



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

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Answers due by: 17 September 2025 at 5.00 pm

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Ms CATE FAEHRMANN: That's in relation to Broken Hill, which I have a few more questions on. In relation to the potential for a new mine, which is in its final stages, really, with another attempt to get planning approval — it could go to the Independent Planning Commission any day now — I'm particularly asking about what NSW Health is advising in relation to a new lead mine being constructed and in operation in the Mudgee region, two kilometres from a primary school. Will you remind me what that advice is?

KERRY CHANT: Ms Faehrmann, I'm just actually asking my colleagues to secure that advice, but the usual process for mines is that there is an environmental impact statement done. There are requirements under that environmental impact statement to consider the risks that would be posed to human health as part of that and the modelling. Our public health units in some of those major developments do provide comments on those EISs, and I'm just seeking that advice now. Perhaps if I could take that on notice, Ms Faehrmann, but I'll be able to come back to you as soon as I get a copy of that correspondence.

Ms CATE FAEHRMANN: I will circulate this in a second, but I actually have an email here that is the feedback from the western and Far West NSW Public Health Unit. It is barely a third of a page, really, and that's their comment on the EIS in terms of the Bowdens Silver Project. This was on 8 September 2020. It wasn't very extensive. Dr Chant, are you aware of the report prepared by Mark Taylor back in 2019? It was prepared for the Broken Hill Environmental Lead Program Steering Committee. It's called Environmental Lead Risks at Broken Hill, New South Wales, Australia: Sources, Exposures and Forward Solutions by Mark Taylor and Cynthia Isley. You're aware of that report, I'm assuming.

KERRY CHANT: To be honest, Ms Faehrmann, I've been briefed on a number of issues around Broken Hill. I would need to refresh my memory about that specific report. I can't comment that I've actually seen that report, Ms Faehrmann.

Ms CATE FAEHRMANN: This report was basically produced for — were you part of the Broken Hill Environmental Lead Program Steering Committee? Who was on that, or is on that, for NSW Health?

KERRY CHANT: Our representatives were drawn from our Health Protection NSW. That's headed up by Dr Jeremy McNulty, and Dr Stephen Conaty is the lead for environmental health, and we have a number of other staff members that are involved in and represent us on various panels. I have engaged in some of the interagency — and, as I said, since coming back from a visit to Broken Hill, I have reached out and engaged across government around some of the need to continue to do work. I have been briefed that Mr Taylor is —

Ms CATE FAEHRMANN: Do you have any knowledge, Dr Chant, then, or any recollection, of being briefed between 2019 and 1 November 2023 about this report by Mark Taylor and that it wasn't being published? Do you have any recollection of government agencies talking about this report and not publishing it over that time in terms of being briefed?

KERRY CHANT: To the best of my knowledge, Ms Faehrmann, that was a very challenging time as we were coming out of the bushfires at the end of 2019 and into COVID. I just would have to refresh my memory, but I'm really happy to do so.

Response:

I am advised:

NSW Health was represented by staff from the Western and Far West NSW Public Health Unit and the Far West Local Health District on the multi-agency Broken Hill Environmental Lead Program Steering Committee. They had access to the report prepared for the Steering Committee in early 2020.

Health Protection NSW, which reports to the Chief Health Officer, received an email in June 2023 from the EPA with an attached presentation by Mark Taylor covering material in his report. A full copy of the report was received in November 2024.

The CHAIR: Minister, I have a couple of questions to ask about the NSW Health assets that are no longer being used at Callan Park in Rozelle. It's my understanding that there are strong community calls for NGOs and not-for-profits to have access to those facilities for things like mental health services. I know there's also significant interest in the old NSW Ambulance headquarters buildings, once they're ready to be put to re-use. Why do those not-for-profit and NGO bids for adaptive re-use of those facilities keep getting rejected?

Mr RYAN PARK: I have heard and recall some advocacy in relation to this, as well as from I think the member for Balmain in relation to this. I might throw to Mr Harvey from Health Infrastructure to outline a little bit more about Callan Park.

TROY HARVEY: I'll need to get some further information on Callan Park. As you know, it's one of our legacy sites. There are a lot of existing assets on that. It's a complicated arrangement with a number of government and non-government tenants and landowners. It's also governed under the Callan Park Act, which restricts its use. If I could, I'll grab you some information around it. Are there any specific NGOs?

Response

I am advised:

Please refer to the response provided by Troy Harvey, Acting Deputy Secretary, Infrastructure and Asset Management Division and Acting Chief Executive, Health Infrastructure, NSW Health on transcript page 65.

The Hon. TANIA MIHAILUK: That's right. We know it's a \$46 billion scheme. But he did say he was going to set up a Thriving Kids, an alternative, and he has said yesterday that they will start — the Federal Government — with a \$2 billion rollout and they expect the States to contribute. What I'd like to know is whether you've been approached by the Minister — what that amount would be, and whether your office or, indeed, any of your department staff have had some thought put into what this could mean for the New South Wales taxpayer. Because, as I read it, I think you're going to get a very big health bill.

Mr RYAN PARK: Ms Mihailuk, I think you've raised probably four or five very, very important issues there. We — like anything from the Commonwealth — will have a look at this. However — and I want to be very clear on this, because you are right, and this is not in any way, shape or form to be ignoring the fact that we need to reform the existing NDIS. However, the Federal Government committed through First Ministers to increase the Commonwealth contribution rate to — I think it was about 45 per cent over a maximum of 10-year glide path to health. That's what they committed to. That wasn't us. That's what they committed to. We have not got anywhere near that yet. There is no indication that we are going to get near that. So whilst completely aware and cognisant of the need to reform disability care, what I'm not going to see happen is just a cost shift to the State, and us picking up the bill through a reduction in health funding agreement.

The Hon. TANIA MIHAILUK: I'm glad to hear that, Minister, because I think that what we heard yesterday from the Federal Minister was really a very good example of cost shifting. I am concerned that the New South Wales taxpayer is going to end up having a very big bill as a result of taking on mild and moderate disability care, in the terms of health and health-related services across New South Wales. Can I put to you, if you can take it on notice, perhaps you or your department could provide some costings of what we expect this rollout to be for New South Wales.

Mr RYAN PARK: Yes.

Response

I am advised:

The Australian Government announced that Thriving Kids will focus on identifying developmental concerns earlier and establishing a national system of supports for children aged 8 and under with mild to moderate developmental delay and autism.

The NSW Government has agreed to contribute funding for foundational support together with the Commonwealth and other state and territory governments.

The Hon. EMMA HURST: Minister, in July it was revealed that up to 20 full-time roles were being cut from the Women and Babies service at Royal Prince Alfred Hospital, including five midwifery group practice and two First Nations midwives. After some major protests those cuts were paused, but the community still hasn't been provided with any updates since then. Are you able to provide us an update on whether those midwifery staff cuts will actually go ahead?

Mr RYAN PARK: I know a fair bit about this one, because I got involved with it straightaway. There were concerns from nurses and midwives around changes to staff and things like that. My initial advice was that we were compliant with modelling around Birthrate Plus. I know you know, Emma, but just so the Committee understands, this is how we staff midwives in our hospitals. What was coming back to me was that there was a difference between what was getting advised in terms of Birthrate Plus, and what the experience on the ground was with midwives. The chief executive of the Sydney Local Health District, Deb Willcox, has been meeting with midwives across the service to understand their concerns.

We're working towards a solution with them. What we did, collectively, and what Deb did and the team did, was pause the implementation of the new staffing profiles so that consultation could take place. I wanted to assure, particularly, not just women, but staff at that facility that they will continue to receive the highest possible care and staff will continue to work in an environment where they were supported and had the resources. I want to be very clear on this: No jobs will be lost as a result of that workforce planning, but those discussions are still taking place and are ongoing. I'm happy to get some further advice around where that next stage is up to, other than to say that we paused it; we engaged with that discussion. There seemed to be a mismatch in advice from the ground versus —

The Hon. EMMA HURST: Minister, rather than repeating it, just because I've got very little time, so what you're saying is that there still may be cuts in regards to staff at that specific hospital, but those midwives would then be sort of moved elsewhere. Are there other plans at other hospitals in New South Wales which could potentially see a cut in the number of midwives at this point in time?

Mr RYAN PARK: There is no intention to make any cuts in relation to midwifery numbers. What I've got to do is make sure that we will deliver those midwifery, maternal, antenatal, postnatal birthing services where people are having children. Obviously, Emma, there are parts of our State where we have big population growth and where more young families are coming to and therefore women are having more births than in other parts of the State. That's just a fact. What I've got to do is just have a look at, regularly, how that has been modelled and any changes. I paused this one with the chief executive, because we wanted to dive into this a little bit in more detail. Once I get an update on that, which I'm happy to provide the Committee — it's not a problem at all — I will do so.

Response

I am advised:

There will be no jobs lost as a result of implementing Birthrate Plus at Royal Price Alfred Hospital (RPAH). Sydney Local Health District continues to actively recruit to additional midwifery roles to further strengthen their maternity services.

The Hon. EMMA HURST: The birth trauma inquiry made recommendations in respect to training for maternity care practitioners, including in relation to trauma-informed care, informed consent and supporting parents' birthing choices. I know that researchers from Western Sydney University have developed a proposal program that they've presented to NSW Health. This doesn't seem to have progressed or been rolled out. I'm wanting to get an update on where this is up to. We're also hearing that potentially RANZCOG might be the ones delivering that training, but that hasn't formally been announced. I wanted to get an update from you on whether RANZCOG has been confirmed to be delivering that training.

Mr RYAN PARK: I might throw to the deputy secretary just very briefly, if that's all right, Emma — I don't want to waste your time — just to make sure that that level of detail, if we've got it, can be provided.

ELIZABETH WOOD: Thank you, Minister. We will get the specifics on the RANZCOG for you. But I just want to confirm that the recent investment really is focused on enhancing clinician training. Already, in terms of the work we have had underway, embedding trauma-informed care into all aspects of maternity care —

The Hon. EMMA HURST: Sorry, I might interrupt you there....

Response

I am advised:

The 2025-26 NSW Budget provides \$44.8 million for maternity care which includes enhanced training for clinicians in respectful maternity care.

If additional services or initiatives are required to meet the 2025-26 NSW Budget commitment, NSW Health must comply with the *NSW Health Procurement (Goods and Services) Policy Directive* ([PD2024_027](#)).

Ms CATE FAEHRMANN: Minister, I understand that Professor Bruce Brew, who is a global expert on neurosciences — he's from the department of neurology at St Vincent's Hospital — and other neurologists have written to you multiple times requesting a meeting to discuss issues in relation to lead toxicity in communities affected by mining. But you haven't met with them. You've rejected those requests. Why haven't you met with these very eminent specialists in their field?

Mr RYAN PARK: I don't have a problem with meeting them. I get a lot of requests for meetings. I'm not making an excuse for it. I just get a lot of requests. I just have to try to manage my time as best as I possibly can. If it's an issue that's important to a member of Parliament, then it can be important to me. I'm happy to have a meeting with them.

Ms CATE FAEHRMANN: Thanks, Minister. That's good. I understand they want to talk to you about the modelling around lead levels as well as a range of other things. On that note, the community at Mudgee has also been requesting Ministers meet with them and hear their concerns. I understand yesterday that Minister Kamper, in fact, committed to visit the community in Lue to hear their concerns. Would you do something similar? Again, this is because — your visit is probably more necessary than Minister Kamper's, to be honest, as the Health Minister and given the issues that people in Broken Hill are facing in terms of lead as a result of lead mining.

Mr RYAN PARK: I don't have an issue per se. I just probably want to have a look at it again. Cate, you've known me for a while. I'm happy to engage with members of the community about things that are important to them, about health care. I just need to have a look at what is a pretty challenging diary to try to make sure that I can get access to a time that works with them and works for myself. Let me take it on notice. I just want to have a look at the issue and then come back to the Committee, if that's all right.

Response

I met with Professor Brew on Wednesday 10 September 2025.

The Hon. SUSAN CARTER: Minister, what's the budget allocation for the Service Plan for People with Eating Disorders?

Mr RYAN PARK: The Service Plan for People with Eating Disorders — I'm happy to take that on notice, if that's all right.

The Hon. SUSAN CARTER: You're aware that the existing service plan expires this year, so —

Mr RYAN PARK: That component of health care is predominantly a focus of the Minister for Mental Health, who will have her own budget —

The Hon. SUSAN CARTER: It would be your budget though, wouldn't it, Minister?

Mr RYAN PARK: I'm just saying that is predominantly driven and implemented by the Minister for Mental Health. It's an important issue. I'm very aware of it.

The Hon. SUSAN CARTER: And you've taken it on notice?

Mr RYAN PARK: I'm happy to take it on notice, but there'll also be an opportunity tomorrow to ask the Minister for Mental Health.

Response

I am advised:

Please refer to the response provided by Elizabeth Wood, Deputy Secretary, Health System Strategy and Patient Experience, NSW Health on transcript page 68.

The Hon. SUSAN CARTER: Can I go to the First Sounds Program, which essentially supports 750 deaf children in New South Wales a year who have cochlear implants?

Mr RYAN PARK: I notice there's a representative who has advocated —

The Hon. SUSAN CARTER: Absolutely. It's very valuable work that the Shepherd Centre and NextSense do to really support children to be able to hear and integrate fully in society. Are you able to provide an update on their request for support for that first sounds program?

Mr RYAN PARK: Yes. I acknowledge David Brady, who is in the audience and gallery today. His team have advocated for that. I've had an opportunity to have discussions with him and others in relation to this specific issue. I've also said to him today — out the back, when we were having a discussion — that I'm happy to have a further discussion with him about this issue. This is important. It's important to the developmental needs of young people. It can play a big role in their educational outcomes. I acknowledge we always, as a government, need to continue to look at what we can do in this space. I've got to make sure that I'm delivering a budget that covers health care across the community and across the individual needs of community members. I'm more than happy to engage with Mr Brady and others who have an interest in this.

The Hon. SUSAN CARTER: Is there a date for that future meeting, Minister?

Mr RYAN PARK: No, but I will provide one on notice once I lock it in my diary.

Response

A meeting with Mr Brady has been scheduled for 23 September 2025.

The Hon. SUSAN CARTER: If I could turn to Concord hospital and the changes that are in place to the specialist-led diabetes service to a nurse-led service, are you aware that a number of clinicians regard that this change will lead to an inferior service?

Mr RYAN PARK: I'm aware that there's been some discussion around that particular one, but that level of detail in relation to that service, I'd want a bit more time to have a look at, unless anyone here would —

The Hon. SUSAN CARTER: So you're not aware of concerns that have been raised?

Mr RYAN PARK: No, I'm aware of advocacy around it broadly. I would want to have a little bit more time and detail. I can respond through our officials this afternoon about that particular issue. Just so you're aware, I'm aware that people in and around that space have been strong advocates for diabetes management for a long period of time. It's one of the biggest health challenges we face. I just want to make sure we get clarity around that particular issue.

The Hon. SUSAN CARTER: In terms of awareness, have you seen any of the letters that have been written to you by patients at Concord hospital in relation to this issue?

Mr RYAN PARK: I think I am aware of some correspondence that I've had a look at in relation to this. I just want to double-check and have that piece of correspondence ahead of me. It's probably best, just so I get clarity around the issue, that I take that one on notice.

Response

I am advised:

Yes I am aware of correspondence on this issue.

The Hon. SUSAN CARTER: Earlier this year there were more than 1,200 patients waiting for endocrinology appointments at Concord. Some of those patients waited for up to two years. Category 1 urgent patients, who are meant to be seen within 24 hours, are waiting six weeks to attend the rapid access clinic. Does this concern you?

Mr RYAN PARK: It always concerns me when people wait longer than what is clinically recommended, as a broad issue. It's why we've been really pleased to see the numbers fall in relation to when we first came to power — 14,000 now down to 2½. But where there are specific issues, there are concerns from me. Certainly no changes or proposals have been made around the roles and responsibilities at Concord to me. It's an issue broadly, but my advice is that I don't think the hospital has received any concerns or complaints regarding any impacts on patient care within that particular unit. I just want to, for my own sake, double-check that. I'm happy to have a look.

The Hon. SUSAN CARTER: If you could double-check, Minister, because I would think an impact on patient care would be somebody waiting for that length of time. What process was followed prior to proposing the implementation of the nurse-led model of care, given that the redesign leads specifically recommended a specialist-led model for diabetes in that health district?

Mr RYAN PARK: I'm across a hell of a lot, but that level of detail —

The Hon. SUSAN CARTER: Perhaps you could take that on notice, Minister.

Mr RYAN PARK: I'd respectfully have to take that on notice. I'd like to answer, but I don't want to also mislead the Committee about it.

Response

I am advised:

The Department of Endocrinology and Metabolism (Endocrinology Department) at Concord Repatriation General Hospital has a triage category system to assess a patient's condition and their clinical needs.

No Category 1 patients waited 6 weeks to receive care and treatment.

Category 2 outpatient referrals ideally should be seen within 30 days. However, some have waited up to 6 weeks to attend the rapid access clinic after their referrals were reviewed by the Head of Department. If access to the rapid access clinic was not timely, patients had appointments made in other clinics in the Endocrinology Department.

The Hon. WES FANG: So we've got a mix of accommodations. Will health workers have to share accommodation with other health workers? What if they have families and kids with them?

Mr RYAN PARK: We try to do mixed use and mixed availability of housing products, dependent on where it is. There will be a combination of purchasing new properties; there will be a combination of rebuilding completely new facilities or standalone projects, for want of a better term. I can't say what one is going to be delivered in what particular area.

The Hon. WES FANG: So they may have to share is what you're saying?

Mr RYAN PARK: I'll take that on notice.

Response

I am advised:

Please refer to the response provided by Luke Sloane, Deputy Secretary, Rural and Regional Health, NSW Health on transcript page 33.

The Hon. JOHN RUDDICK: NSW Health has a webpage called the Specialist Trans and Gender Diverse Health Service, and it goes on at length about all the services offered to people in this situation. It's quite a lengthy list of services that they offer. Are you aware that there is a category of people known as the detransitioners, people who have gone down this pathway and then regretted it? Those people often do have quite serious medical and health conditions. Does the department of health have any programs in place to cater for these people and to look after these people?

Mr RYAN PARK: I'll double-check. I'm aware of the issue. I know it's in very small numbers. That doesn't mean it's not critically important to the health care of those people delivering it. Susan?

SUSAN PEARCE: The psychological support services we offer through our clinics are obviously a key part of that work to support all patients —

The Hon. JOHN RUDDICK: But are they the same clinics that did it in the first place?

SUSAN PEARCE: — including those who may be wanting to discuss de-transitioning issues. I'm happy to provide more information.

Response

I am advised:

Expert staff at the NSW Specialist Trans and Gender Diverse Health Service regularly check in to ensure young people are on the right pathway for them and provide multidisciplinary and age appropriate support if their goals change along the way.

Ceasing gender affirming medical treatment does not always mean the young person no longer identifies as trans or gender diverse. In some cases, goals are reached and medical treatment is no longer required. Additional services provided include multidisciplinary care, psychological support and social work as needed.

The CHAIR: That's all right. I'll come back to you this afternoon, Mr Harvey, when we've got more time. Minister, you're aware that this project is attracting growing criticism and concern within experts and the broader community in the Albury-Wodonga region. People are concerned that the soil quality P, while not insurmountable, would require significant effort to, for example, design appropriate footing for the building and it's likely to increase construction costs. Given that finding of problem soil, would you consider costing out and staging the future stages of this hospital that would be required to bring us to a single-site hospital for the Albury-Wodonga region, which is what you've alluded to when the current redevelopment has been criticised for not delivering?

Mr RYAN PARK: No-one can take away your advocacy for this facility and service. I know it, the Parliament would know of your advocacy and the community does too. It is a significant investment that we're doing with Victoria. The challenge — and it's not to diminish the advocacy of anyone — is that we have a lot of modern facilities on the existing site. We would essentially be removing those and starting again. We've made a decision. I know it's not agreeable to everybody in the community and I know it's not what everybody wanted, but we're going down a pathway of this investment as it's currently outlined. I'm not proposing to make any changes to that. That doesn't mean that from time to time, in relation to the things that Troy spoke about — soil and other things — we're not going to have to change the way we do things. Everyone knows that when you do a big piece of infrastructure like that —

The CHAIR: Minister, if I can jump in and pick up on part of your answer. You're talking about making the most of the existing assets on the site. Have you compared the cost of having to build those items fresh on a new site against the cost of dealing with this problem soil for the north-east building, for the new planned clinical services building and for any other future stages that are going to be required? Surely this is a huge additional cost moving forward.

Mr RYAN PARK: The comparison in relation to the specific costs that it may or may not be I would obviously have to take on notice. We've also got to remember that we're talking about an investment from governments — not just this Government but governments — in recent years of around \$35 million for a new emergency department. I think we've got the brain and mind institute there, we've got key worker accommodation in there and we've got an upgrade to general facilities. So it is not a small amount that you would essentially have invested in and then, in a very short time period, be getting rid of to go onto a different site. We've made a decision based on budgetary issues right across New South Wales as we have to prioritise, as councils have to prioritise budgets and as families have to prioritise budgets. We've made a decision that this is the best way in which we spend this half a billion dollars with — it's not just our money — the Victorian and Australian governments.

RESPONSE

I am advised:

The soil conditions at the Albury site have been documented over many decades and do not present any additional unforeseen costs to the project.

All hospital sites (brownfield and greenfield) present unique geotechnical conditions and engineers are engaged on all projects to ensure hospital designs respond to these conditions.

The Hon. SUSAN CARTER: Thank you. Can you confirm that the head of RPA sexual assault service, Dr Martinez, is being investigated after calling Jewish colleagues a range of antisemitic and very derogatory names?

SUSAN PEARCE: I would have to take that on notice.

The Hon. SUSAN CARTER: Could you take that on notice?

SUSAN PEARCE: Certainly.

The Hon. SUSAN CARTER: Thank you very much. If you're taking it on notice, can you also confirm the status of that investigation, and whether or not that doctor has been suspended while this investigation is underway?

SUSAN PEARCE: Mrs Carter, with respect to staff and these processes, I will make the point that we need to be respectful of privacy, as with any process we undertake with any staff member. I will give you what I can in that context, but I cannot comment further about that at this time.

The Hon. SUSAN CARTER: Is it possible to have any of those answers by the end of the hearing today?

SUSAN PEARCE: I will see what's possible.

RESPONSE

I am advised:

Sydney Local Health District has confirmed it is in receipt of the concerns. The details of the complaint, those involved in reviewing the concerns raised and how the matter is managed, are confidential.

The District is managing the complaint in line with NSW Health policy directives.

The Hon. SUSAN CARTER: Is it common practice — and perhaps, Ms Pearce, this question is best directed elsewhere. Is it common practice to check social media accounts before senior appointments are made?

SUSAN PEARCE: I would need to take that on notice, Mrs Carter.

Response

I am advised:

It is not common practice nor is it a NSW Health policy requirement to check social media accounts before senior appointments are made.

The Hon. SUSAN CARTER: Thank you very much. More questions for you, Ms Pearce — you'd be aware of the recent publication concerning Australian maternity care published in the British Journal of Obstetrics and Gynaecology in 2025, titled "Maternal and Neonatal Outcomes and Health System Costs in Standard Public Maternity Care Compared to Private Obstetric-Led Care: A Population-Level Matched Cohort Study". Apologies for such a mouthful. The findings were clear in that there was a much higher rate of adverse outcomes in standard public maternity care compared to private obstetric-led care. Have you taken those findings into account in announcing the new position of Chief Midwife?

SUSAN PEARCE: As Minister Park mentioned this morning, there was a recommendation in the birth trauma inquiry for a chief midwife. We've observed that recommendation and happily supported that position to represent a very important part of our workforce. We had an earlier conversation here today with one of your colleagues about the importance of midwifery group practice. I am aware of that report. I might come back to you this afternoon, if it would be okay, because I do have some information — unless you can have that, Elizabeth, at the ready? I think that there are some difficulties with the comparisons to the New South Wales system, and I would be very happy to provide further comment on that before the end of the day.

Response

I am advised:

Please refer to the answer provided by Susan Pearce AM, Secretary, NSW Health on transcript page 58 & 59.

The Hon. SUSAN CARTER: Who could we ask to find out what responsibilities that Blacktown and Mount Druitt hospitals had that have been allocated to another hospital? Who could provide us with that information?

ALFA D'AMATO: Ultimately the chief executive is responsible for allocating the budget to that level. I'm more than happy to take that on notice, then, yes.

The Hon. SUSAN CARTER: If you could take that on notice, because it would be very helpful to understand why there has been what appears to be a significant budget variation. On paper, Mr D'Amato, it just simply looks like a cut in funding to these hospitals. Could you comment on that?

ALFA D'AMATO: I appreciate what it looks like on paper, but I need to acknowledge that, not having done the exercise, I can't comment any further. I can only speculate and give you my experience; it could be simply the result of changes and even include things like high-cost drugs, which need to be varied materially. If you look at some of these references — as I say, I can't comment any further, but there could be legitimate reasons, given that the overall service agreement for the district has increased in budget.

The Hon. SUSAN CARTER: If you could take it on notice, and what would be very helpful is if you could provide a like-for-like comparison so we can really understand what's going on.

Response

I am advised:

The budget for Blacktown and Mount Druitt hospitals did not decrease from 2024–25 to 2025–26. Western Sydney Local Health District has changed the methodology from the fully absorbed budget method to direct cost.

The Hon. SUSAN CARTER: And it would be good to see how that's been allocated within Western Sydney. Thank you. Also if you could do the same for Westmead, because that also on paper looks like there has been a cut as well. That would be great. Thank you very much.

SUSAN PEARCE: If you we can come back to you on that today, we will.

Response

I am advised:

Please refer to the response provided the Question on Notice identified on page 43 of the transcript.

The Hon. SUSAN CARTER: Thank you. Back to you, Ms Pearce. Can you provide the total number of patients that are currently on the waitlist for public specialist outpatient care in New South Wales, please?

SUSAN PEARCE: I would have to take that on notice, Mrs Carter. But that is something — our outpatient clinics obviously are managed locally. They are triaged according to urgency. Unless you can add to that, Matthew?

MATTHEW DALY: Consistent with planned surgery activity, they are triaged.

....

The Hon. SUSAN CARTER: Yes. We're just trying to understand the whole picture. How many of those patients have waited longer than clinically recommended?

SUSAN PEARCE: I would have to take that on notice.

The Hon. SUSAN CARTER: If you could, thank you. Can you explain why this data isn't publicly available? I understand that it is in Queensland, Victoria, South Australia and in Tasmania — why not in New South Wales?

SUSAN PEARCE: I'm happy to take that on notice.

Response

I am advised:

NSW Health does not hold information centrally on public specialist outpatient waitlists.

The Hon. SUSAN CARTER: If you could, that would be very good. How many category 1 patients are on endoscopy waiting lists in the public system in New South Wales?

SUSAN PEARCE: Again, I would have to take that on notice, but I will note with respect to endoscopy waitlists, Mrs Carter, we've been very clear that the local health districts are required to have in place a process to be across these procedural lists. They do sit separately to the elective surgery waitlist and it's important that we have a line of sight on those. I'm not sure if Mr Daly has any data on that, but what I will say to you is that clearly it is important for us that people who are urgent are seen within those time frames.

Response

I am advised:

Endoscopy waitlists are monitored and managed locally by Local Health Districts and Specialty Health Networks. The clinically appropriate timeframe for each patient's procedure is determined by the treating specialist.

The implementation of the Single Digital Patient Record (SDPR), due for completion in 2028, will facilitate a statewide view of medical and outpatient waiting lists.

MATTHEW DALY: Endoscopies are deemed to be medical procedures and so they're not under the surgical management policy. However, the features of the —

The Hon. SUSAN CARTER: Sorry, if I can stop you. If they're medical, not surgical, who is holding the chief executives to account for those medical procedures?

MATTHEW DALY: Through their board and, ultimately, myself, in terms of treating patients particularly within the same three triage categories that surgical patients have. The quality of data is part of the problem, particularly when referring to outpatients. It's the subject of a major body of work, in terms of having a centralised outpatient system across the State, which we haven't at present.

The Hon. SUSAN CARTER: When is it expected that body of work will be completed?

MATTHEW DALY: I'd need to check the progress of it.

The Hon. SUSAN CARTER: Could you? If you could take that on notice, that would be great.

MATTHEW DALY: For the 17 million bits of activity, this is a major bit of work.

The Hon. SUSAN CARTER: Could you take that on notice?

MATTHEW DALY: Yes, sure. Of course.

Response

I am advised:

The Single Digital Patient Record (SDPR) is due to be completed by 2028.

The SDPR is being implemented in 5 tranches, with Tranche A going live in March 2026 in Hunter New England Local Health District, Justice Health and Forensic Mental Health Network, and Laboratory Information Management Systems North (Pathology).

All NSW Health agencies' performance is monitored in line with the *NSW Health Performance Framework*. An overview of this framework is available on the NSW Health website.

The Hon. SUSAN CARTER: Mr Harvey, perhaps I could ask you a couple of questions. Can you list for us the business cases that are currently progressing for new hospital builds?

TROY HARVEY: I might have to come back to you in a minute on that one, if I can get the team to—I don't want to leave any off. There are a lot of them.

.....

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The Hon. SUSAN CARTER: Mr Harvey, if you're providing those business cases currently progressing for new hospital builds, I wonder whether you could separate them out into ones that are new, as opposed to ones that had been advanced under the previous Government.

TROY HARVEY: Absolutely. We can do that.

The Hon. SUSAN CARTER: That would be great.

.....

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The Hon. SUSAN CARTER: I think you took on notice earlier a question in relation to business cases that are currently progressing for new hospital projects.

TROY HARVEY: I did.

The Hon. SUSAN CARTER: Do you have an answer on that?

TROY HARVEY: I've got you a full list that hasn't quite landed yet, but it's coming.

Response

I am advised:

Projects announced by the former and current government will be found in the Budget Papers or in media announcements.

The Hon. SUSAN CARTER: If you want to take it on notice, that would be great. In terms of your future infrastructure team, have you had a net loss FTE?

TROY HARVEY: In terms of my — sorry, can you repeat that?

The Hon. SUSAN CARTER: The infrastructure team.

TROY HARVEY: The Health Infrastructure team workforce?

The Hon. SUSAN CARTER: Yes.

TROY HARVEY: Have we had a net loss?

The Hon. SUSAN CARTER: Yes, FTE.

TROY HARVEY: I don't believe so. I've got some figures here that I can share with you.

The Hon. SUSAN CARTER: I'm happy to get those on notice. That would be great.

Response

I am advised:

Please refer to the answer provided by Troy Harvey, Acting Deputy Secretary, Infrastructure and Asset Management Division and Acting Chief Executive, Health Infrastructure, NSW Health on transcript page 50.

The Hon. SUSAN CARTER: That would be great. Thank you. What's the funding allocation provided by the ministry in the service agreements for hospitals around maintenance?

TROY HARVEY: Maintenance?

ALFA D'AMATO: I'm happy to take that, Mrs Carter. We normally allocate the budget into the service agreements at the program level. We will have identified what is the budget for acute services, emergency departments and the like. Then how that is distributed into each individual cost centre is really a matter for the CEs. What we tend to monitor, though, is the trend year on year, and there is also reporting in the financial statement every year. What we know is that obviously the maintenance budget is actually itemised in the financial statement, because we take into account also the cost related to the employee- related and the workforce deployed into the maintenance programs.

The Hon. SUSAN CARTER: So you're saying that the maintenance budget is in the financial statements? Did I hear you correctly?

ALFA D'AMATO: It's not to say the budget is actually the actual spend.

The Hon. SUSAN CARTER: Are you able to provide those figures on notice?

ALFA D'AMATO: That is online and available for the last financial year, being available for 2023-24.

The Hon. SUSAN CARTER: Where exactly online would we find that?

ALFA D'AMATO: It's in our annual report.

The Hon. SUSAN CARTER: So the annual report of each hospital?

ALFA D'AMATO: For the State, it's available in the annual report. The hospitals prepare financial statements at the consolidated level for the district.

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

SUSAN PEARCE: We're happy to provide on notice, Mrs Carter, the directions to find that information.

Response

I am advised:

The information can be found in the NSW Health Annual Report at www.health.nsw.gov.au/annualreport/Pages/2024-financial-statements.aspx

The Hon. SUSAN CARTER: Thank you. Mr Harvey, what new hospital builds are being planned in the 10-year infrastructure plan that were not in the former Government's pipeline?

TROY HARVEY: I would have to take that on notice, I'm afraid.

The Hon. SUSAN CARTER: If you could, I'd be very grateful.

TROY HARVEY: Obviously, as you'd be aware from the previous Government, there are processes around that 10-year plan, and they go to Cabinet and the ERC. So we'd have to take some advice on that one.

The Hon. SUSAN CARTER: Sorry, am I hearing that you're taking it on notice or am I hearing that you're —

SUSAN PEARCE: We'll take it on notice.

TROY HARVEY: Yes, I'm taking it on notice.

Response

I am advised:

Please refer to the response provided to the Question on Notice identified on page 67 of the transcript.

The Hon. SUSAN CARTER: Ms Pearce, how many current misconduct and grievance investigations are being undertaken into doctors in New South Wales public hospitals?

SUSAN PEARCE: Mrs Carter, I don't know that even on notice I could answer that.

The Hon. SUSAN CARTER: Can you take it on notice?

SUSAN PEARCE: I can.

The Hon. SUSAN CARTER: I wonder could you also take on notice the average time that one of those investigations takes.

SUSAN PEARCE: Sure.

Response

I am advised:

The Ministry of Health does not have a statewide register of misconduct and grievance investigations as matters are managed locally by respective Health organisations.

The NSW Health *Managing Misconduct, Serious Performance and Child Related Concerns Policy Directive* provides recommended timeframes for misconduct processes which may be impacted by individual circumstances.

The Hon. SUSAN CARTER: I'm very grateful for that. Are you aware if there's any data kept on the number of doctors who've left the New South Wales public health system in the past 12 months after the commencement of such an investigation?

SUSAN PEARCE: Mr Griffiths, do you have any —

RICHARD GRIFFITHS: Sorry, Ms Carter, after the commencement of?

The Hon. SUSAN CARTER: Of a grievance or misconduct investigation?

RICHARD GRIFFITHS: We absolutely keep data on the number of doctors that have left the system. We don't centrally record data around doctors that have left after an investigation, though.

The Hon. SUSAN CARTER: That just might be a really interesting indicator of whether there were doctors who perceived it was being misused. If you could have a look for any indicators like that, I'd be very interested to see. Sorry, Ms Pearce, questions for you again. Please feel free to redirect.

SUSAN PEARCE: That's quite all right.

Response

I am advised:

NSW Health does not keep a statewide register of doctors who have left the system following a misconduct or grievance investigation.

The Hon. SUSAN CARTER: Just inquiring in relation to Parkinson's NSW and when they might receive an official response to their financial year '25 State budget submission.

SUSAN PEARCE: Alfa, do you know? We might have to take it on notice, sorry, Mrs Carter.

ALFA D'AMATO: We might need to take that on notice in regards to that particular —

SUSAN PEARCE: If we can circle back today, we will.

Response

I am advised:

Parkinson's NSW has met with representatives from the Office of the Minister for Health and the Ministry of Health to discuss the 2025-26 Budget outcome.

Ms CATE FAEHRMANN: Dr Chant, I want to ask you a few questions about the recommendations that came out of the NSW Health Expert Advisory Panel on PFAS that was set up. Firstly, who was responsible for the engagement of the consultancy to prepare the technical advice for consideration?

KERRY CHANT: Ms Faehrmann, I'm very happy to answer that question, but I've got a piece of information from your earlier question. I think you were concerned that the information that Professor Mark Taylor had may not have been available to the Independent Planning Commission in review of the Lue development. I can confirm — as is included in the brief that you provided me a copy of — that Professor Taylor was engaged and commissioned by the Lue action group to evaluate the risk of lead dust from the Bowdens mine. He also appeared at the Independent Planning Commission.

In terms of NSW Health and Health Protection NSW, we were not aware of the other pieces of work that he had done in relation to the Broken Hill report that you commented on. We heard of it from the EPA in June 2023. I'd have to go back to the public health unit in relation to their knowledge of it. But I think it's important to say that information by Mark Taylor would have been incorporated in his advice. He had concerns around whether the suppression of the dust from the mine was adequately addressed.

Ms CATE FAEHRMANN: Thank you for that.

KERRY CHANT: In terms of the engagement of the enRiskS consultant, I would have to double-check but my understanding would be that that was engagement done by our environmental health unit within Health Protection NSW.

Response

I am advised:

The Environmental Health Branch in Health Protection NSW managed the engagement.

Ms CATE FAEHRMANN: Yes, because it does seem as though that may be slightly selective. If people do want to reduce PFAS levels in their blood, this study absolutely shows that in firefighters in Victoria the PFAS levels in their blood decreased substantially as a result of donating plasma and blood over that 52-week period, Dr Chant.

KERRY CHANT: Can I just be very clear: There is no doubt that both the cholestyramine and the removal of blood can actually lower blood levels. There's absolutely no doubt in that.

Ms CATE FAEHRMANN: Is there a reason why that wasn't put into that advice then?

KERRY CHANT: This is advice of the expert panel? I would have to go back to that particular area. But I think the issue they were commenting on was a clinical intervention that we would recommend for patients for PFAS. If that requires more clarity in terms of the nature of the fact, I'd be happy to reflect on that. I do want to clearly say that the CDC is consistent with our advice that there aren't any proven treatments for PFAS.

Response

I am advised:

The details are published in the panel recommendations on the NSW Health website at <https://www.health.nsw.gov.au/environment/Documents/pfas-recommendations.pdf>.

The Panel acknowledges in its recommendations on page 6 that 'phlebotomy and cholesterol lowering agents that are bile acid sequestrants (e.g. cholestyramine) may reduce serum PFAS levels'. However, it notes 'there is no evidence that indicates either of these methods will cause corresponding changes in biomarkers associated with PFAS (e.g. TSH, ALT, uric acid, creatinine) or provide any health benefits'.

The CHAIR: I've got a quite unrelated question. There was a policy that I understand was previously introduced regarding the ability of staff specialists who also work in a private capacity and their ability to refer their own patient in for admission. The directive was that they would have to go through emergency or through an outpatient department to be admitted, which is quite significant duplication in an existing overburdened system. I understand that that policy was paused or that there was a moratorium on it. Can you explain where that's up to?

SUSAN PEARCE: I think I can part answer it, but we may have to take it on notice. I've only recently been made aware of this issue. What I understand is that there was some advice sought. I understand that there was a correction, which may be around the pause that you're talking about. I will take the rest on notice. I'm broadly aware that this issue has been raised, but I need to understand it better. I'll respond to you on notice in regard to that, because obviously we don't want to create more complexity in an already complex environment.

Response

I am advised:

The issue of private referrals is complex and requires a system-wide approach with input from various areas within NSW Health. The status quo remains while NSW Health consults and considers the matter further.

The Hon. SUSAN CARTER: I think it's a question to you, Ms Pearce, following on from questions of Dr Cohn earlier. I note that the notification of termination form that's been discussed has been revised and the sex selection question has been removed. Why?

ELIZABETH WOOD: I'd have to take that on notice.

The Hon. SUSAN CARTER: In the Abortion Law Reform Act, section 16, Parliament expresses a very strong interest and a very strong view about sex selection abortions. It's been asked on every iteration of that form.

SUSAN PEARCE: I'm very well aware of that issue, Mrs Carter. We'll come back to you on that.

The Hon. SUSAN CARTER: Perhaps you could come back to me with when the question can be added back in.

SUSAN PEARCE: Certainly.

Response

I am advised:

Please see the response provided for Question Number 174 of the Budget Estimates Hearing Supplementary Questions to Minister Park.

Ms ABIGAIL BOYD: We received some information released under standing order that contained an iCare report entitled Psych Claims Update from 22 November 2024. In it, it provides the following commentary.

It says: In the public health sector, harassment & bullying remain the leading cause of psychological claims, a trend that has persisted beyond post-pandemic era. Work pressure claims have also increased significantly over the past 12 months.

Has NSW Health developed a bullying and harassment policy or training to senior leadership to specifically drive down this alarming trend?

SUSAN PEARCE: Thanks, Ms Boyd. I might ask Mr Griffiths or Ms Collins to respond to that.

RICHARD GRIFFITHS: Thanks, Ms Boyd, for the question. No, in short, we haven't developed an updated training package, but there are a range of existing packages that we offer.

Ms ABIGAIL BOYD: When you say "existing" — something that has been in place for a long time?

RICHARD GRIFFITHS: Correct.

Ms ABIGAIL BOYD: So nothing new to address that trend?

RICHARD GRIFFITHS: No, not that I'm aware of. But I can take that on notice just to confirm.

Response

I am advised:

Please refer to the response provided by Melissa Collins, Executive Director, Workplace Relations Branch, NSW Health on transcript page 63.

Ms ABIGAIL BOYD: There's no judgement. I'm just asking the question. Is this the 2015 code of conduct? Because I think it may be useful for the following questions I've got here. For example, in that icare report, it showed that South Western Sydney Local Health District had seen an almost doubling in the number of psychological injury claims in the 12 months to September 2024—so it's post-pandemic. What has been done specifically to address that escalation?

MELISSA COLLINS: I can't talk specifically to South Western Sydney, but we can take that on notice.

Response

I am advised:

Actions in place to prevent and manage claims include post-incident debriefs, training, staff wellbeing framework and plan, staff health clinics, regular human resource collaboration and weekly claims teleconferences.

The CHAIR: There's been a lot of discussion about the new Shellharbour Hospital. My questions are actually about the old Shellharbour Hospital. What process have you got in place for determining the future use of the old Shellharbour Hospital site?

TROY HARVEY: I might have to get some notes from the team on that one. Obviously, I've got plenty of notes on the new hospital; I've got less notes on the existing.

Response

I am advised:

NSW Health is in consultation with the Department of Planning, Housing and Infrastructure to conduct preliminary due diligence for the future use of the Shellharbour Hospital in accordance with NSW Government processes.

The future use of the existing Shellharbour Hospital site will be determined once the new hospital at Dunmore has been built and is operational.

The CHAIR: With my last minute for infrastructure questions, I understand there have been significant issues with water tanks at Calvary Mater, which is a public-private partnership. Can you give us an update on any work that has been done to resolve the issues that have been reported?

TROY HARVEY: Yes, I can just get those notes for you. There are a couple of issues on that site, from a maintenance point of view, at the moment. We're working through, as you mentioned, the water tanks as well. There was a concern that was raised with us around water quality for those tanks. We've been advised that those tanks have been disconnected, and the water itself coming into the hospital is just coming from the standard mains from the street. Obviously, given the concerns about water quality going into the hospital, we're maintaining those tanks will be offline for the foreseeable future until we can get a fix worked out with the operator.

The CHAIR: Are both the costs of using town water and the cost of rectifying the issue being borne by NSW Health or is that being borne by the private partners?

TROY HARVEY: I don't know the detail, but my advice would be it's part of their operational requirements to ensure that there are services coming into the hospital that are fit for purpose.

The CHAIR: Could it perhaps be taken on notice to confirm that?

TROY HARVEY: Sure.

Response

I am advised:

Honeywell, on behalf of Novacare, will fund the replacement of the water tanks, at nil cost to NSW Health.

The water tanks are fed from the town water supply and do not impact or increase the volume or cost of the water being supplied and consumed. NSW Health continues to pay for its water consumption.

The Hon. SUSAN CARTER: Mr Harvey staying with you, a query — and perhaps you can help me. I'm looking at last year's infrastructure statement and this year's infrastructure statement. Now, this morning when we were discussing the beds at Blacktown and Mount Druitt hospitals with the Minister, he indicated they'd be delivered in the 2027-28 financial year. If we look at last year's infrastructure statement at page 4-32, it has 2028 as the project completion date. But if we look at this year's infrastructure statement — and I'm looking at page 4-33 — it lists 2029 as the project completion date. Why has this project moved out by a year? Can you help us with that?

TROY HARVEY: I'd be happy to take it on notice. My understanding on that particular project is not that we're in delay at all from our original time frame. As I think the Minister touched on this morning, and Alfa spoke to as well, a lot of this is around financial completion for a particular project in a particular year. As I mentioned earlier this morning, we're well advanced on the planning for those Blacktown beds.

The Hon. SUSAN CARTER: If you could, on notice, explain it. Why has it jumped a year in the papers?

TROY HARVEY: I'm happy to provide that on notice.

Response

I am advised:

Dates listed in State Budget Papers are for anticipated financial completion, which is when all contractual and financial obligations have been met. Dates are not completion of construction which often occurs prior to financial completion.

The financial completion date was revised following design development and staging work.

Construction completion is expected to occur in the 2027–28 financial year.

The Hon. SUSAN CARTER: When we look at the infrastructure budget, it appears to show a delay in a number of projects, with infrastructure spend being back-ended to the forward estimates. Could you comment on that?

TROY HARVEY: Cash flow across the portfolio moves up and down with weather, contract delay — as you'd be very well aware, we've gone through a tough period around cost escalation in the construction market that has impacted on some of our projects that we put to market that we weren't able to immediately award because we had to work through some of those issues with our tenderers. I'm pleased to say that is starting to flatten out now and we're not seeing that hyper-escalation anymore, so we're turning things around faster. But if there's a specific project you would like an answer on, Ms Carter, I'd be happy to look into it for you.

The Hon. SUSAN CARTER: Thank you, but it's certainly our observation generally. In terms of the infrastructure pipeline, you do 10-year forward projections, don't you?

TROY HARVEY: We do.

The Hon. SUSAN CARTER: Beyond the current budget, what are you seeing in those 10-year projections in terms of the infrastructure pipeline?

TROY HARVEY: I touched on it this morning. One thing — and I'm not meaning to be evasive here at all. Obviously that is a Cabinet document, those 10-year pipelines. It goes to Cabinet and there's a sensitivity around that. I'm not in a position to comment here and now, but I'm happy to take it on notice and get you the best response I can.

Response

I am advised:

Each year NSW Health submits to NSW Treasury a 10-year Capital Investment Strategic Plan which is a Cabinet in Confidence document.

The Hon. SUSAN CARTER: Did you have a figure about the allocation for the service plan for eating disorders?

ALFA D'AMATO: That is with Ms Wood.

The Hon. SUSAN CARTER: If you're still working on it, I was hoping to have that today, but thank you very much.

ELIZABETH WOOD: If you just give me one moment. The work actually underway at the moment — because the plan, as you rightly pointed out, Mrs Carter, is due to complete this year. Our Agency for Clinical Innovation are working on what that's going to look like moving forward.

The Hon. SUSAN CARTER: Just to be clear, the funding finishes what month in 2025?

ELIZABETH WOOD: This is 2025-26 — the budget of \$12 million at the moment.

The Hon. SUSAN CARTER: So there's \$12 million in the budget for eating services plan for 2025-26?

ELIZABETH WOOD: In 2025-26.

The Hon. SUSAN CARTER: How does that compare to previous years allocations?

ELIZABETH WOOD: I'd have to take that on notice.

The Hon. SUSAN CARTER: If you could, I'd be very grateful.

Response

I am advised:

In 2025-26, about \$20 million in recurrent funding will be provided for the eating disorder program. This includes:

- \$12 million to support effective management of individuals with eating disorders.
- About \$8.8 million to support the new Residential Eating Disorders Treatment Centre in Newcastle.

The Hon. SUSAN CARTER: Legal risk and developing negligence risks.

SUSAN PEARCE: Maybe if you ask a question, we'll be able to work it out.

The Hon. SUSAN CARTER: There was an updated Consent to Medical and Healthcare Treatment Manual published on 30 April this year. Did that take into account the decision of Justice Strum in Re Devin in the Family Court?

SUSAN PEARCE: I think we would have to take that one on notice.

The Hon. SUSAN CARTER: If you could. Have you reviewed consent protocols in the light of that decision?

SUSAN PEARCE: I think that goes with the previous response, Mrs Carter.

The Hon. SUSAN CARTER: If you could take that on notice. Are you confident that a formal gender dysphoria diagnosis is always provided before treatment for minors for gender incongruity commences?

ELIZABETH WOOD: I can take those questions actually, Mrs Carter. I can confirm with you that our consent guidelines have taken into account all of the different rulings that have happened. They are actually —

The Hon. SUSAN CARTER: Does that include Re Lisa?

ELIZABETH WOOD: I'll have to take that one on notice.

The Hon. SUSAN CARTER: Okay, but it does include Re Devin?

ELIZABETH WOOD: I'm going to take it on notice.

The Hon. SUSAN CARTER: Sorry, I thought you said they did take into account all the —

ELIZABETH WOOD: I'm now just questioning myself. I'm going to take it on notice because I think it's a really important point.

.....

The Hon. SUSAN CARTER: Are all doctors working in your gender services clinics advised of the need under the Children and Young Persons (Care and Protection) Act to receive NCAT consent before providing treatment such as cross-sex hormones, which could render a child infertile?

ELIZABETH WOOD: I can take the specifics of that question on notice, Mrs Carter. But just as a general overview to it, in terms of the guidelines that we have put in place and certainly what is within our consent manual, we've been working very closely with our clinical teams on that because they themselves are obviously very, very focused on making sure that they get this right for each of their patients.

The Hon. SUSAN CARTER: If doctors don't seek the consent of NCAT, what are the consequences for the treating doctor?

ELIZABETH WOOD: I'd have to take that on notice.

.....

The Hon. SUSAN CARTER: What are the legal consequences for NSW Health?

ELIZABETH WOOD: I think any of the particular legal questions that you may have, Mrs Carter, unfortunately, I will have to take on notice.

.....

The Hon. SUSAN CARTER: The decision in Re Lisa records the time that a clinician from Maple Leaf House spent to diagnose gender dysphoria and recommend cross-sex hormones. Based on the decision in Re Devin, what time would you expect a court would think that would take to avoid a negligence action?

ELIZABETH WOOD: Again, I would have to take that on notice.

Response

I am advised:

The statewide Specialist Trans and Gender Diverse Health Service's approach aligns with clinical evidence and accepted best-practice in the international and Australian context.

Accessing gender affirming medical treatment requires assessment by a multidisciplinary team, diagnosis of gender dysphoria and fulfilment of consent procedures.

Clinicians act in accordance with NSW Health's consent requirements for gender affirming medical treatments for minors (young people aged under 18), as outlined in Section 8.12 of the Consent to Medical and Healthcare Treatment Manual (Minors). The Manual is reviewed regularly to ensure currency with case law and includes information on the need for NCAT consent if special medical treatment is to be provided to a person who is under the age of 16.

The Hon. SUSAN CARTER: Ms Pearce, since January 2025, how much money has NSW Health spent accommodating public mental health patients in private hospitals?

SUSAN PEARCE: We would have to take that on notice, but what I can say to you in terms of volume — the cost, we can come back on — the overall volume of patients that we care for in our hospitals versus those that have used, and the support that we've had, from the private sector in this regard is very low.

Response

I am advised:

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

The Hon. SUSAN CARTER: In February the Premier said that paying higher costs for locums and VMOs to replace those psychiatrists who'd resigned from NSW Health was a short-term emergency measure. Six months later, are those short-term emergency measures still in place?

SUSAN PEARCE: I'm certainly not going to provide a critique of what the Premier or any other member of Parliament has said on this, but what I can say to you is that the principle that's being described there is one that was put in place to manage through this situation with our psychiatrists, who are greatly valued. A number of psychiatrists have come back to work for NSW Health. We are still using some locum psychiatrists but, again, the number —

The Hon. SUSAN CARTER: What is the total cost of using those VMOs and locums?

SUSAN PEARCE: We would have to take that question on notice.

Response

I am advised:

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

The Hon. SUSAN CARTER: The Wattle Building at Westmead, how many floors will be empty when that building opens?

SUSAN PEARCE: The Wattle Building?

The Hon. SUSAN CARTER: The Wattle Building, as I understand it, is where the paediatric orthopaedic centre will be moving.

SUSAN PEARCE: We would have to take that on notice.

Response

I am advised:

The Wattle Building (Paediatric Services Building) is a 14-storey building. All levels will be fitted out and open by 2026, one level will be cold shelled.

The Hon. WES FANG: I'm just looking at the Forster-Tuncurry project. Has planning commenced for the new Forster-Tuncurry health facility?

TROY HARVEY: Has planning commenced?

The Hon. WES FANG: Yes.

TROY HARVEY: We are quite a ways down the path on that one. I'm advised that we're well into detailed design on that one. Hopefully we'll get to an appointment of a contractor this year.

The Hon. WES FANG: When will the public get to see some of the outcomes from that planning?

TROY HARVEY: If there was a specific concern that the public hadn't seen or wasn't engaged in that process? Is that what you mean?

The Hon. WES FANG: I think the local member, Tanya Thompson, is concerned that the public hasn't received enough information in relation to the project. There are no visible signs of progress for the health facility. The community is concerned and she's raised that issue. I'm seeking some further clarification for her and the community.

TROY HARVEY: The advice I've got in front of me, Mr Fang — sorry, for Manning?

The Hon. WES FANG: No, for the Forster-Tuncurry health facility.

TROY HARVEY: My apologies. I was answering for Manning. Forster, I would have to take that on notice, if I could.

....

The Hon. WES FANG: So the people of Forster-Tuncurry are going to have to wait a little bit longer for the delivery of health services. How long will they have to wait?

TROY HARVEY: As I've said, unfortunately I've got limited information here in front of me on Forster. I would have to come back to you on that one, Mr Fang.

Response

I am advised:

Please see the response provided for Question Number 113 to 116 of the Budget Estimates Hearing Supplementary Questions to Minister Park.

The Hon. WES FANG: I was asking questions about the key worker health accommodation earlier. Do you have any further updated numbers? I think some of them were taken on notice in relation to regions.

TROY HARVEY: Luke, do you have that one?

LUKE SLOANE: Sorry, Mr Fang. Numbers of what?

The Hon. WES FANG: Of the projects that have been delivered.

LUKE SLOANE: We can take that on notice.

Response

I'm advised:

A project in Bomaderry has been delivered. Details of the project have been published at www.nsw.gov.au/ministerial-releases/shoalhaven-hospitals-new-key-health-worker-accommodation-ready-to-welcome-staff.

Announced locations to receive funding for the \$200.1 million key health worker accommodation include:

Central Coast LHD	Wyong
Far West LHD	Broken Hill, Tibooburra, Wentworth, Buronga and Dareton
Hunter New England LHD	Armidale
Illawarra Shoalhaven LHD	Nowra and surrounds
Mid North Coast LHD	Coffs Harbour
Murrumbidgee Region LHD	Griffith, Deniliquin and Lake Cargelligo
Northern NSW LHD	Grafton, Lismore and Tweed
Southern NSW LHD	Bega, Crookwell and Eurobodalla
Western NSW LHD	Bathurst, Dubbo and Orange
NSW Ambulance	Deniliquin, Kyogle, Dungog
Albury Wodonga Health	Albury Wodonga

Ms CATE FAEHRMANN: I understand this physician may now be on the expert panel, Gemma Figtree. On 29 November 2023 she wrote to the EPA, and it was forwarded to NSW Health. Dr Jeremy McNulty ultimately saw the email. She's a cardiologist academic at the University of Sydney. She wrote:

We are interested in the potential mechanism of atherosclerosis and coronary artery disease developing in response to PFAS exposure and have a very large cohort with CT coronary angiography imaging and bloods, and outcome data. We thought this might be of interest to the EPA. We believe that we could examine the association of PFAS with coronary plaque in 2000 NSW patients over the next 12 months.

That was in 2023. I understand that cohort of patients has increased since then. NSW Health rejected that request.

KERRY CHANT: That is not correct, Ms Faehrmann.

Ms CATE FAEHRMANN: The email I saw was that that was rejected. Has that changed?

KERRY CHANT: I would just need to get from —

Ms CATE FAEHRMANN: It's great if it has, but I saw it was a "No, thanks. We've got no money."

KERRY CHANT: In terms of direct funding of it, as you might be aware, there is National Health and Medical Research funding available. I will just have to check what was in the public domain and what was permitted to be saved. I can give you an update on Professor Figtree's work in this area and the support that was provided. Professor Figtree's work in this area was discussed at the expert panel in terms of the general research that would be supported. I'd be happy to see if I can get some details from Professor Figtree that she's able to share. I'm happy to take that question on notice and provide an update, but it probably is inappropriate to infer that we were not interested in progressing research. I think the most important factor is that we wanted to make sure that any future research added and contributed to the scientific knowledge, and it was done in a way that would add value, because a lot of the criticisms of the previous epidemiological studies is that they were not constructed in a way that had scientific robustness. That is probably unethical for us to be involved in. That was our engagement with Professor Figtree.

Response

I'm advised:

NSW Health is providing an in-kind contribution towards the National Health and Medical Research Council Partnership Project Research Grant by Chief Investigator A (Gemma Figtree) titled: 'Developing an evidence-based clinical pathway for reducing coronary artery disease risks related to per- and polyfluoroalkyl substances (PFAS) in firefighters and communities with high exposure levels' (Application ID: 2044775).

Ms CATE FAEHRMANN: Just in terms of the Blue Mountains community and the level of PFAS that is coming back in some people's blood — and I know that was reviewed by the expert panel as well — are you saying if somebody gets their blood tested and they have a combined PFAS level in their blood of, let's say, 48 parts per trillion, there's no recommendation by NSW Health to do anything about that?

KERRY CHANT: Just in relation to the other research, we agreed in principle to provide some cash provision.

Ms CATE FAEHRMANN: When was that?

KERRY CHANT: I'm sorry, I'm just getting text updates from Dr Conaty, but I'll be able to take that question on notice. There were discussions around our involvement in that research.

Response

I am advised:

The National Health and Medical Research Council approved the grant application (ID: 2044775) on the 10 July 2025. Gemma Figtree is listed as the Chief Investigator A and NSW Health as a partner organisation.

Please refer to the response provided to the Question on Notice identified on page 73 of the transcript.

The Hon. SUSAN CARTER: Mr Harvey, perhaps this is a question for you about the building I was talking about at the new Children's Hospital at Westmead — the Wattle Building. It's a 14-storey building, and the executive and admin offices are going in there. What's the rationale for not completing the fit-out of level six so that the hospital's largest surgical department, the orthopaedics outpatient clinic and inpatient ward, won't be able to move into that new building?

TROY HARVEY: Are you talking about the adult hospital there, or the Children's Hospital? I'm sorry, I'm an architect; I work well with maps and plans.

The Hon. SUSAN CARTER: I understand. Westmead paediatric orthopaedics is the issue, so I presume it's the Children's Hospital.

TROY HARVEY: Perhaps, if I can, I'll come back to you on that. I haven't got the answer in front of me.

The Hon. SUSAN CARTER: Thank you. If the outpatient clinic is to remain in the old building, are there any plans to refurbish the vacated spaces of the existing building to create an enhanced service capacity for outpatients?

TROY HARVEY: I will take that on notice.

The Hon. SUSAN CARTER: Is there any plan to fund an increase to the capacity for surgical outpatients or an increased capacity for non-urgent essential surgery?

TROY HARVEY: We'll take that on notice as well.

Response

I am advised:

Level 6 of the new Paediatric Services Building has been delivered as a cold-shell space, to stage construction within available funding and support the longer-term plan to consolidate all overnight inpatient beds for the Children's Hospital at Westmead in this building.

The Children's Hospital at Westmead will have additional surgical capacity through the new theatres due to open early 2026.

Ms ABIGAIL BOYD: Back on workers compensation and the psych claims, of all clusters, Health has the highest count of anxiety stress disorder claims, registered nurses have the highest number of psychological and non-psychological injury claims in Health, followed by ambulance officers and paramedics. We all know that the health professionals in our State are doing it incredibly tough in very high-pressure and gruelling jobs. They are subject to intense work pressure, occupational violence and exposure to traumatic incidents constantly. We also know that the sooner that you deal with the psychological claim — the statistics bear this out from SIRA and icare — and the sooner you accept a claim and bring that person into care, the quicker the return-to-work rate for that person will be. The health department has a very high rate of factual investigations. For 60 per cent of all psychological injury claims, Health commissions factual investigations on those workers. It often includes hiring a private investigation firm to go through a claimant's life and attempt to prove that the claim is fraudulent. This compares to, for example, 13 per cent in the Department of Education for their psychological claims. Why does Health have such low tolerance for psychological claims? What is it doing to bring down that very high rate of suspicion that it has over psychological claims in Health in order to improve return-to-work rates?

MELISSA COLLINS: I think we would need to take that on notice around — firstly, I don't think we approach things with suspicion. That's not certainly our intent. I think those statistics compared to Education are interesting, and I would want to look into that and then take that on notice to provide a fulsome response there.

Response

I am advised:

Factual investigations are commissioned in line with the SIRA guidelines by the Claims Service Providers (CSP) not NSW Health agencies. They occur to provide independent facts to assist with decisions about the diagnosis, rehabilitation, recovery, return to work and entitlements to compensation of a worker.

According to the Treasury Managed Fund (TMF) Review Report April 2024, for 2021-22 NSW Health:

- had a higher rate for accepting liability for all claims compared with the whole NSW workers compensation system.
- had a higher 13 week return to work rate for psychological injuries than for the TMF as a whole, and
- had a psychological injury incidence rate per 1000 workers that was lower than for the TMF as a whole.