



LEGISLATIVE COUNCIL

PORTFOLIO COMMITTEE NO. 2

## BUDGET ESTIMATES

### Responses to Questions taken on Notice

Portfolio Committee No. 2 – Health

Health, Regional Health, the Illawarra and the South Coast

Hearing: 27 February 2025

Answers due by: 5.00 pm Wednesday 26 March 2025

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**The Hon. NATALIE WARD:** Just on those numbers then, the flu vaccination rates were higher in 2022. There were 3,417,635 compared to, in 2024, 2,649,895. They were higher in 2022. Clearly, free vaccines lift vaccination rates.

**KERRY CHANT:** I'm sorry, I haven't got that data in front of me. It has to be adjusted by the population at the time. I'm sure population hasn't increased radically, but I have to go back and look at that data, and reflect. But our analysis was it didn't make a significant difference to influenza vaccination coverage, and particularly in the groups that we know are most likely to end up in hospital when they've got influenza. Our priority focus is really trying to support parents of children under five, and over 65s, and those with underlying health conditions and look, optimistically, forward to new formulations that would allow a more widespread vaccination approach.

**The Hon. NATALIE WARD:** Minister, I might ask you to take on notice those numbers to clarify that's correct, for your benefit as much as anyone's.

**Mr RYAN PARK:** Yes, happy to.

## Response

I am advised:

The figures provided are correct. A review of the 2022 program by the National Centre for Immunisation Research and Surveillance (NCIRS) found that “there was no obvious change in influenza vaccine uptake trajectory in any age group either at implementation (1 June 2022) or cessation (17 July) of the NSW program, or any obvious difference in trajectory between jurisdictions with and without state-funded programs in place in 2022”.

**The CHAIR:** I think the last couple of questions after the bell contained a fair bit of argument as well. I will rule them out of order. In 2022-23, NSW Health spent in the order of \$37 million on commission fees paid to locum agencies for the placement of temporary doctors. I understand that was an increase of about \$20 million from the previous year. Do you know what that figure is for 2023-24?

**Mr RYAN PARK:** Alfa might have that figure.

**ALFA D'AMATO:** I don't have that available with me. I can take that on notice.

### Response

I am advised:

The 2023-24 medical agency commission costs were \$43.8 million. This represents approximately 1.2% of the medical workforce payroll costs.

**The CHAIR:** It was a very welcome announcement, and I was going to ask about the progress of that. I am extremely concerned that the contingency plan for the mass resignation of the staff specialist psychiatrists has been absolutely celebrated by those private locum recruitment agencies, who I imagine are making a fair bit out of this crisis. I understand that the figure itself has been taken on notice. What is happening with the work to bring it in house?

**Mr RYAN PARK:** We're working that through. I might ask Mr Minns to give a very up-to-date look at what we're doing in relation to market research, what other States and Territories are doing, given it's a national issue.

**PHIL MINNS:** Maybe a bit of context about where we are with locum use as a result of the campaign by ASMOF and the college. We've had quite a number of people withdraw their resignation: 35. And then about 113 of them have pushed their date out. So the actual number of separations that we've had by head count are 54. Three are still with HealthShare to be processed, and two haven't left the LHDs yet, which means there is still a local discussion going on. If those additional five on top of the 54 head count actually separate, the total FTE value of that separation will be 34. So whilst we have recruited or screened a large number of potential locums — I think the number is more than 50 now — we aren't deploying that many of them in the workforce. I'll have a look and come back to you at a later point with the actual number. The last time I saw it, it was 22.

## Response

I am advised:

Work began in 2024 to scope the feasibility of an in-house locum agency. The current model for sourcing non-specialist locums via third party agencies cost NSW Health approximately \$43 million in 2023-24.

**The CHAIR:** Ms Pearce, you were quoted as saying, "All psychiatrists' locum vacancies weren't able to be advertised for more than \$3,050 a day unless authorised by the health department to go over that amount." How many times has that occurred?

**SUSAN PEARCE:** None.

**The CHAIR:** So there were no vacancies?

**SUSAN PEARCE:** Nothing has been put before me to sign off on an amount above what we set. The reason we set that rate goes to the very heart of your question, and that is that we did certainly not want a situation where we were being price gouged on this issue by locum agencies, or anyone else. At the start of this process that we have worked through, we were starting to hear rates being quoted of closer to \$8,000 a day. Clearly, we needed to intercept that and put a process in place to prevent any such thing occurring. To my knowledge — and, as I say, I've certainly not signed anything that I can recall that goes above that rate. There are a very small number of locums deployed, as Mr Minns has said, in the context of this issue. We already have locum use in our workforce, as you well know, but in the grand scheme of things, in the context of the matter we've been managing, there is a relatively few number of people deployed under that regime.

**The CHAIR:** So you've clarified there are no locums being paid more than \$3,050 currently.

**SUSAN PEARCE:** Not that I'm aware of.

**The CHAIR:** What about visiting medical officers for psychiatry?

**SUSAN PEARCE:** Visiting medical officers, as you know, is an entirely different set of circumstances. Mr Minns can add more detail to this, but what I will say is that those arrangements are temporary as we work through this issue and, indeed, allow the industrial commission process to take its course. Phil, did you want to add to that?

**PHIL MINNS:** Yes, a couple of things. Fifty-eight is the number of locums that we have recruited centrally and referred to LHDs and specialty health networks. The number that are actually working in the mental health response is 24, so up from the 22 that I mentioned, and 72 psychiatrists have sought leave without pay to convert to a VMO contract arrangement. I couldn't be clear that all 72 are actually now working, but it must be very close to it, because that number has been stable for several days now, probably two weeks.

**The CHAIR:** Mr Minns, could you confirm for us this afternoon if any visiting medical officer psychiatrists are being paid more than the \$3,050 a day at the moment?

**PHIL MINNS:** They won't be, because they'll be on a VMO contract arrangement. They're separate workforces, locums and VMOs.

**The CHAIR:** I understand that; I'm just trying to understand how much the VMOs were being paid in the context of the current psychiatry resignations.

**PHIL MINNS:** Okay, I can try to get that.

## Response

I am advised:

Visiting Medical Officers (VMOs) are engaged under Chapter 8 of the *Health Services Act 1997* (NSW).

The terms of engagement for sessional VMOs are set out in the *Public Hospitals (Visiting Medical Officers – Sessional Contracts) Determination 2014*, made under Chapter 8.

The rates of pay for VMOs are set by the Industrial Court.

VMO sessional rates are set out in NSW Health Information Bulletin, *Remuneration Rates for Sessional Visiting Medical Officers* (IB2024\_001):

- The hourly rate of pay for a sessional VMO is \$244.70 plus background practice costs of \$31.15. The total hourly rate is \$244.70 + \$31.15 equating to \$275.85.
- Sessional VMOs generally work an 8 to 10 hours a day. Accordingly, sessional VMOs will generally earn approximately \$2,206.80 to \$2,758.50 a day.
- The hourly rate of pay for a senior sessional VMO is \$262.60 plus background practice costs of \$31.15. The total hourly rate is \$262.60 + \$31.15 equating to \$293.75.
- Sessional VMOs generally work 8 to 10 hours a day. Accordingly, senior sessional VMOs will generally earn approximately \$2,350.00 to \$2,937.50 a day.

**The Hon. NATALIE WARD:** No, Minister, I'm not asking about regional. I'm asking about metropolitan hospitals. That was my question. You raked in \$51 million in parking fees last year. Why are patients paying more for parking at metropolitan hospitals under the Minns Government?

**Mr RYAN PARK:** I'll give you this figure to make sure that it is accurate. I have had a look at this for the sake of the Committee's prep. In 2019 the —

**The Hon. NATALIE WARD:** Minister, I'm going to stop you there. We're asking about this year.

**The Hon. STEPHEN LAWRENCE:** Point of order: It's quite a complicated question. I don't think it's really fair to cut someone off about six seconds in.

**The Hon. NATALIE WARD:** It is this budget estimates from this year. It is your Health report of \$51 million.

**Mr RYAN PARK:** I am answering the question, Chair.

**The Hon. NATALIE WARD:** Please do.

**The CHAIR:** I think the Minister was about to answer the question.

**Mr RYAN PARK:** In 2019 the annual report showed a figure of around about just over \$50 million. I'll get the exact figure but just for the purpose of the discussion, in 2024, from memory, that was around about just over \$51 million. That's less than inflation over that time, obviously. We have recognised — and I think other governments have recognised — the need for a contribution to be made. We do have free parking across regional areas but you've got to remember that if free parking was available everywhere patients and their families would often struggle for a parking spot as well. So it's a real balance that I've got to ride in terms of making sure there's parking available for staff in a way that's affordable, but at the same time making sure that it is available to patients, carers and families who are attending the hospital. Parking under your Government was heavily subsidised — 100 per cent it was. Under this Government it's heavily subsidised. That's the case. Every dollar we get in relation to that — let's just call it \$51.X million and I'll get the X to you — goes back into the health system.

## Response

I am advised:

In 2018-19, revenue from car parking fees was \$50.093 million.

**The Hon. SUSAN CARTER:** Minister, you said last year in estimates, "We need to do more when it comes to Parkinson's." The movement disorder service St George Hospital will close at the end of June if you don't fund specialist Parkinson's nurses. Will they be funded?

**Mr RYAN PARK:** I'll need to take some advice on that. I can't reveal, maybe much to your frustration —

**The Hon. SUSAN CARTER:** With respect, Minister, it's February.

**Mr RYAN PARK:** — things that are in the budget. I'm not going to make any budget announcements yet. That will be something that I have to wait for the Treasurer and the Premier to do, as other governments have always done. I will just take your comment as factual and I will have a look at it. I can't make any budget announcements that the Government is working on broadly, both in my portfolio or any other portfolio.

**The Hon. SUSAN CARTER:** So the movement disorder service at St George Hospital, which has helped over 450 patients in the last 12 months, has no certainty whether they will be able to continue after 30 June. That is not very far away, Minister. What do you say to those patients?

**Mr RYAN PARK:** I will say again to those patients and those staff, we are in the process of putting together our budget. I've got a responsibility, as the person who spends the most, to make sure that I'm allocating that money to deliver the greatest good. I'm sure the service that is provided at St George is fantastic. I will take some advice on it, but I can't make budget announcements during the estimates hearing when the budget is not due to take place for a few more months. That's not my responsibility. The budget hasn't been finalised. The Treasurer will hand down the budget, and that will be a decision that is taken from that point on.

**The Hon. SUSAN CARTER:** This is the decision that was made on the basis of dollars rather than on the health needs of these Parkinson's patients.

**Mr RYAN PARK:** No, that's not the case, because I'm going to seek some advice on the specific program. But I'm never going to apologise for making sure that I spend taxpayers' money to deliver the greatest good to the greatest number of people. You would be aware that there were programs that we inherited, including the potential removal of 1,100 nurses that we had to find significant funds for to ensure that they continue to operate within the Health service.

**The Hon. SUSAN CARTER:** I'm also aware that you inherited this program that the Coalition invested \$8.6 million in over four years which has helped fund critically important movement disorder nurses across New South Wales. Those patients and those nurses need certainty that care and jobs can continue after 30 June.

**Mr RYAN PARK:** Yes, and I will give a commitment to the Committee, because I think budget estimates committees are really important for transparency and accountability on the Executive. I will give the commitment that I will seek advice on that. Coming out of a discussion that we had, I think, last year — and I will stand corrected — we provided some funds to Parkinson's NSW, which is, I think, the peak body, of around \$75,000 to help those with movement disorders. On this specific



program I will take some advice, but I can't make any announcements regarding the budget.

**The Hon. SUSAN CARTER:** Have you told the Premier that the movement disorder service at his local hospital will close at the end of June if they don't receive ongoing funding?

**Mr RYAN PARK:** No, I haven't, but I will check.

## **Response**

I am advised:

No decision has been taken on future supports for people with movement disorders at St George Hospital.

**The Hon. SUSAN CARTER:** Can I confirm whether the land for the Rouse Hill Hospital site has been purchased?

**Mr RYAN PARK:** Rouse Hill Hospital is a significant development.

**The Hon. SUSAN CARTER:** Have you bought the land?

**Mr RYAN PARK:** We've had to increase that allocation by an amount which is staggering: an extra \$400 million. The reason we've done that in relation to Rouse Hill is because what was originally planned wasn't going to keep up with the growth in that particular area of north-western Sydney. In relation to the land —

**The Hon. SUSAN CARTER:** Thank you, Minister. Have you bought the land?

**Mr RYAN PARK:** I just wanted to give the Committee context. I know you know a lot about the Health portfolio, but not everyone may have that same knowledge, so I just wanted to give that context. The land has been identified, yes. And I understand that the purchase has taken place, but I can ask the deputy secretary to make sure that is as accurate as what my memory recalls.

**EMMA SKULANDER:** Just to confirm, we're in the process of resolving that land acquisition within the Land and Environment Court in terms of the dollar value payable. However, we were able to progress the project on the basis that the land acquisition is complete. The land acquisition is complete, but we are needing to finalise the number. That's a process that proceeds through the Valuer General and then into the Land and Environment Court.

**The Hon. SUSAN CARTER:** Who owns the land?

**EMMA SKULANDER:** The current land ownership — I just need to confirm that, actually. I'll check that question.

## Response

I am advised:

Ms Emma Skulander, Deputy Secretary, Infrastructure and Asset Management Division, and Chief Executive, Health Infrastructure answered this question on transcript page 16, and notes that NSW Health through the Health Administration Corporation is the owner of the land of the new \$700 million Rouse Hill Hospital site.

**The Hon. SUSAN CARTER:** I'm sorry, we don't seem to have an answer. Ms Skulander, what's the top figure that we will be paying for that land?

**EMMA SKULANDER:** The Valuer General determined an amount.

**The Hon. SUSAN CARTER:** Which was what?

**EMMA SKULANDER:** I need to confirm whether that's a confidential amount or not. I will try to come back to you during this session. To confirm, we have budgeted an amount that will enable the project to proceed and, therefore, we are progressing on the basis of the fact that we own the land and we're able to continue. It is not delaying the project

### Response

I am advised:

Ms Emma Skulander, Deputy Secretary, Infrastructure and Asset Management Division, and Chief Executive, Health Infrastructure answered this question on transcript page 29, with the exact figure of the Valuer General's determination, made under the Just Terms Act, being \$42,763,074.00. The former landowner (GPT Rouse Hill Pty Limited) objected to this figure in the Land and Environment Court, with the final amount of compensation payable subject to the outcome of those Court proceedings.

**Ms CATE FAEHRMANN:** Does that mean the draft drinking water guidelines will change?

**KERRY CHANT:** No. There are two separate processes. The drinking water guidelines were going through the process of revision during the time when IARC came up with the monograph. In terms of the NHMRC, they did attempt to interact with IARC to see if they could get an early release of some of the more detailed data underpinning it. I'm not sure of the outcome of that. But I would assure you that NHMRC would've been very keen to understand the basis and include that in the review. I can follow up with NHMRC about that.

**Ms CATE FAEHRMANN:** The question is whether you are comfortable with the 200 parts per trillion guidance for a PFAS chemical that IARC has just released a 745-page document saying is carcinogenic.

**KERRY CHANT:** I am very confident with the NHMRC process, which is an independent process led by NHMRC. I'm happy to follow up on the details, but that's really a matter for NHMRC. But I'm confident with the robust processes that were set to establish drinking water guidelines.

## Response

I am advised:

Information about the National Health and Medical Research Council's process for the review of the *Australian Drinking Water Guidelines* is available on its website.

**The Hon. WES FANG:** I accept that, Minister. I'm just trying to understand how you're managing some of those challenges. In relation to Wee Waa again, how many of the health staff have taken up the Rural Health Workforce Incentive Scheme there?

**Mr RYAN PARK:** I don't know — let me just check if I've got that specific number. I don't have that as a site-specific — Luke, you don't?

**LUKE SLOANE:** I think we'd have to take that one on notice.

**Mr RYAN PARK:** I'd have to take that one on notice.

### Response

I am advised:

Five staff have taken up the Rural Health Workforce Incentive Scheme in Wee Waa.

**The Hon. WES FANG:** You indicated that Narrabri is effectively the overflow for Wee Waa when the emergency department is shut. Have you provided additional resources — doctors, nurses et cetera — to Narrabri in order to cover the surge that they'll have?

**Mr RYAN PARK:** What I know and what I'm advised, Wes, is that since the change in operating hours at Wee Waa — and Luke can jump if any of this is not accurate. I talked about this recently with the local MP. There has been an average increase of around 1.17 presentations a day to Narrabri — so, for argument's sake, not quite two. That's from the wider Wee Waa region, including Burren Junction and Pilliga. There has been a negligible increase in patients from the Wee Waa region being admitted to Narrabri. Just Wee Waa is about 0.6 admissions per day on average, so it hasn't seen that volume. I don't have the staffing profile of Narrabri in front of me, but I understand that that is also an area that would be linked with incentives. The volume of increase hasn't been huge.

**The Hon. WES FANG:** Maybe you can take it on notice.

**Mr RYAN PARK:** Yes, I am happy to.

## Response

I am advised:

No.

**The Hon. WES FANG:** ... I'm just not sure that that's going to be sufficient for the community of Wee Waa. If you wouldn't mind, I know you took some of the numbers around Narrabri on notice. Would you mind taking on notice some of the overflow issues that go to some other surrounding hospitals — like Tamworth et cetera — that have come from Wee Waa?

**Mr RYAN PARK:** Sure.

### Response

I am advised:

Since May 2023, the average number of emergency presentations to Tamworth Hospital from Wee Waa and surrounding areas is consistent with, and slightly lower than, activity prior to the facility reducing its operating hours.

**The Hon. WES FANG:** I move to another issue. Harrington is a growing regional community. The nearest ambulance station to that community being 30 minutes drive away, the community have advocated long and hard for an ambulance station. Will you commit to matching the National Party's election commitment for a new ambulance station at Harrington?

**Mr RYAN PARK:** I'll have a look at it as part of the budget. I'm in discussions at the moment with Commissioner Morgan and the team at NSW Ambulance about the budget proposals. Obviously, like I said to Ms Carter earlier on in this hearing, I can't disclose that. That's not appropriate for me to do given that the budget hasn't been handed down and the money is not available. I'm acutely aware that we are funding significant increases, as did the previous Government, of new ambulance infrastructure across regional and rural areas. Obviously everyone wants a brand-new facility or a facility. I understand that.

**The Hon. WES FANG:** I appreciate that, Minister, but we're just talking specifically about this community in Harrington. They are desperate for an ambulance station. The National Party have committed to one. Are you going to match that commitment?

**Mr RYAN PARK:** I'm happy if Commissioner Morgan wants to —

**The Hon. WES FANG:** I might ask Mr Morgan in the afternoon.

**Mr RYAN PARK:** I'm happy to take it on notice and have a look at it.

## Response

I am advised:

NSW Ambulance has engaged with the Harrington community to develop a Community Emergency Response Team to provide initial out of hospital care and optimise response times. The CERT unit supported by the response of paramedics from the Mid North Coast Zone will provide safe, out-of-hospital emergency health care to the Harrington community.



**The Hon. JOHN RUDDICK:** The New South Wales Framework for the Specialist Trans and Gender Diverse Health Service for People Under 25 Years was published in September 2023. It references the establishment of a clinical advisory group, which would be tasked with developing clinical guidelines. A year later in September 2024, in response to some questions at budget estimates, NSW Health did refer to the clinical advisory group, noting that NSW Health would consider its advice. However, I understand there is no publicly available information on either the chair, the membership, the scope or the work of the clinical advisory group. Can you tell us, has the clinical advisory group been formally established, and if so, when?

**Mr RYAN PARK:** I think it has. I'll have to take that one on notice. If I can get it beforehand, I'll give you a commitment to get it back to you today. That way, you've got the information.

### Response

I am advised:

The Clinical Advisory Group has been established and has been meeting since late 2023.

**The Hon. JOHN RUDDICK:** I have a few more questions related to it, so I hope we can take them all on notice. I would also be keen to know who the appointed members are and what their qualifications are. We want to know what guarantees there are that there will be a diversity of views on this panel, which is best practice for advisory groups of this nature. We would like to know if advocacy groups were involved in the selection, including whether ACON was involved, and we'd like to know why has NSW Health not publicly disclosed the membership and the terms of reference about the clinical advisory group.

**Mr RYAN PARK:** I am happy to take all those on notice, but I will say this, Mr Ruddick, on this topic: These are pretty vulnerable children, and I want to be really careful in the way in which we speak about these individuals and their families. They are often going through very challenging times, and as a parent I am cognisant of the comments I make as a leader that I've got to be aware of, that people may be viewing this, and I don't want them to view it in a way where they don't think that we're taking their health care seriously. We do everything in this space on an evidence-based framework. We don't operate outside an evidence base. We had Sax Institute have a look at what we were doing and making sure we were doing that in line. I do note that the Federal Government has recently asked—I think it's the NHMRC to have a look at this type of care across the country. We support that, but we are also confident in the work we are doing in this space, and I by no means say that doesn't mean we can't be questioned. I accept that. I am just saying that I need to be careful in the way in which I answer as well.

## Response

I am advised:

Membership of the Clinical Advisory Group comprises clinicians from the NSW Specialist Trans and Gender Diverse Health Service and include medical, allied health, mental health (psychology and psychiatry), and youth health experts.

Members were identified through an expression of interest process. Selection was led by NSW Health.

**The Hon. EMMA HURST:** I understand what you're saying. In regards to the constraints within the workforce, does the Government monitor and collect data on midwives who actually want to work within those MGP models but aren't able to find opportunities to be able to do so?

**Mr RYAN PARK:** I will take that one on notice.

### Response

I am advised:

This information is not centrally held by the Ministry of Health.

**The Hon. EMMA HURST:** In regard to government incentives, funding and other support encouraging the upscaling of complete continuity of midwifery care models, has there been an increase or a decrease in women accessing continuity of midwifery care, or has it stayed the same, since the inquiry report in August last year?

**Mr RYAN PARK:** I'm happy to double-check this, but I'd say there'd be an increase just because of the expansion of services that we have. I'll take us back. There's more MGP now than what there was when you advocated for the inquiry. That doesn't mean there doesn't need to be more MGP, but I think those sites would be seeing more women going through that MGP model of care. The feedback that I get both from midwives and from mums and families is that that's a very valuable program to them. It's not simple to staff, as you know and would have heard in the inquiry, Ms Hurst, because it's fairly demanding on the midwife involved. They've got to have space and time in their careers to be able to do it. But from my perspective this is a very good program, and we're doing our best to lean as far into it as we can — but more work to do.

**The Hon. EMMA HURST:** Could I get on notice some of the more specific data points?

**Mr RYAN PARK:** Sure.

**The Hon. EMMA HURST:** I understand that's probably not front of mind, but if I could get that on notice, that would be really helpful as well.

**Mr RYAN PARK:** I'm happy to do that.

## Response

I am advised:

This information is not currently held centrally by the Ministry of Health.

NSW Health is committed to improving access to maternity continuity of care models. Work has commenced to enhance the recording and classification of models of care. This will provide a clear understanding of the models of care being provided across each district and the numbers of women who access these models.

**The Hon. EMMA HURST:** Can I also get a bit more information about an implementation timeline or any specific funding allocations for the accelerated implementation of the five key initiatives from the inquiry into birth trauma?

**Mr RYAN PARK:** Yes, you can. I have some information here around the birth trauma inquiry because I wanted to have a look at this in relation to some of the information that regional and rural MPs were talking to me about, particularly about MGP. I can give you a progress update on the five that we accelerated, and I'll be as quick as possible. We've increased access to the maternity continuity of care models. I've gone through those areas in my previous answer, so I won't go through those again. Also, something that you raised with me personally at the time was we've embedded trauma-informed maternity care. We've got a draft of a trauma-informed care quick guide for maternity staff, to accelerate the adoption of trauma-informed care. We've finalised the integrated trauma-informed care framework and begun the implementation of that consultation process.

The third one is — and this certainly came out in your inquiry — we have improved the way information is provided to women. We're piloting an induction-of-labour decision-making tool in three local LHDs that has been co-designed with maternity consumers, which will conclude in 2025. We've improved consent processes in maternity care — something that was also raised in the evidence from the birth trauma inquiry. We've got draft guidelines for obtaining valid consent during maternity interventions to support women and clinicians, and we've carried out consultation with peak bodies, consumers and clinicians around those particular processes.

Lastly, in relation to supporting women who are experiencing pregnancy complications — and that includes pregnancy and infant loss — we've completed the perinatal loss guideline, which will provide specific advice for clinicians on how to provide respectful care, including bereavement support, to women who experience pregnancy or newborn loss. I know that was an issue that a number of constituents from Better Births Illawarra raised with me personally as well.

## Response

I am advised:

NSW Health is accelerating 5 initiatives over the next 12 months to improve the experience and wellbeing of pregnant women and their families.

**The Hon. EMMA HURST:** One of the inquiry recommendations was training for maternity care professionals in trauma-informed care and informed consent. I know that the department has had a proposal from Western Sydney University, which was told that it would have to wait for a tender. Can you inform us of any tendering processes, when that might actually be undertaken, any funding available and when that process will actually begin?

**Mr RYAN PARK:** I might take that on notice, Ms Hurst, if that's okay, just because of its specific nature. If I can get it back before the end of today, I will.

**The Hon. EMMA HURST:** That would be great.

### Response

I am advised:

NSW Health is implementing the Birth Trauma Inquiry recommendations as outlined in the NSW Government Response.

If implementation of additional services to meet the recommendations has financial implications, NSW Health must comply with the NSW Health Procurement (Goods and Services) Policy Directive (PD2024\_027).

**Ms ABIGAIL BOYD:** Great, thank you. One of the other emerging issues that we hear a lot about in my office in the domestic and family violence portfolio is in relation to support for greater protocols, training and support for frontline domestic and family violence services to be able to identify traumatic brain injuries in victims of domestic and family violence. I know there's been some pretty promising round tables and people trying to push for a pilot program around the Hunter. Are you aware of this issue? Is this something that you already look into?

**Mr RYAN PARK:** Yes, I am. I have a fair bit to do with the women's health services across New South Wales. I took a pretty big election commitment about their services. They have talked to me about some of their early research that is showing the traumatic brain injury, often as a result of a choking, that is happening. I'm going to stand corrected around the Hunter one. I don't want to give you a bum steer, but I do think it is an important area that clinicians and frontline emergency department staff are going to have to become more informed about because of the prevalence of this behaviour in relationships.

When I've spoken to some of the peaks and the specific women's groups, there was one, the women's health services one, where I went to at the Blue Mountains. They talked to me about this becoming an issue that they were seeing, predominantly more in younger cohorts of women. They were asking me around how we ensure our clinicians are looking for this and treating this, and it's probably through better research and practice. I'll just stand corrected on the Hunter one. I think I know it, but I don't want to give the Committee anything incorrect.

**Ms ABIGAIL BOYD:** You can come back on notice with a little bit more information on what you're doing on that.

**Mr RYAN PARK:** Yes. I'm happy to.

## Response

I am advised:

NSW Health is engaged in a program of work to improve identification, responses and referral pathways for victim-survivors of DFV who have experienced head or brain injury.

This includes:

- A pilot is underway in 4 local health districts to inform the development of an integrated psychosocial, medical and forensic crisis response service model for victim-survivors of domestic and family violence.

**The Hon. NATALIE WARD:** Sorry to interrupt you — just to be clear on that — I thought you had said that Health owns it.

**EMMA SKULANDER:** Health does own that site.

**The Hon. NATALIE WARD:** You are compulsorily acquiring it from?

**EMMA SKULANDER:** The land ownership has been transferred. The Valuer General has determined an amount.

**The Hon. NATALIE WARD:** What is that amount?

**EMMA SKULANDER:** I am allowed to tell you, which is \$42.763 million. HAC has paid a proportion of that, but the amount has not been accepted by GPT. Therefore, GPT has challenged it.

**The Hon. NATALIE WARD:** From whom it is being compulsorily acquired.

**EMMA SKULANDER:** Correct. It's been challenged and it's going through that court process that I referenced previously. The next hearing is in August of this year. In parallel, because HAC owns the site, we can progress with the project, so there is no delay.

**The Hon. NATALIE WARD:** In 2018-19, \$75 million was allocated for the land. How much is allocated now?

**EMMA SKULANDER:** I think within the budget that would be a confidential number.

**The Hon. NATALIE WARD:** Why?

**EMMA SKULANDER:** I think, just from a sensitivity perspective around, commercially, the agreement that we need to take through the court process. I can confirm that we've got an allocation remaining within the budget that exceeds the number there with some risk within it, but I think that number is probably better not to be publicly available.

**The Hon. NATALIE WARD:** I might ask you to take that on notice and check that —

**EMMA SKULANDER:** No problem.

**The Hon. NATALIE WARD:** — because it would have to be an allocation in the budget.

**EMMA SKULANDER:** There is an allocation in the budget.

**The Hon. NATALIE WARD:** And you're saying that you can't tell this Committee what that allocation is.

**EMMA SKULANDER:** What that number is. I just want to retain that commercial principle.

**The Hon. NATALIE WARD:** For a budget line item?

**EMMA SKULANDER:** Obviously, it's going through that process with GPT at the moment in the court, so I'll come back to you. I'll take it on notice.



## Response

I am advised:

Ms Emma Skulander, Deputy Secretary, Infrastructure and Asset Management Division, and Chief Executive, Health Infrastructure answered this question on transcript page 39.

**The Hon. NATALIE WARD:** If you don't mind coming on today. Minister, Stacey Chater's 23-year-old son, Brayden, died tragically from meningococcal B in 2022. When you met with Stacey and Meningitis Centre Australia in November 2023, did you promise Stacey that you would write to the Federal health Minister requesting a fifty-fifty funding split between New South Wales and the Federal Government for that vaccine?

**Mr RYAN PARK:** I know Stacey very well. I grew up opposite her at Dapto.

**The Hon. NATALIE WARD:** Sure — just the letter.

**Mr RYAN PARK:** It's a tragic set of circumstances. I wrote to Minister Butler twice about this issue. I'll stand corrected around the specifics that you said in there — around the fifty-fifty. I don't recall that part of it, but I certainly made it clear to them that I will, and have, and continue to advocate, and I'll do that after the Federal election to the Federal health Minister.

**The Hon. NATALIE WARD:** Sure. Can I just be clear? I appreciate that you've confirmed you've written and you've done that twice. I appreciate that.

**Mr RYAN PARK:** Yes.

**The Hon. NATALIE WARD:** Can I confirm, though, or could you come back, or could your office come back in the next little while, on whether those two letters contain the representation that you were seeking a fifty-fifty funding split?

**Mr RYAN PARK:** Yes. I'm happy to correct. I'm happy to provide that. I don't —

**The Hon. NATALIE WARD:** You don't know, or —

**Mr RYAN PARK:** No, on record now, I don't believe those pieces of correspondence would have gone to the funding split, but I am happy to provide —

**The Hon. NATALIE WARD:** What were you asking for, if you were writing to them?

**Mr RYAN PARK:** Well, I'm asking the Commonwealth to do what the Commonwealth's responsible for, to be brutally honest, and that is run a national immunisation program. They are the people responsible to deliver that. That's the expectation that I have. I went into bat twice through written correspondence.

**The Hon. NATALIE WARD:** Yes, you said that.

**Mr RYAN PARK:** I went into bat in separate health Ministers' meetings about this issue.

**The Hon. NATALIE WARD:** When you did that, we just want to clarify what the ask was? Was it fifty-fifty, or not — or you're not sure, or you can't remember, or you need to clarify?

**Mr RYAN PARK:** At this stage, I don't think it was fifty-fifty, but I want to make sure the Committee has accurate answers from me and the officials. I'll double-check that, and I'll come back to the Committee about what I specifically said.

**The Hon. NATALIE WARD:** All right. Thank you for that. We appreciate it.

**Mr RYAN PARK:** I think I would have said to them, "Fund it", but anyway.

**The Hon. NATALIE WARD:** Stacey and the CEO of Meningitis Centre Australia, Karen Quick, say that you're explicit in your promise about fifty-fifty funding. Are they wrong, or have you broken your promise to Stacey?

**Mr RYAN PARK:** No. I just don't recall me saying a fifty-fifty. The reason I'm sure that would've happened is because that would require me to go through the budget and the ERC process. I wouldn't have had that ability at the time to have done that, so I don't recall that. I'm not going to stand on what people said or didn't say.

**The Hon. NATALIE WARD:** We will clarify that once you have an answer.

## Response

I am advised:

Minister Park wrote to Minister Butler in September 2023 and requested a reassessment of the previous 2019 submission for cost effectiveness of Bexsero (meningococcal B vaccine) by the Pharmaceutical Benefits Advisory Committee (PBAC), considering current national epidemiology and any changes in vaccine and healthcare costs. Minister Butler responded advising that, for this to happen, GSK must resubmit a PBAC application for consideration and address the concerns raised in the previous submissions. GSK has not made any further PBAC submission.

A subsequent letter was sent from Minister Park to Minister Butler in October 2024 requesting advice following the Health Technology Assessment review and how it might impact on the previous assessments of Bexsero. Minister Butler advised that the infant and adolescent cohorts for which meningococcal B vaccine is funded under the National Immunisation Program is based on the current epidemiological data for meningococcal B disease. PBAC has not recommended listing for a broader population of infants and adolescents at this stage.

**The Hon. SUSAN CARTER:** Minister, since January this year, how much money has NSW Health spent accommodating public mental health patients in private hospitals?

**Mr RYAN PARK:** I'd have to take that specific one on notice, Ms Carter. We have a situation now where we are, through Susan and the system, engaging with private hospitals. I will stand corrected on this, but I think recently we've engaged Ramsay in some bed availability and spaces to try and take some pressure off what the current situation is — that has been well ventilated — but I don't know the specific number.

### Response

I am advised:

This question is best directed to the Minister for Mental Health.

**The Hon. SUSAN CARTER:** If you could take it on notice — and also the length of any contracts that you've entered into, perhaps the daily bed rate that you're paying for and the number of patients that are being transferred. All of those things on notice would be great.

**Mr RYAN PARK:** Yes, okay.

### **Response**

I am advised:

This question is best directed to the Minister for Mental Health.

**The Hon. SUSAN CARTER:** Another question in relation to accommodating public patients in private hospitals — were any public hospital nurses provided either to transfer or to assist in the care of those patients in private hospitals?

**Mr RYAN PARK:** I'd have to —

**The Hon. SUSAN CARTER:** Okay, on notice would be great, thank you.

**Mr RYAN PARK:** I would say no. That would be a bit of an unusual one. But Mr Minns —

**PHIL MINNS:** I don't believe so.

**Mr RYAN PARK:** I don't believe so but —

**The Hon. SUSAN CARTER:** I'm happy for you to take it on notice, Minister. I'd rather get the right answer. I understand these are technical.

## Response

I am advised:

Public hospital nurses have not been provided to transfer or assist in the care of patients transferred to private hospitals.

**The Hon. SUSAN CARTER:** In terms of accommodation of psychiatric patients within the public system, how many psychiatric patients are in general beds, for want of a better term, rather than dedicated mental health beds since 21 January?

**Mr RYAN PARK:** That's probably more one for the Minister for Mental Health, but I'll take it on notice to give you an accurate answer.

**The Hon. SUSAN CARTER:** Thank you very much.

**SUSAN PEARCE:** Could I just add a comment there?

**Mr RYAN PARK:** Yes.

**SUSAN PEARCE:** In the ordinary course of things, people who have mental illness and other diseases will be accommodated in wards throughout our hospitals. We don't discriminate in respect to people's mental health. Obviously if it's a —

**The Hon. SUSAN CARTER:** Ms Pearce, I'm not asking about patients with comorbidities; I'm asking about patients who are specifically admitted for a mental health issue. I'm happy for you to take it on notice and pick it up this afternoon.

## Response

I am advised:

This question is best directed to the Minister for Mental Health.

**The Hon. SUSAN CARTER:** .... Minister, since 21 January, when psychiatrists began resigning, how much money in dollar terms has the Government had to spend on VMO and locum roles to cover resigning psychiatrists?

**Mr RYAN PARK:** I had a look at —

**The Hon. SUSAN CARTER:** If you need to take that on notice, I would like these specific numbers.

**Mr RYAN PARK:** Yes, sure. I think Ms Cohn asked something similar earlier today so I'm happy to take it on notice. If I can get it to you beforehand, though, I will.

**The Hon. SUSAN CARTER:** I'd be grateful, thank you.

### Response

I am advised:

This question is best directed to the Minister for Mental Health.



**The Hon. SUSAN CARTER:** Actually, Minister, I'd be really interested to see your figures. Perhaps you could produce the figures based on a 25 per cent pay increase and on what you're actually paying to VMOs, and on what you're actually paying to locums so we can really pull those figures apart, because I'm not sure that your figures are correct on that. I look forward to getting all of that on notice.

**Mr RYAN PARK:** We're paying more than what you ever paid under a wages cap; that's what I can say.

### Response

I am advised:

This question is best directed to the Minister for Mental Health.

**The Hon. SUSAN CARTER:** Mr Minns, on notice, could you provide the number of staff who currently have a VMO contract and a staff specialist contract at the same time? Minister, in the figures that you're going to provide on notice, perhaps there could be a calculation to show, if all of those staff specialists come back half-VMO, half-staff specialist, what that cost to Health would be. That is also a possibility — that they may come back in a hybrid role, isn't it, Mr Minns?

**PHIL MINNS:** We typically don't support people working as both a VMO and a staff specialist in the same facility because of the potential for conflict.

**The Hon. SUSAN CARTER:** I'd be interested to get those figures across the whole of the LHD.

**PHIL MINNS:** I won't be able to give you figures because VMOs are not paid through a payroll system; they're paid through VMoney so what we pay a particular VMO is what they claim from us and we agree to pay. So it's going to be quite hard to give you a current status.

## Response

I am advised:

This question is best directed to the Minister for Mental Health.

**The Hon. NATALIE WARD:** Another question that is quite separate to that — Minister, in your local area, when will women be able to give birth at Milton Ulladulla Hospital, as promised by the member Liza Butler before the last election? She said babies will be born at Milton Ulladulla Hospital.

**Mr RYAN PARK:** I'll take that one on notice because I want to be specific around it.

**The Hon. NATALIE WARD:** Could you be specific on when?

**Mr RYAN PARK:** I'm aware of that issue. I'm also aware that I've got some staffing challenges in the Illawarra Shoalhaven Local Health District. Maternity has acute shortages in that space, so I've got to make sure that I can provide that in a way that's safe. The local member has been a strong advocate around that.

## Response

I am advised:

Following consultation on the draft Milton Ulladulla Hospital Health Service Plan in late 2024 and further review in early 2025, there is an agreed way forward for maternity models of care for Milton Ulladulla Hospital, with a staged implementation commencing with expansion of the Midwifery Group Practice and home birthing options for low-risk women.

**The CHAIR:** Moving to a different issue, last year you advised the member for Balmain that NSW Health is continuing to work with other government agencies to assess future use options for the Kirkbride Precinct in Callan Park. Has that work progressed? Is there any plan or update for the use of that site?

**Mr RYAN PARK:** I would seek some advice. Emma?

**EMMA SKULANDER:** I think that is in my portfolio, but I just need to check in relation to the progress. I do know that there are ongoing discussions.

**The CHAIR:** I understand there is significant community angst that that site is still sitting idle and has been for some time.

**Mr RYAN PARK:** I will try to get some advice either today or asap.

## Response

I am advised:

NSW Health continues to work with other NSW Government agencies to assess the best future use options for the Kirkbride precinct in line with legislation, NSW Health and NSW Government priorities.

**The CHAIR:** Coming back to Albury hospital, as I always do, are you aware that an open letter has now gone to both the Premier of New South Wales and the Premier of Victoria, signed by over 200 clinicians, calling for a halt to the current redevelopment?

**Mr RYAN PARK:** Yes, I am. In a recent piece of correspondence, I've written to the local councils and offered to meet with them, because they wrote to me specifically around that issue, which I know you've advocated for. I'm of the understanding we're in the process of setting up that meeting to have that discussion.

**The CHAIR:** In the context of this redevelopment, which I understand is a particular challenge because of the involvement of both New South Wales and Victoria, have you made any representations to your Federal counterparts to play a bigger role in this?

**Mr RYAN PARK:** I can't say — I'd probably want to double-check. It's certainly an issue that I've raised frequently with the Victorian health Minister. I think I might have actually raised the idea of a contribution from the Federal Government in a joint piece of correspondence with my counterpart in Victoria, but I would just want to double-check that that was that piece of correspondence and it was not another one. Let me get you a copy of that or take the specifics of it on notice, if that's all right.

## Response

I am advised:

Yes. In October 2024, joint correspondence from the NSW and Victorian Health Ministers was issued to the Hon Mark Butler MP, Minister for Health and Aged Care, regarding the \$558 million Albury Hospital Redevelopment project.

**The CHAIR:** Thank you, Minister, and I agree. It's an excellent strategy, and I appreciate the funding that has already been put to it. There's a specific reference in the strategy to people living in regional areas as an identified priority group. Noting things like the Kaleido clinic, which I've received a briefing about and I'm genuinely excited about, are you looking at particular programs to address that priority group of LGBTQI+ people in the regions?

**Mr RYAN PARK:** Yes, we would be. I'm happy to take some specifics on notice, but this is part of health delivery where the challenges are very clearly exacerbated the further you get from Sydney. That's the truth. The availability and attitudes within a particular community may not always be the same as other communities. That becomes challenging for people trying to access healthcare services out there. I've got to make sure that that remains a focus of this Government and that the services are not just delivered in the highly populated areas of the State. Whilst, of course, those areas are important as well, I've also got to make sure that we provide those healthcare services to regional and rural areas. The funding that you would be aware of, Ms Cohn, around the gender centre in the last budget had a particular focus on improving access of health care to people living in rural and regional areas. We should, and probably can, do more. I'm more than happy to provide some information, but I want you to know that that has been a particular focus.

**The CHAIR:** Thank you. That's very welcome

## Response

I am advised:

NSW Health allocated \$2 million for 21 LGBTIQ+ health projects over 2023-24 and 2024-25. Five of these projects are funded for rural and regional health districts, including Central Coast, Hunter New England, Illawarra Shoalhaven, Murrumbidgee and Western NSW local health districts.

The Gender Centre has been funded \$2.7 million over 2024-25 to 2028-29 to enhance support for trans and gender diverse young people and their families and carers. This funding includes a statewide rural and regional outreach worker.

**The Hon. NATALIE WARD:** Minister, when will the Auditor-General's report —

**The Hon. WES FANG:** The Hon. Natalie Ward is not a substantive member of this Committee.

**The Hon. NATALIE WARD:** — on Northern Beaches Hospital be made public?

**The Hon. WES FANG:** She should not be receiving the call.

**The Hon. NATALIE WARD:** Mr Fang, I am asking about Northern Beaches Hospital. Please be quiet, so the Minister can answer the question.

**The Hon. WES FANG:** No, Natalie, you had the last rotation.

**The CHAIR:** Order! I call the Hon. Wes Fang to order for the first time for speaking over Ms Ward.

**The Hon. NATALIE WARD:** Minister —

**The Hon. WES FANG:** I don't understand, Chair. I am the substantive member of this Committee.

**The Hon. NATALIE WARD:** — when will the Auditor-General's report on the Northern Beaches Hospital be made available?

**The Hon. WES FANG:** Natalie is the substitution member. I don't understand how you have not given the call —

**Mr RYAN PARK:** It's a matter for the Auditor-General, but I don't believe it has been received yet, obviously. But that's a matter for the Auditor-General to do.

**The Hon. NATALIE WARD:** When will that be released?

**The Hon. WES FANG:** Minister, can I ask you —

**Mr RYAN PARK:** It's a matter for the Auditor-General.

**The Hon. NATALIE WARD:** Could you take it on notice and see if you can find out?

## Response

I am advised:

The publication of the report is a matter for the Auditor General.

**The CHAIR:** Order! Mr Fang, I have a question on behalf of a regional community for the last minute, please. In a supplementary question in September, I asked how much operational funding was provided by the New South Wales Government to Albury Wodonga Health. The answer to that supplementary question was to please refer to the Albury Wodonga Health annual report. However, the Albury Wodonga Health annual report aggregates the funding provided by the New South Wales and the Victorian Governments together for operational funding, so I'm going to ask that question again. How much operational funding was provided by the New South Wales Government to Albury Wodonga Health for operational purposes over the last five financial years?

**Mr RYAN PARK:** I'll take it on notice, see if we can disaggregate it. I don't want to give you incorrect information here. I don't have that breakdown available for the Committee yet.

**The CHAIR:** Thank you. I'm happy to have that answer on notice, as long as I'm not pointed back to the annual report, please.

**Mr RYAN PARK:** No, I'll take it on notice. I just want to check if we can disaggregate it.

## Response

I am advised:

Cash payments made to the Victorian Government/Albury Wodonga Health by NSW Health over the last 5 financial years were as follows:

- 2023-24: \$124.5 million
- 2022-23: \$124.7 million
- 2021-22: \$134.7 million
- 2020-21: \$119.6 million
- 2019-20: \$115.2 million.

The 2021-22 financial year includes a one-time capital funding allocation of \$10.2 million, while 2022-23 includes a one-time capital funding allocation of \$0.2 million, in addition to ongoing recurrent/operating funding.

Cross-border reconciliation remains outstanding for the years 2022-23 and 2023-24.



**Ms CATE FAEHRMANN:** Minister, are you aware of what NSW Health advises for workers — say, firefighters — who have been historically exposed to PFOS firefighting foam? Are you aware of what the advice is for those workers? Are they able to, for example, access blood testing as a result of that historical exposure?

**Mr RYAN PARK:** I definitely need to take that one on notice.

**Ms CATE FAEHRMANN:** Dr Chant?

**KERRY CHANT:** I would just also have to take that on notice. Obviously there has been a lot of focus on those occupations that are significantly exposed, so I'd also have to liaise with WorkCover in terms of the arrangements in place for firefighters.

### Response

I am advised:

This question is best directed to the Minister for Industrial Relations and Minister for Work Health and Safety.

**The Hon. SUSAN CARTER:** What would be the cost of exiting the contract with Healthscope for the running of Northern Beaches Hospital?

**SUSAN PEARCE:** I'm unable to comment on that.

**The Hon. SUSAN CARTER:** Are you able to take that on notice?

**SUSAN PEARCE:** You'll appreciate the commercial-in-confidence nature of that question, Mrs Carter. I can't comment on it.

**The Hon. SUSAN CARTER:** Are you able to comment on the annual cost for NSW Health to take over the running of Northern Beaches Hospital's emergency department?

**SUSAN PEARCE:** No, I can't.

### **Response**

I am advised:

This information cannot be shared as it is commercial in confidence.

**The CHAIR:** Why were two staff nurses cancelled for night shift on 20 February, leaving the emergency department understaffed by one nursing staff member?

**GREG HORAN:** I'm sorry, I couldn't answer as to why two nurses on 20 February. I'd have to take that on notice.

### Response

I am advised:

This question has been referred to HealthScope.

**Ms CATE FAEHRMANN:** The lead in children's blood. I understand that there was a \$13 million Broken Hill environmental lead program that was funded between NSW Health and the EPA over five years, which ceased in 2022. How much is NSW Health spending at this point in time on an annual basis in terms of screening for lead in people in Broken Hill?

**SUSAN PEARCE:** Kerry, do you know that? Or perhaps Alfa? If we can't locate it now, we'll try to get it to you.

### Response

I am advised:

NSW Health's annual spend is \$286,153. This is exclusive of funding received from the NSW Environment Protection Authority.

**Ms CATE FAEHRMANN:** .....I do have a briefing here that is a briefing for the Premier; I've got more documents for the secretariat to hand around. The date of this is 13 June 2023. It states:

*Health currently spends \$290,958 per annum on lead screening. However, since the ... program —*

that I mentioned before —

*ceased, Health's capacity to follow up with children with high blood lead levels through home visits, assessments and case management for remediation and education programs has reduced.*

It also states in relation to Maari Ma and EPA that the EPA allocated \$1 million to Maari Ma, for example, and that they used to do the community dust monitoring, home abatement and funding of two staff, but no funding is available for 2023-24. Is that the case? Is there less capacity in NSW Health as a result of that \$13 million having ceased in 2022?

**KERRY CHANT:** I would have to look into what the perceived gap is. I can say that there have been some additional augmentations of staffing in the western and Far West public health unit in terms of environmental health officers. Also, a public health physician was appointed last year and, clearly, that person has a strong focus on the lead issues. I know that we're actively doing work with Maari Ma on the appropriate technology for the blood lead testing. There is an expert group that's working collaboratively across the players. I think it's a little bit of a changing feast, but I would be sure that there's also a need to address this as a whole-of-government issue because, obviously, the area is highly contaminated and there is ongoing exposure. The challenges of doing temporary interventions in homes that then have dust containing lead reintroduced into those settings — that does need a really whole-of-government approach. I will have to update myself on where that process is up to, Ms Faehrmann.

**Ms CATE FAEHRMANN:** So you have taken on notice to see if we can get any up-to-date figures in terms of expenditure....

## Response

I am advised:

Questions related to funding of Maari Ma should be directed to the Environment Protection Authority.

The Western and Far Western NSW Public Health Unit provides reporting, evaluation and program support, and Health Protection NSW provides technical support and advice and convenes an advisory committee.

**Ms CATE FAEHRMANN:** .....As Chief Health Officer, Dr Chant, what is the ideal level? I suppose the NHMRC guidelines for lead — is that what NSW Health goes by?

**KERRY CHANT:** The NHMRC guideline is the guideline that we would set as our benchmark, and lead in children is notifiable so there is that process that we have to follow up and know who requires care. Obviously, for children with very high levels of lead, it does require clinical intervention, and that's facilitated collaboratively with the Children's Hospital at Westmead in terms of the care for the children that are impacted.

**Ms CATE FAEHRMANN:** In this Premier's briefing note that I think you have in front of you now has the responsible officer is Mr Ryan Broom, Director - Health & Education, Social Policy Branch, but the second dot point on page 2 states:

*Reducing the blood Lead level threshold to 3.5 mcg/dL —*

which is lower than the 5 that you've just quoted —

*and providing case management support for families of affected children [with] 3.5 mcg/dL is lower than the National Health Medical Research Council guidelines and will capture more children in the management program, but is in line with other international jurisdictions and accepted evidence that there is no safe level of lead.*

This is a brief to the Premier. Is this another example of the NHMRC just being out of step with international science?

**KERRY CHANT:** Again, I'd have to take that on notice. Obviously, we try and drive down the lead levels as low as feasible. It's been great to see actions by governments to remove lead from petrol, which was a major source. But we know that there are a small number of impacted communities, such as Broken Hill, that require a more holistic approach to deal with it, but obviously we want to see it as low as possible. It's also important that we look at the multitude of factors that impact on a child's development, and I think the lead issue in Broken Hill has really highlighted that we need to work in a holistic way to address multiple factors.

## Response

I am advised:

NSW Health follows guidance developed by the National Health and Medical Research Council (NHMRC) and notification levels are set based on NHMRC's recommendations. NHMRC's process for developing guidelines is described on its website.

**The Hon. NATALIE WARD:** How many consultants were working in the emergency department between the hours of 7.00 a.m. and 11.00 a.m. on 14 September, both paediatric and adult ED?

**PETER THOMAS:** I can answer that question. We have three specialists on the floor at any one time. For the morning shift, that starts at eight o'clock. Prior to that, there will be the junior medical staff and the physical presence of the ED consultants or specialists. Their shifts commence at eight o'clock, in line with other New South Wales hospitals. We would have three specialists on the floor at any one time.

**The Hon. NATALIE WARD:** On 14 September, can you confirm — and you're sure — that there were three in place?

**PETER THOMAS:** I can't confirm. I can certainly take that on notice. What I am aware of is there were three specialists listed on the resuscitation record who were ED specialists, who were present in ED at the time of the resuscitation after 10.40 a.m.

**The Hon. NATALIE WARD:** On 14 September, can you confirm — and you're sure — that there were three in place?

**The Hon. NATALIE WARD:** Mr Thomas, can you clarify when Joe Massa was put on an IV drip? Was it after his cardiac arrest?

**PETER THOMAS:** I can't clarify that without confirming the notes, but I do know that he didn't have an IV cannula placed until he was in the resuscitation bay.

**The Hon. NATALIE WARD:** You'll take that part of it on notice, if you need to?

## Response

I am advised:

This question has been referred to HealthScope.

**The Hon. NATALIE WARD:** Mr Thomas, it's been reported in The Daily Telegraph today that a newborn baby has died at the Northern Beaches Hospital under tragic circumstances and the chief obstetrician is investigating. Can you confirm whether an emergency C-section was called?

**PETER THOMAS:** I'm aware of the case. Again, I'm limited to what I can say due to confidentiality, but there was an emergency caesarean section for the mother of the child who was transferred to North Shore Hospital.

**The Hon. NATALIE WARD:** So there was?

**PETER THOMAS:** There was.

**The Hon. NATALIE WARD:** How long did that mother wait for that emergency C-section?

**PETER THOMAS:** I'm not aware of the details of that case.

**The Hon. NATALIE WARD:** Are you able to take that one on notice?

**PETER THOMAS:** I'm happy to take that on notice.

## Response

I am advised:

This question has been referred to HealthScope.



**The Hon. NATALIE WARD:** Sure, but I might just get to my question. I can put further questions on notice about that. Did the Minister's office request an evidence review be commissioned?

**KERRY CHANT:** In relation to pill checking?

**The Hon. NATALIE WARD:** Yes.

**KERRY CHANT:** No. From my recollection, it has really been something where you'd expect, from a policy perspective, we would be across the evidence.

**The Hon. NATALIE WARD:** Page 24 of the review states that the New South Wales Ministry of Health reviewed the search strategy and drafts ahead of publication. Who in NSW Health was responsible for reviewing those drafts?

**KERRY CHANT:** I would have to take that on notice. I would be guessing, but I would assume it was within our drug and alcohol group that is responsible for the toxicological surveillance. But I will take it on notice.

**The Hon. NATALIE WARD:** Thank you. Before the final publication, did anyone from NSW Health ask to have any of the content removed from the review?

**KERRY CHANT:** As I said, I would have to take it on notice.

**The Hon. NATALIE WARD:** How much did the evidence review by Monash University cost?

**KERRY CHANT:** Again, I would have to take that on notice.

## Response

I am advised:

The Ministry of Health's Centre for Alcohol and Other Drugs commissioned the drug checking review as part of policy and evidence review functions.

Drafts were reviewed by the Centre for Alcohol and Other Drugs. Feedback was provided to Monash University's review team that emphasised the need for the report to present evidence impartially, remove repetition and identify authors' conflict of interests.

The evidence review cost \$41,994.

**The CHAIR:** My other questions are on a completely different topic. In 2018 there was a Federal Government inquiry into biotoxin-related illnesses in Australia that made three recommendations in particular for State and Territory governments. Last year I asked the EPA about their role in the implementation of those recommendations. Specifically, there are recommendations around developing standards for mould testing and remediation. What role has New South Wales played in that to date?

**KERRY CHANT:** Our role in response to the issues around mould is more of a fact sheet or providing the health advice. I'd have to follow up with my colleagues in the EPA around that report and the actions on it.

**The CHAIR:** While you take it on notice, I've got a few questions on this topic. The CEO of the EPA, Tony Chappel, advised a different Legislative Council committee last year that they're meeting quarterly with NSW Health about this issue, specifically looking at indoor mould and air quality. I might read those three specific recommendations out to you, so you have them to follow up. Recommendation 2 of the inquiry was working with States and Territories to conduct research and develop standards for mould testing and remediation. Recommendation 3 was working with States and Territories to ensure tenants in rental properties, aged-care facilities, and public and community housing are informed about mould and water damage issues in property. Recommendation 4 was conducting research into the adequacy of building codes and standards for prevention and remediation of dampness and mould in buildings. I have a particular concern that different New South Wales government agencies are pointing to each other on this issue, and I'm very keen to get to the bottom of who's actually responding to those recommendations. I'm grateful for you taking that on notice.

**KERRY CHANT:** That's fine. I think they do span whole of government. They do draw on many agencies' responsibilities. But I agree. I will take it on notice and coordinate a response that reflects who is doing which pieces of work.

## Response

I am advised:

NSW Health provides advice and a fact sheet on mould. Public Health Units provide health advice to tenants and homeowners when contacted. As part of the Australian Government response to Recommendations 2 and 4, the Federal Minister for Health wrote to the Federal Minister of Industry Science and Technology as Chair of the Building Minister's Forum. Further information may be available from the NSW Minister for Building and supporting departments.

**The CHAIR:** I appreciate I probably should have asked this question this morning but, to your knowledge, has the Minister visited the former David Berry Hospital site yet?

**EMMA SKULANDER:** I don't know the answer to that question.

**The CHAIR:** I'll put it on notice.

### **Response**

I am advised:

Yes, Minister Park has visited David Berry Hospital.

**Ms CATE FAEHRMANN:** I want to ask about the ice inquiry funding. There was \$500 million of funding. Can you remind me what funds were allocated in the past financial year and this financial year? Do you have the breakdown for that?

**KERRY CHANT:** I would have to take that on notice. There is a range. The ice commission funding was also for some other government agencies, our own services, NGOs and NSW Health facilities. I can find the note.

**Ms CATE FAEHRMANN:** With the funding that NSW Health has responsibility for allocating, who makes that decision? For example, is there a taskforce or committee that has various NGOs on it from the alcohol and other drugs sector? How are the decisions made in terms of where the funding is spent?

**KERRY CHANT:** There was \$156.3 million allocated to supporting the implementation of programs in response to the special commission of inquiry into the drug ice. I can take it on notice to provide the whole list. There is a range of initiatives, including additional rehab things.

**Ms CATE FAEHRMANN:** With the breakdown, one thing that some people in the sector are concerned about and are talking with me about is that there is a perception that a lot of the funding has gone to LHDs and not enough has gone to organisations on the front line, if you like, that aren't from the LHDs. There is concern about the transparency around the way in which that money is spent.

**KERRY CHANT:** There are some example of things that I am across in more detail. There has been a range of initiatives that have — I would say — a strong commitment to recognising the importance of the non-government organisations in drug and alcohol treatment and care. There has been a number of competitive tender processes, pulling down themes from the special commission on ice. There was a program with a notional budget allocated that addresses the recommendations of the ice special commission. Then there has been a range of tenders that comply with tender requirements. An example at the moment is that there is a tender around carers and families. That was recognised as a gap coming out of the special commission of inquiry into ice.

**Ms CATE FAEHRMANN:** The reason I am asking is that we know the political history of it. The reason the \$500 million was given was that it was part of the Government's response to the ice inquiry recommendations. But there was a caveat, if you like, of, "Let's see, between you and the police commissioner, how that spending goes before we look at the drug diversion initiative."

**KERRY CHANT:** The EDDI program.

**Ms CATE FAEHRMANN:** Yes, the EDDI program. The reason was that, for example, if we're going to take people away from the courts and send them into treatment and services, those services have to be ready and sufficient enough. That was part of the reason, wasn't it?

**KERRY CHANT:** Just to be clear, I gave an assurance to the Minister and worked with the police commissioner to totally indicate that we had sufficient capacity to provide the intervention and the range of services needed to support diversion.

**Ms CATE FAEHRMANN:** That was the phone call?

**KERRY CHANT:** Yes. That is not the issue associated with the uptake of the service.

**Ms CATE FAEHRMANN:** Let's take a slightly broader picture. People are waiting months for treatment in regional areas. I am wanting to be a bit more broad.

**KERRY CHANT:** In terms of the EDDI program — I think it is important to take all of the programs separately — the issue is that people have a choice of taking a fine or ringing a number and getting an intervention. That is the initial piece of the data that is being presented to you. People are choosing one path or another. There is also a discussion about whether we could potentially be using that diversion program more broadly and what are the perceived barriers. I was not here for the Sydney Drug Summit, but there are issues around, perhaps, whether awareness of the program was not in place universally across all levels of police. We have agreed to work with police on what we can do to raise awareness of the EDDI program and the systems that police need to employ to have a better understanding of that program. We are genuinely waiting for the report. In parallel, we have heard some of the issues that have occurred and want to work through those as a whole of government. I do accept that there are challenges and there is unmet need. But that is not the particular issue that is playing out in the EDDI program.

**Ms CATE FAEHRMANN:** I acknowledge that as well. Is it possible to take on notice — my office has asked a few times for a breakdown of the \$500 million ice inquiry funding, year by year. Again, just because we are getting approached by people in the sector who are frustrated by what they see as a lack of transparency in terms of how it is being spent, I wonder if I can get a breakdown of the spending, the programs, what is going to NGOs, what is going to each LHD and the services provided. I am sure, in terms of reporting back and looking at outcomes, you have that detail.

**KERRY CHANT:** Yes, certainly.

## Response

I am advised:

The total Special Commission of Inquiry into the drug ice funding allocated in the NSW Health budget for alcohol and other drug services is:

- \$146.1 million in 2023-24
- \$156.3 million in 2024-25.

Based on processes completed to date, funding has been provided for:

- A range of alcohol and other drug treatment and support services operated by local health districts and specialty health networks (excluding amounts committed for diversion programs and capital funding):
  - \$62.3 million in 2023-24
  - \$79.8 million in 2024-25
- Alcohol and other drug treatment and support services provided by non-government organisations (NGOs) and Aboriginal community-controlled

organisations (excluding residential rehabilitation provided under diversion programs):

- \$31.7 million in 2023-24
  - \$32.3 million in 2024-25
- One-off capital funding:
  - \$8,576,650, of which \$6 million is for NGOs in 2023-24
  - \$8,400,000 (e.g. to support the establishment of the Safe Assessment Units), of which at least \$2.7 million is for NGOs in 2024-25
- Health components of criminal justice diversion programs, including the Magistrates Early Referral into Treatment, Early Drug Diversion Initiative and Drug Court, including funding for both public sector and non-government services.
  - \$14.4 million in 2023-24
  - \$15.9 million in 2024-25
- Funding has also been allocated for a range of prevention and harm reduction initiatives, workforce development, sector capacity building, implementation infrastructure, evaluation and surveillance. Some of this is still subject to procurement and grant processes.
- Details of what services have been funded and where they are located is on the NSW Health website at [www.health.nsw.gov.au/aod/summit/publications/service-delivery-funding.pdf](http://www.health.nsw.gov.au/aod/summit/publications/service-delivery-funding.pdf)
- All services funded by NSW Health are required to report on activity and outcomes.

**The Hon. NATALIE WARD:** Dr Chant, on bird flu, if I may — there's an alarming H5N1 bird flu outbreak in the United States at the moment that's infected millions of animals, at least 70 people, including one person who died. How prepared are we here in New South Wales?

**KERRY CHANT:** I want to acknowledge the close work between Health and Primary Industries. At the moment, we're dealing with a zoonosis: the avian and animal flu strains coming across and infecting humans. There is enhanced surveillance in Primary Industries, doing work in terms of, should there be deaths in native and wildlife, enhancing testing and monitoring. Similarly, we've got a very good biosecurity and vigilance system within our chicken flocks and our herds. There's lots of information. We are working closely — we have also done a number of exercises in terms of what that would look like. I can provide those details on notice, if you like.

**The Hon. NATALIE WARD:** That would be helpful, thank you. Canada secured 500,000 doses of GSK's human vaccine against bird flu to protect people most at risk. Has there been any discussions in the department about whether we need to secure vaccines here?

**KERRY CHANT:** The Commonwealth has undertaken planning and is the person who contracts for vaccines. The Federal Government has pre-existing vaccine arrangements with CSL. It's probably inappropriate for me to comment on some of those things publicly, but I'm happy to —

**The Hon. NATALIE WARD:** Can you provide what you are able to on notice? That would be helpful.

**KERRY CHANT:** I would be happy to talk about what contingencies we've got in place.

## Response

I am advised:

NSW Health, NSW Department of Primary Industries and Regional Development, and NSW Department of Climate Change, Energy, the Environment and Water work closely on preparedness for H5N1 Avian Influenza across the human, animal and environment portfolios.

In June 2024, NSW Health led a state-based avian influenza response exercise, Exercise Invicta, with the NSW Department of Primary Industries and Regional Development. Two internal NSW Health exercises were held in November 2024 and January 2025 testing response components that are applicable to avian influenza and other diseases. The next exercise is scheduled for March 2025.

NSW Health also participated in 2 Commonwealth-led exercises, both under the name Exercise Volare, between August and September 2024. A summary report is publicly available on the Department of Agriculture, Fisheries and Forestry website.

The Australian Government has committed \$22.1 million to procure vaccines suitable for the H5N1 strain of bird flu. The vaccine was registered by the TGA in October 2023.



**The Hon. NATALIE WARD:** Ms Pearce, how many CT machines does Canterbury-Bankstown hospital have?

**SUSAN PEARCE:** I'd have to take that on notice.

**The Hon. NATALIE WARD:** In mid-February, the CT machine at the hospital was broken, and we were informed of patients that had to be transferred to other hospitals for a scan. Is this a common occurrence at Canterbury-Bankstown?

**SUSAN PEARCE:** I would not say it's common, no. It does from time to time happen in hospitals, generally, that the CT scanner might have an issue. I mean, there are computers involved in those devices et cetera, and occasionally things do occur for them to fail. We do have systems in place with NSW Ambulance to make sure we get people to the care that they need as expeditiously as possible, which is obviously well available to us in metropolitan Sydney.

### **Response**

I am advised:

Canterbury Hospital has one CT scanner.

On the morning of 15 February 2025, the scanner was unable to be used due to a software issue which was escalated immediately to the manufacturer. The scanner was functional the same by the afternoon on the same day.

During the CT scanner downtime, patient care was not compromised and no patients required transfer for a CT scan.

Please also refer to comments from Ms Susan Pearce, AM, Secretary, NSW Health on transcript page 68.

**The Hon. NATALIE WARD:** Just to be clear, the \$1.3 billion, does that cover the new hospital and the TAFE?

**EMMA SKULANDER:** No, but it wouldn't cover new hospital alone, either, because of cost escalation since that period of time. The options that we've presented to Government include options for the new hospital and TAFE.

**The Hon. NATALIE WARD:** Could you provide any other information on notice, perhaps, to clarify that?

## Response

I am advised:

Ms Emma Skulander, Deputy Secretary, Infrastructure and Asset Management Division, and Chief Executive, Health Infrastructure answered this question on transcript p pages 56-57:

- A redeveloped Bankstown Hospital to be built on a new site with a \$1.3 billion estimated total cost was announced in 2019. The announcement of the new hospital was made prior to the site selection process, which identified the TAFE site in Bankstown as the preferred location for the new Bankstown Hospital.
- The global increase in building costs faced by the construction industry since the time of the original announcement in 2019 is placing pressure on health-related projects.
- Further information about options currently under development cannot be provided at this time.

The clinical services scope of the New Bankstown Hospital project will be confirmed once determined by the NSW Government.

**The Hon. WES FANG:** If I've understood you correctly, the family have indicated that they are concerned that they were left alone in the resus room. You're aware of those concerns. They've then been aired a couple of weeks ago again in the public domain. You have not sought to investigate that by interviewing the staff. You have not sought to investigate it by reviewing the CCTV. By that I mean that if those staff members were anywhere on CCTV — whether it be in the ED area or in the waiting room area et cetera — at the time that they were supposed to be in that resus room, they're clearly not in the resus room, are they? Have you done any of that? Have you reviewed the CCTV to see if any of those staff members that were supposed to be in that room are visible anywhere on that CCTV?

**PETER THOMAS:** I have reviewed the CCTV. I have seen the CCTV. I have two points, just for clarification. The CCTV feeds auto-delete after 30 days, but CCTV footage relating to baby Joe was duplicated and recorded. Again, I think one of the important things is if we look at the physical footprint of the ED — and I'm happy to provide you with plans of the ED — where the two cameras are located, the first is in the waiting room. Any staff members who were working clinically would not be in the waiting room space. They would be in the main part of the emergency department and, as I said, the corridor camera just looks at one single corridor in the emergency department. We have not seen the members and we do not have confirmation that those staff members were not in the emergency department.

**The Hon. WES FANG:** Just to be clear, can I confirm you have reviewed the CCTV footage from the period when Joe and Elouise were moved to the resus room and 10:47, when the resus was called, you've reviewed that period of time and you've not seen any of the staff members on that CCTV that were supposed to be in that resus room?

**PETER THOMAS:** Just to clarify, the CCTV footage that I have reviewed are three clips. The first clip is when Elouise and Joe arrived in the emergency department waiting room and were triaged. The second is the transfer to the paediatric ward, which is captured from the corridor, and the third is the time when baby Joe was transferred on the bed with his mother from paed to the corridor, which went to the imaging department. That is the only CCTV footage that I've been able to see.

**The Hon. WES FANG:** Was all of the CCTV duplicated before the 30-day erasure?

**PETER THOMAS:** I'm not aware of what was — that was part of the SAER team. The lead for the SAER team, what I have seen of the clips that had baby Joe on those portions of the clips. My understanding is the rest of the CCTV footage at that time did not have that. But, again, I would need to take that on notice. I can only give reference to what I have physically seen.

## Response

I am advised:

This question has been referred to HealthScope.

**The CHAIR:** My questions are for Mr D'Amato. I'm seeking some clarification on the cost of the Nurses and Midwives' Association wages claim that has been cited by the Premier as \$6.5 billion. He also thinks that nurses make \$90,000 a year. The association and the Deloitte report have cited \$863 million. There's obviously an order of magnitude difference between those two figures. Could you explain where the \$6.5 billion figure that the Premier is citing comes from?

**ALFA D'AMATO:** The association's number reconciles with our estimates but it is for one year only. Once you carry that forward over the four-year period, that's where we're talking about the \$6 billion. Essentially that's the main difference.

**The CHAIR:** You're putting my mental arithmetic on the spot here, but \$863 million times four isn't —

**ALFA D'AMATO:** You are to add also escalation and the value of additional nurses we might plan to add. That all forms part of the estimates that we provided.

**The CHAIR:** Can you explain in more detail the nurses you plan to add? How did you factor that into calculations?

**ALFA D'AMATO:** I don't have the details but, effectively, the 890, from memory — I'm happy to provide more details — reflects the additional cost of bringing the whole claim they put forward for one year only, so 12 months. Effectively, once that is in place, and assuming that is then applied ongoing, that's where the additional funding is required. Mainly the difference is in the assumptions.

**The CHAIR:** This is what I'm trying to get to the bottom of. What assumptions did you make about the total number of nurses being funded over that four-year period?

**ALFA D'AMATO:** I'm more than happy to find the details, but the main difference between the Deloitte exercise and our costing is that Deloitte quoted only one year.

**The CHAIR:** I'm happy for you to take it on notice and provide the detail. Given that that number isn't just four times the original number, I'm interested in those — you've mentioned the assumptions that were different — that explain that difference, please. I'm happy for that to be on notice.

**ALFA D'AMATO:** I'm happy to have a look.

## Response

I am advised:

The \$6.5 billion figure covers the cost of a number of claims made by the NSW Nurses and Midwives' Association and, in addition to the 15% wage increase, includes the cost of increasing night shift penalties, an increase in salary packaging benefits, and an increase in personal leave estimated over a 5-year period.

**The CHAIR:** Is there any flexibility for local health districts or individual hospitals, if they're choosing or wanting to choose a more sustainable option through procurement, to have an exemption from statewide contracts?

**MATTHEW DALY:** My pause is about the capacity to move off State contract. Certainly, we've got one of our leading chief executives right here, in the net zero space, in terms of Anthony and Northern Sydney Local Health District. All chief executives and their boards are very committed and are working to this. They're pushing themselves, because their circumstances are different, given their different infrastructure and mix of services, so there's a lot of work that goes on locally. We're about to go into the third year of innovation funding to fund source projects out, predominantly in the districts — some may be in the ministry, but predominantly in the districts — where most of the pollution actually occurs, to fund pilot projects for which we can then apply system learning. I'm not aware that we've seen any request for purchasing off-contract. I'd be very happy to take that on notice —

**The CHAIR:** Yes, please.

**MATTHEW DALY:** — because, philosophically, it would be something I would support. But I don't want to get in trouble from Mr D'Amato either.

## Response

I am advised:

The NSW Health procurement policy and procedures allow for exemptions for local health districts or hospitals to procure from statewide contracts and are available on the NSW Health website.

Between January 2018 and March 2025, 10 exemptions for local health districts to procure from statewide contracts have been approved by the Chief Procurement Officer. Two of the exemptions are related to sustainability with the remaining exemptions related to goods and services that were not available on statewide contracts to meet local health district specialised operational requirements.

**The CHAIR:** I don't disagree with your response, but I'm interested in those LHDs that have been particular leaders. We talked about Hunter New England last year and how they have the flexibility to lead and are not restricted by statewide contracts. I appreciate you taking that on notice.

**Ms CATE FAEHRMANN:** Is there an update in relation to the PFAS testing that local water utilities have undertaken, in terms of how many have been tested and what the results are?

**KERRY CHANT:** Yes, I understand that NSW Health requested that all local water utilities publish the results for their local communities as their responsibility. I believe there's a website that outlines the summaries of the findings in relation to those that have exceeded. I'm happy to provide that to you.

### Response

I am advised:

PFAS testing results by local water utilities are available at [www.nsw.gov.au/environment-land-and-water/pfas-and-drinking-water-information-and-updates](http://www.nsw.gov.au/environment-land-and-water/pfas-and-drinking-water-information-and-updates).

**Ms CATE FAEHRMANN:** What did they test for?

**KERRY CHANT:** They tested for the full range of the PFAS chemicals: the PFOA and PFOS —

**Ms CATE FAEHRMANN:** PFHxS.

**KERRY CHANT:** Yes.

**Ms CATE FAEHRMANN:** Is that all?

**KERRY CHANT:** They tested for the four of them.

**Ms CATE FAEHRMANN:** Four?

**KERRY CHANT:** Yes, three. I can provide you the methods that were used. Sydney Water lab was doing that. We permitted them to use others. I think we ended up repeating all the testing because some of the others had used other accredited laboratories, but the level of detection and the rate — they hadn't tested for all of the chemicals we had asked them to. I'm happy to provide that for you.

**Ms CATE FAEHRMANN:** That would be great. Thank you. Sticking with testing, apparently Sydney Water is testing for a suite of 45 different PFAS chemicals. Are you aware of that?

**KERRY CHANT:** My teams are probably aware of the testing regime, but I'm happy to follow that up.

## Response

I am advised:

In 2024, NSW Health engaged accredited laboratories to test for the 4 PFAS chemicals (PFOA, PFOS, PFHxS and PFBS) with a guideline value in the current or proposed *Australian Drinking Water Guidelines*. Some samples were tested for a wider range of PFAS chemicals.

NSW Health asked 4 local water utilities that had conducted their own testing to do an additional test because the initial testing did not have a low enough limit of detection to confirm compliance with the proposed guidelines.

Sydney Water has shared its PFAS testing regime with NSW Health and the results are available on the Sydney Water website. Sydney Water tests for a total of 45 PFAS chemicals including 42 that do not have a guideline value in the current *Australian Drinking Water Guidelines*.

**Ms CATE FAEHRMANN:** Is there work being done? I think one of the issues here, of course, and what international jurisdictions are increasingly focusing on is, as PFOA and PFOS are phased out and are being not used and people's blood levels are going down and that's going down in some parts of the environment, there are other chemicals that are now of concern. What work is NSW Health doing to keep abreast of chemicals other than the four that the Australian Drinking Water Guidelines is referring to? An example is GenX, which Australian drinking water draft guidelines is saying there isn't enough information on, but the US and other jurisdictions believe there is and they are actually putting in place limits. How is NSW Health keeping abreast of new, emerging PFAS chemicals?

**KERRY CHANT:** We have a range of specialists in water. They survey the international environment in terms of emerging moves by other international entities. We also actively participate in joint working groups with our colleagues in the water industries, who are also responsible, as water suppliers, to be abreast of the information. We have regular interaction with our water authorities. I'm happy to take that issue around the GenX and what people are thinking about it, but I think, as you indicated, the current position is that's not routinely monitored for.

**Ms CATE FAEHRMANN:** You've mentioned before if certain chemicals exceed the guidelines — I think the issue is with the 42 or whatever they're testing for. They're testing for 45 PFAS chemicals, and, increasingly, in other jurisdictions they are testing for a lot more. There are no exceedance guidelines; we don't know — they don't know what to report to NSW Health in terms of being concerned.

**KERRY CHANT:** I would say that — again, I would have to follow this up. The technology employed to remove the interactions in the cascade will — I will have to get technical information, but the technology often will remove other chemicals as well. I think some of the mitigants to ensuring that we have safe water for the chemicals we know about and the chemicals that are unknown — but I do assure you that we are actively watching in this space.

## Response

I am advised:

The National Health and Medical Research Council recommends which PFAS chemicals require assessment in the Australian Drinking Water Guidelines.

NSW Health monitors developments in relation to PFAS chemicals through:

- engagement with the National Health and Medical Research Council's evidence-based process for the review of the Australian Drinking Water Guidelines
- participation in the national Environmental Health Standing Committee Water Quality Expert Reference Panel



- discussions with other agencies, including the Environment Protection Authority and the PFAS expert panel convened by the Office of the Chief Scientist and Engineer
- engagement with the risk assessment processes of major water utilities.

**The Hon. SUSAN CARTER:** Great news. Do you have a figure for how many doses of vaccine you anticipate you will be administering?

**KERRY CHANT:** I can take that on notice.

### Response

I am advised:

Figures regarding influenza vaccine take up are publicly available on the Australian Immunisation Register, which can be found at:

<https://www.health.gov.au/resources/publications/influenza-flu-immunisation-data-1-march-to-6-october-2021-2024?language=en>

**The Hon. SUSAN CARTER:** What was the cost of the free influenza vaccination program in 2022?

**KERRY CHANT:** I can take that on notice as well.

**Response**

I am advised:

The 2022 free influenza vaccination program cost \$9,083,063

**The Hon. SUSAN CARTER:** What's the cost to the New South Wales budget through health costs and lost productivity for every 100 cases of influenza?

**KERRY CHANT:** I couldn't answer that off the top of my head.

**The Hon. SUSAN CARTER:** If you could take it on notice.

**KERRY CHANT:** I know that there's been an audit report. Clearly, influenza is a serious condition.

### Response

I am advised:

The number of influenza-attributable hospitalisations in any one year varies due in part to the influenza strains that are circulating that year as well as the underlying level of immunity of the population to those strains. Lost productivity and the impact of this on the NSW budget is more complex to quantify.

**The Hon. SUSAN CARTER:** Ms Pearce, I have a couple of questions for you in relation to childhood dementia. How is New South Wales implementing the National Dementia Action Plan, ensuring that the needs of the priority problem children are addressed?

**SUSAN PEARCE:** I would have to take that on notice I think, Ms Carter, if that's okay. I don't think I have anything with me that goes specifically to the childhood element.

**The Hon. SUSAN CARTER:** The New South Wales Agency for Clinical Innovation released a roundtable report last year on childhood dementia. It makes five recommendations, or summary outputs. Are they all being progressed?

**SUSAN PEARCE:** I am very happy to get Dr Levesque to provide you that on notice.

## Response

I am advised:

The NSW Agency for Clinical Innovation is preparing a report on the latest evidence and current state of dementia services in NSW, including priority populations such as children living with dementia. This will guide NSW Health's response to the National Dementia Action Plan 2024-2034.

The report of the Agency for Clinical Innovation Childhood Dementia Roundtable recommended that the roundtable summary outputs guide NSW Health's approach to supporting children living with childhood dementia in response to the National Dementia Action Plan 2024-2034.

**The Hon. NATALIE WARD:** I have one more follow-up question to Professor Thomas again, if I may. From the moment Joe arrived in resuscitation bay three, what staff provided Joe with care prior to the cardiac arrest at 10.47 a.m.?

**PETER THOMAS:** I am unable to answer that question in detail because I don't have the clinical notes in front of me. What I do know is that I looked at the resuscitation record and noted the names that were ascribed to the particular roles, which is part of how we record a resuscitation in the emergency department.

**The Hon. NATALIE WARD:** Will you be able to provide that information in detail to this Committee? What was the care provided and who were these staff?

**PETER THOMAS:** I will take that on notice and see what information I can provide to the Committee.

### Response

I am advised:

This question has been referred to HealthScope.

**The Hon. NATALIE WARD:** I will come back to Bankstown hospital. Ms Skulander, you mentioned earlier that the \$1.3 billion wasn't enough for the new Bankstown hospital. Can you confirm the new hospital will still be going ahead? How much is the new hospital now estimated to cost?

**EMMA SKULANDER:** In terms of the progress there — and we are certainly working at full momentum to move that project forward — we're working on the basis that government will need to make some decisions over the next period. As mentioned, the cost escalation has had a huge impact on construction across the State, as you'd be aware. So \$1.3 billion used to buy you quite a lot and it doesn't buy you very much anymore. In terms of the dollars, I can't provide that information because it's Cabinet in confidence and it's going through a process within government. But certainly that decision-making isn't slowing us down, because in parallel we're working with TAFE on the relocation from the site and looking to start demolition on that site next year.

**The Hon. NATALIE WARD:** Just to be clear, and not to paraphrase, you are clear that it is going ahead, or is that cost blowout a go/no-go decision, given that — you can't reveal the number — it seems to be significant?

**EMMA SKULANDER:** It is significant. In terms of the going ahead, I do not have any information to tell me that it isn't. I am working very hard on it, and I have a team of people working very hard on progressing that project. The scope of what goes ahead is what is in question in terms of the available dollars.

**SUSAN PEARCE:** I can confirm that the Government has confirmed that the project will go ahead.

**The Hon. NATALIE WARD:** Thank you, Ms Pearce. That is helpful. What specific new facilities will be built at that hospital? Does it include an expansion in the number of birthing rooms and assessment rooms located at the hospital?

**EMMA SKULANDER:** In terms of the exact scope of the project, I am not able to confirm that at this point in time because the options presented will determine that. The clinical services planning work is being undertaken by the local health district. Clinical services planning will drive the outcomes of that in terms of the determination of the scope. In parallel, we develop the infrastructure plan and the two come together at a particular point in time. The options provided as part of the next process will determine how much can fit within the envelope. I don't have the scope to be able to provide to you at this point in the program.

**The Hon. NATALIE WARD:** How many options are there?

**EMMA SKULANDER:** I would have to take that on notice.

## Response

I am advised:

NSW Health will confirm the clinical services scope of the New Bankstown Hospital project following the NSW Government's decision.

**The Hon. NATALIE WARD:** I might just continue on Canterbury, just in relation to that project. What specific new facilities will be built at the hospital? Does that include expansion of the birthing suite and maternity?

**SUSAN PEARCE:** Speaking to the Sydney LHD chief executive earlier this week on other matters, we talked about Canterbury and the consultation process that has been underway with the community, which I understand is going very well. Emma, did you have any specifics?

**EMMA SKULANDER:** I think the Canterbury redevelopment is in progress at the moment. We have released the master plan recently and clinical priority is there. I think that was recently made publicly available.

**The Hon. NATALIE WARD:** No disrespect, but I've got a couple of minutes. I can see that stuff online.

**SUSAN PEARCE:** The documents are publicly available.

**The Hon. NATALIE WARD:** What specific new facilities could be built there?

**EMMA SKULANDER:** The list of the scope that has been released is a new and expanded and enhanced intensive care unit, new purpose-built inpatient accommodation, expanded emergency department, additional surgical theatres, improved and expanded antenatal care, additional ambulatory and outpatient care capacity, and other clinical and non-clinical enhancements to existing facilities supporting changes of models of care.

**The Hon. NATALIE WARD:** In relation to the number of birthing suites and maternity beds that will be available following that redevelopment, how does that compare to the current capacity?

**EMMA SKULANDER:** I will have to take that on notice.

**The Hon. NATALIE WARD:** Has it increased? Has it decreased?

**SUSAN PEARCE:** We'll endeavour to find out for you before the end of today, if we can.

## Response

I am advised:

The existing number of birthing suites and maternity beds are projected to meet the future demand for the services and is therefore not included in the redevelopment project scope.



**The Hon. NATALIE WARD:** How would that address the concerns about bed shortages and overcrowding in the maternity ward, particularly given the growing population in the Canterbury area?

**EMMA SKULANDER:** I think that's a question you would have to direct to the local health district in terms of their service priorities because they're responsible for the service planning. We can take it on notice and come back to you.

**The Hon. NATALIE WARD:** Yes, please, or we will have to call them next time to come back.

### Response

I am advised:

The Canterbury Hospital Clinical Services Plan outlines the projected growth in maternity services, the redevelopment will include an upgrade and expansion for antenatal care spaces.

One of Canterbury Hospital's highest priorities throughout the redevelopment is to evaluate and review the maternity department's models of care as shown in the Canterbury Hospital Strategic Plan. This is to maintain best practice and meet the needs of the local community and address the growing population within the Canterbury area.

The implementation of the Continuity of Antenatal and Postnatal Care Services at Canterbury Hospital has seen a reduction in the average length of stay for patients. There are also arrangements to review networking services with Royal Prince Alfred Hospital maternity services to allow streamlined access to tertiary-level clinical services at Royal Prince Alfred Hospital.

**The Hon. SUSAN CARTER:** These questions are probably for Ms Pearce or Dr Chant in relation to the annual report of the VAD board. The median age at first assessment is 75 and five cases of duress were identified during the reporting period. What training is being provided to doctors to detect elder abuse?

**SUSAN PEARCE:** Thank you for the question. This is an important topic. Dr Chant will be able to assist with that one.

**KERRY CHANT:** I think the fact that that was identified as a reason actually stresses that the training is very significant. The clinical practice guidelines in the training cover that this is voluntary and has to be self-initiated. That is stressed in all the training. I can provide the details of that, but it's extensive.

**The Hon. SUSAN CARTER:** If you could on notice, I would be interested, thank you.

**KERRY CHANT:** If other people become aware of elder abuse, there are navigation tools on our website to notify it as well, even outside the VAD program. It's a significant issue.

## Response

I am advised:

The *Voluntary Assisted Dying Act 2022* provides that both the coordinating and consulting practitioner must be satisfied that a patient is acting voluntarily and free from pressure or duress to assess them as eligible to access voluntary assisted dying. This includes elder abuse.

The NSW Voluntary Assisted Dying Clinical Practice Handbook is publicly available on the NSW Health website.

The mandatory training to become an authorised voluntary assisted dying practitioner includes a section on assessing whether a patient's request is voluntary, enduring and free from pressure or duress.

**The Hon. SUSAN CARTER:** Is it possible to get a copy of the guidelines that are required by section 181 (2) of the Act?

**KERRY CHANT:** Certainly. Happy to.

**The Hon. SUSAN CARTER:** That would be great, thank you.

### **Response**

I am advised:

The NSW Voluntary Assisted Dying Clinical Practice Handbook was approved by the NSW Health Secretary under section 181 of the Act and forms the guidelines for the purposes of that section. The handbook is available on the NSW Health website.

**The Hon. SUSAN CARTER:** With respect, I'm conscious of the time and I really just wanted to know whether we had doctors being sent all over the State as part of the navigator service.

**KERRY CHANT:** Yes, that's correct.

**The Hon. SUSAN CARTER:** Where would I find the costings for that? Could you provide those on notice, perhaps?

**KERRY CHANT:** That's fine.

### Response

I am advised:

The costings for NSW Voluntary Assisted Dying Support Service Access Service activity for this financial year to date (to the end of February 2025) are:

- Salaries and wages: \$1,650,318
- Travel costs: \$181,220.98.

**The CHAIR:** Ms Pearce, earlier this year there was an email accidentally sent from a medical administrator to junior doctors at John Hunter Hospital. You're nodding. I know that you know about this. For the benefit of the Committee, it was an email criticising junior doctors who'd questioned the roster of 10 consecutive night shifts. The email said, "God help us in the future. We are going to have a workforce of clinical marshmallows!" ASMOF has responded to that in very good humour and produced a large amount of merchandise with marshmallows on it. I know that you responded to the specific incident at the time, but I'm interested more broadly. I think most people can appreciate 10 consecutive night shifts for junior staff is unsafe. How widespread is that problem? What have you done to ensure safe rostering for junior medical officers?

**SUSAN PEARCE:** I might ask if Mr Minns could come forward. He also has a response for you with respect to the VMO costs that we talked about earlier, so he might be able to kill two birds with one stone there. But I will say, in respect of that matter, the individual who sent that email was deeply remorseful. It was clearly an inappropriate thing to do. Counselling has occurred in regard to that. An immediate apology was given. There's been work with the JMOs at the hospital. The district really took that very seriously. They've got a good group of JMOs there that they're working with on that matter. But I know that we specifically looked at the 10 night shifts issue. Phil, you might be able to respond to that.

**PHIL MINNS:** Yes. I think the district did an audit for the last six months and they didn't find any incidents of where someone had been rostered for more than seven days consecutive on night shift. That relates to the standard that exists. I'd be very happy to provide that as a written answer on notice.

**The CHAIR:** I'm initially looking at that district to make sense, but I'm interested statewide as well to make sure this isn't an ongoing cultural issue from a time when that was an expectation of doctors.

## Response

I am advised:

The Ministry does not have access to local health district medical rostering systems. In response to claims made at John Hunter Hospital, the Ministry requested Hunter New England Local Health District to extract Junior Medical Officer (JMO) reports over the preceding 6 months. This review showed no JMO worked more than 7 consecutive nights in a row.

**The CHAIR:** I'm initially looking at that district to make sense, but I'm interested statewide as well to make sure this isn't an ongoing cultural issue from a time when that was an expectation of doctors.

**PHIL MINNS:** Yes, you might recall those times, Chair. We have done a lot of work over the last five years to reset expectations and a lot of that is about rostering practice. Again, I'm very happy to present all those strategies in a single response for you. To go to the question about VMOs that you asked earlier today — and Mrs Carter asked some questions — I said there's a limit to some of the data that I could get you, but I think I can provide you a succinct answer that clarifies it and definitely indicates we're not paying these transferring locums \$3,500 per day. The 72 people will be placed on six-month VMO appointments with fixed hourly rates. They'll be the standard VMO rates in accordance with the VMO determination. That currently is \$262.60 per hour, plus a payment for on-call, which is, I think, \$15 an hour and payments for re-call when doctors need to attend.

The locums that we're engaging — and I mentioned earlier today that there are about 25 currently engaged in the response. We put them on a VMO sessional contract with zero hours with a set daily rate. That is where that cap of \$3,050 comes from. How much they actually earn will depend on how many shifts they work as a locum. That's the same for VMOs in the sense that not all of them are contracted full-time. Some of them are 0.8, 0.6, 0.4. Then it comes down to how many hours they work. If they, in fact, treated private patients at some point while they were at work, that would be deducted from their payments from us.

In broad terms you can say that — it's very hard to compare the two of them because one is an employee with an annualised salary and set of arrangements and one is an independent contractor, effectively. But, if you try to gross up the comparative costs of them both, you can get to a point where, broadly speaking, about 13 per cent additional cost applies to a VMO compared to a staff specialist. But there are some productivity benefits associated with having a VMO on deck rather than staff specialists, because they don't take annual leave that we pay for. They are incentivised in a sessional contract to focus on treatment of patients. They don't have non-clinical time elements to their contractual arrangement.

**The CHAIR:** You've correctly anticipated what I'm trying to do with this data. If you would like to help us accurately assess those costs, perhaps a six-month calculation for a full-time equivalent on each of the three contracts would be helpful.

**PHIL MINNS:** There are a couple of tables that I will tender after today for you that try to step through — we've got to be a little bit delicate because these are matters for evidence before the IRC and we expect both ASMOF and the ministry will be submitting evidence about this. But what I have I want to check to ensure that we can share it with the Committee and I'll do that immediately after today.

**The CHAIR:** My follow-up in trying to understand these calculations myself — there are obviously different salaries for different levels of staff specialists under the award. Could you provide us a breakdown of the current staff specialist psychiatrists at NSW Health — how many, and at which level of classification under the award?

**PHIL MINNS:** Yes, I believe so.

## Response

I am advised:

This question is best directed to the Minister for Mental Health

**The CHAIR:** I'm interested in an update on staffing at Cessnock Hospital. I've previously met with members of the community who are really concerned that removal of the emergency department doctor, who used to be rostered out of Maitland Hospital, had never been returned post-COVID and that there were GP registrars, essentially, covering Cessnock Hospital on an on-call basis. Is that still the case or has the emergency department doctor returned to Cessnock Hospital?

**SUSAN PEARCE:** We would have to take that on notice, Dr Cohn.

### Response

I am advised:

Cessnock Hospital Emergency Department is appropriately staffed by local and agency GP Visiting Medical Officers.



**The CHAIR:** While you are taking that on notice, and while I'm on Cessnock, there was a case in September last year that was reported in the media, which I think you would be aware of, of a 10-year-old boy who was taken to Cessnock Hospital by paramedics and told that the hospital couldn't see him because it wouldn't see children under 10 who had arrived by ambulance but that they would see him if he got out of the ambulance and walked into the waiting room. Hunter New England Local Health District and NSW Ambulance apologised for that incident at the time. But I'm interested in understanding, is this a communication issue? Is this related to the staffing issue? How has that policy possibly been interpreted in that way?

**SUSAN PEARCE:** It makes absolutely no sense to me why that should be the case, first of all. I'm happy to look at it. I have some memory of it, but I haven't got the specific details on me at the moment. We're very happy to look at it though and answer that on notice.

### Response

I am advised:

This incident was not related to staffing. Hunter New England Local Health District acknowledges that communication should have been better, however Maitland Hospital was the most appropriate facility for this patient's clinical condition.

**The Hon. NATALIE WARD:** Dr Chant, in relation to the Drug Summit, what was the cost of the Drug Summit, noting it was held across three locations in November/December 2024? What was the total cost to the taxpayer?

**KERRY CHANT:** I will come back to you. There was an allocation of — I wouldn't want to mislead, so let's just bring up the note.

**The Hon. NATALIE WARD:** You can come back to me, if you like, today — on the total cost of it, though, not just the allocation.

### Response

I am advised:

The cost of the NSW 2024 Drug Summit was \$883,461.

**The Hon. NATALIE WARD:** ..... When will the final report and recommendations from the Drug Summit be provided to the Government and when will that report be publicly released?

**KERRY CHANT:** I understand that the co-chairs will be delivering that report some time in March, is the timeline. It's a matter for the Government when the report is released. That's probably best directed at the Minister for Health.

**The Hon. NATALIE WARD:** Can you take on notice whether there's any indication of the first half of this year, or second half, and what the current thinking is?

**KERRY CHANT:** Yes, certainly. I can say that there is an interagency group that's working on progressing matters concurrently with that.

### Response

I am advised:

The Co-Chairs' report of the Drug Summit is due in the first half of this year.

**The Hon. NATALIE WARD:** I'm sure there is. I'm not sure who to direct this to so, Dr Chant, I will direct it to you. SHARE SMR Inc had \$90,000 cut from South Eastern and local health. They do important work in health promotion. I'm wondering why their funding was cut?

**KERRY CHANT:** I have to take that on notice. I'm sorry about that.

### Response

I am advised:

South Eastern Sydney Local Health District is supporting the capacity building of community-based exercise providers, with an emphasis on evidence-based exercise to promote strength, flexibility and balance and equity promoting initiatives.

**The Hon. SUSAN CARTER:** One quick question: The new True Colours clinic, is that providing cross-sex hormone treatment to patients? I'm happy for you to take it on notice. If it is, I'm just wondering about the consent protocols for those who are 16 and 17 at that clinic.

**KERRY CHANT:** We're happy to provide that.

### Response

I am advised:

Consent requirements are outlined in the NSW Health Consent to Medical and Healthcare Treatment Manual, which is available on the NSW Health website.

**The Hon. STEPHEN LAWRENCE:** I'm not sure if this is one for you or for your team, but are you able to provide us with a breakdown and an explanation of the staffing levels at ED — what positions are there and what numbers?

**GREG HORAN:** We can take that on notice. Probably the easiest would be to provide our ED rostering. We can provide that on notice.

### Response

I am advised:

This question has been referred to HealthScope.