

**REPORT ON PROCEEDINGS BEFORE**

**PUBLIC ACCOUNTABILITY COMMITTEE**

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

**CORRECTED**

**At Macquarie Room, Parliament House, Sydney, on Monday 29 June 2020**

**The Committee met at 10:00.**

**PRESENT**

Mr David Shoebridge (Chair)

The Hon. John Graham

The Hon. Courtney Houssos

The Hon. Trevor Khan

The Hon. Natalie Ward



**The CHAIR:** Welcome to the seventh 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 of the Eora nation, the traditional custodians of the land, and pay my respects to those of Committee members and witnesses here today to those Elders past, present and emerging. 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, Dr Kerry Chant, the Chief Medical Officer, Ms Elizabeth Koff, the Secretary of NSW Health, Dr Nigel Lyons, the Deputy Secretary, Health System Planning and Strategy and Ms Susan Pearce, Deputy Secretary, Patient Experience and System Performance.

NSW Health has been instrumental in informing policy interventions from agencies and departments right across the government. Agencies continue to be guided by NSW Health and the expert advice of its senior officials both as the pandemic evolves and as restrictions are being eased and reconsidered. Public health orders have been amended, update or superseded by new orders, based on how the State is tracking in relation to COVID-19 infections and with a view to balancing the economic considerations with the ongoing need to control the spread of the virus. As we enter a new phase of the pandemic, restrictions are being eased but we are also witnesses a spike in new infections in at least one other State. It is more important than ever that the public has full confidence in the State's health authorities in navigating us through this new phase of the pandemic. It is with this in mind that we now embark on our seventh public hearing for this inquiry. I will now make some brief comments about the procedures for today's hearing.

Today's hearing is being broadcast live by the Parliament's website. The transcript of today's hearing will be placed on the Committee's website when it becomes available. I would also remind media representatives that they must take full responsibility for what they publish about the Committee's proceedings. It is important to remember that parliamentary privilege does not apply to what witnesses may say outside of their evidence at the hearing. The guidelines for the broadcast of proceedings are available from the secretariat. All witnesses have a right to procedural fairness, according to the Procedural Fairness Resolution adopted by the House in 2018. There may be some questions that a witness could only answer if they had more time, or with certain documents to hand. In those circumstances, witnesses are advised that they can take the question on notice and provide an answer within 21 days. It is perfectly acceptable to provide an answer in less than 21 days.

I remind everyone that Committee hearings are not intended to provide a forum for people to make adverse reflection about others under the protection of parliamentary privilege. I therefore request that witnesses focus on the issues raised by the terms of reference of the inquiry and avoid naming individuals unnecessarily. All witnesses from departments, statutory bodies or corporations will be sworn prior to giving evidence. I note that Ms Koff and Dr Chant are on their former oath and the Minister does not require to be sworn, having taken an oath of office as a member of Parliament.

**The Hon. BRAD HAZZARD**, Minister for Health and Medical Research, before the Committee

**KERRY CHANT**, Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Health, on former oath

**NIGEL LYONS**, Deputy Secretary, Health System Planning and Strategy, NSW Health, sworn and examined

**ELIZABETH KOFF**, Secretary, NSW Health, on former oath

**SUSAN PEARCE**, Deputy Secretary, Patient Experience and System Performance, NSW Health, sworn and examined

**The CHAIR:** I thank you for the work you have been doing and for your attendance at today's hearing. Minister or Dr Chant, do you want to make a brief opening statement?

**Mr BRAD HAZZARD:** I will update the Committee on where we are at today. It is normal that we would bring the community up to date at about 11 o'clock. It is now just after 10 o'clock and we are in this Committee and I think it is appropriate that I give the update to 8.00 p.m. last night. New South Wales continues to do extremely well and I want to thank the community for that. It is only possible to achieve good outcomes when there is a partnership between the Government, NSW Health and the community and our community has clearly been listening to the messages since the last week of January because we have certainly had a very positive outcome.

To 8.00 p.m. last night we had seven additional cases, not one of which was local transmission. All of today's new cases were travellers in hotel quarantine which again stresses the importance of the hotel quarantine initiative. The Committee is most probably aware that in the early stages States and Territories approached quarantine of the basis of it being in the homes of people. Obviously there was a certain paucity to that so steps were taken to ensure that people who are returning travellers stayed in hotels under supervision and that has worked extremely well. The seven additional cases in the 24-hours to 8.00 p.m. last night takes the total number of cases in New South Wales since this outbreak occurred to 3,184 cases. In the last 24-hour period again we had an extraordinary response from the community. It is unusual to get extremely high numbers on the weekend, but to get 11,833 tests undertaken indicates that our community is certainly responding very well, keeping in mind that that was a Sunday. It is very good.

We then had a total in New South Wales of 842,374 tests since the outbreak of COVID-19. On that basis we are heading very quickly towards the million mark, keeping mind there are only about 8 million people in New South Wales, that is extraordinary into those five months. We have 2,784 people who had recovered from COVID-19 in New South Wales. I am very pleased to say again, and now for quite some time, there have been no deaths reported. We currently have 53 COVID-19 cases being treated by NSW Health, pleasingly none of whom are in our intensive care units. In other words none of them require ventilation. Ninety-four per cent of all of our cases being treated by NSW Health were actually non-acute out-of-hospital care, that is, not actually in hospital. Thus far 1,870 cases were acquired overseas, 69 were acquired interstate, 881 were locally acquired from a confirmed case or a known cluster, and 363 were locally acquired from an unknown contact. Currently there is only one case under investigation.

I stress that the clusters and known cases are traced by a very professional team of people that are now obviously very experienced in this, which has been one of the big advantages New South Wales has had. It may have been a tough couple of months during March and April but we now have very experienced people doing the tracing and we are able to make sure that we can effectively, as far as is humanly possible, break the chain of transmission. Since 29 March 3,391 symptomatic returned travellers have been tested in our hotels, 107 of which—3 per cent—being found to be positive. Travellers are topical at the moment, but travellers are also screened at day 10 of quarantine and thus far 12,167 returned travellers have been screened on day 10 of quarantine, 64 of whom were found to be positive.

I think it is safe to say that the additional steps that we have taken, which will become effective midnight tonight, of requiring reluctant participants in the testing on day 10 will be required to stay for another 10 days. The logic of that is they have another four days obviously after their 10 days of the usual 14 day quarantine period but then there will be another 10 days. Effectively they will have another 14 days of quarantine. The reason we made that decision, even though we have a very small number of reluctant participants, is that it is far better for us to know exactly what is happening before they are released into the community. We have had no major problems of it but we are not prepared in New South Wales to run the risk.

I think the step we took in announcing that on Friday has now been adopted in Queensland as well. I think I heard this morning that Victoria has also adopted it. It is pleasing to us, particularly knowing that the Victorians are doing that. The Committee may be aware that there have been some minor cases in the past few days, one at Camden High School which was closed. We are still following the same practice. One of the very good things that has occurred—if anything good can come out of a pandemic—is that we have been learning as we go. A one in 100-year event. The decision that seemed so difficult at the time when we had our first case of a positive in a school was to close the school, deep cleaned and moved on. It has been very on successful. Camden High School was closed on Friday after a member of the school community tested positive.

At the same time as we did that we also did something else we have learned, that is, once there is a positive case in a school or in a local community, if we name the actual suburb we find that the community is far more responsive to come to be tested. We had pop-up testing at Camden. You might remember we had a similar event at Hawkesbury not that long ago and pop-up testing is an instant response. I could go into many more things but I do not want to take up the time of the Committee to ask whether matters are of particular interest to the Committee. Perhaps I can give more information as we go through. Is that adequate Mr Chair?

**The CHAIR:** That is, and thanks for the update. I will now hand over to the Hon. John Graham.

**The Hon. JOHN GRAHAM:** I might also recognise that things have gone well on the Health front and join with the Chair to thank the officials for their hard work, and the community for its cooperation. Minister, will you address the key issue: how prepared is New South Wales in the case of a Victorian-style second wave?

**Mr BRAD HAZZARD:** First of all I am not sure that it is fair to say that Victoria is having a second wave. I think that is a term that is not particularly acceptable by public health officials in the current environment.

**The Hon. JOHN GRAHAM:** What term would you use?

**Mr BRAD HAZZARD:** They are having some challenges around clusters and family groups. Victoria has had low level continuing issues now for many months. That is not something that we have seen. We obviously had our peak with 211 or 212 cases on 27 March. A similar peak actually occurred in Queensland. Our public health officials have been extremely responsive from the learnings that were had, really, in the space of six weeks, from the end of January through to 27 March, eight weeks. That has been applied as we have moved forward. I was just talking about some of those responses.

I think the two cases are not analogous because New South Wales has had a different trajectory of transmission. Victoria has had, unfortunately, a bubbling along, if you like, of 10, 20, 30 and so on cases as they have gone along. I think they are having a challenge at the present time within particular family groups, and within particular multi-cultural community groups. Hopefully they will be able to manage that. I think, as I have said many times now to the community of New South Wales, it does not pay to be cocky. It does not pay to be overly certain of our position. We have offered help to the Victorians, as has the Queensland Labor Government, Steven Miles, the Minister for Health. Also the Liberal governments in South Australia and Tasmania and the Labor Government in the Australian Capital Territory have offered all assistance to Victoria through a number of crucial measures that we have learnt, one of which is to send a very experienced public health official to assist their team.

Another major step, as I said earlier in my first address, is we have a very effective and experienced tracing team. Tracing is so important, but you need the experience and the knowledge of how to ask the right questions when you get a positive contact, a positive outcome because you need to be able to dig in and inquire as to where they have been, with whom they have been in contact, and know the right questions when you get perhaps amorphous answers, or answers that are not quite clear and you have to keep digging. We have offered them our tracing teams as well.

**The Hon. COURTNEY HOUSSOS:** Thank you for that. We have a number of specific questions so I might stop you there for the moment.

**Mr BRAD HAZZARD:** Okay.

**The Hon. COURTNEY HOUSSOS:** If New South Wales saw a spike—perhaps we can characterise what is happening in Victoria as a spike—do you have a threshold for reintroducing restrictions?

**Mr BRAD HAZZARD:** The restrictions that we have at the moment which will be further freed up tomorrow—is tomorrow 1 July?

**Ms KOFF:** Wednesday.

**Mr BRAD HAZZARD:** Sorry, we have been working seven days a week for the past five months and it all runs one into the other. We have certainly freed up our restrictions as we saw our positive transmission outcomes but I think it is fair to say that this is public health, and guidance by public health, which has helped us make the decisions as a government that we have made, as has been the case with the governments in Western Australia, Northern Territory, all the Labor governments and Liberal governments have all followed the same practice. I think it is a case of we are watching very closely to see what happens in Victoria. If we need to make any changes, we will make them, but at the moment we are happy with where we are at.

**The Hon. COURTNEY HOUSSOS:** Dr Chant, do you have a specific threshold that you would reintroduce? The Minister just said when those most significant public health orders were introduced in late March there was a peak of over 200 cases in a day—

**Mr BRAD HAZZARD:** We have actually had a series of changes though, you would remember. It is not just at that peak, it was over the period.

**The Hon. JOHN GRAHAM:** The question is: Is there a threshold?

**Mr BRAD HAZZARD:** That matter will be considered as we go through. You cannot expect to have a threshold at a particular time. What are you asking us to do?

**The CHAIR:** Is there a number? Is it the fact that there may be a locally acquired—

**Mr BRAD HAZZARD:** No, it is a whole lot of factors that come together.

**The CHAIR:** Is it the nature? What is the threshold?

**Mr BRAD HAZZARD:** I will let Dr Chant have a go at that one.

**Dr CHANT:** Clearly what we look at is where the cases are coming from. Clearly our overseas-acquired cases that are in hotel quarantine do not present a problem for ongoing transmission threat. Similarly if we have household cases in a closed institution, whilst we are very concerned about the outcomes for that institution, it does not necessarily reflect a risk for the broader community because of the containment action around a closed facility outbreak. In terms of locally acquired cases, we are most concerned when the cases are not identified, and were occurring in people that were not in isolation at the time. It may be that a person has acquired COVID-19, we rapidly identify the contacts of that case but there has been the ability for exposure, as long as those contacts are actually in isolation at the time, we have then prevented that further spread.

The contact traces will also now look back at where that initial person got it, to also look at whether there were any other threads of transmission that we can detect and also a break down, so unrecognised illness. As the Minister said, that is why we often call for the community to come forward. We do a lot of testing even around a single case that is locally acquired. We look at the characteristics associated with it; whether they have occurred in cases that are in isolation and the results of testing. Obviously if we have got a very big testing response, and we know we have got penetration against all age groups. One of the challenges is that we have some times struggled a little bit more, even though we have got high testing rates in that 18- to 29-year-old age group we so have got to keep getting that group to keep re-present because we also know that they are often the group that have had the highest disease burden. They also have a milder disease in general and so you may not see as it could be transmitting under the surface and not pop up. That is an important element. I would be looking at all of those characteristics, putting that picture together and providing advice.

**The Hon. COURTNEY HOUSSOS:** That is very helpful, Dr Chant. Minister, have you been asked to provide advice on a possible border closure with Victoria?

**Mr BRAD HAZZARD:** By whom? Every journalist in New South Wales has asked me that and occasionally Labor Party members suggest that.

**The Hon. COURTNEY HOUSSOS:** I am not suggesting that. Dr Chant, have you been asked for advice on whether we should pursue a border closure with Victoria?

**Mr BRAD HAZZARD:** That is an issue for government to determine. Public health provides the public health issues, which Dr Chant has just recounted. Each of the closures—the Queensland Government Premier Palaszczuk made that decision and the Western Australian Premier made that decisions. Each of the governments make those decisions. The role of public health is to give guidance.

**The CHAIR:** I think the question, Minister, is what is the public health position? What would be the public health's benefits or detriments if there were a closure with the Victorian border, given the current circumstances?

**Mr BRAD HAZZARD:** They do not address that. They address the issue of the public health transmission but not closing the border. The border is government's decision. That is why we are the Government.

**The CHAIR:** Surely you would not make that decision unless you understood what the public health advice on impact would be. That is the question: what would be the public health impact? If it is a detriment of a closure of a border that must be the kind of the thing that Dr Chant is able to give advice on.

**Mr BRAD HAZZARD:** She would give the public health issues, without necessarily considering the sorts of issues that each of the Labor and Liberal governments have considered. Economic issues, and what is the single biggest issue for, for example, the economies and mental health, those are issues which governments has to weigh up.

**The CHAIR:** Minister, I think you are pushing against an open door. There are complex issues on border closures that go well beyond public health but a fair question to which it would be good to get Dr Chant's response is: What is the public health position on that?

**Mr BRAD HAZZARD:** Dr Chant has already explained all the issues that she goes through.

**The Hon. COURTNEY HOUSSOS:** Minister, can I just ask you one specific question before I pass to my colleague? Have you sought advice from the Department of Health specifically on the issue of public health benefits of a possible border closure with Victoria given this most recent spike?

**Mr BRAD HAZZARD:** Not specifically on the closure but every aspect in 5½ months that you could possibly ask about I have asked about, and more, but I weigh those issues up in the context of all of the other factors that government has to consider.

**The Hon. COURTNEY HOUSSOS:** I understand that. I want to know whether you have specifically sought their advice on the public health benefits of a border closure with Victoria.

**The Hon. NATALIE WARD:** That question has now been asked four or five times.

**The Hon. JOHN GRAHAM:** Minister, I will move to some other specific measures. How prepared is New South Wales for a second wave, a spike, if you prefer that term? We are testing passengers from international flights that come into Sydney—

**Mr BRAD HAZZARD:** We are doing more than that. They are locked up in a hotel.

**The Hon. JOHN GRAHAM:** What consideration is being given to do that to passengers from Melbourne?

**Mr BRAD HAZZARD:** Will you repeat that?

**The Hon. JOHN GRAHAM:** What screening are you considering for passengers coming from Melbourne, given the spike in Victoria? Is that under consideration?

**Mr BRAD HAZZARD:** Everybody that gets on a plane is actually temperature tested in Victoria. They would not be getting on a plane. Qantas and Jetstar are doing that. At this point the advice from public health, Dr Chant can give the advice. Obviously that is the advice that we have accepted. I will let Dr Chant to give the advice.

**Dr CHANT:** First of all, we are discouraging any movements out of the hot-spot suburbs in Melbourne. "Please do not leave Melbourne." That is point one.

**Mr BRAD HAZZARD:** As is the Victorian Government.

**Dr CHANT:** As is the Victorian Government, to some extent, messaging some those issues in relation to those suburbs. I note the situation is evolving. Also we are working very closely and monitoring the situation.

**The Hon. JOHN GRAHAM:** I am aware of those steps.

**The Hon. Trevor Khan:** Point of order—

**The CHAIR:** I have heard it, and accept it. Dr Chant was in the middle of an answer and was coming back to address the question.

**Dr CHANT:** Our approach in New South Wales is to make testing very readily available. On our web site we have a large number of COVID-19 testing clinics which are scattered and provide free testing for all. My main point to the community in general is to make sure that even with the mildest of symptoms you present for testing and that you actually do not go about if you have got symptoms compatible with COVID-19. That is a

very clear message we need to give and it is a clear learning from the Melbourne experience that we still have to be very cautious. We are seeing an upswing in Rhinovirus which indicates the fact that some of our behaviours, our attention to hand hygiene, our behaviours of not going out and about—

**Mr BRAD HAZZARD:** This is still in New South Wales.

**Dr CHANT:** This is in New South Wales and that is an indicator because it is spread in the same way.

**The Hon. JOHN GRAHAM:** I do have some questions about testing, that is the next measure I will move to. Minister, you have said screening is occurring in Victoria. Is it being considered in New South Wales in Sydney?

**Mr BRAD HAZZARD:** Dr Chant has just given you the answer.

**The Hon. JOHN GRAHAM:** It is being considered or it is not?

**Mr BRAD HAZZARD:** The Hon. John Graham, we consider everything every day. If we were not sitting here for 2½ hours we would be discussing all these issues every day.

**The Hon. JOHN GRAHAM:** Minister, if that is your answer, I will turn to testing. What capacity is there to surge the testing rates in New South Wales? The current Victorian testing target is 20,000 tests per day. They have made provision for a surge to go to 25,000 tests per day. You have told us the most recent figure is just over 11,000—

**The Hon. TREVOR KHAN:** No, that was 11,000 on a Sunday. Don't play for the cheap point.

**The Hon. JOHN GRAHAM:** I acknowledge it was on a weekend, 11,000. What capacity is there to surge testing in New South Wales?

**Mr BRAD HAZZARD:** Why do we need to surge it? We are actually doing a lot. We did 23,000 on a previous day. We are doing an extraordinary job, the public health team. We have so much capacity that we built up by using—

**The Hon. JOHN GRAHAM:** Talk us through it.

**Mr BRAD HAZZARD:** Going back five months ago, we did not have the same capacity but we worked with not only the New South Wales pathology but also Laverty, Douglass Hanly Moir and others, the private laboratories who are also contributing and as a result of the fact that we have that capacity we have offered Victoria—you cut me off earlier before I finished what I was about to tell you—to give it 2,000 tests to date.

**The Hon. JOHN GRAHAM:** We are providing 2,000 of the 4,000 tests they are picking up from other States?

**Mr BRAD HAZZARD:** There is 2,000. There is 350 coming from South Australia—

**The Hon. JOHN GRAHAM:** It is a total on 4,000.

**Mr BRAD HAZZARD:** It is give or take because the Labor Government in Queensland, Steven Miles, can offer 2,000. Each of the States and Territories, the eastern seaboard ones which it is relatively close to get swabs done, have offered some. I think Tasmania has offered some as well to try to help the occurrence.

**The Hon. JOHN GRAHAM:** Correct. Is our testing target still 8,000 per day?

**The CHAIR:** Dr Chant shook her head.

**Dr CHANT:** It was irrelevant.

**Mr BRAD HAZZARD:** She has a propensity for doing that. It is either a nod or a shake.

**The CHAIR:** I was just making it clear, Minister. You probably could not see out of your peripheral vision but Dr Chant was shaking her head.

**Mr BRAD HAZZARD:** You did not need to tell me because—

**Dr CHANT:** I am going to get into trouble for nodding my head.

**Mr BRAD HAZZARD:** Dr Chant, if you have been shaking or nodding your head—

**Dr CHANT:** No, I have not—

**Mr BRAD HAZZARD:** Can I say we are grateful for whatever contributions you wish to make.



**Dr CHANT:** Just in relation to the testing, a while ago we set an 8,000 testing target, we have certainly got capacity to up that and it has been pleasing to see—I just calculated, if my maths is not incorrect—we did over 115,000 tests in the last seven days. We also look at the quality—

**The Hon. JOHN GRAHAM:** What is the maximum to which we could surge? That is the question.

**Dr CHANT:** In terms of seeking whether we could surge to assist Victoria—

**The Hon. JOHN GRAHAM:** No, I am asking in the case of a spike in New South Wales, what could we surge to?

**Mr BRAD HAZZARD:** Dr Chant is answering that question by saying, we have got some out of Victoria, and she is trying to tell you what—

**Dr CHANT:** When I was requested to look into this in terms of our capacity to surge to help Victoria, it was clear that we could surge by about 4,000 tests per day in relation to health pathology. Also our colleagues in the private sector indicated that they also had capacity to do additional testing in the order of around 2,000 and that was just calling some of the bigger private laboratories. In essence we have quite a good surge capacity.

**The Hon. JOHN GRAHAM:** To what number does that take us?

**The Hon. TREVOR KHAN:** Will the Hon. John Graham allow Dr Chant to answer the question? Dr Chant is giving directly relevant material and he cut her off.

**The CHAIR:** That is right. There is an additional surge capacity of 6,000 and will you tell us what the total capacity is, Dr Chant?

**Dr CHANT:** I was asking that advice late last week when we were doing well over 15,000 tests in those days of last week. So when I made the inquiry on behalf of what capacity was, they were in the end of the last week. So on those days we were doing in the order of somewhere between 13,000 and 15,000 tests. That was in addition, so we could have then surged again.

**The Hon. JOHN GRAHAM:** On top of that, yes.

**Dr CHANT:** The point I was trying to make is that the things that we look at with the testing is the quality of the testing. Is it reaching all age groups? We cut the data by age groups to make sure that there is not a particular age group. We also look by local government area to make sure that there is also good coverage overall because one of the issues is that this disease can be mild in many and, hence, you do not have overarching testing across the State. So we closely monitor some of those indicators. We also looked at testing rates according—

**The Hon. JOHN GRAHAM:** Dr Chant are we considering moving to the saliva-style testing to which Victoria is moving?

**Mr BRAD HAZZARD:** The saliva-style testing is not currently necessary in New South Wales, but we are not excluding it.

**The Hon. JOHN GRAHAM:** In the case of spike, would we consider it?

**The Hon. TREVOR KHAN:** Will the Hon. John Graham let the Minister answer the question?

**Mr BRAD HAZZARD:** It is getting a bit tricky here, you guys. Seriously if you want to ask the questions we are happy to answer them. It is a public health issue but stop cutting us off. The saliva tests are more acceptable for a lot of people than the nasopharyngeal testing that are particularly uncomfortable. I do not know whether you have had one, but I have. When you have the COVID-19 test in a nasopharyngeal testing it is quite—yes, you know you are having it.

**The CHAIR:** I think the threshold is once your eyes water they move to the next nostril.

**Mr BRAD HAZZARD:** Mine were. I think the saliva tests are obviously a lot more acceptable. You have your pen in your mouth now—you should not be doing that, by the way—

**The Hon. JOHN GRAHAM:** Are you considering introducing them?

**Mr BRAD HAZZARD:** No. We will consider it if necessary but we have actually had very good responses. So we have not had the same problem. Again it might be within particular groups within Melbourne where they have had some challenges and they have to make it a little more acceptable. Is the saliva test as good? Well, there are some arguments, as you would expect in the world of science and medicine, as to whether it is actually as accurate. Any test is better than no test.

**The Hon. JOHN GRAHAM:** It is not under active consideration at the moment? You do not consider it is necessary now?

**Mr BRAD HAZZARD:** We do not have to at the moment, no. We are not excluding, we just do not have to.

**The CHAIR:** Do we know about the accuracy of the saliva test as opposed to the nasal test, Dr Chant? Is there any data about which is more accurate?

**Dr CHANT:** In relation to the saliva test, it is not as accurate and it does miss cases. In a setting where we really wanted to test cases, certainly we are considering all technologies, including self-specimen collection, saliva. So we work with our colleagues to look at all of the methods we might need to employ. Could I just put on the record that the nasopharyngeal swabs are very quick and easy?

**Mr BRAD HAZZARD:** Speak for yourself.

**Dr CHANT:** We do want to encourage the general public to participate in them. We are trying to make it very easy to test.

**The CHAIR:** I can say on the record it is uncomfortable but extremely short. It should be a very low threshold. What is the threshold that you are saying to the community about coming forward and getting tested? I know some people feel—

**Mr BRAD HAZZARD:** Anybody and all with any symptoms whatsoever. We had one rather unfortunate case where the person later on described it as having a scratchy throat and that had some pretty terrible consequences. If you have got any symptoms at all, anything that you might think of as a cold, a cough or a temperature, whatever it be, go and get tested. There is other criteria as well perhaps Dr Chant might like to go through all the criteria?

**Dr CHANT:** We are encouraging anyone with symptoms compatible with COVID-19 to get tested. We are certainly messaging very strongly that if you are in any sensitive occupation—disability services, aged care, health—we are really stressing that it is absolutely essential that you get tested. The message is to get tested but please do not go to work or any places. If you have got a bit of a runny nose for a day, just do not risk it because, as I said, we are seeing rhinovirus infections increase. It means that people are probably being a little bit lax with those hygiene messages and perhaps also attending other environments or going out and about when they have got those respiratory symptoms.

**Mr BRAD HAZZARD:** For the record, Dr Chant thinks we all know what the rhinovirus is. Rhinovirus is one of the common viruses for colds. The fact that it is escalating in numbers indicates that perhaps there has been a certain complacency creep into the New South Wales community, to a degree. People are not actually going and using this as regularly as they should. They should be using that and washing their hands like there is no tomorrow.

**The Hon. NATALIE WARD:** There is also another criteria, is there not, location? If you are in a location, for example, we saw the testing on the weekend with a case, and it was suggested if you are in that community area you might go along as well?

**Mr BRAD HAZZARD:** That is true. But again it is location combined with symptoms. The case you are talking about is the one at Penrith, is it not? Yes, there was a gentleman in his 70s late last week—I think we announced it on Friday or Saturday, every day runs into another—so we encourage people in a particular suburban area if there is a positive, to have a test. It is a way of raising the awareness, if you like of the community. If I said to someone that we had a case in Sydney everybody would say "That is Penrith to Coogee". But if I said to them it was in Coogee and there is a good likelihood that everybody in Coogee would think "If I have got a cold symptom, a cough or anything, I will have a test". It is part of the psyche of making sure the community is hearing our message and responding where necessary. But it still requires the people, as Dr Chant said, particularly being in a very sensitive area like aged care, hospitals et cetera but generally having any symptoms at all you should go and be tested.

**The CHAIR:** Has anybody been turned away from testing? I know I have had discussions with people in the community and they ask "Should I get tested? I have very minor symptoms." My advice is always you should always get tested. No one gets turned away. Has anyone been turned away at testing and been told they do not have symptoms, we will not test you?

**Mr BRAD HAZZARD:** It is fair to say that in some areas over the five months people go in and say they have symptoms and it is up to the medical professional to determine whether they have. In the early stages, back in February and March, worldwide there was a shortage of test kits. You would remember all that media?

**The CHAIR:** Yes.

**Mr BRAD HAZZARD:** So there was a high level of sensitivity.

**The CHAIR:** I agree with you. I am talking about now when there is probably no shortage.

**Mr BRAD HAZZARD:** Now there should not be. I have had cases where people have told me that. I have not had a lot of them but I have seen the odd case here and there. By far, if it is, it is in the minority. It is very rare.

**The CHAIR:** If in doubt get tested every single time?

**Mr BRAD HAZZARD:** Yes.

**The CHAIR:** Is that the advice?

**Dr CHANT:** Yes, it is and very much that we want to make the testing experience easy. We are going to need people to come back. I mean that is a really key message to get. Just because you have tested negative on one occasion does not mean—

**The CHAIR:** It is not a shield.

**Dr CHANT:** It is not a shield. Next time you get a respiratory illness you have got to have another one. We are doing to need the support of the community because those high testing rates are thoroughly critical to us understanding what is going on in terms of community transmission.

**The CHAIR:** One of the barriers that people have raised with me about getting tested is the fact that once they get tested they are self-isolating in accordance with the advice until such time as the result has been returned. Therefore, whatever delay there is—by "delay" I do not mean that in a pejorative sense—whatever timeframe there is between taking the test and getting the result, the shorter that is the less resistance there will be for people getting tested. What is the current time frame between getting tested and getting your result?

**Mr BRAD HAZZARD:** We are building capacity. I think there were some delays going back a few months. Particularly some of the private laboratories sometimes get a bit of a backlog because they are also doing a lot of other work as well. I had one on the weekend. A lady spoke to me and she was tested at Northern Beaches Hospital on Saturday afternoon and by Sunday morning she had the results.

**The CHAIR:** I had the same experience a couple of weeks ago. I tested on a Friday night and had the results by midnight.

**Mr BRAD HAZZARD:** Generally you get it within a day but there are exceptions.

**The CHAIR:** Dr Chant, what is your target? That delay and self-isolation, which is entirely appropriate for public health reasons, is a barrier for some people to get tested. What is the target for reducing that?

**Mr BRAD HAZZARD:** It should not be because absolutely everybody, no matter what the delay, should be tested, because if they do not, they are not actually doing what we really need. We need every member of the community to be a partner in this. This is a worldwide pandemic with many hundreds of thousands of people who have died. We cannot afford complacency or excuses. The community here in New South Wales must be with us on this journey. Yes, there will be, from time to time, some little delay here or something that might not be as comfortable there, but you know what, at the end of the day we all have to have it and we all have to wait because if we do not, we are putting the rest of the community in danger.

**The CHAIR:** Minister, I agree with you; you are pushing against an open door on that. But the shorter the delay, the less that is going to be a concern for people, and the easier it will be to get mass compliance. Is there a plan or target to make those delays as narrow as possible? Dr Chant?

**Dr CHANT:** We do recognise this. One of the strategic objectives now is to make the experience very consumer-friendly so we can actually get people coming back. One of the components of that is getting the return of the results quite quickly. We are trying to encourage more people to enrol in the SMS text messaging services. We recognise that perhaps that was a bit clunky initially, and so we needed to do some more support to allow people to allow enrol in that SMS. We are going to be working also with the private sector to look at how the

return of results can occur more swiftly in the private sector as well. Just rest assured that we recognise the importance of getting that turnaround time down to as least as possible.

Health Pathology is also working at the logistics. Some of the issue is that the specimens need to be transported to a site, and that can often cause a delay. Health Pathology has mitigated that time delay by having point-of-care tests—I should correct myself—GeneXpert, which are more rapid testing, available in those critical regional and rural areas, where there might be quite time lag. Health Pathology has put a lot of those machines out in more of the rural and remote areas because often the time delay there was getting the specimens into a centralised laboratory. We are trying to address the issue. I understand that members of the community have had some bad experiences, but we certainly are committed to addressing that.

**Mr BRAD HAZZARD:** The thing that Dr Chant just swept over was that there are different types of tests. Obviously, John asked before about the latest one that are being mooted for particular reasons in Victoria. But there are different types of tests and each of one of those have different speeds, if you like, even if they are there. The issue that Dr Chant has swept over is that if you are in a remote part of New South Wales, it might take a while to get it to a laboratory.

**The CHAIR:** The physical transport of the specimen, yes. That is why you are prioritising the more rapid testing to reduce that time frame for those tests that are coming from regional New South Wales.

**Mr BRAD HAZZARD:** That is right because they have already got the distance to travel so if we can—

**The CHAIR:** There have been a number of studies about the efficacy of masks, particularly on public transport. The evidence that I have seen seems to suggest that if there is a concern about locally acquired cases, the use of masks can have a substantially positive impact on reducing transmission. What, if anything, is the public health position on the use of masks?

**Mr BRAD HAZZARD:** There are a variety of views on masks. Obviously, there is the P2 type of mask, then there is the surgical mask, and there are subsets of those as well. I think there is a variety of views, like everything else in public health and health and science, as to whether or not they are particularly useful. In certain circumstances, clearly they are; there are some situations where they are very useful. Dr Chant, would you like to have one of those discussions about masks that you are so good at?

**The CHAIR:** I am sorry to take you back to a dark place.

**Dr CHANT:** The current Australian Health Protection Principal Committee [AHPPC] advice in relation to masks is that masks can be considered where social distancing is not feasible and you are going into crowded places where social distancing is not going to be able to be achieved. The thinking from a public health perspective is that masks are most effective in protecting people who have got symptoms from transmitting. We know that just before symptom onset, people are potentially very infectious. Mask can be useful in those situations. On the downside, we do not want people to fall into a false sense of security with the masks and not maintain social distancing and hygiene measures.

Also, with peoples' wearing of masks, if you wear the same mask day in and day out, that is not going to be effective. It then it presents risks if you are putting that mask down on surfaces and other things. There is guidance that we are giving people around how to wear masks, the duration of wearing masks, and how to dispose of them safely. We would be open if people want to wear masks, particularly for going to crowded situations where there are not going to be able to maintain social distancing, but we are strongly discouraging people going out and about with symptoms. We are suggesting rapid tests.

**Mr BRAD HAZZARD:** One of the problems is that the core message has to be: Do not go out if you have any symptoms at all. If you are using, for example, a surgical mask, and you do have some symptoms, and just say that you have COVID, as Dr Chant has advised me many times, we tend to, as I just saw John doing with his pen on his face, touch our face a thousand times a day, more than that. Even the experts who have been trained in the use of personal protective equipment [PPE]. The problem is that if you have a mask that has droplets inside and you are adjusting it, taking it off, moving it around—

**The CHAIR:** Everything you touch.

**Mr BRAD HAZZARD:** —you touch it and then you put your hand on the desk or the table or the public transport or wherever it is going to be, and then somebody else sits there, they pick it up and there have got the droplets. So it is not as simple. As I said, like everything else in health and science, it is not quite that simple.

**The CHAIR:** I fully understand and I am glad we are amplifying the position that a mask is not a solution if you have symptoms. If you have symptoms, you stay at home and you get tested. That is the first point.

Let us just take a very practical example. People this morning and this afternoon will be going into and out of, say, Wynyard train station, which can be extremely crowded. We have all been down there at peak times.

**The Hon. TREVOR KHAN:** It is not so crowded at the moment.

**The CHAIR:** I accept it is less crowded now but it still is crowded at peak times. Should people be actively considering putting a mask on when they go down to something like Wynyard station, where they cannot avoid close proximity with large numbers of people, for that interaction? Is that something people should consider?

**Dr CHANT:** People should consider that masks can be used where social distancing is not effective. That is a personal decision. The AHPPC statement is in accordance with that. As I said, it also provides caveats on how to dispose it, how not to reuse them, and the sorts of masks that give you the level of protection, because people also do not wear masks appropriately as well. I think it is a reasonable thing to consider on a personal basis to use masks where you are going into situations where it is particularly crowded, but I would like to acknowledge the work that Transport has done. I think that has probably been one of the key attributes of the response that our transport network has really stepped up to try to implement COVID-safe practices. I would just like to acknowledge the work of Transport in doing that.

**The CHAIR:** That being said, I am sure I am not alone in having caught public transport and seen the very large, green "sit here" signs—

**The Hon. TREVOR KHAN:** Ignored.

**The CHAIR:** —and seen them ignored by other passengers on the bus and/or train in quite frustrating circumstances.

**The Hon. TREVOR KHAN:** People coming and sitting next to you, et cetera.

**The CHAIR:** Do you think that there is a public health benefit in having a positive message to encourage people, particularly on public transport, to be wearing masks, rather than just an agnostic "It is up to individuals"? Is there a public health benefit in encouraging people to wear masks on public transport?

**Mr BRAD HAZZARD:** I think what Dr Chant just said is that it is a balancing act, Mr Shoebridge. If they were wearing them properly, they were not doing all the things that she was saying, and if they did not think that it was an excuse to go out if they have a few symptoms, possibly. Obviously in Europe, each country and each subset has different views on this; The States in America have all got different views. Mr Trump has views on everything—"swallow some disinfectant."

**The Hon. NATALIE WARD:** They change by the hour.

**The Hon. TREVOR KHAN:** Many of them are wrong.

**The CHAIR:** Just to be clear, we are not validating those views here, are we, Minister?

**Mr BRAD HAZZARD:** No, absolutely not. I was just saying that it is a balancing act. You were asking Dr Chant to be definitive, and in health I have learnt long ago that it is very hard to be definitive sometimes. I do not think she is going to be that definitive. Dr Chant, if you want to be the definitive, please do, but I do not think she will be.

**Dr CHANT:** I think suffice to say that we will continue to assess the advice in relation to masks and also in terms of the level of local community transmission, which is another component to it. At this moment we are saying that people should consider the use of mask in settings where they cannot socially distance. It is a prudent, reasonable practice but they should still adhere to the 1.5 metre rule and handwashing and hygiene wherever they can.

**Mr BRAD HAZZARD:** Can I add to that? It depends. As Dr Chant said, if you have one mask and it is a surgical mask and you take it with you in your pocket; you jump on the train and you put it all on; you stick it in your pocket when you get out; when you are going somewhere else you put it back on again; you get on the next train; you go to work and take it off; and put it back on in the afternoon, no, it is not going to work because it has all the inherent risks to it. But if you are going, for example, to most aged-care facilities at the moment, and you are only going to be there because you get time-limited visits, then they give you a mask, it goes on and you do not touch it, and you are only there for half an hour or an hour, it is a different ballgame. They are different environments and different circumstances. That is managed because there are people around you to say, "You should not have taken it off. You should not be touching it." But in the public arena, it is a lot more challenging. The safe thing to do is just not go on public transport. Do not go anywhere if you have any symptoms whatsoever. That keeps everybody else hopefully safe as well.

**The CHAIR:** Again, I repeat: I accept the primary advice. But is there a potential, if we do see locally acquired cases, to provide masks at those key points—at train stations and those large gathering points—if it is considered a potentially beneficial response to an outbreak of locally acquired diseases? Is that one of the options being considered?

**Dr CHANT:** I think one of the lessons in the COVID response is just being incredibly flexible in your response in your response and adjust to each situation. Of course, we consider the full range of mitigations versus enforcing, if there was local transmission, lower capacity numbers, being more stringent around the policing of those, all the way through to more hand hygiene messaging, all the way through to masks. We will always have all of the full range of strategies and then look at the local situation and apply those to that situation.

**The Hon. TREVOR KHAN:** I want to go to an entirely different subject and that is the quarantining of international passengers. Is there anything to learn from the Victorian experience with regards to the supervision of those quarantined patients? I am thinking of the security people and the like in these facilities. Is there anything that we can learn from what has occurred in Victoria—

**The CHAIR:** Or New Zealand.

**The Hon. TREVOR KHAN:** —because my understanding is that it has been a source of transmission in itself?

**Mr BRAD HAZZARD:** As health Minister, I would say that yes, there is.

**The Hon. TREVOR KHAN:** I am not seeking to be critical of anything that has got on in Victoria.

**Mr BRAD HAZZARD:** I was just going to say that the public health officials, the government—I know it is popular to bag out other governments but you know what, I think the government has been doing its best down there. I think the health Minister and the public health team are doing their best. I do not think it is helpful to be criticising.

**The Hon. TREVOR KHAN:** That is certainly not what I am attempting, and I am sure you will not either.

**The CHAIR:** I think it was more "Are there any lessons to be learnt" rather than a critique?

**Mr BRAD HAZZARD:** Rather than making a comparison to what is going on there, I will just say that one of the major—probably the major factor in my view, and I will ask Dr Chant in a moment—my view would be that the single biggest factor was us putting people into a hotel in quarantine to make the difference in New South Wales, and to provide some level of security there to ensure that they stayed and did not go off for wanders into coffee shops. In the early stages of this pandemic we obviously were requiring people to go home in quarantine, but going home was too much of a temptation for too many people. I think the fact that people have been asked to stay in very good hotels at taxpayer expense to keep the community safe and themselves safe, but have a degree of security there as well, has been the single biggest factor. I think, yes, it was good for us, although I am not going to draw a comparison as to Victoria. I will simply say it was good for us. Dr Chant, do you want to add anything to that?

**Dr CHANT:** I suppose I will say that I think I would like to also acknowledge Susan Pearce in the leadership in terms of oversighting from a Health perspective the quarantine situation and the cooperation with New South Wales police. I think that some of the elements that have been really important—it is also to acknowledge Teresa Anderson, the Chief Executive of Sydney Local Health District. We set up early in the response a health hotel so that of the people who are checked, the positive people go to the health hotel. It also is able to manage more complex patients—returning travellers—who perhaps have complex health issues that were not suitable for managing in the hotel in the existing hotel quarantine. I think whenever those things happen, it is always important that we reflect and look at what Victoria shared, some of the learnings, with us. There always gives us pause for going and rechecking the infection control, rechecking our protocols, making sure there is no complacency setting in amongst the staff, and that people are educated and trained. But I have to say that it has been quite a strong feature of the response. I acknowledge the hard work that has gone into it.

**Mr BRAD HAZZARD:** We have just acknowledged Susan Pearce and she is sitting here. She has been incredible and worked extraordinary hours. She also has been out at the State Emergency Operations Centre. Maybe we could ask Mrs Pearce—or Ms Pearce—to just explain—is that a married name or not-married name? I do not know. I never asked that.

**Ms PEARCE:** I confirm that it is my married name.

**Mr BRAD HAZZARD:** Mrs Pearce. I will ask Susan to explain what happened, the benefits of setting up at the State emergency headquarters and how that translated into getting police involved? Perhaps you could explain that, Susan.

**The Hon. JOHN GRAHAM:** I think that would be welcome, Mr Chair. I might just ask that we start the timing after this.

**The CHAIR:** We have not started your time, Mr Graham, you will be pleased to know. This is the Government's 15 minutes.

**The Hon. NATALIE WARD:** Can I ask Ms Pearce to elaborate on that, please?

**Ms PEARCE:** We have been at the RFS headquarters at Homebush for the past few months and working very closely with New South Wales police and all of the other government agencies who are represented there, including Department of Communities and Justice, Education, Transport, et cetera. I think that has given us an opportunity to ensure that any issues that we have identified over this period have been ironed out quite quickly. There is a great deal of collaboration that exists between all of those government agencies. Insofar as the hotels are concerned, obviously that has been a very significant joint effort between police, Health and the Department of Communities and Justice in terms of the welfare needs of people in hotels. Presently we have something in the order of 4,800 people still in hotels. That number does obviously fluctuate, but that level of endeavour does require a lot of collaboration between us. In terms of the infection control measures, again, we have needed to make sure that our police and security staff are well supported. There are daily huddles to make sure that everybody is well briefed on what is required of them.

**The CHAIR:** Socially distanced huddles.

**Ms PEARCE:** Indeed, of course.

**Mr BRAD HAZZARD:** It is a workplace, of course.

**Ms PEARCE:** Even to the extent where checking of various licenses and cards—our staff know that that is not to be handled, et cetera. We have really gone down to quite a very significant level of detail to make sure that those processes work well. We do continue to learn every day around other examples that are happening not just in Australia but also across the world. I think that to sum that up, there is a great deal of collaboration and cooperation that has existed across all of those agencies to deliver this result.

**Mr BRAD HAZZARD:** The point that Susan just swept over there about the huddles, as you correctly checked on it—the social distancing—there have been some problems in Victoria currently with the security people apparently not properly understanding the full complexities of the use of PPE and the necessary aspects, whereas our people in the hotels have been well and truly trained up and thus far it has not been a problem. I say "thus far" because anything can happen tomorrow and anything can happen right now as we are sitting here talking. It has been handled differently. Our public health units in New South Wales working with the police and the other agencies through that structure out there at Homebush—the most amazing facilities, being the Rural Fire Service headquarters, that have been turned into effectively headquarters for all these agencies to work together—has been miraculous in terms of the outcome for New South Wales.

**The Hon. COURTNEY HOUSSOS:** Minister, I have just a quick question. You or your department have told us that on 26 May there were 1,300 ventilators that were available for patients, if required in New South Wales. Is that still the case? Is there an additional capacity? Where are we at today?

**Mr BRAD HAZZARD:** The issue of ventilators is part of the equation of trying to repair our entire health system if the curve was as we first anticipated it might be. A lot of work has gone into increasing the number of ventilators dramatically to 2½ times the number we had originally, plus training up the staff who can work in intensive care units [ICUs] with ventilators and all of the equipment that goes with it. I will ask Susan Pearce again to comment on that because she has been instrumental in working with the team and also Minister Ayres, who has been part of our inner sanctum, if you like, to try to increase the opportunities for getting ventilators. One of the problems with getting PPE, ventilators, hand cleaners and everything else that we needed early on was that the supply chains were cut for the rest of the world, so we had to find ways of actually getting the equipment either locally produced or finding alternative supply chains.

**Ms PEARCE:** Thank you, Minister. As at last Wednesday when we last reported on this number, Ms Houssos, it was 1,419 ventilator-capable beds across New South Wales, including some beds in private hospitals. That is as at last Wednesday.

**The Hon. COURTNEY HOUSSOS:** Is that continuing to increase? Is that a number you are trying to keep stable now?

**Ms PEARCE:** No, we continue to attempt to quadruple our ICU ventilator bed capacity. We still have some ways to go way toward achieving that. Of note—and this is good news for New South Wales—is the fact that we have not had a ventilated COVID-positive patient in New South Wales since 29 May.

**The CHAIR:** Is it 1,300 now?

**Ms PEARCE:** It is 1,400.

**The Hon. COURTNEY HOUSSOS:** It is 1,419.

**The CHAIR:** What is the target? What does the quadrupling mean?

**Ms PEARCE:** At least 2,000.

**The Hon. COURTNEY HOUSSOS:** Thank you. Minister, at our last hearing, you confirmed that 82 healthcare workers had contracted COVID. Can you provide us with an update on that one?

**Mr BRAD HAZZARD:** I might ask Dr Chant to do that because she has all the details of it.

**Dr CHANT:** I will get back to you in this session. I will get that emailed to me.

**The Hon. COURTNEY HOUSSOS:** Of course. Minister, how long will the free parking and accommodation for healthcare workers remain in place?

**Mr BRAD HAZZARD:** There has been no decision taken on that. Obviously we took the steps to make sure that the frontline staff had those additional benefits. Also, as you would probably recollect—I think we talked about it the last time—there was accommodation available, too, for some staff who might have been worried, or were worried, at the time. I think it is fair to say that there is a lot less worry now in the health system at the moment. But as you just heard from Mrs Pearce, we continue to step up every aspect of our capacity. We will see how we go at this point.

**The Hon. COURTNEY HOUSSOS:** But it remains in place for now.

**Mr BRAD HAZZARD:** Yes. A lot of the councils have been really good on that front too. A lot of the councils, where perhaps there is not available parking, have made special arrangements. The City of Sydney contacted me two or three weeks ago. It is making sure that it has updated stickers or something on the cars of people who might be working at particular hospitals. Everybody has been really good on that front to try to make sure that the staff get support.

**The Hon. COURTNEY HOUSSOS:** Excellent. You spoke about personal protective equipment earlier and the early difficulties that you faced. Are you now confident that even if there is a second spike, you have enough PPE for what is required?

**Mr BRAD HAZZARD:** I think that there are issues. PPE consists of a number of different items. One of the issues that we still have—I will ask Dr Lyons to speak on that—was full masks. We have local suppliers now making those so that has got a lot better than it was. Surgical masks—that was challenging because most of our surgical masks came in from Hubei province and Wuhan initially and suddenly it was not possible. Again, we have extra supply of that. One of the remaining issues was the fact that there are two different styles of gloves that are used in surgical situations. They are much more problematic because you have to bring those in from overseas. We do not have capacity; nobody has capacity, as I understand it. I will ask Dr Lyons whether there is any update on that. My last advice was that there was not any provision for that in Australia. We have to get them from overseas.

**The Hon. COURTNEY HOUSSOS:** So there is no local provision of gloves. Do they all have to be still sourced overseas?

**Mr BRAD HAZZARD:** They are all coming in from overseas, are they not, Dr Lyons?

**Dr LYONS:** There are some gloves that are manufactured. It depends on what type of glove you are talking about.

**Mr BRAD HAZZARD:** Is it the nitrile or the latex?

**Dr LYONS:** Yes, and it is whether they are sterile or non-sterile. That is the other issue as well.

**Mr BRAD HAZZARD:** Yes.



**Dr LYONS:** We are in a much better position with personal protective equipment. As the Minister said, it was very challenging earlier on with the global supply chains interrupted. Many of our normal supplies were not honouring commitments to provide PPE.

**Mr BRAD HAZZARD:** That is because they were being paid more by other jurisdictions around the world. As it started to hot up in Europe and the States, they were paying a lot more, so they just did not send their gear to us.

**The CHAIR:** It was like a global bidding war.

**Dr LYONS:** Health partnered with the whole-of-government procurement process, which police were leading. We have been fortunate to be a part of that whole-of-government process as well as having our own processes for managing PPE. There has been 41,000 pallets of PPE that have been delivered and supplied to Health and across government agencies in New South Wales since the pandemic started. We are monitoring the PPE. The particular issue is that there are so many different items, as you would be well aware. But it is very important that we have access to face shields, face masks—

**Mr BRAD HAZZARD:** Gowns.

**Dr LYONS:** —gowns, sterile gowns, gloves and P2 and N95 masks. These are the things that keep our staff safe. Very early on, of course there was great deal of concern from our staff about being able to access the equipment they needed to provide care safely. We set in place a whole range of initiatives to do that. I think there were some hiccups early on as our supply chains were interrupted, but also about how we stepped up our management of PPE right through from procurement through to ensuring that is available in the clinical areas where staff need it when they needed to care for a patient. Getting those processes and the management systems in place, transparency and visibility about what stock we had and ensuring that staff had an escalation process if they could not access what they needed within their hospital to ensure that they got access to it—they were all put in place.

**The Hon. COURTNEY HOUSSOS:** Dr Lyons, how much of that proportionally, as a rough estimate, is now being sourced locally and how much is overseas?

**Dr LYONS:** Most of it is still being sourced from overseas. The global supply chains have been reintroduced but we have had some examples where we have used things like hand sanitiser, which has been manufactured locally. I think we have had two million litres of hand sanitiser that was locally produced. There are some other examples of where we have had—

**Mr BRAD HAZZARD:** Face shields.

**Dr LYONS:** —face shields that have been supplied through local manufacture. There have been some face masks that have also been supplied through local manufacture. There are examples of where we have accessed local suppliers for certain types of equipment at different points in time.

**The CHAIR:** Minister, can I just ask about transparency on access to the national stockpile of PPE?

**Dr LYONS:** National Medical Stockpile.

**The CHAIR:** I got a sense that there were some frustrations about transparency about that at different times. Do we know how much is there? Do we know what the guidelines are to allow States to access that national stockpile?

**The Hon. COURTNEY HOUSSOS:** And has it been replenished?

**Mr BRAD HAZZARD:** You have to ask Minister Hunt that.

**The CHAIR:** I am asking from your perspective.

**Mr BRAD HAZZARD:** I think it is fair to say that New South Wales felt that we were not prepared to rely on anybody else except New South Wales. You heard a minute ago from Dr Lyons that we had the police involved in the procurement. Assistant Commissioner Mal Lanyon was working with our Health teams. I have to say that the Premier was incredible on this because the Premier actually brought in—we were having meetings three mornings a week, was it?—

**Ms KOFF:** Five days a week initially, then three.

**Mr BRAD HAZZARD:** —five mornings a week to work through all these issues out of the State emergency headquarters. There were a number of us who were involved in that, but we had people such as

Assistant Commissioner Lanyon involved. The Premier suggested that we should get the private sector involved, so we have Rod McGeoch, for example, sitting in there because of his contacts with overseas. We had a number of different private connections to try to find ways around the supply chain issues. I think New South Wales is probably the leader in the country in terms of finding alternative sources for us.

**The CHAIR:** What was the benefit or purpose of the national stockpile in all of this, Minister, is what I am asking you. We had that national stockpile; it seems to me that—

**Mr BRAD HAZZARD:** You would have to ask Minister Hunt that. The stockpile was there—

**The CHAIR:** It could still be there.

**Mr BRAD HAZZARD:** Maybe. We think it is.

**The CHAIR:** Was it useful? It does not sound to me like it was useful. It does not sound to me like it factored into your planning because you did not know what was there, you did not know what the access procedures were.

**The Hon. NATALIE WARD:** That is not what he said.

**Mr BRAD HAZZARD:** Minister Hunt gave us assurances that if we needed it, it would be available, but keep in mind there were different States and Territories. We had a number of different States and Territories at different phases of development of a COVID crisis, if you like. New South Wales in good times—or any time—is the gateway to the rest of Australia. So we were getting a lot of people coming in here and therefore we had a major issue in terms of the earlier response. I think off that we just learnt that the New South Wales Government was going to make sure that we were completely capable of managing this issue, and if we needed to we knew we could ask Minister Hunt—and the Prime Minister was very helpful regularly, obviously, in the National Cabinet meetings; they were having those sorts of meetings—but we found in the end that it was a better outcome for us to be independent, and I think that is what most of our community acknowledged, that New South Wales has largely led the country.

Having said that, I acknowledge that every other State and Territory health Minister and leader have been extraordinary, and I have got to say this is a period of my life where you will never hear me say a bad word about a Labor health Minister ever again around the country—perhaps any shadow Ministers here I will, but other than that, certainly not Labor Ministers or Liberal Ministers; they have all done an extraordinary job. There are no Greens ones so I cannot comment on that.

**The Hon. COURTNEY HOUSSOS:** We have got limited time this morning. I wanted to come to the final issue that I wanted to cover on healthcare workers.

**Dr CHANT:** Excuse me, I have got the healthcare data.

**The Hon. COURTNEY HOUSSOS:** That would be excellent, thank you.

**Dr CHANT:** In relation to the reporting period up to 21 June 2020 there were 203 healthcare worker notifications. It is important to note that those healthcare workers did not all acquire—

**Mr BRAD HAZZARD:** Sorry, what were the numbers?

**Dr CHANT:** Two hundred and three healthcare notifications. It is important to note that the majority of those, as in 34.5 per cent or 70, acquired their infection overseas; six of those, 3 per cent, acquired them interstate; 17 were household contacts of a confirmed case, 8.4 per cent; other contact of a confirmed case, 7, which is 3.4 per cent; linked to a known cluster outside of a healthcare facility, 14, which was 6.9 per cent; and that left a possible healthcare exposure in 88 people. New South Wales has established a process of reviewing all of those exposures to look at what was the mechanism of the exposure and what were any learnings that could be incorporated into the system in response to each of those cases. Not all of them are public sector employees in hours; they also are across all dimensions of healthcare provision.

**Mr BRAD HAZZARD:** Does that include aged-care facilities, the healthcare workers?

**The Hon. COURTNEY HOUSSOS:** Healthcare workers includes aged-care workers.

**Dr CHANT:** Or healthcare workers as in registered nurses.

**Mr BRAD HAZZARD:** Registered nurses who may have been working in an aged-care facility; that is federally obviously, or private facilities. So it is everybody.

**The CHAIR:** It does not necessarily pick up everybody in an aged-care facility, but if they are registered nurses then it does.

**Mr BRAD HAZZARD:** A registered nurse under the Australian Health Practitioner Regulation Agency provisions, yes.

**The Hon. COURTNEY HOUSSOS:** Minister, I wanted to come to one final issue that has occurred since our last hearing, which is your Government's decision to cut the wages of all public servants but in particular—

**The Hon. TREVOR KHAN:** That is just ridiculous.

**The Hon. NATALIE WARD:** This is not estimates; it is opportunism.

**The Hon. COURTNEY HOUSSOS:** Do you not think there should be an exemption for workers, given the incredible efforts they have made on the front line during this pandemic?

**The Hon. NATALIE WARD:** Point of order: This hearing is into the COVID response; it is not estimates.

**The CHAIR:** I hear the point of order. I think the Minister is in a position to answer it and I think it is covered by the terms of reference.

**Mr BRAD HAZZARD:** Can I just say to you that is disappointing because you have got five senior health executives who could actually be out looking after the public health pandemic, the one in 100 years issue, and you have brought them all in here and you are going to ask really banal political questions. The answer is I am not here to answer those sorts of questions. I have made my comments publicly. I support totally our health staff; I think they are fantastic—all the front-line staff. I am not going to get involved in matters that are now before the Industrial Relations Commission, but thank you for asking.

**The Hon. JOHN GRAHAM:** Minister, on that note I might ask you about the *Ruby Princess*. Given that there is a special commission of inquiry, I will not dwell on this, but I do want to ask about—

**The Hon. TREVOR KHAN:** Indeed. I think that was our position that we all had reached, including a discussion—

**The Hon. JOHN GRAHAM:** —an assessment report, which was completed by NSW Health, which has been referred to there. It is entitled *NSW Health Report on the Ruby Princess Cruise of 8-19 March 2020*. Have you read that assessment report from NSW Health?

**Mr BRAD HAZZARD:** You may or may not be familiar—perhaps you are not, Mr Graham—that there is a commission of inquiry and I will not be answering any questions whatsoever to do with the matter that is before the commission.

**The Hon. JOHN GRAHAM:** I am asking you—

**Mr BRAD HAZZARD:** I heard your question and I have answered it.

**The Hon. JOHN GRAHAM:** I am asking you a question—

**Mr BRAD HAZZARD:** I have heard your question and I have answered it.

**The Hon. JOHN GRAHAM:** Given you are a Minister who is accountable to the Parliament—

**Mr BRAD HAZZARD:** I have heard your question and I have answered it.

**The Hon. NATALIE WARD:** Point of order: The Minister has given his answer. There is a special commission of inquiry underway; this Committee has had discussions about that, and I ask that you rule the question out of order and ask us to move on. We have health officials here who are prepared to and ready, willing and able to answer questions on the current pandemic. This is clearly out of order.

**The Hon. JOHN GRAHAM:** To the point of order—

**Mr BRAD HAZZARD:** Can we go out and have a coffee while you guys argue about this? You are wasting your time. Why do you not ask questions about the relevant issues?

**The CHAIR:** I have heard enough on the point of order to make a ruling on it.

**The Hon. JOHN GRAHAM:** No, you have not actually, Chair.

**The CHAIR:** Allow me to make a ruling. I have clearly said earlier that we will not allow this Committee to distract or to in any way take away from the independent commission of inquiry, but that does not mean that there is a blanket prohibition on questions relating to it. Members are allowed to ask certain questions, but I will definitely draw the line if it either dominates these hearings or in any way prejudices the independence of that inquiry.

**The Hon. NATALIE WARD:** My submission was not that it was a blanket prohibition—they are your words, not mine. My point was that this Committee is to look into the health aspects. The *Ruby Princess* inquiry is a quite separate and distinct line of inquiry which is being dealt with very thoroughly and capably by that commission.

**The CHAIR:** I have heard the point of order and I understand the nature of it. At this point I am not going to rule the question out of order and I will return it to Mr Graham because, for one reason, he did not get to finish his question.

**Mr BRAD HAZZARD:** You have made your position clear, Mr Chair, he has made his position clear and I have made mine.

**The CHAIR:** I am just going to allow the member—

**Mr BRAD HAZZARD:** He can ask but he is just wasting his time.

**The CHAIR:** I am, and I hope you will too, Minister, allow the member to ask the question and then we can assess it.

**Mr BRAD HAZZARD:** He has asked it three times. How many times—

**The Hon. NATALIE WARD:** And it has been answered.

**The CHAIR:** I am going to Mr Graham.

**The Hon. JOHN GRAHAM:** Minister, I simply want to know if you have read this report that was prepared.

**The Hon. TREVOR KHAN:** Point of order: That is the third time the question has been asked.

**The Hon. JOHN GRAHAM:** Why do you object to the Minister answering it? He is capable of defending himself.

**The Hon. TREVOR KHAN:** Because in the discussions I had with your Opposition leader we dealt with what we were going to do with this. The Hon. Adam Searle had a clear position.

**The CHAIR:** I am going to step in now as Chair. I do not want this inquiry to get distracted and to fall into this kind of fractious fighting. I think the Minister has made it clear that regardless of how many questions you ask the answer will be the same. So I ask you to proceed to another line of inquiry.

**The Hon. JOHN GRAHAM:** Dr Chant, I might ask you, on that note: on 8 May the National Cabinet, advised by the AHPPC, signed off on a road map, which included three stages to recovery. That has been quite helpful for businesses to plan. You participated in those national discussions. Why is it that we have been able to have a road map nationally but we have not been able to have one in New South Wales?

**The Hon. NATALIE WARD:** That is not a question for Dr Chant and you know it.

**Mr BRAD HAZZARD:** Let me explain to you—

**The Hon. NATALIE WARD:** Point of order: The question should be directed to the Minister.

**The CHAIR:** The Minister is able to take the question and he is taking it, so I will the Minister to answer it.

**Mr BRAD HAZZARD:** I am taking it.

**The Hon. JOHN GRAHAM:** The reason I am asking Dr Chant is you were not participating in these discussions, Minister, but if you want to answer it I would welcome that.

**Mr BRAD HAZZARD:** We have managed the issue extremely well here in New South Wales and we have taken advice from public health and the AHPPC, but the AHPPC consists of the Chief Health Officers of each State and Territory and from time to time some co-opted, varying people who give particular advice and expertise on that committee, and they then give that information—

**The Hon. JOHN GRAHAM:** I am aware of that, Minister, but the central question here is pretty straightforward. That has been very helpful nationally.

**Mr BRAD HAZZARD:** I have not finished.

**The Hon. JOHN GRAHAM:** Why have we not done it in New South Wales?

**Mr BRAD HAZZARD:** I have not finished.

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

**The CHAIR:** I hear the point of order; I think it is well made.

**The Hon. NATALIE WARD:** I have not made my point of order. I ask that I be heard.

**The CHAIR:** I think the Minister needs to be allowed to answer the question.

**The Hon. NATALIE WARD:** I refer to paragraph 19 of the resolution of the House that we have some procedural fairness and some courtesy to witnesses and I just ask that we take a breath and try and be constructive in our questions and in our answers, allow the Minister to finish the answer and confine the question to the AHPPC, the advice given in that context, not a political question, which should otherwise be directed, as you well know.

**The CHAIR:** I accept your point of order. The Minister was being directly relevant and was in the middle of answering the question. I will allow the Minister to complete the answer. If you want to start again, Minister?

**Mr BRAD HAZZARD:** I will not start again but where I was up to was that the AHPPC has a variety of different States and Territories that over the last five months have been at various stages of the development of the virus, the pandemic, and have different capacity to answer it, that is, how to prepare their way to answer the issues. That information then went to National Cabinet and National Cabinet put down what they considered to be, if you like, the broadbrush approach, but if everybody accepted that within each State and Territory they would not be doing what they needed to do. Whatever comes out of National Cabinet needs to be interpreted locally for where they are up to.

**The Hon. JOHN GRAHAM:** I agree with that, Minister.

**Mr BRAD HAZZARD:** Sorry, Mr Graham. We have interpreted it, I think—on everybody's view apparently except yours—extremely well in New South Wales, which is why we have not had a case in the last 24 hours again of a locally transmitted case. So I am happy to accept the advice—

**The Hon. TREVOR KHAN:** As opposed to 75 in Victoria.

**The CHAIR:** I do not think interjections are helpful. The Minister is in the middle of answering the question.

**Mr BRAD HAZZARD:** It has just been made public, has it?

**The Hon. TREVOR KHAN:** Yes.

**Mr BRAD HAZZARD:** And Victoria is obviously having a bit of a challenge, but, again, we are very supportive of Victoria and the Labor Government there, who would not be supportive of you, I am sure, the way you are carrying on in this Committee.

**The Hon. JOHN GRAHAM:** I might hand to the Chair on that.

**The CHAIR:** Had you finished?

**The Hon. JOHN GRAHAM:** No, I have not finished, but I am handing to you.

**The CHAIR:** Minister, I have literally just received some advice that there was an issue with the NSW Health servers.

**Mr BRAD HAZZARD:** Sorry, can you say that again?

**The CHAIR:** I have literally just received some advice that there was an issue with the NSW Health computer servers; apparently they went down for about half a day for about 13 hours last week. Do you know if that did happen?

**Mr BRAD HAZZARD:** It has actually been in all the media—numerous newspapers. What it was: it was not Health, it was the data centre. There are two data centres and most government agencies operate through that, and there was a power failure which then caused some grief for various agencies including hospitals. Hospitals use a variety of things—medical records, for example—so for most of a day, I think it was last week or about 10 days ago—and it was in all the media, it was on TV, on radio, in the newspapers; it was no secret—they had some issues where the doctors, for example, had to use paper records for the day until the data was fixed. What happened was that the data facility went down but it also caused some grief with our servers, the Health servers, so there had to be a part that I think was brought up from the Illawarra, from memory—and again that was all public; it is no great secret.

**The CHAIR:** No, I was not suggesting that it was a secret. It is just that the advice I had was that it was down for some 13 hours and that none of the COVID tests were able to be processed during that period.

**Mr BRAD HAZZARD:** There was a problem with pathology on that particular day, but, as I said, medical records, pathology, that gave us a bit of a backlog, but they caught up with it the next day or so.

**The CHAIR:** That is my next question. First of all, are you sure you have found the problem so it will not repeat?

**Mr BRAD HAZZARD:** It was not a problem caused by Health's facilities or equipment; it was in the data centre—managed by Customer Service actually—and it had a power failure, which can happen, and it blew apart and then caused onset problems with some of our servers, and so it was fixed. I think the last hospital that came online was about 14 hours later. It happened about 3.45 a.m., I think, on whatever day it was. Is that right?

**Ms PEARCE:** Yes.

**Mr BRAD HAZZARD:** And it took until the end of that day that the customer service technicians got their functionality back up—I think it was mid-morning or so, but it still had problems for our Health servers and that was then resolved varyingly through the various hospitals over the course of the day.

**The CHAIR:** Minister, given how critical this infrastructure is, do we know what caused it and can you assure us that it will not happen again, because—

**Mr BRAD HAZZARD:** No, I cannot assure you that because, do you know what? It is a big system. It is 400 hospitals and these things can happen through the data centre, but we do not manage it; the data centre is not ours, so you need to have another Committee inquiry and ask—

**The Hon. TREVOR KHAN:** Oh, no.

**The CHAIR:** Minister, have you sought assurances from Minister Dominello?

**Mr BRAD HAZZARD:** Of course. Minister Dominello is doing an extraordinarily good job, as are all the Ministers in the New South Wales Government.

**The CHAIR:** I am not asking him to fix the system, but are you comfortable that Customer Service knows what caused it and have taken steps to ensure that it will not happen again?

**Mr BRAD HAZZARD:** They have assured me, and I spoke to a number of different people—obviously, I spoke to Mr Dominello and my ministerial colleagues, of course I did, but I also spoke to the online technicians, the people in Health who actually deal with cyber issues and computer issues and I was satisfied that they were doing all they could.

**The CHAIR:** Are you satisfied that there is sufficient redundancy in the system so that we do not see one part, which is what happened here, just one part take down the entire—

**Mr BRAD HAZZARD:** Look, I asked all those questions. What do you think I do with my day? I asked all those questions and they told me—

**The CHAIR:** That is why I am asking you. It seems to me there is not redundancy. That is why I am asking you.

**Mr BRAD HAZZARD:** The back-up actually failed as well. So that is what happened, okay? I am not a technician; I am not here to answer questions like that. I thought this was about COVID-19. If you want me to answer questions about that I am happy to do it, but do you know what? I would rather get back to work.

**The CHAIR:** This is about COVID-19.

**Mr BRAD HAZZARD:** Between the Labor Party asking dumb questions about a commission of inquiry and you asking me whether I am a cyber expert, the answer is no, but I am happy to take questions on COVID-19.

**The CHAIR:** Minister, I have got to be clear.

**Mr BRAD HAZZARD:** You do have to be. You are right.

**The CHAIR:** If the servers go down and you cannot process the COVID-19 results and you could not do it for 13 hours and the back-up went down as well, that is a significant issue and it is an issue about how we respond to the pandemic to make sure it does not happen again.

**Mr BRAD HAZZARD:** And we did respond.

**The CHAIR:** I do not think you should take this lightly or suggest it is a political point.

**Mr BRAD HAZZARD:** No, I did not. I just told you that I went through—

**The CHAIR:** It is a very real issue.

**Mr BRAD HAZZARD:** I went through all the things you would expect a Minister to do and I am satisfied the information they gave me was their best information and I rely on that information, but I just remind you that New South Wales is handling the pandemic amazingly because of these incredible people sitting around this room—better than probably any other jurisdiction in the world—and you are asking me about cyber or server issues.

**The CHAIR:** Because none of them can do their work if the servers shut down. That is why I am asking you these questions, Minister.

**Mr BRAD HAZZARD:** All right. I have given you an answer. Do you have any other questions or is that it?

**The CHAIR:** Indeed I do. Were there flow-on effects to the public health response arising from the server outage?

**Mr BRAD HAZZARD:** No.

**The CHAIR:** There were not?

**Mr BRAD HAZZARD:** No.

**The CHAIR:** There were no backlogs, there were no delays?

**Mr BRAD HAZZARD:** I just said to you there was a delay in that the medical records obviously had to be used manually, there were some delays in the pathology but the results were up and running I think within 24 hours or 36 hours. I do not know what the point is but do you want to answer the question, Dr Chant?

**Dr CHANT:** I am just seeking clarification but my understanding is the specimens were still being processed, as in the tests were still being performed. There were issues with loading the results, but the process is that we would be notified immediately of any positive results from our laboratories if there may have been delays in just getting through the negative results and the return of those. But that is my understanding of the situation. I would need to check. I am just seeking confirmation from Tracey McCosker, the head of pathology, but that was my understanding.

**Mr BRAD HAZZARD:** So we will take it on notice and we will tell you, but there are no great dramas. Can we get back to the questions we are here for because it is getting to be a bit of a waste of time?

**The CHAIR:** Minister, that is your view.

**Mr BRAD HAZZARD:** It is my view and I am the health Minister and I am worried about other issues.

**The CHAIR:** I am quite certain the people of New South Wales would be anxious about the servers going down and the public health system not being able to respond.

**Mr BRAD HAZZARD:** Ms Pearce would like to answer your question, Mr Chair.

**Ms PEARCE:** I can perhaps assist you.

**The CHAIR:** Because I understand surgeries were not able to be undertaken for those 13 hours as well.

**Ms PEARCE:** Our whole health system has business continuity plans in place for these events. Obviously, when you are running a large system and a lot of that works with ICT, it is necessary to have manual

processes in place. Some surgery was interrupted on that day, but, by and large, that continued across the health system and we did also experience some emergency department delays that day, and you would expect to see that with such a large outage. However, it is not correct to say that no COVID tests occurred that day. Even during that period the manual processes were enacted and there were some delays that went into the next day in terms of that reporting and so on, but, by and large, there were also large parts of the State where they experienced no delays. You cannot apply a blanket rule to everything that occurred on that day because it was variable in terms of that impact, and manual processes were put in place to ensure that the work continued regardless of that power failure that led to the outage.

**The CHAIR:** Minister, the now public news that there have been 75 locally acquired cases in Victoria—I see it does not come as a surprise to you—what is the New South Wales Government response to that? We are coming up to school holidays, people are thinking about travel. What is the response to that 75 cases?

**Mr BRAD HAZZARD:** Clearly, 75 cases are concerning, but—it has only just been made public—I am not sure they are all local transmission. I would imagine that some of them would be overseas travellers as well. So I think your assumption there may not be accurate. Do you know, Dr Chant?

**Dr CHANT:** Just to say that the Australian Health Protection Principal Committee has been meeting at 12 o'clock every day and did so over the weekend. At 12 o'clock today we will be getting briefed on the situation by Victoria. The purpose of the meeting is to be explicitly briefed by Victoria. So after that 12 o'clock meeting I would be in a better position to update you. The things that we are looking at is whether there has been extending outside the cluster. The advice is that the cases have been largely clustered within family groups and there have been webs of transmission and linkages established between the various groups. I know that Victoria in itself is considering some additional actions. I will be a better position to form a view about what it means after I have been briefed at 12 o'clock. My colleague is joining that teleconference, given that I will be in budget estimates, and I will join as soon as I get out of this process.

**Mr BRAD HAZZARD:** In other words, she could actually be doing the work she needs to do but she is here doing this.

**The CHAIR:** Because being accountable is important in a democracy, Minister.

**Mr BRAD HAZZARD:** Yes, but it is a public statement, all right, so it has come out now, but we have got to form a view on it and it is all just a bit silly.

**The CHAIR:** Minister, we are a week away from public school holidays. Will we get a very clear, unambiguous position from the Government to say to people from New South Wales, "Don't go to Melbourne"? Is that the unambiguous position: don't go to Melbourne?

**Mr BRAD HAZZARD:** We have already made that clear.

**The CHAIR:** In any circumstances?

**Mr BRAD HAZZARD:** We have made it clear that, quite apart from today's latest results, that it would be preferable for nobody to travel to the hotspots of Melbourne. Indeed, I have said publicly not to go to Melbourne; in fact, preferably stay away from Victoria for the moment. That makes me sad that I have to say that because obviously people have families there and so on, but the concern is that we do not want families who may have family members or friends down there to be in those hotspot areas. But I have been saying that for at least a week. It is not like it is a revelation here at the Committee. Can we deal with something different?

**The CHAIR:** The question is pretty clear.

**Mr BRAD HAZZARD:** I have answered it.

**The CHAIR:** Will you consider a formal public health order to not just discourage people but to simply say "You can't go to Melbourne unless" and you put in place a limited set of circumstances, similar to what we had at the beginning of the pandemic?

**Mr BRAD HAZZARD:** We have been considering all matters that are necessarily matters within a public health response and we will continue to consider those, but the advice at the moment remains "Do not travel to Melbourne."

**The CHAIR:** I want to be clear. The reason I am asking you today, on Monday, is because I know families are planning, plans are being made now, and I know your position is you discourage. But if we are going to get to a position of prohibiting, the earlier that is done the better because literally those plans are being made now by families all across the State.



**Mr BRAD HAZZARD:** I do not have anything else to add.

**The Hon. JOHN GRAHAM:** Minister, I will return to where we were on the questions about the road map. I understand the position you have just outlined about how these things flow down from the national sphere into the State, but businesses have found that national road map very helpful to get their heads around the changes they will have to make. Why do we still seem to be stuck here in New South Wales, moving industry by industry, restriction by restriction, rather than setting out for the weeks or months ahead changes that might happen—not the timing but the stages—so that those businesses can plan what they have—

**The Hon. TREVOR KHAN:** You were asking about triggers before. You flop from one side of this—

**The CHAIR:** I will take a point of order against you, Mr Khan. That is not helpful and I would ask you to restrain. We will go back to the Minister.

**Mr BRAD HAZZARD:** Can I just say that the question that the Chair has asked is indicative of why you need to be considering the national road map but tailoring it to your local circumstances.

**The Hon. JOHN GRAHAM:** I agree with that.

**Mr BRAD HAZZARD:** So we have done that and it has been very successful.

**The Hon. JOHN GRAHAM:** But businesses are still saying—you must have heard this feedback, Minister—that they are struggling with the speed of these changes, not knowing what comes. Why can we not do what happened nationally and set out ahead of time the various stages?

**Mr BRAD HAZZARD:** Nothing happens nationally. Nationally gives advice but each State and Territory has made their own decision on how they will progress and it is made on the basis of a real local knowledge about how our businesses, how our community and how transmission is occurring and I do not see any problem with that at all at the present time. Having said that, obviously we are constantly reviewing all the circumstances. As Dr Chant just said, every day that is what we normally do.

**The Hon. JOHN GRAHAM:** So let me ask you about one of those views from the National Cabinet to be implemented by the States. On 26 June National Cabinet agreed under step three of the framework that States can allow small premises to apply the one person per two square metre rule with a COVID Safe plan in place. What is the plan for this particular measure here in New South Wales?

**Mr BRAD HAZZARD:** Again I am starting to think that nobody on this Committee actually watches the media or reads the papers. I made it very clear on the weekend—you have got more time than I have got, I think, but do not do anything with it—that I am not in a hurry, nor is our Government broadly, to be rushing those, but we will obviously consider those issues and we are considering them, but we will make our decision as we move forward, and right now when we have other issues happening in effectively the larger position of what is an open border between us and Melbourne, those issues have to be considered. But I am not rushing forward, as health Minister, to put a time on when we might go to that. We will make up our mind when we have weighed up all the factors.

**The Hon. JOHN GRAHAM:** I have seen those answers, Minister, but is that not a good example where businesses—I do not know if you have this feedback; I certainly have—are saying, "Look, we just have no idea of when these changes might happen." Nationally they are floated—

**Mr BRAD HAZZARD:** You know what? Businesses have to be on the journey with us as well. In Texas and Florida and other US States they opened up very quickly and they have now got huge problems. The most challenging part of a pandemic—it is very easy to shut down; the question is: at what stage do you open up? You do that by considering all the factors on each and every day, each and every hour, as to what is happening.

**The CHAIR:** It is going to be driven by the data, not an arbitrary timetable. Is that your position, Minister?

**Mr BRAD HAZZARD:** It is driven by the data and the advice of Health as we progress.

**The Hon. JOHN GRAHAM:** That is accepted. What these businesses are asking for is some indication about what the stages are that we are moving through.

**Mr BRAD HAZZARD:** I have answered the question.

**The Hon. JOHN GRAHAM:** I will turn then to Newmarch. I want to give you the opportunity to respond to evidence which has subsequently been given after you last appeared at this Committee. You repeatedly

put the point of view—I do not want to put words in your mouth, but I think it would be fair to say you were arguing this was a national not a State responsibility. Since that evidence—

**Mr BRAD HAZZARD:** I do not think that is right.

**The Hon. JOHN GRAHAM:** I will put this view to you and allow you to respond. The Aged Care Quality and Safety Commissioner has said this: The public health services—which, as you know, are funded and operated by the State governments—are the first responders in the main and they are the ones who have the necessary expertise and they, therefore, have very strong sway in relation to any clinical decisions being made at Newmarch. That contradicts, on the face of it, the position you put to the Committee last time. I want to give you the opportunity to respond.

**Mr BRAD HAZZARD:** I will respond, but it is not what I said; it is your interpretation.

**The Hon. JOHN GRAHAM:** I am simply putting that evidence.

**The Hon. TREVOR KHAN:** Point of order: The thing goes by a question being asked and then an answer, not a question being asked, the attempt at an answer and then an interjection.

**The CHAIR:** I accept the point of order. I say again that the Minister needs to be allowed to answer the questions uninterrupted whilst the Minister is being directly relevant. Two words into his answer I thought the Minister was being directly relevant.

**Mr BRAD HAZZARD:** What I said last time and what I will say again is that aged-care facilities are regulated by the Federal Government and usually delivered through private or non-government organisations. In this case it was Anglicare. Each of those people who were, and still are, in that facility, like every other facility, are in their own home. That is where they live and most of them would have had their own GP. The normal occurrence is, when you enter an aged-care facility, you are asked who your GP is and, "Will your GP continue to care for you?" And the answer is generally, "Yes". So most of those folks, quite properly, had their own GP.

When the pandemic arose, of course, there were lockdown provisions, effectively isolating aged-care facilities as far as is practical, and so some of those GPs were either not available or could not deal with the issue by telehealth, but most of them were. Most of the patients—residents, I should say—were still being dealt with, as I understand it, by their GPs via telehealth. But when NSW Health was asked for assistance, they were certainly made available and, in fact, James Branley, a highly accredited infectious diseases specialist from Nepean local health district, made himself available, and was there regularly looking after and giving advice on how the residents should be managed.

Where there was a need, in his view and on medical views, to transfer the person to Nepean Hospital, they did. If they were capable of being managed within their home, then they were. One of the big issues, of course—like everything else that I have said earlier, it is a balancing act—a lot of folks who are in aged-care facilities feel more comfortable if they are in their own home, and it is their home. Particularly for those with dementia and so on, any change can actually cause other major health issues. So all those issues are being weighed up by the clinicians—that is, by Dr Branley and his team—and the decisions were taken at a clinical level. I will ask Dr Lyons who has had a little bit of involvement with this—actually, quite a bit of involvement, I think—to perhaps give—

**The Hon. JOHN GRAHAM:** Minister, I might move on. I want to give you the opportunity to respond to that evidence.

**Mr BRAD HAZZARD:** Hang on. I just offered for him to give you information that you asked about. He is the deputy secretary.

**The Hon. JOHN GRAHAM:** I would be happy to have that on notice. We have a range of—

**The Hon. TREVOR KHAN:** He is entitled to answer the question if he is being relevant.

**Mr BRAD HAZZARD:** I am still answering the question because I have asked Dr Lyons to answer the question.

**The Hon. JOHN GRAHAM:** I am entitled to move on.

**The CHAIR:** A Committee member is entitled to move on if the answers have been non-responsive. However, I think this is directly responsive so, Dr Lyons, do you having something brief to add?

**Dr LYONS:** Certainly. There was involvement of the primary care response from the general practices and the primary health network. There was involvement, as the Minister has outlined, from the specialists who

are part of our Hospital in the Home program for Nepean Blue Mountains Local Health District. That included an infectious disease specialist, a geriatrician, a palliative care specialist. There is also an intensive care specialist. We provided a whole lot of infection prevention and control advice to support the outbreak, which was managed by Anglicare. But what it does highlight is the tragic consequences of when COVID does get into aged-care facilities and that has been seen right around the world. It is devastating and our condolences go to the families that were affected.

**The Hon. JOHN GRAHAM:** Minister, you have referred a number of times, during this hearing and previously and publicly, to symptomatic testing. Why have we not gone down the path of asymptomatic testing in New South Wales? The Prime Minister has flagged it nationally. Victoria is conducting asymptomatic testing. The AHPPC advice does recommend it in certain settings. When I have asked this question of NSW Health, it has said, "Look, we are not for broadscale asymptomatic testing," but clearly two of the five priorities for testing do include asymptomatic testing. It does not seem to feature in New South Wales. Why is that the case?

**Mr BRAD HAZZARD:** Over the period of the five months—I go back to what I was saying earlier—at one stage, anyway, it was not necessarily a clinical availability because testing supplies, testing kits, were not here in great numbers.

**The Hon. JOHN GRAHAM:** Yes, understood.

**Mr BRAD HAZZARD:** But there is still a question of whether or not it is an effective area to target in terms of when you are trying to break chains of transmission. But I will let Dr Chant give you full chapter and verse on this. Settle back, and you will be able to hear it all. Off you go, Dr Chant.

**Dr CHANT:** The AHPPC, as you have read, supports, basically, a focus on symptomatic testing. That is going to be the most useful at detecting it, particularly in a setting where we do not have a lot of locally acquired cases. You can actually do a lot of asymptomatic testing for no benefit.

**The Hon. JOHN GRAHAM:** And that is clear from those priorities, yes.

**Dr CHANT:** And that has certainly been the experience even in Victoria which did do blitzes associated with asymptomatic testing. They would not have seen that as being as high-value as symptomatic. So the first thing we can do is get symptomatic people tested. But we have recognised the importance of asymptomatic testing in various particular settings. So in aged-care facilities we now test routinely—and we have done that in a number of settings—both asymptomatic and symptomatic people. So, all the residents; if we had an introduction into an aged-care facility, we would test everyone.

There are a few reasons for that. One is that in that setting we know that elderly people sometimes do not display symptoms. So they already have, underlying, a bit of a cough or a bit of feeling fatigued, and so actually knowing when they have actually got COVID can sometimes be quite challenging in the early phases. And also we want to pick up the infection as early as possible in those settings. So asymptomatic testing, as part of an investigation in aged-care facilities, as well as of staff, is routine. We also have done that around schools and so in our investigations of schools we have had very low thresholds of testing. We sometimes also—

**The Hon. JOHN GRAHAM:** How often is this being used in New South Wales?

**The Hon. TREVOR KHAN:** Can you just let her answer the question?

**Dr CHANT:** In all of our locally acquired cases we would generally use asymptomatic testing as part of the tools to identify both the source of infection—so we do do asymptomatic testing in response to any of our cases, or consider its role, and we also use serology as well. Serology is important because it can help us. Not everyone has a serological—even if you are infected, a small proportion will not necessarily have detectable antibody, and we are learning more about that.

**The Hon. JOHN GRAHAM:** Sure, understood.

**Dr CHANT:** But serology can also help us because what we are trying to look at is who infected—

**The Hon. JOHN GRAHAM:** Dr Chant, I might stop you there because you have—

**The Hon. TREVOR KHAN:** Point of order: You ask a question, the witness is being directly relevant. I ask that the witness be allowed to answer it.

**The Hon. JOHN GRAHAM:** To the point of order: I have allowed the—

**The Hon. TREVOR KHAN:** I don't give a bugger how many questions you've got to ask. You asked the question—

**The CHAIR:** No, Mr Khan, that is not helpful. I will hear from Mr Graham on the point of order.

**The Hon. JOHN GRAHAM:** You have repeatedly interrupted and allowed—

**The Hon. TREVOR KHAN:** I have not. You have repeatedly interrupted the witnesses.

**The Hon. JOHN GRAHAM:** You are doing it again!

**The Hon. TREVOR KHAN:** You have repeatedly interrupted the witnesses.

**The CHAIR:** Order! I would appreciate it if you would allow the Hon. John Graham to respond to your point of order without interrupting him.

**The Hon. JOHN GRAHAM:** To the point of order: We have plenty of material here. Dr Chant has answered my question and expanded on the material that NSW Health has provided. I now want to put a question to the Minister on a—

**The Hon. NATALIE WARD:** To the point of order—

**The CHAIR:** No, I have heard the point of order.

**The Hon. NATALIE WARD:** I ask to be heard.

**The CHAIR:** No. I will rule now on the point of order.

**The Hon. NATALIE WARD:** You are not going to hear me at all?

**The CHAIR:** No, I will rule on the point of order.

**The Hon. NATALIE WARD:** The witness was midway through a sentence, Chair.

**The CHAIR:** Allow me to give my ruling so we can continue with the hearing. I accept the point of order but, given that time is short, Dr Chant, could you bring your answer to a conclusion as quickly as you can? Perhaps you could explain also what that term means in the course of providing your answer.

**Mr BRAD HAZZARD:** "Serology" or what?

**The CHAIR:** Yes.

**Mr BRAD HAZZARD:** Serology.

**The CHAIR:** But if you could bring it to a conclusion, Dr Chant, because the member is entitled to ask a number of different questions.

**Dr CHANT:** As the focus is on case finding in terms of finding out who transmitted it to a certain person, we use both testing, asymptomatic screening and we can also use serology to assist. That looks for cases that might have been infected a long time ago. The normal way your body responds to a virus is developing antibodies and we have testing now that can detect it. All of these tests need to be interpreted with caution and we work very closely with our infectious disease specialists and microbiologists in interpreting these tests as we are all still learning about a lot of things to do with COVID-19.

**The Hon. JOHN GRAHAM:** Minister, given the emerging situation in Victoria that my colleague has drawn attention to while interrupting your answer previously, are we considering using any of these techniques, particularly on the very porous border between New South Wales and Victoria—rolling out mass testing, including asymptomatic testing, to grapple with this current situation, this spike, as you refer to it?

**Mr BRAD HAZZARD:** Mr Graham, I think you have just heard—although you did interrupt—Dr Chant trying to explain that mass testing is not necessarily productive. She has explained serology to you, and also genomic testing she has not actually explained to you, but each of these testing protocols are targeted to what public health physicians in New South Wales believe—and it is not just Dr Chant; it is her entire team—are a more productive way of keeping us safe.

**The Hon. JOHN GRAHAM:** I take it that is a no.

**Mr BRAD HAZZARD:** At this point we will continue following the advice from public health.

**The Hon. COURTNEY HOUSSOS:** Minister, the Government announced a significant \$250 million package to provide additional cleaning—cleaning in schools, cleaning on public transport, cleaning in a range of methods. That was several months ago. I am informed that it is coming to a conclusion. Is it your advice going forward that that cleaning will need to continue?

**Mr BRAD HAZZARD:** If you are associating it with monetary aspects, I will not comment on that, but is it a general appropriate approach to be cleaning anywhere where the public is? Yes, and I would encourage—for example, we have capacity now for us to return to restaurants and cafes. I was only telling Dr Chant this morning that I am a little concerned at this point—I asked her to have her team look at it—that perhaps some cafes and restaurants are not fully understanding the need for thorough cleaning between patrons.

In theory they have a COVID-safe plan which they should have developed off checklists which are available through the customer service website. I am not sure that some of our smaller facilities understand the importance of cleaning. I have asked her to look at that because it does not matter where you are. I know I have certainly been in coffee shops and restaurants where nobody has put—mind you, it was not here last time when I appeared before this Committee either, so we are all learning. But this is crucial.

**The CHAIR:** Well, last time you did not appear in person before this Committee. You were in your own facility.

**Mr BRAD HAZZARD:** The time before that, I think it was. When we walked in—in fact, as I walked in the secretary reminded me that we had actually raised that issue, but it is here now.

**The CHAIR:** To be clear, you were in your own facility last time, Minister.

**Ms KOFF:** Budget estimates.

**The Hon. NATALIE WARD:** He said the time before.

**Mr BRAD HAZZARD:** Budget estimates, sorry, not here for this Committee—budget estimates. Can I just remind you that it is necessary and wise for us all, when we walk into a cafe or restaurant, to have some hand cleaner available—either our own or, preferably, from the cafe. Use it. The table should actually be cleaned with disinfectant before you sit down. There needs to be a lot of cleaning done going forward until this pandemic is managed, either through a treatment or a vaccine. Cleaning is crucial.

**The Hon. COURTNEY HOUSSOS:** Cleaning needs to continue and will continue on public transport and in schools?

**Mr BRAD HAZZARD:** Cleaning is crucial everywhere where there is public usage.

**The Hon. COURTNEY HOUSSOS:** I have very limited time left. Dr Chant, is there any update on inflammatory disease in children which had started to emerge in the—

**Mr BRAD HAZZARD:** Kawasaki?

**The Hon. COURTNEY HOUSSOS:** It has symptoms that are similar to Kawasaki and toxic shock syndrome. I think it has a very long title. Is there any update on its emergence in New South Wales or Australia and on what our response would be?

**Dr CHANT:** Pleasingly, it is a very rare disease. Dr Kristine Macartney participates in a paediatrics surveillance system across the nation. That has been set up and we have also contributed funding for that surveillance system. It is pleasing to see that we have not got any cases of that in New South Wales but, obviously, as I said, it is a rare condition. But we are very well linked in to experts at the national centre and Dr Kristine Macartney who is keeping us updated about all international developments.

**The CHAIR:** And no cases locally at all?

**Dr CHANT:** No cases locally of that disease, that syndrome. Can I just clarify: That is in relation to New South Wales. I am commenting on New South Wales.

**The Hon. COURTNEY HOUSSOS:** Are you aware of any in the rest of the country? Are there any more developments? I understand it is very rare. I raise it because I have had it raised with me by parents who are concerned about the emergence of it overseas. So I want to know whether there are any more developments. I know the National Cabinet said it was going to look into it as well. Are there any more developments?

**Dr CHANT:** There are no more developments other than there has been more published evidence about the outcomes and our clinicians are, obviously, working with colleagues internationally to look at how, if we had a case, they would be most effectively treated. It is pleasing to see many of the cases internationally have also recovered. I think that we need to say we need to remain vigilant for it and we have the surveillance system to continue to learn but, most importantly, our clinicians need to link in with clinicians internationally who are seeing it so that, should we end up with a case, we can offer the best treatment. But, obviously, we are also attempting to suppress COVID transmission to the lowest possible levels.

**Mr BRAD HAZZARD:** Ms Houssos, I do not think there have been any cases in Australia because they have not been brought to my attention. Dr Chant, do you think there have been, or will we check it out?

**Dr CHANT:** Oh, look—

**Mr BRAD HAZZARD:** We will check it out and find out for you.

**The Hon. COURTNEY HOUSSOS:** That would be great, thank you.

**The CHAIR:** Minister, my last question is about the issue with Victoria again. Given that Albury-Wodonga is effectively a single economic and social unit and, in many ways, a single health unit, are there ongoing discussions with your Victorian counterparts to ensure that if any decision is made about boundaries or movement across the border there is, if you like, a bespoke, specific solution for Albury-Wodonga so that we do not see an arbitrary cut-off there?

**Mr BRAD HAZZARD:** It is not just Albury-Wodonga. You have got Mildura just across from Wentworth. The border is a river but people travel back and forth across it all the time and it is not in that area that is our prime focus at the moment. The Victorian Government is right to be focusing on the Victorian hotspots. They have named the suburbs and they include Sunshine, Keilor Downs—there is a number of different areas but they are very clearly enunciating what those areas are and they are targeting those areas at the moment.

I think it is fair for us to provide our support, work with them, give them all the help they need but not to be jumping ahead, which is what, with respect, Mr Shoebridge, you are seeking to do. Sometimes in the Health portfolio it is wiser just to listen to health counsel and make decisions as is necessary. But there is no decision that has to be made on that at the current time. We are waiting for further health advice.

**The CHAIR:** All right. Let us hope that Victoria—

**Mr BRAD HAZZARD:** You raised an issue as to why it would make it very difficult to close borders between us and Victoria. We have a lot of shared—

**The CHAIR:** I am not suggesting we race to that position, Minister. I am glad it is being considered, both public health and the economic and social impacts, but I am asking whether there is on-the-ground planning to ensure that we do have a specific solution to Albury-Wodonga and perhaps Griffith and Wentworth, whether that planning is being done now.

**Mr BRAD HAZZARD:** Mildura and Wentworth.

**The CHAIR:** Sorry, Mildura and Wentworth. Is that planning being done now?

**Mr BRAD HAZZARD:** As I said, we look at every issue every day. At the moment, as health Minister in New South Wales, I am satisfied Victoria is doing its best. They are not obviously getting good outcomes at the moment but these things are—what we are looking at today, and Dr Chant might like to confirm this, but what we are looking at today is what happened possibly up to 14 days ago, so I think they need to work through those issues and we are giving them all the support we can to work through those issues.

**The CHAIR:** Dr Chant, do you have anything to add?

**Dr CHANT:** I think the situation in Victoria is clearly evolving and we need to respond to the evolving situation. It is pleasing to see that we recognise, as a nation, that we need to support Victoria. There has been expertise and other assistance provided to Victoria at this time. But I also want to acknowledge that Victoria is doing widescale testing. It is not unexpected that they will find a number of cases through that and, to some extent, finding cases is actually positive because you can then do the contact tracing, lock it down. What is going to be very important is what proportion of those cases were already in isolation at the time of diagnosis. Some of those issues will be the material that I will seek urgent clarification of to form my view about the extent and scope of the outbreak in Victoria and whether it remains confined predominantly to the hotspot suburbs, as identified.

**Mr BRAD HAZZARD:** Can I add: That information is what, when they talk on the AHPPC for anything up to a couple of hours a day, they talk about those issues.

**The CHAIR:** That granular information about where the material is.

**Mr BRAD HAZZARD:** That granular information which then informs governments—in this case our Government—of what decisions we might take. But it would be pre-emptive, again, to make any decision until I have heard further from Dr Chant after she has spoken to those particular public health clinicians.

**The CHAIR:** I will hand over to the Government for any further questions.

**The Hon. TREVOR KHAN:** My question is a more general one. You were asked last time, particularly Dr Chant, with regards to progress on the development of a vaccine. I know this is not directly within your gift but you clearly have a better idea than most of us. Has there been any information that you have received as to how that process is going?

**Dr CHANT:** I think it has been amazing; the amount of work that is being done internationally and the collaborative work and the speed of that work. Unlike with any other vaccine, the phase one, phase two and phase three trials are being pushed ahead quite quickly. There are some promising candidate vaccines but a number of those are going into phase two studies and we would await the outcome of those. Those vaccines are going to be most tested in higher prevalence countries—the UK, Europe, America potentially. So those countries, the vaccines are going to be evaluated. We will get that data and I am confident—as confident as I can be—that we are likely to get a vaccine.

The time frame? I think, though, we need to be very cautious. The vaccine then has to be manufactured. We have got to, one, have a successful vaccine, and there are lots of candidate vaccines. I think there are well over 100 different approaches to vaccine development occurring in various phases. We have then got to have the manufacturing plants to be able to manufacture it at scale. You can imagine there will be international demand for such a vaccine. We then have to administer it to significant enough of the population. So in realistic terms, if I am the most optimistic, I really cannot see that we will have a vaccine that is scalable until sometime towards the end of 2021 and so—

**The CHAIR:** That is not the right answer, Dr Chant.

**Dr CHANT:** I think that one of the lessons for us is that we will be living with COVID for a long time and therefore it is really important that we do fundamentally change the way in which we interact, the way in which we adopt and maintain social distancing, the way in which businesses and workplaces—and can I actually say that whilst there have been many negative aspects of COVID, we have seen how effectively we can suppress flu, we have seen how successfully we can reduce gastroenteritis illness and a number of other illnesses. So if we can actually perhaps beyond the COVID period maintain some of those behaviours, we will also accrue the health benefits.

**Mr BRAD HAZZARD:** Can I add just to really—I mean you have just had the health advice. I think the practical issues are that there has never been, ever, a human coronavirus vaccine. I think what is giving Dr Chant hope is the fact that there are so many teams working around the world to do what has never been done before.

**The CHAIR:** One hundred different rods in the fire.

**Mr BRAD HAZZARD:** Yes. But there is also some other work going on that might—I mean we have some work—

**Dr CHANT:** BCG.

**Mr BRAD HAZZARD:** The BCG, I announced last week or the week before. Perhaps nobody at the table, except me, is old enough to know about that, but BCG was used as a vaccine for tuberculosis. It was first formulated in 1921 in France. It came here in 1948, and in the fifties and sixties it was used to broadly vaccinate kids against tuberculosis. There is now a study going on involving the Murdoch Children's Research Institute, and being funded by, I might add—is it Minderoo, I think, the Forrest foundation, and others including the Health Services Union. They put in \$350,000 of their own money, which is amazing, coming from the union, to be prepared to do that and support us.

We are having up to 500 health staff who are volunteering, being inoculated with the BCG vaccine to see if it acts to effectively minimise the effect of any potential COVID. So there is a lot of work going on that is already looking at some established vaccines as well that might or might not have an influence and effect on the eventual outcome. So I think it is probably best just to say we all remain enormously hopeful but you have got to be realistic and say that it might not come for a long, long while, if ever.

**The Hon. NATALIE WARD:** With the Chair's indulgence I thank you, Minister, and all of your frontline staff and everyone out there who is not appearing today, for guiding New South Wales through this crisis. In our indulgence in here and some of our differences, we tease out some of the issues, but overall you have managed this deadly disease spectacularly. I thank you for the, no doubt, 24-hour days you and your teams have been doing, particularly those people at the frontline.

Also, I was intrigued by the medical graduates, the fast-tracking of the med students into intensive care unit training and that innovative approach that you have taken. It is more by way of comment. I am being indulgent, I know, but those quick, reactive and responsive ways of getting people out there have been extraordinary to watch. I am very grateful that we are here in New South Wales and not in other places interstate or around the world. I thank you and ask that you convey our thanks to your teams for the incredible work they have done. Thank you.

**Mr BRAD HAZZARD:** I just ask Madam Secretary to respond to you on that one because I think she should say a few words on behalf of the team.

**Ms KOFF:** Thank you very much. It has been an extraordinary time for us collectively. It is an overused word, "unprecedented circumstances", but the response from the health system has been quite remarkable because we had to change our operating model nearly overnight as public health came to the fore, led by Dr Kerry Chant, the establishment of the operations centre at Homebush led by Susan Pearce. Dr Nigel Lyons obviously played an extensive role in managing PPE. There is not a part of the health system that did not need to change the way it did its business. Digital came to the fore during the period. There was a significant shift in the way we normally conduct our business—lots of video conferencing for staff to stay connected and also patient consultations were changed. So it really is remarkable. "Telehealth" is the other term we use for it, as whispered by the Minister, not very softly.

But we really had to change the way we delivered services and the response from all the system has been extraordinarily remarkable. I think one of the successful things, also, was engaging the clinicians more extensively. We formed a COVID clinical council and there were lots of clinical communities of practice that really assisted us in the decision-making. That is what I think one of the foundational strengths of our response has been. But we recognise that we are not out of the woods yet. We still will continue to operate in a COVID-preparedness way because it can change very, very rapidly but we are confident that we will be able to respond if necessary.

**The Hon. NATALIE WARD:** Today I think you have referred to four or five different collaborative committees across Australia and across the State. It is extraordinary.

**Mr BRAD HAZZARD:** Numerous groups coming together and working in a very collaborative way. Can I just add: Going back in March, it is fair to say everybody was scared, very scared, and we did not know where it was going to go. I have to say to you, while we talk about the senior staff, the clinicians, the nurses, the doctors, it is actually much bigger than that—the entire health system.

Frontline cleaners—cleaners were really worried. We had our first International Cleaners Day celebrated a couple of weeks ago with the Health Services Union. To listen to those cleaners talking about how they were worried in the early phase and how they had to become more familiar with PPE and just do all the extra work, the deep cleaning they have to do. The admin staff have had to change the way they do things. Everybody. The security staff have had to change the way they do things. The entire health system from top to bottom has been extraordinary. I am very proud to actually have been the Minister for it, although I would probably prefer that I was not the Minister for it.

**The Hon. NATALIE WARD:** I am not sure it is what you knew you were signing up for.

**The CHAIR:** Yes, may you live in interesting times, Minister. Minister, thank you very much for your evidence today. Ms Pearce, Ms Koff, Dr Chant and Dr Lyons, thank you all for your evidence and your work. I think if there is one thing we can take from this dreadful pandemic, it is that we should listen more clearly to the advice of those public health officials, not just in response to pandemic but to a number of the issues that are in front of us. Public health advice is often given a secondary response to that more clinical and directed hospital care but I think we have been enormously well served by our public health officials.

**Mr BRAD HAZZARD:** Can I just say something on that, Chair? And that is this: There has been some criticism I have seen in various forums of public health doctors, and not making the right decisions. Can I just say to you: The public health doctors in New South Wales are extraordinary. Their application is extraordinary, their commitment is extraordinary, but when you are in a one-in-100-year pandemic with things going absolutely insane around you, sometimes it is very challenging to make decisions in that environment. I just want to say that I for one, as health Minister, am grateful for all the work they have done and they should never think less of themselves if they happen to get something that they do not think is perfect that day because, after all, we are in a pandemic. I think the broad community acknowledges that and thanks them and I want to thank them on the record. All the public health team have been unbelievable.



**The CHAIR:** We cannot allow hindsight to be the basis upon which we judge decisions in the absence of information.

**Mr BRAD HAZZARD:** Unfortunately that is, in some quarters, being seen to be the case, and I reject that out of hand.

**The CHAIR:** Yes. I thank the Minister and the witnesses again. That concludes this morning's hearing.

**(The witnesses withdrew.)**

**The Committee adjourned at 12:10.**