

**Portfolio Committee No.2 – Health
Budget Estimates Supplementary Hearing
Responses to Questions on Notice
Health - 27 October 2022 (Q22/580)**

Q22/582

Transcript page: 4-5

Roundtable attendees

SUSAN PEARCE: Just yesterday, we had a roundtable involving a large number of staff, including Dr Skinner and others from across NSW Health—doctors, nurses, allied health professionals—along with the Agency for Clinical Innovation, and the Ministry of Health, to work together on how we continue to improve our health system, because that's our job and we take that very seriously. It was a very collaborative discussion, solution-focused, and our attitude is that if any State has got the capability of addressing the challenges that we face, from a multifaceted perspective, it is New South Wales, because of our otherwise very good performance.

[break in transcript]

The Hon. COURTNEY HOUSSOS: Can you tell us on notice who attended the roundtable and provide us with a list?

SUSAN PEARCE: Yes, sure thing.

The Hon. COURTNEY HOUSSOS: How many people roughly?

SUSAN PEARCE: I would say probably 40 or 50—something like that.

The Hon. COURTNEY HOUSSOS: How are they selected?

SUSAN PEARCE: I'd have to take that on notice, Ms Houssos.

The Hon. COURTNEY HOUSSOS: Okay. And can you tell us if you are planning follow-up meetings? What are the action steps from that? Is this going to be a regular thing?

SUSAN PEARCE: Yes, no problem.

The Hon. COURTNEY HOUSSOS: Has there been one of these before?

SUSAN PEARCE: We have roundtables on a variety of things. We've had them on surgery before, for example, with getting surgeons in the room. Generally, what we do is we invite representatives—Dr Skinner is a case in point, representing the college of emergency medicine, would be there. Generally there are people that are representing craft groups, associations or organisations. But I am happy to provide that information to you—no problem.

The Hon. COURTNEY HOUSSOS: Yes. So if you can tell us on notice a list of the attendees, what the action items from the day are and then if there is going to be a follow-up meeting, and any other useful information.

SUSAN PEARCE: Yes.

ANSWER:

Attendees included clinicians, managers, and stakeholders from across the NSW Health System who accepted the invitation. The participants came from Local Health Districts and Specialty Health Networks, Primary Health Networks, the Ministry of Health, the Agency for Clinical Innovation, the Clinical Excellence Commission, HealthShare NSW, NSW Ambulance, Retrieval, Newborn & Paediatric Emergency Transport Service, Australian College of Emergency Medicine, College of Emergency Nursing Australia, Therapeutic Advisory Group, ACT Health, Health Consumers NSW and Macquarie University.

The action items from the meeting and next steps include working up favoured 'winning combinations' identified on the day in terms of feasibility, evidence assessments and timelines, which are currently being drafted and will be provided in a report in due course. Consultations with the Secretary of NSW regarding a governance framework to take this work forward will inform the next steps in achieving change and improvement.

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Q22/600

Transcript page: 9

Hospitals at 100 per cent capacity

Ms CATE FAEHRMANN: That is exactly the evidence that we heard throughout the ambulance ramping inquiry as to some of the reasons behind bed block. They are complex—NDIS mental health patients and other things. Firstly, the question is around hospitals being at 100 per cent capacity. We heard during the inquiry itself how many hospitals were. Do we have any indication of how many hospitals are currently at 100 per cent capacity?

Mr BRAD HAZZARD: Cate, nobody could answer that right at the moment because, as we are sitting here, there are patients being discharged and other patients walking through the door. They take snapshots and do the reports and they are all made public. If you want some further information on that, fine.

Ms CATE FAEHRMANN: We will talk it on notice.

ANSWER:

Hospital beds are utilised as required to meet patient demand for care and modalities of care are based on the needs of the patient. As such, available capacity varies daily.

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Q22/583

Transcript page: 10

Number of beds since 2011

Ms CATE FAEHRMANN: Just quickly, since 2011, then, are there more or less beds?

Mr BRAD HAZZARD: The concentration has been to build hospitals and with hospitals come beds, but not always do you have more beds. It just depends on the particular location. There's another hospital that might be, not that far away, doing different things. The health people work that out. That's not—

Ms CATE FAEHRMANN: I might—

Mr BRAD HAZZARD: Sorry, Cate, that is not—

Ms CATE FAEHRMANN: That can be taken on notice in terms of that detail, if you don't have it.

ANSWER:

I refer the member to the response provided at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 7 September 2022 – supplementary questions 44 -45 (Q22/491).

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Q22/601

Transcript page: 10

Bed closures in this Government

Mr BRAD HAZZARD: During the period—I have just been advised by my staff that the figure that was put publicly was there were 2,000 beds closed during the term of the former Labor Government.

Ms CATE FAEHRMANN: This Government? Do you have that figure?

Mr BRAD HAZZARD: No, I don't.

Ms CATE FAEHRMANN: Could you ask your staff to dig that up too while they're texting you about the former Government? That would be useful.

Mr BRAD HAZZARD: Sure. But I think you will find, as it was just said, that there's a whole difference in modalities in terms of the way you're treated.

ANSWER:

I refer the member to the response provided at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 7 September 2022 – supplementary questions 44 -45 (Q22/491).

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Q22/584

Transcript page: 11-12

Funding for recurrent operational hospital costs

Ms CATE FAEHRMANN: Minister, has NSW Health made any funding requests to you for ongoing operating costs associated with major hospital bills that have been rejected by your Government in recent years?

Mr BRAD HAZZARD: Sorry, can you repeat that question?

Ms CATE FAEHRMANN: Has NSW Health made funding requests to you for ongoing operational costs—recurrent operational costs—that have been rejected in recent years by your Government?

Mr BRAD HAZZARD: I don't recollect that happening, but I'll just ask.

SUSAN PEARCE: I think this issue came up at the ED—I think I was asked about this at the ED inquiry, and it was with respect to a media inquiry, if I recall correctly, that was referred to. Is that right?

Ms CATE FAEHRMANN: Regardless of the—the question is have there been recurrent—

Mr BRAD HAZZARD: I'll take that on notice. Can I tell you, though—again—recurrent funding is at one-third or close to one-third of the State budget. It is huge. That's before you even look at what the Federal Government are putting into primary care and all of the related matters that they have to pay for. Probably it would be at least double—maybe more than that. So there has to be some common sense and there has to be some management of how the budget works because taxpayers don't want to be paying all their money in tax. So it's a balancing act.

[Break in transcript]

Ms CATE FAEHRMANN: No, I have given you a fair bit of leeway to talk as you wish. I understand that in 2019-20, there was an application by the Ministry of Health—recurrent funding only—that was approved. I understand that then there was one for the next year, which was \$510 million by the Ministry of Health for ongoing operating costs of the 2020-21 major hospital builds. That was for \$520 million. That was rejected. Then I understand in the next year, for ongoing operating costs for the 2021-22 major hospital builds, that was actually for \$2.3 billion over 10 years. That was also rejected. Why is your Government rejecting applications by the Ministry of Health for ongoing operational costs funding tied with the new hospitals that your Government is opening? Why aren't you agreeing to what are clearly essential costs for the Ministry of Health for their operational costs? I understand Cabinet has rejected these.

ANSWER:

All states and territories allocate health funding on an activity-based model following an agreement with the Federal Government in 2011. For those parts of the health service where it is not appropriate to apply an activity-based model, block funding is used.

NSW Health continues to work with NSW Treasury throughout the budget cycle to ensure we continue to deliver world-class health services.

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Q22/585

Transcript page: 13-14

Medibank data breach

The Hon. COURTNEY HOUSSOS: Minister, you would be aware of the recent data breach with Medibank where four million customers have had their personal and health information accessed through a data breach.

Mr BRAD HAZZARD: I've seen the media reports, yes.

The Hon. COURTNEY HOUSSOS: Are you aware if there has been any information that has been provided to Medibank by the New South Wales health system?

Mr BRAD HAZZARD: I'm sorry, ask that again, Courtney.

The Hon. COURTNEY HOUSSOS: Has there been any information provided by the New South Wales health system to Medibank or AHM that has been accessed as part of the data breach?

Mr BRAD HAZZARD: Does anybody know the answer to that? I wouldn't have thought so, but does anybody know? I will take it on notice, Courtney, sorry.

[break in transcript]

The Hon. COURTNEY HOUSSOS: Minister, would you be open to introducing new protections or providing additional protections?

Mr BRAD HAZZARD: Zoran Bolevich—I don't think you've asked for him today. Zoran is the head of eHealth. That's a constant discussion that I have with Zoran, and I'm sure the Health team do, to make sure that they're doing all they can to have cybersecurity around the issues. Is it possible? Of course, it's always possible. As has been evidenced by some of the biggest organisations in the world, there's some very capable criminals out there. I'm advised that eHealth is trying to do everything they can to prevent that.

The Hon. COURTNEY HOUSSOS: I understand that as a result of the Optus breach, the Federal Government is looking at certain different ways that companies can be storing data—for example, sighting documents instead of actually providing documents. Is that something that you would look at, given this kind of breach?

Mr BRAD HAZZARD: This is the highest of high-level cybersecurity. The people who are the experts in that are not currently located in the New South Wales Parliament as members of Parliament—of which I am one. I will leave that to the advice that will come in due course.

ANSWER:

When a patient elects to use their private health insurance for an admission in a NSW Health facility, some details are provided to the applicable private health insurer.

NSW Health is committed to protecting the privacy and security of personal information held within its systems. NSW Health has robust measures in place to manage Cyber Security risks and is compliant with the NSW Government's Cyber Security Policy which mandates annual attestation of the maturity of the Health Cluster's security posture. NSW Health's Cyber Security Annual Attestation Statement is published annually in the NSW Health Annual Report.

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Q22/586

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Fairfield Hospital

The CHAIR: Minister, I'd like to take you now to some questions about Fairfield Hospital quite specifically. You would recall that this Committee undertook an inquiry that got underway in February 2020 into the current and future provision of health services in south-western Sydney's growth region. As part of that, there was a fair bit of evidence, if you go through the report, about matters with respect to Fairfield Hospital. You probably would recall some of the reflections that were made in regard to that facility. We understand that presently there is a petition that's collected several thousands of signatures literally begging for an upgrade to the Fairfield Hospital. The question that's raised is this: How long will the citizens of that area have to wait for the works that need to be done at Fairfield Hospital to get underway?

Mr BRAD HAZZARD: Again, Mr Chair, the hospital system is a network, and in that general region there are billions of dollars being spent on new hospital facilities. Fairfield Hospital—the local Federal member, Dai Le, recently asked me whether she could visit and, of course, I said yes. She also took along the Labor mayor from the local area, and then I had some discussions with her afterwards about what areas she wanted to see a focus on. But there has been quite a bit of work done on Fairfield Hospital already. If you like, I'll take it on notice as to what actual work has been done, but I remember seeing a briefing note shortly after Dai had been there and when she rang me to discuss the issues.

The CHAIR: Yes, if you could take that on notice, because that would be interesting to review. The broad matters raised back in 2020—at least some of the significant ones—are being restated as issues with respect to that facility. This is getting down to some finer detail. Are there plans that have been effectively completed and ticked off with respect to the overall upgrading of Fairfield Hospital as a standalone facility?

Mr BRAD HAZZARD: You mean to completely rebuild the hospital?

The CHAIR: I used the term in a generic sense, the broad sense: to upgrade the hospital. The hospital is approximately 34 years old, as you would be aware. To the best of my knowledge, from the information provided, it hasn't received an upgrade over that period of time. That's leading to the questions that the clinicians and others working in the facility, and then the staff, administration and the community around the hospital, are raising.

[break in transcript]

Mr BRAD HAZZARD: There is no reluctance to try to build new hospitals and build new facilities; it's more just a case of there has to be a budget and local health districts prioritise what they believe is needed. There are boards. There's a board in each local health district. Again, I've never given a direction ever to a board or the chief executive of which hospital will get what. It's a matter of them sitting down and doing it in an objective, clinical fashion. I think that's the appropriate way to do it. But, as I said to you, I'll find out for you. I'll take on notice the issue of what has been done and what other issues might be done at some point so that there's some clarity. But I've also given that same undertaking anyway to Dai Le and she knows that we're working on it currently.

ANSWER:

Fairfield Hospital and the extended campus has undertaken several redevelopment and refurbishment projects in recent years that has increased service provisions and improved patient safety.

A \$7.2 million redevelopment of the Emergency Department was completed in November 2018, delivering 11 additional treatment spaces, an expanded waiting room, a dedicated

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children’s treatment area, teaching facilities for staff and the co-location of the Emergency Department, Emergency Short Stay Unit and the Medical Assessment Unit.

Fairfield Hospital operates in the South Western Sydney Local Health District network, within which patients may be transferred for appropriate specialist care. The District has commenced preparations for the development of a detailed Clinical Services Plan for Fairfield Hospital. An Integrated Health Neighbourhood approach will be taken, considering networked service delivery involving acute hospitals, community-based services and external service providers in the provision of care.

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Q22/602

Transcript page: 17-18

Fairfield Hospital – Emergency department wait times

The CHAIR: But can I just continue on? My understanding is that less than four in 10 emergency department patients at Fairfield had their treatment commence on time, which is part of the theme that my colleague the Hon. Courtney Houssos and, indeed, Ms Cate Faehrmann were prosecuting a bit earlier, which you were very keen to dismiss as being part of a political exercise on the part of the Opposition and The Greens. On the matter of less than four in 10 emergency department patients at Fairfield receiving treatment on time, what is your response to that?

Mr BRAD HAZZARD: I'm just trying to find out what you're referring to, and nobody here is actually sure about what you are referring to. Again, I'll take the question on notice.

The CHAIR: This is in regard to the emergency department performance at—

Mr BRAD HAZZARD: What period are you talking about?

The CHAIR: This is in the immediate past.

Mr BRAD HAZZARD: But what period? One week, two weeks? One month, six months? A year?

The CHAIR: Minister, if you don't know, you don't know.

Mr BRAD HAZZARD: I've said that to you. But I'm asking you for clarity so I can get an answer. If I don't have clarity, I can't get an answer.

SUSAN PEARCE: Mr Donnelly, I can assist you. The team at Fairfield do an amazing job. Right now at Fairfield Hospital, 100 per cent of their ambulances are being off-loaded on time and they have got a median wait time of—

Mr BRAD HAZZARD: This is right now, by the way. Right now.

SUSAN PEARCE: —five minutes to see people who are in the emergency department. They are performing very well today. In respect of future capital plans, as the Minister said, we're happy to take that on notice and provide you with any information that you require in that regard.

The CHAIR: While you're doing that, secretary, may I invite you to make inquiries at that hospital at the most senior level to establish, as best you possibly can, whether patients coming to the hospital are being told that they should seek medical attention elsewhere? Thank you.

Mr BRAD HAZZARD: Sorry, Mr Chair, it depends on what they come into a hospital for. I mean, if you came into Northern Beaches Hospital and your baby required paediatric cardiac surgery, they'd be told to go to the Children's Hospital at Westmead. That's a very broad and generic question. We need some more specificity to understand exactly what that means; otherwise, it is incapable of being answered, I'm sorry.

The CHAIR: Well, that's—

Mr BRAD HAZZARD: But I'll tell you what I will do: I'll actually personally ring the manager of the hospital—not today, because I'm flat chat today, but as soon as I can—and just find out exactly what is going on in that regard. I just can't imagine, but still.

ANSWER:

Fairfield Hospital Emergency Department (ED) staff and Executive work collaboratively to monitor and manage emergency performance daily. Quarterly ED performance is reported publicly at a hospital level and is available at: www.bhi.nsw.gov.au

Per the NSW Health Guide to the *Role Delineation of Clinical Services* (2021) document, Fairfield Hospital has a level 4 ED. This means that Fairfield Hospital can manage a full range of emergency presentations.

Fairfield Hospital is not considered a major referral centre and does not provide some speciality services on site, for example, neurosurgery.

Fairfield Hospital operates in the South Western Sydney Local Health District network, within which patients may be transferred for appropriate specialist care.

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Q22/587

Transcript page:20-21

Pfizer vaccine effectiveness

The Hon. MARK LATHAM: Yet you can't point to any advice from Pfizer that said their vaccine would stop transmission? It's a big point, isn't it?

KERRY CHANT: No. To be very clear here, it's around the fact that we would—the advice that Pfizer provides to the regulators. But there was a lot of real-world research that was done on the way the vaccines both worked in the various ways, Mr Latham, which were: one, stopping you getting infected in the first place, and they still have some evidence. I can provide you with a public document we've had with the national centre—

The Hon. MARK LATHAM: If you could take that on notice. Was New South Wales any different to the US Food and Drug Administration body, which is their equivalent organisation to the ones you've mentioned in Canberra, where in rolling out Pfizer on 11 December 2020 they stated as follows, "At this time, data are not available to make a determination about how long the vaccine will provide protection, nor is there evidence that the vaccine prevents transmission of COVID from person to person." Were we any different? Did we get advice different to this US body?

KERRY CHANT: As I said, the regulators are looking at the effectiveness of the vaccine in producing protection against severe disease or any outcomes. Then there has been a subsequent variety of studies that have been looked at, which tease out these two components. So there is evidence—

The Hon. MARK LATHAM: Are they from the manufacturers? Is that from Pfizer themselves or not from Pfizer?

KERRY CHANT: No, from researchers who have looked at real-world experience and evidence. Mr Latham, I would be happy to provide copious levels of evidence that was done, but a lot of this has also been reviewed at the ATAGI level.

The Hon. MARK LATHAM: If you could, on notice, that would be great.

ANSWER:

The Therapeutic Goods Administration (TGA) is the Australian body responsible for regulating the supply, import, export, manufacturing, and advertising of therapeutic goods including vaccines.

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Q22/588

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Cost of locums

PHIL MINNS: Just to say that it's quite diverse. So, if you take eHealth or Health Infrastructure, they would be unable to function without making use of the contractor workforce—

The Hon. COURTNEY HOUSSOS: Of course.

PHIL MINNS: —because that's how the workforce chooses to engage in their employment. The point has been made about locums that they are actually paid, generally speaking, at a rate higher than those people in situ as permanent staff. There would be some trades that we'd need fairly infrequently, so having them on permanent staff would not make good sense. So it'll be a quite varied picture. We do know, for example—I don't have it with me today—but we do track the expenditure on locums, for example. That's something we could make available to you on notice.

The Hon. COURTNEY HOUSSOS: That would be great. If you could provide that on notice, that would be really helpful.

The Hon. COURTNEY HOUSSOS: That would be great. If you could provide that on notice, that would be really helpful. Minister, I understand the staff challenges, particularly in the regions. This is something that we've canvassed in—

ANSWER:

NSW Health collects data on the total locum rates of junior doctors across local health district, which in 2019-20 was \$141.6 million and in 2020-21 was \$148.8 million. However, these figures should be read with the following qualifications:

- All payments made from the payroll are included (worked and leave hours, overtime, allowances, shift penalties, superannuation, termination related costs),
- Agency fees are not included, and
- Doctors included are junior medical officers and do not include visiting medical officers or staff specialists.

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Q22/589

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Cleaners employment status

The Hon. COURTNEY HOUSSOS: Minister, as you do, I regularly speak to the HSU and I have high regard for their secretary, Gerard Hayes. I appreciate the advice that they provide obviously to you but also to us. I note that our shadow Minister meets with them frequently as well. I'm interested if you could take on notice whether there are any efforts to identify cleaners who have been used as contractors through the pandemic and engaged them as permanent employees.

Mr BRAD HAZZARD: I will ask because you have asked and I'm interested to know myself. I turned around because we have an HSU representative in the back. I asked him if he knows anything about it and he said no. I will ask. Is that something that has been raised by someone from the HSU?

ANSWER:

NSW Health increased its contingent and temporary workforce to meet COVID-19 surge demands including staffing of vaccination hubs, COVID-19 clinics, hotel quarantine facilities, as well as additional testing and screening at hospitals and other facilities. Health agencies monitor local requirements and will staff according to demand.

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Transcript page: 23

Forster Hospital funding and site selection

The Hon. COURTNEY HOUSSOS: Minister, I want to ask you about Forster public hospital. I have asked you about this one at every estimates we have appeared at since you made that promise during the last election. It's my home town so I'm very interested in it. In this year's budget, there was \$29 million globally for it but \$1 million specifically for this year. I asked the Minister for Regional Health, who is obviously in our House, during our question time what that \$1 million is for and she couldn't provide me with an answer. Can you tell me what that \$1 million will be spent on this year?

Mr BRAD HAZZARD: Generally those amounts of money are on planning issues around building the hospital. I know there is a lot of work going on behind the scenes and there have been discussions in Cabinet and that makes it a bit difficult for me to say very much to you, except that it is very much a focus of the Government.

The Hon. COURTNEY HOUSSOS: Can you tell me whether that money this year is going to be spent on planning or if it's going to be spent on the purchase of land? Perhaps Ms Wark can tell us.

Mr BRAD HAZZARD: It's principally planning money, as I understand it.

REBECCA WARK: There is planning underway around Forster hospital. The district is working on its service planning as well, which will be done in consultation with the Ministry of Health. There have been a number of sites looked at around the feasibility of what might be appropriate, depending on what the services are to be provided. I recall from the last estimates that was in relation to a larger pool of planning money, not just in relation to Forster hospital but in relation to some advanced planning on a number of hospitals.

Mr BRAD HAZZARD: That was the large amount, not just the \$1 million.

The Hon. COURTNEY HOUSSOS: Yes, there was \$20 million. You said that service planning is underway. We have talked a lot about the Clinical Services Plan and the Minister helpfully provided me with a copy of that. Is service planning still underway or has that been concluded and now you are looking for a site?

Mr BRAD HAZZARD: It's a matter being discussed in Cabinet at the present time and, therefore, I'm not going to make that available. As I say, we are working flat out on that issue. You will be pleasantly surprised at some point. I might even invite you to the—no, I couldn't guarantee that. I would guarantee it, but the others might not.

The Hon. COURTNEY HOUSSOS: I place on the record that I look forward to an invitation to any progress at this site.

Mr BRAD HAZZARD: I thought you might, yes.

The Hon. COURTNEY HOUSSOS: I am really trying to get a sense of how that money is going to be used. How many sites are you currently looking at, Ms Wark?

REBECCA WARK: I would have to take that on notice. There was a report which has been prepared by a consultant around a number of sites which might be appropriate. But, again, that will depend on the services that are provided in Forster.

ANSWER:

This matter is more appropriately addressed by the Minister for Regional Health.

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Q22/592

Transcript page: 25

Community health units

The Hon. COURTNEY HOUSSOS: How many hospitals in New South Wales are run by community health units within local health districts?

Mr BRAD HAZZARD: I don't think any hospitals are, but maybe I've missed something in the last six years. Can any of our senior staff here tell me what the answer to that question is? No. We don't understand the question, sorry.

The Hon. COURTNEY HOUSSOS: I am told that Tomaree Community Hospital, which has an emergency department and 14 in-patient beds—

Mr BRAD HAZZARD: In Kate's electorate?

The Hon. COURTNEY HOUSSOS: That's right, in Port Stephens. It's actually run and managed by the community and aged-care services, rather than the usual hospital network within the Hunter New England health district.

Mr BRAD HAZZARD: I will have to take that on notice. I know Kate has expressed some concerns to me about aspects of that. Obviously, some of these services are very large HealthOne facilities, and there is a variety of primary care as well as other care in there, as you would expect, in the community. It goes back to what I was saying to the Chair before—everybody would like a level 6 hospital everywhere. Let me take it on notice and I'll find out for you.

The Hon. COURTNEY HOUSSOS: Can you then provide us, also on notice, a list of hospitals run by community health?

Mr BRAD HAZZARD: I don't think anybody here knows what that means because there's no—they aren't run by community health. There might be an organisation or something, but—

The Hon. COURTNEY HOUSSOS: I'm told that it actually has very significant implications for the way that hospital policies and procedures act in practice. For example, the Government's Clinical Excellence Commission published new guidelines on the morbidity and mortality meetings in 2020. The Government's own guidelines say that they are critical, but then these meetings aren't held.

Mr BRAD HAZZARD: Sorry, what's critical?

The Hon. COURTNEY HOUSSOS: Morbidity and mortality meetings, that they're not held.

Mr BRAD HAZZARD: I'll take it on notice, Courtney, and I'll privately talk to Kate about it too because I actually don't know what she's—presumably she's given you that question. I'm not sure what it actually means, but I'll talk to her about it.

[Break in transcript]

The Hon. COURTNEY HOUSSOS: We might ask some more questions on notice specifically on this issue. But it relates as well to the way that—for example, if a patient presents to Tomaree Hospital with indications they have suffered a stroke and the clinical staff then can't connect to John Hunter Hospital for clinical advice.

Mr BRAD HAZZARD: Let's find out. I would have to talk to the local health district chief executive and find out what the particular arrangements are. I'm surprised Kate hasn't talked to him about that. I think she probably has, but I'll find out too.

The Hon. COURTNEY HOUSSOS: I acknowledge that we've had him at previous budget estimates hearings. But I'm asking these questions because Kate has raised those issues and they've got implications for the health care that's being provided.

ANSWER:

This matter is more appropriately addressed by the Minister for Regional Health.

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Q22/596

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Gender dysphoria

The CHAIR: Thank you. We now go to the Opposition's opportunity to ask questions. Minister, I would like to return to a matter I raised at the last budget estimates hearing: the matter of the treatment of children and young people who may be or are gender dysphoric. I've got four folders of material, which I am not going to take you through. There is a copy for you, a copy for Dr Chant, a copy for Ms Pearce, and if you could please pass on a copy to Dr Murray Wright in regard to the same material.

Minister, you are aware we obviously covered this at the last hearing. You took the range of matters I raised as questions on notice, you would be aware, and you came back with a relatively short answer of four paragraphs, which I presume—and if I'm incorrect, please tell me—on advice was prepared by NSW Health to assist you in answering the question. I make one particular comment of which you may or may not be aware. In the final paragraph, which I will read out—this is your answer to the question on notice—you state:

The Service—

and this is the trans and gender-diverse health service—

strictly operates under international and national endorsed guidance, including the World Professional Association for Transgender Health available at—

and there is the link to their guidelines, or that organisation—

and the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents—

and the link to those standards. I draw to your attention—I am putting this on notice for you to take away and have a think about, and inform yourself about—that with respect to the World Professional Association for Transgender Health, that organisation is effectively made up of a membership base that is fully committed to the affirmation approach with respect to the treatment of people who may be or are gender dysphoric, including children.

[Break in transcript]

The CHAIR: I have to say I found your response in regards to the answers to questions on notice completely inadequate, because what it failed to do is address the issues that I raised in what was quite a long run-up in explaining matters because it didn't appear to me, and that was confirmed by your response, and indeed the health officials at the table, that they didn't seem to have some clarity around these matters. But I urge you to look at this and once again give this serious consideration. There are young people being very seriously damaged by the application of the affirmation approach to the treatment of children and young people who may be or are gender dysphoric in New South Wales.

Mr BRAD HAZZARD: I will take that on notice as being your concerns. I will certainly read it.

ANSWER:

I can confirm that I have read the documents.

**Portfolio Committee No.2 – Health
Budget Estimates Supplementary Hearing
Responses to Questions on Notice
Health - 27 October 2022 (Q22/580)**

Q22/594

Transcript page: 34

Rouse Hill Hospital Emergency Department

The Hon. COURTNEY HOUSSOS: Rouse Hill Hospital, questions on notice from the last budget estimates hearing, you said that the clinical services plan had been finalised by the Western Sydney LHD and submitted to the Ministry of Health for review. When will it be released to the public?

Mr BRAD HAZZARD: Before the next election, sooner rather than later. That's all I'm prepared to say at this stage.

The Hon. COURTNEY HOUSSOS: How long ago was it submitted to NSW Health for review?

Mr BRAD HAZZARD: What, sorry?

The Hon. COURTNEY HOUSSOS: The clinical services plan?

Mr BRAD HAZZARD: Does anybody know? Deborah?

DEB WILLCOX: Yes. The planning work is not completed. We are having discussions with the local health district and finalising it as we speak.

The Hon. COURTNEY HOUSSOS: Can you provide clarity, because in answers to questions on notice you said that it had been finalised and submitted?

DEB WILLCOX: Yes, sorry—

The Hon. COURTNEY HOUSSOS: So it's still going on?

DEB WILLCOX: We are in discussions with the local health district about the plans. Once the plan comes in, we work with the local health districts to understand what might be the capital requirements and we also test their assumptions around what the clinical planning is that they've brought forward. So it's an iterative process between the local health district and the Ministry, and we are working through that currently.

The Hon. COURTNEY HOUSSOS: Ms Willcox, as it stands at the moment, what is the proposed capacity for the emergency department?

DEB WILLCOX: I don't have those figures with me today but I'm happy to take that question on notice.

ANSWER:

As per the response provided at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 7 September 2022 – question on notice taken on page 48-49: 'The Clinical Services Plan is only one of many internal planning documents to inform future service planning.'

The new Rouse Hill Hospital will include emergency, outpatient and inpatient services.

**Portfolio Committee No.2 – Health
Budget Estimates Supplementary Hearing
Responses to Questions on Notice
Health - 27 October 2022 (Q22/580)**

Q22/591

Transcript page: 40

Jennie Musto - individual assessments

The Hon. MARK LATHAM: Can Ms Pearce or Dr Chant take on notice how many other individual assessments Jennie Musto performed on 24 June? The records seem to indicate there was just one.

KERRY CHANT: I will undertake to follow-up that question, Mr Latham. As I said, the process is that available staff are allocated to do the tasks available on particular times. I am happy to take that—

The Hon. MARK LATHAM: Can you search the records as to who allocated Jennie Musto to this particular job, please?

KERRY CHANT: I will do my best to provide the information to the Committee.

ANSWER:

During the COVID-19 pandemic response in June 2021, it was usual practice for the most experienced and knowledgeable contact tracers to perform assessments into the type of exposures and the contact classification of people who performed critical functions in the community. As the Public Health Response Branch's Head of Operations, Ms Jennie Musto was the most appropriate individual to conduct the evaluation. I note that Ms Musto is no longer employed by NSW Health.

**Portfolio Committee No.2 – Health
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Responses to Questions on Notice
Health - 27 October 2022 (Q22/580)**

Q22/593

Transcript page: 42

Requests for recurrent funding

Ms CATE FAEHRMANN: I am explaining it to you now. It's in relation to recurrent funding and it being rejected by Cabinet. There are two requests here. It says here from 2020-21—this is what I was talking about before. What does NCOS stand for, Ms Pearce?

SUSAN PEARCE: Net cost of service.

Ms CATE FAEHRMANN: That's right. So \$510 million over 10 years and then you can see \$2.6 billion over 10 years. Ms Pearce, did NSW Health submit this request for funding for those two years?

SUSAN PEARCE: Ms Faehrmann, I would need to take that on notice. Our funding requests are complex, obviously, with the size of our budget. I did answer this question in the ED inquiry, I think, if I remember correctly. But I would need to take on notice what the specific line items were of that request.

ANSWER:

I refer the member to the response provided at Portfolio Committee No. 2 - Health – Budget Estimates Supplementary Hearing – 27 October 2022 – question on notice on page 11-12 of the uncorrected transcript.