PORTFOLIO COMMITTEE NO. 2 - HEALTH

Wednesday 7 September 2022

Examination of proposed expenditure for the portfolio area

HEALTH

The Committee met at 09:30

UNCORRECTED

MEMBERS

The Hon. Greg Donnelly (Chair)

Ms Abigail Boyd
The Hon. Wes Fang
The Hon. Emma Hurst (Deputy Chair)
The Hon. Mark Latham
The Hon. Aileen MacDonald
The Hon. Peter Primrose
The Hon. Adam Searle

VIA VIDEOCONFERENCE

Ms Cate Faehrmann

PRESENT

The Hon. Brad Hazzard, *Minister for Health*

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

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

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

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

The CHAIR: Good morning. Welcome to the initial public hearing for the inquiry into budget estimates 2022-23. I acknowledge the Gadigal people or the Eora nation, the traditional custodians of the land on which we are meeting today. I pay my respects to Elders past, present and emerging. I also acknowledge and pay my respects to the Aboriginal and Torres Strait Islander peoples who may be joining us today over the internet. I welcome Minister Brad Hazzard and his accompanying officers to the hearing today. Today the Committee will examine the proposed expenditure for the portfolio of Health, which also, as we know, includes medical research as part of its remit.

Before we commence I would like to make some brief comments about the procedures for today's hearing. Today's hearing is being broadcast via the Parliament's website. The proceedings are also being recorded and a transcript will be placed on the Committee's website once it becomes available. In accordance with the broadcasting guidelines, media representatives who are joining us today are reminded that they must take responsibility for what they publish about the Committee's proceedings. All witnesses in budget estimates have a right to procedural fairness, according to the procedural fairness resolution adopted by the Legislative Council in 2018. There may be some questions that a witness could only answer if they had more time or with certain documents to hand. In these circumstances witnesses are advised that they can take a question on notice and provide an answer within 21 days.

If witnesses wish to hand up documents, they should do so through the Committee staff. Minister, I remind you, and the officers accompanying you today here present and remotely, that you are free to pass notes—it is probably a bit hard to pass a note over the internet, but you know what I mean—and refer directly to your advisers seated at the table behind you, so that dialogue can take place quite freely. Finally, could everyone please turn their mobile phones to silent for the duration of the hearing.

Mr BRAD HAZZARD: Mr Chair, could I point out to you that I think the Committee asked for the Chief Health Officer, Dr Chant. She was looking forward to coming, might I say, but when the dates got changed from the first to the seventh, she's overseas, so she can't come. But Dr Marianne Gale is the Acting Chief Health Officer, who most people will know having seen her many times on TV during the headier days of the pandemic. So she will be filling in today for Dr Chant.

The CHAIR: Thank you. She is most welcome to the budget estimates hearing today.

Dr MARIANNE GALE, Acting Chief Health Officer, Deputy Secretary, Population and Public Health, NSW Health, sworn and examined

Mr MATTHEW DALY, Deputy Secretary, Patient Experience and System Performance, NSW Health, sworn and examined

Mr ALFA D'AMATO, Deputy Secretary, Financial Services and Asset Management and Chief Financial Officer, NSW Health, sworn and examined

Ms SUE DAWSON, Commissioner, Health Care Complaints Commission, affirmed and examined

Dr ANTONIO PENNA, Executive Director, Office for Health and Medical Research, NSW Health, affirmed and examined

Ms JACQUI CROSS, Chief Nursing and Midwifery Officer, NSW Health, affirmed and examined

Dr DOMINIC MORGAN, Commissioner and Chief Executive, NSW Ambulance, affirmed and examined

Dr NIGEL LYONS, Deputy Secretary, Health System Strategy and Planning, NSW Health, before the Committee via videoconference, on former oath

Mr PHIL MINNS, Deputy Secretary, People, Culture and Governance, NSW Health, on former oath

Ms SUSAN PEARCE, Secretary, NSW Health, on former oath

Ms REBECCA WARK, Chief Executive Officer, Health Infrastructure NSW, on former affirmation

Dr MICHAEL DOUGLAS, Visiting Medical Officer, Northern NSW Local Health District, before the Committee via videoconference, sworn and examined

The CHAIR: To confirm, after 11.15 a.m. Dr Michael Douglas will be joining us via videoconference. At that point in time we will obviously need to have him sworn or affirmed. I confirm for all of our witnesses that there are not just the four sitting members participating today on the Committee but over the course of the day various other participating members—that is, members of the Legislative Council who are not on the Committee but do have an interest in matters health and medical—will be coming in and seeking the opportunity via the crossbench tranche of time to ask questions. There are a few of those. I don't need to go through their names. You will probably immediately identify them when they come in. That will be happening over the course of the morning and into the afternoon. With that, I will confirm the timing, in case there is any doubt about this. I confirm that, with respect to the time allocations today, 9.30 a.m. to 5.30 p.m. is the full day. I wish to confirm that our understanding was that, originally, Minister, as per your normal keen enthusiasm, you would have liked to be with us all of the day but that's not possible today, as we understand. You need to take leave at one o'clock. Is that the case?

Mr BRAD HAZZARD: No, I have reorganised my day. I thought this was so important that I'll be staying until about four o'clock.

The CHAIR: Okay. Well, things are a moving feast because that's different from what I heard about 10 minutes ago. Can I say that, as per normal, you are most welcome.

Mr BRAD HAZZARD: Thank you.

The CHAIR: Thank you for making yourself available, as you do. It's much appreciated. We will go through to 12.45 p.m. There will be a 15-minute break at 11 o'clock. This afternoon it will be 2.00 p.m. to 5.15 p.m., or thereabouts, concluding no later than 5.30 p.m., with a 15-minute break at 3.30 p.m. The Minister has just told us when he will have to leave this afternoon, and we note that. The questioning today is as per normal, and that is Opposition then crossbench on a rolling basis. As we all know, at the end of the morning session and the afternoon session there is a provision for a 15-minute opportunity for Government members to ask questions, if they wish to do so.

I will commence with the questioning with an acknowledgement and a thankyou that was provided yesterday in the context of the Minister for Regional Health being present. I think it is appropriate to do it again today because we have you here, Minister. On behalf of myself, Committee members and all MPs and MLCs I commence by acknowledging and thanking all of the employees of NSW Health, for which you have ultimate responsibility, particularly those on the front line, for the—I will use the same word—"herculean" efforts which they have committed themselves since 2020—obviously, before 2020 but, in particular, since 2020—and for the support, care and protection for all the citizens of the State, no matter where they live, with respect to what have been significant health and medical challenges that we have all had. It has been nothing but exceptional. We are

very fortunate to have such quality health and medical services in the State. Putting aside resource issues, which come around from time to time, the staff are outstanding and have done an outstanding job to look after us. We are most grateful.

Mr BRAD HAZZARD: On behalf of all the staff—nearly 160,000 staff—thank you. The frontline staff were certainly wearing a lot of the responsibility, but so many more were still working 18- and 20-hour days. I want to thank the Committee for its acknowledgement of the health staff across New South Wales and, indeed, across Australia, I think. We should be acknowledging them. They have all done an amazing job.

The CHAIR: Minister, the self-reference by the Portfolio Community No. 2 - Health inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales occurred, as you are aware, on 27 August 2020. The details of that were made public via media release on, from recollection, 16 September 2020. The inquiry that was undertaken assiduously by this Committee was, in our view, thorough and detailed. It was conducted over 11 months. I know you have heard these points before but I am just mentioning them because I think they are apposite. There were over 700 submissions and 15 hearing days. We visited Deniliquin, Cobar, Wellington, Dubbo, Gunnedah, Taree and Lismore. We heard from 220 witnesses. The report was almost 300 pages long and was tabled in May 2022, as you know, with 22 findings and 44 recommendations.

The Government has responded to the inquiry's recommendations last Thursday 1 September. That is an early response, and we are grateful for that. That was acknowledged and thanks were passed on to the Minister for Regional Health yesterday, the Hon. Bronnie Taylor. We note there was no comment on the findings but with respect to the recommendations, 41 of the 44 recommendations were supported or supported in principle. Three were noted, and I think you are familiar with those three. Minister, I have served on Legislative Council committees for a few years now and I don't think I have seen a Government response to a set of recommendations that has been so overwhelmingly in favour of and endorsing the recommendations, either in support or supported in principle, from the findings of the inquiry. As I just noted, 41 of the 44 were supported or supported in principle.

As the health Minister, along with the Hon. Bronnie Taylor, the Minister for Regional Health, you obviously signed off on all the recommendations in the form that we have before us. Minister, in light of what I have just outlined—and that is a chronology and, I believe, an accurate chronology of what has transpired with respect to this particular area of health in New South Wales—as the Minister for Health, are you prepared to offer a genuine and sincere mea culpa, without any qualifications, to the citizens of regional, rural and remote New South Wales for what you did, both publicly in the media and behind closed doors, with your Coalition parliamentary colleagues and others to discourage and dissuade them and others from supporting the undertaking and the completion of this most important inquiry?

Mr BRAD HAZZARD: The question, Mr Chairman, that you have asked is based on assumptions that you have obviously determined yourself and postulated yourself. I am not going to respond in that way to a question that is predicated on postulations and hypotheses and what was done behind closed doors. What I would say is that there was obviously an opportunity which the Committee gave to people who felt aggrieved—and I think that is an important process. I think it does concern all health staff when people feel aggrieved about what has occurred in the health system. Having said that, there are 15 million attendances at outpatients, there are two million in the wards and there are three million in the emergency departments. The issues that therefore were raised, as you just pointed out, were not very great in number. That is not to deprecate or diminish each individual's concerns, but one has to keep in perspective.

The system is a huge system and it is, by far and away, the best health system, regionally and metropolitan-ly, in the nation. That confirmation is given time and time again by Labor Ministers across the country, who regularly visit New South Wales and who regularly talk to me about what we do in New South Wales. Whilst those issues that you had the opportunity to hear about are terribly significant for the individuals and they give indicators to the system that they need to do better in certain areas, we also have to respect and not diminish the work that is done by the very people that you opened this meeting with in acknowledging the amazing work that they do.

The CHAIR: Absolutely, yes. Minister, as you would be aware, because you are a most senior Minister and, in my experience, have a memory pretty much like an iron trap—

Mr BRAD HAZZARD: That is very generous of you. Not everybody would agree with that, but thank you.

The Hon. WES FANG: I would have said an elephant.

The CHAIR: I don't think it's a selective memory, either; I think it's overwhelmingly a very sharp memory. Minister, you would be aware—because I'm sure that if you hadn't read it, your advisers would have drawn it to your attention—of the numerous media reports in the media, both print and electronic, leading up to

the announcement of the inquiry, that you rejected, clearly, the proposition of a need for an inquiry into matters of health in regional and rural New South Wales. The articles are many, quoting you.

Mr BRAD HAZZARD: I'm sorry, is this just attacking me, is it? If it is, that is not what this should be about. In fact, there are standing orders that indicate you can't do that.

The CHAIR: Minister, I am not attacking you. I am providing you—

Mr BRAD HAZZARD: Let's not put all the preamble; let's ask the questions, as you should, Mr Chairman.

The CHAIR: Minister, you are not prepared to apologise to the citizens of regional and rural—

Mr BRAD HAZZARD: I have answered the question.

The CHAIR: So the answer is no.

Mr BRAD HAZZARD: I have answered the question and you are now putting words in my mouth, which you regularly do. I am not proposing to actually have your words put in my mouth because your words are certainly not mine and they would never been mine.

The CHAIR: That is fine. But I will ask it one more time, Minister.

Mr BRAD HAZZARD: You can ask any question you like and I will answer it the way I consider appropriate.

The CHAIR: I will provide you with a second opportunity and I won't press it beyond the second opportunity.

Mr BRAD HAZZARD: If it's the same question, don't waste your time.

The Hon. WES FANG: Point of order: The Minister is entitled to answer the question in any which way he feels that the question is best answered. The Minister has provided the answer twice. I'm not sure that asking the question again is possibly the best use of the Committee's time. I note that there are standing orders around repetition and I would just ask that perhaps we move on to the next topic.

The CHAIR: I rule against that. I am the Chair, as you know. With respect of this particular question—

Mr BRAD HAZZARD: That's an impartial decision by the Chair about his own question. It's an interesting way to run a committee.

The CHAIR: Well, you don't like the question, do you, Minister? But I will ask it one more time. In light of what I have—

Mr BRAD HAZZARD: I have actually passed my comments on your question. You are now assuming that I don't recollect, having just told me that I have a steel-trap memory.

The CHAIR: Well, you do but—

Mr BRAD HAZZARD: I remember exactly what your question was and I remember exactly what my answer was, and I have given my answer.

The CHAIR: You may have misunderstood, Minister, the amount of media coverage in black and white and in audio of you trying to strangle this inquiry before it even got underway. I ask you the question one more time—

Mr BRAD HAZZARD: That is very colourful language for an objective chair.

The CHAIR: In light of what I—

Mr BRAD HAZZARD: Perhaps should actually think about your language in asking me any questions, particularly in your role as the Chair.

The CHAIR: You are talking over me, Minister.

The Hon. WES FANG: Point of order: Hansard has to record these proceedings and there is no doubt that the interactions that are occurring at the moment are making it difficult for Hansard to do so.

The CHAIR: Stop the clock.

The Hon. WES FANG: I would ask that a question be put to the Minister and allow the Minister to provide his complete response before we ask the next question. That is the way that—

The CHAIR: Okay. You would note, honourable member, that the Minister was talking over me. I was asking the question.

The Hon. WES FANG: I was not directing it at any party. I was just making the observation for the benefit for Hansard.

The CHAIR: I understand the practice and I appreciate you've been a chair of another committee, but the Minister was talking over me. I will ask the question one more time, just in case there is any ambiguity. In the light of what I've just outlined in terms of the chronology and what is the evidence, the unequivocal evidence both in media, hard copy, print and audio—which we can provide to you, if you want—will you now, as the Minister for Health, offer a genuine and sincere mea culpa, without any qualifications, to the citizens of regional, rural and remote New South Wales for what you did, both publicly in the media and behind closed doors with your Coalition parliamentary colleagues, to discourage and dissuade them and others from supporting the undertaking and completion of this most important inquiry?

Mr BRAD HAZZARD: I gave my answer before but I'll add to it that the issues that were in the parliamentary inquiry were common to every aspect of every jurisdiction in the country, except that New South Wales leads every other jurisdiction. And, in fact, in the most recent ministerial meeting of a majority Labor Ministers around the country, led by a Federal Labor Minister, there was an acknowledgement in that specifically in the dissertation that came out of that, that there were issues that every jurisdiction faced in dealing with regional health. So I've made my answer very clear. I don't know what you're trying to drive at. You've got a report. Congratulations on the report. It's a very good report and the Government has acknowledged the significance of a number of the issues, which you stated at the outset. I don't see why you are there wasting your time imputing matters that you have no direct evidence of—

The CHAIR: Well, Minister, would you like us to hand up the articles?

Mr BRAD HAZZARD: —and you're trying to put on the record as if they are fact, and they are not fact. They're not fact.

The CHAIR: The articles and the audio?

Mr BRAD HAZZARD: They're not fact.

The CHAIR: Do you want—

Mr BRAD HAZZARD: They're not fact.

The CHAIR: Oh, they're not fact. Okay.

Mr BRAD HAZZARD: Move on.

The CHAIR: Perhaps—

Mr BRAD HAZZARD: Move on.

The CHAIR: Well, Minister, I won't move on because you're telling me to move on.

Mr BRAD HAZZARD: You can move on or not move on. I don't actually care. Are we going to get to what—

The CHAIR: Minister, you don't tell us how to run the meeting.

Mr BRAD HAZZARD: One, two, three, four, five, six, seven, eight, nine, 10. We have 10 senior public servants all waiting to answer questions.

The CHAIR: Yes, that's right.

Mr BRAD HAZZARD: How about we get on with it?

The CHAIR: And you won't offer an apology, and I have provided you with the opportunity twice.

Mr BRAD HAZZARD: Seriously, Mr Chairman, get on with it.

The CHAIR: So, with that—

The Hon. WES FANG: Chair—

The CHAIR: Stop the clock, please. If you keep taking points of order, that's what we'll do.

The Hon. WES FANG: I'm just loath to do so—

The CHAIR: Sure.

The Hon. WES FANG: —because I do appreciate that this is an important hearing. But, once again, I'll point out, for the benefit of Hansard, that the interactions that are occurring at the moment will make it almost impossible for them to record.

The CHAIR: I appreciate that.

The Hon. WES FANG: They do a fantastic job in this Parliament.

The CHAIR: They do.

The Hon. WES FANG: It is incumbent upon us to actually make sure that we do what we can to assist them in that role. Talking over each other is not helping that. I'd ask that we refrain from doing so, that a question be put to the Minister or the members who are here, and allow them to complete their answer before we ask another question.

The CHAIR: Yes, and you've got to complete that by saying that the Minister should not talk over the witnesses or over the people asking the question.

The Hon. WES FANG: What I was doing was making sure that I didn't have to appropriate blame to either party.

The CHAIR: So we'll move on to the Hon. Peter Primrose.

The Hon. WES FANG: I just wanted to make the observation for the benefit of Hansard.

The CHAIR: Yes, which you've already done. The Hon. Peter Primrose?

The Hon. PETER PRIMROSE: Good morning, Minister.

Mr BRAD HAZZARD: Morning, Mr Primrose.

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

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

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

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

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

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

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

DOMINIC MORGAN: Certainly, we can have a look.

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

DOMINIC MORGAN: On root cause analysis?

SUSAN PEARCE: We would have to take that on notice. I don't believe so, in that way. Obviously, the most important feature of these issues is that we communicate with patients and their loved ones when we have incidents and issues. And, as you would be aware, sentinel events are publicly reported, but we'd need to take that on notice.

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

SUSAN PEARCE: Could I also just add to Dr Morgan's comments there? Just to assist Victoria, we actually sent call takers from New South Wales to assist their call centre during that very difficult period, you know, as a symbol of our State trying to assist another State at the time.

Mr BRAD HAZZARD: Not just call takers, actually. We also sent first responders. So we had ambulances sitting outside the Austin and The Alfred. Those photos were made public by someone—not me—and some of the ED doctors, the emergency doctors that normally would be in our ambulances and jumping out of choppers on the weekend to keep us safe, were actually down there helping the Victorians. We did a lot of stuff behind the scenes helping the Victorians.

The Hon. PETER PRIMROSE: Oh, good. Thank you.

DOMINIC MORGAN: One thing I can probably add to that is in relation to the secretary's comment about open disclosure and informing everybody. Only yesterday I reviewed some data. Whilst I don't remember the numbers, but 100 per cent of the incidents that we'd reviewed we had undertaken an open disclosure, so we actually communicated with the family. But we'll be able to get some numbers on the actual investigations.

The Hon. PETER PRIMROSE: Thank you. I appreciate that. Minister, can you tell us what was the purpose of your trip to Canada and the US in June of this year?

Mr BRAD HAZZARD: Yes, sure. It was a very short trip. I left on the public holiday, I think, in June—whenever that was, the long weekend—and went to the biotech conference, which NSW Health had been asking me to attend the last few years prior to COVID. This was the first one and the biggest one they'd had, so I went to the biotech conference. We had a number of—well, hundreds of companies there actually from all across the world, and the focus was to try and accelerate interest in New South Wales from the biotech industry. I had a day and a half there and then flew to Toronto to meet the health system people there who'd been working on similar issues to us in COVID. I spent one and a half days there with a couple of other companies, who have since been out here to talk to NSW Health as a result of those discussions particularly in the e-platform area. I left, I think, on the Thursday or Friday to get home, so I had all of three and a half or four days there, which was fairly excruciating actually.

The Hon. PETER PRIMROSE: It may be my failing eyesight, but I note when I tried to look for this information on the DPC site I can't find the information in the report.

Mr BRAD HAZZARD: I saw a draft report a couple of days ago and because of other work I haven't actually had a chance to see it and double-check it, but it's in draft form and it'll be available very soon. I'll send you a copy personally.

The Hon. PETER PRIMROSE: I'd appreciate that, in large print maybe.

Mr BRAD HAZZARD: Fourteen point.

The Hon. PETER PRIMROSE: Fourteen point, at least. But you acknowledge that there is a requirement that it needs to be there within 28 days.

Mr BRAD HAZZARD: I acknowledge that, but you also might acknowledge that I've been involved in COVID and am still involved in COVID, and life is pretty busy. But I'll get to it and I'll send you a personal copy, which will say, "Dear Peter".

The Hon. PETER PRIMROSE: Signed if possible. Thank you, Minister.

The Hon. EMMA HURST: Minister, last estimates I asked you about the organisation Full Stop and the concerns that they had raised that they didn't have the funding to deliver their very important sexual violence hotline. At the time you mentioned that you were going to look further into the situation. We've now past budget and Full Stop has still not received the funding that they need. Can you give me an update on what's happened here and what will happen with the organisation Full Stop going forward?

Mr BRAD HAZZARD: I remember the discussion. Following that discussion I did have discussions with my ministerial colleague who has primary responsibility for it and indicated your concerns and my concerns.

As I understood it, she was actually responding to those concerns. So you'd have to actually talk to her directly about that.

The Hon. EMMA HURST: And is that Minister Ward?

Mr BRAD HAZZARD: Yes.

The Hon. EMMA HURST: Did you actually meet with Full Stop as well with Minister Ward?

Mr BRAD HAZZARD: Yes, I think I did, yes.

The Hon. EMMA HURST: The other organisation that's missed out on funding in the budget is Women's Health NSW, that's a peak body with 21 non-government—

Mr BRAD HAZZARD: Sorry Emma, can you repeat the start of that question?

The Hon. EMMA HURST: Another group that reportedly missed out on funding in the budget is Women's Health NSW, a peak body of 21 non-government community-based women's health centres in New South Wales. They look after women's physical health, reproductive, sexual health, mental health and safety. They put in a budget bid for approximately $300,000 for each of their health centres per annum. They say that that money is essential to reflect unattributed increases over 30 years and provide sustainable core funding. That budget bid was denied and they didn't get any money through that budget. Can you give me a bit of information about how the priorities are made and why this particular service, given it was a fairly small amount of money that they were calling for, for a very large benefit for many women, why they weren't able to be successful in that budget bid?

Mr BRAD HAZZARD: Yes. Look, first of all, I'm very aware of the women's health centres, they do a very good job. They're not just of course a NSW Health facility, in a sense they also have GPs and they do it through the federal system as well. I think they have pretty close association with the PHNs and get some funding source from them. The first thing I'd say to you is they do a great job. I think what you just left out of your question—and I am pretty sure this is right; if anybody at the table thinks that I'm wrong please let us know—I think they got a 4.5 per cent increase in their budget for this year, which of course exceeded the general increase that was given to most health or government health facilities—the 3 per cent. But I think their position is that's still not enough and I understand that's certainly something which needs to be looked at.

My recollection, and I'll have a look at my notes in a minute, is that I actually assisted in giving them some money out of a particular fund to put another business case to the Government and that was because all of these issues are looked at through the Expenditure Review Committee. It goes to the committee of Cabinet and the committee of Cabinet made a decision that the business case, I think from my recollection, was not up to scratch, so I intervened and said—it's very helpful having you here, Dr Gale. My staff, was it? They just reminded me, it wasn't $50,000; I gave them $200,000 out of my contingency funds to assist just in June to try and put together business cases across their 20. But that was my intervention beyond the ERC to assist them. They currently I think get $262,700 annual funding.

There was also some work I did with the Illawarra. Anna Watson, who I saw was unfortunately pilloried yesterday by a particular member, has done a lot of good work in her electorate of Shellharbour. She works closely with the Illawarra Women's Health Centre and trauma centre. She's advocated to me on a number of occasions. I think as a result of that advocating in 2019-20 she managed to get a one-off funding of $50,000 to the Illawarra Women's Health Centre, and that was at that time to assist them in various ways. The same centre made a pre- budget submission to both the State and Australian governments, which is typical of these centres. The Federal budget announced certain monies for it, and I think it was July that I wrote to the new Federal Minister, Mark Butler, and asked him to engage in a bit more of the aspect, particularly around the trauma recovery aspects. I think last year, again out of my contingency fund and again in working with the local member on behalf of her constituents, but on behalf of women in the Illawarra area, I also gave a one-off funding of $300,000 to assist them with their core funding. I've been doing what I can to support them in every which way.

There's another thing that we've just done, which I've just been reminded about, again Anna Watson has been working with me looking at a new site for the Illawarra centre, the Illawarra Women's Health Centre. She came up with a particular site, which was going to be fairly expensive, but it seemed like a good idea. When I, on behalf of the local community and the work that Anna had put in to me, raised with Health whether or not we had some other facilities that were available which would not cost millions of dollars and as recently as two or three days ago, 5 September, the lady—is it Sally; I can't remember her surname—who's the chief executive there who looks after that particular centre, was taken to see a location. We will make some announcements on precisely where in due course, but she's aware of the location of premises that Health has offered to assist with, which will hopefully either cost nothing or very little compared to what was going to be the in cost millions of dollars to buy

and then many more millions to build a facility. Certainly from my point of view and from Health's point of view, we are doing everything to support the women's health centres as much as we can.

The Hon. EMMA HURST: I'm really interested in what you were saying and I appreciate, Minister, that you were saying that you were trying to step in and help with this business case to be able to help advocate for further funding. I know obviously that they're reporting increased waitlists and cutting counselling because they're so stretched for funding. Can you just give me a bit more information about, with this new business case that you're helping them with, what's their next opportunity to be able to put that business case? Do they have to wait another year or it is a process of you helping with that business case so they can kind of get some funding rather urgently?

Mr BRAD HAZZARD: No, I'm not helping with the business case. That's not something which a Minister would do.

The Hon. EMMA HURST: Sorry, I think you got them some money so that they could actually revise the business case.

Mr BRAD HAZZARD: Yes, $200,000, and $50,000 the year before. Just before I do that, can I say, the Secretary of Health has pointed out—I hadn't seen this letter—but she has a letter that's come from Anna dated 5 September which states:

> Dear Minister,
>
> Women's Trauma Recovery Centre - Port Kembla Hospital Site.
>
> I write on this occasion in relation to the New South Wales government-owned land at Port Kembla. I would like to extend my gratitude for the offer to potentially have this site for the Women's Trauma Recovery Centre, which will no doubt benefit the community.
>
> Sally Stevenson, AM, General Manager, Illawarra Women's Health Centre, has confirmed that the site is a suitable location, as such we seek to have an urgent meeting with yourself—

which I'll be giving her obviously—

> and the relevant department office to progress with this critical project, that will see Australia's first Women's Trauma Recovery Centre.
>
> The concept of a Women's Trauma Recovery Centre is a creative, evidence-based solution to the epidemic of domestic and family violence in Australia and a serious gap in support for women to recover from the potentially lifelong traumatic impacts of this violence. As an innovative model of care, it will transform response and recovery services for victim-survivors and has the potential to be rolled out across Australia.
>
> Yours sincerely.

There's one more sentence, sorry I missed it:

> Would you kindly consider my request for a meeting and provide my office with a response at your earliest convenience.

Mr BRAD HAZZARD: Suffice to say, from my point of view and Health's point of view, we are doing all we can to support the centres and work with Minister Ward in her area and to try and make sure there's funds available. And quickly answering your question, budgetary processes can happen at any stage, although usually there's a mid-term budget which doesn't happen quite the same way as the major budget. But I would imagine that there'd be a mid-term budget somewhere between now and the next few months and, possibly, if they've got the business case by then, it could go back up to the Treasurer and to ERC. But anyway, they've got the money to do it and hopefully they will be able to get professional advice on how best to represent those issues. The problem for a Treasurer—Labor, Liberal or anybody else—is they have to look at what's a good use of the taxpayers' money. So to get the business case right is pretty crucial.

Ms CATE FAEHRMANN: Minister, what role did you play in rejecting recommendation 41 of the regional health inquiry, which was to establish a health administration ombudsman in New South Wales?

Mr BRAD HAZZARD: That was an issue which was obviously looked at by NSW Health. The way it worked is that evidence was undertaken by the committee and we were, as in everything else that we do in Health, paying due attention to the committee and to the deliberations but also the evidence. At any one stage I may or may not have raised with Health—I can't remember now—something I had seen that came out of the inquiry. But in the final analysis, the question was whether or not there was a necessity for another bureaucratic layer and the cost to taxpayers of another bureaucratic layer. Was that necessary? The advice that came back was that there were already two bodies. One is the HCCC—and Ms Dawson who heads the HCCC has favoured us with her presence today—and the other one was the Ombudsman's office.

I'm sure, by the sound of it, the same questions were probably asked yesterday of the regional health Minister, but my recollection is that both of those organisations indicated they had the capacity to deal with what

the committee was proposing. Therefore the question was, does it make sense to have three different directions that you would send people, at cost to taxpayers, or was the issue about making sure that people who had a concern, who had gone through all the other processes and didn't feel satisfied, could then go to one of the other two organisations? I think, from memory, the view was that those organisations had to look at how we could communicate and how they could communicate better to the overall workforce and to others—the patients that might be dissatisfied—so that they could know that they had pathways that were available to them.

Ms CATE FAEHRMANN: Did you discuss that recommendation with the regional health Minister, Bronnie Taylor?

Mr BRAD HAZZARD: I talk to Bronnie daily—sometimes more than daily—and I don't have a specific recollection, but I'm quite sure that I would have, because that was something that was being discussed with Health and therefore would have been discussed with Bronnie as well. We obviously went through the recommendations together. The answer is yes, I would have. I just don't have a specific recollection of the conversation, but certainly that would have happened.

Ms CATE FAEHRMANN: You would be aware that since the regional health inquiry, reports continue to come out in the media as a result of investigations that reveal continued potentially avoidable deaths in New South Wales hospitals. There were quite a number of examples given in an article on 16 July this year by the journalist Carrie Fellner in *The Sydney Morning Herald*, which included quite a few deaths. They included the death of Tony Coulston, who was left vomiting blood for hours after falling from his hospital bed; another woman Carmel Haynes, whose blood vessel was pierced during an unnecessary procedure; Heather Smith, whose torn oesophagus went undetected for 11 days after elective surgery; and a man whose fatally high potassium levels were not acted on by staff.

There was another article by the ABC's Kathleen Calderwood about the young Dua Ali at Blacktown Hospital who died 48 hours after presenting to the ED vomiting and being sent home, being told she had food poisoning. A group of senior doctors are talking of a culture of cover-up that has become endemic within parts of the NSW Health bureaucracy in that it can be a career-ending move for even the most senior doctors and nurses to speak up. So after this recommendation that has come from this really important inquiry, which I sat on, why did you, as the health Minister, continue to refuse to either establish a health administration ombudsman or undertake an independent review into the workplace culture of NSW Health?

Mr BRAD HAZZARD: Ms Faehrmann, a number of the matters that you just raised I obviously have a lot of knowledge of, but I don't intend to share knowledge on particular cases. What I will say is that the specific issues that you just referred to go back to the first question. And the first question is, what processes are currently available? Recommendation 41 was actually specifically addressed in a letter from the Ombudsman, referring to the fact that they have power to currently investigate. So if you are saying, because you and your committee have determined there should be another level of investigative bodies, that the Government should automatically adopt that, despite the fact that the two independent bodies—that is, the Ombudsman and the HCCC—have given contrary advice, I think that's a big call. And I think you need to—

Ms CATE FAEHRMANN: Minister—

Mr BRAD HAZZARD: Let me finish, please. You asked the question and I didn't interrupt you. Let me finish. As to particular issues, I know those issues have clinical issues that need to be addressed, and that's a matter that medicine and health are not a precise science. Accidents do happen. It's a human system. We have measures in place at the moment to learn from those. The individuals learn from those and the system more broadly learns from those. And as a result of that, there are procedures in place that would allow each of these families who are concerned to be heard.

Ms CATE FAEHRMANN: Minister—

Mr BRAD HAZZARD: But as an example, last week there was a particular family, one of the ones you just mentioned, who came to see me because they didn't feel—

The CHAIR: Minister—

Mr BRAD HAZZARD: You're talking over me. I can't do this, Cate. I've got to be able to answer the questions. If you want to be on the call, I've got to be able to answer the questions.

The CHAIR: Minister, you don't have to bang the table with frustration.

Mr BRAD HAZZARD: I wasn't banging the table, Mr Chair.

The CHAIR: You did.

The Hon. WES FANG: Point of order—

The CHAIR: I haven't finished. I'm talking to the Minister. Don't talk over me. What I'm saying, Minister, is that there's very limited time. We do provide opportunity to fulsomely explain, in terms of the witnesses, the answers, but if the member is trying to say, "Listen, can I move to my next question?"—and she's intimating that and she's done that, I think, reasonably—we've got to pay some attention to that.

The Hon. WES FANG: Point of order—

The CHAIR: Stop the clock.

The Hon. WES FANG: I'm happy to stop the clock, but I just want to make the point that the question that Ms Faehrmann asked was one that was based on a large preamble—a very, very long preamble. In circumstances where the question itself takes almost as long as the answer the Minister is giving, the Minister has every right to canvass the answer in a very, very detailed way because of the length of the question. If Ms Faehrmann wants to ask questions that have long preambles, it is reasonable to expect that she will receive an answer with the same length, and so she should allow the Minister to continue and finish his answer before asking the next question.

The CHAIR: This seems like a bit of a lecture to me, the Chair. In any event, we're trying to provide an opportunity for questions to be asked and answers given back and forth.

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

The CHAIR: No.

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

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

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

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

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

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

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

Mr BRAD HAZZARD: I'm not sure then why it's being prosecuted with me today, but it's being prosecuted with me and I'm answering the question as best I can.

The CHAIR: I'm not criticising you for that.

Mr BRAD HAZZARD: I'm sorry, two separate Ministers—and I'm pretty busy, so I didn't get to sit and watch what happened yesterday.

The CHAIR: We're not criticising you, Minister.

Mr BRAD HAZZARD: I'm answering the questions as best I can.

The CHAIR: But if one Minister says one thing and another is almost contradicting the other, potentially—the opportunity to clear this up happened yesterday.

Mr BRAD HAZZARD: Ms Pearce is feeling a little aggrieved, from what I just heard, because she is indicating quite clearly that she made it clear yesterday that the letter would be available. Let's just move on from that. There appears to be some confusion as to whatever happened yesterday. I don't know; I can't answer that.

The CHAIR: There's no confusion in my mind.

Mr BRAD HAZZARD: Well, there's no confusion in Ms Pearce's mind. Let's just say we agree to disagree, but the letter will be available. You can have a look at it. It's not a problem.

The CHAIR: Both letters, because there is also one from the commissioner from the HCCC, and we're looking—

Mr BRAD HAZZARD: Okay, that's fine. We're talking over Cate's time now.

The CHAIR: No, no. Cate's time is frozen. Ms Cate Faehrmann?

Ms CATE FAEHRMANN: Thank you, Chair. I lost a bit of the flow there, but we'll go back to—

Mr BRAD HAZZARD: It was recommendation 41, Cate, that you were talking about.

Ms CATE FAEHRMANN: Not specifically in relation to recommendation 41, but the deaths that I was just referring to—none of them were scrutinised outside the local health district where they occurred. Is there a reason why at the time of this article you put questions in relation to these issues back to NSW Health? Is there a reason why you, as Minister, don't attempt to answer questions about the state of what is happening in local health districts?

Mr BRAD HAZZARD: Sorry, which particular aspect are you talking about, Cate?

Ms CATE FAEHRMANN: The deaths that I was just referring to. The article that appeared in *The Sydney Morning Herald* on 16 July 2022 states that when we put multiple questions to you about this, you referred all questions to NSW Health.

Mr BRAD HAZZARD: And that's what's appropriate.

Ms CATE FAEHRMANN: In relation to a culture of cover-up within the department, you referred that back to the department?

Mr BRAD HAZZARD: That's appropriate. In relation to aspects of how the health system works when there's an event that is obviously not good in terms of its outcome, there may be a whole range of reasons for that. It could be that it's a clinical issue with risk. There is almost no surgical procedure, Cate, that you actually undertake that doesn't have a risk. A sad and unfortunate and terrible outcome does not mean that somebody has necessarily done anything that's outside the normal course, but there are processes that exist in NSW Health that are considered by every other State and Territory to be the outstanding way of dealing with those issues. Usually the matter would be either a root cause analysis which is undertaken or it goes to the Coroner if it results in a death. There are processes in place. Let me say, you seem to be intermingling it with almost the bullying suggestions as well. I'm happy to take some more questions on that. The little beeper just went off, but I'm happy to talk to you about that a bit later, when somebody else's question time is completed and I come back to you. Remind me and I'm happy to talk to you about that.

Ms CATE FAEHRMANN: Do I have one more?

The CHAIR: Given there was some disruption, let's give some leniency to Ms Cate Faehrmann. Continue on because whilst that train of thought is continuing, perhaps the Minister—

Ms CATE FAEHRMANN: Thank you, Chair. Yes, Minister. The article—this is specifically what I'm referring to. Do you think it is acceptable that when you are approached about allegations from senior doctors that work within the system that there is a culture of cover-up that has become endemic within parts of the NSW Health bureaucracy, you refer that very question back to that very same NSW Health bureaucracy? Do you think that's appropriate as the health Minister?

Mr BRAD HAZZARD: As the health Minister—who I think is now the longest sitting health Minister in the country—I understand exactly what processes are necessary to be checked. I am in constant contact with NSW Health and the secretary and the former secretary about any allegations in terms of bullying within the 15 local health districts or any of the pillars. But you have to understand too, Cate, that there are 160,000 staff. I think there are only a couple of hundred in this Parliament, and yet there were plenty of allegations made from a couple of hundred. Well, actually, there are relatively few across 160,000 staff. NSW Health has an extraordinary record in terms of their work processes and the hearing of those complaints.

Having said that, as recently as two weeks ago or a week and a half ago I rang the secretary on a particular issue where I had received a letter from a particular person and I felt that it needed to be looked at in more detail. It had come to me. So when you say I do nothing, you're completely wrong about that. I'm just giving you a balanced response to what is otherwise a very emotive and accusatorial question. Of course I raise those issues. And if paperwork comes to me from them with accusations, I look at it and I seek advice from those and ask whether we can do something else. It's often within an LHD. The ministry is separate from the 15 local health districts. That was part of what the Labor and Liberal parties agreed to in New South Wales roughly 11 or 12 years ago, and there are measures in place that work fairly well.

But I know, having experienced these sorts of issues across a number of government agencies, that sometimes it can be simple personality agreements. It can be disagreements about promotion. It can be disagreements about salary entitlement. It can be a whole host of things which lead to accusations of bullying. So there needs to be some process that actually differentiates between those but also still addresses those concerns, because they're still employees and we have to make sure that, as employees, they feel that they've been heard, which is the most important thing. But for you to simply draw certain assumptions that because A happened there should be X outcome, well, I reject that. But I thank you for your concern about it because I share those concerns and I do a lot in that space to make sure that they are appropriately addressed.

At the end of the day, if there are complaints from practitioners, sometimes—and I think back to an example at Broken Hill where there were about four or five senior staff who raised concerns in regard to the death of a young man there. They came to see me because they wrote to me. When I saw their concerns, I facilitated a meeting with them. They came to talk to me and, as a result, I then indicated to the department or the ministry I would like the issue looked at more closely to take an active interest in what was otherwise an LHD issue. I do that all the time.

Last week or the week before, I met with the family of one of the people you mentioned, but I don't intend to tell you which one. I spent nearly 1¾ hours with them and listened to their concerns, and I expressed my concerns to the ministry about what they were asserting and what they believe and what they feel at the present time—it may or may not be absolutely accurate, but they feel it and they believe it—and therefore, as the Minister, I am doing what I can to make sure they're heard. I do that all the time. Thank you for your question.

The CHAIR: Before I move on, can I just circle back to the matter of those pieces of correspondence.

Mr BRAD HAZZARD: Which correspondence?

The CHAIR: From the HCCC and the second piece of correspondence. I just want to provide the secretary with an opportunity. I think she may be a little bit—I will choose the words carefully—unsettled about the nature of the questioning. I want to assure the secretary that there are no imputations at all about her integrity or the answers to the questions yesterday and taking them on notice. I was trying to seek clarification, and I will provide her an opportunity in a moment, if she wishes to respond. This was a very important recommendation which we only found had been noted, and we picked up a whole lot of evidence, so there was quite detailed questioning about it yesterday.

We then had the Minister and, to the best of my recollection, I think I correctly described that she wasn't sure, and then there was the emergence of correspondence, two letters. I do recall it being taken on notice. But you might remember a sharp edge to that line of questioning was this: Was it effectively legal advice that we can do this, so really there was no need? And this would underpin the decision not to proceed with the Ombudsman. I just want to provide you with an opportunity—obviously we have had some further questions about this today—to enable you, if you wish, to clear the air, so to speak. Hopefully, I have done that with my points I have made to you. But if you want to respond in any way, that's fine.

SUSAN PEARCE: Mr Donnelly, I'm fine. I am not unsettled at all. My recollection was that we agreed—

The CHAIR: That's fine. I just wanted to make sure there was no imputation on my part. We did have differences, to a point, of explanations. That's what I was trying to get to the bottom of.

SUSAN PEARCE: My recollection is that we agreed to provide the letters. I don't have any issue with that. I think there was some confusion about to whom they were addressed and so on, as I recall. There is no problem from my perspective.

The CHAIR: No, that's fine. I just wanted to make sure to clear the air.

Mr BRAD HAZZARD: Mr Chair, the letter was dated 31 May from the Ombudsman. I won't read the whole letter, but the third last paragraph states that the Ombudsman currently has jurisdiction to receive and handle

complaints about the administrative conduct of NSW Health and local health district management, and currently does so as part of its general complaint handling jurisdiction.

The CHAIR: That is very helpful. I will move back to Opposition questions.

The Hon. PETER PRIMROSE: I'm advised that Ms Jacqueline Many has had her planned surgery for a full hip replacement cancelled four times in the last 18 months. So, without discussing the individual case, I ask, given the extreme pain she has experienced, what do you say to Jacqueline and the nearly 100,000 other patients who are on the ever-increasing elective surgery waiting list and have their hopes dashed every time a planned surgery is cancelled?

Mr BRAD HAZZARD: First of all, what I would say is I don't know Jacqueline. I don't think she's written to me, but I'm sorry to Jacqueline and to anybody else who is in that situation. But can I say this: The waiting list actually in New South Wales, prior to COVID, and then, if you like, in the juncture between the two major phases, was actually very low compared to the rest of Australia, extremely low. In fact, I will ask the secretary to expand on that in a minute. Is that all right?

SUSAN PEARCE: Yes.

Mr BRAD HAZZARD: I remember we got down to 2,000 or 3,000 at one point, and, under the former Labor Government, I remember it was up over 29,000 when it actually lost office—and you didn't have COVID. We were doing an extraordinary job—the health system, the staff were doing an extraordinary job. It's obviously not a government issue in the sense that it's a clinicians' issue. Clinicians make those decisions as to whether the matter has to be dealt with within clinically required times. And it has to work within the broader health system. Peter, the situation has been for the last 2½ years that COVID has been killing the health system. It's been doing terrible things to it right across the country, right across the world.

In order for elective surgery lists to be dealt with, we had to, in fact, resort to contracts quite often with private hospitals, who have been very happy to do that when they could do it. Although they're now back up to full operation, so it makes it more difficult to use private hospitals to assist. Certainly, the Government has given the system plenty of money, but doctors have to find the time to be able to do the surgery. At the moment the list has extended and, again, I say to those people who have missed out because of 2½ years of COVID that it was a one-in-100-year pandemic and we have done our best. The clinicians are working very hard to try to achieve what they need to achieve. The system is working very hard. The secretary has oversight of this across the 15 local health districts and I think, generally, from what I can see, they are really doing their best.

Is it that Jacqueline was put off because of that? Well, that would have been a major factor of COVID. Also, on any individual day, if, in a major public hospital, somebody who has a requirement to have elective surgery—so it's not emergency surgery. If somebody has a car accident, and there are half a dozen people who come in who all require emergency surgery, unfortunately, we do get a requirement for things to be rearranged. And that's something which, in the public health system, we have to understand exists. But it happens again, in every State and Territory, and New South Wales is doing an extraordinary job. Every other State and Territory has come, every other Minister—in fact, I've spoken to three Labor Ministers in the last 24 hours about the various issues about what we do in New South Wales to help them know how to handle it. So, to make accusations, which is implicit in your question, that our health people are not doing everything they can to do what they need to do is just plain wrong.

SUSAN PEARCE: Mr Primrose, if I could assist you further. First of all, can I extend our apologies to Jacqueline for those delays. I have said publicly before during the course of the pandemic that the very last thing any of us ever want is for people to wait longer than they should for their surgery. Unfortunately, hips and knees and various orthopaedic procedures are captured in category 3 of our elective surgery categorisation that is applied by treating clinicians. Those that are deemed non-urgent surgeries were certainly impacted by the pandemic. I don't use that as an excuse. It is a simple fact; we've been very clear publicly about that. Being cancelled four times is an obviously highly undesirable outcome and something we seek to avoid—we really do seek to avoid people being cancelled that many times. Sometimes there are various reasons for that that aren't just about theatre capacity.

We have been very fortunate to have had a billion dollars in additional funding to address our surgery backlog as a consequence of the pandemic. At the end of June 2021, we actually managed to reduce the surgery wait list and the overdue patients from the previous year with the delays that were imposed by the Commonwealth across the country for surgery. We reduced those right back, which was very fortunate because then we were confronted by Delta followed by Omicron, so we have had a genuine challenge with that. In addition to furloughed staff that Mr Minns touched on yesterday, we are doing absolutely everything we can to catch up on that surgery that has been delayed because of the pandemic.

I understand that the relevant local health district has been in contact with Jacqueline in the middle of last month. I'm sure that they will continue to talk to her. I just want to give my reassurance that that is a very significant focus for NSW Health and we are pulling out all stops, including continuing to work with our private hospital colleagues, who have been a very important partner for us during the course of this. We are doing the absolute best we can under what have been genuinely difficult circumstances.

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

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

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

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

Mr BRAD HAZZARD: Can I add to what Dr Gale has just said in terms of the infection? It remains a real issue for us because at the moment over each week we are still seeing, just in New South Wales, about 120 deaths a week. Yes, they are people that have perhaps got into that often older category or comorbidities, but it is still a real risk. This virus has not gone away, and I am concerned that a lot of people actually think the virus has gone away. It has not gone away, but we are learning to live with the virus. We still need to be cautious, very, very cautious, and if we are getting 120 deaths a week, just in this State, and obviously each of the other States, particularly Victoria and some of the others, are in similar positions, it's still a big issue, so we need to be very, very cautious.

The issue that Dr Gale has talked about with declining immunity, what I am concerned about, and I think she and Dr Chant are concerned about, is people who have eligibility for vaccinations aren't necessarily going to get them. A lot of people have had, say three, but they became eligible for the fourth one now probably three or four months ago, and we are not seeing them all come forward to get it. You should be checking with your GP or your pharmacist whether you are eligible for a vaccination, and if you are, go and get it. I think a lot of people think because they have heard that a vaccination doesn't necessarily stop transmission, that they are not bothering to do it. But it actually makes it far less likely you will die or end up in our ICUs. That's a big reason to go and get vaccinated. Do you want to add anything to that?

The CHAIR: No. I am very grateful for that public health message by no less than the Minister for Health in New South Wales. I think that has covered it pretty clearly.

Mr BRAD HAZZARD: Sorry, I will just add this. Ms Pearce has just said to me that the actual figure today is 70 per cent only of the eligible population have had their third vaccination, let alone their fourth. Thirty per cent of people out there have still not gone and had their third when they were actually able to do it. My message is, and I am sure the message from this Committee is: Go and get vaccinated. Do it fast, because you may be saving your life or you may be saving a family member's life by having that lesser infection level.

The CHAIR: Thank you, Minister, that is really important information you just passed on. I appreciate that. Minister, when will the Sydney Olympic Park mass vaccination centre be closed?

Mr BRAD HAZZARD: It is.

The CHAIR: It is closed?

Mr BRAD HAZZARD: It closed about, I think it's about three weeks ago.

The CHAIR: Completely closed. Thank you for that.

Mr BRAD HAZZARD: Well, it's completely closed, but the issue of course, as Dr Gale was just saying, the normalisation of managing COVID is now the focus across Federal and State governments, and so the message

is go to your GP or go to your pharmacist. I think there are about 2,000 pharmacists, give or take across New South Wales. Most communities have somebody close by who can give you a vaccination. Do you have any more on that?

MARIANNE GALE: Just to say that there are many opportunities for vaccinations. There are about 3½ thousand pharmacies and GPs where people can go and access vaccination. We have achieved those really high vaccination rates. But, as the Minister said, we would like particularly to see the rate of the boosters, the third dose, go even higher.

The CHAIR: Sorry, the answer was given in regards to the Olympic—

SUSAN PEARCE: Mr Donnelly, can I just contribute a little further though in regard to Sydney Olympic Park? Just please, with the indulgence of the Committee, to also acknowledge the tremendous effort that the team there delivered on behalf of the State. It was truly remarkable. The important point though is that we have made provision for our mass vax centres in the event that we were ever required to stand them up again, if something was to occur and we were required to get them up and running again. Obviously, we learnt a lot during the course of last year during the vaccine rollout, and all of our districts are aware and have plans to rapidly stand up mass vaccination arrangements in the event that we needed to in the future. We hope that we don't ever need to confront that, or at least not for a long time, but we are ready if we do.

The CHAIR: Thank you, secretary, I will return to my question later.

The Hon. EMMA HURST: Continuing on the conversation on COVID, I wanted to ask you about long COVID. I know that at the moment we have got a long COVID clinic at St Vincent's Hospital, but it has been reported that the waitlist is very long and it is very difficult for anyone in regional and rural New South Wales to access that hospital. There was a recent announcement for $19 million to establish some new post-COVID clinics. Can I get some information about where those post-COVID clinics will be located and what the plans are?

Mr BRAD HAZZARD: Yes. Thanks, Ms Hurst. Again, just reminding the Committee that management of long COVID in the normalisation process is not just a function of a State health system and the Federal Government, the new Federal Government, is doing everything it can to assist. Thus far Minister Butler has been very accommodating and working with the State and Territory governments on these issues. But I have two people who are here who might be able to add more to that. One of them is not actually here—he is actually somewhere. Dr Lyons, if you felt you could contribute something to that question from Ms Hurst, that would be good? If not, I will go to the Acting Chief Health Officer.

NIGEL LYONS: [Inaudible] the Chief Health Officer to add as well. We have been discussing the important situation of long COVID through our communities of practice, the clinicians who have been raising the issues around the importance of having a response to long COVID and monitoring very carefully the evidence as it has emerged internationally around the incidence of long COVID. I think the first point to actually make is that the evidence that has been published indicates what we have been talking about: the importance of vaccination. There is evidence that by being at least double vaxxed, probably even greater protection if there is more than the double vaccination for COVID, it reduces the potential for people to have long COVID even if they do get an infection with COVID. It reduces it by at least, some of the studies have said up to ten times likely reduction. The importance of having a vaccine in relation to us making sure that we address the issues of not just the acute effects of COVID but also long sequelae is really important to acknowledge and reinforce.

The points that the Minister made are important points. Most of the care that we provide to patients following infection with COVID, most care is provided in the community settings now. Very few patients, by comparison with the numbers being infected, are actually admitted to our hospitals. An even lesser number actually are required to have intensive care therapy, which is very pleasing in response to the changes of what we have been doing with vaccine rates and different strains emerging. But, what is important is that there are plans in place to monitor those patients who have had a COVID infection in conjunction with their GPs, and ensure that if there are consequences from that infection which linger and end up being part of that syndrome that has been described as long COVID, that there are appropriate supports in place for them to access the specialist advice and care that they need.

We have had discussions around the model that we want to introduce for New South Wales, and our focus will be around providing support for our general practitioners and primary care practitioners to ensure that they have as much information available to them to provide advice to their patients and support their patients because they are the primary contact point. The Agency for Clinical Innovation has looked at the evidence around long COVID and has developed a care pathway, which is published now, to support giving information to primary care practitioners around how they could best support their patients if they do have these symptoms.

The aim is not to establish lots of specialist multidisciplinary clinics for every patient because most patients won't need that level of specialist involvement. So, where necessary, we will be establishing those specialist clinics in the settings where those experts are available, the multidisciplinary specialists, because it's not just respiratory; it's cardiovascular, neurology, clotting experts and rehabilitation as well. All of these areas of specialty are involved in providing the most appropriate care for those patients depending on their needs. So we are working with our clinicians to establish those services with a focus, as I said, on supporting GPs but, where necessary, being referred to the specialists either individually or on occasions collectively if there is a need because of the extent of the symptoms from COVID.

The Hon. EMMA HURST: Thank you, Dr Lyons. So the $19 million—

Mr BRAD HAZZARD: Emma, sorry—Dr Gale wants to add something.

MARIANNE GALE: I just want to reiterate what Dr Lyons said about the importance of vaccination and the evidence that's emerging about vaccination reducing the risk of long COVID. And very in particular, while two doses do reduce that risk compared to people who are unvaccinated, the third dose is particularly important. Again, really to encourage people, if you haven't got that third dose in particular, we really want to see people getting that booster dose. I think the additional thing is that people recovering from COVID can be a bit of a mixed group. There are people who have had severe infection—for example, perhaps have been hospitalised or in ICU and have organ complications as a result of the COVID who require rehabilitation and support to retain their pre-morbid level of function—and then there is the group with long COVID who've experienced these lingering symptoms more than three months after infection and where those symptoms have endured for more than two months.

As Dr Lyons said, there is still a lot of evidence yet to emerge about these conditions and about long COVID, and particularly around what kinds of models of treatment are likely to be effective. We know that there is no actual diagnostic test for long COVID, so diagnosis remains a challenge. It's very important as well, clinically, to make sure that people who may be suffering from long COVID don't actually have another condition that needs to be diagnosed. It's really an important diagnosis of exclusion that a clinician needs to make, and very important in the model of rehabilitation that it is a multidisciplinary model. The role of GPs, as has been mentioned, is critically important. But really looking at a combination of different specialties, including medical professionals as well as allied health, and often mental health professionals as well because some people can suffer the effects of anxiety and depression. So really looking at a multidisciplinary model that looks at returning a person to their pre-morbid level of function.

There's a lot of evidence yet to emerge about the best modalities of treatment, what kind of multidisciplinary models will work, but one of the really important things that we can do to prevent long COVID is vaccination. Also we know at a population level, the more people who have COVID, the more long COVID there will be. So trying to minimise transmission in the community, trying to minimise our case numbers, will proportionately reduce the number of people living in the community at risk of long COVID and living with long COVID. So a lot more to learn about this phenomenon, both globally and in Australia. As we learn more, we will adapt our services, and obviously working closely with primary care, who have a critical role in addressing long COVID in the community.

Ms CATE FAEHRMANN: I just have some questions for NSW Ambulance. I'm sorry I'm not in the room, but I am pretty sure—yes, there is a witness there. I just wanted to get confirmation from NSW Ambulance that you've informed the Australian Paramedics Association that you will formally limit the number of specialists available to regional stations?

Mr BRAD HAZZARD: Cate, the commissioner or chief executive, Dominic Morgan, is here, so he can answer that question.

Ms CATE FAEHRMANN: Thank you.

Mr BRAD HAZZARD: Commissioner.

DOMINIC MORGAN: Yes, thank you, Minister. There may be some confusion in the way that that has been characterised. Historically, there were no regional intensive care paramedic positions for a variety of historical industrial reasons. There were some allowed to go into regional New South Wales who would just work in an ordinary registered paramedic position, but there was no regional intensive care program. During COVID, obviously part of the planning was that we would need a very significant uplift right across New South Wales, and we put to the New South Wales Government that there should be, once and for all, the regional intensive care program. There were 104 intensive care units built—half of those went to the bush; half of those went to the metropolitan areas—and there was a significant uplift of all of our intensive care paramedics across the State.

Then we put in the previous year's budget a submission to have 246 additional intensive care paramedics trained, and 202 of those were specifically dedicated to regional New South Wales.

Now, where we'll end up with this is, effectively, we get about 50/50, where about 50 per cent of the intensive care paramedics will be located in regional New South Wales and about 50 per cent in the metropolitan area. Now, in actual fact, that's not simply a divide on the basis of geography. There is actually a comprehensive service planning model that sits behind it that looks at the amount of workload that will occur in any given area. The important thing to note is these are specialist positions. With specialist positions, these come with invasive clinical skills such as passing tubes into patients' lungs, placing needles into patients' chests. We always have this fine line of providing advanced clinical skills to our communities but also ensuring that our patients and the practitioners have sufficient workload to maintain the currency and proficiency of those skills to keep the patients safe.

That is the basis upon which the entire State was characterised into categories of stations for service profiling purposes. It is true that for our category A stations, of which there are many now across regional New South Wales—in fact, I think the figure is 17—we will be able to take current registered paramedics from a novice up to a specialist practitioner, and they will be able to reach currency within regional New South Wales. We also have category B stations, which tend to be predominantly in regional, where there is probably not sufficient work to take a novice to a specialist. However, without any doubt, there is enough workload to maintain their skills. So it is entirely true that we have been in extensive consultations over the last year and a half with the unions about the fact that we are categorising stations and that the intensive care paramedics will be targeted to those communities where we can make sure that the workload keeps them safe.

Ms CATE FAEHRMANN: Thank you for that response, Commissioner, because I have been told by some paramedics that if they do want to move regionally, it might be the case that some of them have to give up their qualifications—if they are an intensive or extended care paramedic, they may have to give up their qualifications to work at a particular regional ambulance station. Is that the case potentially for some skills?

DOMINIC MORGAN: No. How it works is there are two other categories of station, which are category C and category D. A category C station is where there is not sufficient workload to support a specialist service. However, there is probably enough workload to take a university graduate intern from novice to current competency. A category D station is our very small locations where there might literally only be five paramedics in the entire area. At those stations, should an intensive care paramedic wish to apply—and, generally speaking, we're talking about places that are in low population areas and low workloads, so often within western New South Wales—and if they choose to go to those locations, then their credentialing will not continue after they can no longer remain currently competent. But they can apply to go there; it's just they won't be able to practise as a specialist in those locations. If they wish to apply for a category A or a category B, then they get transferred in exactly the same way as any other specialist does anywhere in the State. The thing that is good about the system is it's not about geography; it is purely based on the workload and the service planning assessments.

Ms CATE FAEHRMANN: In your response you did indicate that, potentially, it could be the case that if an intensive care paramedic does want to move to a particular area, for whatever reason, if the station doesn't accommodate them, then they may lose their qualification. That's not a great situation.

DOMINIC MORGAN: Well, it depends on whether or not the amount of workload that you would want that person to receive to maintain the safety of their practice is sufficient. I will give you an example of, say, Dubbo. Dubbo Hospital has an intensive care unit; Narromine does not. The reason being is because there is not sufficient workload within the Narromine area to justify and maintain the safety of the practitioners in that area. Ambulance is no different. It's about keeping people safe. We have had, in the past, some locations where people who haven't been exposed to high volumes of workload are practising highly complex procedures and having very serious adverse outcomes for both the patient and the clinician. So that is something we wish to avoid. Importantly, the standard of care across New South Wales at all of our stations is registered paramedics. In some locations we have specialist services.

Ms CATE FAEHRMANN: I want to move to another issue—

The CHAIR: Cate, it's just gone time. I apologise to cut you off.

Ms CATE FAEHRMANN: Okay.

The CHAIR: If you could put a full stop there and return to the line of questioning after. We'll break for morning tea and we'll be back at 11.15 a.m.

(Short adjournment)

The CHAIR: Welcome back, everybody, to the next part of today's hearing. I welcome Dr Michael Douglas, who is joining us via videoconference as a witness. Dr Douglas, would you identify in what capacity you are appearing today?

MICHAEL DOUGLAS: Currently I'm a visiting medical officer with NSW Health. It's not so much in that capacity that I attend today. For the last 2¼ years I have been involved with the public health team of the COVID response as a deputy controller within the department of health team.

The CHAIR: We will now return to Opposition questions for a period of 20 minutes. If I could kick off through you, Minister, to Dr Gale. Doctor, will you release the health advice that was given to the AHPPC on reducing the isolation period for COVID cases?

Mr BRAD HAZZARD: I'll pass that over to Dr Gale in a minute, but can I just explain a little bit about the magic and the mystique of the AHPPC?

The CHAIR: That would be delightful.

Mr BRAD HAZZARD: After 2½ years I have got some insights into it. The AHPPC is a group of specialists and experts who come together nationally. I don't know whether they're still sitting daily but it was seven days a week for a couple of years. It was usually, but not always, Dr Chant who was on that as the primary representative from New South Wales. Every issue that was going up to the National Cabinet—so, in other words, up to previously Scott Morrison, via the then chief health officer or the secretary of Federal health—would come from that committee. There would be lots of discussions. Actually, on one occasion very early on, trying to work out the magic and mystique of this committee, I walked in and sat to listen to the deliberations while they were going on, as a lot of those deliberations, obviously, were remote. I was banned after that; I wasn't allowed to go back. But anyway.

What I did hear was that there were very senior and expert physicians and epidemiologists who were discussing the most complex of issues. They did their very best to try and come up with a summary, but you can imagine that any—with the exception of your excellent regional health committee, most committees have some difficulty in arriving at determined points, particularly on something where there was no guidebook and no playbook. It was a very difficult challenge. I'm not sure that written advice was given. I don't think it was, generally. But they looked at research papers and others that would be coming from other parts of the world. If you are asking Dr Gale whether there was something in writing, I would be interested to know whether there was too. I don't know that there was.

The CHAIR: Thank you for that preamble. I am grateful. That gives some very helpful context.

Mr BRAD HAZZARD: I will throw to Dr Gale and see what she might know about it.

The CHAIR: I am sure you understood the question, Dr Gale, but do you want me to repeat it in case any detail is missing?

MARIANNE GALE: No, I believe I understand the question, thank you. As the Committee is aware, I am the Acting Chief Health Officer this week. I wasn't present for the discussions at AHPPC or the points of view that were raised by New South Wales or by the other jurisdictions as part of the discussions of AHPPC. I am afraid I am not in a position to comment because I wasn't there. What I can say in general is that the health—

The CHAIR: Sorry, I'm not wanting to be rude and cut you off but it was a very specific question. If the position is that you have to take this on notice, if I'm understanding correctly, you need to say so. My question is: Will you release the health advice that was given to the AHPPC on reducing the isolation period for COVID cases?

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

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

Mr BRAD HAZZARD: But advice from whom?

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

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

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

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

The CHAIR: Yes, I understand.

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

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

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

The CHAIR: We can return to this.

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

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

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

The CHAIR: I am grateful for that.

The Hon. ADAM SEARLE: Thank you, Minister. I just want to ask some questions about the recommendations of the report of the ice inquiry conducted by Dr Dan Howard, SC. You would agree with the Attorney General, wouldn't you, that the inquiry and its report was founded on extensive research and evidence?

Mr BRAD HAZZARD: Absolutely.

The Hon. ADAM SEARLE: I think you would also agree—

Mr BRAD HAZZARD: And he recounts that throughout the report.

The Hon. ADAM SEARLE: He does.

Mr BRAD HAZZARD: There were over 1,000 pages of it and he recounts that.

The Hon. ADAM SEARLE: Absolutely. You would agree with Dr Howard that the criminalisation or the approach towards drug use is—there is a profound flaw in our justice system in the way we are currently approaching a lot of those issues?

Mr BRAD HAZZARD: Can I leave the justice position to the Attorney General?

The Hon. ADAM SEARLE: Sure. I think the Attorney—

Mr BRAD HAZZARD: I think you know my views on all of this, so you don't really need to ask it.

The Hon. ADAM SEARLE: I will ask you this, then: Given those views, the Attorney General in his estimates hearing said that he had spent hundreds of hours working through this and trying to get things moving, and that he was disappointed that there wasn't yet a government response to the ice inquiry report. Do you share that disappointment?

Mr BRAD HAZZARD: I think it's fair to say that there are a lot of incredibly positive suggestions and recommendations. From a health perspective, I am not the Attorney General anymore. I'm not going to give my legal view.

The Hon. ADAM SEARLE: But you have that perspective.

Mr BRAD HAZZARD: I do and I have been around for a long while, too, sadly. I would like to be younger, but I'm not.

The Hon. ADAM SEARLE: Minister, perhaps I could put it to you very directly: It is now 31 months since Dr Howard—

Mr BRAD HAZZARD: January 2020, I think it was.

The Hon. ADAM SEARLE: It was February 2020 when he delivered—

Mr BRAD HAZZARD: Sorry, the report was dated January but he delivered it in February. Yes, you are right.

The Hon. ADAM SEARLE: He delivered it in February, I think, to the front desk at 52 Martin Place. He couldn't get in to see the Premier, but he left the report at the front desk. Some 31 months later—

Mr BRAD HAZZARD: I know nothing about that so I can't confirm or deny that. I don't know.

The Hon. ADAM SEARLE: I think it's a matter of record. Some 31 months on, the Government hasn't responded. That's just not good enough, is it?

Mr BRAD HAZZARD: I think the issues that Dan Howard—I mean, he has enormous expertise in this area.

The Hon. ADAM SEARLE: Yes. He was the first Mental Health Commissioner of this State, appointed by your Government.

Mr BRAD HAZZARD: Yes, he was. The evidence that he took—including, I might add, from government agencies, including NSW Health and a number of other government agencies—was detailed and, I think, from a lot of experience from a lot of people. There are certain views. I think it's fair to say that more broadly in the community there are some other views, which somehow need to be balanced by the Government. You would appreciate that I can't discuss as much as I would probably like to and you would like me to.

The Hon. ADAM SEARLE: Absolutely. Please, tell us more.

Mr BRAD HAZZARD: Yes, tell us more. As much as you would like me to discuss the issues that go on in Cabinet, I can't. There has been a lot of attention and work and strong views put that I would say probably fairly reflect differing views in the community. To arrive at a position which is respectful of the various views in the community has proved rather challenging. Some of the issues, say, for example, pill testing—I don't have a problem with actually saying that I don't currently support pill testing. I have addressed that here in the inquiries before and I am happy to do it again, if you want to ask me.

The Hon. ADAM SEARLE: The question is: We are 31 months on and the Attorney General says he has done everything he can and the Minister for Police reckons he has done his homework and it's now in somebody else's inbox, so why—

Mr BRAD HAZZARD: Is that what he said?

The Hon. ADAM SEARLE: That is what he said at estimates last week. He says that all the recommendations that fell to him—

Mr BRAD HAZZARD: I should listen to these damned estimates to see what everyone else is saying, shouldn't I?

The Hon. ADAM SEARLE: You definitely should.

The CHAIR: Particularly the regional health one, Minister.

Mr BRAD HAZZARD: I missed that, but I had absolute confidence in the regional health Minister.

The Hon. WES FANG: It was a particularly good one. It was entertaining.

Mr BRAD HAZZARD: I did see some stuff on TV last night, which was rather interesting.

The Hon. ADAM SEARLE: Minister, can I just ask the question, will your Government respond legislatively to the report this year?

Mr BRAD HAZZARD: That is something which you would have to address to the Premier, but I think that there is a lot of work being done on it. Some of the work, can I say, Adam, has actually seen some issues which maybe you are not aware of. I think it was a few weeks ago now, I can't remember exactly, some money was actually allocated or authorised by me to go ahead through Health—some of the Drug Court money in Dubbo and other things that Dr Chant had wanted to get on with. I authorised proceeding with that. I think it was just shy of $25 million worth. So some things are actually happening, even though there might not be—

The Hon. ADAM SEARLE: A formal government response.

Mr BRAD HAZZARD: —finality in terms of the response to the report.

The Hon. ADAM SEARLE: I understand. So you can't give a guarantee that the Government will respond this year. That's a matter for you.

Mr BRAD HAZZARD: What I just said to you was you would have to address that to the Premier.

The Hon. ADAM SEARLE: To the Premier, okay.

Mr BRAD HAZZARD: I assume that he is being asked exactly the same questions right now, knowing your skilful legal skills, which hopefully will be used again productively very shortly.

The Hon. ADAM SEARLE: Well, who knows, Minister?

The Hon. WES FANG: In Opposition.

Mr BRAD HAZZARD: I'd brief him. I think he's good.

The Hon. ADAM SEARLE: Minister, have you met with Dr Howard?

Mr BRAD HAZZARD: What?

The Hon. ADAM SEARLE: Have you met with Dr Howard to discuss these issues in his report?

Mr BRAD HAZZARD: No, but Dan Howard did come to talk to me, not about his recommendations. But he came and we had a long chat, actually. He's, I think, really good. His experience and background was the right person for the job and I think he drew on the expertise more broadly across the community. I mean, look, you could probably work out from, as I said earlier, my views. I have constantly in the last—how long have I been here? Thirty years, 25 years, 32 years?

The Hon. ADAM SEARLE: Since 1995?

Mr BRAD HAZZARD: —supported drug law reform and I have constantly supported and been to many discussions around issues like, for example, the injecting room at Kings Cross. The last time, I think, was with Penny Sharpe. We were over the road at St. Stephen's church, maybe just before COVID, and I made my views very clear, that I think that criminalisation of people who—these are my views, right, not Cabinet; these are my views.

The Hon. ADAM SEARLE: Yes. You're the health Minister. We're asking you questions. So tell us.

Mr BRAD HAZZARD: I am giving you my view. My view is that people who have small doses, small amounts of drugs, are generally not—not always; there are some circumstances—but generally not—they should be treated in a medicalised way and that criminalisation should be reserved for those who are just rotten souls to the core who'd bring in drugs and who try and obviously supply drugs to others and so on. And I really wouldn't care what we did with them. They could be locked up for life, as far as I'm concerned. But in terms of the smaller community—I acted for clients over the years as a lawyer who had the benefit of all sorts of assistance, but they really needed health assistance and they often didn't get the full ambit of health assistance.

I am thinking of one particular client. In those days, heroin was the drug of choice. Now it's really more MDMA or—yes, generally MDMA that causes the grief. I had to face his dad, having got him out of jail a few times. He eventually died shooting up and he was only a young man. I think that those who deny the value of interventions are kidding themselves. So you can imagine my views in relation to it. But what I actually express in Cabinet shall remain just between me and the other erstwhile members of Cabinet. But they're my personal views.

The Hon. ADAM SEARLE: I understand that. From those views that you've expressed, should we draw the conclusion that those recommendations made by Dr Howard's report, the ice inquiry report, that fell to you to action, that you have done whatever you need to within the Government to advance those? Is that a conclusion we could safely draw?

Mr BRAD HAZZARD: I think I and Minister Speakman have done everything humanly possible, yes.

The Hon. ADAM SEARLE: Okay. Dr Howard, of course, has criticised the delay by the Government.

Mr BRAD HAZZARD: Could I remind you, Adam—were you here when Labor was in government last time? I can't remember.

The Hon. ADAM SEARLE: I was not a member of Parliament, no.

Mr BRAD HAZZARD: Oh, you weren't. I'll just remind you that some of the best attorneys general of all time, including Bob Debus and Jeff Shaw, did used to convey to me the frustrations they often had. As much as I had a lot of time for Premier Carr, I've got to say they were very frustrated during the parliamentary process by some of the obstacles they found. So it ain't different from what it's been in the past and we're just working our way through those issues.

The Hon. ADAM SEARLE: Just mentioning the former Premier Carr, one of the ways in which that Government dealt with some of these difficult issues—

Mr BRAD HAZZARD: Was the summit.

The Hon. ADAM SEARLE: —was to have a Drug Summit. Do you think it's time for another drug summit?

Mr BRAD HAZZARD: I am not going to comment on that, but I'd say that at the time of the summit I was here. I've been here for a long while, Adam, and it was one of the better opportunities that I had in this place to hear some incredibly substantive inputs from individuals who were suffering, families who had suffered, and also from the most amazing researchers and medical people and lawyers. It was an incredible opportunity and I was actually privileged to be part of that whole structure.

The Hon. ADAM SEARLE: Not to downplay the complexity of Dr Howard's report, but many of the issues canvassed, although shocking, are not new. The Government's had 31 months to respond. Dr Howard has criticised the delay.

Mr BRAD HAZZARD: Mmm.

The Hon. ADAM SEARLE: If the Government is not able to get its act together to actually respond in the last few weeks of this Parliament, that's a dereliction of its duty as Government, wouldn't you agree?

Mr BRAD HAZZARD: I'm sure a Labor member would say that.

The Hon. ADAM SEARLE: I am advancing that proposition to you. What do you say?

Mr BRAD HAZZARD: I acknowledge and I appreciate your advancing that proposition, and it's not one with which I would concur.

The Hon. ADAM SEARLE: So it would be okay with you if this Parliament expired with your Government not actually having responded—

Mr BRAD HAZZARD: I haven't said that either. You—

The Hon. ADAM SEARLE: Okay, but that's my question.

Mr BRAD HAZZARD: Just as well this isn't a court of law because I think you're now putting words into my mouth and leading the witness, and the witness will not be led.

The Hon. ADAM SEARLE: I am asking you whether you agree with that proposition.

Mr BRAD HAZZARD: The witness has answered as much as he is reasonably going to, and I think I've been very generous in my answers to date, or to this moment. But I appreciate your constant cross-examination expertise.

The Hon. ADAM SEARLE: Thank you, Minister.

Mr BRAD HAZZARD: Pleasure.

The Hon. ADAM SEARLE: Chair?

The CHAIR: Thank you. We're just about to go to the bell, so instead of opening up a line of questions, we'll move to the crossbench for their line of questioning, and we'll start with the Hon. Mark Latham.

The Hon. MARK LATHAM: Thank you, Chair. Dr Douglas, thank you for participating in this budget estimates. It's Mark Latham asking questions about the document you furnished as part of an SO52 provided to the Legislative Council. It's headed, "Minister Hazzard's classification as casual contact at National Party Dinner Function 22 June", and are notes written by you, Michael Douglas, on 23 October 2021. In the experience we've had with 400 of these calls for papers in the upper House, this is the first time, to my knowledge, that a document has been provided as part of the papers that was written after the motion was actually moved by the Legislative Council—that is, you've offered a retrospective account of what happened. Could I just ask why you did that?

Mr BRAD HAZZARD: Sorry, can you repeat the question, so that I can understand it? First of all, any questions need to be directed to me, and if I want to refer them to one of the officers here, I will. So what's the question again? Can you make it a little more succinct?

The Hon. MARK LATHAM: Well, my question is to Dr Douglas.

Mr BRAD HAZZARD: Sorry?

The Hon. MARK LATHAM: My question is to Dr Douglas.

Mr BRAD HAZZARD: Well, I'm telling you to refer the question to me, Mr Latham.

The CHAIR: Order! You're not the chair either.

The Hon. MARK LATHAM: Well, you're not Dr Douglas. Dr Douglas is the witness.

Mr BRAD HAZZARD: I am actually the Minister here and you refer the question to me.

The Hon. WES FANG: Point of order—

The CHAIR: Minister, you're not the chair.

Mr BRAD HAZZARD: I'm quite capable, and you know this, of directing these staff to actually answer or not answer, and I will do that if I don't hear the question again so that I know what the question was.

The CHAIR: Order! Minister—

Mr BRAD HAZZARD: Are you suggesting that I can't hear the question?

The CHAIR: No. What I'm suggesting is—

Mr BRAD HAZZARD: Is that what you're suggesting?

The CHAIR: I'm suggesting you don't be so damn rude. That's what I'm suggesting.

The Hon. WES FANG: Point of order—

Mr BRAD HAZZARD: Perhaps you should be a little more respectful of the fact that I've asked politely for the question to be repeated.

The CHAIR: Order! You've made a request. I'm sure the Hon. Mark Latham heard the request.

Mr BRAD HAZZARD: And he refused to do it.

The CHAIR: Hang on. You say you didn't hear the question, Minister. Is that what you're saying?

Mr BRAD HAZZARD: That's what I said. I'd like to hear the question.

The CHAIR: Minister, it's not a matter of you directing the question to somebody else. If you didn't hear the question, it can be repeated.

The Hon. MARK LATHAM: Just to clarify, Chair, I've chaired a PC 3, for example, but is it the procedure here—this is the first time I've been to PC 2—that the Minister decides for the official to answer?

The CHAIR: That's Minister Hazzard's attitude.

The Hon. MARK LATHAM: Uh-huh.

The CHAIR: I have never acceded to that.

The Hon. MARK LATHAM: You haven't.

The CHAIR: Never, and I'm not going to today either accede to that.

The Hon. MARK LATHAM: Okay. Well, I've asked my question directly then, according to your ruling, to Dr Douglas and I'd like a response, please.

Mr BRAD HAZZARD: And I'd like it repeated.

The CHAIR: We will stop the clock. We've stopped the clock so it's not eating into your time. Just ask the question, so the Minister can hear it.

The Hon. MARK LATHAM: Okay. Dr Douglas, I've mentioned this document provided retrospectively as part of the upper House SO52 headed, "Minister Hazzard's classification as casual contact at National Party Dinner Function 22 June". These are notes written by you dated 23 October 2021. We've had over 400 calls for papers in the upper House. This is the first time, to my knowledge, that a document's been provided retrospectively, that is, it's been written and supplied to the upper House after the actual motion of our Chamber. I'm just asking why you did that.

The CHAIR: Dr Douglas?

MICHAEL DOUGLAS: Thank you very much for the question. When the request for the information came through, we looked over the material that we had that described the actions around that particular exposure event in June 2020 and indeed there was no [inaudible] to the story as we worked through.

The CHAIR: Excuse me, Dr Douglas. I'm sorry, Dr Douglas, excuse me. Could you speak up a little bit, please, because we just want to be able to clearly hear you. Thank you.

MICHAEL DOUGLAS: I'm very sorry. Is that any better?

The CHAIR: That is, yes. Thank you.

MICHAEL DOUGLAS: Just in order to give the fullest I recall of the events, the fullness of documentation of events, I pulled together the information that I had. My notes from the time were perhaps not as complete as I would have wanted them to be, so that was the record that I could remember retrospectively.

The Hon. MARK LATHAM: Thank you for that. When you say "we decided", who are you talking about there?

MICHAEL DOUGLAS: Myself and the legal team within Health, my discussion with them, where I say, "Look, I don't think my notes are complete enough to provide the information requested of us. I do have a fullness of recall of the events. Is it fair to document that now?"

The Hon. MARK LATHAM: And what was your role in Health at that time, please?

MICHAEL DOUGLAS: In June of 2020?

The Hon. MARK LATHAM: And in October, yes.

MICHAEL DOUGLAS: I was deputy controller for the public health response.

The Hon. MARK LATHAM: What did the legal team say to you?

Mr BRAD HAZZARD: First of all, it's questions about me and it's to do with health issues. So I don't know that this is appropriate—in fact, I'm sure it it's not appropriate. It's an exercise in effectively bullying a Health officer into giving private advice about a person who happens to be a Minister but was obviously in a situation which a number of other people found themselves in. Based on yesterday's effort of Mr Latham publicly humiliating a Labor MP, a hardworking female Labor MP, and then another female former Liberal MP and trying to undermine the bullying report, the Broderick report, I object wholeheartedly if you are going to allow, Mr Chairman, this line of questioning which is effectively bullying the Health officer into giving legal advice which is actually not subject to being given out.

The CHAIR: Minister, I'm going to dismiss essentially all of what you've just said.

Mr BRAD HAZZARD: I'm sorry, I missed that. Can you say it again?

The CHAIR: I said I'm going to dismiss virtually all of what you've just said.

Mr BRAD HAZZARD: Why? What's the justification?

The CHAIR: There is no bullying taking place that I can detect.

Mr BRAD HAZZARD: Well, yesterday there was. He bullied two female Labor MPs, one Anna Watson, who's a really hardworking Labor MP and he bullied her—

The CHAIR: Stop the clock.

Mr BRAD HAZZARD: —with an absolutely irrelevant comment about her. When we've already heard today the work that she's been doing for women's health. I think it's appalling, what he did on TV last night, just appalling. And having him back in here again today—he has a history of bullying. My lord, go back to 2003, he broke a taxi driver's arm. He has a history of behaving improperly. His own book, he referred to all his colleagues as snakes, freaks, arseholes and sewer rats. This man should not be asking questions which go beyond the reasonable realm of this committee. He should not be asking any questions actually. He shouldn't even be in Parliament.

The Hon. MARK LATHAM: Yes, I'm sorry I got elected.

Mr BRAD HAZZARD: You shouldn't be. You were described as rancorous and rancid by Neal Blewett, and you are.

The CHAIR: Order! Minister.

Mr BRAD HAZZARD: You do nothing but attack females.

The CHAIR: Minister, Minister—

Mr BRAD HAZZARD: What did you do to the Reserve governor's daughter? Accused her of various improper motives. You really are appalling.

The CHAIR: Minister, I can see you're getting a little bit fired up. But listen, can we return to the member and his—

Mr BRAD HAZZARD: Wouldn't you, after Anna Watson got hammered by him yesterday? Utterly irrelevant.

The CHAIR: Minister, I can see you're getting a little bit agitated, but can we return to the honourable member. Can you please continue your questions?

The Hon. MARK LATHAM: Yes. Dr Douglas, are you able to say what the legal team said to you when you said that you'd like to provide this retrospective report to the upper House? Did they say you've got clearance to do that?

MICHAEL DOUGLAS: I would not want to misrepresent their advice and I don't have documentation of what that advice was in front of me today, but the general thrust of what they said is that if that's the best way to have a report of the situation, then that's okay to do so.

The Hon. MARK LATHAM: Thank you. And you only spoke to the legal team? You didn't speak to Jennie Musto, who did the assessment of the Minister to make him a casual contact?

MICHAEL DOUGLAS: Jennie and I worked closely together over the years and clearly these things came up in conversation, all manner of context came up in conversation frequently. It's quite possible. So if I go back to the time that Jennie Musto and her team made the assessment of the contact status of the guest speakers at the event—[audio malfunction]

The CHAIR: Please continue, we can hear you. IT, over to you.

The Hon. MARK LATHAM: I'm in your hands, Chair.

MICHAEL DOUGLAS: Sorry, I lost the connection.

The CHAIR: Can you both see and hear us, Dr Douglas? Can you hear us, Dr Douglas?

MICHAEL DOUGLAS: Yes, I can.

The CHAIR: Can I make a suggestion? Perhaps to improve the quality of the audio, sometimes to go to blank facilitates better clarity. If you do that, that might assist the way we exchange these questions and answers. Honourable member?

The Hon. WES FANG: Chair, just before we do that, can I seek some guidance? Seeing that we're going down this path in relation to questions, my understanding is that legal professional privilege exists between a member when they seek legal advice and that it's potentially not a lawful question to seek that that member recount that advice. I think that that's an important point that we need to address, given the initial question and what I would foreshadow was potentially further questions.

The Hon. MARK LATHAM: Chair, I've moved past that. We've moved on to Jennie Musto, who's not a lawyer.

The CHAIR: You can talk about Jennie Musto.

The Hon. MARK LATHAM: Dr Douglas, was Jennie Musto able to look at the one-page submission you made dated 23 October?

MICHAEL DOUGLAS: It was my recall—[inaudible]

The Hon. MARK LATHAM: Could you say that again, because we didn't pick that up here, sorry?

MICHAEL DOUGLAS: Sorry, I'll take the video off again. I cannot recall if she read it or not. It's my documentation, my report, so I take responsibility for it.

The Hon. MARK LATHAM: Is it your recollection that in your discussions with her prior to furnishing the one-page document that she was in agreement as to what you were going to write?

Mr BRAD HAZZARD: He just said he can't remember, Mr Chairman. So that's—

The Hon. MARK LATHAM: No, that's the final document I'm asking in the preparation of.

Mr BRAD HAZZARD: It's a non sequitur. Mr Chairman, these questions by the honourable member have already been asked in your House. There was an answer given.

The CHAIR: Minister—

Mr BRAD HAZZARD: Two questions actually. He's quite obsessed. He's not only obsessed with bullying female MPs and ex-MPs—

The CHAIR: Stop the clock.

Mr BRAD HAZZARD: —he's also obsessed with anything to do with this. It's about time that you draw him back to the ambits of the estimates committee and tell him to stick with basically the rules, that actually you have to comply with and that he has to comply with and that he's not used to complying with.

The Hon. MARK LATHAM: Chair, this Minister applied rules right across New South Wales for millions of people—

Mr BRAD HAZZARD: Look, seriously, you are a bully.

The Hon. MARK LATHAM: —that he himself didn't observe.

Mr BRAD HAZZARD: You bullied female MPs yesterday.

The Hon. MARK LATHAM: That's the line of questioning.

The Hon. WES FANG: Point of order—

The CHAIR: Order!

Mr BRAD HAZZARD: Anna Watson did not deserve what you did to her yesterday.

The CHAIR: Order!

The Hon. WES FANG: Point of order.

The CHAIR: Order!

Mr BRAD HAZZARD: And nor did Catherine Cusack.

The CHAIR: Order! Minister—

Mr BRAD HAZZARD: You have a history of bullying females.

The CHAIR: Minister—

The Hon. WES FANG: Point of order—

Mr BRAD HAZZARD: You don't like the Broderick report and you come back in here—

The CHAIR: Minister—

Mr BRAD HAZZARD: —and now you're having another go at general bullying.

The CHAIR: Minister—

Mr BRAD HAZZARD: You should be out of Parliament.

The CHAIR: Minister, please. Let's try and keep this as civilised as we can.

The Hon. MARK LATHAM: Is that the best you've got?

The CHAIR: It always can be challenging.

The Hon. WES FANG: Point of order—

The CHAIR: There's been a point of order taken. The clock's been stopped. Yes?

The Hon. WES FANG: It's a similar point of order that I've raised previously, which is that I'm thinking of Hansard at this time and the difficulty that they will have in recording the interactions.

The CHAIR: I don't want to cut you off, but that launch of exchange was from the Minister. He's from your side, so to speak.

The Hon. WES FANG: I'm not seeking to cast blame. I'm seeking to—

The CHAIR: Let's move on. Let's not waste time with this point of order. You saw where that came from. The Hon. Mark Latham?

The Hon. MARK LATHAM: Thank you for the chance to illicit this information. Dr Douglas, in the preparation of the document, is it your recollection that Jennie Musto was in agreement with what you were proposing to write?

Mr BRAD HAZZARD: He's just said he doesn't remember.

MICHAEL DOUGLAS: Back in June of 2020, at the time of the incident, I had discussions with Jennie about her assessment and concurred, felt comfortable about the assessment. The team was an outstanding team. They managed outbreaks, managed contacts throughout the pandemic with excellence, and I trusted their judgement on the education too. In 2021—

The Hon. MARK LATHAM: Thank you. Why do you believe Jennie Musto classified the Minister as a "casual contact" when you've recorded here in your document, "Minister for Health, Minister Marshall reports very close to the Minister Hazzard and had a conversation before he spoke". Isn't that quote there the classic definition of a close contact?

MICHAEL DOUGLAS: Not necessarily. We've moved on from the term "close contact". That was certainly the term at the time. And really classification of "close contact" depends on a number of factors. Proximity is one; duration is another. The level of interaction and nature of interaction all add into the classification of "close contact". So if Jennie and her team had made the decision, based on all of the facts in front of them, that Minister Hazzard was not a close contact at the time, I'd support that decision.

The Hon. MARK LATHAM: This quote here that Minister Hazzard—on a report of Adam Marshall, "was very close to Minister Hazzard and had a conversation before he spoke at the event", are they the words used by Adam Marshall recorded by contact tracers?

Mr BRAD HAZZARD: Mr Chairman—

MICHAEL DOUGLAS: I can't answer that question.

The Hon. MARK LATHAM: It's in your report, Dr Douglas.

Mr BRAD HAZZARD: —this is with regard to me and a medical issue. You are allowing this person, who has a history of bullying, to continue to try and intervene and effectively assert that independent decision-making by clinicians wasn't appropriate. If he has any evidence of that, let him put it in some other forum, but this is not the forum for that. He's effectively attacking chief or senior health physicians who were making very, very difficult decisions in the middle of a COVID pandemic. If this is the best he has to do, on day two, after he has attacked two female MPs—one hardworking Labor MP, Anna Watson; one former Liberal female MP—and that's only a couple of weeks after he has attacked the Broderick report saying basically it's a waste of time and a waste of space, his idea of how to conduct himself is not the way a member of Parliament should conduct themselves, and I ask you again to tell him that this line of questioning is out of order.

The Hon. MARK LATHAM: Chair, my interest in this was provoked by people at the National Party dinner complaining furiously—

Mr BRAD HAZZARD: It doesn't matter what your interest was—

The Hon. MARK LATHAM: —that they had to isolate for a fortnight—

Mr BRAD HAZZARD: It doesn't matter.

The Hon. MARK LATHAM: —while the Minister isolated for 24 hours. I'm trying to get to the bottom of a Minister who applied rules—

Mr BRAD HAZZARD: Mate, it would help if you isolated right out of this Parliament.

The Hon. MARK LATHAM: —to millions of people across New South Wales that he didn't apply to himself, which is a big issue.

The CHAIR: Minister, in my judgement, for what that's worth, is that we proceed through this and get it completed. I know you're not agreeable to what I've just said, but let the evidence fall—

Mr BRAD HAZZARD: Let's put it this way, if that is the decision, I will refer this to the Privileges Committee, because you are allowing him to, one, assert that independent clinicians are doing something that's improper or wrong—

The CHAIR: No.

Mr BRAD HAZZARD: —and, two, you are allowing him to actually put himself right smack bang into medical situations involving me. That is not appropriate.

The CHAIR: No, Minister. I don't think that's what's happening at all.

Mr BRAD HAZZARD: That is exactly what's happening.

The CHAIR: Minister, there are questions going back and forth. I think the evidence will fall where the evidence falls. Okay? You've been listening and I've been listening and we have been hearing interestingly what has been said. So let's just let the questions complete.

Mr BRAD HAZZARD: He's just a plain bully.

The Hon. MARK LATHAM: Dr Douglas, that quote where Minister Marshall reports that he was very close to Minister Hazzard and had a conversation before he spoke, where does that come from, please?

MICHAEL DOUGLAS: I cannot recall, but I would assume, if I can assume, that it's from the assessment made by the contact tracers.

The Hon. MARK LATHAM: There were three contact tracers, is that right? That's what the documents provided to the LC seemed to indicate.

MICHAEL DOUGLAS: The contact tracing team is substantial and was substantial at that time. Jennie Musto, as you've mentioned, was the head of the contact tracing team at the time and she would have cast her eye over all of the assessments made by the team.

The Hon. MARK LATHAM: There's another contact tracer who said, "Adam Marshall seems to have had direct contact with the health Minister at the charity event." That's the description used for the National Party dinner. How is it that Adam Marshall can be, according to one contact tracer, very close to Minister Hazzard and have a conversation and another says that he had direct contact with the Minister, but the Minister was only ever classified as a "casual contact" and was able to avoid two weeks of isolation?

MICHAEL DOUGLAS: I go back to my earlier comment that the assessment of contact status is premised upon a number of matters—proximity; the closeness of the interchange; the duration of that proximal interchange; and the nature of the interchange, if voices are raised or otherwise. A number of factors will bear at the time. Throughout that whole parliamentary exposure event, we identified, perhaps it's reasonable to say, four different categories of exposures. The dinner was one of those exposures. We were also aware there were guest speakers and the exposure of guest speakers, as you've mentioned, which were addressed by the contact tracing team, and then there were the participants of the dinner. I can't remember the numbers. I think it was 150 to 200 persons involved there. They were assessed with a more general approach. We didn't have the opportunity for individual interviews with each of those guests at the dinner.

The CHAIR: Questions have now moved to Ms Boyd.

Ms ABIGAIL BOYD: Good morning, Minister Hazzard. As you are aware, reports this year by *60 Minutes*, *The Sydney Morning Herald* and *The Age* have shone a light on some shocking behaviour of doctors performing cosmetic surgery, including many of them in New South Wales, and on the risk to patients and the harm caused to those patients. I was pleased to see that some steps were agreed to by yourself and the other health Ministers last week. Do you think those reforms go far enough?

Mr BRAD HAZZARD: I think that each of the health Ministers—the majority are Labor now—were genuine, and we've done what we can at this point. Having said that, if you're asking me whether I'm happy with where we're at, no, I am not. Not because of the current meeting last week; I think the last meeting with Mark Butler was very good and the other Labor MPs were all great. No drama at all there. But what I was a little frustrated about was the fact that I raised this issue—I became the health Minister in 2017 here in New South Wales and I raised the issue I think maybe late 2017 or early 2018 and there were various steps taken by the former Federal Government, but it didn't really get as far as I would have liked to have got. I am delighted that Mark Butler and the Federal Government have come back onto the focus around who should be using the term "surgeon".

Obviously, as you'd appreciate, I'm sure, most doctors end up with an MBBS, Bachelor of Medicine and Bachelor of Surgery, so, at least technically, they can use the term "surgeon", but in reality very few of them who are in that position have had sufficient training and expertise to do almost any surgical procedure, except very minor ones like removing some sort of skin lesion. And particularly in the city—it's just ludicrous these days—there are adequate and abundant plastic surgeons and other surgeons with the expertise that could do the job. So I think it's 10 out of 10 for the new Federal Government, for Mark Butler and for all of the Liberal and Labor MPs around the country in that meeting for coming to some interim decision-making, which is what it is—it's interim. It was basically defining which categories could use the term "surgeon" for the time being. I think they're doing really well now.

Ms ABIGAIL BOYD: These so-called cosmetic surgeons currently don't have to have any kind of surgical speciality. I understand that what Ahpra was suggesting happen is that there be some sort of endorsement process, which is still not requiring these so-called cosmetic surgeons to be at the same level as other surgeons, and yet they are doing the same things. They are cutting people open. Do you support—

Mr BRAD HAZZARD: I think Ahpra has a lot of work to do. I don't think—I'll put it in the affirmative. I think that Ahpra has left a lot to be desired in terms of managing in this area. But I, as a State Minister, can say that; I've expressed my views previously, to the previous Government as well. But I think we all share or most of us share that view that Ahpra could have done more. And the fact that they were wanting to basically spend another couple of years before they gave any real suggestions, you've got to be kidding.

Ms ABIGAIL BOYD: Exactly.

Mr BRAD HAZZARD: You've just got to be kidding.

Ms ABIGAIL BOYD: Because what happens in the meantime in terms of risk to those patients?

Mr BRAD HAZZARD: We all agreed that. We all agreed All the Ministers said, "No, that's not going to happen."

Ms ABIGAIL BOYD: Do you support that these people should really have a surgical specialisation, just as you would have for a plastic surgeon or a cardiothoracic surgeon or any other specialty surgeon?

Mr BRAD HAZZARD: I'm open to obviously the deliberations that we're having now. But I think that the starting point is that you'd have to seriously question how somebody who has no surgical training or no considerable—nothing more than bare minimal surgical training can actually do what they're doing. I've had people see me, and it has just been horrific. I remember a poor lady—I think actually that was what motivated me at the time. There was a lady, you might recollect from the media, who passed away—a young woman. She had somebody fly in from China and injected I think it was something like 37 or 40 effectively botox into her breasts and she died. It is actually crazy that in a twenty-first century environment with world-class health care that that's allowed to happen.

Ms ABIGAIL BOYD: Absolutely.

Mr BRAD HAZZARD: Again, I stress that the Federal Government—Mark Butler I think is doing a good job bringing it all together so quickly.

Ms ABIGAIL BOYD: Would you support, then, the anaesthetists in these cosmetic surgery clinics being required to be qualified anaesthetists? Because at the moment, that's not the case.

Mr BRAD HAZZARD: My starting point is absolutely, because anaesthesia is a specialty that obviously has great advantages for us all but also has potentially great disasters. So, yes, I would.

Ms ABIGAIL BOYD: And do you think that facilities for performing this sort of surgery should be of no lesser standard than for other surgeries? At the moment, we're seeing it happen in waiting rooms.

Mr BRAD HAZZARD: The starting point is yes. I think the fact that it can happen now basically in an office in the back of Sydney somewhere is just ridiculous.

Ms ABIGAIL BOYD: I understand that that's something that could be changed under the State laws without requiring a Federal compact?

Mr BRAD HAZZARD: We're trying to make sure that there are uniform laws across the country. That's an important aspect, but certainly I'm exploring that aspect just in case it doesn't get there. But I'm actually quite confident that the new Federal Minister seems very committed.

Ms ABIGAIL BOYD: So you're looking at the regulations on that?

Mr BRAD HAZZARD: I look at everything, yes.

Ms ABIGAIL BOYD: Under the Health Practitioner Regulation National Law, at the moment you can't use testimonials or purported testimonials to advertise cosmetic surgery. I know that Ahpra was trying to push for that to be scrapped, which seems quite bizarre. Was there any agreement on that at the last meeting?

Mr BRAD HAZZARD: One of the issues here is that it was national health Ministers—State Ministers—and there was a statement issued. It was an agreed statement and I want to respect my colleagues. I think it's important that all Ministers—

Ms ABIGAIL BOYD: So was there no agreement made on that?

Mr BRAD HAZZARD: There has been a lot of discussion on it but—work to do, yes.

Ms ABIGAIL BOYD: All right, interesting.

Mr BRAD HAZZARD: Did you see the statement that went out on 2 September?

Ms ABIGAIL BOYD: Yes, I did. If the national law is changed to scrap that prohibition, would you opt out of that particular amendment?

Mr BRAD HAZZARD: I could say this: There was a general view at that meeting—again, a starting point—that most of us thought those testimonials were inappropriate. That's all I'm prepared to say at this stage. Look, I share that view. You don't get the testimonials from the people who suffer.

Ms ABIGAIL BOYD: No, exactly.

Mr BRAD HAZZARD: You get the ones who've been lucky enough to get a reasonable outcome. So my personal view is that the testimonials are not a great thing.

Ms ABIGAIL BOYD: Do you think that Ahpra has really dropped the ball?

Mr BRAD HAZZARD: Mind you, can I say that it's a bit hard to stop some of them. If you go into any GP practice, if you look for a doctor, there are all these—I'm not really up on the social media aspects.

Ms ABIGAIL BOYD: But in relation to cosmetic surgery, where there are particular risks—

Mr BRAD HAZZARD: What I was going to say is that you often see that the internet—as my staff say to me, the "interweb", which I'm not that sophisticated about. It seems to have capacity for people to put up their views irrespective. But the fact that the physicians can do it is just a bit over the top, I think.

Ms ABIGAIL BOYD: Do you think that Ahpra has dropped the ball, then, when it comes to regulating the cosmetic surgery industry?

Mr BRAD HAZZARD: Let's just say I would have preferred them to have done something in a little more animated fashion than they have done to date.

Ms ABIGAIL BOYD: They have been not very good at proactively protecting consumers, instead looking at complaints, basically. That has kind of been their focus. Do you think—

Mr BRAD HAZZARD: A lot of those organisations have a pretty sleepy approach to life. In health, where people's lives count and doctors and clinicians have to make fast decisions, you want to know that they're the most professional that they can be, the most experienced and the most qualified to make those decisions. But sometimes the bureaucracies—with the exception of State ones, of course—are a little sleepy, to say the least. Whether or not that one is sleepy I will leave for others to make public comment about. Suffice to say, I would have liked to have seen a bit more action on the job.

Ms ABIGAIL BOYD: It's fundamentally inappropriate, though, isn't it, for Ahpra to be the regulator when it's an industry association reliant on membership fees? And yet, they're supposed to have this enforcement role.

Mr BRAD HAZZARD: That's certainly an argument that has been considered, yes.

Ms ABIGAIL BOYD: Do you think there needs to be a royal commission into our medical regulation in Australia?

Mr BRAD HAZZARD: I certainly haven't arrived at that point in my thinking. The worry about royal commissions is that they cost hundreds of millions of dollars, and I'd rather see the money go into other aspects of health.

Ms ABIGAIL BOYD: Do you think that nationally our medical regulation is doing the job of protecting consumers?

Mr BRAD HAZZARD: It could do a better job, but that's something which—I've had that view for quite a while.

Ms ABIGAIL BOYD: Is it acceptable, though, that we should be relying on the media to highlight the flaws in the regulation of our medical system?

Mr BRAD HAZZARD: I'm not sure that we are. Perhaps you are and the public are, but I'm aware and the health Ministers are aware of issues that come to us. We express concerns about those. Part of the problem here, Abigail, is that I'm the only Minister who has been there for whatever it is—six years, almost. The others have all changed, so it loses its momentum.

Ms ABIGAIL BOYD: But you said yourself that we've only got movement now.

Mr BRAD HAZZARD: The momentum I got going back in 2018 lost a bit of focus because of other things coming along, including COVID and the fact that the most senior other Ministers—very good Labor Ministers around the country; people like Martin Foley and Jill Hennessy—went. So then there hasn't been a focus to push the Federal Government as hard as it could. Having said that, we've now got a Federal Government who appears to not need the pushing. The Federal Minister is very keen on trying to move it.

Ms ABIGAIL BOYD: You don't think they're inspired by the recent media reports?

Mr BRAD HAZZARD: If you've been a Minister for any length of time, you know what the issues are. And Mark has been around for quite a while as a shadow Minister.

The CHAIR: Can I return to the line of questioning in regard to the Australian Health Protection Principal Committee? I acknowledge that there was a little bit of wire crossing by myself in terms of the form of the words of the question. They are probably better asked in this way, noting that it refers the question to Dr Chant, in the first instance, who is not with us.

Mr BRAD HAZZARD: I'm sorry, Mr Chairman. I apologise. I was just distracted seeing a tweet from Mr Latham, who can't even spell my name correctly. He's obviously wanting to get his word out on what he's on about, even though he's a bully and is now continuing to bully. I missed what you were saying. What did you say?

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

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

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

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

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

The CHAIR: I appreciate that.

MARIANNE GALE: As the Minister did highlight, the nature of the discussion at AHPPC is often an iterative conversation between the experts on the line.

The CHAIR: But I presume you are part of "Team New South Wales"? Do you wear a blue jersey to these meetings?

MARIANNE GALE: That's right.

Mr BRAD HAZZARD: It's a big team.

The CHAIR: So you would know, would you not, about the position with respect to New South Wales?

MARIANNE GALE: I would not have known at the time because in my substantive position prior to being acting CHO—I would not have been privy to the discussions at AHPPC at that time.

The CHAIR: No, I'm talking about the position of New South Wales to be put to the—

Mr BRAD HAZZARD: Dr Gale is in the south-eastern local health district in her substantive position, so I don't think she would know. From my experience, Mr Chairman, the discussions would have been occurring with Dr Chant and possibly—what's the lady's name that works with her? Possibly others.

The CHAIR: Someone else, yes.

Mr BRAD HAZZARD: I can tell you, though, if it helps, that she discussed with me and told me that AHPPC had a number of different views. There was a lack of absolute certainty around the five days, seven days, how it should work. Various States and Territories were trying to come up with viewpoints and I don't think Dr

Chant, from my recollection, was in any manner, shape or form opposed to the five-day issue. That is all I can really tell you. I can ask her when she comes back from overseas.

The CHAIR: No, that is fine. Presumably, Dr Chant did not participate in that meeting, in whichever way she did, putting a position of not disagreeing with five days without your authority?

Mr BRAD HAZZARD: Me?

The CHAIR: Yes.

Mr BRAD HAZZARD: You don't know Dr Chant. There is no way in the wide world that I would seek to override the epidemiologist and Chief Health Officer.

The CHAIR: I didn't suggest overriding. I don't want you to think I was actually asking that you overrode her.

Mr BRAD HAZZARD: That's alright. You weren't being malicious or nasty. I think it was just crossed wires. The way it works—and I used to say this in those nearly 700 press conferences—is that Dr Chant would form a view. Actually, in those days it was much more certain, generally. She would give us advice, but we also would have to be considering—and it would be the same for the AHPPC and for what the Federal Government would have been recommending—this is the epidemiologist's advice; then there is the mental health advice; then there is the economic advice. There is a whole lot of different advice that gets taken into account. That is what the AHPPC would have been at least weighing up from each jurisdiction when they gave the advice to the Federal health Minister or the PM, being Anthony Albanese or Greg—or Mark Butler, I should say.

The CHAIR: I take it New South Wales, in principle, did not have opposition to the five-day proposition?

Mr BRAD HAZZARD: She certainly was not strongly giving definitive views. There are times during the COVID pandemic where Dr Chant had very definite views, and I have joked with her that she has moved into the Zen phase. She is much more relaxed, but she still cares about, as we do—

The CHAIR: I'm sure she does.

Mr BRAD HAZZARD: —trying to ensure that the community understands, as Dr Gale was talking about, vaccination is really important. Get what you can, and if you fit within the categories of being eligible for the antivirals, make sure that you speak up and try and get them.

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

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

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

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

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

The CHAIR: Of course.

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

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

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

The CHAIR: I can ask the question, Minister.

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

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

Mr BRAD HAZZARD: The whole health system runs on a collaborative model. When you are in it, if you had a brain tumour or something, there wouldn't just be your neurosurgeon; there would about 20—

The CHAIR: Multidisciplinary. I do understand.

Mr BRAD HAZZARD: They all sit together and work out what is the best treatment, then the after-treatment. It is exactly the same. They carry on exactly the same way at the AHPPC. They don't all put in written submissions; they sit and they talk.

The CHAIR: I didn't suggest for a moment there were written submissions. I am talking about advice that presumably would have been underpinned, using some scientific evidence about the position and why it was being presented in the way it was.

The Hon. ADAM SEARLE: Minister, in June this year you and other Ministers announced that there would be an additional 7,674 health workers recruited over the 12 months.

Mr BRAD HAZZARD: Yes.

The Hon. ADAM SEARLE: Can you confirm that that is in addition to existing established staff positions in the health service?

Mr BRAD HAZZARD: It was actually 10,000-odd over four years.

The Hon. ADAM SEARLE: It was 10,148 over four years but it was 7,674 in the 12-month period. My question for both of those figures is are they in addition to existing established staff positions?

Mr BRAD HAZZARD: There is a bit of overlap, but I can't remember exactly. Why don't I ask our expert, Mr Minns?

The Hon. ADAM SEARLE: Please do.

Mr BRAD HAZZARD: Mr Minns knows everything about employment.

The Hon. ADAM SEARLE: Of those 7,674 to be recruited in this 12-month period, how many of those are new positions as opposed to filling positions where people resign, retire, what have you?

PHIL MINNS: The funding is to support additional positions, unequivocally. What I spoke to yesterday's committee about was the fact that we have had lots of workforce issues over the last six months in particular, maybe nine months. That has been furloughing, running consistently around the two to almost three thousand level through July, and sick leave from influenza and COVID combined being probably a third higher than last year's winter. What we are doing out there at the moment is pedalling fast under the water to try to recruit as many people as we can. The funding that we have is to boost our workforce across this year and across four years.

The Hon. ADAM SEARLE: I don't wish to cut you off. It is so I am understanding. The 7,674 figure is supposed to be entirely additional to existing established staff positions? There is no overlap? That is additional?

PHIL MINNS: It's additional. There are two points that probably are relevant for the Committee to understand. I think the Premier or the Treasurer made it clear that the 7,674 encompassed the last year of the 2019 commitments that were made by the Government. But it is still additional money, and the new money has gone into the budgets of—

The Hon. ADAM SEARLE: Of that 7,674, how many have been recruited to date? You've set yourself a cracking pace of about 640 new recruits a month. How are you tracking?

PHIL MINNS: It is too early to give you a precise net example. I did make the point yesterday to the Committee—

The Hon. ADAM SEARLE: What about a ballpark?

PHIL MINNS: —and I might, with the Chair's support, just reiterate a couple of those points. We don't have a workforce that is static, so when the Government says, "Here is funding for additional workforce," we just add blocks on top. Our workforce is not static. It is dynamic and changing daily. Also, the thing about the last 12 months has been that it probably has been the most volatile workforce experience that you could imagine—

The Hon. ADAM SEARLE: Mr Minns, full disclosure—my sister is a nurse. My daughter is a nurse. I have a little bit of understanding, at least anecdotally, about the challenges.

PHIL MINNS: Yes, but the things I'd just emphasise—we actually terminated 1,227 people from November through to recent weeks associated with vaccine non-compliance. We also have gone through a year where, because of impacts of Delta and Omicron, our demand for elective surgery has been down and it is 27 per cent across that year.

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

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

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

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

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

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

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

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

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

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

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

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

The Hon. ADAM SEARLE: I understand.

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

The Hon. ADAM SEARLE: And not getting weekends.

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

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

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

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

The Hon. ADAM SEARLE: And you still are.

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

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

PHIL MINNS: Yes.

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

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

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

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

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

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

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

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

The Hon. ADAM SEARLE: Please.

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

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

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

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

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

The Hon. ADAM SEARLE: Understood.

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

The Hon. ADAM SEARLE: What quantum?

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

The CHAIR: We will turn to crossbench questioning.

The Hon. MARK LATHAM: Dr Douglas, Mark Latham here again. Just a recap, we have got one contact tracer saying that Brad Hazzard had very close contact with the infected Adam Marshall. We've got a second contact tracer saying that Brad Hazzard had direct contact with the infected Adam Marshall and also a conversation at the National Party dinner. Can I take you to the comments two-thirds of the way down your retrospective submission to the call for papers where it says, "It is understood that there were about 80 persons attending the event as a sit-down dining event. Minister Marshall reported mingling extensively with attendees, talked to all guests. The event lasted about two hours. All guests at the function were hence identified as close contacts. All hospitality staff, seven of them, identified as close contacts." Dr Douglas, how do you explain this inconsistency in the treatment of every other person at the event and Minister Hazzard, given that all of them had a conversation, according to Adam Marshall, and direct or very close contact with the infected individual?

The CHAIR: Dr Douglas. Are you there Dr Douglas? Dr Douglas?

MICHAEL DOUGLAS: [audio malfunction]

The CHAIR: First of all, did you actually hear the question?

MICHAEL DOUGLAS: Yes, indeed. Thank you for the question.

The CHAIR: Can you please respond.

MICHAEL DOUGLAS: To recap, the question—I was distracted by trying to [audio malfunction] the mute button. To recap, the question was that there were various segments of people who attended that dinner were categorised and you are asking for clarification [inaudible.]

The Hon. MARK LATHAM: Yes. How did the 80 plus the hospitality staff, who were said to have had a conversation with Marshall, how did they end up as close contacts, 14 days isolation, but the Minister who did exactly the same thing, perhaps even closer, very close contact, direct contact, how did he avoid the 14 days and end up with just his own 24-hour period?

The CHAIR: Doctor, can I ask you to speak up so it is more audible in this room we are in.

MICHAEL DOUGLAS: Certainly, thank you. As I mentioned earlier, the classification of guest speakers was done on an individual basis. The classification for all others at the venue, at the function, was done in a more generic way. So hospitality staff, attendees, guests were done in a generic way. We understand that Minister Marshall moved through the floor of the venue extensively on that evening of the function. Accordingly, in a generic way, we assessed them to be a close contact. The individualised contact tracing undertaken for the guest speakers was done by the contact tracing team specifically, and then a more detailed assessment was able to be achieved through that approach.

The Hon. MARK LATHAM: So you are saying there was a different outcome if you were assessed as an individual compared to being assessed as a group? Is that health science?

MICHAEL DOUGLAS: The more intrinsic the investigation that is done can provide a more consistent assessment of the nature of the contact undertaken that occurred. So that was able to be achieved through individual interviews. Where there were that many involved in the function who couldn't do the individual interviews there, we had to take a more general approach and we were cautious. This was the start of the Delta phase. We were very cautious in that approach.

The Hon. MARK LATHAM: Why did the guest speakers, each of them Ministers, members of the Executive Government, get an individual assessment?

MICHAEL DOUGLAS: Because they were a manageable number. I think there were four or five involved, if I recall correctly at that stage.

The Hon. MARK LATHAM: Four.

MICHAEL DOUGLAS: They were a manageable number.

The Hon. MARK LATHAM: So you're saying that because they were small in number—there were four of them—it was able to do an individual assessment? You couldn't have done that for the hospitality staff, who had seven?

MICHAEL DOUGLAS: Look, the decision was made at the time that the hospitality staff and the guests would be done generically.

The Hon. MARK LATHAM: Who made that decision?

MICHAEL DOUGLAS: It was an executive decision from the contact tracing team and myself.

The Hon. MARK LATHAM: Were there any representations from any of the four, including the Minister for Health, that it should be done that way?

MICHAEL DOUGLAS: No.

The Hon. MARK LATHAM: And among the four, it lists here: Premier: distant, no contact. Okay, she was a casual. Then, Treasurer and chief of staff: distant, no contact. Okay, casual. Deputy Premier: no contact. Minister for Health: "Minister Marshall reports very close contact with Minister Hazzard and had a conversation." How can three of them with no contact be classified the same way as the fourth, the Minister for Health, who had very close contact with the infected individual Adam Marshall and was also deemed to be a casual contact? Is that health science?

MICHAEL DOUGLAS: I can only go back to the principles applied to contact tracing, as I mentioned earlier. A number of factors are considered when contact tracing is undertaken. The team made that determination based upon those factors.

The Hon. MARK LATHAM: Why were the factors for Minister Hazzard different to the other 87 in the room, who had exactly the same experience with Adam Marshall?

Mr BRAD HAZZARD: You don't know that. That is your supposition and your proposition.

The Hon. MARK LATHAM: That is what the document says.

Mr BRAD HAZZARD: Seriously, you are ignorant.

The Hon. MARK LATHAM: Why was he treated so differently?

Mr BRAD HAZZARD: You actually need to be treated differently. That's how you should be treated.

The CHAIR: Order! Minister, please. Dr Douglas.

MICHAEL DOUGLAS: As I mentioned, the four guest speakers were individually assessed. The attendees, guests and the hospitality staff were generically assessed.

The Hon. MARK LATHAM: Have you got a health science reason for doing it that way? It appears that because they were Ministers of the Crown they were treated differently.

Mr BRAD HAZZARD: Again, that is your supposition. You are accusing medical specialists of some sort of corruption.

The Hon. MARK LATHAM: Within that group of four, the Minister for Health himself received different treatment to the other three.

The CHAIR: Order!

Mr BRAD HAZZARD: Seriously, you want to grow up. Every member of Parliament who has actually commented on you in the last 30 years has actually observed your immaturity.

The CHAIR: Order! Please, let's work our way through this.

Mr BRAD HAZZARD: "Rancorous and rancid," I think the comments were. He can't help himself.

The Hon. MARK LATHAM: Dr Douglas, please?

MICHAEL DOUGLAS: Sorry, can you repeat the question?

The Hon. MARK LATHAM: Is it true that the guest speakers were treated differently—given an individual assessment—because they were Ministers of the Crown? Even within that group of four, the Minister for Health was treated differently and more favourably in terms of not having to isolate?

MICHAEL DOUGLAS: Contact tracing in any situation will be more accurate and rigorous with more detailed information around the situation. If individualised interviews were undertaken, one would expect that the assessment would be made accordingly, with that greater level of rigour of the information gained. One shouldn't be surprised that, with a greater depth of information there, a different outcome may have been achieved to one where a generic approach has [inaudible].

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

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

The Hon. MARK LATHAM: There is nothing in their notes about interviewing Minister Hazzard. Can I take you to a separate document, which appears to be a text message from Adam Marshall at 7.40 p.m. on the Wednesday night outlining what he did during the day in question on the twenty-second? He says he dropped in and spoke to staff and officers for five, 10 or 15 minutes—they're quite small offices—and he lists about eight or nine of them. So he is quite the journeyman moving through these ministerial offices. It says, "Minister for Health talking with and standing next to Chief of Staff Leonie Lamont." Was she classified as a close contact?

MICHAEL DOUGLAS: That's correct.

The Hon. MARK LATHAM: So the chief of staff talked and stood next to the infected Adam Marshall and was classified as a close contact. Her Minister did exact exactly the same thing at the function and he avoided isolation as a casual contact. Was that the outcome?

MICHAEL DOUGLAS: I don't have the detail of the duration of contacts. The proximity of contacts are separate to individual interactions. I spoke to the chief of staff to the Minister's office and she certainly said that she had spent some time with Adam Marshall.

The Hon. MARK LATHAM: Thank you, Dr Douglas. I turn to the Minister. How do you explain these amazing contradictions and inconsistencies in the way in which you were treated?

Mr BRAD HAZZARD: Because unfortunately you look for the worst in everybody, as you did yesterday with Anna Watson, and now you are trying to assert that the doctors have somehow corruptly come up with some answer that suits whatever vindictive little purposes you have. Mr Latham, I have no intentions of commenting on any matter that was worked out by the clinicians, in the same way that possibly I wouldn't actually—I know your former chief of staff says you suffer from a gross paranoia, and there is a good book on that. Have a look on crikey.com.au. I was fascinated to read that because it certainly reflects your paranoia, and this is another example of your paranoia. Whistle Dixie.

The Hon. MARK LATHAM: So, Minister, you are saying that you are refusing to answer questions.

Mr BRAD HAZZARD: I am saying you can whistle Dixie.

The Hon. MARK LATHAM: How does that go?

Mr BRAD HAZZARD: Whatever you like. I am not getting involved in this stupidity. Seriously, we are trying to run a health system in the middle of a pandemic.

The Hon. MARK LATHAM: Minister, you applied these rules to millions of people—draconian rules to millions of people in New South Wales. You didn't apply them to yourself and you are refusing to answer questions about it.

Mr BRAD HAZZARD: I did not apply them. I didn't have any say in that. That's a matter for the health professionals.

The Hon. MARK LATHAM: Minister, why did you isolate initially for 24 hours if you weren't a close contact? Why did you go into isolation initially for the 24-hour period?

Mr BRAD HAZZARD: I am not going to involve myself in this discussion with you. You are a grub; you're a born grub. Attacking females yesterday in here.

The CHAIR: Minister.

Mr BRAD HAZZARD: Females who didn't deserve your odium and I'm not going to engage with your odium.

The CHAIR: Minister.

The Hon. MARK LATHAM: Minister, why did you isolate yourself for 24 hours?

Mr BRAD HAZZARD: God only knows how you—

The Hon. MARK LATHAM: Minister, you knew that you shook hands with Adam Marshall.

The Hon. WES FANG: Point of order—

The Hon. MARK LATHAM: You knew that you stood next to him.

Mr BRAD HAZZARD: Oh, go away.

The Hon. MARK LATHAM: You knew, in front of witnesses, you had a conversation with him. Minister, you knew you were a close contact, didn't you?

The Hon. WES FANG: Point of order—

Mr BRAD HAZZARD: Oh, Lord. You're sharp. That One Nation background for you. You're really good.

The CHAIR: A point of order has been taken.

The Hon. MARK LATHAM: You knew it, didn't you, Minister? You avoided the rules you were willing to apply to millions of others.

The Hon. WES FANG: Point of order—

The CHAIR: Can we move now to the next round of questions from the Hon. Emma Hurst?

Mr BRAD HAZZARD: You're a born grub, Mark. You have been a grub since you were actually in Parliament, which is why you lost the election you shouldn't have lost and you're still a grub.

The CHAIR: I apologise—Ms Abigail Boyd.

The Hon. MARK LATHAM: Mate, I have been insulted by professionals and you're nowhere in the league.

The CHAIR: Order!

The Hon. WES FANG: Point of order—

Mr BRAD HAZZARD: Imagine that: So many people insulting you because you are a grub.

The Hon. WES FANG: Point of order—

The CHAIR: Order! Ms Abigail Boyd.

Ms ABIGAIL BOYD: I just wanted to pick up on some of the discussion you had this morning with my colleagues about the Illawarra Women's trauma recovery centre.

Mr BRAD HAZZARD: Sure.

Ms ABIGAIL BOYD: I understand you said you were hopeful that if we locate the centre on the old—

Mr BRAD HAZZARD: Sorry, Abigail, I just missed that start. What was it?

Ms ABIGAIL BOYD: I understand that you were saying that, if we locate the centre on the old Port Kembla Hospital site, that will hopefully cost a lot less than the site that's being proposed by the proponents. Can I clarify if your intention with that Port Kembla Hospital site would be to then put no funding into capital works and refurbishment?

Mr BRAD HAZZARD: I can ask the secretary. That hasn't been worked out yet. The issue was, Abigail, that Anna Watson—who, as I said before, didn't warrant the attack yesterday and the bullying she got from Mr Latham—has actually been doing a really good job working with me behind the scenes to try to look after getting funding and getting an appropriate outcome for the Illawarra Women's Health Centre. She had a particular site, which hasn't been—I don't think—made public, and I am not going to. She may have; I don't know.

Ms ABIGAIL BOYD: I am well aware of that.

Mr BRAD HAZZARD: You are aware of it? Okay. It would have cost a certain amount, which was in the millions. The Health team, I had asked them whether they could look at what might be able to assist in that area because there are some real challenges, as Anna has convinced me, in that area. I asked Health what else they could do to help. That was, I think, their idea. I obviously didn't know about that particular site, but they looked to see what was available and then they mentioned that they were going to approach Sally, I think the lady that runs the centre—

Ms ABIGAIL BOYD: That's correct.

Mr BRAD HAZZARD: —and see if she'd like to come and have a look at it, an alternative site. I don't know whether any of the team here could give any more information. Susan, the secretary, is giving a nod of the head, so she could possibly help.

SUSAN PEARCE: Further to what the Minister said this morning, I'm aware that the team from the Illawarra went and attended the site at Port Kembla—

Ms ABIGAIL BOYD: They did, yes.

SUSAN PEARCE: —with Ms Stevenson last week. Subsequent to that, they've confirmed that that site is a suitable location.

Ms ABIGAIL BOYD: They've not quite. When you say "the team", do you mean the people from the Illawarra Women's Health Centre?

SUSAN PEARCE: No. We've got a letter from Anna Watson, dated 5 September, that has been sent to Minister Hazzard. The letter confirms that the—I think this was noted this morning, but you may not have been here—

Ms ABIGAIL BOYD: No.

SUSAN PEARCE: It reads:

> I write on this occasion in relation to the New South Wales government-owned land at Port Kembla. I would like to extend my gratitude for the offer to potentially have this site for the Women's Trauma Recovery Centre, which will no doubt benefit the community.
>
> Sally Stevenson, AM, General Manager, Illawarra Women's Health Centre, has confirmed that the site is a suitable location, as such we seek to have an urgent meeting with yourself and the relevant department officers to progress.

Ms ABIGAIL BOYD: Okay, but that's just in terms of the location.

SUSAN PEARCE: That's right.

Ms ABIGAIL BOYD: I understand that they don't know the parameters of the land use, the conditions that would be put on the centre or the time line.

SUSAN PEARCE: I think that's the purpose. They've asked for an urgent meeting, so I think the next step—

Ms ABIGAIL BOYD: So it may not be an appropriate site.

Mr BRAD HAZZARD: I think it's appropriate because she's agreed it's appropriate. The issue is to work through all those issues.

Ms ABIGAIL BOYD: Sure, but it's only appropriate if we end up with a centre that's based on trauma-informed design. There has to be enough money put in to allow proper refurbishment. Will you commit to that?

Mr BRAD HAZZARD: Abigail, I think the fact that they've actually managed to find something—don't deter them. I'm delighted that they've actually found somewhere.

Ms ABIGAIL BOYD: No, we're not deterring them, but it needs to be based on trauma-informed design. The proponents have real concerns that if they're given this site and there's no expenditure on actually making it fit for purpose, then it's not going to be appropriate.

Mr BRAD HAZZARD: No-one has said yes or no to that. It hasn't actually even come across my desk yet.

SUSAN PEARCE: I can only go on the letter that we've received, Ms Boyd. That has clearly confirmed that the site is a suitable location and, as such, we seek to have an urgent meeting. The next step in the process is to have a meeting to talk through those issues.

Ms ABIGAIL BOYD: To be clear, when you say something is a suitable location, it doesn't mean that everything is now fine.

SUSAN PEARCE: I'm just reading it on its plain facts.

Mr BRAD HAZZARD: Abigail, nothing happens that quickly in government. The fact that they've got a site that's been offered that they think is good is actually a huge plus. I think the Feds—I think Mark Butler—had offered, I can't remember precisely, but say it was about $25 million.

Ms ABIGAIL BOYD: It is. It's $25 million that actually came from Mr Morrison. So the Morrison Government actually provided that $25 million funding in operational costs, but the proponents have been looking—

Mr BRAD HAZZARD: Thank you for highlighting that. I can't highlight that, but you can.

Ms ABIGAIL BOYD: —to the New South Wales Government for a very long time to actually get the building costs done.

Mr BRAD HAZZARD: What I did is I have written to Mr Butler—I think maybe a month or two ago, I can't remember exactly—

Ms ABIGAIL BOYD: Yes, you did.

Mr BRAD HAZZARD: —and asked him whether some part of that recurrent money could be used for capital. The reason for that at the time was because Anna Watson had this other site that she was looking at, which certainly did look attractive but it was expensive. The less money that can be used for the capital, the better. But what you're talking about in terms of a trauma-informed design of course is crucial.

Ms ABIGAIL BOYD: To clarify, that's not something that the proponents asked for. They did not want the Federal money to be diverted towards capital. They need that five years of funding in order to run the centre once it is constructed. Having that diverted to capital would actually be quite a bad thing for them. So that's not something that they requested.

Mr BRAD HAZZARD: That hasn't been discussed with me, so I don't know the answer to that. There are lots of discussions going on, and they're very productive, fruitful, helpful discussions, as you'd expect.

Ms ABIGAIL BOYD: And you're committed to having this amazing centre?

Mr BRAD HAZZARD: Absolutely. Yes, of course.

Ms ABIGAIL BOYD: In the time I've got left can I quickly ask you about abortion services? I understand from some of the regional doctors that I've been speaking to that we still don't have a huge number of doctors being able to have the training that's required in order to deliver medical abortions, and that people are still travelling huge distances in order to access abortions in the regions. Is this something that you're aware of and do you have a plan on how to increase access for abortion?

Mr BRAD HAZZARD: I actually thought that was mentioned yesterday. It was? Were you on the Committee yesterday?

Ms ABIGAIL BOYD: No. I did hear about the—yes, I have been informed about that discussion. I wasn't there myself.

Mr BRAD HAZZARD: I think it's on the record. I didn't get to see it all, but I'll say this much and then I'll pass to perhaps Nigel. I'm getting a nod; that's good. Marie Stopes was doing work in Queensland and parts of New South Wales, and, for various reasons, that is no longer available. We funded, as I recollect, the family—what's it called?

MATTHEW DALY: Family Planning NSW.

Mr BRAD HAZZARD: Family Planning to review what might be necessary across both the Government and NGO sectors. That's proceeding, I think. But let's ask Dr Lyons.

Ms ABIGAIL BOYD: You can assume that I have read or at least seen the footage, or my staff have, of what happened yesterday. Specifically, I'm interested in what is being done to facilitate time off for doctors from their usual duties in order to have this training, because I understand that's the major problem. It's a day of training but a lot of doctors, given how tight things are, particularly in the regions—

Mr BRAD HAZZARD: Are you talking about GPs?

Ms ABIGAIL BOYD: Yes.

Mr BRAD HAZZARD: Because GPs are also—up to 22 weeks, it can obviously be a medical abortion. Let's go to the medico. Let's go to a clinician.

Ms ABIGAIL BOYD: Yes, I am talking about GPs.

Mr BRAD HAZZARD: Let's go to the clinician. Dr Lyons, could you answer that question, please?

NIGEL LYONS: To reiterate some of the points from yesterday, the vast bulk of access to terminations are in the early phases of pregnancy, and those are almost universally undertaken outside of the New South Wales public health system. Our focus has been on supporting women in the later stages of pregnancy who require a termination, usually from 20 weeks and above, and that's a very highly specialised service. In relation to the access across the State, we have increased the investment in the New South Wales Pregnancy Choices Helpline, which is an access point for women who are seeking access—

Ms ABIGAIL BOYD: Sorry, because I don't have very much time left, Dr Lyons, could you tell me what is being done specifically to train general practitioners in medical abortion and, in particular, giving them the time in order for them to be able to do that?

NIGEL LYONS: I think the point to make here is that general practitioners work outside the New South Wales health system almost universally. The issue around accessing training is an issue that we are not directly involved with unless they are participating in delivering a service for us on a contracted basis. So that's a question that's more appropriate to the Commonwealth than it is to the State.

Ms ABIGAIL BOYD: So there's nothing that we are—

NIGEL LYONS: It's not that we're not doing anything. You asked specifically about what we're doing in relation to training doctors so they can—

Ms ABIGAIL BOYD: Yes. What incentives are you giving them? I understand that—

Mr BRAD HAZZARD: But, Abigail, they're Federal. GPs are Federal.

Ms ABIGAIL BOYD: I understand they're Federal. But, in terms of training—

Mr BRAD HAZZARD: We don't train them. That's part of the college.

Ms ABIGAIL BOYD: —you don't see yourself as having any responsibility for ensuring that doctors are trained sufficiently to—

Mr BRAD HAZZARD: There has got to be some alliance, otherwise each State and Territory would be doing everything the Federal Government is supposed to be doing.

The CHAIR: We have gone over time. Sorry, I didn't mean to cut you off.

Mr BRAD HAZZARD: I will talk to you afterwards, if you like. And you can have a talk to Nigel privately. I share your concerns, but it's not something that we can necessarily do.

Ms ABIGAIL BOYD: I understand. There must be things that we can do at a State level.

Mr BRAD HAZZARD: You can only do so much with the State health system. But I'm happy to chat to you about it because, if that's the case, then I'm quite happy to raise it with Mark and see what they might or might not be doing.

The CHAIR: I invite the Government members to take the opportunity to ask any questions of the Minister.

Mr BRAD HAZZARD: Go for it, if you have any.

The Hon. WES FANG: I'm just trying to think. I think the Minister has very well acquitted himself today at the hearing.

Mr BRAD HAZZARD: Thank you. What score?

The Hon. WES FANG: Definitely a 9.5.

Mr BRAD HAZZARD: That's not good.

SUSAN PEARCE: Room for improvement.

The Hon. WES FANG: I never give a perfect score.

Mr BRAD HAZZARD: Room for improvement. The secretary has just said, "Room for improvement."

The CHAIR: Wes, this is to ask questions, not to give him a slap on the back. Let's go. Do you have questions or not?

The Hon. WES FANG: No. I think that I will reserve that for this afternoon, if required.

The CHAIR: You don't have to reserve it. You've got that this afternoon, if you want. Thank you very much, Minister and officers. We will break now for lunch and we'll be back at two o'clock.

Mr BRAD HAZZARD: Could I ask, bearing in mind that so many staff have been taken out of the health system for two days because we have two Ministers now, and we are still in the middle of a pandemic, whether there's any chance that you could give me some guidance or advice from the various members who are here as to any of the staff who aren't required could return to their normal duties? It's a lot of people. I look around and I wonder how the health system is actually running.

The CHAIR: Minister, the system will run without you and it will run without me. The health system runs very well.

Mr BRAD HAZZARD: I'm talking about these staff.

The CHAIR: I'm talking about you. The officers here, you're quite right, run the health system very well. But they understand, and we all understand, that this is a very important hearing today—budget estimates. I will consult with members over the lunch break. If there is an opportunity to relieve people then we will certainly take that up with you.

Mr BRAD HAZZARD: That would be good, Mr Chair, because for the last few hearings we brought people left, right and centre from all over the place and then quite a few of them haven't been asked any questions at all. I don't have a problem with that, but if there's some knowledge already that there are particular areas that are not going to be queried or questioned, it would be great if they could go back and do their job and work for all of us as taxpayers.

The CHAIR: They actually are doing their job, appearing today before a budget estimates hearing.

Mr BRAD HAZZARD: If they are asked questions, yes they are. If they're not—

The CHAIR: Minister, you're not going to have the last say on this. This is part of the job.

The Hon. WES FANG: Point of order—

Mr BRAD HAZZARD: I know you'll always get the last word, Mr Chair.

The CHAIR: I know the Minister likes to have the last word on most things.

The Hon. WES FANG: Point of order—

Mr BRAD HAZZARD: Always.

The CHAIR: We've finished, actually. This was post break, extra chat.

Mr BRAD HAZZARD: Extramural.

The CHAIR: Let's break for lunch and we'll be back at two o'clock.

(Luncheon adjournment)

The CHAIR: Good afternoon. Thank you all for returning for our afternoon session. We will get underway with the first tranche of questions from the Opposition.

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

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

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

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

PHIL MINNS: Not in that format.

The Hon. ADAM SEARLE: What do you have?

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

The Hon. ADAM SEARLE: I appreciate that. Minister, as you know, I am a resident of the Blue Mountains. On 21 August 2018, just in the shadow of the last State election, the local newspaper, the Gazette, reported:

> In a statement provided exclusively to the *Gazette*, a spokesman for the Nepean Blue Mountains Local Health District said the new hospital was a top priority to meet the healthcare needs of the local community, and to help take pressure off Penrith's Nepean Hospital.

Ms Hyman, the chief executive of the local health district, at the rural health inquiry, said:

> There has not yet been an allocation of capital funds to Blue Mountains hospital.

That was on 1 February 2022. Where is that matter up to and when will capital funds be allocated to that?

Mr BRAD HAZZARD: The way it works is that each local health district, each one of the 15, on their capital works program give a priority as to which one should be getting—obviously, as you would be well aware, having in mind the recollection from the Labor days, next to nothing was done under the former Labor Government. I am not blaming you for that because I don't think you were there. But the methodology, I think, is sound in the sense that what they do is they put up what they think are the priorities. There are two sites, I think, at the moment, that are second on the list of priorities in two significant LHDs, where your Labor members have been working with me to emphasise the importance of two areas, and one of them is the Blue Mountains Hospital. That is obviously the local Labor member. I was up there with Trish maybe on—

SUSAN PEARCE: On 17 August.

Mr BRAD HAZZARD: Yes. I was up there on 17 August and we had a look through and talked to the doctors. There is no question it's a great hospital in the sense that it's 100 years old and the staff are fabulous. But it has some real challenges delivering on the infrastructure.

The Hon. ADAM SEARLE: It does.

Mr BRAD HAZZARD: From my point of view, I am keen to push hard to get funding for that one in the next major round of funding, when it becomes available. I think the issue for that hospital is that it serves approximately 65,000 people in the broader drawing area and it has some challenges in terms of, for example, it doesn't have chemo access.

The Hon. ADAM SEARLE: Indeed. My mother's husband recently had surgery for cancer and then for radiation therapy he had to go all the way down to the Nepean every day for 30 consecutive days.

Mr BRAD HAZZARD: Yes, that is the issue. It is not desirable, obviously. All I can tell you, Adam, is that it is high on my priority list and I am certainly pushing to try and get some Treasury allocation for it. The doctors were pushing to have some money allocated for planning for the actual clinical services plan and the infrastructure planning. I am certainly advocating for that as we progress with the Treasurer and Treasury. But, of course, like everything else, not everything can happen at once. But I certainly have a high priority on that particular one.

I have actually asked the LHD, supported by Health Infrastructure, to look at what other interim steps we could take because, even if there was a tick to start it now, it would probably be a good six years or so before it could actually be done. That hospital would probably cost, from my experience, on today's figures, somewhere in the order of between $600 million and $800 million, possibly. That is a lot of money to allocate. So how do we manage the interim issues, particularly around cancer chairs? What I have asked the LHD to do, then, is look at whether or not they could put an interim solution, as they did for dialysis. I don't know if you have seen the dialysis centre up there. Have you seen that or not?

The Hon. ADAM SEARLE: No, I haven't.

Mr BRAD HAZZARD: Have a look next time you are up there. It's very good. It's put in a portable. It's out the back in the north-eastern corner. Even that cost around $11 million or $12 million on today's figures to do what we need to do. So I am trying to get all that done as an interim measure but also then get on with trying to get the major funds allocated.

The Hon. ADAM SEARLE: When do you think that next major round of funding would become available? I think you said you pushed for it in that next round. Are we talking next budget year or are we talking a couple of years?

Mr BRAD HAZZARD: Yes, the next budget year. But I have actually asked HI and the Government more broadly—Treasury—whether they could see their way fit to giving some funds necessary for the planning part. That is what I am waiting to hear.

The Hon. ADAM SEARLE: I think at your recent visit to Katoomba you were made aware of some things that could be done for less cost. For example, some things could be done in the areas of critical care; cancer, which you mentioned; and also refusion services—

Mr BRAD HAZZARD: Refusion, yes.

The Hon. ADAM SEARLE: —to stop as many people as possible having to head all the way down the hill. Are you looking at those actively?

Mr BRAD HAZZARD: Absolutely, yes. You are not going to ask me about it so I will talk to you privately about it, but there is another Labor member who I think has a very valid argument to say that her particular hospital should also be funded and built. But, since I have been Minister, I can absolutely 1,000 per cent

guarantee you that nothing has been done politically; it has been done efficiently and properly, hence all the money going into Campbelltown, Westmead and Liverpool. There are a whole host of them. That is billions of dollars. It is all being done in a proper, efficient way that should be the way health is conducted.

The Hon. ADAM SEARLE: I am sure you and your officials will be taking this up with Treasury, but in the Nepean Blue Mountains Local Health District capital investment proposal, dated 2021, on page 8 it says that in relation to the sewerage system at the hospital there are frequent blockages and the sewage stack overflows, causing raw sewage to leak into the hospital site.

Mr BRAD HAZZARD: Sorry, Adam, that wasn't raised with me when I was up there. What are you reading from?

The Hon. ADAM SEARLE: I am reading from the Nepean Blue Mountains Local Health District capital investment proposal version 1, dated 2021.

Mr BRAD HAZZARD: What is the date of it?

The Hon. ADAM SEARLE: Once I finish asking questions I am happy to hand you this document so you have it. But I will raise a couple of points, just so you are aware.

Mr BRAD HAZZARD: Sure.

The Hon. ADAM SEARLE: One is that there is blockage of the sewerage system. Secondly, there is—

Mr BRAD HAZZARD: Is that still ongoing or has that been addressed?

The Hon. ADAM SEARLE: I don't know if it has been addressed. That's why I am asking the question.

Mr BRAD HAZZARD: They didn't raise that with me when I was up there.

The Hon. ADAM SEARLE: There is a likelihood that lead dust is present. There are a whole range of questions around pest control and access from possums, snakes and rodents. There are disability access issues and fire safety compliance defects. Anyway, I am happy for you to have a look at the document. There are a host of issues which, combined and even individually, certainly make a compelling case for action.

Mr BRAD HAZZARD: It is compelling and it is only a matter of the $11.9 billion that we are already putting into health—it's a revolution in health infrastructure which is occurring across the State. I have been very honoured to be working with the local health districts and, particularly, the most outstanding infrastructure delivery group in government in Australia and that is Health Infrastructure. They are doing everything they can to deliver on whatever the Government has prioritised. The prioritisation is done by the Expenditure Review Committee and it is done not in a political way; it is done genuinely and validly. As I think you just said, that was number two on their list and number one was Nepean, which is still being completed.

The Hon. ADAM SEARLE: Indeed. My final question on this line is that when I raised a couple of matters, you said that those issues weren't raised with you on your recent visit.

Mr BRAD HAZZARD: The sewerage one.

The Hon. ADAM SEARLE: Yes. But what issues were raised with you on your recent visit?

Mr BRAD HAZZARD: I went right through the hospital, every aspect of it. There are parts of it that are clearly just outdated and worn out and parts that are being closed off because they are no longer appropriate for use. The ED is very small. I have to say—

The Hon. ADAM SEARLE: I know. I have spent a lot of time in that emergency.

Mr BRAD HAZZARD: The interesting thing about that one is—I mean, the staff are doing a great job. In some ways, they were talking about the fact that having a smaller structure has been good for the personal outreach to patients. But there is no toilet, for example, that is an ED paediatric toilet. I raised that issue because I had seen that before at a number of places, including Canterbury.

I managed to get Canterbury—I think we allocated—I don't know, it was a number of millions of dollars, anyway, to get that addressed. I asked them whether it would be feasible. It might not be feasible in the footprint that exists at the present time. It's just the usual things that you'd expect with a 100-year-old hospital, but they got some new areas too: a fabulous therapeutic pool—quite amazing, really; they've got a pretty nice cafeteria for the staff, which is always a plus for staff morale. They've got most of the other services that you need. They've got imaging, and so on, but not necessarily—I don't think there's an MRI there, for example. That would save people travelling down to Nepean. There's all those issues that I deal with all the time in every hospital all across the State. Most of them are being now addressed, which, as I said, were not done in the 16 years of a Labor

Government—not at all—simply because Labor didn't have the money to do it. The economy wasn't managed very well and the result—they couldn't do it. We've done it, and we continue to do it.

The Hon. WES FANG: Well done!

The Hon. ADAM SEARLE: Thank you, Chair. Those are my questions.

Mr BRAD HAZZARD: The secretary wants me to tell you—I forgot that one—in maternity.

The Hon. ADAM SEARLE: Yes?

Mr BRAD HAZZARD: There's a leak in a roof, which is apparently because there's a box gutter—the old box gutter trick. They have been trying for ages to work out how to do that. It just tells you, again, that it would be better if we could get a new hospital there and get on with it. I say the other thing is that people assume you can build it on the site. You can't because it's right on the edge of the bush. Since that was built, there is now all the fire controls and fire requirements, so there's got to be a site located.

The Hon. ADAM SEARLE: Sorry, did you say there were a couple of potential sites that might have been—

Mr BRAD HAZZARD: No, I just said they've got to locate a site that would actually satisfy the requirements.

The Hon. ADAM SEARLE: Okay.

Mr BRAD HAZZARD: The clinical services plan will determine what services are actually necessary, and you wouldn't necessarily replicate all the things that are down the valley down into Nepean. That wouldn't make a lot of sense, but you would certainly be doing a lot of new work there and that has to be determined by the doctors in a clinical services plan. Having said that, it's always beneficial if you have somebody outside the immediate hospital look at it as well because otherwise the doctors tend to want bigger and better of what they have, but there might be other things that are necessary as well.

The Hon. ADAM SEARLE: Is that plan currently being built?

Mr BRAD HAZZARD: I'm sorry, what?

The Hon. ADAM SEARLE: Are you currently working on that clinical services plan?

Mr BRAD HAZZARD: No. There has been some work already done, as I understand it, but I can check it for you and I'll have a chat to your offline.

The Hon. ADAM SEARLE: Yes. That would be good.

Mr BRAD HAZZARD: I think the issue there is that there has been some work done, but there's still a lot more to do, and the issue from my point of view is I need that money for the planning, which is somewhere between about $5 million and $10 million, I guess, would be the minimum.

The Hon. ADAM SEARLE: Because you need to know what services you want to provide, which will inform how you build the new structure.

Mr BRAD HAZZARD: To work out the footprint, exactly.

The Hon. ADAM SEARLE: Thank you.

Mr BRAD HAZZARD: I've done it so many times now in six years or seven years, and of course I was involved with Jillian doing it, too. There have only been two health Ministers during the days of the Coalition, which actually has been quite helpful for knowledge.

The Hon. ADAM SEARLE: You should be expert by now.

Mr BRAD HAZZARD: Well, I don't know that I'm expert, but I'm reasonably competent.

The CHAIR: If you don't mind saying so yourself.

Mr BRAD HAZZARD: Well, I thought you might, but you hadn't done it and I've been waiting four and a half hours. Actually, you did sort of say it. So, yes, you did. I withdraw that. You did sort of say that.

The Hon. PETER PRIMROSE: Minister, I'd just like to get some up-to-date information if I can on the proposed Rouse Hill hospital.

Mr BRAD HAZZARD: Sure.

The Hon. PETER PRIMROSE: When it was first announced in February 2019, the hospital was supposed to open in 2023. I know there's a new location. Can you give us an estimate of the updated most likely time that it will open, please?

Mr BRAD HAZZARD: You're right. The original Rouse Hill hospital site was going to be on the—

The Hon. PETER PRIMROSE: North-eastern side.

Mr BRAD HAZZARD: South-eastern.

The Hon. PETER PRIMROSE: South-eastern.

Mr BRAD HAZZARD: The south-eastern corner.

The Hon. PETER PRIMROSE: Windsor Road.

Mr BRAD HAZZARD: Unless I'm mis-orientated, but I think it's south-eastern.

REBECCA WARK: North-western.

SUSAN PEARCE: You're both wrong.

REBECCA WARK: Sorry, Minister.

Mr BRAD HAZZARD: I know where it is. I must've been facing the wrong way. Rebecca Wark, who is from Health Infrastructure, is agreeing with you and disagreeing with me.

The Hon. PETER PRIMROSE: That's not a wise thing to do.

Mr BRAD HAZZARD: Very wise. But it's actually—correct me again if I'm wrong, Rebecca—it is now directly diagonally on the opposite corner.

The Hon. PETER PRIMROSE: Yes.

Mr BRAD HAZZARD: There's a lot of work going on there at the moment. I'm hoping we might be able to make some announcements in the next probably about eight weeks to give some certainty to the time frame and what's going on there. That's basically the answer.

The Hon. PETER PRIMROSE: Is it fair to say we're still looking at around 2027?

Mr BRAD HAZZARD: When, sorry?

The Hon. PETER PRIMROSE: Around 2027 for the opening.

Mr BRAD HAZZARD: I don't think there's been any major delay on the opening time. From the time that it's all done—site located, clinical services plan done, master planning done—that usually takes about—well, it can be actually complicated because there's no land available in this case; there was a swap over—but about two and a half to three years. For a hospital of the size, maybe another two and a half to three years to build, so around about that—not far off. The secretary is pointing out that Rebecca Wark would be able to answer that more accurately, which I felt a bit aggrieved about, but Ms Wark.

REBECCA WARK: Thanks, Minister. The site has been identified and in fact announced and it's now been purchased through an acquisition process. The local health district is finalising the clinical services plan. That will be assessed and reviewed by the Ministry of Health. At that stage we can finalise the next stage of design and planning for that and we are preparing the State significant development application now, based on our current understanding of the site and of the requirements.

Mr BRAD HAZZARD: Just explaining there, Mr Primrose, Rebecca Wark is the head of Health Infrastructure, so she is across all the developments that occur.

The Hon. PETER PRIMROSE: I appreciate the information. The original budget, as per the releases, was $300 million, and I read about $39 million of that had been spent or allocated so far. Can you update us on what the latest amounts are? How much will it cost and how much has been spent?

Mr BRAD HAZZARD: The budget allocation is still $300 million, I think. I don't think it's been upgraded yet. They almost certainly will have to upgrade it at some point, depending on the clinical services plan, but it's too early to say.

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

Mr BRAD HAZZARD: I think we'd better leave that. If you desperately needed it, we could get it from the local health district in due course but they're still working on—that's the whole purpose of the clinical services

plan—finalisation and the master planning; that's all got to be done. But I can take it on notice and get you some more detail on what they've got available to date, anyway.

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

Mr BRAD HAZZARD: An emergency what?

The Hon. PETER PRIMROSE: Ward.

Mr BRAD HAZZARD: Ward?

The Hon. PETER PRIMROSE: Yes.

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

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

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

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

Mr BRAD HAZZARD: I think most of that we will have to take on notice, but can I just ask Ms Wark, because when you said the flooding issue, I don't remember a flooding issue being discussed with me. I might just ask her. Has that been considered?

REBECCA WARK: It was considered as part of the various site options which were done. From memory, on Rouse Hill we looked at seven or eight options and the one that was selected was the one directly across the road, as the Minister pointed out, from the originally identified site. But we looked at a number of other sites quite some distance away. Traffic was one of the considerations for that and it was one of the reasons why we are on the same side now as the rail stop and also the town centre. So there are a number of considerations around there as far as accessibility, transport, and how we could provide parking.

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

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

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

Mr BRAD HAZZARD: Absolutely. Can I say—

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

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

The Hon. PETER PRIMROSE: I appreciate that.

Mr BRAD HAZZARD: As a local resident particularly, I'm interested to hear whether you've got some views that I need to hear as well.

The Hon. PETER PRIMROSE: Thank you.

The CHAIR: We will move to questions from the crossbench.

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

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

The Hon. MARK LATHAM: Thank you. Have you seen those case notes by Ms Musto doing the individual assessment about how loud the Minister spoke and where he breathed and so forth?

MICHAEL DOUGLAS: No, as I mentioned earlier, I had discussion with Jennie Musto at the time, but I haven't seen any documentation.

The Hon. MARK LATHAM: And that lack of material, is that the reason why you did your retrospective note to file that came in after we moved the motion in the upper House to give an explanation, any explanation as to what had gone on?

MICHAEL DOUGLAS: My retrospective documentation was about my dealings at the time. It did not encompass those individual assessments that were done.

The Hon. MARK LATHAM: Just going back a step to the decision to make the individual assessment, there is nothing in the SO52 return that goes to that. There's no note, no memo, no file material as to who and why made the decision that out of these 91 people, four of them, four senior Ministers, would have an individual assessment. Is there a reason why there's no documentation about that?

MICHAEL DOUGLAS: Well, it's not an unusual situation. We do this regularly with schools or with gymnasiums. In a school, for example, we may be aware of a case in a school and we consider that whole classroom to be at risk without knowing the individual interactions that occurred with the student or students who may have been cases, whereas the teaching staff or other staff we may be [inaudible] interviews where our investigations centre on particular assessments. I think it's an art in that situation that we are discussing this afternoon.

The Hon. MARK LATHAM: So you're saying in a school gymnasium you'd take the students as a group and then do an individual assessment of the teachers who are, say, hovering around outside the door but not necessarily in direct contact?

MICHAEL DOUGLAS: Where possible and where feasible, as much investigative work that can be done will be done. Where it's considered not feasible—there might be a number of reasons why it's not feasible, particular circumstances—a more generic approach will be taken.

The Hon. MARK LATHAM: In those cases, how many times would a contact tracer recording a very close contact or direct contact, on those occasions how many times would the person be classified as casual and not have to isolate?

MICHAEL DOUGLAS: Every assessment will make a determination. I couldn't hazard as to how many—[disorder]

The Hon. MARK LATHAM: Do you know of any cases where the contact tracer said, "Look, this individual's a very close contact, a direct contact, but we're not going to classify them close contact, they'll just be casual"?

MICHAEL DOUGLAS: No, if the contact trace determines a close contact, and as I mentioned earlier, the criteria to be considered with that assessment, that will be the determination there.

The Hon. MARK LATHAM: With Minister Hazzard, that happened a different way, did it? Even though he was classified as very close contact, direct contact by two contact tracers, there was a need to look at breathing and the volume of his voice and so forth?

MICHAEL DOUGLAS: I'd be extending my understanding or knowledge of exactly what occurred at the time beyond what's written there. But again, to come back to the principles or the approaches taken in that situation, an assessment was made taken on many different factors in that situation.

The Hon. MARK LATHAM: And Dr Gale, do you know of any instances where in the whole COVID period and all of these assessments that were made, there was an individual assessment, say, it's a teacher at a school, and the contact tracer said, "This is a very close contact", another contact tracer said, "This is a direct contact", but they were classified as casual?

MARIANNE GALE: So as Dr Douglas described, every case is assessed based on the information that's provided and there is a distinction between a descriptor that might say "direct contact", which is different to the term or the designation as a "close contact". They're distinct concepts. As Dr Douglas described, there's a number of things that would go into a final determination or a designation of the term "close contact" and that would include an assessment of the nature of the exposure, the duration and all of those things taken in concert to arrive at a designation of a close contact. In every contact tracing instance, whether that be in schools or in a gym or in a restaurant, that assessment of those factors of the nature of exposure, of the proximity or directness of exposure, the nature of infectiousness, all of that is taken and considered before assigning a term of "close contact" or "casual". And what Dr Douglas is describing is that the same concepts and the same methodology was applied in this instance as would be applied by the contact tracers if it were a restaurant, if it were a school, if it were in a shop, in any other setting where the contact tracers would undertake that activity.

The Hon. MARK LATHAM: Sure, but to answer the specific question, are there examples where the contact tracer, as they did in this case, said, "This is a very close contact", and the close contact morphed into a casual?

MARIANNE GALE: Again, and I don't know the exact terminology of what was actually described, but there is a difference between describing a contact as being in "close proximity" or "direct" or "face to face" or any of those sorts of descriptors of nature and proximity and that is distinct from the designation of the term "close contact". It may be the case that somebody had direct contact but if it was extremely brief, for example, so you could have direct contact but if it was extremely brief, it's not a given that that would then be given the destination as a "close contact". I hope that helps to clarify a little bit the terms.

The Hon. MARK LATHAM: What about a handshake—so physical contact—and a four- or five-minute conversation standing next to the person?

MARIANNE GALE: Again, I don't know the nature of the exact circumstance and it would depend upon the assessment of the whole of the different factors involved. So it is not absolutely the case that just because you shook somebody's hand you would be a close contact, in my experience, of the whole process of contact tracing that's occurred over the last few years.

The Hon. MARK LATHAM: Do you find it inconsistent, Dr Gale, that people at this dinner who weren't on the same table as Adam Marshall and didn't go anywhere near him, were classified as close contacts, but in the example of the handshake and the conversation, that person was a casual? It seems remarkable, doesn't it?

MARIANNE GALE: It's not inconsistent in my view. It is the experience, again, as Dr Douglas described, that the contact tracers would undertake in any other setting—in a restaurant, a gym or a school. Again, as Dr Douglas described, the contact tracers would always make their best effort, wherever it's feasible, to conduct more detailed investigations as to the exact nature. Sometimes that requires a lot of unpicking and a lot of time spent in elucidating that information. And it's simply not always feasible. For example, in a gym where you might have 100 people or a school with 50 people, it's not always possible to do an individual, detailed assessment. So I don't find that inconsistent with the practice of contact tracing that has occurred in different settings over the last couple of years.

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

MARIANNE GALE: Throughout the pandemic there has been guidance around the process of contact tracing and the definitions involved. That has been national guidance as well, in the series of national guidance around COVID-19 that provide the principles around contact tracing. That is what is broadly applied across all the groups of contact tracers, and there have been numerous throughout the pandemic, done both centrally at the

ministry as well as in all of the public health units. That whole workforce of contact tracers have been trained according to the guidance outlined in national guidelines and reflected in New South Wales guidance.

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

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

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

MARIANNE GALE: That would be possible.

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

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

The Hon. EMMA HURST: Will any of those specialist clinics be located in regional or rural areas, or has any money been tagged for specific locations?

NIGEL LYONS: That very much depends on the service profile in each of the districts and the hospitals of concern and what capacity they have to support those outpatient models, recognising that a lot of the work that's done in rural and regional areas is done by our specialists working in they own practices rather than having outpatient clinics at the hospital. But where that's possible, we will be exploring how we could provide that sort of support for our regions. The other component, of course, is that we are increasingly relying on virtual care and virtual health and the connections between specialists in the metropolitan settings and their colleagues working in the rural areas. We've got examples like the Telestroke Service where we're actually making those connections to support care being provided locally but with the backup of those specialist teams in the metropolitan hospitals as well. So we're exploring those sorts of models as part of this implementation as well.

The Hon. EMMA HURST: So you think that maybe some of the post-COVID clinics will be a telehealth service model as well for some areas?

NIGEL LYONS: We're certainly looking at that virtual care support backup because it's allowing the expertise of specialists to be available to people who otherwise might not be able to access that care.

The Hon. EMMA HURST: When can we expect these clinics to be able to see patients? Do we have a time line for when they'll be up and running?

NIGEL LYONS: There are already services that are operating and providing that through the existing specialist outpatient models. The question will be how much further investment is required to expand capacity and, where we need to bring the multidisciplinary specialist model together, to bring people in additional clinics to support those models. That's the work that's underway at the moment, to define how that will be delivered.

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

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

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

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

The Hon. EMMA HURST: That's fine. Thanks, Dr Lyons. It has also been reported that Australia has reported above average numbers of deaths, Minister, from cancer, dementia and diabetes in 2022, in the first five months. Are we doing anything to address this sudden spike, or is it a sudden spike?

Mr BRAD HAZZARD: In which areas, sorry?

The Hon. EMMA HURST: Above average numbers of deaths from cancer, dementia and diabetes.

Mr BRAD HAZZARD: Those are Australian figures rather than New South Wales figures, aren't they?

The Hon. EMMA HURST: It was reported in *The Sydney Morning Herald*.

Mr BRAD HAZZARD: That doesn't mean it was New South Wales figures.

The Hon. EMMA HURST: I can get you a copy of that if you want to look at the article.

Mr BRAD HAZZARD: Have you got the article there?

The Hon. EMMA HURST: I do. They are Australian figures, though.

Mr BRAD HAZZARD: That's not New South Wales figures. Obviously New South Wales is doing a lot in those areas and continues to do a lot in those areas. I will ask one of my clinical colleagues whether somebody—thank you. It doesn't make it clear but I think it's probably ABS figures.

The Hon. EMMA HURST: It does say ABS.

Mr BRAD HAZZARD: Yes, ABS, the third paragraph. What about if I ask whether there are any of the clinicians available who could assist on that front? Dr Gale.

MARIANNE GALE: I believe the article that you're referring to draws on a report from the Australian Bureau of Statistics where they have looked at the concept of excess deaths. Globally, that's a concept that has been used to try and capture the impacts of COVID. The ABS is doing that work for Australia, and I believe there are two reports that they've released so far about this concept of excess deaths. Basically, the concept of excess deaths aims to capture the observed number of deaths versus what your expected number of deaths is and what difference there is. My recollection of the report is that it did show that during 2020 there were fewer deaths than expected. We know that, for example, in 2020 we didn't have a flu season and often elderly people, unfortunately, pass away when there is respiratory illness like flu circulating that causes deaths.

I believe the report also identified that in the first few months of 2022, at the peak of the Omicron wave, there were excess deaths reported in Australia. We know that a portion of those excess deaths would be due directly to COVID, so people who died directly as a result of COVID. They may also be due to people who had pre-existing chronic disease, like diabetes, Alzheimer's or other conditions, where COVID may have been an exacerbating factor. It also identifies that perhaps people passed away with undiagnosed COVID. So they passed away but they were never identified as a COVID case. That excess death figure will also capture people who, for example, may have died as a result of not receiving care during the period of the pandemic and who maybe stayed away from their GP or stayed away from the emergency department, and their death was perhaps related to that lack of seeking of care. That excess death figure captures all of those different groups of people, and it is an important concept to follow. I believe the ABS will continue to look at that at a national level to try and capture the broader impact of COVID on health, not just COVID-related deaths but potential other, broader impacts of COVID on people's health.

The Hon. EMMA HURST: Dr Gale, does the report indicate that possibly during COVID some of the preventative or early detection wasn't happening and that's in any way related to the potential increased death rates from cancer, dementia and diabetes?

MARIANNE GALE: It's my understanding that that may be a contributing factor to it. We know practically that that was a challenge throughout the pandemic, but we also know that there were many elderly people in particular who perhaps actually might have passed away earlier on if we had flu seasons or other respiratory illness, and they didn't pass away in those previous years. But now that we have flu circulating and we have more respiratory illness, sadly, we are seeing those deaths occurring now. So there is a multitude of different factors that are probably playing into that concept of excess deaths, and that's something that other countries overseas globally are also seeing and that we'll need to continue to monitor here in Australia.

The Hon. EMMA HURST: Thank you, Dr Gale. Minister, I've asked you previously in budget estimates about the funding split between preventative health care versus treatment after illness occurs. Obviously I've been a big advocate for increasing the funding towards prevention of illnesses. Has there been any kind of budgetary increase or move within the department to emphasise further on funding towards prevention of various diseases and chronic illnesses?

Mr BRAD HAZZARD: In a lot of areas there's a lot of money being spent on preventative work. Pick any example. There are two new obesity clinics that have been established in the last two or three years, one at Liverpool. They are very expensive and complicated because they're often multidisciplinary teams. But it doesn't matter what area of medicine. We're putting a lot of money into that. The health budget in New South Wales is

just over $30 billion. It's just shy of a third of the State budget, so it's certainly a big emphasis. But if you want to ask a bit more, I'll reserve until after wherever we're going to now and get one of the clinicians to answer some questions on that. Nigel might want to do that. He's looking keen. Not now, Nigel.

NIGEL LYONS: I'm happy to, Minister.

The Hon. EMMA HURST: Great. I'll come back to you, Dr Lyons. Thank you.

The CHAIR: In light of the fact that you will be departing at about four o'clock or thereabouts, Minister, I'd like to give you a set of questions about a matter that I've got some particular concerns about. I've got some folders of material, if I could have them passed up to you. There's one for yourself, one for the secretary, one for the acting Chief Health Officer and one for Dr Chant. They contain some material that I want to draw to your attention.

Mr BRAD HAZZARD: Are these matters for discussion now?

The CHAIR: Yes, absolutely. They're in the public domain. They're not matters of—and there's a copy for Hansard as well, just to get the references right.

Mr BRAD HAZZARD: So the topic is gender dysphoria?

The CHAIR: Yes, for children and young people.

Mr BRAD HAZZARD: Sure, okay.

The CHAIR: Minister, I had originally planned to ask these questions yesterday of the Chief Psychiatrist, thinking that he would be the best person to direct them to, of course, with his expertise. But I thought, on reflection, I'll ask them to you and then you can defer to him and perhaps approach it that way.

Mr BRAD HAZZARD: Sure, no problem.

The CHAIR: I've actually said to a number of my colleagues, both inside this Parliament and outside of Parliament, that what's happening with respect to the treatment of children and young people and adolescents in Australia who may be or are gender dysphoric or gender incongruent with respect to the application of what's called the affirmation approach is a matter that we all should be very concerned about. I actually think that what we have in plain sight is an absolutely scandalous situation that is playing out in real time. There appears to be, for some reason or another, a lack of willingness at the highest level in health in this country—at the political level and at the bureaucratic level—to confront this issue and come to terms with the significance of what's going on. I'll say that I'm very conscious that this is a matter that is subject to some contest and debate, and I want to go through this in a way that is respectful of the fact that there are different views about this particular matter.

I start by referring to the three documents that are in your folders. The first one is a significant piece of research which is titled, "Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service". It appears in *Human Systems: Therapy, Culture and Attachments* 2021, volume 1, pages 70 to 95. The authors of this significant piece of research we should be very proud of. A number of them come from New South Wales. We have, in order—I don't know any of these clinicians—Kasia Kozlowska, from The Children's Hospital at Westmead; Georgia McClure and Catherine Chudleigh, also from The Children's Hospital at Westmead; Ann M Maguire, from The Children's Hospital at Westmead; Danielle Gessler, from The Children's Hospital at Westmead; Stephen Scher, from Harvard Medical School in the United States; and Geoffrey Ambler, equally from The Children's Hospital at Westmead.

Minister, I don't expect that you will have read this. I have tabbed some pages, which I will come to shortly, to draw some particular matters to your attention. But it's a significant piece of research which came out last year and which has been quite influential in effecting what I might describe as a change of direction in the way in which the matter of the treatment of children who are or may be gender dysphoric is being treated. I'm talking about a movement away from the affirmation approach.

The second piece of literature in your folder is from *The Sydney Morning Herald*. I'm sure you read it at the time. It's dealing with a young woman, a tragic set of circumstances. I'm sure you saw it. I'm sure you reflected on it. She is one of the many and growing number of individuals who are seeking to transition back to their natal sex. They went down the path of normally of an affirmative program, now realise that they have made a major mistake and now have grave sorrow over it because effectively they have sterilised themselves from the practice that they partook of.

The third document is a document from the ACON website. You are well familiar with that organisation, Minister. The first three pages are from the TransHub part of the ACON website, which you may or may not have

seen before, but it's on the website. If you turn over—it's not actually tabbed—four pages, you've got the heading "Gender Affirming Doctor List". It's highlighted. It says on the TransHub part of the ACON website:

> Below is a map of doctors who offer different kinds of gender affirming hormonal care and support to trans and gender diverse people in NSW.

The first sentence of the third paragraph states, "All GPs and prescribers can and should be gender affirming doctors." I do not expect you to count them, but on my count there are 83, and a growing list of mainly general practitioners, but there are also some endocrinologists, sexual health physicians and others who are all listed on this growing list of treatment-affirming doctors with respect to gender dysphoria in this State. I might say the same website, ACON which is based in New South Wales, actually lists doctors in all States and Territories in Australia, which is interesting, given that it is effectively a New South Wales-based organisation. I take you to the very last page of my documentation—and I don't need to remind you that this is taken from ACON's last year's accounts—that in the 2020 financial year NSW Health provided them $12 million, or over $12 million. In 2021 that jumped to $12.63 million and, interestingly, without explanation, in addition to the monies from New South Wales Department of Health, monies also flowed to ACON from local health districts.

Now, Minister, I am sure that you probably are generally aware, and if you are not, perhaps the secretary is or the acting chief is, with respect to the issue of gender dysphoria for children and adolescence, it is a contested area and there are essentially two schools of thought on how to deal with it. One involves the affirmation of the child or adolescent who comes in with wanting to discuss the matter of what they say is their gender dysphoria. They then move rather quickly from that point of saying that they want their matter affirmed through at least a two-stage process. The first stage, as I am sure you are aware, involves puberty blocking and the use of pharmaceuticals to do that, followed by cross-sex hormones, normally within a couple of years. Moving from one to the other is almost guaranteed. Something like 98 per cent or 99 per cent of those who commence puberty blockers move on to the cross-sex hormones.

The third stage is surgery. Typically for young women it involves bilateral vasectomy, removal of uterus and removal of the ovaries and maybe reconstruction surgery as well. With respect to males, it involves the removal of the penis and testes because they are obviously seeking to affirm and become a trans-female—a trans-girl, trans-woman—and will take associated pharmaceuticals for the development of breasts. We all know this. It is all on the public record and has been around now for some time. What has happened significantly, though, is that in recent times over the last couple of years, particularly overseas, there has been quite sea change. In summary, that sea change has been an awakening or an awareness of this major problem that has been identified of what is this rapid movement through affirmation process versus the more considered process. The more considered process used to be called "watchful waiting" but now it is referred to as a more careful, considered and multidisciplinary approach.

With that, I take you to the actual academic article. I just want to draw it to your attention because I won't have time to read it out. I take you to page 84 and I have highlighted a piece there, and I don't have time to read. I also draw your attention quickly to the highlighted part on page 89 and then, importantly, on page 91 going on to page 92, concluding paragraphs. Minister, with respect to the trans hub set of clinicians identified, and there are 83 of them, the situation is that there is a rapid progress of young people through at least the first two stages of puberty blocking and the cross-sex hormones. NSW Health, at the John Hunter Hospital, has a children's part of the hospital. Associated with it is a place called Maple Leaf House, which you may or may not be aware of. Maple Leaf House is located at No. 56 Stewart Avenue, Hamilton East, Newcastle. It promotes itself as being an affirmation facility with affirmation clinicians.

I have been informed by various individuals, particularly clinicians, that with respect to Maple Leaf House and children and young people presenting there, only after two to three medical appointments, they are moved on to the commencement of puberty-blocking medication. As I understand, it is the same situation for a number of these affirming doctors listed on the trans-hub part of the ACON website. This rapid movement is completely contra to what is happening overseas. You may be aware, Minister—and I know this is a particularly long lead-in explanation, but it is context for you—that in the United Kingdom most recently, after an interim review by an eminent paediatrician, from memory, Professor Cass, the Tavistock Institute in the United Kingdom which provided affirmation treatment for children and young people was closed down. I also draw to your attention, and you may know this already, that the cautious approach—and this is the cautious approach as opposed to the affirmation approach—is now part of the official guidance by the national treatment advisory bodies in Finland, Sweden, France and the United Kingdom. Specifically in Finland, it states:

> … the recommendation is that among young people with gender dysphoria and significant psychiatric comorbidity no conclusions can be drawn on the stability of the gender identity of the child.

Minister, in plain sight for everyone is that there is a major, major issue and not just in New South Wales. Might I just say, the fact that this article is coproduced by four eminent clinicians from our own Children's Hospital at

Westmead, belling the cat on this challenge we have in Australia. I say to you, and I have said it to many other people, the epicentre of our problem in this country is the gender clinic at the Royal Children's Hospital in Melbourne.

Mr BRAD HAZZARD: Sorry, the gender clinic?

The CHAIR: Yes, the children's gender clinic at the RCH in Melbourne, headed by Dr Telfer. Can I say, Minister, and once again this is not a gotcha moment, but I have a piece of correspondence signed by you to a member of Parliament in New South Wales. The second paragraph states, "NSW Health supports holistic person-centred and evidence-based care to trans and gender-diverse people with appropriate consent and education safeguards". No-one can disagree with that. The correspondence continues: "The statewide service model of care aligns with accepted good practice in an Australian context including: (v)"—and you specifically refer to, because I presume that this was the advice provided to you—"The Australian standards of care and treatment guidelines for trans and gender diverse children in adolescence." Minister, there is no such thing as Australian guidelines. Those guidelines were created by Dr Telfer at the Royal Children's Hospital in Melbourne. She called them the Australian guidelines, and they now have taken root as the Australian guidelines. They sit quite contra to what is best practice recognised around the world now with emerging growing evidence.

I pause there, it's a long introduction and I apologise, Minister. Can I say, it is something I feel very strongly about and actually have been following since 2016 when I first commenced collecting data through GIPAAs, not just at The Children's Hospital at Westmead but every children's hospital around Australia to see what the growing trend was. I have to say I have been completely unsuccessful in any attempts to advocate and draw this matter to the attention of senior people like Ministers and clinicians. But the sands are moving, the sands have moved and I am gravely concerned about what is happening specifically at Maple Leaf House in Newcastle. I am particularly concerned about a group of clinicians at the John Hunter Hospital who particularly are enamoured with the affirmation approach. With respect to Westmead, there appears to be, as one would think from reading that article, a more considered, holistic and careful approach being taken. I might leave my comments there.

Mr BRAD HAZZARD: I have heard what you said. This is the first time I have been made aware that the NSW Labor Party opposes the medical response that is currently being undertaken at Maple Leaf House or anywhere else for that matter. And I wasn't aware that NSW Labor was opposed to the $12 million that goes to ACON or of the funding to ACON.

The Hon. MARK LATHAM: Hear, hear!

The CHAIR: Minister, just to jump in, just to be clear, I am speaking as a member of this Committee. I am not speaking on behalf of the NSW Labor Party. I am raising these issues as a member of the Committee.

Mr BRAD HAZZARD: Sorry, I thought it was the Labor members speaking and then it was crossbench members speaking and The Greens speaking.

The CHAIR: Yes, absolutely. I am a member of the Labor Party, and proudly so, but at the end of the day—

Mr BRAD HAZZARD: So, what is the Labor Party's position on this?

The Hon. MARK LATHAM: He's asking your position.

The CHAIR: I'm asking your—

Mr BRAD HAZZARD: I don't need your help. I don't need anything from you.

The CHAIR: Minister, I know what you are trying to do.

Mr BRAD HAZZARD: And actually, most people don't need anything from you.

The CHAIR: I can handle myself.

The Hon. MARK LATHAM: You needed your pills at lunchtime.

The CHAIR: I can handle myself. But, Minister—

Mr BRAD HAZZARD: You've had great success. Kim Beazley chucked you out of Cabinet. The next leader didn't want you back in Cabinet. You then went to an election and you lost it, seriously. You are now here, big time.

The Hon. MARK LATHAM: You have no idea.

The CHAIR: Minister, can I just invite you to come back to a very serious matter.

The Hon. MARK LATHAM: I've never been to ICAC, like you have.

Mr BRAD HAZZARD: Big time.

The CHAIR: Minister, these young women are having bilateral mastectomies in hospitals run by NSW Health—

Mr BRAD HAZZARD: Can I just say this, Mr Chair.

The CHAIR: I invite you—

Mr BRAD HAZZARD: I've heard your concerns, and you have clarified now that it is not a Labor Party concern, you are expressing your personal concern. What I will undertake to do—

The CHAIR: A personal concern, just to be clear, that I have ventilated with colleagues inside the Labor Party and in the Liberal Party and in the National Party and in the crossbench.

The Hon. MARK LATHAM: Hear, hear!

Mr BRAD HAZZARD: All I was going to say was, I'm happy to look closely at the issues you have raised and to take advice, obviously. I think that is appropriate from what you have asserted. But I have actually visited a number of these services and I think it is, as you rightly said at the beginning, a very complex issue, very complex worldwide.

The CHAIR: Absolutely.

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

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

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

The CHAIR: Westmead?

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

SUSAN PEARCE: Maple Leaf.

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

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

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

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

Mr BRAD HAZZARD: I understand what you said.

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

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

The CHAIR: Thanks, Minister.

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

The CHAIR: Just to finish, with respect to the clinicians and the private correspondence that I have got, which I have kept back, obviously, for the purpose of this discourse, I will provide them to you privately with names, phone numbers and all of that for you to follow up.

Mr BRAD HAZZARD: Let's you and I take it offline and we'll—

The CHAIR: No, no. Thank you.

Mr BRAD HAZZARD: —talk about that.

The CHAIR: But I just foreshadow that to you. Thank you, Minister.

The Hon. MARK LATHAM: To Susan Pearce, if I could, thanks. Someone who should know has said here, "There was a confirmed case in State Parliament."—that was Adam Marshall. "The Ministers and a lot of other politicians came through to NSW Health on a spreadsheet as close contacts. The spreadsheet was then revised to say some of them, including Mr Hazzard, were just casual contacts. It was the biggest secret around." Are you aware of that as head of the department?

SUSAN PEARCE: Mr Latham, no I'm not. I have been the Secretary of Health for six months. Prior to that I was the Deputy Secretary and the Controller at the State Health Emergency Operations Centre.

The Hon. MARK LATHAM: Dr Gale, are you aware of these spreadsheets that haven't been provided in the SO52 to the Upper House?

MARIANNE GALE: I'm not aware, Mr Latham, no.

The Hon. MARK LATHAM: Dr Douglas, any knowledge of the spreadsheets that haven't been furnished in the call for papers?

MICHAEL DOUGLAS: I missed the full extent of the listings that you mentioned.

The Hon. MARK LATHAM: It's someone who should know, I would say does know, "There was a confirmed case in State Parliament"—that was Adam Marshall. "The Ministers and a lot of other politicians came through to NSW Health on a spreadsheet as close contacts. The spreadsheet was then revised to say some of them, including Mr Hazzard, were then just casual contacts. It was the biggest secret around."

Mr BRAD HAZZARD: I don't know whether you know, by the way, but I didn't have COVID, so I don't know what you are on about. I didn't have COVID until 5 April this year. So, I am not sure why you are wasting the entire Committee's time on this paranoid obsession you have.

The Hon. MARK LATHAM: Well, good on you. I'm after consistency. I mentioned close contact, and it's about consistency of applying the rules. You applied rules to millions of people in New South Wales but not yourself.

SUSAN PEARCE: Mr Chair, may I make a comment please?

The CHAIR: Yes.

SUSAN PEARCE: In addressing this issue, Mr Latham, I would like to point out that the close contact tracing team, Michael and the whole team, conducted thousands upon thousands of close contact assessments during the course of the pandemic. They have done that with a great degree of professionalism, and I have been there from the start of the pandemic in my role and now in this one. At no stage have I ever observed any of them receive undue influence from any politician with respect to the application of their work. If you have an allegation to make about the conduct of the staff of NSW Health, please make it.

The Hon. MARK LATHAM: I have made it. I have made it in Parliament.

SUSAN PEARCE: Dr Douglas has already answered your question earlier today as to whether he received any—and I can't remember the form of words—pressure from the Minister or any influence. He has answered that question categorically. I can categorically state that I have observed that team work tirelessly on behalf of this State for years and in no way, shape or form do we enter into the political fray with the application of that work. I would appreciate it if you have an allegation to make about the conduct of myself or anyone in my department, please put it so that we can answer it correctly.

The Hon. MARK LATHAM: I have, but I am asking a question. This is estimates, where we ask questions to elicit information and I am trying to seek the information.

SUSAN PEARCE: I am well aware of estimates because I have sat through many of them.

The Hon. WES FANG: Point of order—

SUSAN PEARCE: I have not seen a spreadsheet.

The Hon. WES FANG: Point of order—

The CHAIR: About not talking over each other?

The Hon. WES FANG: Yes, indeed. The secretary is just trying to provide a response. I am just worried that Hansard will not be able to record it.

The CHAIR: That is a very fair point. Question and answer, please.

The Hon. MARK LATHAM: Susan Pearce, how do you explain the inconsistency and the treatment of individuals at this dinner? Is it possible that the officials you are talking about—similar to how Morrison had his shadow ministries in the emergency of the pandemic—thought to themselves, "There are four here who are senior people in the New South Wales Government and we really can't have them off the scene isolating for a fortnight in the middle of this pandemic, so we will give them an individual assessment, see how loud they spoke—

Mr BRAD HAZZARD: You are just imputing—

SUSAN PEARCE: Excuse me, Mr Latham.

The Hon. MARK LATHAM: —which way they breathe," and then arrive at a different conclusion for a Minister who walked—

Mr BRAD HAZZARD: You are imputing—

SUSAN PEARCE: Mr Latham—

The Hon. MARK LATHAM: If I can just finish.

Mr BRAD HAZZARD: You are paranoid and a grub.

The CHAIR: Order!

The Hon. MARK LATHAM: The Minister walked into the room, shook the hand of the infected Adam Marshall, stood there for four or five minutes, having a conversation with him, and somehow, incredibly, was classified as a casual contact—after the Minister himself had isolated for 24 hours and seemingly had raised the white flag that, yes, he was a close contact.

SUSAN PEARCE: Mr Latham, I have asked you, if you have an allegation to make about our staff, make it. In respect of—

The Hon. MARK LATHAM: No, I have asked the question.

SUSAN PEARCE: —close contact tracing, I think both Dr Douglas and Dr Gale have made the point that each and every case turned on their own set of facts and circumstances. It is not a linear or a simplistic application of science to each case because, in all circumstances, there were variations on the theme. They have addressed the issue about, yes, you can be in proximity. There were issues around length of time. There are issues about what you were doing while you were in close proximity to each other. Certainly from where I sit—and I am well aware of this event in June of last year because, clearly, it was a matter that was well ventilated at the time, but what I can say on behalf of the team that work with me and have worked in the department over these many long and tiring months is that they are people of the highest professional capability and integrity, and I stand by them in respect of that. I have nothing further to say on the matter. If you wish to make an allegation of misconduct about our staff, please make it.

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

SUSAN PEARCE: On your fist point, yes, we will examine the accuracy of the papers provided in the SO52, although I have no reason to believe that they would not have been robust. In respect of the second question, I cannot stand in the shoes of public health officers in their decision-making, and I wouldn't attempt to.

The Hon. MARK LATHAM: Dr Gale, do you think it is possible?

MARIANNE GALE: As we described earlier, Mr Latham, it was common practice in any setting where there was an exposure that where it was feasible and where there was an exposure in a smaller group of people and where it was possible and feasible to do an in-depth discussion to try to provide the best risk assessment possible, that would always occur. Where there were numerous people—more than 30, more than 50, more than 80, more than 100—and it was not within the capacity of the team to do that, then a more generic response would be made based on the best judgement of the contact tracing team and their experience.

I would also add that it was not uncommon practice after an exposure for people to isolate for a period of time until an assessment was done to allocate a status of "casual" or "close contact". It was often the case in numerous examples, be it in a gym or a restaurant, that we would ask people to isolate until a risk assessment had been completed, and at which time they would be given a designation of "casual" or "close". If they were "casual", they could go about their ways, and if they were "close", then that recommendation would follow. That wasn't an unusual practice; that was quite common.

The Hon. MARK LATHAM: Why then in a room of 91 people—one infected person, 90 possible contacts—were these four singled out for individual assessments? Why them? Why not the hospitality staff?

Mr BRAD HAZZARD: Mr Chairman, I am going to have to actually say that we have very senior health staff who have answered these questions. Mr Latham can ask his questions 50 times; he will get the same answers. I am asking you now to direct him to move on to something else substantive.

The Hon. MARK LATHAM: I am asking a question to Dr Gale. Why these four?

Mr BRAD HAZZARD: Seriously, Mark, seriously. The bullying, the paranoia—it's no wonder you never reached your full potential and never will if that's the way you're going to carry on.

The CHAIR: Minister. Order!

Mr BRAD HAZZARD: It is time to stop and move on.

The Hon. MARK LATHAM: I think your reaction is being read as part of your very big sensitivity—

Mr BRAD HAZZARD: It is time to move on.

The Hon. MARK LATHAM: —about this because you know you're as guilty as sin.

Mr BRAD HAZZARD: I have no sensitivity. I am just annoyed that you are wasting the time of people who actually would be saving you in the event that you were in a hospital.

The CHAIR: Order!

The Hon. WES FANG: Point of order—

Mr BRAD HAZZARD: You need to be a bit more respectful. Move on.

The CHAIR: Order!

Mr BRAD HAZZARD: Sorry. I am asking you, Mr Chair—

The CHAIR: I appreciate what you are doing.

The Hon. MARK LATHAM: Dr Gale, in a room of 91, why were these—

Mr BRAD HAZZARD: I am asking you.

The Hon. WES FANG: Point of order—

Mr BRAD HAZZARD: I am asking you.

The Hon. MARK LATHAM: —four individuals picked out for an individual assessment? That is a vital question.

The CHAIR: A point of order has been taken.

The Hon. WES FANG: Chair—

The CHAIR: Talking over?

The Hon. WES FANG: I just fear—

Mr BRAD HAZZARD: Repetition.

The Hon. MARK LATHAM: I have not asked that to Dr Gale.

The Hon. WES FANG: I just fear that we are descending into a bit of a rabble. I think decorum and some manners would be of benefit to all of us so that we can actually get through the rest of the day. Being the Legislative Council, not the Legislative Assembly, I think it's incumbent on us to behave as if we are from the upper House. With that, Chair, I will just say that I would ask that people don't speak over each other so that Hansard is able to record what we say.

The CHAIR: I think we are doing pretty well. I don't think we have quite descended into a rabble.

The Hon. WES FANG: We are close.

The CHAIR: I think we are motoring on.

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

NIGEL LYONS: Thanks, Ms Hurst. This is a major focus of our health system and it is emphasised in the recent planning we have done for the Future Health strategy, which is the next 10-year overarching directions for health in New South Wales. We absolutely agree that there needs to be a greater focus on prevention and primary and secondary prevention activities, health promotion activities and, more importantly, a shift from providing care when people become ill and need acute care to preventing them from becoming ill and requiring acute care. We have highlighted the importance of that in our planning documents, but we also have responded by investing in a number of examples where we are working to move care into a phase which is more focused on prevention and primary care, rather than requiring those acute care interventions that I just talked about.

I will give you some examples of those. We have been working with our general practice partners and primary health networks in a program called Collaborative Commissioning, which is about looking at what we can do with our general practice of community-based partners to provide care for people who require that in an ongoing way, particularly for chronic conditions, with ageing, as examples, where we have invested in programs and services to support care being delivered in the community setting. Those perhaps have been $20 million to $40 million a year across both value based-care, which is another program that we've worked on, which is doing a similar thing, looking at the evidence in shifting practice and supporting care being delivered in those community settings for a whole range of conditions—things like congestive heart failure, diabetes and respiratory conditions. But we're also concerned that the work we're doing needs to be supported by changes in some of the policy and funding levers that the Commonwealth also has.

We've been strongly advocating—the health Minister, myself and the secretary in the meetings we've been in with our counterparts—for the need for there to be a greater focus on these investments holistically from the Commonwealth as well. There's a concern from our end, and we're highlighting it, that we're seeing a shift in what's occurring in primary care so that people are having difficulty accessing GPs in the primary fashion. They're having difficulty being able to pay for that care if there are out-of-pocket expenses, and there's the issue around regional and rural communities not having GPs at all. These are highlighting the fact that, despite some of the shifts that we would like to see, we need to see a response to see those primary community-based services being enhanced and invested in to enable that shift to be occurring holistically. Another example is mental health. Over the last three or four years—

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

SUSAN PEARCE: I can provide some budget information.

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

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

SUSAN PEARCE: I can provide—

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

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

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

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

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

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

SUSAN PEARCE: But, certainly, to Dr Lyons' point, it's an area of significant focus for us. We know that funding hospital services alone will not get us where we need to be as a health system into the future. So it's very important. Thank you for raising it.

The Hon. EMMA HURST: Minister, yesterday I spoke to Minister Taylor, and I got some really useful information from Ms Pearce and Dr Lyons in relation to this. I want to talk very briefly to you as well about the issue of obstetric violence. There was an Australian study with almost 9,000 women, and one in 10 said they had experienced some form of obstetric violence. Obstetric violence is any time a person in labour or birth experiences mistreatment or disrespect of their rights, including being forced into procedures against their will, at the hands of medical personnel. I know there is a global conversation around obstetric violence, and there are laws that are being introduced overseas. The United Nations has also done a report on obstetric violence. They realise that this is a global issue that needs to be discussed. Is obstetric violence an issue that's been brought to you as well as health Minister in New South Wales?

Mr BRAD HAZZARD: I'm aware of obstetric violence anyway. I didn't hear what you discussed with the other Minister yesterday.

The Hon. EMMA HURST: No, that's fine.

Mr BRAD HAZZARD: There was a group that came to see my office.

The Hon. EMMA HURST: Was that Maternity Choices, perhaps?

Mr BRAD HAZZARD: Yes, I think it was. They spoke to some of my senior staff, who, obviously, conveyed to me the viewpoints. It's not new. Obstetric violence has been—

The Hon. EMMA HURST: The conversation is—

Mr BRAD HAZZARD: The label of obstetric violence has been around for quite a while. It's a while since I looked at it, but I think the European Union have done some work on it. There have been other countries like Spain and Portugal and others. Essentially, what it is is it's an effort to put a focus on empowering women to be able to manage the birth process in a way that they want to manage it. It's really around consent and understanding all the issues as to how you can arrive satisfactorily at whether or not a woman is actually consenting or understanding the process. So much of that goes to the antenatal discussions, or lack thereof, as to what may or may not happen. I remember reading examples of doctors—overseas, thankfully, not here—yelling at patients and telling them basically, "This is me. This is my voice. You listen to me."

But it's complex. I think it's very complex, because if you've got a woman who's gone through all of the antenatal processes and she has had some sort of anaesthesia—mild, probably—and then the doctor announces that to save the baby he's going to do an episiotomy. It might be one cut; it could be half a dozen cuts. Who knows? Then later on the woman says, "Well, no, that's not what I wanted." It's a really complex issue to work out where lies what was needed to be done in the circumstances. I think it does come down largely to consent. I've got to say that in Australia generally from my experience—and I've had lots of experience in my previous life as a lawyer, but also in more recent years as a health Minister—talking to obstetrician-gynaecologists, I think they're all conscious—the ones I've spoken to anyway have been very conscious of the need to empower women and to not fall into the assumptive process that they know best without actually discussing it. But it's not always possible to discuss it.

The Hon. EMMA HURST: Given that, Minister—sorry to interrupt you. I appreciate everything you're saying.

Mr BRAD HAZZARD: You asked me what I knew about it, so I am just telling you what I know.

The Hon. EMMA HURST: I appreciate what you're saying.

Mr BRAD HAZZARD: Which I assume is what you heard yesterday. Is it something similar or not?

The Hon. EMMA HURST: I got some really good information from Dr Lyons and Ms Pearce around some of the processes that are in place to have some conversations and policies in this space. Minister, I guess what I wanted to draw your attention to was this Australian study—to be fair, it hasn't been published yet—from 9,000 women that is saying that one in 10 are still reporting obstetric violence.

Mr BRAD HAZZARD: Where's the study, Emma? What's the study?

The Hon. EMMA HURST: I can't give you too many details about the study because it hasn't been published yet. I've been given a private briefing about the study by the researchers from the university. It's the university of western Sydney, I believe. Would you be willing to meet with those researchers to talk further about this issue from an Australian context and what we can do going forward?

Mr BRAD HAZZARD: Sure. I've actually heard all about what they were doing anyway, but, yes, we can fit in a meeting at some stage. Sure, no problem.

The Hon. EMMA HURST: Thank you.

Mr BRAD HAZZARD: What did you say? It is one in 10 of 9,000?

The Hon. EMMA HURST: One in 10 out of 9,000 women in Australia.

Mr BRAD HAZZARD: And that's an Australian-wide study, is it?

The Hon. EMMA HURST: Yes, it's Australia wide.

Mr BRAD HAZZARD: Yes. It would be interesting to hear what they have to say on it.

The CHAIR: We will break for afternoon tea. We are back at 3.45 p.m.

(Short adjournment)

The CHAIR: We will begin. Minister, I will start with questions on some different subjects, if you don't mind, to you and obviously your officers, if you need specific detail.

Mr BRAD HAZZARD: Sure.

The CHAIR: The first instance, Minister, is the matter of Bankstown hospital. You would be aware that in March 2019 you announced that the Bankstown community would receive a new hospital. Can you explain where we are up to in terms of the Government finalising or getting close towards finalising a site where the new hospital would be located?

Mr BRAD HAZZARD: Sure. It has proved very challenging because, obviously, it's not easy to put a hospital into a greenfield area. I have worked with Paul Scully, Ryan Park, Shelley Hancock and Gareth Ward to be able to move the Shellharbour Hospital, which was going to be on a brownfield site, to a greenfield site, which is much bigger and much more expensive. Issues with city-based hospitals are a lot more complex and the Bankstown hospital site has proved complex because of a whole range of issues. There were more than 30 sites looked at, and it took quite a while to work their way around it. There were issues that the community had in relation to those sites and all of the sorts of things we were talking about before with regard to other extraneous factors, particularly, in this case, transport and vehicular access to the sites.

In the end, where they have got to is that there are two sites that have been identified. One is in—it's sometimes referred to as Stacey Street but it's really Chapel Road in Bankstown. That is the TAFE site there at Chapel Road or Stacey Street. That is in the mix and the other one that is in the mix is directly over the road from the current hospital. I have just forgotten the street name, but I can see it very clearly. Over the road from that there is a school, which mostly caters to adult students and is very multicultural. As you go down the back from that site, heading, I think, north—having been picked up before by the head of Health Infrastructure, I concede that Ms Wark is usually right and not me; but, still, I think it is the north side—there is an old tip.

The question is which of those two sites are the best two sites? There are public transport issues where there is a new metro going into Bankstown, as you would be well aware. There have been a lot of studies done about access to the hospital and what is the primary source, for example, of how staff get to the current hospital. They mostly get there by car, which causes massive problems. If you look any day you go out there, you will see up and down the streets surrounding the existing Bankstown hospital that there are almost no parking spaces for any of the locals. It is chockas.

The only other transport there is by bus, and there are a number of issues around the intersections—whether the intersections could be done up or not to do the job and how much money would be spent on that rather

than on the health facilities. Then, back on the other site, there are a whole range of issues about making sure that there will be alternative TAFE facilities, both interim and long term. Those issues are still being worked through but it is certainly full steam ahead to try and get that final decision. That is being considered by the Government as we speak. Hopefully a decision will be taken fairly soon. It is complex.

The CHAIR: I know. Thank you for that detailed answer. I can't imagine how complex it is, as you say, in an area which already is fully developed. Pressing you further, Minister, would there be an expectation of a likely announcement before the end of the year?

Mr BRAD HAZZARD: I would be hopeful of that. Certainly, that is the intent of the Government to try and get that done. I should add that obviously I have been in lots of consultations with the clinicians themselves to see what they would prefer. It is complex.

The CHAIR: Without holding you to a day or a month, in terms of a project of that dimension and size and with the complexity you have just described, would there be an approximate period of time it would take to do a project like that?

Mr BRAD HAZZARD: As I was saying earlier—and, again, Ms Wark can correct me if I am wrong—generally by the time you get to this stage you have a pretty good idea of the clinical services plan. It might still have to be modified a bit once the final site is done, and there might be some other issues that arise because there is nothing more fluid than the delivery of medical solutions and research infecting those sorts of practices and what may or may not be necessary. But from the time the master planning is completed—you need your footprint of land to do that. Is it going to be higher, is it going to be lower, or is it going to be spread out? How is it going to be?

Of course, there is an issue there as well because, if it ends up being a site opposite the currently existing Bankstown hospital site, there are limitations because it is very close to Bankstown Airport. But to build a hospital that size and commission it and open it is going to take about 3½ years from the time that the actual ground preparation work is happening. That would be my guess. Why don't we ask Rebecca Wark to make sure that I am not completely off beam. Rebecca?

REBECCA WARK: The current indications are, depending on the site selected, that the new hospital could be open in the range of 2026 to 2028.

Mr BRAD HAZZARD: Which is about 3½ years.

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

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

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

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

The CHAIR: Right. Okay.

Mr BRAD HAZZARD: Actually, I tell you what, if you hang on a second, maybe someone here knows the answer. Nobody knows the answer, sorry.

The CHAIR: I appreciate that. Can you advise the plans that are in place for the current Tweed Hospital in Tweed Heads once the Tweed Valley Hospital is completed and open?

Mr BRAD HAZZARD: Sorry, I don't understand the question. Can you say that again? What was the question?

The CHAIR: Can the Minister advise what plans are in place for the current—

Mr BRAD HAZZARD: For the current site?

The CHAIR: Yes.

Mr BRAD HAZZARD: First of all, the new hospital is not in Tweed Heads; it is in Cudgen.

The CHAIR: That is why I called it the Tweed Valley Hospital or Tweed hospital.

Mr BRAD HAZZARD: It is at Cudgen. But that is in Tweed Valley, I guess.

The CHAIR: Are you saying that it is called the Cudgen hospital?

Mr BRAD HAZZARD: It's Cudgen. It's in the area of Cudgen.

The CHAIR: Is that what it is going to be named?

Mr BRAD HAZZARD: It will still be the Tweed hospital, but it will be in Cudgen.

The CHAIR: That's right. So we are playing games, aren't we?

Mr BRAD HAZZARD: No, I was trying to clarify what we were talking about. There are no definite plans yet as to what will happen with the existing hospital site. I know there are some views that some parts of it might be retained as an urgent care centre, I think. Again, you would have to direct that to the regional health Minister.

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

REBECCA WARK: Minister?

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

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

The CHAIR: Thank you, Ms Wark. That is useful information.

REBECCA WARK: It has beautiful views out over the rear of the hospital.

The CHAIR: Sounds delightful.

Mr BRAD HAZZARD: It is out to Mount Warning, isn't it?

REBECCA WARK: It is facing the coast, but, yes.

The CHAIR: I am not being a smartypants here, but do any questions about Ballina and other related matters really go straight off to the regional health Minister?

Mr BRAD HAZZARD: That is better at this stage. If you want to ask me, I might be able to help you.

The CHAIR: No, that's fine. I have to say, we have had discussions—not yesterday but at a previous estimates meeting—about this matter of communication and who to direct questions to. There was some discussion about whether it be to both of you so that you both get the correspondence or just to her or whatever the case may be.

Mr BRAD HAZZARD: There is not a black line down the middle.

The CHAIR: I appreciate that.

Mr BRAD HAZZARD: If you want to ask the question, I might be able to try and answer it.

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

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

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

The CHAIR: Thank you. Just noting before we continue, secretary, its 16 months since the response was provided to the House—and we know, obviously, there's been a bit on, and accept that, but 16 months is 16 months.

SUSAN PEARCE: Certainly.

The CHAIR: This is a very significant and important part of Sydney, south-western Sydney and the southern parts. We know the growth in all the matters that are taking place there, so there is a deep interest.

SUSAN PEARCE: I can give you some assurance with respect to recommendation 1, which I think went to the budget for the South Western Sydney Local Health District. I can give you advice on that now.

The CHAIR: That was a "noted" response.

SUSAN PEARCE: Yeah, but I'd like to comment about it.

The CHAIR: Please, continue.

SUSAN PEARCE: I think that we also accept and acknowledge the important role of South Western Sydney, and particularly during the course of the pandemic. South Western Sydney has the highest budget of any local health district in the metropolitan area of Sydney. Their operating budget this year, 2022-23, is now at $2.3 billion. I can tell you that since the 2011-12, in the 10 or 11 years, the district has had an increase in budget of eighty-five and a half per cent. So, its budget has almost doubled over the last decade and, again, acknowledging that, out of all of the districts in New South Wales, it has—if I'm reading this correctly and I will confirm this to you—had the highest budget increase over the last decade out of every local health district in the State. So, I'll give that to you now, but certainly with respect to our progress against the rest of the recommendations, I am happy to provide that on notice.

The CHAIR: Thank you for that. I'm not sure that all the LHDs were necessarily on that same starting line precisely when you move forward.

SUSAN PEARCE: That may not be the case.

The CHAIR: Indeed, so I won't quibble.

SUSAN PEARCE: Notwithstanding that, they have had an increase of eighty-five and a half per cent.

The CHAIR: No, no. That's a matter of fact.

SUSAN PEARCE: Yes.

The CHAIR: But where one has the starting line, of course, is obviously very important in making a statement like that. Are there any other responses to any other recommendations?

SUSAN PEARCE: Yes. In regard to that comment that you've made about the starting point, by comparison South Eastern Sydney has gone up by 52.4 per cent against the same period.

Mr BRAD HAZZARD: It has been the largest increase. I know that absolutely is correct and it's appropriate because there's a lot of people moving into that area, south-west and western Sydney. So it's entirely proper that they should have very substantially increased their money.

The CHAIR: I don't think there's any disagreement around the table with respect to that.

Mr BRAD HAZZARD: What I was going to say before is it was a challenge. Sorry, I now can't find it. Maybe I hit the delete button. But one of the challenges we have in south-west Sydney, which I was discussing this morning with senior officials, is the number of people in the hospitals who are occupying beds, who shouldn't really be there: aged care people who've gone past their clinical needs, and NDIS. It's the equivalent of more than one whole hospital at the moment in that area. I pick up another example, say, in Wollongong. The Wollongong Hospital has 550 beds total; 375 of those are accessible through the ED, so they're not in a special care nursery or ICU coming out of the theatres. It's what you would normally be able to get through the ED. Of those, just a few weeks ago when I was speaking to the local management, 100 of 375 beds were blocked by people who shouldn't be there. That's something which apparently has been of concern to all the other Labor States as well and one other Liberal State, which is Tasmania. So, we raised that with Minister Butler, who has actually so far been really good and is trying to work with us. In fact, he got Bill Shorten—

The CHAIR: That point was significantly ventilated in the inquiry into south-west Sydney and there was much evidence taken.

Mr BRAD HAZZARD: I'm just saying it's continuing.

The CHAIR: Absolutely.

Mr BRAD HAZZARD: They're trying there now to actually acknowledge the issues and they're trying to work with us to see what we can do about it—or what they can do about it—and perhaps is there a part for us to play.

The CHAIR: And the other point that I'm sure has not been lost is that our seniors and our elderly residing in aged care facilities at that very end point of life—literally in the last numbers of hours and days, a few days—instead of being able to receive quality palliation to what is imminently the end of their life—I mean, it's coming; that's very clear—not doing it at these facilities where they're residing in their community, but an ambulance being called and being taken off to hospital, and all that goes with that. That ability to see how we are able to, in these facilities that are provided for our elderly to reside to the end of their life, provides that. I know this is a matter that you've discussed and talked about as well, but that would relieve a lot of pressure, obviously, on EDs and beds in hospital.

Mr BRAD HAZZARD: It's not really fair. I mean, if it were our grandmother, or grandfather, or mother or father, to be sitting in a clinical environment because there's no place to go. People want to be in a home environment. They want to be where their family can be around them.

The CHAIR: Yes.

Mr BRAD HAZZARD: And, yes, it's a big deal. The secretary is just telling me that she has today's figure on the number, which you might be interested in knowing because I hadn't heard it until then. What's the number across the system?

SUSAN PEARCE: Across NSW Health hospitals at the moment, Mr Donnelly, there are over 630 residential aged care-type patients and NDIS patients that are beyond their expected date of discharge. So that means that they could be medically discharged but we're unable to discharge those patients. Look, the public health system takes its role very seriously in the care of all of the community.

The CHAIR: Of course.

SUSAN PEARCE: We are a safety net for a lot of people, but we are working closely with the Commonwealth to address this issue—and they recognised it, actually quite publicly, that it is creating pressure in our hospitals and also into our emergency departments. So that has been acknowledged and we're very grateful for the positive working relationship that the Commonwealth is engendering around these issues. On the issue of the south-western Sydney inquiry, the team has just provided me with an update in regard to those recommendations, so I'm happy to run through very briefly and just let you know the status of them, if that would be of assistance to you?

The CHAIR: Yes. That would be helpful.

SUSAN PEARCE: Recommendation 3—and this is dated in August this year, so it's quite recent.

The CHAIR: Yes.

SUSAN PEARCE: Recommendation 3 is on track; recommendation 4 is completed; recommendation 5 is on track; 6 is on track; 7 is on track, noting its due in June 2023; recommendation 8 is completed; recommendation 9 is on track; recommendation 10 is on track; recommendation 11 is on track; recommendation 12 is on track; recommendation 13, as you pointed out, is noted and goes to the issue of Bankstown, which you've already discussed with the Minister; recommendation 14 is completed; recommendation 15 is on track; recommendation 16 is on track; and 17 is also on track. So, all in all, we're making progress.

The CHAIR: That's a very helpful update. Thank you, secretary. We move now to questions from the crossbench.

The Hon. MARK LATHAM: Thank you, Chair. Just following up on that to Susan Pearce. Given those numbers and the Minister saying one whole hospital of aged care and NDIS people past their clinical need in south-west Sydney is 630—

SUSAN PEARCE: No. Just to correct that, it's across the whole system.

The CHAIR: The 630 was the system, the whole State.

The Hon. MARK LATHAM: The whole of Sydney?

Mr BRAD HAZZARD: Across the system.

SUSAN PEARCE: The whole of the New South Wales health system.

The Hon. MARK LATHAM: The system—one whole hospital across the system?

SUSAN PEARCE: Yeah.

The Hon. MARK LATHAM: And that's the 630.

SUSAN PEARCE: If you rolled up the 632 people beyond their expected date of discharge, which are dotted right across the State, it would be the equivalent of one large hospital taken out of the system such as Liverpool, for example.

The Hon. MARK LATHAM: That's good clarification, but is it a problem particularly concentrated in south-west Sydney, where the conversation started?

SUSAN PEARCE: The problem certainly affects all of our hospitals. It in particular is affecting the Illawarra-Shoalhaven area. There have been some issues in the Illawarra with respect to nursing home bed provision. Look, to be fair, the residential aged-care facilities have suffered and struggled the same workforce challenges that the public health system have in terms of staff furloughing and so on, staff fatigue. This is not an exercise in us criticising residential aged-care facilities. It is just a reality that the workforce has been very challenged there as well. South-western Sydney is pressured by these issues. The Central Coast is pressured by these issues. It is a feature right across the health system, which is—

Mr BRAD HAZZARD: Even Bombala, which is right down the South Coast.

SUSAN PEARCE: Which is why I make the point that it is useful that the Commonwealth is coming to the table with us now in a way that is collaborative and engaging, and that's very important to us.

The Hon. MARK LATHAM: And are private hospitals in south-west Sydney reporting a similar problem?

SUSAN PEARCE: I can't speak specifically for private hospitals in south-western Sydney but we engage a lot with our private hospital colleagues because they have been very solid partners during the course of the pandemic and assisted us in managing, as I noted before, elective surgery and so on. All health services have been impacted by staff furloughing, sick leave, fatigue in the workforce.

The Hon. MARK LATHAM: But this aged-care bed occupation beyond clinical need—

SUSAN PEARCE: I can't speak for private hospitals.

The Hon. MARK LATHAM: You can't speak for private.

SUSAN PEARCE: No.

The Hon. MARK LATHAM: And across New South Wales, is it a problem—where the Minister mentioned people want to get back to home—of a paucity of home care support to allow that or is it actual institutional aged-care beds or a mix?

Mr BRAD HAZZARD: It's largely institutional aged-care beds. The secretary has raised the issue of the Illawarra. That's a good example because I've been working with the local Labor MPs down there. They have had a number of aged-care facilities that have shut down simply—well, one assumes, anyway—because they're not making a dollar out of it. In fact, I know the regional health Minister, Bronnie Taylor, was really concerned about a closure in Bombala. I can't remember how many places, but I think it was about probably 18 or 20 in the facility. It meant that the residents, who had their family located in the area of Bombala, then had to actually travel nearly an hour and a half away, I think it was, to go and visit them.

So it's a huge issue and it's an issue which, as the secretary said, I'm certainly not going to be critical of the Federal Government because they've now got the problem. But we had a meeting with all the Labor and Liberal Ministers maybe six weeks ago now where Bill Shorten came along as well with the Federal health Minister. That was a very productive discussion and I think that Bill Shorten appears to be right across the issue as well. But they're struggling to address the issues as well and it impacts the health system. Can I answer your question too about the private hospitals? Private hospitals, you tend to be in there if you've got private health insurance and so—

The Hon. MARK LATHAM: They let these patients stay a fair while.

Mr BRAD HAZZARD: Maybe, but they haven't actually raised the issue with me that they've got an issue. The issue is really that taxpayers are currently paying for beds that are occupied and therefore not available to the public patients, and that's a huge issue for us.

The Hon. MARK LATHAM: Yes, it is a big stat—one whole hospital across the State. Could I just turn to the recent National Cabinet decision about ending the mask mandates on domestic flights. Is that one that NSW Health inputted to and is agreeable to?

Mr BRAD HAZZARD: The National Cabinet has just the first Ministers at those meetings and I think they're finding their way under the new Federal Government regime. But I think it's fair to say that because they had already moved to not have masks mandated—although still recommended in many instances—in the airports, it was not really a huge step to go down that path. Although, interestingly, I think Peter asked me earlier on about why I went for that 4½-, five-day crazy trip to Canada and what have you and I had to wear masks both ways. Some of the airlines actually are still requiring masks and I think that's because they're still following their jurisdictional thing. That would be the Canadian Government. I'm not familiar with what all the governments are doing, but we are not enforcing it any more.

The Hon. MARK LATHAM: But does the NSW Health advice agree with removing the masks on domestic flights?

Mr BRAD HAZZARD: I'll ask our acting chief health officer. Certainly Kerry Chant didn't raise any particular concern. Would you like to answer that, Marianne?

MARIANNE GALE: Thank you, Minister. Mr Latham, given that I'm acting this week, I wasn't present at the time and I wasn't sure of the nature of the discussion from the relevant chief health officers into that discussion. I think the question of mandates in general is one for government but the health advice since early in the pandemic has been that we certainly want to encourage the public to wear masks, especially in indoor settings where you can't well physically distance or in places that are not well ventilated. That health advice has been pretty consistent. So, again, the question of mandates is one for government. I wasn't there at the time so I can't speak specifically to what advice may or may not have been given.

The Hon. MARK LATHAM: Aeroplanes are certainly inside and they're very restricted in movement and space. I'm not too sure they're well ventilated because it's the same air, obviously.

Mr BRAD HAZZARD: They'll tell you they are. They'll tell you they've got all sorts of mechanisms to do it, but I wouldn't trust it. I'd still be whacking a mask on.

The Hon. MARK LATHAM: If the mask mandate's coming off domestic flights, why would we still have them on trains and buses in New South Wales?

Mr BRAD HAZZARD: I think it's a bit different. This is my view, and I think Kerry Chant would share the view. I think we need to tread a little carefully here because say, for example, right now, what's the most clogged up space probably in New South Wales—a train or a bus in peak hour. Really.

The Hon. MARK LATHAM: No, your COVID scare—

The Hon. WES FANG: It depends if the unions are striking though, Minister.

Mr BRAD HAZZARD: Sorry?

The Hon. WES FANG: It depends if the unions are striking though.

Mr BRAD HAZZARD: That's what I mean, the strikes.

The Hon. MARK LATHAM: Other than strike day, the trains have never been so empty—

Mr BRAD HAZZARD: That's what I'm saying, right now with the strikes—

The Hon. MARK LATHAM: —to south-west Sydney because as soon as you put the scare out that you'll get COVID if you catch a train, people started driving. My understanding is we haven't had any train-based transmissions, so I can tell you as a commuter of—

Mr BRAD HAZZARD: You wouldn't know that.

The Hon. MARK LATHAM: Well, that's the last advice on the notice paper. But as a commuter on the south-west line for 40 years, I've never seen them so empty.

Mr BRAD HAZZARD: But going back to the issue—

The Hon. MARK LATHAM: Are you a train commuter, Minister? I suppose you can't be from where you live.

Mr BRAD HAZZARD: Rarely, but I have seen them go rushing past chockers at peak hour.

The Hon. MARK LATHAM: Have you?

Mr BRAD HAZZARD: Yes. I can tell you that Dr Chant—unfortunately, we haven't been the beneficiary of trains on the northern beaches, but I'll look forward to that day.

The Hon. MARK LATHAM: No, that's what I'm saying.

Mr BRAD HAZZARD: Dr Chant, certainly in the last conversation I had with her, was not at all keen to see the mask mandates removed from the buses and public transport but I think the issue there is a lot of people who are older also travel on buses and trains and they're the ones who certainly are showing to be most vulnerable.

The Hon. MARK LATHAM: Yes, optional. But I think on the south-west line the mask wearing is probably down to about 20 or 30 per cent.

Mr BRAD HAZZARD: I agree.

The Hon. MARK LATHAM: When you announced BA.4 and 5 it shot up, but it quickly dropped back down again and it's continuing to drop.

Mr BRAD HAZZARD: One of the issues which has not been well understood is that, even with the reduction of the seven days to five days that occurred at the National Cabinet recently, there's still a recommendation from Health that you wear your mask for five days afterwards because it is a pragmatic decision that National Cabinet took as it tries to move towards living with COVID. But we know—and, again, correct me if I'm wrong, Dr Gale—that COVID actually does extend in probably about 50 per cent of cases in terms of the capacity to infect others beyond the five days. So the advice is if you're sensible you'd wear a mask for another five days afterwards. Do you want to add anything to that?

MARIANNE GALE: No, just to agree with you, Minister, and certainly the health advice, particularly for people who have had COVID and are recovered, that we do want people to wear a mask and that will be the advice once the isolation period is reduced to five days, because people can be infectious up to 10 days after the date of their positive test. So just because you're out of isolation, it doesn't mean that you don't necessarily pose a transmission risk to other people, and so precautions like wearing a mask as well as avoiding crowded settings and avoiding contact with people who might be at risk of severe disease remain very important.

I do agree as well in terms of public transport. I do take public transport and I have been on very crowded buses and trains. As the Minister said, often people who do take public transport maybe don't have the option of other modes of transport. I think we always have to be conscious of not only protecting ourselves but also protecting the people that we're travelling with. We don't know whether the person we're sitting next to might be having cancer treatment or whether they have immunosuppression because of their severe diabetes. We don't know their circumstances. So I think that wearing masks in a crowded space where you don't have the option of removing yourself physically away from other people would certainly be the health advice—that we would want to see people continue to wear masks on public transport.

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

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

The CHAIR: Haven't had it?

The Hon. MARK LATHAM: No, had it.

Mr BRAD HAZZARD: About half.

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

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

The Hon. MARK LATHAM: Do you reckon?

SUSAN PEARCE: Not that we know of.

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

MARIANNE GALE: I don't have that to hand but happy to take that on notice. One of the complexities, as the secretary mentioned, is that it's possible that many people out there may actually have had COVID but not know.

Mr BRAD HAZZARD: And not know.

MARIANNE GALE: So that's always going to be a challenge.

The Hon. MARK LATHAM: Yes. I know of a colleague in that boat.

Mr BRAD HAZZARD: A senior public servant this morning, as we were coming into Parliament, said to me he had it twice. I said, "How were you the second time?" He said, "I didn't even know I had it until I came in here and they did the RAT test." I think that says it all, really. You just don't know unless you're having the test.

The Hon. MARK LATHAM: That happens. I remember at the beginning of this period, there was speculation among some of the health scientists that some people would have a natural immunity, just like some people don't get the flu and some people have a natural immunity. Why hasn't there been any attempt to test those people for that form of immunity? They could have avoided lockdowns, vaccination and the whole kit and caboodle, couldn't they?

Mr BRAD HAZZARD: There's no real evidence of that. It's a theory. There are theories in genetics. There are epidemiological theories, but no-one really knows. To be honest, the focus for the last 2½ years has just been to try and keep people safe.

The Hon. MARK LATHAM: But given maybe half the people haven't had it after 2½ years of contact, with deep experience into this, what do we know about these people and the possibility of a natural immunity and how it could be tested?

MARIANNE GALE: My understanding of the evidence is that scientists are looking into the examples of some people who, despite known very close exposure and rigorous testing, don't seem to get infected. But my understanding of the evidence is that it's not very well understood. And I think, at a broader population level, probably the rates of infection are much higher than what the case numbers would reflect because of the level of asymptomatic infection, people with mild infection or people who've just never tested. So I think it's a very unclear space still, but I know that there is ongoing research internationally and in Australia into that.

The Hon. MARK LATHAM: What is your latest advice about the effectiveness of the vaccination program for BA.4 and BA.5? Because I saw a circular that came out from the head of the education department where she said that NSW Health had advised Education that prior infection—that may be natural immunity—and the vaccination program are doing nothing to stop the transmission of BA.4 and BA.5 and that if you're unvaccinated you're effectively only a risk to yourself. And this was being used by Education to lift their mandates.

MARIANNE GALE: We know that the vaccinations and particularly having three doses or more—so even a second booster—remain very important, particularly to reduce the risk of severe illness, so people becoming seriously unwell.

The Hon. MARK LATHAM: Is Georgina Harrisson right in what she's saying about transmission? She did say it helps reduce hospitalisation and the flip side of that is the unvaccinated are only a risk to themselves.

MARIANNE GALE: That's right.

Mr BRAD HAZZARD: It doesn't tend to stop the transmission—

The Hon. MARK LATHAM: It does?

Mr BRAD HAZZARD: It does not in the way that we were hoping it would, including with the latest one—the BA.2.75. But what it does do is it reduces dramatically the likelihood of you dying or you getting seriously ill. That was always the issue for us earlier on. I think people got a bit mixed up earlier on as to what we were trying to achieve. What we were trying to achieve in the really hectic days of 2020 and 2021 was to make sure our hospitals were not overrun with people who had to be in the wards and the theatres.

The Hon. MARK LATHAM: Sure.

Mr BRAD HAZZARD: I didn't mention this to Peter when he asked earlier but I met one of the drug companies that I'm not sure I can publish when I was in a biotech conference, and they were talking about having a new vaccine fairly soon, hopefully, that could address some of these later variants and affect transmission—that is, diminish transmission. I don't know whether we're there yet, but all the drug companies are madly working on that because that's the big factor. And, of course, they're also trying to get bivalent ones for flu or whatever the latest incarnation of flu is as well. There are lots of things happening because it's big bucks for the drug companies if they can find the right—

The Hon. MARK LATHAM: It's a shame they don't work on the natural immunity tests, which is not in their financial interest, but that's a separate story. Where did we land on the number of people who had two vaccinations jabs in New South Wales? The percentage is 90—

Mr BRAD HAZZARD: About 70 per cent.

SUSAN PEARCE: Around 96 per cent.

Mr BRAD HAZZARD: Oh, two did you say?

MARIANNE GALE: Close to 96.

The Hon. MARK LATHAM: And three?

SUSAN PEARCE: It's just under 70 per cent.

The Hon. MARK LATHAM: What's that—68?

SUSAN PEARCE: No, 69.6.

The Hon. MARK LATHAM: And four?

SUSAN PEARCE: These figures are from a couple of days ago—41.7.

The Hon. MARK LATHAM: And five?

SUSAN PEARCE: There is no five.

The Hon. MARK LATHAM: Really? Will there be a fifth, do you think?

SUSAN PEARCE: Unless you're immunocompromised.

Mr BRAD HAZZARD: If you're seriously immunocompromised and you're older.

The Hon. MARK LATHAM: Will there be a fifth and a sixth?

Mr BRAD HAZZARD: Generally, we don't know. I reckon there will be.

SUSAN PEARCE: I think it's highly likely, noting that not all of the population—

The Hon. MARK LATHAM: With 41.7 on four, it's dropping, isn't it?

SUSAN PEARCE: The 96 per cent is based on the adult population of 16 years and above. The 41.7 per cent of people who've had a fourth dose are 30 years and above, unless they meet an immunocompromised category—so not exactly the same denominator.

The Hon. MARK LATHAM: I know a lot of people who stopped after two, and I suppose that's reflected in the statistics.

Mr BRAD HAZZARD: That's part of the problem.

SUSAN PEARCE: But 70 per cent of people have had three doses.

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

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

The Hon. MARK LATHAM: Does the department factor in, with its advice to Government, the damage to students of the lockdowns, for example, which caused no end of physical and mental anguish, and now the damage caused by the muffled speech problem in the classroom? Our kids have copped enough, haven't they, without these constant online forums dictating their world according to a health mandate that isn't as relevant to young people as it is to the elderly?

Mr BRAD HAZZARD: That's what I was saying earlier to the Chair—that in terms of giving definity around COVID, it's challenging. But certainly it's not just the epidemiologists, of which Dr Gale is one of our extraordinarily good ones. They're all good but she's obviously one of our leaders. But when we're making decisions during the course of the pandemic, it was looking at the sorts of issues you're talking about, like mental health issues and cognitive issues. Time and time again, I'd have journalists asking me or the Premier, "Is this the public health advice?" Actually, we did get public health advice but we also had to look at other advice—people

talking about the cognitive impact on kids, the mental health impact on the broader community and a whole range of issues—and in the end hopefully make sensible and rational decisions. But no guidebook—difficult.

SUSAN PEARCE: Could I also add that, right the way through the pandemic, Dr Chant has been an advocate for children being in schools. Whilst balancing the risks that we've encountered to manage the risk to the community, she has always advocated for children being in school.

Mr BRAD HAZZARD: That's true, on balance, but there were various periods there—remember the period when we got criticised because we were looking for vaccines to make sure that kids could do their HSC. There were lots of difficult issues that were taken during that period. Thankfully, we're now in a period where there's more equilibrium about how we're dealing with it. We're just hoping that we don't get another serious variant. That's possible, because no-one knows.

The CHAIR: Just to move through another three or four tranches, the monkeypox vaccine—just a sample of questions. In regard to monkeypox, if you are able to do so, please advise how many cases have been confirmed in New South Wales.

Mr BRAD HAZZARD: Last time I looked, it was well over 30. Would you know?

MARIANNE GALE: Yes. The latest numbers we have are that there are currently 49 cases of monkeypox diagnosed in New South Wales, and I believe it's just over 120 nationally. The vast majority of cases identified in New South Wales have been acquired overseas and only three acquired locally in New South Wales. We've been working very hard with our GPs and with our sexual health clinics and with our infectious disease network to put in place protocols to diagnose monkeypox cases, to identify contacts and to support access to treatments. We have a great collaboration with our GPs and our sexual health clinics and ID, particularly who see the population that is primarily affected currently, which is gay, bisexual and other men who have sex with men. I particularly want to thank many of our GPs who work with that population for being so astute in picking up some of the earliest cases of monkeypox. It has allowed us in New South Wales to really control any local transmission, which has not been the case in other jurisdictions in Australia and overseas.

The CHAIR: Have there been any hospitalisations associated with the contraction of it?

MARIANNE GALE: I believe there has been a handful, and one of the main reasons for that is for pain management. Monkeypox—one of the good things, if we could say that, is that it is associated with quite a low mortality. I believe internationally there are over 50,000 cases identified and 19 deaths. While that's bad, the mortality rate associated with this virus—the new variant that has emerged—is quite low. However, some people do need hospitalisation because pain can be quite severe, so it's still an unpleasant infection. It can cause scarring. It can cause general unwellness and pain, so there has been a handful of people needing hospital care. But we've been working very closely with our community organisations, who have done a fantastic job in raising awareness with the community and engaging with the MSM community in Sydney, who have also done a fantastic job in taking precautions and seeking out vaccination. Just on the topic of vaccination, if you'd like me to expand—

The CHAIR: No, if you don't mind, because I have a few more questions to get through. I'm sorry. I'm not being disrespectful. I've just got to get through these. Is it the case that there is the use of smallpox vaccines to actually assist with dealing with monkeypox?

Mr BRAD HAZZARD: Dr Gale was about to talk about that precise issue.

The CHAIR: You haven't heard my question.

Mr BRAD HAZZARD: That was a question. Is it a two-part question?

The CHAIR: Let me go back to the beginning then, if you like. With respect to the matter of the smallpox vaccine and its utilisation with respect to the treatment of monkeypox, the question is how much of the actual smallpox vaccine has been used? Has that been a major contributing vaccine used with respect to the treatment? Other than the smallpox vaccine, what else is being used? And, particularly with respect to the smallpox vaccine, is it proving to be of some assistance?

Mr BRAD HAZZARD: It's not actually a treatment. It's a vaccination, so it's preventative.

The CHAIR: Okay, I withdraw the term "treatment".

Mr BRAD HAZZARD: The actual virus was first identified in 1958 and first transmitted to people in 1970. The Federal Government is actually working with us at the moment to try to get enough vaccine to do the preventive work by giving vaccinations to the group in our community who are most likely. It wouldn't be given out to just everybody but to people who might be exposed to the risk factors that have just been described by

Dr Gale. And so, the vaccines are certainly—the Federal Government is doing their best to try to get it out and we're trying to get it out. Do you want to add anything to that?

MARIANNE GALE: Sure. As you rightly said, Mr Donnelly, because monkeypox is related to smallpox—globally, a very old vaccine that has existed is something called ACAM2000. That was available in small quantities, but it's not a very, let's say, good vaccine, in that it causes some unwanted side effects. It can't be given to everybody—for example, people with immunosuppressive conditions. We had access to that early on, but it wasn't really a suitable vaccine to be used broadly. It was offered to some individuals who might be close contacts for post-exposure prophylaxis, for example. But the good news is that there is a newer generation vaccine called JYNNEOS that is now available in Australia. There is somewhat of a constrained global supply and we're working with the Commonwealth for access.

The CHAIR: With respect to that particular vaccine you have mentioned, is that a smallpox vaccine?

MARIANNE GALE: It's related, yes. We have done an initial vaccination rollout using about 5,500 vials of the vaccine. That has been rolled out over the last month or so to an initial cohort of people who are considered to be at greatest risk of monkeypox. That was rolled out through some of our GPs in the metropolitan area who see a high-risk cohort, as well as through a dedicated clinic in Surry Hills. One of the good pieces of news is that, in line with revised ATAGI guidance, we can actually now get more doses out of a vial. Previously, from one vial of JYNNEOS you could get one dose. But now, with a new delivery modality, which is delivering the vaccine intradermally—into the dermis, rather than underneath it—we can actually get more doses out of a single vial, which is great because we can—

The CHAIR: Echoes of the COVID situation in terms of numbers out of vials.

MARIANNE GALE: We can actually vaccinate far more people with the existing supply, which is great.

The CHAIR: Yes, I understand the point you are making.

MARIANNE GALE: Just this week, actually, we've opened up two new clinics to be delivering monkeypox vaccination using the intradermal technique.

The CHAIR: Where are they?

MARIANNE GALE: There's one clinic near RPA and another clinic in Surry Hills that's just opening today, in fact.

The CHAIR: Can I ask you who is eligible for the vaccine and what is the approval process?

MARIANNE GALE: People can access the vaccine through an expression of interest by reporting their risk factors. We have a process that people can do to be on the list, which our clinicians then look at and prioritise people for vaccination. There's also a pathway for clinicians, who might see a group of people at risk, also to access the vaccination. In general, the groups that we're currently targeting for vaccination are gay and bisexual and other men who have sex with men who might have particular risk factors—for example, men who may have been planning a trip overseas. We know that currently the main source of monkeypox cases are from people returning from overseas. Additionally, gay and bisexual and other men who have sex with men who may have other risk factors—for example, who may be experiencing homelessness or may be substance users or may be living with HIV or may have other forms of immunosuppression that may put them at risk.

The CHAIR: Is there an obligation or requirement in legal terms, if I thought that I may have monkeypox, to actually report that?

MARIANNE GALE: Monkeypox is a notifiable condition.

The CHAIR: What does that mean?

MARIANNE GALE: It means that if you're a doctor or a laboratory, you'd need to report that. For an individual, if you suspect that you might have symptoms of monkeypox, we strongly encourage people to come forward for testing.

The CHAIR: So there's an obligatory position with respect to a physician or a GP or a clinician?

MARIANNE GALE: Reporting, yes.

The CHAIR: With respect to others, there's a strong encouragement?

MARIANNE GALE: That's right, and that is similar to other—

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

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

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

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

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

MARIANNE GALE: Yes.

The CHAIR: With respect to pharmacists, are they involved in the distribution process?

MARIANNE GALE: Not at the current time but certainly our pharmacy departments in our local health districts have played an important role in the clinics, because it is a new vaccine for everybody, making sure that all the requirements around the vaccine are carefully followed as we build the experience with this new vaccine for us in Australia. But more broadly in private pharmacies, not as yet, but it is still early stages in getting this new vaccine and rolling it out. I would also say that we are working with the Commonwealth to acquire more supply and we expect to get about 70,000 doses early next year. We are really keen to be able to roll that out to as many people as possible ahead of WorldPride that will happen in Sydney early next year, so we really want as many people as possible who may be at risk of monkeypox to be vaccinated in these coming months.

The CHAIR: Given your skilled background and experience as an epidemiologist, would you care to provide, if you can, some insights into looking at monkeypox in New South Wales now, and I suppose in some respects Sydney being the concentration of that? Can you provide some projections extrapolating where we are—a trajectory? Are there any comments or observations you would like to make? I appreciate obviously there is a degree of looking into the tea leaves, but you are an epidemiologist, I'm not.

MARIANNE GALE: I would love to have a crystal ball to see the future, but I would say is that I think we have a window of opportunity in this period to control the spread, or control what the future may look like. We know that looking at some of the other jurisdictions overseas that the spread has been quite widespread. Once that spread has been there it is quite difficult to control, particularly because the symptoms of monkeypox can be compatible with other illnesses. The rash that occurs may be mistaken for other things, so it is more likely that you might miss it. It is a condition that if you are not very vigilant, if the population that may be affected is not very vigilant, if your healthcare professionals are not very vigilant, if you don't get in with vaccine really early it is possible that there might be a broader spread, and there might be a broader spread to other segments of the population who potentially could experience more severe illness. Really, that's the outcome that we want to avoid.

We want to avoid this virus getting into parts of the population that are really going to suffer severe consequences, and we don't want to see those big numbers. But we have a window of opportunity now and that's why the rollout of vaccination is something that we are really prioritising. As well, and I can't emphasise it enough, the vaccine is one element but the education and engagement with the communities, with our partner organisations is absolutely important, with our GPs and with our sexual health clinics. All of those parties are coming together really well over the last couple of months to have a very concerted effort in this window of opportunity that we have to really control monkeypox, and make sure that it doesn't get out of control in New South Wales. That's really what we are working really hard to do.

The CHAIR: Yes, I'm sure that's the case and that's the objective. With respect to the cohort that is focusing on educating, informing and encouraging vaccination, the spread—that's not technical; perhaps transmission is a better word—from that population to the other population—the other population being not that population, if it is described in those terms—is it self-evident that it spreads to the broader population through essentially sexual intercourse and oral sex? Is that the primary way in which it would spread?

MARIANNE GALE: The primary mode of transmission is close skin-to-skin contact. It is not necessarily sexual contact. It is really about close skin-to-skin contact. That's why, for example, it is important for our healthcare workers or laboratory workers that when you are assessing somebody with potential monkeypox that you take precautions with personal protective equipment because it is close skin-to-skin primarily. But also,

to a lesser extent, transmission can also occur by touching objects, linen or by contact, by droplets as well to a lesser extent. We wouldn't say it is a sexually transmitted disease. It is mainly spread by close skin-to-skin contact.

The CHAIR: And that's the way you would be looking to send the message out to the broader New South Wales population? Obviously the matter is in the news, people read about it, people ask questions. In terms of the messaging to the broader population—

Mr BRAD HAZZARD: We are primarily working with ACON and organisations that are similar to make sure that the target community, which is the community of men who have sex with men—

The Hon. MARK LATHAM: Can anyone get it?

Mr BRAD HAZZARD: Yes, but it is more likely, much more likely that it is men who have sex with men because, as Dr Gale is just saying, , it is skin on skin.

The Hon. MARK LATHAM: I haven't done that for a while so I'm feeling good.

Mr BRAD HAZZARD: I'm not commenting on that.

The Hon. MARK LATHAM: You can add that to your list.

Mr BRAD HAZZARD: It has actually been very successful, Mr Chair. We had 49 cases. The first cases were about in the second week of May, I think, and they were two from overseas. I think it was only a few weeks ago—sometime in August—that we got transmission in New South Wales. So from 49 cases to have literally only about two or three that have been actually transmitted onshore tells us that so far what Health is doing, working with the NGOs like ACON, is getting the message out to that community: take it seriously, get vaccinated and avoid doing what might lead to that.

The CHAIR: Yes, but it is a public health matter and obviously the public at large ask questions, they read about it in the paper, they see it and I think to ensure that people have an accurate understanding of what is before us all is important.

Mr BRAD HAZZARD: That's true.

The CHAIR: Moving on to the last tranche of questions is the matter of Japanese encephalitis. In relation to JE, can you please advise how many cases have been confirmed in New South Wales?

Mr BRAD HAZZARD: Could I just indicate that JE is quite a significant issue for us now because with what appears to be the result of climate change, it has moved far more south than we could ever have envisaged it would. It was effectively up in the tropics but now it has moved right down into the Riverina along the edge of the Murray River, and the Victorians have taken to vaccine. We can do vaccinations as well in some circumstances—obviously not broadscale as we were talking about before—targeted vaccinations, and it will be endemic on the basis of the current climate change. Dr Gale.

MARIANNE GALE: Since JE was first identified in New South Wales earlier this year there have been 13 cases identified in New South Wales residents and also JE detected in—I believe it is about 30 properties containing pigs in New South Wales. The good news is that all of those properties are now cleared of JE infection.

The CHAIR: Did you have to slaughter the animals to clear the decks with that? Is that how it is done?

MARIANNE GALE: I don't know the details of exactly how those properties were managed. We work closely with our colleagues at DPI, who manage closely with the piggery industry. We have had 13 cases and we believe that the period where transmission occurred of JEV was a period probably between mid-January and mid-February. The good news is that since we have come into the winter months it is less likely, because of the mosquito breeding, that we would see transmission. We haven't had more cases since that initial run of 13 cases of Japanese encephalitis.

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

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

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

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

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

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

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

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

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

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

The Hon. EMMA HURST: One thing that a lot of the research was saying was that they would really love to see a centre for alternatives. This is something that exists—

Mr BRAD HAZZARD: It's called Parliament.

The Hon. EMMA HURST: Centre for alternatives to animal research is called Parliament?

Mr BRAD HAZZARD: It's a joke. Absolutely. I'm sorry, what is the question? Alternatives?

The Hon. EMMA HURST: The researchers were saying what they would really like to see is a centre for alternatives developed in New South Wales.

Mr BRAD HAZZARD: What does that mean? As a research, clinical—

The Hon. EMMA HURST: It would administer funding and grants for alternatives within the State of New South Wales, which would make New South Wales a leader in that State of alternatives. One thing we heard a lot in this inquiry was just that there is no funding, federally or State, coming in to promote new innovative science that could benefit New South Wales. We are all saying we don't want to use animals in research, but nobody is providing this funding and nobody is supporting this centre for alternatives, which could actually oversee this process so that we could move in that direction. Is this something that you would be willing to consider or look into?

Mr BRAD HAZZARD: Certainly, but can I ask Dr Tony Penna, who heads up the office of Health and Medical Research, to give you his views on the matter?

ANTONIO PENNA: Thank you, Minister. Ms Hurst, I guess one of the things that we do, we fund a lot of medical research institutes at the moment to support their infrastructure. Quite a few of them provide alternatives around organoids and so forth. We most recently funded a significant small-to-medium enterprise in the delivery of 3D printing of cells that would be potentially used for organoids. Whereas we don't specifically fund, we support institutes that actually do that. I think we lead this quite significantly, not only in Australia, there is no doubt about that.

The Hon. EMMA HURST: Thank you. Minister, would you be willing to meet with some of the groups that are promoting and working on developing alternatives to animal experimentation, so you can hear about some of the problems that they are having to get some further funding in this space?

Mr BRAD HAZZARD: My primary answer is yes, but I'm flat out. I will certainly organise a meeting with my office and then get some advice from them as to any further information that I need.

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

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

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

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

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

Mr BRAD HAZZARD: But I can tell you last time I heard, they were all very happy.

The Hon. EMMA HURST: Very much doubt that. Very much doubt that.

Mr BRAD HAZZARD: Well, they can't communicate, other than the fact that that chap who went AWOL down at RPA. He seems happy, but anyway.

The Hon. EMMA HURST: Sorry, AWL? Oh, AWOL. I thought you were talking about the Animal Welfare League. I was very confused by that.

Mr BRAD HAZZARD: No, the one that got out and then was chased around, some time ago.

The CHAIR: I don't think this is a good time of the day to be poking the honourable member who is the representative from the Animal Justice Party on baboons. That's my advice.

The Hon. EMMA HURST: I think that the baboons escaping was a very good thing in one way, because it really exposed the fact that baboons are still being used in medical experimentation and obviously the public were mortified by that.

The Hon. MARK LATHAM: I wasn't.

The CHAIR: Excuse me.

The Hon. EMMA HURST: Members of the compassionate public were mortified by that. I also have got some questions on monkeypox, but I don't want to—

Mr BRAD HAZZARD: In all seriousness, if those baboons were not being cared for appropriately, I would share that view. You know that I actually took more than a passing interest in trying to make—

The Hon. EMMA HURST: I think the problem that a lot of people have in regards to the use of—

Mr BRAD HAZZARD: I think I'm being talked over.

The Hon. EMMA HURST: —primates in medical experimentation isn't so much that they are breaking laws in regards to cruelty aspects, but the simple fact obviously that they are being used for experimental purposes and having their bodies used—

Mr BRAD HAZZARD: As I said, I'm with you 100 per cent if we could, as Dr Penna just said, find alternatives, good, excellent.

The Hon. EMMA HURST: Absolutely, and that's what I would like to meet with you about and I would love to have experts in this space that are working in that area to talk about some of the barriers they are having to get that.

Mr BRAD HAZZARD: If you would wish to come, then I would never say no to an MP coming. Perhaps one or two I might—but you know who.

The CHAIR: Let's move on. We have three minutes.

The Hon. EMMA HURST: Fantastic. We will have that meeting—

Mr BRAD HAZZARD: If you want to bring somebody, I'll organise the meeting.

The Hon. EMMA HURST: —and then we can talk about how we move out of this old model of using animals in such a cruel way.

Mr BRAD HAZZARD: Okay.

The Hon. EMMA HURST: I don't want to go into too much detail about monkeypox, because I think Dr Gale has covered it quite comprehensively, so I apologise if this is a little bit repetitive. I wanted to get an update on the delivery of the actual vaccine. I know that there have been some concerns, and I don't know if they

are valid, about having enough vaccines at the moment in New South Wales, and concerns around the cases kind of growing at an exponential rate. If I could get a little bit of targeted information in that space?

Mr BRAD HAZZARD: Dr Gale?

MARIANNE GALE: We do understand that there is a high demand for vaccine at the moment. Understandably, people are worried and we really appreciate the fact that people take that risk very seriously and are proactively seeking out the vaccine as one of the suite of measures to protect themselves. We have tried to be really, with our community organisations, very open with people about the constraints on supply, that we don't have all the levers. It is a vaccine that is in demand globally and we are working closely with the Commonwealth to get more supplies. We got the initial supply of 5½ thousand out as quickly as we could, rapidly setting up the clinic really within a matter of days and rapidly building systems to identify eligible people and get them access to vaccine. We have tried to work really quickly.

We have got this additional supply coming from the Commonwealth and even the clinics opening this week to start administering intradermally, and again done very rapidly. So nurses, for example, rapidly trained in the new modality of delivery, because intradermal vaccine delivery is not something that our nurses who normally do vaccines do. We rapidly stood up training to be able to really expand as quickly as we can access to more and more people to the vaccine. We recognise there is a demand, fully appreciate that people are really keen to get the vaccine and we are working as fast as we can with the supply that we are able to get from the Commonwealth in a context where there is global demand for this vaccine.

The Hon. MARK LATHAM: Just coming back to this question of the vaccination program, based on what you said earlier on about not stopping the transmission of BA.4 and BA.5, why then would New South Wales have any mandates in place—police, emergency services and the like—at a time of labour shortages, and those labour shortages feeding into supply chain problems that are driving high rates of inflation and interest rates? Isn't it time, following—

Mr BRAD HAZZARD: You mean now or previously?

The Hon. MARK LATHAM: Now.

Mr BRAD HAZZARD: We don't have any mandatory orders.

The Hon. MARK LATHAM: No, employment mandates, say, in the New South Wales police.

Mr BRAD HAZZARD: No, that's an OHS issue, or work health and safety, I think they call it now.

The Hon. MARK LATHAM: Relating to what?

Mr BRAD HAZZARD: Because they've made views that they need to actually ensure that their staff are kept safe. That is something you would have to direct to the police.

The Hon. MARK LATHAM: But if you are an unvaccinated police officer, you are no more likely to pass on or have COVID transmitted to you than a vaccinated one, so what's—

Mr BRAD HAZZARD: Nobody said that.

The Hon. MARK LATHAM: And those unvaccinated ones would be making their own health choices. The transmission rate among police officers and the general public is unaffected. Why would you lock some police officers out of their job?

Mr BRAD HAZZARD: Nobody has said that it is not affected, but the issue, as has been highlighted by Dr Chant, is that it doesn't necessarily stop transmission, but it certainly, on all the evidence, may actually have some impact on individuals in that it reduces the likelihood of transmission. But mostly it reduces the likelihood of people dying. An employer has, presumably, the obligations there to ensure that their staff are well looked after. All I can say to you on that, Mr Latham, is you should direct your questions—have they had the Police estimates?

The Hon. MARK LATHAM: Yes, my colleague was there and the commissioner didn't really—

Mr BRAD HAZZARD: Was it Rod?

The Hon. MARK LATHAM: She was going to get some further advice. She was a bit all at sea. But I'm just saying Health surely must be putting advice out, as you have with the Education department—it has lifted its mandate for teachers and ancillary staff.

SUSAN PEARCE: We—

Mr BRAD HAZZARD: But you asked about the mandates—sorry.

The Hon. MARK LATHAM: It is time to take these things off and get everyone back to work.

Mr BRAD HAZZARD: What I am saying is that the mandates under the relevant sections of the Public Health Act have largely gone. They are now occupational health and safety—work health and safety issues for employers. That's a different issue. I think you are probably mixing up the two.

The Hon. MARK LATHAM: But how is that different for police officers to teachers?

SUSAN PEARCE: Mr Latham, I can assist you a little, I think. Certainly Health has provided information to clusters from experts with regard to the vaccination in terms of its efficacy and so on, as the Minister and Dr Gale have pointed out. Obviously the efficacy around transmission changed to some degree with Omicron. What is clear in the evidence, though, is that the vaccines do limit the severity of the illness associated with COVID. We know that from our ICU data; we know that right the way through. That evidence is irrefutable. Consequently, the advice from us essentially is, as Minister Hazzard has said, that it is a work health and safety issue to be regarded by the clusters independently. We speak for our staff. We have already a range of vaccinations over many years that health staff are required to have, working in certain areas of the health system.

The view would be—for clinical frontline staff and frontline staff generally who come into contact with patients in the health system—from a work health and safety perspective, we are concerned for our staff. To limit the severity of the illness, we have a policy with regard to the COVID vaccines, as we have policies for other vaccines including flu, whooping cough, hepatitis B. I started working in health many years ago. I was required to be vaccinated for tuberculosis. I have had hepatitis B vaccinations over the years at the behest of my employer. This is no different to that, and that is how it will continue.

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

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

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

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

The Hon. MARK LATHAM: How would you define—in your own work, and this is a big issue with all sorts—

Mr BRAD HAZZARD: She has just indicated she will take it on notice, Mr Latham.

The Hon. MARK LATHAM: How do you define a woman?

Mr BRAD HAZZARD: She has indicated she will take it on notice.

The Hon. MARK LATHAM: She needs to take that on notice?

Mr BRAD HAZZARD: She has said she will take it on notice. You have asked her a specific question about what Health might currently have on that position and—

The Hon. MARK LATHAM: Do you agree with the Premier that—

Mr BRAD HAZZARD: —she will take it on notice.

The Hon. MARK LATHAM: —it is a person who is biologically born female—an adult person biologically born female?

Mr BRAD HAZZARD: Seriously. Do you have to play the same silly games? You have finished now bullying various people.

The Hon. MARK LATHAM: Bullying? Who?

Mr BRAD HAZZARD: Yes, bullying females, and now you are bullying the chief—

The Hon. WES FANG: Point of order—

Mr BRAD HAZZARD: Seriously, get a life, mate. Get a life.

The Hon. MARK LATHAM: You are hardly a female as far as we have noticed, but maybe.

The Hon. WES FANG: Point of order—

Mr BRAD HAZZARD: Get a life.

The Hon. WES FANG: Point of order—

The CHAIR: A point of order—

Mr BRAD HAZZARD: You went from being the leader of a proud Labor Party—

The CHAIR: Minister.

Mr BRAD HAZZARD: —to being a backbencher who sits down there in the upper House trying to dream up stupid gotcha questions. Get a life—get a life!

The CHAIR: Minister.

The Hon. MARK LATHAM: What's your life?

The CHAIR: Order!

Mr BRAD HAZZARD: My life is not yours.

The CHAIR: Order!

The Hon. WES FANG: Point of order—

The Hon. MARK LATHAM: Lying to the people of New South Wales and avoiding your own rules—that is your life!

The Hon. WES FANG: Point of order—

Mr BRAD HAZZARD: I don't go around bullying people like you do, I can tell you.

The Hon. MARK LATHAM: They had you sorted in the Metherell affair and you haven't changed. Metherell sorted you out—your corrupt role in that.

The CHAIR: Order!

Mr BRAD HAZZARD: And what you said about those two female MPs yesterday was appalling.

The CHAIR: Do I have to stand up and say—please, everyone.

Mr BRAD HAZZARD: Sorry, Chair. I have said she would take it on notice. It has been taken on notice. Move on.

The Hon. MARK LATHAM: He hasn't taken his pills. Could I get a definition of the departmental policy about the building of new hospitals?

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

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

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

The Hon. MARK LATHAM: Do you recall, Minister, an earlier meeting in this term of Parliament where your then head of department said it was a policy here, according to the Finnish model, of not building any new hospitals in New South Wales? Is that still the policy?

Mr BRAD HAZZARD: Obviously not, because we are building hospitals left, right and centre.

The Hon. MARK LATHAM: Why aren't you building one in outer western Sydney?

Mr BRAD HAZZARD: We are. We have built new hospitals in Campbelltown in terms of Penrith, western Sydney in terms of Westmead. We are building hospitals all over the area.

The Hon. MARK LATHAM: Which of those hospitals is new? Campbelltown, Nepean, Westmead have been there a long while; I daresay even before you arrived in the New South Wales Parliament.

Mr BRAD HAZZARD: How long since you have been out to Penrith?

The Hon. MARK LATHAM: Which is the new hospital that you are building?

Mr BRAD HAZZARD: What can you tell me about the hospital at Penrith?

The Hon. MARK LATHAM: I am out in western Sydney a lot more than you are.

Mr BRAD HAZZARD: Tell me what you have seen out there, then.

The CHAIR: Order! Minister—

The Hon. MARK LATHAM: There are hospitals that have been expanded, but I am asking about a new hospital.

Mr BRAD HAZZARD: Brand new hospitals.

The Hon. MARK LATHAM: I have been to Campbelltown in recent times. Yes, it is a lot bigger, but the population is massively bigger and for the access—young families with kids who wake up sick in the middle of the night at Oran Park, Harrington Park, Leppington. I don't know if you are familiar with those growth suburbs—Austral—where the population is jumping out of the ground. Why aren't they going to get a new hospital for a population, slated under your Government, of 1.3 million people west of the M7?

Mr BRAD HAZZARD: I was the planning Minister who actually approved those suburbs. I know very much about western Sydney, and I know that at the moment NSW Health is building hospitals, the advice is, as to what is needed. But, of course, if a new hospital is needed in any other area, that will come to fruition when the modellers have done their work. But they are very unlikely, I would think, to take your advice on almost anything—but thanks for giving it to us.

The Hon. MARK LATHAM: Must be terrible in life to be a smart alec the whole time. Really? That's your whole thing as health Minister? You know?

The CHAIR: Gentlemen, we have one minute and nine seconds.

The Hon. MARK LATHAM: This is why you are being booted out, pal, because you don't take these issues seriously. Why hasn't the Government allocated land for a new hospital in or around the aerotropolis?

Mr BRAD HAZZARD: I am not your pal and I never will be.

The Hon. MARK LATHAM: To answer the question about the health needs of western Sydney?

Mr BRAD HAZZARD: If you address me appropriately, I will address the answer.

The Hon. MARK LATHAM: Why hasn't the Government allocated land in or around the aerotropolis for a future hospital?

Mr BRAD HAZZARD: I have just answered that question. I have answered the question.

The Hon. MARK LATHAM: You haven't answered the question. You are too busy on the smart alec lines.

Mr BRAD HAZZARD: You are a natural bully, aren't you? You can't help yourself.

The Hon. MARK LATHAM: You regard that as bullying?

The CHAIR: Order!

Mr BRAD HAZZARD: Threatening and bullying.

The Hon. MARK LATHAM: You are such a soft snowflake. You reckon that's bullying to say that a Minister who won't answer an important question about 1.3—

Mr BRAD HAZZARD: You've been going on for nearly the whole day, bullying.

The Hon. MARK LATHAM: Asking questions, in your world, is bullying.

Mr BRAD HAZZARD: I have answered the question.

The Hon. MARK LATHAM: You are so arrogant that you will label anything as bullying to avoid answering the question.

Mr BRAD HAZZARD: I have answered the question.

The Hon. MARK LATHAM: What are you doing about allocating land in or around the aerotropolis for the 1.3 million people moving in?

Mr BRAD HAZZARD: I've just indicated to you that the health modellers will give advice to the Government.

The Hon. MARK LATHAM: You say you and Daryl Maguire approved it as planning Minister.

Mr BRAD HAZZARD: They actually do a really good job on that in terms of giving us the advice. If and when a new hospital is necessary, it will be built, as has been done through 180 different projects across New South Wales.

The CHAIR: I will return to some questions in regard to the Government's response to the inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales.

Mr BRAD HAZZARD: Sorry, Mr Chair, I didn't hear that.

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

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

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

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

Can we skip over the next paragraph and go to the following paragraph, which says the following:

> The role of the HCCC relative to other agencies in the health system is set out in section 3A of the Health Care Complaints Act 1993.

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

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

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

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

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

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

SUSAN PEARCE: Certainly, Mr Donnelly, the Minister has said we'll take that element on notice. I'm sorry, I don't have that specific section to hand at the moment. What I can say to you—

The CHAIR: Could you please pass this up to the secretary, please?

SUSAN PEARCE: No, I mean in terms of the specific legislation.

The CHAIR: I know this is coming late in the day, Secretary. I didn't intend it to be this way.

SUSAN PEARCE: Well, it's here now.

The CHAIR: But we were told yesterday and today repeatedly that with respect to matters to do with bullying, the HCCC and the Ombudsman currently have the powers to deal with those matters. That's not what that says.

Mr BRAD HAZZARD: Irrespective—

The CHAIR: In fact, that says that there would have to be amendments to existing legislation to enable that to be done.

Mr BRAD HAZZARD: How about we go to the head of the HCCC, who has sat here now for nearly 10 hours—or 8 ½ hours—and let her try to answer the question, because she's the head of the HCCC. She hasn't been asked a thing all day.

The CHAIR: Absolutely.

SUE DAWSON: I am happy to, Chair. I think we're conflating two issues. It is absolutely the case that the Health Care Complaints Commission and the Ombudsman, alongside one another and through a memorandum of understanding, have together the powers to address the issues that have been raised in recommendation 41. The paragraph to which you're referring, I believe—and I've only just scanned it—seems to relate to if you wanted to pull together all those powers and put them within the commission, that section, part 3A, would prevent that. I think that's the issue.

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

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

SUSAN PEARCE: Absolutely. We also mentioned yesterday that there was a meeting scheduled between the HCCC, the Ombudsman and the Ministry of Health on 27 September. Part of our discussion there is to look at how the jurisdictions between the two overlap; is there any more that needs to be done to give effect to the recommendation, notwithstanding the fact that they've both told us they have existing powers to address issues. The fact of the matter is that the Ombudsman and the HCCC both can receive complaints and deal with them accordingly, which is really what that recommendation is going to, and both of them are external to NSW Health. We also made comments to the effect that—and I think we'd noted that recommendation—we were acknowledging the intent of the recommendation. We're seeking to work on improving that, which is why we're having the meeting. If anything else needs to be done, it will be done. But we do have letters from both organisations categorically outlining their existing abilities as it stands now without the need to change the legislation.

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

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

The CHAIR: Sure.

Mr BRAD HAZZARD: If it can be, it will certainly be released. But I will point out it is not the fault of the independent HCCC that that wasn't disclosed. But she hasn't been asked a question and she's been here since 9.30 this morning.

The CHAIR: Can we conclude on this point, Minister?

Mr BRAD HAZZARD: Yes. Of course, Mr Chair.

The CHAIR: You've been wanting to send people away earlier today, didn't you?

Mr BRAD HAZZARD: Yes, Mr Chair, so they can get back and do some work. That's correct, yes.

The CHAIR: First of all, appearing before a budget estimates hearing is work.

The Hon. MARK LATHAM: That's work.

The CHAIR: It is work.

Mr BRAD HAZZARD: It certainly is.

The CHAIR: It is very clearly work.

The Hon. MARK LATHAM: You see, smart alec. You're still at school. Schoolkid.

The CHAIR: It is hard work and it's important work for the transparency of governance in this State. You might not like that, Minister. You might like to monopolise these hearings and have as few people around as you like. But, at the end of the day, we have questions for the people around the table. Can I say to you that the time has come. I still have questions for Mr D'Amato indeed.

ALFA D'AMATO: Yes.

The CHAIR: We've got questions for Ms Dawson, and they were to relate to the matter which I've just discussed now. I've got a number of medical research questions that I've not been able to get to that otherwise

I would've got to. Finally, with respect to Ms Cross, I have some important questions to her. We have not made these people stay here today just because we like to feel like we drag it all out, okay? There are questions here. Minister, if you don't like that, that's just tough for you. But, at the end of the day, these are important witnesses. You can play with your phone and pretend you're not listening, but at the end of the day—

Mr BRAD HAZZARD: I am listening. I'm listening to every word you're saying.

The CHAIR: Good on you, Minister. At the end of the day, we have important questions to ask the people around the table.

The Hon. WES FANG: Point of order—

The CHAIR: Excuse me, I'm speaking. We haven't finished yet. Unfortunately, the program does conclude in about a minute's time. We've not got through a number of issues with these particular witnesses that we'd hoped to do so. I think it's pretty inevitable that we'll have to have supplementary hearings because we've not been able to get to these issues.

Mr BRAD HAZZARD: Great.

The CHAIR: I take umbrage at the suggestion and the implication that we have not had matters—

Mr BRAD HAZZARD: I'll be back.

The CHAIR: —to deal with with respect to these witnesses, and that there's some sort of attempt to just have them just hang around for the sake of it. It is complete and utter nonsense and I deny that.

The Hon. MARK LATHAM: Chair, can I just say that it is good though that the Minister stays for the full duration. I think he's the only Minister who does that.

The CHAIR: Hear, hear!

The Hon. MARK LATHAM: While we've had the odd disagreement today, I think we should pay and recognise that contribution that he's made in longevity.

The CHAIR: Absolutely.

The Hon. MARK LATHAM: I have wrong-footed him here. Look, he is all—

Mr BRAD HAZZARD: I'm not sure if I should thank you for that, or not.

The CHAIR: You can take that up after the meeting.

The Hon. MARK LATHAM: He's wrong-footed now.

The CHAIR: But can I, too, acknowledge that. You are the only Minister who does attend and does the hard yards over the course of the day.

The Hon. MARK LATHAM: Yes. I think that's good.

The CHAIR: Can I tell you, it's much appreciated.

Mr BRAD HAZZARD: Can I say, Mr Chair, to you that if you have some other questions that you would like to address and you have them in written form, I'm quite sure that the members would be happy to take them on notice and happy to give answers.

The CHAIR: I know, but I just want to make it very clear that I hope you did not think, and do not think, that were not important matters to be discussed.

Mr BRAD HAZZARD: You have convinced me, Chair. I'm utterly convinced by your arguments.

The CHAIR: I am pleased about that. On that note, there is just one more step to take, and that is to invite the Hon. Wes Fang, if he wishes to do so, to ask any questions of the Government.

The Hon. WES FANG: And now the tough questions come! No, thank you very much, Chair, for the opportunity. However, I think all members have acquitted themselves amazingly well this afternoon and throughout the whole day. I would like to commend all of them for the hard work that they do for the people of New South Wales. I think that I will reserve any questions that I have because it's been a long day and I can see tempers are fraying.

The CHAIR: No, not at all.

The Hon. WES FANG: I think we need to acknowledge that they've done an amazing job, so thank you, and I have no questions.

The CHAIR: Thank you.

Mr BRAD HAZZARD: Can I ask this: Do you want to pass the questions to them now, or do you just want to do it for the tabling process?

The CHAIR: No, no. That would be quite improper to throw them up now. No, we will put them on notice. But I'm just simply saying there are plenty still that we didn't get to do, and the fact that an individual witness didn't get a question directed to them, please don't think that that is any disrespect or a poor reflection on yourselves. That's not the case at all.

The Hon. WES FANG: I do apologise for putting the mocker on Ms Dawson.

The Hon. MARK LATHAM: Stick with us!

The CHAIR: Thank you very much. I declare the meeting closed.

(The witnesses withdrew.)

The Committee proceeded to deliberate.