

**Portfolio Committee No.2 – Budget Estimates  
Responses to Questions on Notice  
Health and Medical Research – 4 March 2021 (Q21/306)**

Transcript pages 7-8

Dead space syringes – meeting dates

**Ms KOFF:** No. They said, "We recognise that and we will adjust the doses accordingly because if nobody can deliver six out of it—you can only deliver five—that should be the number of doses that you are receiving."

**Mr BRAD HAZZARD:** And they said they would try to get some syringes for all the States and Territories.

**Ms KOFF:** And the syringes are due in March.

**The Hon. COURTNEY HOUSSOS:** The syringes are due in March.

**Ms KOFF:** Yes.

**The Hon. COURTNEY HOUSSOS:** Do you have an exact date in March?

**Ms KOFF:** No.

**Mr BRAD HAZZARD:** It is not in our control.

**Ms KOFF:** The Commonwealth is securing those syringes internationally. Obviously, we made attempts for ourselves to secure them, given that the Commonwealth had not secured the delivery, but the worldwide shortage has made procurement very challenging.

**The Hon. COURTNEY HOUSSOS:** I understand. We saw this with personal protective equipment at the start of the pandemic. These are new things that we are trying to capture. Can you tell me when you first raised this with the Federal Government?

**Ms KOFF:** At one of the meetings. I do not know the date but one of the meetings prior to implementation of the vaccination.

**Mr BRAD HAZZARD:** All the States and Territories raised the issue.

**The Hon. COURTNEY HOUSSOS:** Prior to the implementation?

**Ms KOFF:** Yes.

**The Hon. COURTNEY HOUSSOS:** Was it after the doses had been delivered to Australia?

**Ms KOFF:** I will have to take that on notice. There have been so many meetings attempting to do this and dates for arrival of both Pfizer and AstraZeneca. I would have to confirm the dates and take it on notice.

**The Hon. COURTNEY HOUSSOS:** I understand that. Ms Koff, we have a long afternoon. Do you think maybe you could get someone to have a look and report back this afternoon on that one?

**Ms KOFF:** Certainly.

**ANSWER:**

On 11 February 2021, NSW Health raised the issue of obtaining 6 doses from the Pfizer vials of COVID-19 vaccine with the Commonwealth Chief Medical Officer.

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Wee Waa Hospital VMO and Narrabri Hospital bed numbers

**The Hon. MARK BANASIAK:** Welcome, Minister. I have some questions on behalf of my colleague Roy Butler. The first is about visiting medical officers [VMOs] in Wee Waa Hospital. I appreciate you may need to take some of this on notice, but are you aware that the service is now so sporadic that it is deemed as not a proper service being delivered to that hospital?

**Mr BRAD HAZZARD:** I am not aware of the specifics on Wee Waa. Roy has raised a couple of issues with me, but not Wee Waa.

**The Hon. MARK BANASIAK:** Okay.

**Mr BRAD HAZZARD:** The short answer there is that in the past 20 years there has been a reduction of around about 20 per cent in GPs available in regional areas. It has been very challenging. I am not talking about New South Wales; I am talking about Australia. There have been enormous amounts of work going on here, as with other States and Territories, trying to get students, particularly through a number of programs we have initiated, into the regional areas. I can give you full chapter and verse on that, but by the sound of it I do not think that is really what Roy is asking about.

**The Hon. MARK BANASIAK:** No.

**Mr BRAD HAZZARD:** I will take that on notice, and I will deal with Roy.

**The Hon. MARK BANASIAK:** In taking it on notice, can you give an indication, in terms of maybe the last six months, how many days there was not a VMO at Wee Waa Hospital?

**Mr BRAD HAZZARD:** You would be surprised to know I do not know that. We have 400 Health facilities across the State—

**The Hon. MARK BANASIAK:** I am not surprised at all.

**Mr BRAD HAZZARD:** —and 228 hospitals, so I am not across that, but we will find out for Roy.

**The Hon. MARK BANASIAK:** Yes, sure. Lastly, the Narrabri Hospital: It has been reported that only 17 out of 28 beds are actually operational. I am wondering whether you could perhaps take it on notice and get an answer as to why that is.

**Mr BRAD HAZZARD:** A lot of the smaller hospitals are actually used for aged care as well, and I am not sure what the break-up is there, but I will take it on notice.

**ANSWER:**

### **Wee Waa Hospital**

I am advised that currently, from 8am Monday to 6pm Friday, nearby doctors provide support and clinical intervention for Wee Waa Hospital as part of the Small Town After-Hours program. Doctors at Tamworth Hospital Emergency Department are also on standby to provide support via telehealth video conferencing and telephone. In addition, on Wednesday afternoons, a Narrabri-based GP conducts face-to-face inpatient assessments, including medication and pathology reviews.

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I am further advised that, from 6pm Friday to 8am Monday, locum doctors at Wee Waa Hospital provide care to inpatients and people presenting to the emergency department. I am informed that the weekend locum doctor medical roster is currently covered through to June 2021.

**Narrabri Hospital**

Narrabri Hospital is a 28-bed facility and is staffed in accordance with inpatient numbers and hospital activity.

NSW Health have advised there are no bed closures at Narrabri Hospital.

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Rouse Hill Hospital

**The Hon. WALT SECORD:** Minister, what is the latest information on the Rouse Hill hospital? Why has the project stalled?

**Mr BRAD HAZZARD:** It has not stalled. It is actually progressing as it should. The due diligence has proceeded to—there is a parcel of land that is on the corner of Windsor and Schofields Road, I think it is, that we identified and Health Infrastructure [HI] have continued to do the work. I have regular meetings with Health Infrastructure to—

**The Hon. WALT SECORD:** And at those meetings what is the timetable now for Rouse Hill?

**Mr BRAD HAZZARD:** If I could just finish please, Walt. They are working through the due diligence. There have been some issues to do with the access, as I recollect. I can get you something in writing as well, but I think the access from Windsor and Schofields roads was a bit problematic as it progressed. There are some issues around that, so HI are looking at how they deal with the issue. I think there was also—

**ANSWER:**

Health Infrastructure has completed detailed due diligence in assessing site options for the new Rouse Hill Hospital. Clinical services planning has commenced and will be completed by the end of 2021.

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Palliative Care Westmead Hospital

**The Hon. WALT SECORD:** Minister, your predecessor, Mrs Skinner, and I were in agreement on her approach to palliative care. I think providing assistance to people in the final days of their lives is a very important part of the health system. What is the status of the palliative care ward at Westmead Hospital?

**Mr BRAD HAZZARD:** Specifically on Westmead, I am waiting for the final advice, but they tell me that they have facilities there that are available for palliative care patients, but I need to get that in writing.

**The Hon. WALT SECORD:** Can a member of staff assist on the latest information? How many of the beds are actually reserved for palliative care?

**Mr BRAD HAZZARD:** I am not sure that either one of the staff who are here could because that is a Western Local Health District issue, but I will ask. Is there anybody here who could answer?

**The Hon. WALT SECORD:** Is Ms Larkin here?

**Mr BRAD HAZZARD:** No, that is South Western.

**The Hon. WALT SECORD:** Sorry.

**Mr BRAD HAZZARD:** I do not think we can, but I will take it on notice for you. But I can tell you I was speaking to someone at the LHD not so long ago because someone raised that question—obviously that is why you have got it, they raised it with you as well—and I have asked exactly the same question. There does need to be palliative care facilities in our hospitals. Obviously you would know this, but there is a range of responses to palliative care. The Grattan Institute in 2014 produced a magnificent report. I do not know whether you have read it, but it talks about the need for palliative care and it identifies that there has become a gradual hospitalisation approach to palliative care, when most people actually want to die at home.

It is the precise reverse: about 80 per cent of people die in hospital, when in fact 80 per cent, they say, would like to die at home—and I suspect that is the truth—and in some areas that has been very well picked up. There is a fantastic palliative care service outreach from Broken Hill hospital, for example, but in some of the areas we still have to do a lot more work, but I think you will find, if you talk to Yvonne McMaster and the team that have been working with us on this, that the New South Wales Government has done more than in history in relation to palliative care, and we will continue to do that.

**ANSWER:**

The Western Sydney Local Health District provides palliative care services through a network approach.

I am advised Westmead Hospital has seven dedicated palliative care beds within the 25 bed oncology and supportive and palliative care ward. The District provides a further stand-alone 16 bed palliative care unit at Mount Druitt Hospital which provides specialist supportive and palliative care for all patients in the District. A proposal to create a dedicated palliative care unit at Auburn Hospital is under consideration.

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Regarding community palliative care, the District has partnered with the Silver Chain Group to provide coordinated specialist palliative care services at home 24 hours per day seven days per week on-call. Palliative services include clinical and practical support for daily activities, support for families and carers and bereavement support.

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Emergency Departments - Telehealth

**The Hon. COURTNEY HOUSSOS:** Minister, how many emergency departments in New South Wales currently do not have a physical doctor available 24/7 and, instead, rely on telehealth?

**Mr BRAD HAZZARD:** I cannot answer that straight off the top of my head, but I will tell you this: Clearly, any of the major hospitals in both the metro area and the regional cities have generally extremely competent emergency department specialists, multiple ones. So it would not matter whether you were at south-eastern region or Wagga, Tamworth, Tweed, Broken Hill—most of them. But the question that you are asking could be broken down to saying there are obviously very small regional hospitals where you simply cannot attract, as was identified earlier, sometimes any doctors at times. Talk to Janelle Saffin about what has happened up there at Tenterfield from time to time. So it is not as clear as all that to be able to answer that question. But I can ask for you and try to find out.

**The Hon. COURTNEY HOUSSOS:** Minister, my time has expired. Is there anyone else that is present today that is able to answer that?

**Mr BRAD HAZZARD:** I will ask, but I do not think anybody would know the answer to that question.

**The Hon. WALT SECORD:** Can you at least take it on notice so we can have the material as part?

**Mr BRAD HAZZARD:** Yes, sure. But what I am saying, Walt, is that some of the smaller hospitals rely on GPs, as you would know, and I think Courtney would know, and GPs may or may not have additional general training that would allow them to do it, but the question is: if they are working in their own general practice they are under the Federal Government domain and we rely on them to come in and help us, which is one of the reasons why—I saw a really ridiculous press release go out from, I will not say who but it was someone on your side—I will be respectful on that front—saying that we are putting virtual health care or telehealth care there instead of GPs, which is complete rubbish. What we are doing though is where we cannot get a doctor into a small regional hospital, we are certainly bringing in technology, which is what is happening in every Labor State across the country as well. I have those conversations with my Labor colleagues. We are all trying to make sure that people in a small regional hospital can get the very best emergency treatment, but sometimes, when there is no doctor available, we have to actually resort to using that twenty-first century technology.

**The Hon. COURTNEY HOUSSOS:** Minister, my time has expired but can I also ask you to take on notice how many hospitals do not have a doctor? You mentioned that earlier in your answer.

**Mr BRAD HAZZARD:** I will ask the question, yes.

**The Hon. COURTNEY HOUSSOS:** Thank you.

**Mr BRAD HAZZARD:** Can I also say that it will vary. It will depend on the point in time.

**The Hon. COURTNEY HOUSSOS:** We can take it at today's date. Thanks.

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**ANSWER:**

NSW Health is committed to delivering the highest quality of healthcare in the most effective way possible.

Models of care in emergency departments will vary depending on the services available and at times will include having a doctor physically on site, GP Visiting Medical Officers, on-call physicians and telehealth.

NSW Health has invested in modern Electronic Medical Record systems and other digital health technologies, including telehealth. These are made available throughout rural and regional healthcare facilities to support the work of medical and nursing clinicians working in these facilities. This technology is designed to augment and support the work of our highly skilled clinical staff.

The NSW Ministry of Health has advised that data for the date of this question is not available.



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COVID-19 Dance safe plans

**Ms CATE FAEHRMANN:** Yes, totally fine. Minister, could we just get back to the dancing? There are a lot of people in this State, particularly young people, who right through COVID have for the most part behaved reasonably well. There are event promoters who I understand have things on hold, waiting to potentially be able to hold events where people can dance. I would like to know what research is being undertaken by the department. Who if anybody is working on a COVID-safe dance plan, for example? I think in December, in relation to school formals, there was discussion about dancing from Dr Chant. That was before that kind of outbreak over the new year.

**Mr BRAD HAZZARD:** Avalon.

**Ms CATE FAEHRMANN:** But considering where we are at now, what is the department doing to see if people are able to undertake dancing safely, as a lot of people want to do?

**Mr BRAD HAZZARD:** I think it is fair to say Dr Chant and her team think that dancing and intermingling of larger groups is a particularly risky activity in the context of a one-in-100-year pandemic and this particular virus.

**Ms CATE FAEHRMANN:** At that time she did make mention of a COVID-safe dancing plan. It is a genuine question. For example, at the moment people are getting on trains and standing very close. I am catching trains most mornings and people are standing around with masks.

**Mr BRAD HAZZARD:** I acknowledge it is a genuine question, Cate.

**Ms CATE FAEHRMANN:** By wearing masks and having people rotate on dance floors, for example, is it possible and is work being done to allow people to do it?

**Mr BRAD HAZZARD:** First of all, I will ask Dr Chant and her team. I will take that on notice and get you a written answer.

**Ms CATE FAEHRMANN:** Thank you.

**ANSWER:**

The NSW Government announced a further easing of COVID-19 restrictions on Wednesday 24 March 2021, to commence from Monday 29 March 2021.

This announcement included changes for restrictions around dancing, singing and venue capacity limits.

For up to date information please visit [nsw.gov.au/covid-19](https://nsw.gov.au/covid-19).

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COVID 19 Dance safe plans

**Ms CATE FAEHRMANN:** Have family gatherings not been superspreaders? Have people being in a pub not been superspreaders as well, with respect? They are both allowed now. There is a sense that maybe getting dancing back on track is not everybody's priority, but it is a priority for a big group of people. I understand the position in terms of some of the science but again, is there some kind of COVID-safe plan if it can be done? Some countries are looking at different ways to have festivals and some young people are even worried that they will not be able to dance for a few years. There is no signal from the Government that it is its intention to see if they can get back to a situation where they can dance with their friends.

**Mr BRAD HAZZARD:** If Dr Chant were here, I would ask her to answer that question, but I will say that she has talked to us many times about the proportionate response. We and Victoria are the two States that had the most challenges in relation to COVID. Victoria basically shut down. We have tried to avoid that. We have been the freest State in the context of States that have kept their borders open and we have tried very hard to have a proportionate response. But at the end of the day, whilst I can challenge and advocate, as you are doing, my role is still to listen intently to what our public health position and physicians say and in the end to balance that as best as I can. I have tried to do that earnestly for now 14 months.

**Ms CATE FAEHRMANN:** Yes.

**Mr BRAD HAZZARD:** I cannot give you a clearer answer than that because sometimes clearer answers just are not possible in a one-in-100-year pandemic, but I will happily ask Dr Chant on the specific issue of: Has she considered or has her team has considered in what circumstances there might be increased dancing? Can I say—

**Ms CATE FAEHRMANN:** Sure, Minister, that is fine; I have got other questions to ask.

**ANSWER:**

Refer to answer above.

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Drug and alcohol treatment – Broken Hill

**Ms CATE FAEHRMANN:** We will change the focus to regional drug treatment and rehabilitation programs. Firstly, thank you because, after many years of advocacy from Uniting, the Fair Treatment program—a lot of drug and alcohol service sector networks—the Government has agreed to fund the drug and alcohol rehabilitation treatment program at Dubbo. However, if I look now at Broken Hill, for example, we know that Dubbo is a long way from Broken Hill and people who have drug and alcohol addiction issues still have to travel quite a few hundred kilometres from Broken Hill. When I look at the Health website for Australia and try to find drug and alcohol treatment services in Broken Hill, the only ones that come up are in Victoria and South Australia, so there is none in New South Wales.

**Mr BRAD HAZZARD:** None in Broken Hill in New South Wales.

**Ms CATE FAEHRMANN:** Sorry, in Broken Hill—thank you. There are two questions. One is in relation to the—

**Mr BRAD HAZZARD:** I am not saying that as a statement; I am saying that as a question because I am not sure about that. I will check.

**ANSWER:**

The Far West Local Health District Mental Health Drug and Alcohol Service, the Royal Flying Doctor Service and Maari Ma Aboriginal Health Corporation provide drug and alcohol counselling and support for people who have drug and alcohol issues in Broken Hill and the communities within the Far West Local Health District.

NSW Health has confirmed that there are no drug and alcohol residential rehabilitation treatment services in Broken Hill.

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Shoalhaven District Memorial Hospital Redevelopment

**Mr JUSTIN FIELD:** Minister, I have some questions about the redevelopment of the Shoalhaven District Memorial Hospital. There is a bit of a push in the community to consider a greenfield option for that site for a range of reasons. Was the option for a new greenfield site ever considered as part of the expansion of hospital services in the region?

**Mr BRAD HAZZARD:** There has been a whole lot of consideration given to that but obviously our Government is committed to the redevelopment. I am just not sure—what are you actually suggesting?

**Mr JUSTIN FIELD:** When there was a recognised need to expand hospital services in the region, was there an options paper done, some consideration of the alternatives for how we could do this—redevelopment versus a greenfield site?

**Mr BRAD HAZZARD:** Health Infrastructure and the Ministry of Health were asked to give us advice and we accepted their advice.

**Mr JUSTIN FIELD:** Is that advice available? Can that be put on the record?

**Mr BRAD HAZZARD:** Let me take that on notice.

**Mr JUSTIN FIELD:** Given the constraints at the current site, particularly the limitation for expanding services—it is also in the backstreets of the Nowra CBD, there are some accessibility issues, it is right up against residential communities—I would have thought that those things were an active consideration in terms of the ability for a new and expanded hospital to operate there. Has there been any analysis done of how that will affect the redevelopment?

**Mr BRAD HAZZARD:** Obviously. I mean all those issues are taken into account and, again, I will get a written response.

**Mr JUSTIN FIELD:** That would be great. Has an architect for the design of the redevelopment been appointed?

**Mr BRAD HAZZARD:** Again, I will take that on notice.

**Mr JUSTIN FIELD:** Certainly the local member announced that. I was not able to see evidence of a tender for that on the eTendering website, so if someone could give me an indication of when that work was tendered for and when that appointment was formally made by the department, I would appreciate that.

**Mr BRAD HAZZARD:** Happy to give you a written explanation. I apologise that I cannot give you the precise detail on that at the moment, but you have got to understand I have more than 100 developments going on around the State at the moment.

**Answer**

I am advised a Site Identification Analysis was conducted based on criteria including population growth, local demographics, health services, transport and other services. Environment factors were also considered including potential flood and bushfire risk.

Professional town planning, traffic engineering, and architectural advice has been a central component of the planning and delivery of this project.

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In December 2020, Conrad Garget Pty Ltd were appointed as the architect for the Shoalhaven Hospital Redevelopment following a competitive tender process.

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Shoalhaven District Memorial Hospital Redevelopment - Planning

**Mr JUSTIN FIELD:** I think you have already taken on notice the details in terms of when that was advertised.

**Mr BRAD HAZZARD:** But she might be able to give you the answers now, to save you doing that. Go for it.

**Mr JUSTIN FIELD:** Could you give us an indication of where the planning is up to, as the Minister was pointing out, the clinical services plan, the master planning process? Where are we up to in this process?

**Ms WARK:** The master planning process has indicated a preferred site for the new development. It includes the land that you referred to at Nowra Park, which we are in the process of talking with local council about the acquisition of that land. The architect has been—

**Mr BRAD HAZZARD:** Sorry, I will just interrupt. The fact that it is a parliamentary inquiry, because I do not think you have appeared before one before, does not mean that you have to disclose matters that are commercial-in-confidence or any matters that would pertain to that.

**Ms WARK:** Understood.

**Mr BRAD HAZZARD:** So you disclose what you should disclose, but balancing those aspects, please.

**Ms WARK:** Understood.

**Mr JUSTIN FIELD:** I have a couple of seconds left, if I could finish. If a greenfield site more centrally located in our region is not being considered, is there any consideration of an expansion of services in the Milton-Ulladulla area—for example, the return of maternity services to that hospital?

**Ms WARK:** I understand that is not an infrastructure question.

**Mr JUSTIN FIELD:** Maybe that is a Minister question or a future planning question.

**Mr BRAD HAZZARD:** Do you want to ask any infrastructure questions first? You can ask me that later.

**Mr JUSTIN FIELD:** Whoever you would like to point it to, Minister. But I am happy—

**Mr BRAD HAZZARD:** Do you want to ask me that?

**Mr JUSTIN FIELD:** —for you to take that on notice.

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

**Mr JUSTIN FIELD:** That would be great, thank you.

## **Answer**

The Clinical Services Plan for Shoalhaven Hospital was approved by the NSW Ministry of Health in December 2020. Master Planning is underway.

I am advised that an expansion of maternity services at Milton Ulladulla Hospital is progressing. A new midwifery antenatal postnatal model of care (MAPS) has been

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introduced, with Milton Ulladulla Hospital being one of the first teams inducted to the model in NSW. I understand the continuity of care provided by the midwives has been very well received.

I am further advised that the boundary for the Milton midwifery team has been extended to St Georges Basin and an outreach clinic provides an alternative to travelling to the hospital. Access to an obstetrician at Milton Ulladulla Hospital has improved with an obstetric clinic occurring weekly, further reducing the requirement for women to travel to Shoalhaven.

There are no current plans to provide birthing services to Milton Ulladulla Hospital, and this remains available at Shoalhaven.

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Naomi Williams – Coroner's Recommendations – Status of Implementation

**The Hon. WALT SECORD:** Minister, you would be familiar with work involving the National Justice Project involving the tragic death in January 2016 of 27-year-old Indigenous woman Naomi Williams, who died while she was 22 weeks pregnant after visiting Tumut hospital, I think, almost 20 times. After that I think Coroner Harriet Grahame made a number of recommendations. What has happened with the NSW Health and the local health district's response to those recommendations?

**Mr BRAD HAZZARD:** I am familiar with the case. I know it was a very sad case. I think one family member was involved in that hospital as well, which made it even more tragic.

**The Hon. WALT SECORD:** That is correct, Minister.

**Mr BRAD HAZZARD:** But anyway, I will ask Susan to answer the question.

**Ms PEARCE:** I do not have all of the recommendations before me, Mr Secord, but certainly the local health district has been engaging not just with the Aboriginal community in the Murrumbidgee but also with Naomi's family, who have been very keen to see improvement in the treatment of Aboriginal people in that area. So the district has certainly indicated its full willingness to improve those services. Those recommendations were all accepted and are being worked on.

**The Hon. WALT SECORD:** Ms Pearce, I understand if you do not have the answer now, but you could take it on notice. What is the status of the local health district and NSW Health's response to all of the recommendations? If you could, a bit on the implementation.

**Ms PEARCE:** I can probably get that for you this afternoon, Mr Secord.

**Answer**

This question was responded to during the hearing.

Please refer to the response provided by Ms Susan Pearce on pages 62 and 63 of the hearing transcript.



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Camden Hospital

**The Hon. WALT SECORD:** Minister, you and the officials have talked about the pressure that south-west Sydney is facing. Would you acknowledge that Camden Hospital is one of the hospitals that is under pressure in the region?

**Mr BRAD HAZZARD:** Across the State, all hospitals and MPSs are under stress.

**The Hon. WALT SECORD:** Yes. Does the Government have plans to enhance or expand Camden Hospital?

**Mr BRAD HAZZARD:** We don't not have plans. All we are doing at the moment, though, is on the public announcements. At this stage, that is all I am prepared to say.

**The Hon. WALT SECORD:** And what is the public announcement?

**Mr BRAD HAZZARD:** The public announcements are that we are focusing on all of the hospitals that the secretary just went through.

**The Hon. WALT SECORD:** Can any of the officials add to plans underway involving Camden Hospital?

**Ms KOFF:** No. I am not aware of any, but I will take it on notice.

**Answer**

Camden Hospital is administered under a joint management structure with Campbelltown Hospital, providing primarily sub-acute services. These services include palliative and rehabilitation care for patients transferred from Campbelltown Hospital, and across the South West Sydney Local Health District. The hospital also offers emergency care.

The \$632 million stage 2 Campbelltown Hospital redevelopment will deliver enhanced health services to support the growing Macarthur community, including the residents of Camden.

The redevelopment will deliver:

- a larger emergency department with more treatment spaces,
- enhanced paediatric services,
- new intensive care unit,
- enhancements to women's health services,
- expanded cancer therapy centre, and
- significant expansion of mental health services, with a new multi-level mental health service with specialised care for consumers of all ages.

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Death of Mrs Dawn Trevitt

**The Hon. COURTNEY HOUSSOS:** Minister, there is the story of Dawn Trevitt, who died at Gulgong hospital. I am interested to know what change is going to be prompted by that. Have you seen that review?

**Mr BRAD HAZZARD:** Obviously I know about that one, yes.

**The Hon. COURTNEY HOUSSOS:** And what is going to change?

**Mr BRAD HAZZARD:** Can I say that was a very sad situation for her and the appropriate review has been and is being done by Health. I must say, I passed publicly before my condolences to her family. But the fact that she was in a particular service and passed away is not a reflection on either the staff necessarily or on the capacity. People die. It is an unfortunate situation. It may have been that she would pass away in another facility. But to draw conclusions as you are attempting to do, and using that death to somehow be negative about something which every Labor government in the country thinks is a good idea when you cannot have a doctor available on the site, is just ludicrous.

**The Hon. COURTNEY HOUSSOS:** Minister, let me be clear: I am very excited about the opportunities of telehealth, but there are also limitations, and I am interested in pursuing those with you today. I want to ask you about what has been learnt from that review. What is going to change as a result of this?

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

**Answer**

I am advised the findings of the Root Cause Analysis (RCA) investigation were discussed with the family at an open disclosure meeting in January 2021.

Western NSW Local Health District is implementing all RCA recommendations. System improvements include simulation training for critical care staff, establishing bereavement support services for families onsite at Gulgong MPS, reviewing protocols with NSW Ambulance, and improving open disclosure documentation and discussions with families.

Western NSW Local Health District has also continued efforts to recruit additional doctors, as part of the Rural Doctors Settlement Package. This includes the employment of a general practitioner visiting medical officer at Gulgong MPS in November 2020.

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Australian national baboon colony

**The Hon. EMMA HURST:** Minister, last year I obtained documents from your office regarding the funding of the Australian national baboon colony, the primate research facility in New South Wales. Those documents revealed that it was going to cost about \$650,000 a year to continue to fund the primate breeding facility after it lost its funding that used to be coming from the National Health and Medical Research Council. Can you confirm whether any alternative funding has been obtained for the facility since the financial year 2019?

**Mr BRAD HAZZARD:** Emma, can I take that on notice please? But I can assure you that the last report I had was the baboon who escaped with his—

**The Hon. EMMA HURST:** Alfred.

**Mr BRAD HAZZARD:** Well, he had various names. I think all people gave him a name. He is very happy and doing well.

**The Hon. EMMA HURST:** So, he is alive? He is still being used, I assume, in medical experimentation?

**Mr BRAD HAZZARD:** I do not know, but he has all his friends—his female friends who accompany him and others—and last I heard he is doing very well, but I will find out for you.

**The Hon. EMMA HURST:** Thank you. If you could find out if he is still being used in experimentation, that would be useful as well. Do you know if the Sydney Local Health District—perhaps somebody else here can help answer this question as well. Is there an intention to continue to fully fund the—I know that the Sydney Local Health District actually stepped in with some funding, but it was unclear at the time whether it was going to continue, particularly as the National Health and Medical Research Council pulled its funding. Do you know if the Sydney Local Health District will be filling that gap?

**Mr BRAD HAZZARD:** Emma, I will find out for you. I do not know the answer.

**Answer**

I am advised that since the National Health and Medical Research Council funding ceased, Sydney Local Health District has continued to meet the financial requirements of the facility.

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Transcript page 30

Funding for alternatives to animal testing

**The Hon. EMMA HURST:** There are some bodies within animal experimentation people who actually work in the industry who are calling for more transparency, including being able to talk about how much funding is going into that. If they were to approach you, would you be open to the suggestion?

**Mr BRAD HAZZARD:** As a matter of just professional interest and courtesy to you, if you want to bring one of them or a couple of them to my office, we will talk about it and I will have a look at it, sure.

**The Hon. EMMA HURST:** That would be fantastic. Thank you, Minister. Is there any government funding available in New South Wales aimed at promoting alternatives to animal testing? There has been a lot of progress in this space, particularly overseas, showing computer in-vitro modelling et cetera is actually more accurate in some instances and, obviously, more cost-effective as well. Is that something that we are investing in in New South Wales?

**Mr BRAD HAZZARD:** I cannot answer that, Emma, but I will find out.

**The Hon. EMMA HURST:** If you could take it on notice, that would be useful.

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

**Answer**

The National Health and Medical Research Council is the major funder for medical research.

I am advised NSW Health operates a range of targeted research initiatives such as the Medical Research Support Program and the Translational Research Grants Scheme.

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Transcript page 31

Coal ash dams

**Ms ABIGAIL BOYD:** ...As part of that inquiry into coal ash repositories, a body of evidence has been presented in relation to the health risks that neighbouring residents are exposed to as a result of the toxins present in coal ash dams. These are the suburb-sized coal ash waste dumps that sit next to coal-fired power stations.

**Mr BRAD HAZZARD:** Like selenium and so on, you mean?

**Ms ABIGAIL BOYD:** Yes, there is a bunch of really toxic chemicals.

**Mr BRAD HAZZARD:** Yes. That is not new of course. It has been going on—because I remember when I was shadow environment Minister, I used to raise the same issues, so, yes.

**Ms ABIGAIL BOYD:** Sure. Given that growing body of evidence, and particularly the concerns that some communities in New South Wales are being subjected to not only the air pollution impacts but now also potentially the coal ash impacts, and given what you were saying about us not really being positive about whether this is correlation or causation and what other factors are involved, will you do any independent research into those areas to try to give those communities some better knowledge about their health risks?

**Mr BRAD HAZZARD:** I am not sure that that is something that I have the capacity to do at the present time because I am actually at the moment currently looking after COVID, but I will ask the ministry to give me any advice on what they may have done somewhere on that issue. I am happy to let you know.

**Answer**

NSW Health is aware of community concerns about coal ash dams, which are regulated by the NSW Environment Protection Authority (EPA).

Coal fired power stations are required to hold environmental protection licences that set out requirements to minimise environmental pollution and public health risks. Licences include conditions for monitoring, assessing and reporting on any environmental impacts from ash dams.

I am advised NSW Health works closely with the NSW EPA in the event of pollution incidents that present a risk to public health.

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Transcript page 33

Payment for medical files – Allan Wells

**The Hon. COURTNEY HOUSSOS:** Minister, I am mindful of your earlier comments saying you do not want to speak about specific cases but I am going to ask you: In the wake of the death of 85-year-old Allan Wells in Cobar, his family was asked to pay several hundred dollars by the LHD to have access to his medical files. I am sure you would be aware that there were horrific circumstances that led to his death.

**Mr BRAD HAZZARD:** I know of the circumstances.

**The Hon. COURTNEY HOUSSOS:** Minister, I do not want to ask about the circumstances of the death but I do want to ask whether the LHD is charging those kinds of fees to grieving families now.

**Mr BRAD HAZZARD:** If they are, I am not familiar with that. But, again, if you want to represent the family or the family write to me about that, I will personally take an interest in the fact that that has been charged.

**The Hon. COURTNEY HOUSSOS:** Minister, can I raise it with you now because it has been publicly reported.

**Mr BRAD HAZZARD:** Consider it raised and I will ask for a full report on that. And if it is appropriate—I will not make any commitments, but I will ask for a full report.

**The Hon. WALT SECORD:** This is in the public arena and your department is aware of it. Was there any investigation or examination by departmental officials into the claim?

**Mr BRAD HAZZARD:** Into what claim?

**The Hon. WALT SECORD:** Into the claim that family members were charged hundreds of dollars to obtain the medical files.

**Mr BRAD HAZZARD:** I will take it on notice, Mr Secord, I don't know. The issue is that it was a very sad case and it was also part of a *60 Minutes* program as well. I think Liz Hayes did some stuff on this and I actually spoke—what I did is not relevant to this Committee, but I am very familiar with it and I will look at the issue.

**Answer**

This question was responded to during the hearing.

Please refer to the answer provided by Ms Susan Pearce on page 62 of the transcript.

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Transcript page 43

Pill testing

**Ms CATE FAEHRMANN:** Minister, I want to talk about safe drug use coming into the Mardi Gras weekend. I have asked you questions before at estimates in relation to pill testing.

**Mr BRAD HAZZARD:** I remember.

**Ms CATE FAEHRMANN:** We are not going to be having music festivals and dance parties this weekend but there will no doubt still be quite a bit of drug use going on in Sydney, as there is every single weekend. What is your department doing to inform people about ways to remain as safe as possible to ensure that harm is reduced as much as possible this weekend, also recognising that there have been instances of drugs that have been contaminated with deadly substances used in the wrong way, such as Fentanyl? Is there a safer drug use campaign going on and being increased in the lead-up to this weekend? I understand DanceWize is doing it.

**Mr BRAD HAZZARD:** I think I have said to you before—

**Ms CATE FAEHRMANN:** Yes, but that does not work, Minister. I know exactly what you are about to say and it does not work.

**Mr BRAD HAZZARD:** Can you tell me what I am about to say, so I know what I am about to say?

**Ms CATE FAEHRMANN:** "Just say no; don't take the pills, kids." That does not work, Minister, because as you have seen during COVID-19 in fact some drug use has risen because people will continue to take drugs. So let's make sure that they take them safely and that they do not die from them. What is your department doing to ensure that that does not happen this weekend?

**Mr BRAD HAZZARD:** In all seriousness, I think the best message is the one you just gave: Don't take it." Cate Faehrmann has said it, so it is out there for all of the public. Cate Faehrmann has said, "Don't take it."

**Ms CATE FAEHRMANN:** To be very clear, I was paraphrasing the Minister. Then I asked what are you doing to ensure that people stay safe and do not die, because they will—one in two, Minister.

**Mr BRAD HAZZARD:** I get that. Cate, it is almost 12.30, so let us get out of here for a little while. Can I just say this: NSW Health obviously understands your Government's position—

**Ms CATE FAEHRMANN:** One day.

**Mr BRAD HAZZARD:** Or not your Government, but the Labor Government and the Liberal Government, and obviously supports the Government perspective—Labor or Liberal—that you should not take drugs. They also have a degree of practical health realism about some of the issues you are taking, and they also therefore make sure that, in case people do not listen to the message—

**Ms CATE FAEHRMANN:** Not just me, also the special commission of inquiry into—

**Mr BRAD HAZZARD:** In case they do not listen to the message, there is a whole series of public messages that are done by Health in all circumstances. I cannot answer right now, but I can get it for you. It might be a little bit difficult because I do not know whether—

**Ms CATE FAEHRMANN:** If we could come back after lunch then and get some more information.

**Mr BRAD HAZZARD:** What I was going to say is that the public health team might be able to give you some more information.

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**Answer**

NSW Health funded ACON to develop and implement a range of social media resources (including a website, social media posts, videos and blogs) to promote the GHB related 'Avoid the Drop Zone' and MDMA campaigns for a two-month period surrounding the 2021 Mardi Gras season.

Additional messages were disseminated during the Mardi Gras relating to:

- remaining COVID safe while partying during Mardi Gras,
- the presence of Fentanyl in opioids, methamphetamine and cocaine,
- the risks in context of opioid overdose and the availability of Naloxone as a life-saving medication, including via ACON, and
- treatment and peer support options for people concerned about their alcohol and drug use.

I am advised NSW Health also extended the reach of harm reduction messages during the Mardi Gras season via the Your Room website and the NSW Health Twitter account.

NSW Health routinely issues public drug alerts about harmful substances that may be circulating in the community to raise awareness and reduce the risk of harm.



Transcript page 46

Palliative care beds - Western Sydney

**The Hon. COURTNEY HOUSSOS:** I don't want to interrupt that nice exchange. Minister, I wanted to come back to the issue of palliative care at Westmead Hospital and more generally in western Sydney. I understand there is a 16-bed palliative care ward at Mount Druitt Hospital and a 20-bed ward at Liverpool Hospital. Is that the extent of palliative care beds in western Sydney?

**Mr BRAD HAZZARD:** I will have to take that on notice, but the ones—we have actually put a lot of money into it. For example—you should go and have a look at some stage—the one at Mount Druitt, which is obviously a smaller hospital, but the facility there is amazing because it has been done in a way that actually allows a homely environment, if you like, a really homely environment. Families can actually stay there with the person who is receiving the palliative care. It is quite incredible. It is worth having a look. As I said earlier this morning, I will get some more information on that for you.

**Answer**

Westmead Hospital has seven dedicated Palliative Care beds and Mount Druitt Hospital has 16 dedicated Palliative Care beds. A proposal to create a dedicated palliative care unit at Auburn Hospital is under consideration.

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Transcript page 47

Palliative care nurses – Westmead Hospital

**The Hon. WALT SECORD:** Minister, you talk about competing priorities, and I know that, I have worked in government. How many dedicated palliative care nurses are there at Westmead Hospital, Dr Lyons, one of the biggest hospitals in Australia? How many dedicated palliative care—

**Mr BRAD HAZZARD:** I do not know that you can answer that off the top of your head.

**Dr LYONS:** I think the specifics around how many palliative care nurses are there will need to be taken on notice.

**The Hon. WALT SECORD:** I think it is one.

**Dr LYONS:** I will need to take that on notice.

**Answer**

NSW Health staff numbers are included in the Annual Report.

Local health districts and hospitals vary staffing profiles and numbers to appropriately meet operational need at any point in time. I am advised all nurses on the supportive and palliative care ward at Westmead Hospital are trained and educated to provide palliative care to patients.

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Transcript page 47

Palliative care in the home – Western Sydney

**Dr LYONS:** I have not got the detail of how much face time is provided by that service. I could not tell you how much face time is provided by community health nursing in western Sydney either because those are not the sorts of things we measure on a routine basis. What we do is we provide the services, and then the clinicians involved in providing the care will make decisions about what is required in conjunction with the patient and their carers and family.

**The Hon. COURTNEY HOUSSOS:** Are you then able to provide how many patients are receiving the in-home care?

**Dr LYONS:** I will take that on notice about the detail.

**Answer**

In-home care is offered to all patients referred to the Silver Chain service in the Western Sydney Local Health District. From 1 July 2017 to 31 December 2020 I am advised almost 3,000 patients have been referred to the service.

Transcript page 48

Palliative Care – transfers to hospitals

**The Hon. COURTNEY HOUSSOS:** Are you able to provide us with the numbers of transfers to other hospitals from Westmead to either Mount Druitt or—for palliative care?

**Dr LYONS:** Specifically palliative care?

**The Hon. COURTNEY HOUSSOS:** Yes.

**Mr BRAD HAZZARD:** Over what period?

**The Hon. COURTNEY HOUSSOS:** Do you track it over financial years or do you track it over—

**Mr BRAD HAZZARD:** They do not track it. The Productivity Commission on this particular area talked about the fact that it is not money and it is not individual services, it is the range of services that are available to people. You are focusing on an area that would take an enormous amount of time out of the very people that you want to be looking after—that is, the medical staff in those hospitals. They would have to sit down and go through files and work this out. It is just nonsensical. I am sorry. If there is anything—I do not believe it is—that is easy, but I am sure you would not want them to waste the time that they would otherwise be spending looking after palliative care. I do not think it really goes to your issue. What you are really saying is you would like to see more palliative care services. So let us see. We will talk to Western Sydney Local Health District. If it is readily available and they do not have to take nurses and doctors away from doing what they should be doing and looking after patients, I will happily give it to you. If not, I will let you know. Okay?

## **Answer**

Data relating to an individual's patient journey within the facility should be viewed carefully. That's because there are many times in a patient's journey where the patient might need to be transferred to different wards to receive the most appropriate care.

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Transcript page 49

Palliative care budget – Western Sydney

**The Hon. COURTNEY HOUSSOS:** Are you able to tell me what the allocated budget is for palliative care in western Sydney?

**Mr BRAD HAZZARD:** We can find that out, yes.

**Answer**

The Western Sydney Local Health District budget has allocated over \$19 million for Palliative Care Services in the 2020-21 financial year.

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Transcript page 51

Graduate midwives

**Ms CATE FAEHRMANN:** Yes, I am—lots of heart-wrenching submissions about what people are experiencing. Firstly, back to midwives: How many of those graduates will be midwives? Has that been worked out?

**Mr BRAD HAZZARD:** I cannot answer that, but we can find that out for you. Midwives can either follow a separate stream and be trained as midwives or they can be nurses who then do additional training to be midwives, and sometimes they do both. Actually, why don't I ask? We have an expert not only lawyer but nurse.

**Ms CATE FAEHRMANN:** We have got to allow the public servants to be able to—

**Mr BRAD HAZZARD:** Say something, yes. Madam Deputy Secretary, would you care to broaden my mind on these issues and let me know what the answer should be?

**Ms PEARCE:** With respect to your question, Cate, we can get the breakdown for you of the number of midwives who are graduating and entering our workforce.

**Answer**

Workforce numbers are reported in the NSW Health Annual Report.

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Transcript page 52

Notifiable dust diseases

**The Hon. COURTNEY HOUSSOS:** I also endorse the actions of the HSU. Minister, which dust diseases have been made notifiable by NSW Health?

**Mr BRAD HAZZARD:** There have been some recent changes to that.

**The Hon. COURTNEY HOUSSOS:** That is right. I am interested in those.

**Mr BRAD HAZZARD:** I might ask—who is the best person to talk about that? Anybody here? Anybody out there? I might have to take that on notice, but I think silicosis was one of the ones from memory.

**Ms KOFF:** Silicosis was the one we—

**Mr BRAD HAZZARD:** But I will get it on notice for you.

**Answer**

This question was responded to during the hearing.

Please refer to the answer provided by the Minister for Health and Medical Research on pages 57 and 58 of the transcript.

Transcript page 53

Intensive care paramedics – rural and regional

**The Hon. WALT SECORD:** Are there more or is there a higher percentage of intensive care paramedics outside of metropolitan Sydney?

**Mr BRAD HAZZARD:** I have heard commentary about this but, according to the commissioner, they are appropriately allocated in areas where they are needed. I will have to take that on notice and get the details for you.

**The Hon. WALT SECORD:** While you are taking it on notice, can you also provide me with a number of intensive care paramedics who are employed in New South Wales statewide as of close of business yesterday?

**Mr BRAD HAZZARD:** That should not be a problem.

**Answer**

This question was responded to during the hearing.

Please refer to the answer provided by Ms Susan Pearce on page 53 of the transcript.



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Transcript pages 53-54

Salary packaging

**The Hon. COURTNEY HOUSSOS:** Minister, I want to move on to the issue of salary packaging by hospital workers. Are you aware of how much money the New South Wales Government has received in the last two financial years?

**Mr BRAD HAZZARD:** I think the starting point is that the salary packaging arrangements that are currently in place were put in place by the former Carr Labor Government.

**The Hon. COURTNEY HOUSSOS:** Yes, I am aware of that, Minister, but I am just interested in—

**Mr BRAD HAZZARD:** But I just thought you might like to know that I put it out for the Committee just to help and to give them a broader—

**The Hon. WES FANG:** Thank you, I find it interesting.

**Mr BRAD HAZZARD:** Having said that, can I also say that one of the great advocates for varying that salary packaging arrangement is, I think, one of the best union leaders in the country, and that is Gerard Hayes.

**The Hon. COURTNEY HOUSSOS:** I would endorse those comments.

**Mr BRAD HAZZARD:** I think he leads the fifth biggest union in the country. He has certainly entered discussions with me about whether it is possible to get that varied, but at this stage it is too early for me to comment on that, although personally I am sympathetic to the task because, particularly for some of our lower income workers—for example, cleaners and so on—it would be an excellent outcome if it were achievable. But, of course, that has to be looked at, as we have discussed many times today, in the context of budgets, money and so on. We have to look back and understand why the Labor Government put it in place in the first place.

**The Hon. COURTNEY HOUSSOS:** Yes and, Minister, you would understand, in the context of not being awarded a pay rise this year, that a step like this would be a way that these workers would effectively be given a significant pay rise.

**Mr BRAD HAZZARD:** I think I just answered in as supportive a way as I can at this point.

**The Hon. COURTNEY HOUSSOS:** I understand. Can you take on notice how much has been made in the last two financial years?

**Mr BRAD HAZZARD:** Yes, of course, but the issue is—

**Answer**

I am advised that, in 2019-20, NSW Health employees saved more than \$216 million through salary packaging arrangements.

Transcript page 56

Great Lakes Hospital – Clinical Services Plan

**The Hon. COURTNEY HOUSSOS:** While you are there, Ms Wark, can I just ask you— actually, perhaps I should ask the Minister. Just while we are talking about clinical services plans, has one been developed for the Great Lakes hospital yet?

**Mr BRAD HAZZARD:** I cannot remember but I will take that on notice and check for you.

**Answer**

The Hunter New England Local Health District has developed a Clinical Services Plan for the Lower Mid North Coast Sector, which is currently being reviewed by NSW Health.

The Clinical Services Plan is sector-wide and informs the future health service needs and priorities for the entire Lower Mid North Coast Sector, including Forster-Tuncurry.

Transcript page 57

Foster Tuncurry Hospital - Redevelopment

**The Hon. COURTNEY HOUSSOS:** Ms Wark, while you are there, could I just ask you for an update on Great Lakes hospital—Forster-Tuncurry Public Hospital?

**Mr BRAD HAZZARD:** Forster-Tuncurry. They are working through the clinical services plan at the moment.

**The Hon. COURTNEY HOUSSOS:** Do you have a conclusion date for that?

**Mr BRAD HAZZARD:** Not off the top of my head.

**The Hon. COURTNEY HOUSSOS:** They have been working through it for quite some time.

**Mr BRAD HAZZARD:** As I said, I have just explained to you.

**The Hon. COURTNEY HOUSSOS:** I understand. I am just asking. Ms Wark, do you have an update on the infrastructure side of the project?

**Ms WARK:** As described before, the clinical service planning comes first, which will then inform what we need to design and build there. That is also in consultation with the stage two, which has been announced for Manning hospital and as to how the network of Hunter New England will divide services across that part of the district.

**The Hon. COURTNEY HOUSSOS:** I understand that the two are obviously going to be very linked. Perhaps on notice, can you tell me which land the department actually owns in Forster-Tuncurry?

**Ms WARK:** Happy to take that on notice.

### **Answer**

The Hunter New England Local Health District has developed a Clinical Services Plan for the Lower Mid North Coast Sector, which is currently being reviewed by NSW Health.

The Clinical Services Plan is sector-wide and informs the future health service needs and priorities for the entire Lower Mid North Coast Sector, including Forster-Tuncurry.

The registered owner of NSW Health properties is Health Administration Corporation (HAC). I am advised there are three HAC owned properties in Forster-Tuncurry.

Transcript page 57

Wee Waa High School - Mould

**The Hon. COURTNEY HOUSSOS:** I might just move on—just one final question. Minister, you might not be aware of this; you might need to refer this to someone else. Are you able to tell us what advice has been provided to New South Wales education about the mould situation at Wee Waa High School?

**Mr BRAD HAZZARD:** No, I cannot tell you. I suggest that you ask the education Minister.

**The Hon. COURTNEY HOUSSOS:** I actually asked the education Minister about this yesterday and Mr Scott, the secretary, said that he was operating on advice from NSW Health, so I was just wanting to see what that advice was.

**Ms KOFF:** It may have been from the local public health unit because in our default structure that is the local public health unit, but we will find out and take it on notice.

**Answer**

I am advised that NSW Health has supported the Department of Education to engage appropriate experts to investigate the issue.

Transcript page 63

Palliative care nurses - Recruitment

**The Hon. COURTNEY HOUSSOS:** I am going to go through them specifically. How many of the 100 palliative care nurses have been recruited?

**Mr BRAD HAZZARD:** Does anybody know the answer to that or should we take it on notice?

**Mr MINNS:** Take it on notice.

**Mr BRAD HAZZARD:** They do not know, so we will take it on notice.

**Answer**

Workforce numbers are reported in the NSW Health Annual Report.

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Transcript page 64

Cataract surgery, mental health acute, paediatric and emergency nurses - Recruitment

**The Hon. COURTNEY HOUSSOS:** Are you able to tell me how many of the 24 cataract surgery nurses have been recruited?

**Mr BRAD HAZZARD:** I will take that on notice. I need to see more clearly about that.

**The Hon. COURTNEY HOUSSOS:** These afternoon sessions can go one of two ways. Twenty-three mental health acute nurses?

**Mr BRAD HAZZARD:** Do we have the numbers to move this Committee be all over now? Is that possible?

**The Hon. COURTNEY HOUSSOS:** No, you certainly do not, Minister. That is why we are here.

**Mr BRAD HAZZARD:** I was just hopeful.

**The Hon. COURTNEY HOUSSOS:** Minister, 23 mental health acute nurses.

**Mr BRAD HAZZARD:** I can tell you that I am very committed to making sure we get a lot more mental health nurses. Does anybody have the current answer to that or shall we take that on notice as well?

**The Hon. WALT SECORD:** Mr Minns could help.

**Mr BRAD HAZZARD:** I do not think he can. We will take it on notice.

**The Hon. COURTNEY HOUSSOS:** There were 8.2 full-time equivalent paediatric nurses.

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

**The Hon. COURTNEY HOUSSOS:** There were 24.36 emergency nurses.

**Mr BRAD HAZZARD:** I will take it on notice. It is probably a lot more than that, actually.

### **Answer**

Workforce numbers are reported in the NSW Health Annual Report.

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Transcript page 64

Regional based nurses and midwives - Recruitment

**The Hon. COURTNEY HOUSSOS:** It is a list that I have here, Minister. How many of the 131 regional hospital-based nurses?

**Ms KOFF:** We track election commitment delivery from the Ministry of Health perspective every quarter. I am happy to give you the most current update on tracking against all those commitments.

**The Hon. COURTNEY HOUSSOS:** Beautiful. And the last one from my well-briefed notes: 48 midwives.

**Mr BRAD HAZZARD:** Very well briefed. I will again ask Health to provide you with the detail and I look forward to the detail as well.

**Answer**

Workforce numbers are reported in the NSW Health Annual Report.

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Transcript page 68

Liverpool Hospital - Redevelopment

**The Hon. COURTNEY HOUSSOS:** Do you have a date for commencing construction?

**Ms WARK:** It will be progressive, so we have commenced construction with the early and enabling works.

**The Hon. COURTNEY HOUSSOS:** Have there been some issues with the open space areas in view of COVID?

**Ms WARK:** I would need to take that on notice.

**The Hon. COURTNEY HOUSSOS:** Okay, if you can tell me if there have been any issues raised about the open space areas and if that has pushed back the planning, construction and completion time lines.

**Ms LARKIN:** There have been some ongoing discussions with the clinicians and staff at Liverpool around open space arrangements, not solely with COVID, but just about the application of that in the design phase.

**The Hon. COURTNEY HOUSSOS:** Anything else on notice would be very helpful.

**Ms LARKIN:** Okay.

**Answer**

The Liverpool Health and Academic Precinct Redevelopment project remains on schedule despite the challenges of COVID. There is no change to the announced completion dates of 2023 (for Stage 1) and 2026 (for Stage 2).

All designs for the Liverpool Health and Academic Precinct redevelopment are in line with NSW Government guidelines and policies. Construction will be in accordance with the development consent.

Designs have been developed in consultation with Liverpool Hospital staff representatives to ensure each workspace is appropriately designed. Consultation with Liverpool Hospital staff representatives for Activity Based Working (ABW) areas is progressing.



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Transcript page 71

Manning Base Hospital - Redevelopment

**The Hon. COURTNEY HOUSSOS:** So the Manning Base one is in its final stages of being drafted or is in its final draft stage. The one for Forster-Tuncurry, do you have a—

**Ms WARK:** They are not done by Health Infrastructure. They are done by the local health district in consultation with the ministry.

**Mr BRAD HAZZARD:** We will take it on board and give you an answer from the local health district, which is not here.

**Ms WARK:** And they are also informed by how the network of services are run by the district.

**Answer**

The Hunter New England Local Health District has developed a Clinical Services Plan for the Lower Mid North Coast Sector, which is currently being reviewed by NSW Health.

The Clinical Services Plan is sector-wide and informs the future health service needs and priorities for the entire Lower Mid North Coast Sector, including Forster-Tuncurry.

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Transcript page 71

Dental waiting lists

**The Hon. WALT SECORD:** I would like to switch to public dental waiting lists. How many people are waiting for dental surgery or dental treatment in New South Wales as of the end of last month?

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

**The Hon. WALT SECORD:** Which local health district—

**Mr BRAD HAZZARD:** Sorry, could I say again, going back to what the deputy secretary said before, asking how many are on—not that I want to tell you. Actually, maybe I will not tell you. That was a good question. We will find out for you. The real issue, can I say, Walt—and Ryan knows this—is how many people are past the recommended clinical allocation for time. Some dentists, some doctors, whatever it be, will allocate a certain time for something to be done, but if that is the issue when does it go past that? Because the more effective you are, the more people—it is a bit like a public housing waiting list. If you clear it, more people come on because that is what you want to do. So you will always have a big list. Having said that, if you wanted to talk about waiting lists, I could compare them back to when the Labor Government was in office, but it is probably too late in the afternoon so I will not.

**The CHAIR:** It is never too late.

**Mr BRAD HAZZARD:** Well!

**The Hon. WES FANG:** That was quick.

**Mr BRAD HAZZARD:** I want to get out of here as quickly as possible.

**The CHAIR:** I know that.

**The Hon. WALT SECORD:** So you have taken on notice how many people are on the public dental waiting list. What is the longest time that someone is on that list? Could I have a breakdown by local health district on the time people are waiting in each local health district?

**The Hon. WES FANG:** You could just table these questions.

**The Hon. WALT SECORD:** The Minister wanted to share an afternoon and we are giving him the experience of what it is like to be—

**Mr BRAD HAZZARD:** It is a growing experience, Walt. It is a growing experience.

**Ms PEARCE:** I will comment—however, noting that we will take that on notice with regard to those specifics—that COVID last year did impact dental, as it did elective surgery, which we foreshadowed at this Committee hearing this time last year.

**Answer**

Public dental services are provided according to criteria that prioritises emergency situations, as well as patient groups most in need and at highest risk of disease.

I am advised that data is regularly updated and can be accessed from the NSW Health website.