

**REPORT ON PROCEEDINGS BEFORE**

**PUBLIC ACCOUNTABILITY COMMITTEE**

**NSW GOVERNMENT'S MANAGEMENT OF THE COVID-19  
PANDEMIC**

**CORRECTED**

**Virtual hearing via videoconference on Thursday 7 May 2020**

**The Committee met at 10:00**

**PRESENT**

Mr David Shoebridge (Chair)

The Hon. Robert Borsak (Deputy Chair)

Ms Cate Faehrmann

The Hon. John Graham

The Hon. Courtney Houssos

The Hon. Trevor Khan

The Hon. Matthew Mason-Cox

The Hon. Adam Searle

The Hon. Walter Secord

The Hon. Penny Sharpe

The Hon. Natalie Ward



**The CHAIR:** Welcome to the first hearing of the Public Accountability Committee's inquiry into the Government's management of the COVID-19 pandemic. The inquiry is intended to provide ongoing parliamentary oversight to the Government's response to the unfolding pandemic. Before I commence I will acknowledge the Gadigal people who are the traditional custodians of the land that at least I am on today and I pay respect to the Elders past and present of the Eora nation and extend that respect to other Aboriginals present. Today is the first of several hearings we plan to hold for this inquiry. Today we will hear from the Hon. Brad Hazzard, the Minister for Health and Medical Research, Ms Elizabeth Koff, the Secretary of NSW Health, and Dr Kerry Chant, the Chief Medical Officer.

Before we commence the procedural formalities for the hearing, may I take this opportunity to give our heartfelt support and sympathy to those who have lost loved ones to coronavirus [COVID-19] and to members of our community who have been affected by it. I also acknowledge that New South Wales and indeed the nation, while suffering significantly as a result of this pandemic, has been relatively spared the large-scale loss of life and illness that other countries have suffered. This is a significant achievement for which much of the credit must go to the community who, once they understood the need for social distancing and what was expected of them, came on board and worked together to keep each other safe.

I also acknowledge the professionalism of the response shown both by the health leaders appearing before us today and by our frontline health workers. While I do not doubt there may be difficult questions asked today, on behalf of the Committee I thank you for your efforts in controlling the spread of the COVID-19 virus. It is also appropriate to note at the outset that there is a separate inquiry being undertaken by Mr Bret Walker, SC, into specific aspects of the public health response relating to the *Ruby Princess* cruise ship. While the establishment of that inquiry does not expressly limit the scope of this hearing, it is a matter we should be mindful of. While questioning may address certain matters related to the scope of the inquiry and official engagement with it, it is not the role of this inquiry to replicate or second-guess the outcome of Mr Walker's investigation.

I will now make some brief comments about the procedures for today's hearing. Today's hearing is the first of an upper House Committee to be held entirely by electronic means. Like so many other things that we have needed to adapt in the face of COVID-19 public health measures, the hearings for this inquiry will be conducted via videoconferencing. This enables the work of the Committee to continue without compromising the health and safety of members, witnesses and staff. This being an historic first, I ask for everyone's patience and forbearance through any technical difficulties we may encounter today. If participants lose their internet connection and are disconnected from the virtual hearing, they are asked rejoin the hearing by using the same link as provided by the Committee secretariat.

Today's hearing is being broadcast live via the Parliament's website. A transcript of today's hearing will be placed on the Committee's website when it becomes available. All witnesses have a right to procedural fairness according to the procedural fairness resolution adopted by the House in 2018 and I ask members to be mindful of that. There may be some questions that a witness could only answer if they had more time or with certain documents to hand. In these circumstances witnesses are advised that they can take a question on notice and provide an answer within 21 days. Finally, could everyone please mute their microphones when they are not speaking; indeed, the secretariat will assist in that regard. All witnesses from departments, statutory bodies or corporations will be sworn prior to giving evidence. Minister, I remind you that you do not need to be sworn, as you have already sworn an oath of office as a member of Parliament. For all other witnesses, I ask each in turn to state their full name, position title and agency and then take either an oath or an affirmation.

**BRAD HAZZARD**, Minister for Health and Medical Research

**KERRY CHANT**, Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Health, sworn and examined

**ELIZABETH KOFF**, Secretary, NSW Health, sworn and examined

**The CHAIR:** Minister, if you would like to commence the hearing by making a short statement, that opportunity is available to you now.

**Mr BRAD HAZZARD:** Thank you very much. I thank you for the interest of the Committee in what is obviously a very challenging time for not just New South Wales, not just Australia, but for the whole world. I want to start by thanking the community for the incredible support, as you pointed out Chair, for what we have been trying to do to keep people safe across the community. I also thank the public health staff and the frontline staff, who understand the risks to them in looking after each and every one of us when we need that help. I also particularly thank the entire health system. I think we in Australia have benefited over a long period from a very strong public health system but also a network, if you like, between general practitioners, hospitals, State governments and the Federal Government. That has all come together at this particular time. Minutes ago I had a call from a Labor health Minister.

Politics generally, certainly across the country among health Ministers and leaders, has been put completely aside. I thank the State and Territory health Ministers, Labor and Liberal, because, as I said, we have all worked together. In fact, I have a meeting again tonight with all of them and we work on a consensus basis and ensure that politics is irrelevant to the decisions that are being taken in the interests of the community. I also acknowledge that we have had an interesting and challenging history over many years that we have addressed very well and a lot of the learnings from that have helped. For example, we have had challenges around HIV, hepatitis C, obviously the severe acute respiratory syndrome [SARS] and the Middle East respiratory syndrome [MERS]—a whole host of various challenges. A very bipartisan approach worked extremely well. Looking back, I think the crisis that was most challenging was HIV.

A lot of the lessons that came out of that bipartisanship have been implemented. I thank the other Government leaders around the country in the National Cabinet. While obviously there are challenges, the participants have been amazingly bipartisan in their efforts, for which I thank them. I also thank the unions. I have had the benefit of very strong collaboration with the Health Services Union, the Australian Salaried Medical Officers Federation [ASMOF], the Nurses and Midwives' Association, the Police Association and the Rail, Tram and Bus Union representatives. I thank each of them because their participation reflects a bipartisanship that is so necessary.

I also indicate to the Committee that we still have challenges. On 27 March we reached the maximum number of people who had been found to have COVID. At that point there were 212 people. Today we sit at three people. But we cannot underestimate where we are at. I know there are a lot of calls and public pressure to free up the constraints that we all have but I think also there is a lot of people in the community who understand how dangerous this virus is. It is a novel coronavirus but of course it is also mutating and there are all sorts of issues that come with that. We are still smack bang in the middle of this crisis. Worldwide there are still tens of thousands of people dying but across the whole of Australia we are seeing relatively low numbers. In some States and Territories as at today the rate is zero. Some States are more problematic, such as Victoria, because of particular issues: I think it was 22 cases today. But we still face this crisis.

While I strongly support the interest of the Committee, I also ask the Committee to do whatever it can to reinforce to the community, as you did at the outset, Chair, that we all need to get behind this effort and I thank the community for its support. We have a lot more work to do. I am very happy to convey to the Committee in more detail the sort of work that has been done as we progress through questions.

**The CHAIR:** Thank you, Minister. I will now hand over to the Opposition for the first round of questioning.

**The Hon. WALT SECORD:** Thank you, Minister. Thank you, NSW Health staff. For clarity, can you hear me?

**Dr CHANT:** Yes.

**Ms KOFF:** Loud and clear.

**The Hon. WALT SECORD:** Thank you very much. Minister, Labor has provided its bipartisan support to efforts to protect the community and save lives, especially the important work on public health orders. I know that they have been challenging for the community and, yes, you are right as you said earlier in your opening statement, there have been pushes to free up the constraints. Minister, you say, yes, we are in the middle of a crisis, and we concede that. I am very aware of your public health orders and have been following them closely. Have you updated or changed any of the public health orders overnight?

**Mr BRAD HAZZARD:** No.

**The Hon. WALT SECORD:** No, you have not, okay. Would you be familiar with recent concerns in the community about people wanting to resume travelling long distances and going to rural and regional areas—you know, two or three hour drives and things like that? There is a push in the community for that. Are you aware of that?

**Mr BRAD HAZZARD:** You are telling me that but my focus has been on keeping people safe and obviously working with the National Cabinet, Labor and Liberal. So if you want to express that, you express it.

**The Hon. WALT SECORD:** I am not expressing that view. I think it is too early to engage in long distance travel. You would be aware that in New Zealand the health Minister, David Clark, was demoted for travelling to the beach. In Scotland the first chief health officer, Dr Catherine Calderwood, was sacked for visiting her second home. In Queensland the shadow police Minister, Trevor Watts, resigned. You would know that your colleague the Hon. Don Harwin, the former Leader of the Government in the Legislative Council, also was forced to resign for travelling to and from Sydney.

This morning it has transpired that the Deputy Premier visited his second property, which is a two-hour drive away, 125 kilometres, from his Queanbeyan home and that at this morning's press conference the Deputy Commissioner of Police, Gary Worboys, said he would be investigating it. Do you think that the Deputy Premier should resign? Mr Harwin, who is the Leader of the Government in the Legislative Council, resigned; the New Zealand Minister was demoted; and the chief health officer of Scotland and the shadow Minister in Queensland resigned. The Deputy Premier attacked Mr Harwin on 9 April and said he was "bloody angry" at Minister Harwin for travelling a shorter distance than he did. What is your response to the Deputy Premier?

**Mr BRAD HAZZARD:** The Deputy Premier did not ask me anything so I do not have a response to the Deputy Premier.

**The Hon. WALT SECORD:** So you think it is acceptable for the Deputy Premier to break public health orders and travel to his second property?

**Mr BRAD HAZZARD:** If you want to ask me a question, ask me the question. I have just given you a very long—

**The Hon. WALT SECORD:** I am asking you the question. It is simple. Did the Deputy Premier break New South Wales law by going to his second property 125 kilometres away from his other home?

**Mr BRAD HAZZARD:** There are two aspects there, Mr Secord. One is that first of all I thought this Committee was interested in looking at public health safety—

**The Hon. WALT SECORD:** Minister, this is about public health orders.

**Mr BRAD HAZZARD:** —and looking at the good work that is being done by public health and by the practitioners at the front line. I thought we were going to talk about that but here you are more interested in leading off by saying—what did you say?—you are interested in being bipartisan but now you want to actually play politics. I am not here to play politics and I am not going to engage in that. That is a matter before the police.

**The Hon. WALT SECORD:** Minister, this is about hypocrisy—

**Mr BRAD HAZZARD:** Yours.

**The Hon. WALT SECORD:** —and this is about your Government's approach. This is about your Government's approach. You asked the community to do our part. We changed our behaviour. We do not visit loved ones. We do not go to see grandparents. However, the Deputy Premier thinks that it is okay to drive 125 kilometres to build a cubbyhouse. That was his reason. He said it was to build a cubbyhouse. Now, I do not see how building a cubbyhouse is essential work. We are all not visiting elderly parents and elderly grandparents but you have the Deputy Premier of New South Wales thinking that it is okay for him to break the law. Do you not think that he should be brought to account?

**Mr BRAD HAZZARD:** As I said, I am here to answer questions about community safety and I am not going to be drawn on matters that are under investigation apparently by the police, as you have just told me.

**The Hon. ADAM SEARLE:** Minister—

**Mr BRAD HAZZARD:** You can spend two hours asking about that or you can ask for two hours about the sorts of issues that doctors and public health officials are addressing to keep people safe.

**The Hon. WALT SECORD:** But this goes to the approach of your Government. We are all in this together. We are all doing our part. We are not seeing loved ones but the Deputy Premier of New South Wales thinks that he can travel around the State. This is the man who told people to stay out of rural and regional New South Wales.

**The Hon. TREVOR KHAN:** Point of order—

**The CHAIR:** Yes, Mr Khan?

**The Hon. TREVOR KHAN:** My point of order is simply this: apart from the member engaging in speeches as opposed to asking questions, the question has now been asked at least twice or perhaps three times and answered in the way that the Minister thinks appropriate. I can only reinforce the position that the Minister has put. We have precious time on a substantial subject. The Hon. Walt Secord should move on to something of greater relevance to us all.

**The CHAIR:** I think there is—

**The Hon. WALT SECORD:** Mr Chairman—

**The CHAIR:** Let me finish. I think there is some merit in the position you are putting, especially in the amount of precious time we have. I think it is within the scope but I ask members to restrict their questioning to questioning. I will return questioning to the Opposition.

**The Hon. WALT SECORD:** Thank you, Chair. As health Minister, do you not think it is hypocritical that on 9 April the Deputy Premier attacked the arts Minister for breaking social distancing laws? He attacked the Leader of the Government.

**Mr BRAD HAZZARD:** Mr Secord, can I just say that you said on 12 March, "Let me say at the outset that you have the Labor Opposition's full bipartisan support as you work to protect our communities." I understood that I, the Chief Health Officer and the Secretary of NSW Health are here to answer questions about keeping the community safe, and you are interested only in playing politics. I will say this once only: I have answered the question and the Chief Health Officer has given up two and a half hours of her time when she has been working anything up to 24 hours a day to actually keep people safe but all you are interested in is politics. I am very, very disappointed and I do not intend to pursue it any further. Let's get to the facts.

**The Hon. WALT SECORD:** Health Minister, is COVID-19 still rampant in the Newmarch nursing home?

**Mr BRAD HAZZARD:** I will ask the Chief Health Officer to answer that question.

**Dr CHANT:** Mr Secord, we have seen cases among healthcare workers which are under investigation. For a number of those healthcare workers, how they acquired the infection is being investigated. A number of them were wearing full personal protective equipment [PPE] and so we are investigating whether there is any contact among the residents that have occurred through that process. There have been, pleasingly, no new cases among residents but I want to stress that we are continuing to be incredibly vigilant about repeat assessment of residents in the facility. There has been strengthened infection control present.

The Minister announced on Saturday that we were upping the systematic screening of the staff in the home when they are turning up for work in addition to the systems already in place to make sure there is no staff member working that has not had access to recent testing. All of those measures have been put in place in relation to the aged care facility. It is obviously something we are watching very closely and we will continue to update both the residents and the families and the broader community with information as we get it on our normal (inaudible) cycle.

**Mr BRAD HAZZARD:** I will add to that that of course aged care facilities, including Newmarch, are conducted by non-government organisations generally and are regulated by the Federal Government. The Aged Care Safety and Quality Commission issued a statement yesterday indicating certain requirements for Anglicare

to comply with. Those were managed, I am sure, in collaboration between the commission and Anglicare. I also remind—

**The Hon. WALT SECORD:** Now what—I am sorry, Minister—

**Mr BRAD HAZZARD:** I was also going to say let us not forget that each of these individuals are people who are living in their home, their residence, and who have generally their own general practitioners [GPs] who care for them. Among any decision-making that occurs there for them, it will be between their family and their GP—although the GPs these days are not coming into the facility; they are doing it by telehealth. So it is quite a complex situation.

**The Hon. ADAM SEARLE:** Minister, just to be clear, in correspondence with the Opposition your office confirmed that NSW Health is responsible for providing health-related services and support to residents at Newmarch. Are you now resiling from that position or do you accept that that is the role of NSW Health?

**Mr BRAD HAZZARD:** Sorry, what correspondence?

**The Hon. ADAM SEARLE:** It was correspondence from your office to the shadow Minister.

**Mr BRAD HAZZARD:** From whom?

**The Hon. ADAM SEARLE:** I am not going to name the individual: one of your staff members.

**Mr BRAD HAZZARD:** I only have—I am sure our people will tell me. Mention the first name.

**The Hon. ADAM SEARLE:** Sandy.

**Mr BRAD HAZZARD:** Right, and what is actually said?

**The Hon. ADAM SEARLE:** It says here, "NSW Health provides health-related services and support"—and this is in the context of a query the Opposition raised with you. I am just interested in confirming that you accept that the health department is responsible for providing health-related services and support to people in Newmarch.

**Mr BRAD HAZZARD:** I would have thought with your experience, Mr Searle, as a barrister you would know the relationships between professionals and their clients and professionals and their patients—

**The Hon. ADAM SEARLE:** Yes, I do.

**Mr BRAD HAZZARD:** And, accordingly, this question would, or the answer to it, clarify what you already know, which is that when individuals move into a—well, they are in their own home. Start with that. They are in their own home, at their house, and they generally would have a general practitioner or a primary healthcare practitioner looking after them. When they move into an aged care facility, then generally what they would normally do is ask or usually ask for their GP to look after them and the GP does do that. GPs generally make a practice of visiting their patients in either their own home or their home, if it happens to be an aged care facility.

**The Hon. ADAM SEARLE:** Let's—

**Mr BRAD HAZZARD:** Hang on, let me finish, please. So that still exists for quite a number of the residents there. But obviously when things became challenging there in the early days, albeit that it is a federally regulated healthcare facility and one that actually has Anglicare as the NGO, obviously NSW Health was able to assist when they, for example, ran short of staff. That is not something that they would normally do. NSW Health offered to put in some nurses to assist when they had no staff or the staff were unavailable. But more importantly, in recent times, as it became obvious that there were other challenges, NSW Health also offered additional services, effectively to a Federal government-regulated body, by putting in infectious disease specialists, geriatricians and others to assist with the patients.

**The Hon. WALT SECORD:** Maybe Dr Chant can confirm this: My understanding is that there have been 16 deaths at Newmarch and 68 COVID-positive notifications. Is that correct?

**Dr CHANT:** That is correct. That is as at the reporting (inaudible).

**The Hon. WALT SECORD:** And NSW Health has known of the presence of COVID for three weeks in that facility?

**Dr CHANT:** I would have to go back to the first notification.

**The Hon. WALT SECORD:** Okay. I think you can take it as read. When was the first death—or the first case confirmed of a staff member was 11 April, so almost a month. I stand corrected. My question is: Why

did it take almost four weeks before Anglicare was given an ultimatum to fix it up by 5.00 p.m. today? Why did it take four weeks?

**Mr BRAD HAZZARD:** I am sorry, that is not an issue for public health here in New South Wales. That is an issue for the Federal Government and the commission, so direct your questions to the commission. NSW Health has been helping as it should do but that is entirely a question you should address to the commission.

**The Hon. WALT SECORD:** Do you not think that four weeks is a long time to give an aged care facility an ultimatum to clean up its act?

**Mr BRAD HAZZARD:** Well—

**The Hon. WALT SECORD:** Did you not think you had a role? Don't you think that you have a role to step in or are you going to blame the Federal Government? You have known about COVID for four weeks.

**Mr BRAD HAZZARD:** It is a Federal government institution.

**The Hon. WALT SECORD:** Minister, your Government and Health have known about COVID in Newmarch for four weeks and you did nothing, and the ultimatum was given this afternoon?

**Mr BRAD HAZZARD:** What you are saying is completely wrong and shows a complete lack of understanding of everything to do with how the health system works and shows again a remarkable interest in being political instead of actually caring about the community. Dr Chant, would you like to answer to some degree what is actually a political question and give it some substance please?

**Dr CHANT:** Perhaps if I could just—

**The Hon. WALT SECORD:** Dr Chant, could you then take us through why NSW Health did not intervene in that four-week period? Can you take me through the steps where NSW Health and the Government did not intervene?

**Dr CHANT:** Mr Secord, the premise that—

**Mr BRAD HAZZARD:** Walt, you are wrong, and you are superficial and wrong. Sorry, go on.

**Dr CHANT:** The premise of that comment started with—perhaps I will just work through the issues. There was a confirmed case on the 11th of the 4th and the facility was then put into lockdown to external visitors and all residents were asked to isolate in their rooms. I think it is important for you to remember that the incubation period for the disease is 14 days. So there had been an individual in that facility who had introduced COVID into the facility and had worked during her infectious period, which we take was two days prior to symptom onset. She reported working at Newmarch House on the 30th, the 1st, the 2nd, the 4th, the 5th and the 6th. And then—

**The Hon. PENNY SHARPE:** When?

**Dr CHANT:** If I could just perhaps go through this and then I would be happy to take any questions. Then in regard to a clinical outreach team led by an infectious disease physician—so this is an infectious disease physician from Nepean Blue Mountains; a very experienced infectious disease physician who was actually involved and assisted in the management of the Dorothy Henderson Lodge outbreak—was in place at Newmarch House from the 12th of the 4th. Can I just commend that clinician and acknowledge the key work. There was also infectious disease expertise from the district. They were screening guidelines and an outbreak response. Details of the close contacts of the staff were provided and close contact tracing occurred and then there was isolation of contacts of the case. A total of 35 staff members and 66 residents were identified as close contacts and were required to self-isolate and monitor this incidence.

Progressively all symptomatic staff and residents were tested for COVID-19, and health screening, including temperature checks, was conducted daily on all staff entering the facility. There was also a clinical outreach team that implemented screening where residents were swabbed every three days on average as an additional measure—so progressively a range of measures initially to look at the scope of the infection. So you can imagine that if an infectious person has worked in the facility for quite a long time, it is important that we map the understanding. There are challenges because of the 14-day incubation period. You do not know who is incubating the disease and who over that 14 days will develop symptoms.

There has been, I think, as we have evidenced in our public reporting, some concerns around the challenges around infection control in this facility. All of the partners, including the Commonwealth, the State and Anglicare, have been working together. I believe—and this is really a matter for the aged care commissioner—that the aged care commissioner had taken steps earlier to reinforce the management of the facility by providing

some support from an experienced team that had worked at the Dorothy Henderson Lodge to support Newmarch House. Then we continued. On the weekend I announced that there was a further reassessment on Friday of last week through senior staff at the Clinical Excellence Commission. And then, as I said, the Minister announced swabbing of the staff, which did indicate and picked up some additional staff members. So it is extensive—

**The Hon. PENNY SHARPE:** I am sorry, can I just stop you there. Why did it take you so long before testing of the staff occurred, given that the first case was on 11 April? Let's not forget that after all of the Dorothy Henderson matters and the tragedies—there were six deaths there and 18 cases—a month later it hits Newmarch and we have seen the tragedy unfold there. Why did it take so long for testing of the staff to occur? And secondly—and this is a question for you, Minister—why at any point had you decided not to exercise your powers under the Public Health Act to try to get the situation under control?

**Dr CHANT:** Just to clarify, staff were tested earlier on and that was certainly the advice provided. What we are doing is ensuring that we are repeating the testing of staff. So there was a process in place for staff to be screened but that has been strengthened to ensure that prior to their coming on shift they were screened—

**The Hon. PENNY SHARPE:** That does not mean that it is a COVID test.

**The CHAIR:** Sorry, Ms Sharpe, first of all, can we allow the witness to answer and, secondly, the Opposition's time has expired. We will allow the witness to conclude and then we will move on to the crossbench.

**Dr CHANT:** I can provide details to the Committee offline about the number of staff that were screened earlier but the staff have been getting screened throughout the process. It really was a further strengthening of the staff screening whereby prior to going on shift they were actually swabbed as they entered the facility. That was done on a couple of days and then that would be regularly repeated in a sort of regular interval, that swabbing of all staff. So it is a reduced frequency of the swabbing and this is all being informed by the infectious disease specialist in consultation with other experts that have been involved.

**Mr BRAD HAZZARD:** Aspen Medical was running it, which you have mentioned.

**Dr CHANT:** Just to be clear also, Aspen Medical had also been providing medical and clinic nursing staff into the facility.

**Mr BRAD HAZZARD:** And pathology.

**The CHAIR:** We probably will return to this in the next round of Opposition questioning but we now move to the crossbench. Ms Faehrmann?

**Ms CATE FAEHRMANN:** Good morning Minister, good morning Dr Chant, good morning Ms Koff. Minister, you indicated you wanted to talk about staff on the front line and the great work they are doing. Are nurses and other frontline staff getting any additional allowances for the kind of dangerous conditions they are working in at the moment?

**Mr BRAD HAZZARD:** The nurses are paid as per the usual arrangements.

**Ms KOFF:** No specific allowances but we have provided additional support through—

**Mr BRAD HAZZARD:** Free parking.

**Ms KOFF:** Free parking and accommodation if necessary due to the onerous hours.

**Mr BRAD HAZZARD:** A lot of the things that we have done are what we are asking for, which is some of the staff were really quite concerned that if it did get a head of steam up, as it obviously has in most other jurisdictions, the staff and the unions have asked for support in terms of accommodation nearby. They are particularly concerned that perhaps they might not want to go home, working in a COVID situation. Fortunately, not too many of them have had to be in that, although there have been a number of them. So the Government moved and responded to that by putting in a substantial amount of money to get free accommodation for nurses and doctors and other allied health staff who might need it if they chose to do it. So that is there for them. In addition, there were steps taken to provide free car parking for staff in the hospitals during the COVID crisis, so trying to ease some of those pressures on them.

**Ms CATE FAEHRMANN:** Have there been any requests for additional allowances at all?

**Mr BRAD HAZZARD:** Not to me. I do not know whether they have been made elsewhere. Not that I know of. Health staff work because they care about patients. We would all like to get paid more, I suppose, but I have not had any requests. What they have been more concerned about is the issues I just talked about but also

there has been a lot of work done, you would be aware doubtless, right across the country. In fact, this morning our friendly President in the United States had a lot of doctors with him as he talked about the challenges of PPE in the United States. We have had the same sort of challenges here. A lot of the staff that I have got working, most of them have my mobile, so they ring me and they have been concerned about PPE.

There has been a lot of work done by the Government with non-government organisations, with the Police, to procure additional PPE, but that has been a challenge because the supply lines have been largely blocked off overseas. So that has been a challenge. But most of the conversations with health staff have been around those sorts of issues and none of them have actually raised the issue of asking for additional money, from me anyway.

**Ms CATE FAEHRMANN:** I understand there is potentially a public sector wage freeze as part of this, potentially in the next budget. But do you think nurses and other frontline staff should be exempt from any freeze on a 2½ per cent public sector wage increase?

**Mr BRAD HAZZARD:** I have seen a report of that but I have not been involved in any discussions, so I cannot comment on any aspects of that.

**Ms CATE FAEHRMANN:** What, in your view, given you wanted to talk about the great work they are doing and how they are putting themselves out there for the nation, the community, right now, they are not getting any additional allowances for working in dangerous conditions—

**Mr BRAD HAZZARD:** I would have expected a little better from you because you are just being political. How about you actually focus on the good work the doctors, nurses and others are doing and I will happily talk about that. I am here to talk about the Health portfolio. I am not the Treasurer, I am not the Premier; you direct those sorts of comments to them. But I can tell you that I am backing the staff; I am backing them 100 per cent in every different way.

**Ms CATE FAEHRMANN:** Minister, with respect though, the question is around additional allowances in relation to working in dangerous conditions, which many other workers in other sectors and industries receive. Do you think nurses and other frontline staff should be in some way compensated for having to work in dangerous conditions?

**Mr BRAD HAZZARD:** Nursing staff and doctors work in those sort of circumstances regularly but they also are trained in the use of appropriate protective equipment and they are regularly doing this sort of thing, not necessarily with COVID. But I do not think I have ever heard you raise that issue before and now we are in the middle of a pandemic you are raising one specific issue and asking me about an issue that I know nothing about. I am not going to be drawn on that issue. I am here to talk about the health issues. Seriously, I have the Secretary and the Chief Health Officer here and so far all I have heard is politics from you and Mr Secord. How about we stick with the issues?

**Ms CATE FAEHRMANN:** Minister, you mentioned PPE. Is training in PPE a prerequisite for staff working in aged care facilities, and that includes nurses? What type of training have they had both in PPE and infection control?

**Mr BRAD HAZZARD:** Again, aged care facilities, you would have to direct those questions to the Aged Care Quality and Safety Commission, which is a Federal commission, or the Federal Government or Anglicare. We do not run any of those villages. I can tell you though that the nursing staff who go in there, if we have to back up and help, certainly have had training. Dr Chant, would you like to add anything to that?

**Dr CHANT:** Just to acknowledge the work of the Clinical Excellence Commission in providing a lot of resources that support training. I do want to support you in the fact that appropriate infection control and PPE is going to be an important component of our response in a variety of settings. I just acknowledge the importance of that.

**Mr BRAD HAZZARD:** Having said that can I also say, Ms Faehrmann, that one of the challenges is—and I will ask Dr Chant in a second to say a bit more about this—PPE is not necessarily the absolute answer. I did a press conference last week with Dr Catherine Pitman, who is an infectious diseases specialist—an epidemiologist, I think—from Westmead and she was raising a point in a meeting afterwards that during the severe acute respiratory syndrome [SARS], when PPE was also obviously a very important aspect of management of the virus, they did some follow-up studies and they found that even the most highly trained people using PPE still do what you just did, which is touch your face. Unfortunately, that happens anything up to a thousand times a day from people who are normal, like you, but a PPE specialist—someone who is actually in the infectious diseases business—can still do it. So you still get problems with people who are using it, because they can touch their face, without blaming anybody.

**Ms CATE FAEHRMANN:** Minister, I really do have to interrupt you. I have 10 minutes in this round and I am just conscious that your comments do not answer the question I actually asked, which is there are concerns obviously—we have already discussed this this morning—in relation to aged care facilities and the training. What we have is very vulnerable people now in aged care facilities but a lot of the staff working in there are not trained in terms of how to use PPE or, in fact, are they being trained now in terms of the COVID-19 infection control? Is that going to occur?

**Mr BRAD HAZZARD:** I think that is your assumption and we do not specifically know if it is managed by—

**Ms CATE FAEHRMANN:** It is a question; it is not my assumption. It is a question to you or Dr Chant.

**Mr BRAD HAZZARD:** Sorry, Mr Chair, I am having trouble with feedback here.

**The CHAIR:** We can hear you now, Minister. I think it is clear for you to provide your answer now.

**Mr BRAD HAZZARD:** The issues are that it is managed by any aged care facility. Most aged care facilities are managed by non-government organisations and they do very good jobs in normal circumstances. But this is an unusual circumstance and I think it is fair to say that a lot more training needs to be done in aged care facilities. Half the people in England who have died have been in aged care facilities; so that tells you that they are a particularly vulnerable population. Anybody over the age of 70, anybody over the age of 50 with comorbidities, is recognised as being particularly vulnerable to this particular virus. So there is no dispute about that.

**Ms CATE FAEHRMANN:** Just one more question, if I may, then. You seem to be indicating that there is a potential gap in relation to aged care facilities at the moment in relation to ensuring that they have PPE training and how to use PPE in terms of staff and also infection control. Could this not be the subject therefore of a public health order from you?

**Mr BRAD HAZZARD:** What would you like me to order?

**Ms CATE FAEHRMANN:** Well, you tell me. But if you are indicating that—

**Mr BRAD HAZZARD:** The reason why we are doing so well in New South Wales and Australia is because each of the State Labor and Liberal Ministers, who have worked together very collaboratively without politics, have actually taken advice from their chief health officers and from their epidemiologists and from their infectious diseases specialists. That information has not been given to me that I should make an order about that. And I would have thought that that is what you would agree to, that I should be taking advice from the chief health officers and from the other specialists in the field. But I have not received that advice.

**The CHAIR:** That round of questioning has concluded. Minister, did I hear earlier that you would seek to get some advice on that and provide the answer on notice?

**Mr BRAD HAZZARD:** No.

**The CHAIR:** All right. We will hand over to Mr Borsak.

**The Hon. ROBERT BORSAK:** Thanks very much for coming, Minister Hazzard and Ms Chant. A question to you, Ms Chant. Has there been any shortage of PPE at hospitals during this crisis?

**Dr CHANT:** The PPE supply, what we have seen through this event is a worldwide shortage of personal protective equipment. NSW Health has worked in a whole-of-government way to procure supplies of PPE. I am not aware that there have been absences of PPE available but I am aware of individual circumstances peripherally where potentially a clinician may have had to have gone through or seek it through another process in terms of it has not been available where they are. But in hospitals themselves there would have been appropriate equipment. So I think one of the key points there is as we have had to put in controls around securing the supplies of the PPE there have been some administrative processes for staff to get access to them. We have identified and requested districts to communicate effectively to their staff about the processes for accessing PPE. If there is a shortage in a particular area, they rapidly can address that within the normal operational management. But I do want to acknowledge the work of HealthShare, our districts, the whole-of-government approach, to securing PPE because we are certainly in a much more comfortable position with our forward planning.

**The Hon. ROBERT BORSAK:** So I take that as a qualified yes.

**Dr CHANT:** A qualified yes.

**The Hon. ROBERT BORSAK:** You agree with that?

**Dr CHANT:** A qualified yes. Yes, I do agree with that.

**The Hon. ROBERT BORSAK:** Has any healthcare worker at the front line been put at risk due to the shortages of PPE?

**Dr CHANT:** I would be happy to investigate—

**Mr BRAD HAZZARD:** In the context of COVID, do you mean? In the context of actually dealing with a COVID patient?

**The Hon. ROBERT BORSAK:** I have been listening to you saying all morning, Minister Hazzard, that that is what we are here to talk about, so why would you interfere with my questioning of Ms Chant?

**The CHAIR:** I think we can assume that the questioning in this inquiry is about COVID-related matters unless it is otherwise expressly said.

**Mr BRAD HAZZARD:** There has been no—Dr Chant can answer as she wishes but I am just telling you that it has not been drawn to my attention at any point that any practitioner at the front line of dealing with COVID patients has not had PPE. But, of course, as Dr Chant just said, there have been individual areas where you might find a doctor of a non-COVID patient in a non-COVID ward has been told to be careful using PPE, and that has been a worldwide phenomenon. So it is not something that is unique. I just make the point that everybody has been fearful, very fearful, and so there have been extended usages of PPE in some circumstances where hospital management have had to talk to their staff about the correct use of PPE and the considered use of PPE.

**Dr CHANT:** I suppose that answers that question—

**The Hon. ROBERT BORSAK:** My question again was—

**The CHAIR:** Sorry, Mr Borsak, we are getting a little bit of a delay between this question and answer. I think Dr Chant has a little more to add, so we will go back to you, Dr Chant.

**Dr CHANT:** I suppose, in responding to your question, I would say that NSW Health takes any infection of our healthcare workers, be that in the private sector or the public sector, very seriously and we have set up processes to ensure that cases of infection amongst healthcare workers are investigated and ensuring that we learn and understand any issues that could have prevented that infection. So just to say that is our utmost concern in terms of healthcare workers and that applies to other categories, but we are setting up particular processes to look at healthcare worker exposures.

**The Hon. ROBERT BORSAK:** Thank you. So you are aware of the fact that there are potential risks for frontline healthcare workers because of the situation with PPE shortages from time to time. That is what you are saying, yes?

**Dr CHANT:** I am saying that healthcare workers are at risk of infection for a variety of reasons, including the fact of the challenges in managing patients where, for instance, a patient who is confused may actually dislodge the person's PPE. So there are a number of issues. We also need to learn and investigate where the healthcare workers have acquired it in order to understand whether it is perhaps where they have not seen risk and have not been wearing PPE or whether it is because, as I said, very incidental things or interactions with patients can lead to the PPE not being effective, for instance in the cases where it is dislodged, and then we need to draw learnings from that. For instance, do we need additional support when people are helping with patients that might have cognitive impairment?

We need to take all of these incidents where healthcare workers have acquired infection potentially in a healthcare setting and ensure that we rapidly learn any lessons. There are national guidance documents in relation to personal protective equipment and that is developed through the Australian Health Protection Principal Committee, and there is also a guidance document for managing outbreaks in aged care facilities. Obviously those guidelines are very much a living document in the sense that any new information—and we have gathered much information about COVID in the journey, back when we saw our first cases to where we are now, our knowledge has grown massively, and we will need to update those documents regularly with any new learnings.

**The Hon. ROBERT BORSAK:** Thank you, Dr Chant. Are you aware of frontline health staff having to purchase their own PPE due to shortages?

**Dr CHANT:** I am not aware, full stop. I suppose I would be saying that the information provided to me is that we have adequate supplies of appropriate PPE. I would be very happy to follow up any concerns by any

health staff member employed by NSW Health and we would take those matters with the utmost seriousness because, as I said, it is imperative that throughout this response we do all we can to protect healthcare workers.

**The Hon. ROBERT BORSAK:** Are you saying you have had no complaints from staff or no-one who works for you has had complaints from staff that they have had to go out and purchase their own PPE equipment because of shortages?

**Dr CHANT:** I am personally not aware of a complaint. It may be in my email but I am not personally aware that someone has said they have felt the need to buy their PPE. I am not saying that has not occurred. But what I would like to say is that I would urge for us to reach out to that individual to ensure that they are very clear about how they can access PPE to protect themselves through NSW Health because the updates I have got is we have got adequate supplies of essential PPE. But I do want to make sure that any healthcare worker knows who to escalate any concerns to in their organisation and I would appreciate the knowledge of that being brought to anyone's attention. It can be done anonymously but it signals the fact that there must be a communication gap and we need to work harder at advising healthcare workers about how to escalate concerns in their local district or their facility.

**The Hon. ROBERT BORSAK:** How many frontline staff have been infected and where has this occurred?

**Dr CHANT:** If you just give me a moment I can find the data on healthcare workers—we update that weekly. It might just take a moment but I will get that information for you. As I said, in any circumstance healthcare workers may have acquired the infection through a variety of sources—for instance, we know a significant proportion of our healthcare workers have acquired the infection due to overseas travel, then there are community exposures, but then there is the healthcare worker exposures. Currently we are having a process where we are having an expert panel review all of those exposures to ensure that we consistently clarify those exposure sources. But perhaps if you move on to the next question I will bring up the healthcare worker data and be able to answer that question.

**The Hon. ROBERT BORSAK:** Okay, thank you.

**Mr BRAD HAZZARD:** That data is published publicly once a week.

**The Hon. ROBERT BORSAK:** Thank you.

**The CHAIR:** Dr Chant, when that data becomes available please feel free to intervene and tell us. But, Mr Borsak, this round has concluded. We will move back to the Opposition.

**The Hon. PENNY SHARPE:** Minister, it is the case that the two worst outbreaks of cases that have led to deaths in New South Wales are the *Ruby Princess* and Newmarch. Is that not correct?

**Mr BRAD HAZZARD:** I am sorry, can you say that again?

**The Hon. PENNY SHARPE:** I am just making the point that of the outbreaks across Australia, the two worst in New South Wales are the *Ruby Princess* and Newmarch.

**Mr BRAD HAZZARD:** I think that is right; in New South Wales, sure.

**The Hon. PENNY SHARPE:** The reality is that in New South Wales 33 of the 46 deaths that we have had—that is, 71 per cent of them—are from either aged care facilities or the *Ruby Princess*.

**Mr BRAD HAZZARD:** Yes, I assume that is right.

**The Hon. PENNY SHARPE:** You accept that. I am not trying to be tricky about it; I am concerned. New South Wales has had a very good response, proportionately—if we measure ourselves particularly against overseas—but the two areas where we have had such a significant and tragic outcome has been the result of serious problems within bureaucratic systems and decision-making both at the *Ruby Princess* and at the aged care level. I am wanting to know, given what we knew about the *Ruby Princess*—and I am not planning on getting into what the inquiry is dealing with—and particularly Newmarch after the tragedy at Dorothy Henderson, why New South Wales has been so unwilling to use the levers that you have got through the Public Health Act to be more involved than you have.

**Mr BRAD HAZZARD:** In what (inaudible)?

**The Hon. PENNY SHARPE:** Minister, I want to understand. The cases at Dorothy Henderson were a month beforehand. It was moving very quickly; people were trying to understand what was going on. We had the first official case at Newmarch on 11 April. We then find that we have got subsequently secondary infections

coming through there and every time you have tried to bat it back to the Commonwealth. But surely the issue around the actual public health outcomes and the powers that you have under the Public Health Act, you could have chosen to step in and do more, and I am wanting to know why you did not do that.

**Mr BRAD HAZZARD:** I am asking you what did you want me to do that is more?

**The CHAIR:** Minister, you left it 22 days between the first infection at Newmarch being detected and the institution of daily testing for the Newmarch staff. You could have used the Public Health Act to require them to institute daily testing much earlier and you did not. That was a conscious choice by you. Why did you not act earlier?

**Mr BRAD HAZZARD:** You know what? I have seen your press releases. Fortuitously, other Labor parties around the country have not behaved like you have. You have been extremely political and have not actually sought really to do what you said you wanted to do: to be bipartisan.

**The Hon. ADAM SEARLE:** (Inaudible)

**The CHAIR:** Sorry, Mr Searle and Minister, I think the Minister is answering. We would love the answers to be directly relevant to the question, Minister, but we cannot talk over each other. We will have to let the Minister conclude.

**Mr BRAD HAZZARD:** And once he has finished I can answer the way I wish to answer. You said you would be bipartisan and you have not taken that same view. In fact, most of the press releases you have issued have been, to say the least, with scant understanding of anything to do with the health system or the complexity of dealing with this virus—quite scant actually. So the advice that any Minister right around the country, in Labor or Liberal jurisdictions, takes is on the advice of their chief health officers and other frontline health staff. Anything I have done has been on that basis. In order to give you rather than your political opportunism, I will get some substantive responses from Dr Chant as to the history. Dr Chant?

**Dr CHANT:** I just want to clarify the question from Ms Sharpe in relation to the *Ruby Princess*. Is the assertion that the deaths on board the ship were related to the decision to disembark the ship?

**Mr BRAD HAZZARD:** I think that might be the assertion.

**Dr CHANT:** I just wanted to clarify that the passengers of the *Ruby Princess* acquired their infection whilst on the *Ruby Princess*. The decision around disembarkation, which is the subject of the commission's finding—and he is also looking at, presumably, the issues as well as the acquisition on the cruise ship—the issues around the disembarkation relate to secondary cases where those individuals who disembarked could have passed the infection more broadly, but the deaths associated with the *Ruby Princess*, the people that developed those illnesses, acquired that infection on the *Ruby Princess*. I just wanted to clarify that point. But I am pleased to engage in the commission led by Bret Walker into that matter as Health's position always is that we want to learn from any of our decisions and have them openly and transparently reviewed.

Just in terms of the Newmarch cluster, perhaps if I just indicate that the screening of staff and testing of staff occurred throughout the response. For instance, there was a staff member on 10 April that was identified, there was a staff member on 12 April, there were four staff identified on 13 April, there were four staff identified on 14 April, there were an additional three staff identified on 17 April, there was one staff member—

**The Hon. PENNY SHARPE:** Thank you, that is actually very good but providing it in that context is very hard for us to understand. Would you be able to provide to the Committee—I am particularly interested in the testing regime—the difference between staff that were screened and then the staff that were tested and then the staff and the residents who were then proved positive? I assume you have got that with you. I do not need you to read it out now but I would really appreciate getting it in that format because the interchange between the use of screening and testing and when people are found positive makes it difficult to understand exactly what the regime was in place there, and that is what we are seeking to understand.

**Dr CHANT:** We would certainly be happy to provide that to the Committee.

**The Hon. WALT SECORD:** Dr Chant, keeping aside the *Ruby Princess*, Newmarch and Dorothy Henderson, would it be safe to say that New South Wales would be leading the world in responding to COVID-19? If NSW Health and the Government's handling had not been bungled, we would be leading the world.

**Mr BRAD HAZZARD:** Hang on, if you want to ask a simple question rather than a loaded question, then Dr Chant will answer the health question. If you want to ask a politically loaded question, then I will answer the question.

**The Hon. WALT SECORD:** Minister—

**Mr BRAD HAZZARD:** If you want the substance, ask the substance. Don't go on with this political rubbish.

**The Hon. WALT SECORD:** I will rephrase that. Taking aside Newmarch, Dorothy Henderson and the *Ruby Princess*, would the figures in New South Wales be the best in the world?

**Dr CHANT:** The current figures in New South Wales reflect that community transmission of COVID-19 are at low levels. I am very pleased with the high rates of testing and I am very pleased about the fact that we are only encountering a small number of locally acquired. It is going to be important that we are very vigilant in that regard. I also indicate some concepts of disease control, which might be useful for members to reflect upon. What we have learnt about aged care outbreaks is that when we have the introduction of disease into an aged care facility, prevention is the best. So, for instance, having incredibly high vigilance amongst the staff and ensuring that they do not attend when they have the most minimal of symptoms is the key. Because once we get the infection, as you can see as has occurred in settings where you have close contact—

**The Hon. WALT SECORD:** Dr Chant, I am sorry. I am mindful of time; we have very little time. I would like to know in context. It was a very simple question. Putting aside Dorothy Henderson, Newmarch and the *Ruby Princess*, would we not be leading the world?

**Mr BRAD HAZZARD:** She is telling you here now.

**The Hon. WALT SECORD:** I am not asking—I am asking—

**The CHAIR:** I think you have asked the question.

**Mr BRAD HAZZARD:** We are actually leading the world. Our rate is actually better than Japan's, which is out of 128 million people 0.00039 of cases, I think, and ours is 0.00035. I actually think instead of attacking Dr Chant and the health system for an amazing amount of work that they have done, you would be better off asking the facts. I will just remind you, Mr Secord, that she and I have now done three separate webinars and not once have you asked a question in any of those webinars that was on substance rather than politics.

**The Hon. PENNY SHARPE:** Sorry, Chair, can I just ask a question.

**Mr BRAD HAZZARD:** She is already doing the work looking after patients. Stop looking after politics.

**The CHAIR:** Ms Sharpe, just wait. Can we try and have the Opposition ask one question at a time, one Opposition member at a time. Who wishes to ask the next question?

**The Hon. WALT SECORD:** Ms Sharpe.

**The Hon. PENNY SHARPE:** I am going to ask the next question. I will make the point, Minister, that the Parliament is currently not sitting. This Committee exists so that we can ask questions about the response to what has happened. No-one is trying to attack your officers; we are trying to ask questions. We are asking questions on behalf of particularly families, friends and others who have died during this pandemic through errors that have been made that we are still coming to grips with. We are trying to understand that. This is not a political play. This is a legitimate question that we are entitled to ask you.

**Mr BRAD HAZZARD:** I challenge the premise of your question now—"through mistakes that have been made". Who by and by what? The matters around the *Ruby Princess* are being looked at by the commission inquiry. The matters in relation to the other matter that you have raised are also subject to an investigation by Aged Care Quality. But you have no basis whatsoever. There are thousands of people—tens of thousands of people—who have died across the world. NSW Health has done an extraordinary job—the frontline staff, the public health staff and the entire system—and all I am hearing is deprecatory comments and loaded political questions. This should not be about a political exercise. If it were, then you can direct them to me and not to the Chief Health Officer and the secretary.

**The Hon. PENNY SHARPE:** But we are actually asking you. I have actually got a question—

**The CHAIR:** Thank you, Ms Sharpe. Let us return to questions and see if we can elicit some information.

**The Hon. PENNY SHARPE:** I have a very specific question. I want to understand how staff from Aspen, who had been working on the *Ruby Princess*, were allowed to walk into the Newmarch facility. What were the protocols that allowed them to do that and what was the testing and screening that was placed upon those staff?

**Mr BRAD HAZZARD:** Again, the question shows a profound lack of understanding about the New South Wales public health system.

**The Hon. PENNY SHARPE:** Minister, if you just want to say that this has nothing to do with you and that it is not your problem and put it all on someone else you are able to do that. I am giving you the opportunity to explain to the Committee and the people of New South Wales. Just remember that 96 per cent of the aged care cases are New South Wales. These are New South Wales residents.

**The Hon. NATALIE WARD:** Point of order—

**The Hon. PENNY SHARPE:** We are allowed to ask questions on their behalf. I am not arguing the point; I want to understand—

**The CHAIR:** I am going to go to Ms Ward on a point of order.

**The Hon. NATALIE WARD:** I have been silent but I have observed that questioning now appears to be deteriorating into a speech. The Minister was attempting to answer the question and was barely through his first sentence before he was interrupted with a suggested answer by the member. I just ask that we bring it back to the questioning and allow the Minister to provide his own answer in the way in which he chooses.

**The CHAIR:** I think it is a good observation that if we could not talk across each other this will go much more smoothly. I think there is a substantive question on the table, Minister, about screening for Aspen workers between the *Ruby Princess* and the Newmarch nursing home and maybe we could come back to addressing those factual inquiries.

**Mr BRAD HAZZARD:** Aspen Medical was placed (inaudible), as it was on the *Ruby Princess*. NSW Health has no control over those matters. But I will ask Dr Chant from secondary knowledge of anything that can contribute to assist Ms Sharpe, as she obviously would prefer being in the Federal Parliament asking Federal questions.

**The Hon. PENNY SHARPE:** Hang on, before Dr Chant goes there, what I am seeking is actually New South Wales' role in the coordination of this entire response. To be clear—

**The CHAIR:** I think that is understood, Ms Sharpe.

**The Hon. PENNY SHARPE:** So this is not a Federal question.

**The CHAIR:** I think it is understood: The question here is about the role of NSW Health and NSW Health officials.

**The Hon. PENNY SHARPE:** Correct.

**The CHAIR:** Dr Chant, if you could answer in that context it would be of great assistance.

**Dr CHANT:** In regard to the movement of Health staff, perhaps I will answer that initial proposition, Aspen would have employed those nurses and been requested to provide nurses and they would have provided nurses. There is no barrier to healthcare staff that have been working with COVID-positive cases in our healthcare system attending other places provided that there has not been a breach in their infection PPE. The Aspen staff would have been clearly in providing services in the *Ruby Princess* setting knowing that that was an outbreak they were wearing infectious PPE. There were actually 30 infection control nurses from Aspen deployed to ensure that the *Ruby Princess* crew situation was being managed with the utmost attention to infection control. That is all I can comment about the fact that healthcare workers that are working in areas where for instance ED et cetera can go and work in another area. The only time that they would not be is where they were (inaudible) in infection control if they had attended a COVID-positive patient. I hope that answers the question just about that Aspen aspect.

**The Hon. PENNY SHARPE:** Just a quick follow-up. I just think that most people, myself included in this, were very concerned to hear that people had basically been on a boat that we know was significantly compromised in relation to the virus and were able so quickly to just move across. I do accept that within hospitals that that is quite a standard thing for people working with COVID patients but it is the transfer from the two sites. I have to say after your answer, Dr Chant, I am still unclear about—does New South Wales really have no role in that, that basically the Federal Government informs us of that and we just sort of go "yes" or "no"? I mean, is there any point at which you seek to intervene to get a better outcome if you are at all concerned about what is going on?

**Mr BRAD HAZZARD:** The answer there, Ms Sharpe, is that as much as—the answer is: Federal Government regulate a body. Anglicare has a role, or whichever NGO is managing, has a role. If the patients do not have their own GPs for some reason—which in this case they still do have in many cases but they are doing it by Telehealth—if there are broader issues that come up—for example, with that situation, when the first worker was identified, the lady who was first identified, there were a whole series of people who were taken offline because they were working in there and they were contacts of her. Some were obviously the patients who were contacts but there were a whole lot of workers. So they were in isolation. We have had that happening since early February. Everybody has learned what isolation means. So a lot of people were taken offline.

In the short term, NSW Health offered some help. But it is not their role but they offered help by putting some nursing staff in there. And then the Federal Government with Anglicare worked together and came up with the suggestion that—obviously, I was not party to the discussion so I don't know precisely but I am hypothesising that they could possibly get Aspen Medical to provide staff. At that point Aspen Medical did precisely that. And Aspen been working in there for all that time. When NSW Health came in it was more—normally a GP would refer, in other circumstances you would have been to a specialist but the specialist you only see normally when a GP has referred you to it. In this case what NSW Health said was, "Look, we're quite happy to help and get in there with some of the specialists if you really need us." And we thought they obviously needed us, so we did that. Sorry, Ms Sharpe, I saw you say something but I could not hear what you were saying.

**Dr CHANT:** I would have to ascertain the fact that if Aspen would have been asked to provide nursing staff we would not have been told where those nursing staff were sourced. We would have been more concerned about the qualifications and others. But if you have any information—I think the concern that you have got or the assertion you are making that they somehow introduced this virus into the facility, I would be happy to follow that up. But Aspen, I'm not sure, would have actually mentioned exactly this being a concern because their staff would have been following—Aspen would have been responsible for ensuring their staff are wearing appropriate PPE. They were in a known COVID-positive and then they would have been deployed in accordance with the need.

**The Hon. PENNY SHARPE:** Sure. With all those reassurances, let's remember that one of the Aspen staff has been stood down for failure to use proper PPE.

**Mr BRAD HAZZARD:** Hang on, let's not go blaming staff. You want to blame everybody at the moment.

**The Hon. PENNY SHARPE:** I am not blaming the staff at all, Minister. I am interested in the role of NSW Health in containing an outbreak. Ninety-six per cent cases across Australia—

**Mr BRAD HAZZARD:** Seriously, New South Wales and Australia have (inaudible) outcomes of any Australian territory and what she was saying clearly (inaudible).

**The CHAIR:** Ms Sharpe and Minister—Ms Sharpe, you made an observation about a breach of PPE and I think it is fair that the Minister or Dr Chant respond to the proposition about a breach of PPE if they choose to.

**Dr CHANT:** I am aware peripherally that Aspen have taken action in relation to that. I am aware that any positive person detected would have been removed from the facility and an assessment of close contacts would have occurred. Even assessment of close contacts takes into account whether the people were wearing appropriate PPE at the time. I just really want to put on the record again that the passengers on the *Ruby Princess* acquired their infection on board the ship. The disease onset, as I mentioned to you, is 14 days. A number of them had been obviously developing the symptoms towards right at the end of the cruise, following when they disembarked and on the subsequent days. All of those infections occurred through their exposures on the cruise ship. Nothing that NSW Health could have done would have prevented those cases.

What we are clearly responsible for is any onward transmission, if there was an error in the decision-making around disembarkation, noting also that all of people on the *Ruby Princess* were going home and under directions to self-isolate for 14 days. Yes, it is important to look at the global numbers but also if people are self-isolating in homes, that again protects the risk of transmission onwards. I can just say that we understand that aged care facilities are going to be one of the most important settings for our public health response. I was personally involved in the Dorothy Henderson response and learnt a lot very quickly. We have learnt progressively about our responses. That will be incorporated into the national guide for investigation and management of outbreaks. We are learning more about the benefits of widespread testing—symptomatic and asymptomatic—which was used early on in this. That was a learning from the Dorothy Henderson (inaudible) and international literature.

There is still much for us to learn about this but aged care settings are certainly a key priority for us. We are working closely with the Commonwealth in learning all we can about the steps we need to take in place and we have got prevention and in terms of really upping the screening. To be fair, people have seen COVID as a very serious illness. They have seen pictures of people on ventilators and people with very severe illness. What we are now saying is that—and we have been saying this all along but even more acutely now that we are aware—some people can have the minimalist of symptoms. We are also recognising that in some high-risk settings that asymptomatic carriage may be there. There is still a lot to know about transmission risks in asymptomatic. Also even in the pre-symptomatic periods there is much more for us to learn. But what we know is that preventing COVID getting into aged care facilities is the key and having a quite coordinated response. I just want to reassure the community that aged care—we have recognised a need to work across all agencies cooperatively in our response to aged care facilities.

**The CHAIR:** Thank you, Dr Chant. We are going to move to Ms Faehrmann now.

**Ms CATE FAEHRMANN:** Thanks, Chair. Minister, continuing on from what Dr Chant just said in relation to working with aged care, which was very good to hear, I am looking at the NSW Health website at the moment and I can see that there are very good directions there for NSW Health staff in relation to PPE. There is lots of guidance. There are videos and there are also directives in terms of when to wear PPE as prescribed in certain guidelines. Can I ask whether NSW Health or whether you now going forward will ensure that this also applies to aged care workers?

**Mr BRAD HAZZARD:** Aged care again is Federal, but the Federal Government has all that up on its website for all its staff and Federal aged care staff. It is being done.

**Ms CATE FAEHRMANN:** Is it exactly the same? Is it standard across the board now?

**Mr BRAD HAZZARD:** Ms Faehrmann, sorry, I don't know that. But the Federal Government has put up those things. I am not quite sure of the point you are making but there has been a lot of work done certainly in the State situation in the last now seven or eight weeks to educate frontline staff about the correct use of PPE. This is all being done. The whole thing has been a progression of incredible speed to try to make sure that at a time when we were seeing literally the world collapse around us we keep New South Wales and Australia safe. But health staff, like you and I, were seeing what was happening overseas and they were really worried.

**Ms CATE FAEHRMANN:** Sure.

**Mr BRAD HAZZARD:** The normal PPE that was available was there but worries were that in terms of our forward planning and mapping we were seeing that if we did end up not holding this as we wanted to we could have had a massive curve, a massive increase that would have gone beyond the capacity of our intensive care units [ICUs]. ICUs are not just physical facilities; it is the staff, it is the PPE, it is all of the training that is necessary. I think it is fair to say that everybody was scared, everybody, including those frontline staff. Some frontline staff were using PPE in a way that was not absolutely necessary. They were using it when it was not absolutely necessary. So the limited amount of PPE that was available was being worn and, if you like, overused. There has been a lot of emphasis both at the Federal level and the State level and all other States and Territories are doing the same thing; all the Labor and Liberal States have been doing the exactly the same thing—trying to make sure that the frontline staff are well educated through various training modules about when to wear PPE and what to wear. The result of that we are seeing now—

**Ms CATE FAEHRMANN:** Thank you, Minister. I have 10 minutes.

**Mr BRAD HAZZARD:** You asked the question, Ms Faehrmann. I am allowed to finish. Let me finish the rest of the answer and then I will give it to you.

**Ms CATE FAEHRMANN:** Minister, I was also taking up time—

**The CHAIR:** Ms Faehrmann, I think we will let the Minister—I think the Minister was drawing to a conclusion. Everyone should be mindful that we have a limited amount of time. Minister, obviously you have the right to finish your answer.

**Mr BRAD HAZZARD:** I am answering in a substantive way on the issue. What I was about to finish and say was that PPE, as a result, we are now seeing initial signs that less PPE is actually being used because staff are being given that additional education. So the fear factor is dropping, particularly as they know that there is more and more PPE available through the various capacities that each of our State and Territory governments have done and the Federal Government. They have all been working flat out on this, so I think we are seeing less. What is actually the issue then, Ms Faehrmann, that you need answered?

**Ms CATE FAEHRMANN:** Thank you, Minister. The question is in relation to ensuring that all staff on the front line who are working in situations with COVID-19 have the same instructions in relation to wearing PPEs. I had a quick look on the Federal aged care website. It seems to me it is a guidance, not an instruction. On the NSW Health website it says that where safe working practices confirm PPE is required for the protection of staff due to COVID-19, "in all circumstances staff are to wear prescribed PPE as instructed" et cetera. I do not think that is the case in aged care, is it?

**Dr CHANT:** I am just looking on our website and I am happy to provide the link. It says that PPE should be worn when caring for someone with a confirmed or suspected COVID case. It gives advice to wear a gown, mask, protective eyewear and gloves and to remove the PPE before exiting the room and the person's home. It gives guidance on the use of PPE. It gives a video. It also says that aged care providers can request PPE off the Commonwealth and the department will assess requests and will consider that. So I think that the Department of Health is working to ensure supply of masks and other PPE for the aged care sector. We would be happy to do that. The same PPE would be required for aged care workers and health care staff when they are in those settings.

**Ms CATE FAEHRMANN:** Thank you, I do see that it says that PPE should be worn. I think there is a difference that I am sure you are aware of, Minister, with "should be worn" as opposed to "in all circumstances staff are to". Let's move on. I have a question related to the growth factor of the virus. We are aiming for one or below. Is that correct, Minister?

**Mr BRAD HAZZARD:** I am sorry, Ms Faehrmann, say that again.

**Ms CATE FAEHRMANN:** The growth factor of the virus, we are aiming for one or below. Is that correct?

**Mr BRAD HAZZARD:** Are you asking about the R0 factor? I will ask Dr Chant to answer that. Is that what you are asking about, the R0 factor?

**Ms CATE FAEHRMANN:** Yes, correct.

**The CHAIR:** Yes, it is.

**Dr CHANT:** At the moment we are attempting to suppress the virus. Obviously ideally we would get beneath R0, beneath one or an effective R0. However, as we release restrictions we are likely to see some increase in cases, so that is a balancing act. We are trying to keep the R0 as low as possible, balancing the fact that as we resume normal activity—there are health disbenefits from unemployment and there are health disbenefits from not having children at school. There are a multiple—as we go through this, we will be using public health measures, including our contact tracing and our case finding with our high rates of testing, trying to continue that and also our social distancing and our public health measures. This will be finely calibrated as we are going forward to get that optimum balance between disease control and lowering that effective R0 as well as we can with some of those other social and economic imperatives which also lead to health and wellbeing of the community.

**Ms CATE FAEHRMANN:** Thank you, Dr Chant. What are the markers, if you like, that the Government is using in terms of easing restrictions in relation to the growth rate? At the moment, as I understand, it is increasing a little bit now. It is 1.05; I think it was 1.04 a day or two ago. It is certainly on the increase, yet there is talk about easing some restrictions. So what marker in terms of that growth rate is the Government focused on?

**Mr BRAD HAZZARD:** Can I start by saying—Dr Chant can answer the medical stuff. I answer first of all by saying that there is a drive to try to make sure that there is a balance here because there are mental health issues and economic issues interconnected. So it is not just the virus per se; it is the virus and its interconnection with the entire community and how the rest of the community will or will not operate. So the Australian Health Protection Principal Committee [AHPPC], being the health officers, make their recommendations to the National Cabinet, which consists of Labor and Liberal first leaders, first Ministers. They then make recommendations back to each individual State and Territory. Dr Chant, would you like to add to that?

**Dr CHANT:** Ms Faehrmann, would you be able to indicate what your source is of that R0 value of 1.05, I think you indicated?

**Ms CATE FAEHRMANN:** This is the ABC from yesterday, updated about an hour ago.

**Mr BRAD HAZZARD:** What is the ABC's source?

**Dr CHANT:** What is the source of that?

**Mr BRAD HAZZARD:** You would be surprised that sometimes the media say things that are not actually accurate.

**The CHAIR:** Perhaps, Dr Chant, if you have some other numbers, please give us those numbers.

**Dr CHANT:** We have been looking at the modelling data but in this current situation of low levels the modellers have to actually use different techniques and there are wide confidence intervals. The data I saw yesterday had wide confidence intervals but it looked like our R0 was beneath one for a little period of time, or currently beneath an R0. I will answer the question from the point of view of the things that we need to give us confidence that our R0 is low. I think we have to be a little bit careful about too much precision about the R0.

What we need to have is a high rate of testing—and that includes accessing vulnerable people—because what you can see is occurring in Singapore. Singapore had the first wave, which they managed well, but then once it got into their foreign workers they had outbreaks, which they met. For us, what we are focusing on is making sure we have high testing rates overall but making sure also that the vulnerable—our ways of reaching the vulnerable, making sure that we have our drug and alcohol, our homeless—we have got testing in those populations because we do not want outbreaks in those areas where potentially people are not able to access or there may be barriers to accessing it in an institutional way. So we need high rates of testing but I know it also needs to be statewide and it is also needed to be across all of our vulnerable groups.

The next bit is the locally acquired. For me, I am not concerned by cases that are occurring in our hotels. This is why overseas cases that are isolating, even though they might add to our numbers and even as we repatriate a large number of Australians overseas, the fact that cases occur in that and increase our numbers does not mean that we have lost control. It means that we have case findings and they are being quarantined for those 14 days in our facilities. The ones that cause me concern are where I have cases emerging that are not linked to clusters. So where I don't know the source of the infection it means I have missed the index case, I have potentially missed many other cases. And then we are using this detective work to go back and find out was there was a point source, were there are a couple of (inaudible) index cases to that person and did that index case infect others? The aim is to use our public health contact tracing to block those transmission routes.

The other thing I need to know is I have got public health capabilities to be doing that contact tracing in terms of responding to that. Ms Faehrmann, whilst we rely on the modelling, in this very low prevalence and low incidence some of the modelling is more challenging and has very wide confidence intervals. What I need to be satisfied is that I have high testing rates and I am not finding much disease but I need to know that the testing is reaching all members of the community.

**Mr BRAD HAZZARD:** In other words, because we are doing really well it actually makes it very difficult to actually do the modelling because we do not have a stat like America or like Italy or what have you. We had to rely on some of our modelling in the early days on some of those overseas jurisdictions. So we are doing so well that that then makes it a little challenging.

**Dr CHANT:** I would also say that we also look at a number of other indicators. And I am pleased to say how effectively whole of government is working in terms of things like transport data, education attendance data, Google mobility data, all of that sort of data, which gives us some indication. But, again, it has to be applied with a lens, because people can move about to see if they move about safely. But it does give us an idea about whether people are starting to get more active. Again, the real proof in the pudding will be whether that increase in mobility is translated into increased cases or whether people are adopting the messages about not going out when you have even the mildest symptoms—

**Mr BRAD HAZZARD:** Social distancing.

**Dr CHANT:** —getting tested, hand hygiene and social distancing. I think one of the key things that has been really pleasing about this is to demonstrate how working with the community we can affect, through our public health contact tracing, we can actually effectively change the R0. So as you are aware, the R0 is around 2.53 and in some settings may well be higher. It may be incredibly high in closed environments. But what we know is that we have been effectively able to bring that down. I just want to acknowledge the work of the community in working with us to do that, to achieve that outcome.

**The CHAIR:** Thanks, Dr Chant. We will go to Mr Borsak now.

**The Hon. ROBERT BORSAK:** Are you aware of reports from St George Hospital that doctors and nurses have been exposed to risk of catching COVID-19 due to a shortage of PPE?

**Mr BRAD HAZZARD:** That is not true. Where is that story from?

**The Hon. ROBERT BORSAK:** Sorry, you missed the start of that. I was addressing it to Dr Chant before I was muted. I apologise.

**Mr BRAD HAZZARD:** Yes, but I am actually asking you where did you get that report from, that people were exposed to COVID?

**The Hon. ROBERT BORSAK:** I am asking the questions here. If your answer is no, then it is no. If it is yes, it is yes.

**Mr BRAD HAZZARD:** I will repeat again, what is the source of your information?

**The Hon. ROBERT BORSAK:** And I am telling you that I am asking you a question I would like you to answer, please. If you do not know the answer, tell me so.

**The CHAIR:** Well, Minister—

**Mr BRAD HAZZARD:** The questions have to be based in substance, Mr Borsak. I am asking you where that came from.

**The Hon. ROBERT BORSAK:** You are obviously not going to answer the question.

**Mr BRAD HAZZARD:** We will take it on notice since you do not want to give us any details on it. What is the next one?

**The Hon. ROBERT BORSAK:** The detail is in the question.

**Mr BRAD HAZZARD:** As I said, we will take it on notice. What is the next question?

**The Hon. ROBERT BORSAK:** Well, you did not say that; you have just said it now. Thank you.

**Mr BRAD HAZZARD:** I have said it twice.

**The Hon. ROBERT BORSAK:** Dr Chant, has your office received any letters or emails from frontline staff warning that they were at risk due to shortages of PPE?

**Dr CHANT:** There are multiple executives who may have received some of that information. I think it is fair to say that there has been concern amongst healthcare workers around PPE, and I certainly acknowledge their concerns. I mean, I think anyone who watches the news overseas, where there have been clear shortages in those countries—I think when the case numbers were increasing our healthcare workers were very concerned. I think some of the problems have been that early on there was the need to make sure that we had good logistics supply chains, resupply and there was also a lockdown of some of the stock, not for the purposes of not making it available to healthcare workers but the normal security that you would actually expect us to put in place around very precious stock.

I think, as I answered my previous question, I am aware that we need to do better at communicating to healthcare workers and have escalation pathways so that healthcare workers know how to navigate if they are having a problem, if they feel like they do not have the right PPE for their circumstance, if they have no access to something. Those problems often reflect just a lack of knowing where to escalate it and effective escalation at a local level. I hope that there have been steps put in place within local health districts and I hope that some of those issues were historical in nature. But if they are ongoing, that just reflects that we have to do more to reassure healthcare workers that there is an adequate supply of PPE. I just want to acknowledge the work in the whole of government to actually procure PPE.

**The Hon. ROBERT BORSAK:** Dr Chant, so you are saying that there is correspondence, emails or letters perhaps, in your office or in NSW Health? Could you table those, please?

**Mr BRAD HAZZARD:** She did not say that.

**Dr CHANT:** I did not say that there are but I am just saying that I cannot preclude that because I do not have visibility of all correspondence that has come to the Ministry of Health, but I am aware of media reports and those have been investigated. But what I am concerned about is if there is an ongoing concern amongst healthcare workers, it highlights the fact that we have to redouble our efforts with communicating that there are adequate supplies of PPE. We still need to be wise in our use of PPE because it is a resource that is finite, but we have adequate PPE and I am concerned if healthcare workers are not being supported.

**The Hon. ROBERT BORSAK:** Thank you. So you are saying that your office has received no written correspondence complaining about a lack of PPE?

**Dr CHANT:** I am saying that I would not have visibility of every piece of correspondence that has been provided.

**The Hon. ROBERT BORSAK:** No, but that is not my question. I am saying, has your office received—

**Mr BRAD HAZZARD:** She has answered the question, Mr Borsak. Do you have another question?

**The Hon. ROBERT BORSAK:** Actually she has not answered the question. I do not need you to run interference, thank you, Minister.

**Mr BRAD HAZZARD:** Actually, I will tell you what—

**The CHAIR:** Sorry, Minister and Mr Borsak—

**Mr BRAD HAZZARD:** Stop asking questions off the back of media.

**The Hon. ROBERT BORSAK:** I will tell you what.

**The CHAIR:** Sorry, Mr Borsak and Minister. Dr Chant, is there anything further you wanted to add to that question about the receipt of correspondence?

**Dr CHANT:** I just wanted to say, in terms of the receipt of correspondence, there is nothing that I can recall at this time. I know that from time to time when I have had discussions in clinical groups and with other clinicians the issue of access to PPE has come up. Again, in all of those cases when it has been raised with me I have followed up with the relevant local health district to ensure that is the case. So I cannot say that I have not heard the issues around PPE certainly in our clinical engagement with clinical groups concerned around PPE access and availability, and in those cases where it has been raised we have followed up with the relevant local health district.

**The Hon. ROBERT BORSAK:** Thank you. Minister, why were you happy to send Kelly-Anne Ressler into the Walker inquiry to answer for your mistakes?

**Mr BRAD HAZZARD:** You know, you really have a problem, but maybe you do not realise there is a commission of inquiry going on and I do not intend to answer any questions about that. But I certainly did not send her there. But what I do appreciate—

**The Hon. ROBERT BORSAK:** I did not ask you that question. I said why did you send her in there?

**The CHAIR:** Mr Borsak, I think you have to give the Minister the opportunity to answer. He was in the middle of his answer. Minister, back to you.

**Mr BRAD HAZZARD:** First of all, I did not send Dr Ressler. Secondly, clearly you are not the slightest bit interested in actually treating her with any respect because she is currently before the commission and to raise her in this particular context is completely inappropriate. Thirdly, can I say that I 100 per cent back all of the health staff on the front line who are working in a very, very difficult situation, in fact unprecedented in the last 100 years. So I do not think it pays to play politics, Mr Borsak, but admittedly that seems to be your main game. I tell you what, I prefer your colleagues. Mr Butler is a good person, the member for Orange is a good person. You need to take lessons from some of your colleagues.

**The CHAIR:** Minister, I think if we restrict ourselves to questions and you restrict yourself to answering them, this will have a much smoother run. Back to you, Mr Borsak.

**The Hon. ROBERT BORSAK:** Thank you, Mr Chair. I really do like the fact that I get under your skin, Mr Hazzard. You really deserve it. Dr Chant—

**The CHAIR:** Mr Borsak, again.

**The Hon. ROBERT BORSAK:** Sorry?

**The CHAIR:** Rather than individual observations, questions.

**The Hon. ROBERT BORSAK:** Dr Chant, on the four-person panel that decided on the *Ruby Princess* release, who was on that panel that made the decision on the day?

**Mr BRAD HAZZARD:** Mr Borsak, not only do you not understand the type of question you can ask in a parliamentary committee, you also do not understand that when there is a commission of inquiry on it you do not actually canvass matters that are before the inquiry.

**The Hon. ROBERT BORSAK:** That is a simple question that needs a simple answer. Who were the four people on that committee?

**Mr BRAD HAZZARD:** I would agree that most questions that come from you are simple, and I have answered them.

**The Hon. TREVOR KHAN:** Point of order—

**Mr BRAD HAZZARD:** When are Roy Butler and Phil Donato going to take over your party?

**The CHAIR:** Sorry, Minister, if you could just pause and, Mr Borsak, if you could pause. Mr Khan has a point of order.

**The Hon. ROBERT BORSAK:** When are they going to sack you, Brad?

**The CHAIR:** Minister and Mr Borsak!

**Mr BRAD HAZZARD:** Inner city claiming to be for farmers.

**The Hon. ROBERT BORSAK:** You're hopeless.

**Mr BRAD HAZZARD:** Like you, Mr Borsak.

**The CHAIR:** Mr Khan.

**Mr BRAD HAZZARD:** How often do you actually get out to the bush from your inner-city residence?

**The CHAIR:** Minister, this is not doing anyone any credit. We will go to Mr Khan on the point of order.

**The Hon. TREVOR KHAN:** I think there are two points of order that now have arisen. The first one relates to your opening where it was indicated that essentially we would not be dealing with the substance of the *Ruby Princess* inquiry. We are clearly straying into that. That is my first point of order. In my view it is not appropriate for that line of questioning to continue at this time. The second point of order relates to the requirements that are on all members to act with courtesy towards witnesses. I suppose it could be said that is a two-way thing, but nevertheless it seems to me this is losing the appropriate level of civility.

**The CHAIR:** The point of order on civility is well made and that is an expectation on both the members and the witnesses. I would ask members and witnesses both to engage with each other in a civil fashion. I agree that we do not want to be second-guessing the outcomes of the special commission of inquiry. That was made clear at the outset. If the Minister wishes to take that point, that the matter is before the inquiry, he is entitled to do that. I will go back to Mr Borsak, if he wants to press that question or if he has one final question, and then that will bring a conclusion to this particular round.

**The Hon. ROBERT BORSAK:** My question is very simple: Why did the Minister not appear in front of the inquiry?

**Mr BRAD HAZZARD:** Look, seriously, I am not answering that.

**The CHAIR:** Minister, are you taking the point that that is a matter before the inquiry?

**Mr BRAD HAZZARD:** It is a matter before the inquiry and the inquiry—Mr Borsak has been in Parliament for about eight years. If he does not understand the independence of an inquiry and how the parliamentary processes should respect that, then I am sorry about that, but I do. I have been here for 30 years and I know exactly how it should work. I have not been called before the inquiry. The way he is going he will be because he is making all sorts of false assertions.

**The CHAIR:** All right, Minister. Just to end this, you have not yet received a request to appear before the inquiry?

**Mr BRAD HAZZARD:** No.

**The CHAIR:** And if you did receive one would you appear before the inquiry?

**Mr BRAD HAZZARD:** That is a hypothetical. I do not intend to answer hypothetical questions.

**The CHAIR:** Thank you, Minister. We will go to the Opposition.

**The Hon. ADAM SEARLE:** Minister, your office has confirmed that NSW Health has provided health services to those in Newmarch, including through the Hospital in the Home program. Minister, are you aware of concerns held by relatives of residents about the shortcomings of that program, in particular that in Newmarch

there are no X-ray machines and apparently no monitors for heart rates or oxygen saturation in blood, which are necessary to provide medical care? What are you doing to ensure the residents in Newmarch are getting the full suite of medical care they need?

**Mr BRAD HAZZARD:** I will ask Dr Chant to answer that.

**Dr CHANT:** I would have to refer to the advice of the infectious disease specialist who is providing care. Can I just acknowledge the infectious disease specialist who has been in that facility. We will follow up after this Committee to see if there are any concerns around adequacy of equipment to adequately monitor patients in the facility.

**The Hon. ADAM SEARLE:** Minister, are you also aware that with those who have been in Newmarch who have passed, there are some concerns that they might not have received the full suite of end-of-life care, including pain relief? Are you aware of those concerns held by some relatives of residents at Newmarch and what are you doing to address them?

**Mr BRAD HAZZARD:** I will refer that to Dr Chant.

**Dr CHANT:** I believe that Nepean Blue Mountains also have in place a geriatric and palliative care team available. There was also the role of the general practitioners. Again, I would be concerned if anyone did not receive appropriate end-of-life care. I think it is such an essential part of health care. If you would like to raise any of those concerns, we can follow up with the team to see if the referral was made and if there was a plan put in place to support end-of-life care. I understand that there were advanced care directions in place for the large number of residents there. Again, I would be happy to investigate any circumstances you would like to raise.

**The Hon. ADAM SEARLE:** I certainly will follow up on those things. Minister, to be clear, you are not aware of those concerns? They have not been raised with you and you are not aware of them?

**Mr BRAD HAZZARD:** Mr Searle, any issues that are raised by my Liberal or Labor colleagues, and there are many, my office responds and certainly I usually respond to make sure that Health is aware of those issues and make sure that there is a response, particularly if family members are feeling that they have not had all of the necessary support from whoever. Having said that, I have not received any requests from you with regard to this issue.

**The Hon. ADAM SEARLE:** I am raising them with you now. I will follow up.

**Mr BRAD HAZZARD:** I am saying if it is substantive. I have numerous requests from many of our Labor colleagues, a lot of issues, and every single issue has been addressed by me or by my staff and that is the way it would be. So if you have serious issues and serious concerns—

**The Hon. ADAM SEARLE:** I do.

**Mr BRAD HAZZARD:** Well, raise them with me and I will make sure they get addressed because it is horrific to think that there are people who are feeling that their loved ones are not getting the services. I would be extremely concerned about that and it would have been addressed well and truly if you or any of your colleagues had raised that issue with me but you have not.

**The Hon. ADAM SEARLE:** Well, I have only just become aware of them myself. I have been talking with the families. Have you met with the families, Minister? Have you heard of their concerns firsthand?

**Mr BRAD HAZZARD:** No, but what I have made clear to the front line—

**The Hon. ADAM SEARLE:** Well, I have. Why have you not met with any of the families?

**Mr BRAD HAZZARD:** There have been no requests and you have not made that request to me either.

**The Hon. ADAM SEARLE:** Well, I understand that, but I am asking you. So you have not reached out to the families—

**Mr BRAD HAZZARD:** You have not requested it, nobody has requested it and the families are being looked after by the various doctors. What was that wink for, Mr Searle? What was that wink about?

**The Hon. ADAM SEARLE:** I was not winking.

**Mr BRAD HAZZARD:** Yes, you just winked. It was well and truly clear that you winked.

**The CHAIR:** Sorry, members and Minister, again, if we could treat each other on both sides with courtesy this will be far more beneficial for the public, who actually want to get information.

**Mr BRAD HAZZARD:** It would be.

**The CHAIR:** Minister, my observations are to all participants in this inquiry. If we can treat each other with courtesy and not try to inflame the situation.

**Mr BRAD HAZZARD:** I will just remind you, Mr Chairman, that I think we have participated, but there have been three different webinars involving all members of Parliament. Not once have these issues been raised, not once have they come to my office with any names of people—

**The Hon. ADAM SEARLE:** Minister, I attended two.

**The CHAIR:** Well, Minister and Mr Searle, we will go back to the Opposition, back to the question-and-answer format.

**Mr BRAD HAZZARD:** There is a time for politics. Stop now. Grow up.

**The Hon. ADAM SEARLE:** Mr Chair, my question is to the Minister. Minister, healthy residents at Newmarch have only just been separated from those with COVID-19 I think in recent times. Why did NSW Health or you as Minister not intervene earlier to ensure that separation of COVID-19 infected persons from other residents?

**Mr BRAD HAZZARD:** Let us get something very, very clear here: You are coming to this from a political perspective.

**The Hon. ADAM SEARLE:** No, I am just asking the question.

**Mr BRAD HAZZARD:** Even your press releases, you know, your spokesman and your leader have shown an immaturity beyond imagination, which has not been—

**The Hon. ADAM SEARLE:** Minister, my question is not related to those matters.

**Mr BRAD HAZZARD:** If you were really interested, many of your Labor colleagues have come to me with serious issues and every one of them has been addressed. On that particular issue I would just make it very clear, if and when you ever, ever get to be in government and you are made the health Minister, hopefully you will take advice and not become an instant expert in everything. Because at the moment you seem to think you are. You are not a clinician, nor am I. I take advice from the clinicians. I will ask Dr Chant to give the advice you are seeking.

**Dr CHANT:** Could you clarify your comment? In terms of the patients, you are saying that people shared rooms?

**The Hon. ADAM SEARLE:** No, in recent times I have read and heard that residents with COVID-19 at Newmarch have been separated from those who were COVID-19 free. I was just querying why that separation had not occurred at an earlier time, including why New South Wales had not intervened to ensure that.

**Dr CHANT:** I am sorry if there is misunderstanding in the way that this has been communicated but individuals are in their own rooms and they are isolated. Staff are using PPE for all the patients. There are three wings in the facility and there is one wing where there have not been COVID-positive residents. I am always cautious because I understand the 14-day incubation period and obviously we have had new cases amongst the staff. So we are particularly vigilant, but that already had happened. What I think you are alluding to, Mr Searle, is that in the other two wings there clearly has been separation. But as patients are cleared of COVID infection then there can be further reconfiguration in those two other wings in order to ensure that we are very clear that people who have not had COVID or people who are at risk of incubating are separated again.

But just to be clear, all of the patients were in their own rooms, there were infection control procedures in place with staff wearing PPE. But as we go through and wait 14 days, and it is clear who has been infected and who has not, then there can be further re-assortment. But this reflects the fact that daily there are specialist experts, including pre-eminent infectious disease experts on behalf of the Commonwealth, our infectious disease specialists from Nepean Blue Mountains who are attending to that, and the plans are adjusted as we work through this evolving situation. So just to be clear, the residents were isolated and separated.

**The Hon. ADAM SEARLE:** Thank you, Dr Chant. Minister, 71 per cent of the COVID-related deaths in New South Wales come from aged care or from the *Ruby Princess*. Does your Government accept any responsibility for those deaths, the 16 deaths at Newmarch House and the 22 deaths from the *Ruby Princess*?

**Mr BRAD HAZZARD:** The Government has worked extremely hard, along with all of the frontline health staff and all of the other agencies, to work together. As Dr Chant answered that question before, the aged

care facilities and cruise ships across the world have been highly problematic. New South Wales actually leads the world in its results at this point. Now, none of that detracts from me saying that I am sorry that people have lost loved ones; that is an extremely sad situation. But, also, that is what is happening across the world. So we need to be cognisant of the fact that the Government has done—as have all of the Labor and Liberal governments around the country and the Federal Government—an extraordinary job working with the community. None of these good results could have been done without the community being on board with these issues. They have accepted the decisions and they have worked with us. Meanwhile, unfortunately you, perhaps suffering relevance deprivation syndrome, you and your colleagues have been putting out non-bipartisan press releases which have not contributed one iota to any of the positive outcomes.

**Dr CHANT:** Could I just interrupt at that point because I have the healthcare worker data and I am happy to provide that at an appropriate point, but I just urge the Chair of the committee—

**The CHAIR:** Now would be useful, thanks, Dr Chant, and then we will go back to the Opposition.

**Dr CHANT:** Okay. So in terms of the healthcare workers, 30 healthcare workers acquired their infection overseas, two are a result of interstate travel, 13 were household contact with a confirmed case, seven were a close contact or casual contact with a confirmed case, 10 were linked to a known cluster outside a healthcare facility and there were 82 possible healthcare worker exposures. Of those 82, 49 out of the 82 were in a public New South Wales healthcare facility—as I said, these are possible healthcare exposures—12 of the 82, or 15 per cent, were in a private New South Wales health facility; 20 out of the 82, or 24 per cent, were in a primary healthcare community setting; and one was in a public interstate facility.

**The CHAIR:** Thanks, Dr Chant.

**The Hon. ADAM SEARLE:** Minister, on 23 April the Commonwealth's Chief Medical Officer told the Senate Select Committee on COVID-19 that in May 2019 a pandemic planning exercise was done in partnership with NSW Health and that included modelling in relation to cruise ships. Minister, why did that not work in connection with the *Ruby Princess*? What went wrong?

**Mr BRAD HAZZARD:** Dr Chant?

**The Hon. NATALIE WARD:** Point of order, Chair—

**The Hon. ADAM SEARLE:** To be clear, I am not asking about the special commission of inquiry; I am asking about the pandemic planning exercise.

**The Hon. NATALIE WARD:** Let me take my point of order.

**The CHAIR:** We will go to Ms Ward.

**The Hon. NATALIE WARD:** Thank you, Chair. It has been very clear and it has been reinforced that this Committee's purview is not to canvass issues which are currently under consideration by the special commission of inquiry. The member is clearly going there. I care what his commentary is, we have agreed on that. I do not know that it is useful to attempt to go back there for political reasons once again. I object to the question. I ask you to draw him to the subject matter that we are here to consider and that the people of New South Wales want us to talk about, which is not what is being considered by the special commission.

**The CHAIR:** Thanks, Mr Ward. I think the Minister and Dr Chant know the scope of this inquiry and I think the Minister had just referred it to Dr Chant. Dr Chant, if there is anything you wish to add, noting the earlier discussion about the scope of this inquiry?

**Mr BRAD HAZZARD:** Mr Chairman, with the benefit of Ms Ward's most astute observation, I think it is wise that there be no further comment on that matter because clearly it is before the commission of inquiry. I also note the double-banged assumption underlying that anyway. If that was a question that was used in court, it would not get past the first base and I am surprised—

**The CHAIR:** Minister, we were doing well before that last little bit of gloss. I will hand it back to the Opposition.

**Mr BRAD HAZZARD:** I am just trying to help.

**The Hon. JOHN GRAHAM:** Minister, the National Cabinet is—

**Mr BRAD HAZZARD:** Mr Chairman, Dr Chant is showing a remarkable interest in at least giving some general comment in regards to the cruise ship.

**The CHAIR:** I could see Dr Chant had something she wanted to put on the record. We will go to Dr Chant and then we will come straight to Mr Graham.

**Mr BRAD HAZZARD:** I have learnt as health Minister in the last three and a half years that when Dr Chant wants to say something it is wise of me just to keep quiet and let her do it.

**Dr CHANT:** I suppose just as a general response to say that NSW Health recognises the challenges of cruise ships, and at the time I believe there had also been early advisories from the Australian Health Protection Principal Committee providing advice around the warnings around the risks of amplification of COVID-19 in closed settings, in particular cruise ships. So cruise ships have been clearly identified as an issue. New South Wales has actually done extensive planning for cruise ships. So, for instance, we had actually planned for how we would provide meals on a cruise ship and how we would get early disembarkation of people from a cruise ship. The reason for that is we learned the lessons from the *Diamond Princess*, whereby when people are actually on the cruise ship continued exposure occurred.

We have worked through isolating people in hotels, we planned for meals and how we would do that, we planned for how people would get off cruise ships through HealthShare. I do not want to comment on the particular decision-making about this event because that is a part of the inquiry but I just wanted to reassure members that Health had actually done extensive planning for the contingency of COVID-19 being recognised on a cruise ship, including how we would disembark patients and our approach to those. Thank you.

**The CHAIR:** Thanks, Dr Chant. I think that was the substance of Mr Searle's inquiry.

**The Hon. JOHN GRAHAM:** Minister, the National Cabinet meets tomorrow to consider a plan to open up the economy in three stages. When will the New South Wales Government finally set out the order in which restrictions will be lifted? Victoria is operating in stages. The Northern Territory set out a roadmap with stages and dates. The United States of America Government, led by the CDC, is doing the same thing. When will the public of New South Wales know what are the stages, not necessarily the timing? What happens at each stage? Why is it that they are left watching the Premier's 8.00 a.m. press conference to find out whether they can go to the beauty parlour or to a property auction? When will New South Wales spell out those stages?

**Mr BRAD HAZZARD:** Mr Graham, every day for about close to 70 days the Premier has stood up and fronted the cameras to talk to the community about how this is being managed. I do not think anybody could have asked for a Premier to be more engaged and more communicative with the public, and I think you would find the public actually generally accept that. She also spends a very large amount of her day working on these issues, as do I. In fact, it is almost exclusively, unfortunately, on COVID and COVID-related matters. But you also have to understand that she is part of the National Cabinet, where your colleagues—I think the majority are Labor colleagues around the country—are also engaged with the Liberal Premier and the Liberal Prime Minister to determine what is appropriate at various stages. She will make sure that she actually gives that information as she has it. She was talking about these issues again this morning and I do not think that you could ask for any more from any Premier. She is doing exactly what you would expect of a Premier.

**The Hon. JOHN GRAHAM:** Why are we going to restriction by restriction and industry by industry rather than simply setting out the stages, not the timing, so we know as we are moving out of restrictions—

**Mr BRAD HAZZARD:** Can I say, Mr Graham, as health Minister, this is actually talking to the Health ministry at the moment and the Minister. My focus has been about keeping the community safe from COVID, and I think you would have to say so far the frontline health staff and the Ministry of Health and the 15 local health districts have all done an enormous job. They have worked with Police. They have worked with Customer Service. They have worked with all of the government agencies that are relevant and the Federal Government.

**The Hon. JOHN GRAHAM:** I congratulate them. I would like to turn to—

**The CHAIR:** The time for questioning has lapsed. I think Dr Chant wanted to add a little bit. Minister, did you conclude?

**Mr BRAD HAZZARD:** Yes.

**Dr CHANT:** It was more about the fact that there is a national process. I think the Premier has spoken about that whereby the Australian Health Protection Principal Committee is giving advice around that roadmap, as you say, about the balance that I discussed with Ms Faehrmann earlier. I think that it was clear that the Premier indicated that she had been attending NSW Cabinet and National Cabinet meetings regularly. I think in due course on those issues we are working very much in a national way, guided by the advices of the Australian Health Protection Principal Committee.

**Mr BRAD HAZZARD:** The Australian Health Protection Principal Committee, Mr Graham, just out of interest is that every chief health officer usually meets sometime between 12.00 p.m., 1.00 p.m., 2.00 p.m. every day of the week. They will discuss these issues as it is evolving—

**The Hon. JOHN GRAHAM:** Thank you, Minister, I am clear on that. I will not take up the time of other colleagues.

**The CHAIR:** I suppose the question asked by Mr Graham is one that many people are asking. Is there a roadmap? Is there a kind of a transition path, even if not a timetable about the manner in which we expect restrictions to be lifted? Has that been discussed? When can we see that kind of roadmap? First it will be X, then it will be Y, and then it will be Z?

**Mr BRAD HAZZARD:** The Premier has made that very, very clear as late as this morning. I do not know whether you watched it in the morning —

**The Hon. JOHN GRAHAM:** I do. Excellent.

**Mr BRAD HAZZARD:** Well, you would know that on many of those occasions I am there as well and most mornings I am also taking part in a discussion that occupy all of those decisions about when do we actually feel that the community can return more to having the freedom to go where we like and where we want but keeping them safe. There is no way that our government or any government, Labor or Liberal, as evidenced around the country, wants to be doing what we are doing but we are doing it to make sure that we work with the community to actually safeguard the community. The community has largely accepted all that. As a result, by far and away if not the best, certainly amongst the best in the world results.

**The CHAIR:** Minister, I do not doubt that in the past. People are asking though is there a plan for the way in which restrictions will be lifted? When will we be advised about what that plan is? I am not debating what you did in the past.

**Mr BRAD HAZZARD:** Every day the situation changes, every day. I remember on 27 March we got to 212 confirmed cases of COVID-19 out of, I think, only about 3,500 people from memory. The people who are actually at the front line of this, who have been working on this in terms of management, have all been working literally on a daily basis, and that is right across the country. So for you to be asking for a forward map as such, I do not think that is a reasonable prospect at this point because the circumstances are changing daily. But what I can say is the New South Wales Government and the Premier have made very clear that she wants to open up more, knowing that it is done in a safe way and a staged way. As we do whatever we do, whatever changes we make, we have to be able to evaluate those.

As you have just heard from Dr Chant earlier in this session, it takes up to 14 days from the time you are infected to necessarily showing symptoms. We have to be at a point where we can actually say, "Okay, we can do this now" and then evaluate what we are doing. So it is not a case of rushing because if we did you would all be saying not you so much "You've actually stuffed it up"—I'm sorry, that is not something you have said. We have not stuffed it up. We have got it right so far and I would like to continue to get it right.

**The CHAIR:** I understand that as restrictions are lifted that is going to come with widespread testing and analysis and then it will be done in a staged basis.

**Mr BRAD HAZZARD:** More than 10,000 today—remarkable—tests.

**The CHAIR:** Ms Faehrmann asked whether there was a number in terms of the growth factor—not the R0 factor but the growth factor. Is there a number we should be looking to in the growth factor that as restrictions are lifted in tranches, is there a kind of red light that might indicate we have to go backwards or we do not move any further forward? Dr Chant, the numbers that I have on the growth figure to date—and they come from an ABC article—is 0.7 on 12 February, it hit a high of 1.75 on 7 March and it is back at 1.04 on 5 May. Should we be looking to that number, Dr Chant?

**Dr CHANT:** Yes, and I will look at the source of that number. But I just think we have got to be also very clear about the precision of these numbers. These are model numbers and we need to take in multiple data sources to interpret what is actually going on. Clearly we need to look at what is the effective R0, but how we impute that will be from those other data points. The Minister makes a very important point that it takes about three weeks or even up to four weeks before we have confidence because we need a few cycles of incubation periods to see any effect on relaxation. As I said, part of our ability to contact trace and part of our ability to get population to adhere to our social messages means that some of those restrictions occur and do not present as much risk because they effectively serve to change that effective R0.

**The CHAIR:** Do I take from that that as restrictions are lifted we should expect them to happen at a maximum, in a period of one month, where we can then test and get a sense of how those restrictions have worked?

**Mr BRAD HAZZARD:** The Premier has indicated that time and time again that based on a scale-ability of what will be done it is probably on a monthly basis. Having said that there can be some minor changes that would not necessarily have huge impacts. We have an open mind on those issues, as do other jurisdictions, but we need to do it carefully and steadily and make sure—the prime focus of the people who are sitting here with me is to keep people safe—no politics, just keep people safe.

**The CHAIR:** Minister, I think it has been useful finding out where that one month figure comes from that is that then allowing Dr Chant to do that rigorous population testing to see the effect of those measure. I want to ask about schools? I know I am not asking you as the education Minister, I am asking you as the health Minister and your health officials. Understandably there is a strong press to get year 12 students back but one of the questions parents and teachers are asking is: How do we classify year 12 students? Are they children in terms of the impact of the virus upon them and therefore relatively lower risk or are they adults? Where do year 12 students sit in terms of the modelling, Dr Chant?

**Dr CHANT:** The age profile with COVID is that COVID is generally a mild issue for children, including younger adults. Clearly children tend to behave differently, even further reduced risk. The issue for young adults is we are going to be starting in schools young adults in year 11 to year 12. Interestingly, and I would have to double check, they have not been a significant feature of outbreaks in New South Wales or more broadly. Our advice around years 11 and 12 would be the same. The Australian Health Protection Principal Committee throughout has actually indicated that we are comfortable that schools remain open through this period and we acknowledge the important roles schools have, and the benefits that education afford young people.

But we are working in partnerships with the National Centre for Immunisation Research and Surveillance and we will continue to investigate schools. For instance, in a recent case we had a seven-year-old Warragamba Public School student. There has been extensive testing. We will continue to update the community because Australia is probably one of the few countries in the world that can actually look at transmission rates in these settings because in other countries where there is more widespread community transmission they cannot explore this question.

**The CHAIR:** Dr Chant, when we are talking about lifting broader restrictions in the community it will require about one months to do the testing to see about asymptomatic carriage and the like, is that the same advice you are giving in relation to schools? Do you have a process where it will happen on a kind of monthly basis and the testing for asymptomatic carriage is going to be part of the roll out in schools?

**Dr CHANT:** The value of asymptomatic testing—and there is a national Pandemic Health Intelligence Plan—and the role of asymptomatic testing is really in certain settings, not associated with more broad scale asymptomatic screening. It is important that we focus on the symptomatic because that will give us a higher surety of what is going on the population. Notwithstanding that we are going to be using asymptomatic screening much more broadly in settings such as aged care facilities to actually make sure that we understand the disease spreading the schools at the earliest possible and collect more information. So it is two edged: both our public health response but also to ensure that we generate new evidence. We will continue to do that active work in schools and we are prioritising schools in terms of our response.

**The CHAIR:** Have you dealt with the consent issues if we are testing children? How will you work on consent in those circumstances?

**Dr CHANT:** This will be through the usual process where parents, depending on the age of the child, the normal consent processes will occur. We will be following those and where it is clearly research, we will be using research premises—ethical issues will be covered through the usual research and ethics framework, notwithstanding I think we are recognising now perhaps more even than we did in term in one, the value that testing asymptomatic and symptomatic people at even day one at the introduction of where a child has been infectious at school may give us valuable information knowing the scope at that time.

**The Hon. ROBERT BORSAK:** Dr Chant, a little bit more to how you come about creating your advice to the Minister and obviously to the Cabinet. What are the issues and inputs that influence your advice on, say, lifting movement restrictions between the city and regional New South Wales? How is it done?

**Dr CHANT:** A number of our advices feed into various national processes that the Minister indicated. New South Wales has never had total restrictions. It has been around "You can only travel for work, essential healthcare and for care and support". So there has been the ability to travel but under those limited circumstances.

The key issue is at what point the economy can more broadly open up and that will be guided by the work that is being done in terms of the public health advice being provided and that will be considered by National Cabinet. But the sort of issues that we will be considering is what is the locally acquired cases? What is their distribution? Are they all linked to existing clusters? Is there more widespread community transmission?

We will also have a particular view additionally in terms of some very rural, remote areas, particularly Aboriginal communities. We might add additional restrictions and that is because of the challenges should COVID-19 get introduced into those communities. There is work with our Aboriginal Health and Medical Research Council and those rural communities, in particular plans around those discrete Aboriginal communities in addition. Over all our advice will be through that national process but they are some of the factors that we will consider about what additional risk is introduced by having people move more widely.

**The Hon. ROBERT BORSAK:** How much testing is actually being done? I certainly heard this morning, and I heard the Minister mention a little while ago and also the Premier talking about a record number of tests that were done—I think 10,900 yesterday which is very good as far as I am concerned. How much of those are being done outside Sydney?

**Dr CHANT:** Just to give you context, Australia has had early testing and at higher rates than most other countries and that has really allowed us to map the disease in the community. That is in contrast to some other countries where they started their testing and they were finding positivity rates in the order of 50 per cent. In terms of the tests, we keep data and collate data across each of our Local Health Districts. We provide this data, for instances, in Murrumbidgee there are testing rates in the order of 15.43 per 100,000 residents. In the mid North Coast it is 22.16 per 100,000 residents. That is an example I am reading off a testing chart that we have that is released publicly. A key part of our strategy is to provide this information to the districts so they can look at where there might be gaps, and where they might to work in partnership with general practices on increasing testing.

As indicated, it is also important that we look at any vulnerable groups or vulnerable workers in those settings that may not be readily accessing testing because it is about overall testing and testing in all of those sub-populations within our districts. The districts' structure ensures that people have a good understanding of their local communities and can put those plans, and work in partnership with primary care, to ensure those testing rates are high and also comprehensive.

**The Hon. ROBERT BORSAK:** Would you be more interested in opening up the regions first rather than Sydney?

**Dr CHANT:** I than that is really a matter for government. The Premier has spoken about her views on that so that is really a matter for government.

**The Hon. ROBERT BORSAK:** But the Government says it relies on your advice.

**Dr CHANT:** I think there is a question about the level of measures that need to be put in place and it is a question about implementation of those measures. I think there are sometimes concerns if we have variable measures, how do we communicate that effectively and also then do you provide incentives for people to move to those areas? I think it does require that whole of government blend around other government agencies will have views around the flow-on impact of Health might pronounce something but then how that actually operates in the real world. I do value the expertise across our other government agencies that go to the implementations issues associated with any health advice.

**The CHAIR:** Unfortunately, we have run out of time for questions. I thank all the members of the Committee for their engagement today. I particularly thank Ms Koff, Dr Chant the Minister Hazzard for making yourself available for answering and providing that information not for the members but for the public. We will now conclude the webcast.

**Mr BRAD HAZZARD:** I also thank the Committee and stress the need for a bipartisan approach which is what has kept Australia safe and it should continue that way. I also strongly encourage all members of Parliament who wish to have issues raised on behalf of their community to come straight to my office. We respond as quickly as we humanly can to these issues. I also thank the community for all their work in terms of being on board with this great journey to try to keep everybody safe. So far it has been the community that has actually made the difference. They are the people who have stayed at home, despite wanting to be out, and have kept New South Wales amongst the leaders of the world to fight against this very dangerous virus. Finally, to my colleagues in Parliament do not forget that webinars are held regularly and they are more than welcome to come on line and ask any question. Most of them have my phone number anyway but they can also ask questions of Dr Chant during those webinars if they have any other issues.

**The CHAIR:** Thank you Minister. I think our collective thanks goes to the community.

**(The witnesses withdrew.)**

**The Committee adjourned at 12.23.**