring. We continue to meet with the St Vincent's network in regard to those.

**Mr BRAD HAZZARD:** That is every month, is it not?

**Ms PEARCE:** We have met every month, yes.

**The Hon. PAUL GREEN:** And what public access to those reports is there?

**Ms PEARCE:** The report was done for the ministry.

**The Hon. PAUL GREEN:** For something of such public interest, how can the public check up on the compliance?

**Ms PEARCE:** We would be happy to. With regard to the select committee process, NSW Health is required to document and publish information around the inquiry, which we will do in due course.

**The Hon. PAUL GREEN:** What is the estimated time of arrival [ETA] on that?

**Ms PEARCE:** I will have to take that question on notice.

**The Hon. PAUL GREEN:** Is it three months, six months, 12 months?

**Ms PEARCE:** I think we were required to report back by November.

**Mr BRAD HAZZARD:** November is the return date.

**The Hon. PAUL GREEN:** So you are on time for that?

**Ms PEARCE:** Yes indeed, we are. The select committee did pick up, largely, the recommendations from the 122 inquiry, which was certainly well underway.

**Mr BRAD HAZZARD:** It was a good report.

**Ms PEARCE:** A very good report. We have also continued to meet with Western New South Wales in regard to the implementation of their recommendations. Similarly, we have met with them monthly and we are progressing well against those. The issue of multidisciplinary teams across the State continues. The oncology medical information system, for those that did not already have it, is progressing very well. All in all, I think there has been a solid response to the recommendations.

**The Hon. PAUL GREEN:** I acknowledge my great Deputy Chair.

**The Hon. BRONNIE TAYLOR:** Thank you, sister.

**The Hon. PAUL GREEN:** You are welcome. And I acknowledge the many other colleagues who were involved in that inquiry.

**Mr BRAD HAZZARD:** It was a good inquiry. I noticed the last evidence that you took from Dr Phadke was excellent. He was the last witness, was he not?

**The Hon. PAUL GREEN:** Yes.

**Mr BRAD HAZZARD:** Well done.

**The Hon. PAUL GREEN:** We aim to hear both sides of the story. Speaking of both sides of the story, thank you for holding the junior medical officer suicide prevention forum. Can you update me on how that is going and some of the milestones that you hope to achieve through that?

**Mr BRAD HAZZARD:** The issue around junior medical officers also extends to older medical practitioners, but it particularly affects the younger ones. About 200 people attended that ministerial forum—from the most senior clinicians to the most junior, including students. The short message from that forum is that young doctors feel that if they have a mental health issue they cannot seek out assistance from a medical practitioner because they think the interpretation of the relevant provision is that they must be reported to the oversight body. They think that that could impact on their practice.

I have a strong view, which is that we need to change it. There are provisions, which are contained in the same subsection, that talk about doctors who might have physical relations with their patients and so on. Obviously those provision should stay. On some analysis the other part does not need to be changed if it is read in a particular way, but the interpretation by young doctors is, "If I go along to get some help I am going to be reported." I took this matter to the Council of Australian Governments [COAG] about six weeks ago. All the Labor and Liberal Ministers are on the same song sheet. We all want to do something.

In Western Australia, Roger Cook has a different system; it is based on ethics and what one's ethical obligation is. The Queensland Minister suggested that perhaps before we jump in we should look at this from a consumer point of view—making sure that consumers are considered. Jill Hennessy, the Victorian Labor Minister is, like me, more inclined to get on and do it. If we can do it across all jurisdictions that would be beneficial because if you register in one State these days you can practice in any other State. So I am holding off gently at the moment, but I have clearly indicated to my colleagues around the country that I want to change it. Of course I would still have to take the matter to Cabinet if that is going to be the place. Do I have agreement there?

**The Hon. BRONNIE TAYLOR:** I reckon you could do anything, Minister, if you took it to Cabinet.

**Mr BRAD HAZZARD:** And the party room, I am sorry.

**The Hon. BRONNIE TAYLOR:** We believe you.

**The Hon. PAUL GREEN:** At the end of that forum were there any peer-to-peer outcomes to undertake to work with NSW Health? I am sorry; I did not stay to the very end.

**Mr BRAD HAZZARD:** I wrote to the colleges and one of the things that I said was, "You people have an obligation not to have exams when your registrars are working flat out at the hospitals." One of the suggestions that came from the students and the young doctors was that we should have exams at least twice a year so that they can move it around a bit. But like everything in bureaucracies, it is taking a little while. I think that the single biggest thing that we can do is to change the legislation, if we can do that.

**The Hon. PAUL GREEN:** Was there an issue about the long hours?

**Mr BRAD HAZZARD:** Yes, very much so.

**The Hon. PAUL GREEN:** I am happy to have a long chat to you away from this forum.

**Ms DAWN WALKER:** Minister, before we get started on some questions I would like to clear up the Maclean ambulance situation. You mentioned that you had received some advice on that. Would you be happy to provide that advice to the Committee on notice?

**Mr BRAD HAZZARD:** No, I asked about it. I am trying to think who I spoke to. Let me check. I will find out and come back to the Committee one way or the other. I get a few hundred items of correspondence every week and numerous phone calls from Labor, Liberal and Greens members of Parliament. I just cannot remember at the moment whether it was in writing or in a discussion. Let me find out.

**Ms DAWN WALKER:** If you could clarify that it would be great. I would appreciate that. Is the Minister aware that a recent community petition in Glen Innes has attracted more than 500 signatures in just five days? The petitioners are calling for a 24-hour doctor on duty in Glen Innes Hospital.

**Mr BRAD HAZZARD:** Glen Innes has 24-hour on-call GPs, as I recollect. That would be a normal position for that size of regional hospital. What is the particular issue?

**Ms DAWN WALKER:** I think the community is concerned—you are correct—that doctors are on call over a 24-hour period, so they have to work and then be on call. The community is concerned that that is not adequate in providing medical services for the community.

**Mr BRAD HAZZARD:** Did you say that there are signatures from 500 people?

**Ms DAWN WALKER:** In five days, so there is obviously concern there.

**Mr BRAD HAZZARD:** Who did the petition? Was it a particular local resident?

**Ms DAWN WALKER:** It is a community petition. If you google it I think you will find—

**Mr BRAD HAZZARD:** Did they have a particular issue?

**Ms DAWN WALKER:** They are calling for a 24-hour doctor on duty at the hospital because they feel that their community warrants that.

**Mr BRAD HAZZARD:** I will take the question on notice. It is a bit of a challenge because some of the Multi-Purpose Services [MPSs] in our smaller regional hospitals do not have a full-time medical practitioner in the emergency department [ED]. Not all of them even have 24-hour access to GPs, but I believe Glen Innes has 24-hour access to GPs. As I understand it, in that hospital a GP would be only five or 10 minutes away if they were called in for an issue in the ED. I do not think Inverell is very far from Glen Innes.

**The Hon. PAUL GREEN:** It would be about 100 kilometres.

**Ms DAWN WALKER:** I think the point is that the members of the community feel that they would like—

**Mr BRAD HAZZARD:** Let me look at it. I will take it on board. Thank you for bringing it to my attention.

**Ms DAWN WALKER:** More generally, in regional areas there is an issue about how often a doctor is required to be on call overnight. I know, from going around the regions, that there is a concern that doctors are putting in a full day's work in their own practices and then having to be available for patient call-outs. I am wondering whether, in your ministry, you consider this practice in regional areas is safe for the wellbeing of doctors and patients in rural areas.

**Mr BRAD HAZZARD:** All I can say to you is that the advice that I have had from the local health districts [LHDs] where that occurs is that they have in place structures that are safe. New South Wales is a very big State and in some remote areas—I acknowledge that Glen Innes is not remote—it will always be a challenge to get a full-time medical practitioner in an ED. There would be a need for more than one, of course. If a doctor is on duty for eight or 10 hours there would need to be two or three doctors. On top of that there would need to be another two or three doctors because they cannot work 52 weeks of the year or 365 days. I do not know that there will be an easy answer to your question, but as you have raised it on behalf of the community I will certainly look at it. I will have a chat with Adam Marshall about that as well to see what is what.

**Ms DAWN WALKER:** Could we get some figures on how much overtime is recorded among nurses, doctors on duty and doctors on call in regional and rural areas?

**Mr BRAD HAZZARD:** In all hospitals?

**Ms DAWN WALKER:** Across New South Wales.

**Mr BRAD HAZZARD:** That is a big call. There would be a lot of work in that because we have 15 separate LHDs. I do not know that I would want the taxpayers' money being spent on that.

**Ms DAWN WALKER:** Is there a way of ascertaining, on average, whether the amount of overtime work is greater in rural areas than it is in the city?

**Mr BRAD HAZZARD:** I will do a little sample. I will ask the department to do a little sample and find out because it would not be sensible to go blowing a lot of money when it could go to the actual nursing staff. It is an interesting question, and one that I will have a look at. I will get a sample and let you know

**Ms DAWN WALKER:** Thank you. Do you support your department's assessment that the proposed Western Sydney incinerator should not go ahead because "The proposal to build and operate an incinerator within city limits is not consistent with over 100 years of environmental regulation to improve urban air quality."?

**Mr BRAD HAZZARD:** I am sorry; I will need to take that on notice.

**Ms DAWN WALKER:** Do you have a personal opinion?

**The Hon. PAUL GREEN:** Point of order: Yesterday we had the same issue. The Minister does not have to put forward a personal opinion.

**The CHAIR:** A point of order has been taken. I am about to rule on that. The position is that you do not put personal questions to the Minister.

**The Hon. PAUL GREEN:** He represents the Government, not a personal opinion.

**Ms DAWN WALKER:** Can I rephrase the question or have I run out of time?

**The Hon. NATASHA MACLAREN-JONES:** You have run out of time.

**The CHAIR:** I am being very patient. Questions should not be put to the Minister as to his personal opinion but should be asked of him in his capacity as Minister.

**Ms DAWN WALKER:** What I want to know is, Are you going to share the concerns of the Minister for Western Sydney who yesterday stated his opposition to the project?

**Mr BRAD HAZZARD:** Well, that is good but—

**The CHAIR:** We might move on because the line of questioning now has moved to the Hon. Mark Pearson from the Animal Justice Party.

**The Hon. MARK PEARSON:** Minister, food advertising in general practitioner [GP] waiting rooms and health clinics—

**Mr BRAD HAZZARD:** I am sorry, I missed the first part of your question.

**The Hon. MARK PEARSON:** Regarding food advertising in GP waiting rooms and health clinics, many health advice pamphlets or videos for patients at GP surgeries and waiting rooms seem to have no government agency authorisation or regulation. However, it has become increasingly evident that specific food industry bodies have been promoting and marketing their product in these spaces. Recent examples include the Eggs: OK Every Day, which is a campaign promoted by the Australian Egg Corporation, and campaigns to promote the health benefits, apparently, of kangaroo meat which have been funded and marketed by the Kangaroo Industry Association of Australia.

It is proven in research that such companies know that people who attend these health clinics have an element of trust in the health professionals there and therefore have confidence in the information being provided. However, many claims made in those leaflets and videos often are disputed by health experts. Also it is well known that many countries have either banned or questioned the importation of kangaroo meat, mainly based on health concerns about hygiene and disease. What checks or reviews has your department or any other government agency carried out on the literature and videos displayed in GP waiting rooms or hospital outpatient departments, et cetera, to ensure that such material contains only independent and evidence-based information?

**Mr BRAD HAZZARD:** I have to say, Mr Pearson, that just thinking about my GP, there are signs up saying, "Please pay before you leave", and "Have your flu shot". I do not think I have ever seen anything about what I should eat.

**The Hon. MARK PEARSON:** The flu shot might be questionable.

**Mr BRAD HAZZARD:** It did not work anyway. The problem there for us, or for me as the State health Minister, is that general practitioners are actually not regulated by us, by the State health department. It is the Federal health department. So you might have to actually send that one along to Mr Hunt and ask him what he is doing. Sorry about that.

**The Hon. MARK PEARSON:** But does the New South Wales Government endorse all health advice, literature and videos available in government health clinics, which is also where these advertising mechanisms are found?

**Mr BRAD HAZZARD:** If they are in a government health clinic, then they would generally have approval from the appropriate local health district [LHD] and health authorities. But I must say that when I visited I had not seen anything about eating kangaroo meat or eating chickens.

**The Hon. MARK PEARSON:** Eggs?

**Mr BRAD HAZZARD:** I will check next time I go.

**The Hon. MARK PEARSON:** It does not matter what it is. It is a matter of the regulatory process to ensure that it is not companies just riding on the back of a sensitive or vulnerable situation in which patients are going to these clinics because they may be unwell or for a follow-up visit, or whatever, and where there is a sense of trust about the information they would receive there. Why is the Australian egg industry getting involved in using that vehicle to promote? That is the question that we need to address.

**Mr BRAD HAZZARD:** Which government clinic have you seen this in, and I will have a look?

**The Hon. MARK PEARSON:** It has been reported to me they are in outpatient clinics in Newcastle and Western Sydney.

**Mr BRAD HAZZARD:** Outpatient clinics in Newcastle?

**The Hon. MARK PEARSON:** Yes.

**Mr BRAD HAZZARD:** At John Hunter?

**The Hon. MARK PEARSON:** Yes, or the related clinics in Hunter Street. I will send you the more detailed information.

**Mr BRAD HAZZARD:** Send me some more details and I will have a look at it for you.

**The Hon. MARK PEARSON:** I note that the Federal Government is responsible for monitoring these situations in general practice surgeries.

**Mr BRAD HAZZARD:** Certainly, and if you send me the details—if you have got something on it and you think that it is not appropriate—I will have a look at it. But I cannot say any more than that at this point.

**The Hon. MARK PEARSON:** Thank you very much.

**The Hon. PAUL GREEN:** Minister, cancer is the leading cause of death of Australian children by disease but only 3 per cent of government funding for cancer research is directed at childhood cancers, which are different to adult cancers. Given that September marks Childhood Cancer Awareness Month and the need to raise \$350,000 to support three researchers dedicated to finding a cure for childhood cancer, how much funding have you allocated to childhood cancer research?

**Mr BRAD HAZZARD:** Overall, in the last four years on Health and Medical Research the Government allocated about a billion dollars. But I think what you are really saying is that it is the broader or



more challenging issue particularly for some of the cancers like sarcomas and so on for which it is not a good prognosis if you are diagnosed at under 18 years of age. It is not good. I think the bigger issue here is that there are a number of rare cancers, if you like, that individually affect only a few children or a few people—children, often—but together they make up quite a few. I think the rare cancers make up around about 30 per cent when you aggregate them of all cancers. Sadly, they have about 50 per cent of mortality.

I think over the past 25 years there has been a lot of focus on other cancers. For example, when I first came into Parliament 25 or 26 years ago, breast cancer had a pretty poor prognosis. I think it was something in the order of about 50 per cent of women who did not survive more than five years, whereas now it is about 90-odd per cent, nearly 95 per cent. So there is a lot of work that has been done on that. Obviously, the same applies to prostate cancer and so on. But what I can say to you is that I recently attended the Garvan Institute and we were talking about taking steps to make sure that there was a lot more commitment of funds to some of those rare cancers, particularly through the genomic research that is going on. Certainly from my point of view I will be doing everything I can to make sure that those cancers get a fair share of the billion dollars that we have got in the last four years.

**The Hon. PAUL GREEN:** Minister, I think you were present at the Sydney Neuro-Oncology Group [SNOG] child cancer forum here at Parliament. You spoke there?

**Mr BRAD HAZZARD:** Yes, I did.

**The Hon. PAUL GREEN:** They talked about some great advancements.

**Mr BRAD HAZZARD:** Yes.

**The Hon. PAUL GREEN:** My question related to how much funding. You did not talk about the funding.

**Mr BRAD HAZZARD:** I do not think it is that easy to define because a lot of the genomic work, the proteomic work and the metabolite work that is going on is actually across the broader area but obviously it has some significance for childhood cancers. I will take it on board and see if we can pin it down to a figure for you.

**The Hon. PAUL GREEN:** Yes, please, and certainly if there has been an increase over the years.

**The CHAIR:** That is the end of the crossbench questioning and we are now back to the Opposition.

**The Hon. WALT SECORD:** Minister, I will return to the topic of flu vaccinations. How many flu vaccinations have been provided in New South Wales in 2017?

**Mr BRAD HAZZARD:** How many have been provided or given?

**The Hon. WALT SECORD:** Provided or given.

**Mr BRAD HAZZARD:** Do you mean free or actually paid for?

**The Hon. WALT SECORD:** Free or paid for through a pharmacy.

**Mr BRAD HAZZARD:** I am not sure that we would know.

**The Hon. WALT SECORD:** I think Dr Chant is getting the figures.

**The CHAIR:** Order! We need to have clear questions so the Minister can answer with a precise number.

**Mr BRAD HAZZARD:** It is just as I was saying, I do not think we would know. Dr Chant will answer. I think the issue is there are obviously some that get done through clinics but most of it would be done through private general practitioners [GPs] or possibly done through an employer. I do not think there would be any way we would know, but I will ask Dr Chant.

**Dr CHANT:** I am referring to my notes. We could provide data on the number of vaccinations. In 2017, NSW Health distributed more than 1.425 million doses of influenza vaccine. Mr Secord, these are for those who are eligible for free vaccination, so they are for vaccination of high-risk groups, which is those over 65 years of age, pregnant women, Aboriginal children up to five years of age and Aboriginal people 15 years of age and older, and people six months and older with medical conditions, such as heart disease and respiratory conditions. These have been provided to general practice and to age care facilities.

Also we have distributed more than 100,000 doses of influenza vaccine for the vaccination of healthcare workers in the New South Wales public health system and hospital system. The bit of the puzzle that we would not know would be data on the distribution of vaccines that have been purchased privately, through

pharmacists. You would be pleased to know that one of the initiatives that was launched was vaccination for influenza provided by pharmacists, which has also increased access to vaccinations.

**The Hon. WALT SECORD:** Has NSW Health done any modelling on the actual success of the flu shot?

**Mr BRAD HAZZARD:** If you base it on me, it is not real good.

**The Hon. WALT SECORD:** Is that not irresponsible for a health Minister in New South Wales?

**Mr BRAD HAZZARD:** It is true, though. But from what I understand, it is absolutely necessary for everyone to have it.

**The Hon. WALT SECORD:** I had it in Broken Hill and I have not missed a day's worth of work.

**Mr BRAD HAZZARD:** Excellent.

**The Hon. WALT SECORD:** It actually worked for me.

**Mr BRAD HAZZARD:** Can I say that I think, or I was told, anyway, that you should definitely have it. Anybody who is vulnerable should absolutely have it. I have asthma, so I would not not have it. The vulnerable groups should have it, but I think it has only about a 50 per cent success rate or something.

**Dr CHANT:** The influenza vaccine varies by strain as well. One of the other explanations for why this season has been worse is that we have seen H3N2 predominate. That strain traditionally does not respond as well to the vaccine. Influenza vaccine—

**The Hon. WALT SECORD:** Was the vaccine not calibrated properly?

**Dr CHANT:** It was, but traditionally that strain in the vaccine does not generate as much protective immunity as the H1N1 vaccine component, say. It is in the strain, and we do not think there is any difference. The genetic testing at the moment suggests that it is well matched to the strain that is in the vaccine. Obviously, that gets looked at more thoroughly as part of the annual review process. At the moment we are not seeing a mismatch in vaccine strains. The issue is that in older people the effectiveness of the vaccine is somewhere around 50 per cent. Generally older people have more comorbidities and more complex illnesses. But it is still an important piece of the puzzle that we need to protect people. We would advise everyone in the community to consider flu vaccination in order to avoid the flu. For people without those comorbidities, its effectiveness is greater.

**The Hon. WALT SECORD:** Now that we are coming out of winter and into summer, I take you to Legionnaires' disease. As of this moment, the official NSW Health website says that we have had 76 cases of Legionella confirmed in New South Wales—six in August, six in July, nine in June and 14 in May. Is it customary to alert the community or advise the community when Legionella is found in New South Wales?

**Mr BRAD HAZZARD:** I think it is when we get aggregations in particular areas.

**Dr CHANT:** On our website we have a detailed explanation of our processes to investigate Legionnaires' outbreaks. The Minister is correct in the sense that where there is a point source and we have evidence of linkage to a particular site, that is when we launch an investigation and provide warnings to the community. In many cases they are sporadic and we cannot pinpoint a particular source. We encourage property owners of cooling towers to take preventative action as outlined in the Public Health Act.

**The Hon. WALT SECORD:** Were the six cases in August isolated or in a cluster?

**Dr CHANT:** I have not been advised that we are dealing with any outbreak situation, but I am happy to look at that. I would conclude that they were isolated cases, but I am happy to take your question on notice.

**The Hon. WALT SECORD:** Continuing on the subject of the summer, has NSW Health undertaken any modelling or scoping on the impact on the elderly, children or people with chronic disease now that we are emerging from the third hottest winter since 1910? I am talking about the summer season and the impact of heat on the elderly and families.

**Mr BRAD HAZZARD:** I do not understand your question. Can you explain what you mean?

**The Hon. WALT SECORD:** We have had the worst flu season on record, and I think the community would say that the New South Wales health and hospital system did not respond adequately or was not able to handle it. Have we began preparations for a hot summer with skyrocketing electricity prices, meaning that elderly people will not turn on air-conditioners or fans? I am concerned about heat in Western Sydney and want to know whether NSW Health is preparing for a hot summer. That is a simplification of my question, Brad.

**The CHAIR:** Please refer to the Minister by his correct title.

**The Hon. WALT SECORD:** I am sorry.

**Mr BRAD HAZZARD:** Obviously, Health prepares all the time for what it anticipates might occur. I am not going to upset the Chair by taking Standing Order 65, but I say that you have hypothesised on a whole lot of things such as it is going to be a hot summer. Really? Okay. They are not going to use the air-conditioners. Really? Okay. All I can say at this point is that Health is constantly looking to see what it should be doing in each of the seasons. I think this week is National Asthma Week.

**The Hon. WALT SECORD:** You have answered the question. I want to know whether NSW Health has made any preparations for a hot summer.

**Mr BRAD HAZZARD:** They are constantly—

**The Hon. WALT SECORD:** Then I add specific examples that will be funded in the 2017-18 budget.

**Mr BRAD HAZZARD:** I just said that you have hypothesised on a hot summer and various actions—

**The Hon. WALT SECORD:** I am trying to determine if you are prepared for a hot summer and high electricity prices.

**Mr BRAD HAZZARD:** I will take your question on notice and get back to you.

**The Hon. WALT SECORD:** Through you, Minister, to Professor Currow.

**Mr BRAD HAZZARD:** Perhaps.

**The Hon. WALT SECORD:** Have you completed all aspects of the chemotherapy off-protocol inquiry section 122?

**Mr BRAD HAZZARD:** Okay.

**Professor CURROW:** The section 122 inquiry concluded with the presentation of its third report in September 2016.

**The Hon. WALT SECORD:** Were all aspects of the inquiry finished, including the patients in the clinics in the State's central west?

**Professor CURROW:** Those issues were flagged as a recommendation in the section 122 inquiry to be followed up by both the Ministry of Health and by Western NSW Local Health District. The inquiry itself concluded with its presentation of those findings and the recommendations explicitly identified that NSW Health and Western NSW Local Health District were responsible for taking those issues forward from that time.

**The Hon. WALT SECORD:** In your answer you refer to referring it to NSW Health and to Western NSW Local Health District. What is the response from them? What is their response to the report? Minister, I ask you or the appropriate bureaucrat to take on notice, what is the status of those recommendations and the follow-up inquiries that came out of the reports?

**Mr BRAD HAZZARD:** I think the HCCC has answered that. The HCCC said it is going through the process of working through the recommendations to get the outcomes, plus the information given to you by Ms Dawson.

**The Hon. WALT SECORD:** On the HCCC, what is the current caseload? How many cases are currently before the HCCC?

**Mr BRAD HAZZARD:** Are we off the other issue?

**The Hon. WALT SECORD:** Yes, we are since you reminded me about the HCCC and I figured I would segue to the HCCC. I would like to know how many cases are currently before the HCCC.

**Mr BRAD HAZZARD:** I believe that is a matter on the public record.

**Ms DAWSON:** In terms of the annualised figure, I can tell you that the commission received 6,304 complaints in the last financial year. How many we currently have on hand is a different question, and I will need to take that on notice.

**Mr BRAD HAZZARD:** I think that is made public each year in the annual report.

**The Hon. WALT SECORD:** Absolutely. On 8 May 2017, the HCCC 2015-16 report recorded a 47.1 per cent increase in the number of serious complaints in the last five years. In 2011 there were 4,130 complaints and in 2016 there were 6,075 complaints. In 2015-16, 6,075 official complaints were recorded, an all-time high. I am leading to asking what steps the Government or the HCCC is taking to respond to the growing trend.

**Mr BRAD HAZZARD:** I think I can safely say that we have been working with the HCCC to make sure they have the support and resources to do what they need to do. Often the investigations are highly complex. In a couple of cases people complained about the time the complaints handling was taking, but when I look at the issues I saw they were complex issues. Like any investigative matter, they take time.

**The Hon. WALT SECORD:** What is the average time of the case?

**Mr BRAD HAZZARD:** I think that is in the report as well, but I cannot remember.

**Ms DAWSON:** The average time to assess a complaint is 60 days. The average time to undertake an investigation is 274 days.

**The Hon. WALT SECORD:** How many people are in the assessment unit at the HCCC?

**Ms DAWSON:** The total size of the unit is 23 full-time equivalents. That is just on the assessment side. There is also an investigation division.

**The Hon. WALT SECORD:** I am sorry, I could not hear that.

**Ms DAWSON:** That is on the assessment side of things. There is also an investigation division. So the combined full-time equivalents for both assessments and investigations is 45.7 full-time equivalents.

**The Hon. WALT SECORD:** It is 45.7?

**Ms DAWSON:** That is correct.

**The Hon. WALT SECORD:** Can you give me an understanding of how the actual investigations and assessment unit works?

**Ms DAWSON:** Yes, I can. We have integrated those two functions recently so that there is a seamless journey for any given complaint right through from the point of receipt to the point of the completion of investigation—if investigation is required. There are two steps essentially. When a complaint is received, it is triaged on the basis of the risk that it poses, the seriousness and so on. It is assessed by the relevant assessment team and in some cases, where there is considered a need for further investigation, a matter can be assessed for investigation at that point. If it relates to a registered practitioner, we would then consult with the relevant professional council and determine whether it is appropriate to refer that matter to investigation.

**The Hon. WALT SECORD:** How many cases would a typical assessment officer have active before them?

**Ms DAWSON:** Their case load would fluctuate and the case load may differ by the mix of types of cases that they have. If they have a number of lower level complaints or they are an early resolution assessment officer, their case load would be higher than the case load that a senior assessment officer, for instance, would carry if they had a number of complex cases. I think you could probably say that the case load is around 100 cases.

**The Hon. WALT SECORD:** It is conceivable that a staff member could have up to 300 cases?

**Ms DAWSON:** At any one time I do not believe that is conceivable, no.

**The Hon. WALT SECORD:** It is not conceivable?

**Ms DAWSON:** I do not believe so.

**The Hon. WALT SECORD:** Can you take that on notice?

**Ms DAWSON:** I can take a view as to whether any individual officer has 300 cases.

**The Hon. WALT SECORD:** I have been advised that there has been a 25 per cent turnover in staff in the assessments area, is that correct?

**Ms DAWSON:** There is a turnover of staff in the assessments area. I think you would appreciate, there are a number of reasons for that. This is difficult work that requires people to intensively deal with complainants and to do that job well. We actually do endeavour to create mobility within the commission so that

people can move into other roles after intensive periods in assessment jobs. It is quite common in complaints organisations for the frontline staff to have a higher level of turnover.

**The Hon. WALT SECORD:** Are you aware that a staff survey was recently carried out of Health Care Complaints Commission [HCCC] staff, particularly the assessments people?

**Ms DAWSON:** I am aware that there was the sector-wide People Matter survey, which is an annual survey that is conducted of all staff. Certainly the HCCC participated in that survey.

**The Hon. WALT SECORD:** Who is Michael Doran?

**Ms DAWSON:** Michael Doran is the acting director of organisational development.

**The Hon. WALT SECORD:** What does he do in your organisation?

**Ms DAWSON:** He essentially oversees the corporate services functions and he was particularly focused in project terms over the last financial year on managing the transition to a new corporate services outsource provider.

**The Hon. WALT SECORD:** Who engaged him?

**Ms DAWSON:** He was engaged by the commission.

**Mr BRAD HAZZARD:** What was that?

**The Hon. WALT SECORD:** Who engaged him?

**Mr BRAD HAZZARD:** I think this is—

**The Hon. WALT SECORD:** This is going somewhere.

**Mr BRAD HAZZARD:** Actually, it is going to go nowhere right now.

**The CHAIR:** Order!

**Mr BRAD HAZZARD:** Because if you want to ask about an individual, direct the questions to me and I will, if appropriate—

**The Hon. WALT SECORD:** Then I will not go to that; I will go back to the staff survey.

**Mr BRAD HAZZARD:** If appropriate, I will give it to you.

**The Hon. WALT SECORD:** If appropriate, you will give it to me?

**The CHAIR:** Order! That is not appropriate.

**Mr BRAD HAZZARD:** I do not where you are going with it, but I do not want an individual named and then pilloried, that is all. If you want to ask me privately if there is an issue, I am happy to share with you.

**The Hon. WALT SECORD:** Back to Ms Dawson and to the staff survey of the HCCC staff—the one that you said you referred to that you understood was conducted earlier this year. Are you familiar with the staff survey?

**Ms DAWSON:** Are you referring to the People Matter survey for the New South Wales Government sector?

**The Hon. WALT SECORD:** This survey that was carried out for—

**Mr BRAD HAZZARD:** Why not tell Ms Dawson what your issue is? What is the question?

**The Hon. WALT SECORD:** Okay Minister, if you want to be very explicit I will take you to where I was leading. It is part of the survey of the staff. Are you aware that it shows a culture of bullying in the HCCC, with 51.3 per cent of staff saying that they have been bullied in the workplace. That is where I was leading; that is what I am asking.

**Mr BRAD HAZZARD:** I will take that on notice and I will come back to you.

**The Hon. WALT SECORD:** No, you are not taking that on notice.

**Mr BRAD HAZZARD:** I just did.

**The Hon. WALT SECORD:** I was directing that to Ms Dawson.

**Mr BRAD HAZZARD:** One day you might be able to take things on notice, but I can and I have just said I am taking it on notice. So I will make some inquiries.

**The Hon. WALT SECORD:** Some 51.35 per cent of staff said they were bullied in the workplace in the HCCC and you are refusing to answer that.

**Mr BRAD HAZZARD:** No.

**The Hon. WALT SECORD:** I would like Ms Dawson to answer that question.

**Mr BRAD HAZZARD:** I have just indicated that I am taking it on notice.

**The Hon. WALT SECORD:** No.

**Mr BRAD HAZZARD:** Can I just add—sorry, when your time is finished—

**The Hon. WALT SECORD:** Sorry, I was waiting for you.

**Mr BRAD HAZZARD:** Is his time finished?

**The CHAIR:** You have the question time.

**Mr BRAD HAZZARD:** I am sorry, I did not mean to interrupt you; I thought you had finished.

**The Hon. WALT SECORD:** No, I am not finished.

**Mr BRAD HAZZARD:** I thought your time had finished—not in a metaphoric sense of course, just in an immediate sense.

**The Hon. WALT SECORD:** I want to ask about the business process review project that is underway in the HCCC. Minister, can you please detail what is the business process review project in the HCCC?

**Mr BRAD HAZZARD:** The project will be detailed in due course in writing to you if you are particularly interested. I was just advised—I think Ms Walker asked about the legionella—

**The Hon. WALT SECORD:** I asked about legionella.

**Mr BRAD HAZZARD:** I have just been told that one of the six cases—you can explain that one, I cannot even pronounce the word.

**The Hon. PAUL GREEN:** You can put it on notice if you like.

**The Hon. WALT SECORD:** I want to hear this actually.

**The CHAIR:** Order!

**Dr CHANT:** Of the six cases you referred to, only one was legionella pneumophila and legionella pneumophila is the type that is associated with water cooling towers.

**Mr BRAD HAZZARD:** I knew that.

**The Hon. WALT SECORD:** I knew the difference.

**Mr BRAD HAZZARD:** Yes, we both knew that.

**The Hon. PAUL GREEN:** I did use a term SNOG earlier. It is the Sydney Neuro-Oncology Group that you went to and spoke on behalf of about childhood brain cancers. To clarify for the record, it was some good work that you were doing, as you said, about genomes and other things. Minister, can you give us a current update on vaccination rates for children and your plan forward for vaccinations across New South Wales?

**Mr BRAD HAZZARD:** Generally vaccination rates are very high. Amazingly, we have 95 per cent or 96 per cent; most children have their vaccinations. In fact, with Aboriginal children at the age of one, 95 per cent or 96 per cent are vaccinated and non-Aboriginal children are not far from that either. I am happy to ask the Chief Medical Officer to give us more detail on that.

**Dr CHANT:** The Minister has answered the question in terms of that. As at 30 June 2017, 96.5 per cent of Aboriginal children and 93.8 per cent of non-Aboriginal children at five years of age were fully immunised. Since 2016, New South Wales has closed the gap in vaccination coverage between Aboriginal and non-Aboriginal children at all three of the milestones that we measure. I can discuss the meningococcal W vaccine program and uptake on that.

**The Hon. PAUL GREEN:** Please just give us the statistics.

**Dr CHANT:** In response to the rising incidence of meningococcal W cases nationally, we instituted a vaccination program for students in years 11 and 12, which began in term two this year.

**Mr BRAD HAZZARD:** Which has been funded by the State at the moment because the Government was concerned about it and the Federal Government were not prepared to assist.

**The Hon. PAUL GREEN:** It is a pretty ugly situation if you are dying from meningococcal disease.

**Mr BRAD HAZZARD:** Terrible.

**The Hon. PAUL GREEN:** It is very abrupt and very unforgiving.

**Mr BRAD HAZZARD:** Ms Dawson, has the Federal Government indicated they will pay for that now too?

**Dr CHANT:** I think it is a bit of a process to go through, Minister. We have vaccinated more than 103,000 students in the school program already. That is a coverage of about 68 per cent in year 11 and 73 per cent in year 12. Obviously we aim to improve that slightly by the end of the year. On our website we have other data that we have put up publicly.

**Mr BRAD HAZZARD:** Were you asking specifically about meningococcal, or were you asking more broadly?

**The Hon. PAUL GREEN:** Vaccinations generally. I have a follow-up question it is leading into.

**Mr BRAD HAZZARD:** The other one that is really important is Gardasil. I think it was implemented in 2007 for girls and two or three years later it was also for boys. Because we give it to young people when they are 13 or 14 we are almost leading the world. I was at a conference recently where an American researcher was talking, and in the States about 13 per cent of their teenage women have coverage. We have in the order of high eighties or early nineties. That is huge, because Gardasil largely guards them against human papillomavirus, which can cause cervical cancer, throat cancer and others. We are doing really well.

**The Hon. PAUL GREEN:** I saw a sad case recently. I was at a doctor's surgery with my son and a young girl presented to me. She obviously knew me from youth pastoring days or whatever. She said she had missed the Gardasil injections because of fear of needles and, sadly, she was in HPV stage 4. It was a very sad case. Minister, there is a fear of needles. Even my own children have been a bit apprehensive of having needles. It is something that we need to—

**Mr BRAD HAZZARD:** But the alternative is a lot worse.

**The Hon. PAUL GREEN:** It can be. Could you indicate which vaccines may have ingredients containing fetal cells?

**Mr BRAD HAZZARD:** I will ask the Chief Health Officer, because that is a highly technical question. Do you know?

**Dr CHANT:** Not that I am aware of, but I will get back to the Committee.

**Mr BRAD HAZZARD:** We will take it on notice.

**The Hon. PAUL GREEN:** It is a representation that I have received and am trying to work out. If there was, would you think it was reasonable for some people to have a conscientious objection based on that alone? Could you take that on notice?

**Mr BRAD HAZZARD:** I will take it on notice. I will answer your second question, though. If you are asking for a personal point of view, I think it is a matter for individuals to make up their mind but, as somebody whose first tertiary qualification was in science, I would certainly encourage them to look at and weigh up the evidence. Having said that, it is obviously a question that each individual has to answer.

**The Hon. PAUL GREEN:** That is a fair point. I am not opposed to that very point: People need to be informed to make a decision. The push is more that you do not get a choice about being informed and making a decision because it is compulsory, mandated. The aged-care flu vaccine for healthcare professionals is going to be mandatory.

**Mr BRAD HAZZARD:** I do not know the answer, but we will find out.

**The Hon. PAUL GREEN:** We understand, but if someone has an objection they should be entitled, after being fully informed, to state that objection. Could you indicate whether the Medicinal Cannabis

Compassionate Use Scheme is only available to patients with a terminal illness as defined by the scheme and by a GP? How many patients are registered under the scheme, and how often is the patient care plan reviewed?

**Mr BRAD HAZZARD:** Medicinal cannabis is principally used for people with what is likely to be a terminal illness. It is in clinical trials at the moment. We also have Epidiolex for children who suffer from extreme levels of fitting. Is that what you are asking?

**The Hon. PAUL GREEN:** I am asking about the Medicinal Cannabis Compassionate Use Scheme. I note that it is only available to patients with terminal illness as defined by the scheme and by a GP. I am asking how many people are engaged in that scheme.

**Mr BRAD HAZZARD:** For children, the compassionate scheme is around a group called GW Pharmaceuticals—the providers of the product. I met with members not that long ago. We have been working with them to try to increase the number of children on the clinical trial of the compassionate scheme. Currently, there are about 50 children on it. Six or eight weeks ago at a meeting with GW I asked whether we could access more—sorry, I am being told that you are talking about something different. If the Chief Health Officer knows what you are talking about, as opposed to me, I am prepared to let her answer that question.

**Dr CHANT:** I would also like to clarify but I think you are talking about the program for which people can get certification from their doctor that they have a terminal illness and then they can submit that. There has been an instruction to police for that to be taken into account. It can also be for carers who may have to handle the product or be carrying or in possession of the product. Is that the program you are talking about?

**The Hon. PAUL GREEN:** All I can say is that it is the Medicinal Cannabis Compassionate Use Scheme. I give credit to my staff: They write a lot of my questions when I give them a couple of words about what I want, so I cannot confirm at this point. I would imagine their investigative results would be pretty accurate regarding the compassionate use scheme.

**Mr BRAD HAZZARD:** Let us hope this is the answer. Cannabis-based products can be lawfully prescribed and supplied in three main ways: through clinical trials, and about 1,000 patients are expected to be enrolled in the 11 clinical trials underway into medicinal cannabis in New South Wales; through a compassionate access scheme, and they are the 50 children I talked about before, with severe epilepsy, who have received treatment to date; and through individual patient authorisations, which is what I think Dr Chant was just talking about. Between 1 August 2016 and 30 June 2017 NSW Health received 35 applications to prescribe cannabis-based products for individual patients. Of these, 24 have been granted authority to prescribe. In New South Wales, medicinal cannabis is treated as any other emerging or experimental unregistered medicine. Where the product is a schedule 8 drug the requirements for access are no different to other unregistered schedule 8 drugs. I am not going to read out these notes any more.

I have seen people saying online that I am a terrible person who is opposed to the use of cannabis where people really need it. No, I am not, but the advice from the Chief Health Officer and the Chief Scientist is that it does have to be evidence based and used in an appropriate way because there are all sorts of contraindications, particularly if they are using other medication. At a conference I attended perhaps three months ago there was a range of speakers from Israel, the United States and other places and all of them were talking about the fact that the evidence is not clear at this point. It is problematic because at a simple level in the community in all the countries we are talking about people want to access cannabis—but for a variety of reasons. We have to be careful how we allow that to make sure that in a medical sense we are keeping people safe.

**The Hon. PAUL GREEN:** I put it on the record that I am also not opposed to medicinal use of cannabis under a schedule 8 scheme.

**Mr BRAD HAZZARD:** I apologise: That is the only question I have answered using these dashed notes. I do not like notes.

**The Hon. PAUL GREEN:** The life expectancy of New South Wales residents has slowly increased over the years. As we live longer, we also face an increased risk of terminal diseases. The additional funding of \$100 million over four years for palliative care will help support the patient and their families, ensuring that they are supported through life-threatening illnesses. The funding includes the provision of eight specialists for rural and regional areas as well as community-based care services in Western Sydney, which include a 24-hour, seven-day on-call specialist palliative care service at home and a nursing service in residential aged care.

Will the rural- and regional-based specialists be able to provide extended-hour on-call services? That would be advantageous for patients who want to stay in their homes as long as possible. It could help improve their quality of life and keep them close to their families in regional and geographically isolated areas; otherwise



it could result in them being several hours away from their loved ones. Can you give an indication that you are going to expand this palliative care initiative in regional areas?

**Mr BRAD HAZZARD:** Absolutely. I want to thank you, Bronnie Taylor, Natasha Maclaren-Jones and Leslie Williams because I know you are all committed in this area and have done a lot of work on it. When I first became Minister—

**The Hon. PAUL GREEN:** With all due respect, the Hon. Greg Donnelly has a great passion for palliative care. I note that.

**Mr BRAD HAZZARD:** I am sorry; and the Hon. Greg Donnelly.

**The Hon. PAUL GREEN:** I note that because I know he is very passionate about that.

**Mr BRAD HAZZARD:** I was not aware of that but I acknowledge that too. Even if he was jumping up and down against me earlier, I acknowledge that.

**The CHAIR:** I reject the issue, not the person.

**Mr BRAD HAZZARD:** Normally he is a pretty good bloke, but he got a bit excited today. The issue is that there was not and is not enough being done for palliative care. One of the very interesting reports—I do not know whether the Hon. Paul Green has seen it—was produced in 2014 by the Grattan Institute, called Dying Well. That highlighted that approximately 70 per cent of people said they would like to die at home. But in fact it was the exact opposite, approximately 70 per cent of people generally die in some sort of institutional-type setting. It struck me that we needed to do far more to empower our communities across the State, in fact across Australia, to allow people to die at home if that is their wish. We had a series of forums around the State, which the Hon. Paul Green attended as I recollect, and the clear message out of that was we need a lot more support in the regions, in the community.

I envisage that those positions you talked about will be available, I hope on a 24-hour basis. People who get involved in palliative care are like angels; they are seriously like angels. Their commitment goes beyond anything we could even begin to imagine. The big challenge is to get more nurses who are palliative care trained. A number of the forums highlighted that community nurses with a bit of extra training would like to be involved in the palliative care area, which is why we came up with a scholarship scheme. I met two weeks ago with the staff of the University of Technology Sydney [UTS] who have got the course underway to train up nurses who want to transfer or at least get the extra skill sets. They are positive about what we had announced. I have to say even the Hon. Walt Secord supported this one. It looks like it is a bipartisan effort of the New South Wales Parliament. I think that is a really good thing. We are all on the same page.

**The Hon. PAUL GREEN:** In terms of regional health infrastructure and getting healthcare professionals to isolated areas, the indications are if we train them close to that area many will stay or choose to practice in that area. I think it is a great initiative.

**Mr BRAD HAZZARD:** That is what I am hearing too.

**The Hon. PAUL GREEN:** I understand the Office for Health and Medical Research plays an important role in supporting the State's leading health and medical research efforts. How does this office work with the health and medical research communities, particularly the higher education sector and business, to promote growth and innovation in research to achieve better health, environment and economic outcomes for the people of New South Wales?

**Mr BRAD HAZZARD:** Clearly that office has precisely that purpose. The staff know and actively and collaboratively work with the various research institutes, the universities and the local health districts to ensure that we are putting money into the most value-add research. Research is a bit of a bottomless pit, but our Government has put a greater focus on research than ever before, and I am very proud of that. I do not know whether any of the public servants here want to add anything to the specifics.

**The Hon. PAUL GREEN:** I have more questions and if someone wants to answer them that would be great.

**Mr BRAD HAZZARD:** Does anybody want to add anything to that? Feel free, cut loose.

**The Hon. PAUL GREEN:** How much funding has been allocated to run this office? How many staff are employed by this office? Are they responsible for the managing of grant funding? If so, how much?

**Mr BRAD HAZZARD:** Not all the grant funding.

**The Hon. PAUL GREEN:** More specifically, what accountability in terms of policies do you have in place to determine where the grant money gets spent?

**Mr BRAD HAZZARD:** Some of the grant money coming through in the budget, for example in the cancer area it is approximately \$180 million, and the Cancer Institute contributes approximately \$30 million to various research projects. Mr Currow can correct if I am wrong. Tony Penna, from the Office of Health and Medical Research, knows all of the research institutes very well and is working very closely with them. With the team there, he weighs up which particular projects should receive the funds to give us the greatest bang for our buck. That is always a challenge because there are a lot of good projects out there.

**The Hon. PAUL GREEN:** Yes, there are, as we note. Further, what initiatives and programs does the Government currently have in place to attract overseas medical researchers to New South Wales?

**Mr BRAD HAZZARD:** We are putting money into institutes. Let us use the Garvan [Institute as an example. These funds are going into collaborative, world-leading research institutes. None of these research institutes now work by themselves, none of them. They have collaborations with institutes overseas. Through that, quite often we get work or people coming to want to work with us in the research pursuits that each of our institutes are following. I have seen and met a number of researchers who have come as a result of those collaborations and they have been excited about the work that is going on here in New South Wales. Being fair about it, I think the other major State that does a lot of work is Victoria. Jill Hennessy, the Labor Minister for Health, is very supportive of the research they are doing there. The Peter MacCallum Cancer Centre in Victoria is another world-leading institute. It is not something that stops at the borders. I would like to say New South Wales is leading the way, but I think in fairness Victoria and New South Wales are probably leading the way.

**The Hon. PAUL GREEN:** So we should be. Some time ago there was an issue at Shoalhaven Hospital with the sterilisation of instruments and a debacle with the autoclave. Has that all been ironed out?

**Mr BRAD HAZZARD:** Sorry, I do not remember the detail about the autoclave at Shoalhaven Hospital.

**The Hon. PAUL GREEN:** Sterilisation of instruments was an issue.

**Mr BRAD HAZZARD:** They used to call it central sterilising. I remember that when I worked in Manly Hospital.

**The Hon. PAUL GREEN:** Did you do the bedpans?

**Mr BRAD HAZZARD:** I did the garbage. I was a wardsman, I was a theatre orderly at one stage, I was a garbo on another occasion, and I was a cleaner on another occasion.

**The Hon. PAUL GREEN:** Like nurses, all things to all people at all times.

**Mr BRAD HAZZARD:** That is it, and they were all great jobs. But I will find out and report back.

**The Hon. PAUL GREEN:** I want to make sure that is all dealt with because operations were deferred because of that sterilisation not being complete. I want to hear some good news about regional health infrastructure. Can you give us an indication about what the Government is doing in regional areas in terms of hospitals?

**Mr BRAD HAZZARD:** Very much so. There is \$550 million at the moment allocated for the work that we are doing around the State with hospitals. That is the biggest amount of money ever going into the regions. I can promise you that we are doing everything possible. Recently I was at Mudgee talking to the community. We are going to be building a whole new hospital in Mudgee. There will be facilities in Griffith and work on the operating theatre at Temora. Dubbo is going into the third and fourth stages—amazing work there. If you go to Dubbo there is a fabulous facility. All across the State—there are amazing facilities in Tamworth. The Government is very committed to ensuring that we continue what we have already started, and that is delivering for our regions, which the former Government never did.

**The Hon. WALT SECORD:** Minister, on 23 March 2017 you said the department was going to move to seize the assets of the so-called fake doctor. What has happened with the fake doctor?

**Mr BRAD HAZZARD:** What has happened to the fake doctor? The fake doctor bolted.

**The Hon. WALT SECORD:** What has happened?

**Mr BRAD HAZZARD:** What happened was that the Australian Prudential Regulation Authority [APRA], the State police, and I believe the Federal police as well, were all wanting to undertake their

investigations, which they did. I instructed the ministry to investigate civil proceedings here to try to seize the assets.

**The Hon. WALT SECORD:** He worked at Hornsby Hospital for a while.

**Mr BRAD HAZZARD:** He worked in quite a few places actually.

**The Hon. WALT SECORD:** What has happened? You held a press conference and said you were going to seize the assets.

**Mr BRAD HAZZARD:** I said I had instructed the department to try to seize the assets, yes, and that was certainly what we were heading to do. What they did was—I asked them quite a number of times about this—to work with the State police, the Federal police and APRA. APRA wanted to take the proceedings, as the national body. The last advice I had was that they had some challenges with the house, the one property we did know that he had a share in, which was either a tenancy in common or joint tenancy as to one-half interest. There were problems about seizing it until the outcome of the criminal proceedings. That has proved problematic because, as I recollect, the police had not been able to serve proceedings on him because he was nowhere around. I also asked them to investigate the possibility of launching civil proceedings. I do not think they have made much progress. They have appointed some independent lawyers. I will provide that information.

**The Hon. WALT SECORD:** So no-one knows?

**Ms O'SHANNESSY:** Civil proceedings have been commenced, but the documents must be served on Mr Shyam Acharya, who is not to be found. We are liaising with the NSW Police Force, and as soon as he is found the documents will be served. There is also a caveat on the property and it cannot be sold.

**Mr BRAD HAZZARD:** That was our doing to try to stop the property being sold.

**The Hon. WALT SECORD:** So no-one knows where he is?

**Ms O'SHANNESSY:** The last advice we had from the NSW Police Force was that his whereabouts were unknown. That was some time ago. We can chase it up and advise the Committee whether any more information is available.

**The Hon. WALT SECORD:** Has this flushed out any other incidents or cases of fake doctors in New South Wales?

**Mr BRAD HAZZARD:** I have not been apprised of any in New South Wales. However, having spoken to my Labor colleagues in a couple of other States, I know that they have had similar issues. It is certainly not restricted to our borders. Ministers around the country know this is an issue because a number of them have experienced it. From a Federal point of view, the procedures in place now for examining records and taking extra steps are better. I do not want to embarrass you, Mr Secord, but it happened under your Government. In fact, you were the director of communications. I do not remember you saying anything about it.

**The Hon. WALT SECORD:** Do you want me to take you down memory lane? I can if you want.

**Mr BRAD HAZZARD:** I would love to go down memory lane with you.

**The CHAIR:** Members can enjoy each other's company after the hearing.

**Mr BRAD HAZZARD:** Most of the time he is good, and he is not often very personal.

**The Hon. WALT SECORD:** I want to get this straight. You have asked for civil proceedings to be launched, but no-one can be found to serve the documents?

**Ms O'SHANNESSY:** The proceedings have commenced, but we need to serve the documents on Mr Acharya.

**Mr BRAD HAZZARD:** They have filed the claim but they cannot serve the statement of claim.

**The Hon. WALT SECORD:** I understand; you have done the paperwork but you cannot find him.

**Mr BRAD HAZZARD:** I was told they could not serve the documents and I asked whether a caveat could be imposed to preserve the property. I will tell you privately what is happening because I do not want to flag it publicly.

**The Hon. WALT SECORD:** I refer to section 122 investigations and the off-protocol chemotherapy situation. Are any section 122 investigations underway at the moment in NSW Health?

**Mr BRAD HAZZARD:** I have not been advised of any.

**Ms O'SHANNESSY:** I do not believe so.

**Mr BRAD HAZZARD:** To the best of our knowledge, no. However, I will double-check because that answer did not sound categorical.

**The Hon. COURTNEY HOUSSOS:** The people of Cooma were promised an upgrade to their hospital in 2015. There was no money in the 2015-16 budget, and this year's budget indicates that it will not be completed until after the next election, in 2019. Can you guarantee that it will be completed by then?

**Mr BRAD HAZZARD:** Do you have the documents?

**The Hon. COURTNEY HOUSSOS:** It is in the 2015-16, the 2016-17 and the 2017-18 budget papers.

**Mr BRAD HAZZARD:** I will ask the chief executive of Health Infrastructure to provide an answer because that was before my time as Minister.

**Mr SANGSTER:** You are correct; that is the completion date in the budget papers. Planning is progressing on that project and the funding has allowed us to get to a point where we will be completing the planned work. At this time point in time, it will be delivered on time.

**The Hon. COURTNEY HOUSSOS:** That is excellent. The people of Cooma will be very happy to hear that. On International Women's Day last year then Premier Mike Baird announced that all roles in the New South Wales Government would be fully flexible by 2019. How are you implementing that commitment in NSW Health?

**Mr BRAD HAZZARD:** The department is complying with that direction and doing all it can to achieve it. However, I will provide the details in writing.

**The Hon. WALT SECORD:** What is the status of the Shellharbour public-private partnership?

**Mr BRAD HAZZARD:** It is under review. The Shellharbour Hospital site is very constrained. In other words—

**The Hon. WALT SECORD:** I know what "constrained" means.

**The CHAIR:** Order!

**Mr BRAD HAZZARD:** The site is constrained. Along with NSW Health, the ministry, the local health district and Health Infrastructure, I am looking at what we can do to maximise the development on the site and to deliver a fantastic new hospital. However, I am still considering how we can best achieve that.

**The Hon. WALT SECORD:** Is that keeping alive the possibility of the public-private partnership, or are you saying that you have not decided whether it will be a public hospital?

**Mr BRAD HAZZARD:** We allocated about \$251 million. Gareth Ward has brought some local nurses, doctors and members of the community to see me. Some of them supported the project, but some raised concerns about the public-private partnership model. That caused me to go back to the drawing board and to examine how we can achieve the best possible facilities for the community. I have not come to a final conclusion.

**The Hon. WALT SECORD:** When did that meeting with Gareth Ward take place? Was it before or after he went to New York?

**Mr BRAD HAZZARD:** Before.

**The Hon. NATASHA MACLAREN-JONES:** Point of order—

**The Hon. WALT SECORD:** It was a simple question. I asked when the meeting took place.

**Mr BRAD HAZZARD:** It was before he went to New York. We had two or three meetings about this issue. Gareth has been very good in bringing members of the community to meet me and to express their concerns. Labor members, including the member for Maitland, have also discussed this issue with me. I have an open door for local members and they have come to me to talk about issues.

**The Hon. WALT SECORD:** What is the status of the Byron Bay old hospital site? There have been community discussions about this over the past 10 days. On 23 August The Nationals member Ben Franklin said that he would be discussing it with you. What is happening with the site?

**Mr BRAD HAZZARD:** I will take that question on notice. I do not want to mislead anyone and a few community groups want to do various things.

**The Hon. WALT SECORD:** What is happening in Murrumbidgee?

**Mr BRAD HAZZARD:** It is a wonderful area.

**The Hon. WALT SECORD:** What is happening with the local health district?

**Mr BRAD HAZZARD:** You should visit.

**The Hon. WALT SECORD:** I have been there. What is happening with the local health district?

**Mr BRAD HAZZARD:** Everything; many new things are happening. A new operating theatre is being provided at Temora, a new hospital is being built at Griffith—all sorts of things are happening. It is really good. Thank you for asking.

**The Hon. WALT SECORD:** I think the community's view is different from yours.

**Mr BRAD HAZZARD:** No. I was talking to someone who rang me at 9.00 p.m. last night to thank me for doing what I was doing.

**The Hon. WALT SECORD:** Who was that?

**Mr BRAD HAZZARD:** I told him that Mr Secord has never rung me.

**The Hon. WALT SECORD:** Really?

**Mr BRAD HAZZARD:** Yes. He was amazed. He told me that even though he is a community leader you have said nothing to him. He said you simply issue press releases. You should go there and wander around.

**The Hon. WALT SECORD:** Have you considered removing the board?

**Mr BRAD HAZZARD:** No, I would not.

**The Hon. WALT SECORD:** Does the board have your full support?

**Mr BRAD HAZZARD:** It is like your leader. Your leader might look at what you do occasionally—

**The Hon. WALT SECORD:** Point of order—

**Mr BRAD HAZZARD:** I am trying to help.

**The CHAIR:** I am obliged to take the point of order.

**The Hon. WALT SECORD:** Have you considered removing the board?

**Mr BRAD HAZZARD:** No, absolutely not.

**The Hon. WALT SECORD:** It has your 100 per cent support?

**Mr BRAD HAZZARD:** Yes.

**The Hon. WALT SECORD:** Why did you remove the Southern NSW Local Health District board?

**Mr BRAD HAZZARD:** What does that have to do with Murrumbidgee?

**The Hon. WALT SECORD:** This is a segue to another question. I ask the questions and this one is straightforward. How does Murrumbidgee differ—

**Mr BRAD HAZZARD:** I am trying to ensure that your questions are logical so that you do not make yourself look silly.

**The Hon. WALT SECORD:** I am asking the questions.

**Mr BRAD HAZZARD:** So we are off Murrumbidgee?

**The Hon. WALT SECORD:** You will see where this will go tomorrow. You removed the Southern NSW Local Health District like that?

**Mr BRAD HAZZARD:** No, I did not. You are completely wrong.

**The Hon. WALT SECORD:** What is the difference?

**Mr BRAD HAZZARD:** You are completely wrong. I did not do it. You really ought to get your facts right when you rush out. Your press releases show time and time again that you do not get your facts right. If you are going to be a Minister at some point, even if it is 12 years from now, you must get your facts right.

**The Hon. WALT SECORD:** What is the difference between the problems that we have in Murrumbidgee and the problems in the Southern NSW Local Health District? You removed the Southern NSW Local Health District when—

**Mr BRAD HAZZARD:** No, I did not. How many times do I have to say it? I did not.

**The Hon. WALT SECORD:** You removed the chief executive officer [CEO]?

**Mr BRAD HAZZARD:** No, I did not. A Minister cannot remove the CEO. I will give you some advice.

**The Hon. WALT SECORD:** If you want to use semantics, what happened?

**Mr BRAD HAZZARD:** It is self-evident—if you cannot work it out from all the media I have issued. I have issued all the statements. What is your question?

**The Hon. WALT SECORD:** How can you justify saying that the Murrumbidgee Local Health District has your 100 per cent support?

**Mr BRAD HAZZARD:** Let us get this straight. The Murrumbidgee Local Health District Board is a good board and the Chief Executive Officer Jill Ludford is a good chief executive. They have 100 per cent support from me. The fact that I have 100 per cent support for what they are doing does not mean that I agree with everything that they do. I have expressed some concerns publicly about a decision to do with the Temora operating theatre because I feel that both the Liberals and Nationals care a lot about regional communities. As I was saying to Mr Paul Green before, we want to make sure that our regional communities are given support. I asked them if you could look at this decision regarding the Temora operating theatre again. I understand why they did it, but it was the wrong decision. I asked them to revisit it. They have done that, and I thank them for it.

As to Griffith Hospital, the Premier personally announced \$35 million to commence the redevelopment of the Griffith site. I have met with the doctors down there and the acting chairman to ensure that their clinical services plan is completed as soon as possible. I explained to them—because they were not really aware of the process—what happens after a clinical services plan. The doctors have to determine which services they think are appropriate and how they can be best delivered before we move into the next part, which is effectively the development of a master plan of a new hospital. The people who make up the board and the CEO are 100 per cent with me on that one. I respect their position and value their contribution. It is unfortunate that you would think that I do not. I do, and I hope you do.

**The Hon. COURTNEY HOUSSOS:** Do you believe the current legislation surrounding cosmetic surgery and clinics is sufficient?

**Mr BRAD HAZZARD:** The regulatory framework around cosmetic surgery is very challenging. There have been a number of reviews in New South Wales under both the former Labor Government and the current Government. It is challenging all around the country. The processes that go on in those facilities can have a medical component to them. If they do, then they come under the regulatory framework of the Government. But if they purport not to be conducting medical procedures—and there is a transition there at the moment as to what is or is not a medical procedure—they are outside the regulatory framework. Having seen what happened the week before last to that lady who managed or owned a facility—

**The Hon. BRONNIE TAYLOR:** That was terrible.

**Mr BRAD HAZZARD:** Having seen what happened to her from a fly-in visitor, I am very concerned. I have asked the department to have a look at all that. I think this is something that will cross borders. What I am looking at doing is raising it at the Council of Australian Governments [COAG] so that my Labor and Liberal colleagues around the country can be aware of what happened here and see if we need to change the regulatory framework.

**The Hon. COURTNEY HOUSSOS:** Are you concerned that there are a number of occurrences happening without proper oversight or proper accreditation?

**Mr BRAD HAZZARD:** I only know of that particular one at the moment, but I am concerned enough from that that it should send up red flags.

**The Hon. COURTNEY HOUSSOS:** There have been three deaths in the last five years.

**Mr BRAD HAZZARD:** I am telling you that I am concerned about it and it is something which I am keen to look at and see if we can make appropriate changes. The challenge is that I have walked past beauty salons in my local shopping centre that apparently inject people with Dermafill and all sorts of things.

Apparently women accept that. Really? Okay. Personally, I would want to know that somebody had had some medical training before they did that to me, but that seems to be what operates in beauty therapy business at the moment. I do not know where we draw the line, but I am concerned about it.

**The Hon. PAUL GREEN:** In regard to Shellharbour Hospital, do take your time to think about that because you do not want to repeat the mistakes of Shoalhaven Hospital which should have been on a greenfield site and is now constrained. A lot of the expectations to build on that site will probably complicate its future opportunities.

**Mr BRAD HAZZARD:** That is one of the big issues. A good comparison site would be Maitland. The Maitland site has 40 hectares of land separately. It will be fabulous, whatever is built there. It will be the start of amazing things and it may become an entire health precinct.

**The Hon. PAUL GREEN:** That is right.

**Mr BRAD HAZZARD:** But when you are on a tight site and trying to build—although Health Infrastructure has done an amazing job, as evidenced by the site in Gosford where we are spending \$348 million. When I look at it I shake my head and think, "How did you do that? How did you keep everything operational?" It is possible, but it is still a challenge. I think that particular hospital site needs to be looked at in a broader sense.

**The Hon. PAUL GREEN:** It will be part of a major health network south of Sydney.

**Mr BRAD HAZZARD:** Absolutely.

**The Hon. PAUL GREEN:** It will need to be very carefully thought through because of the issue of an ageing population on top of that. Shoalhaven and other key hospital systems must embrace an ever-increasing population, never mind the great work the Government has done with the Princes Highway down the South Coast which will increase the population.

**Mr BRAD HAZZARD:** The network issue.

**The Hon. PAUL GREEN:** Shellharbour Hospital will need to carry its fair share of the load in the future.

**Mr BRAD HAZZARD:** The network issue is a big issue.

**The Hon. PAUL GREEN:** My point is that a constrained site for Shellharbour Hospital would not be helpful.

**Mr BRAD HAZZARD:** I take on board your advice.

**The Hon. PAUL GREEN:** Sometime ago, way before your time, the fracture clinic was removed from Shoalhaven Hospital. Has there been any further consideration of restoring that service due to the growth of the city and the needs of young people so that they do not need to travel to Wollongong?

**Mr BRAD HAZZARD:** When was the clinic removed?

**The Hon. PAUL GREEN:** Around five years ago, maybe less.

**Mr BRAD HAZZARD:** That is why it has not hit my radar. I will take that on board and have a look.

**The Hon. PAUL GREEN:** If you could. Now that it is all pumping down there, I am wondering if a need for that would be serviceable. I have been on the road regionally and I have seen the wonderful Orange Hospital. The health infrastructure there is an amazing bit of work. I have also seen Parkes and I note that they have some operating theatres [OTs] but they are not maximised.

**Mr BRAD HAZZARD:** What do you mean by "not maximised"?

**The Hon. PAUL GREEN:** When you have an empty theatre in a regional area and you have a waiting list, some clever, innovative thinking could maybe maximise some of those empty spaces with fly-in fly-out surgeons or—

**Mr BRAD HAZZARD:** One of the things that we should not get wrong is that in the past, when the former Government was building facilities—and they did not build many of them. I think in their brochure they talked about spending \$1.7 billion over 16 years, whereas we are spending \$7.7 billion over the next four years on top of the billions of dollars that we have already spent. One of the issues is that you do not build just for today, you build for tomorrow. If you do not do that, it is a silly way to build a hospital. There are wards, theatres, cath labs and all sorts of different facilities going into our hospitals now that are being built for the

future. If you are telling me that there is some demand that is not being addressed and there are facilities available, I would be grateful if you could let me know of them.

**The Hon. PAUL GREEN:** I would not want to go that far because you would have far better intel on that. I ask that you do check, if you can.

**Mr BRAD HAZZARD:** I will have a look at it.

**The Hon. PAUL GREEN:** I accept you. God bless you for thinking that far ahead because we are governing for future generations ahead. That is why I will not sit on my hands in the upper House and say no to it.

**The Hon. BRONNIE TAYLOR:** You will be blessed if you—

**The Hon. PAUL GREEN:** Minister, do you have an estimated time of arrival for the ambulance station in the Bay and Basin area?

**Mr BRAD HAZZARD:** Thank heavens you asked that, because when the Hon. Bronnie Taylor said that I had a direct line upstairs and you asked where I was going now, I thought, "Does he know I am going somewhere?" Sorry, what was the question?

**The Hon. PAUL GREEN:** If you are lucky you might get an ambulance in time and you may not go anywhere before your predestined date.

**Mr BRAD HAZZARD:** The way I have felt over the past few weeks makes me think it may be true. What was your question? Sorry, I got distracted about where I was going.

**The Hon. PAUL GREEN:** Is there an estimated time for the opening of the ambulance station in the Bay and Basin area? I believe we have recently been notified that that is going to happen.

**Mr BRAD HAZZARD:** We have a number of new ambulance stations—

**The Hon. PAUL GREEN:** I am not talking about the ones in Berry or Kiama.

**Mr BRAD HAZZARD:** There are a number of them, but I will ask my colleague from Health Infrastructure, Mr Sangster, to answer that question.

**Mr SANGSTER:** We are very close to awarding the tender for those works and getting underway. Typically it will be around 12 months from the point at which we award them.

**The Hon. PAUL GREEN:** What is the address where that is going? Is that going in on the corner of Wool Road?

**Mr SANGSTER:** It is on Old Wool Road near the rural fire service station.

**The Hon. PAUL GREEN:** It is a great precinct; they should put the police station there. In the chemotherapy inquiry we talked about the roll-out of electronic records for chemo patients. Can you give an indication of where that is up to and if that is happening?

**Mr BRAD HAZZARD:** A lot of work is going on in terms of electronic records. Thank you for making your observations in the course of the Legislative Council Committee. The electronic records have been a bit of a challenge across the board. The New South Wales Government and the relevant agency are doing a lot of work to provide improved e-platforms around health records. Another big thing was done about six months ago at one of the COAG meetings. We finally got one or two of the States across the line to agree that it should be an opt-out My Health Record.

There were some issues—some issues remain, I suppose—about privacy, but generally the problem has been that for a continuum of care you need to have access to good electronic records. With respect to the patients who were treated with the relevant drugs in the cancer review, the problem is that the information was not clearly recorded in a form that could be available to others in the entire continuum, and also in the hospital so that it could be oversights. The big difference now is that the My Health Record is opt out rather than opt in. I believe that that will make a huge difference.

**The Hon. PAUL GREEN:** I think it is a very important point and it will allow patients to choose on that particular issue where they want their health records to end up, given the sensitivity of that matter. I refer to some reports about doctors who use recreational drugs. Most doctors are marvellous and do the right thing, but as a former nurse I am deeply concerned about the potential this has for disaster in a clinical setting for the safety of patients, particularly when drug-taking is combined with the tiredness associated with double or even



triple shifts. What steps are you taking to ensure that the safety of patients remains paramount with respect to this issue?

**Mr BRAD HAZZARD:** It is an issue that I do have a concern about. As you correctly observed, most doctors and most clinical staff are incredible people who do not use drugs and will not use drugs that might otherwise impact on their patients. I did have an experience with this issue three or four months ago. It is fair to say that I ended up fairly frustrated about it. The situation arose in a particular LHD south of Sydney. A particular doctor was coming back to work in an operating theatre. I had concerns about that. When I looked into the matter I discovered that, unfortunately, there had been a full process through the Industrial Relations Commission and reinstatement had been directed. I have been advised that that presents major problems in stopping a doctor coming back to practice. As it turns out that doctor was put on a very strict protocol where he was required, before entering the operating theatre, to have various assays of the presence of drug or alcohol. So far the reports are that he is complying and doing well.

I do not know that there is any easy answer, but I have asked the department to look at that and to come back to me at some point with a recommendation. The initial discussions are not looking fruitful. It would appear that our industrial relations framework tends to favour the workers perhaps a little bit too much sometimes. There was a similar situation in one of the hospitals in the north of the State. The treatment that a particular nurse gave, or did not give to a particular patient also became a matter that was raised in the public arena. That was also a source of concern to me. These issues do not just involve alcohol or drugs; it can involve behaviour as well. That particular nurse had been through all of the industrial relations processes and was backed by her union. She was able to come back and to continue to do what she had been doing. So this is not an easy issue.

**The Hon. PAUL GREEN:** In years gone by the aged care industry encountered a shortage of staff. As a consequence aged residents suffered unacceptable abuse and neglect. Can you update the Committee regarding current aged care staffing levels and what specific steps have been taken in the past 12 months to improve staffing of aged care facilities?

**Mr BRAD HAZZARD:** Aged care facilities in New South Wales—with the exception of about eight of them—are federally managed. So I cannot tell you what they have done.

**The Hon. PAUL GREEN:** That is fine. The Government recently opened the \$21 million state-of-the-art Macarthur Clinical School at Campbelltown Hospital. What are the figures for the anticipated numbers of doctors per year you aim to train through this facility? When can the community expect to see the first graduates?

**Mr BRAD HAZZARD:** It is an amazing facility; it is really exciting. It cost about \$21 million. The LHD and the university are excited about it. They already have students in there. I spent some time with some second year students who were in the tutorial labs there. At the moment there is not a huge number. I think it was in the order of about 60 or so, but I will come back to you with the number. It is considered to be one of the facilities that will be landmark attraction for people to study in the west, which is fabulous. A number of the students I spoke to were from the western suburbs. They were keen to stay in the west or go even further west, which is fabulous.

**The Hon. PAUL GREEN:** That is excellent. They are definitely needed in the Far West.

**Mr BRAD HAZZARD:** It is an amazing facility. It has not just an old-fashioned library, but everything else. It has an amazing tutorial room. I met a number of students and lecturers who were clearly excited about being there. I also met medical practitioners who were passing on the information in the most amazing environment. It is fabulous.

**The Hon. PAUL GREEN:** I will have to go there and have a look. It sounds great.

**Mr BRAD HAZZARD:** You should; it is fantastic.

**The Hon. PAUL GREEN:** If you want to assist me with that it would be great.

**Mr BRAD HAZZARD:** If anybody wants to go I am happy to assist—even the Hon. Walt Secord.

**The Hon. WALT SECORD:** I will go. I am on board.

**Mr BRAD HAZZARD:** If he comes back and says nice things about the Government and what we are doing that would be even better. He probably will not do that, but we will still give it a go.

**The Hon. PAUL GREEN:** I have a more serious question about violence against healthcare professionals, particularly in accident and emergency departments, involving drug episodes and stuff like that.

Can you give us some statistics about what is happening? Have we seen some improvement, particularly with the inner-city closure times and the shut-out laws?

**Mr BRAD HAZZARD:** I can give you some statistics, but I will not give them to you today because I do not have them.

**The Hon. PAUL GREEN:** No, take it on notice.

**Mr BRAD HAZZARD:** It is an issue. It is probably not a good thing to be telling my Liberal and Nationals colleagues, but I went to speak to the Health Services Union [HSU] annual general meeting. There were about 600 people there. Some of them were security officers. We were chatting afterwards and they were saying they felt that a lot more needed to be done to support them in their endeavours. They were describing some of the actions that occur in and around emergency departments as a result of people being on ice and so on. I am not satisfied that all has been done that can be done, but I am working on it. I will come back with the statistics for you. But I have an absolute commitment to trying to do more.

**The Hon. PAUL GREEN:** Minister, can you clarify what happens with car parking fees around major hospitals? Recently I had an experience with Nepean. My mother-in-law had a mild heart attack and all the relatives came in from all sorts of regions and had to go into the hospital. You are literally imprisoned by the terms and conditions of that car parking with paying rents. Not a lot of my relatives are well off. I was very concerned about what that means for more vulnerable people who have to turn up to hospitals, meet their loved ones, and care for them.

**Mr BRAD HAZZARD:** Parking has been a huge issue. A lot of the parking facilities were also built under the former Government, but also under our Government. Parking is a big issue in all hospitals. Some of them have been built by private groups. The money either has to come from taxpayers or from a private group. Those who built the private ones have a right to get a certain amount of income. Some of those were charging what the Government thought were excessive amounts. About three, four or five months ago I announced a policy whereby the charges will be far less. In fact, for most people who are attending a hospital every day, you would save about \$200, I think, under the arrangements we have put in place. I will send you the details of all that.

Penrith I am just not sure about. The scheme we put in place to try to address what we thought was an injustice and unfair to people was more focused on those who are very vulnerable and those who are there regularly. If you are going to a hospital regularly for treatment or you are a family member coming in—say, you have a child with sarcoma who is in hospital so you need someone to come in every day to see and sit with the child—those people are going to get a massive reduction in their parking costs. But I will get you the whole policy and I will give you the details on it. I will find out specifically about Nepean for you.

**The Hon. PAUL GREEN:** I just think that we need to track the charges a little bit for those other situations, such as for our ageing population.

**Mr BRAD HAZZARD:** When I send it to you, if there is any more that you think we should be doing, come and talk to me.

**The Hon. PAUL GREEN:** Thank you.

**The CHAIR:** There being no further questions, that brings us to the conclusion of the budget estimates hearing. Before I conclude, I wish to deal with a matter that arose in the very first part of the hearing this afternoon. Earlier this afternoon the Hon. Walt Secord mentioned what I understand was the first name of young boy who died recently after being discharged from the Hornsby hospital as well as the first names of his parents. The Minister, in response, advised the Committee that as far as he was aware the identity of the boy and the child's parents had not yet been placed in the public domain.

In such cases a Committee will usually resolve to redact the names from the transcript and the Chair will direct that the media not report the names. It was suggested that the boy's name has been revealed on a social media fundraising website, but, notwithstanding that, I intend, when the Committee has its short deliberative meeting following the release of the Minister and his officers, to deal with the redaction of the name of the child and the parents, and direct the media not to report the names. Minister, I just wanted to ensure that you understood that before you left this afternoon.

**Mr BRAD HAZZARD:** Thank you for that. Until we are sure, that is a better way.

**The CHAIR:** I appreciate that, but I just wanted you to understand that that is what I intend to do.

**Mr BRAD HAZZARD:** Thank you.

**The CHAIR:** Thank you very much, Minister, for coming along this afternoon. I also thank your officers.

**Mr BRAD HAZZARD:** Thank you. It was an absolute delight, except for the first 10 minutes, but the rest of it was great. Thank you very much, and thanks to the Committee for all its work. I am sure that sitting around listening to the evidence for about three hours is probably not delightful, but thank you very much.

**The CHAIR:** Thank you very much, and all the best.

**(The witnesses withdrew)**

**The Committee proceeded to deliberate.**