

PORTFOLIO COMMITTEE NO. 2 - HEALTH

Thursday, 27 October 2022

Examination of proposed expenditure for the portfolio area

HEALTH

CORRECTED

The Committee met at 13:00.

MEMBERS

The Hon. Greg Donnelly (Chair)

The Hon. Lou Amato

Ms Cate Faehrmann

The Hon. Courtney Houssos

The Hon. Mark Latham

The Hon. Shayne Mallard

PRESENT

The Hon. Brad Hazzard, *Minister for Health*

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

Corrections should be marked on a photocopy of the proof and forwarded to:

**Budget Estimates secretariat
Room 823
Parliament House
Macquarie Street
SYDNEY NSW 2000**

The CHAIR: Welcome to the supplementary public hearing of the Portfolio Committee No. 2 - Health inquiry into budget estimates 2022-23. I acknowledge the Gadigal people of the Eora nation, who are the traditional custodians of the land on which we are meeting today. I pay my respect to Elders past and present, and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of New South Wales. I also acknowledge and pay my respects to any Aboriginal and Torres Strait Islanders who may be joining us today either in the room or on the internet. I welcome Minister Hazzard and accompanying officials to the hearing today. Today the Committee will examine the proposed expenditure for the portfolio of Health.

Before we commence, I will make some brief comments about procedures for today's hearing. Today's hearing is being broadcast live via the Parliament's website. The proceedings are also being recorded and a transcript will be placed on the Committee's website once it becomes available. In accordance with the broadcasting guidelines, the House has authorised the filming, broadcasting and photography of Committee proceedings by representatives of media organisations from any position in the room, and by any member of the public from any position in the audience. Any person filming or photographing proceedings must take responsibility for the proper use of the material. This is detailed in the broadcasting resolution, a copy of which is 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 witnesses could answer only if they had more time or with certain documents at hand. In those circumstances witnesses are advised that they can take a question on notice and provide an answer within 21 days. If witnesses wish to hand up documents, they should do so through the Committee staff. Minister, I remind you and the officers accompanying you that you are of course free to pass notes and refer directly to the advisers seated beside you or behind you. Finally, I ask that everyone please turn their mobile phones to silent for the duration of the hearing.

All witnesses will be sworn prior to giving evidence. Minister Hazzard, I remind you that you do not need to be sworn as you have already sworn an oath to your office as a member of Parliament. I also remind a number of witnesses that they do not need to be sworn as they have been sworn at a previous budget estimates 2022-23 hearing before this Committee.

Ms SUSAN PEARCE, Secretary, NSW Health, on former oath

Dr KERRY CHANT, Chief Health Officer, Deputy Secretary, Population and Public Health, NSW Health, affirmed and examined

Ms DEB WILLCOX, Deputy Secretary, Health System Strategy and Planning, NSW Health, affirmed and examined

Mr PHIL MINNS, Deputy Secretary, People, Culture and Governance, NSW Health, on former oath

Mr ALFA D'AMATO, Deputy Secretary, Financial Services and Asset Management and Chief Financial Officer, on former oath

Ms REBECCA WARK, Chief Executive Officer, Health Infrastructure, on former affirmation

Dr DOMINIC MORGAN, ASM, Commissioner and Chief Executive, NSW Ambulance, on former affirmation

The CHAIR: Today's hearing will run from 1 o'clock through until 4.30 p.m., if all that time is required. We will have a 15-minute break at 2.45 p.m. to let people stretch their legs, et cetera. It has been agreed that we will follow our normal practice of moving back and forth in 20-minute tranches between the Opposition and crossbench, with the reservation of 15 minutes at the end of the hearing for Government members to ask whatever questions they think they may need to ask. If they do not wish to ask anything, so be it. Thank you all once again for your attendance today. We will commence questioning with the Opposition.

Mr BRAD HAZZARD: Before you do that, can I just clarify, if the Government don't have 15 minutes of questions, we would finish at 4.15 p.m.? Or how does it work? The reason I ask is that after we all agreed this was a good time to have a hearing, Minister Mark Butler organised a National Health Ministers' meeting starting precisely at 4.30 p.m., so I have got to get back and prepare for that.

The CHAIR: We will certainly be cognisant of that, Minister.

Mr BRAD HAZZARD: Thanks very much.

The CHAIR: We will work towards that, so we will certainly be finished by that time. Thank you for clarifying that, Minister. We will commence with our questioning from the Opposition.

The Hon. COURTNEY HOUSSOS: Good afternoon, everyone. We appreciate you being here, Minister, perhaps for the last time.

Mr BRAD HAZZARD: I think so, Courtney. I can't say that I am sad about that, at this point, but I will genuinely miss you all.

The Hon. COURTNEY HOUSSOS: We will miss you, too. Minister, I wasn't here for the last estimates hearing, but I understand that you said during those hearings:

... the concept of what still causes major grief in other States—that is, ambulance block—is actually very rare now in New South Wales.

Do you still stand by those words?

Mr BRAD HAZZARD: Yes, I do. I think that it would be better if the secretary would be able to answer why, rather than me, because whatever I say you will think is political. I will hand over to the secretary and she can explain the details.

SUSAN PEARCE: Thanks, Minister. We touched on this issue at the ED inquiry a couple of weeks ago. My recollection—and obviously the Minister can speak for himself in regard to the words that he used—was with, I guess, the gravity of the issues that we experience here, as compared to other States, rather than suggesting that we don't have issues with ambulance delays at times. Because we have openly commented about that on a number of occasions, that we do have really difficult days but, when compared to other States, as per our submission to that inquiry, we do perform better.

The Hon. COURTNEY HOUSSOS: Okay, but you would be aware of the testimony at the inquiry. For example, from Dr Clare Skinner, a doctor in northern Sydney. She said:

When I was a junior doctor we maybe had a couple of times a month where the hospital went on what was called "bypass", where we were unable to provide timely care and offload ambulances. During my career, that's now become a regular occurrence to the point where it's actually now normal, where every shift we will have trouble offloading ambulances and seeing people in beds.

That is a doctor on the front lines who is providing that feedback.

Mr BRAD HAZZARD: I am very familiar with what Clare had to say. It's okay. I mean, Clare can have her views. I think, when she was younger, there were far less staff and far less people coming into the emergency departments. Every health system is working under pressure, right across the world. We have just come out of COVID. I think it is understandable that some doctors would be principally concentrating on that. Having recently spoken to one emergency specialist in exactly the same position as Clare, he said at his hospital the doctors come out when there is an ambulance coming and they effectively do a little triage themselves to determine whether or not the ambulance has to stay there for a little while or not. There are different ways of doing things. That is the first thing I note.

Secondly, I'd say that when I've met with all of the other Labor Ministers—and one Liberal Minister now—around the country, they all acknowledge that New South Wales is the most outstanding and leading in regard to the issue that you're raising. In fact, you may or may not have noticed that in the new government in South Australia—not for one second saying anything negative about Chris Picton, because Chris and I get on extremely well—their challenge is now that their offloads are around about 46 per cent or 47 per cent within the due time, whereas ours are up in the high 80s and 90s across the board. You can always, in a system as big as New South Wales, pretend that it's a disaster. No, it's not. It is absolutely not. It's actually doing extraordinarily well.

You will find doctors and nurses, from time to time, who have actually experienced bad things happening to them in the sense of pressures on a night or pressures on a day. There were pressures a couple of days ago at, I think, Blacktown Hospital. These things do happen. But it doesn't indicate an overall systemic failure. New South Wales leads the nation by a long shot. If you want to make a phone call to any of your other Labor Ministers around the country, they'll all tell you that. In fact, most of them have been up here to talk to me about how we do it. As recently as two weeks ago, we had two of them up here meeting with the secretary, meeting with me, to talk about precisely those issues, to look at how well we do it. Having said that, go for it.

The Hon. COURTNEY HOUSSOS: Minister, I have the greatest respect for Chris Picton. I have known him for more than 20 years. I understand they are facing different problems in South Australia. I am asking you about New South Wales hospitals. I am saying to you—

Mr BRAD HAZZARD: And I'm putting it in perspective, Courtney.

The Hon. COURTNEY HOUSSOS: And I appreciate—

Mr BRAD HAZZARD: I'm not going to put up with being beaten up by—

The CHAIR: Order! Minister—

The Hon. COURTNEY HOUSSOS: Minister, I allowed you to finish. Let me finish.

Mr BRAD HAZZARD: Yes?

The CHAIR: Order! Minister, your opening comments were that you would hand the answer to the question to the secretary because you didn't want to get political. That's exactly what you have done with respect to—

Mr BRAD HAZZARD: No, I haven't. I've talked about substance.

The CHAIR: Overtly political. You know—you've been around long enough—we ask the questions, you answer and it goes back and forth, and we don't talk over each other.

Mr BRAD HAZZARD: Thank you. You ask the questions, but I can put them in perspective. I'm entitled to do that. I have been here a long while too, so I know that. Sorry, Courtney.

The CHAIR: I'm glad you apologised, because it's very rude to talk over the member.

The Hon. COURTNEY HOUSSOS: Minister, I accept what you're saying, that there might be individual doctors or individual times, but this is the testimony from Dr Skinner who appeared before the parliamentary inquiry. She went on to say it's not a COVID phenomenon and that it's been growing for decades due to underinvestment, under-resourcing and poor coordination of community-based care.

SUSAN PEARCE: I can respond to that, if that's okay?

The Hon. COURTNEY HOUSSOS: Sure.

SUSAN PEARCE: We submitted to the inquiry a written submission. That submission details our performance over several years and, certainly, in the lead-up to the COVID pandemic the system was experiencing more pressure due to emergency department volumes and increasing numbers of people coming to emergency departments. But I think our submission speaks for itself in terms of our overall performance, Ms Houssos. The

issue is that I've also been in the health system for a very long time and I can remember some years ago—and I think Dr Morgan may also be able to assist with this as the chief executive of the ambulance service—where it was not unusual to have ED delays and ambulance delays of seven or eight hours.

We have eradicated those lengthy delays from our system. We watch this, very closely, every single day. It doesn't mean that we are perfect. No, we are not. It doesn't mean that we don't have days where it's incredibly difficult. We've never suggested that for a moment. But what we do is work with our system to see how we can make it better. Just yesterday, we had a roundtable involving a large number of staff, including Dr Skinner and others from across NSW Health—doctors, nurses, allied health professionals—along with the Agency for Clinical Innovation, and the Ministry of Health, to work together on how we continue to improve our health system, because that's our job and we take that very seriously. It was a very collaborative discussion, solution-focused, and our attitude is that if any State has got the capability of addressing the challenges that we face, from a multifaceted perspective, it is New South Wales, because of our otherwise very good performance.

The CHAIR: Can I just jump in on that?

The Hon. COURTNEY HOUSSOS: Yes, of course.

The CHAIR: Secretary, were there pharmacists involved in the roundtable yesterday?

SUSAN PEARCE: Yes, there were.

The CHAIR: Can you tell us what the pharmacists said?

SUSAN PEARCE: Mr Donnelly, the day went for about half a day yesterday. I was there for the start of it. The team are feeding back to me all of the outcomes from the day. What they have worked to do is to come together with, as I said, a solutions focus. In fact, I met one of the pharmacy representatives that was there yesterday and spoke to her about the opportunities that may exist in that space, but—

The CHAIR: Can I just ask what opportunities you raised with the representative?

SUSAN PEARCE: Well, look, there are some very basic and obvious things in regard to hospital flow, because we talk a lot about emergency departments but what we all recognise is that these issues extend beyond emergency departments and, in fact, to how the hospital flows in the back, which I think I mentioned previously. One simple example, in terms of pharmacy and the role that they play within our hospitals, is around patient discharge and ensuring that people are adequately equipped to leave hospital and have their discharge medications prepared and so on. I can't give you an overview of all of the outcomes of the day. The point I'm making is that we've had the day, and this is what we do here in New South Wales. We work with our clinicians to improve our system. And it's not just the emergency department staff; it's people who contribute to the general flow of our system, including primary care. We had GPs in the room as well. So it's really important for us to think about how we can improve.

The CHAIR: I'll pass back to my colleague in a moment. Of course, you would have raised with the pharmacist representative, or they with you, the matter of the significant shortage of pharmacists in New South Wales public hospitals?

SUSAN PEARCE: We did not discuss that, no.

The CHAIR: Even though that featured significantly in the evidence in the ramping inquiry that you were present at?

SUSAN PEARCE: This was a brief, introductory discussion, Mr Donnelly. It wasn't an extensive conversation. It's well documented that health disciplines and other skilled workers are in short supply. We understand that. We are working with our colleagues on that. But this was a meet-and-greet type of situation rather than an in-depth conversation. There were very senior people there, including deputy secretaries and local health district chief executives. The ambulance service, of course, was represented in this forum. As I said, it went for a number of hours. It was only yesterday. The outcomes of that and way forward will be provided to me in the coming weeks.

The CHAIR: But as you know, the shortage of pharmacists is historic and goes back for decades, doesn't it?

SUSAN PEARCE: I can't comment about that.

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

SUSAN PEARCE: Yes, sure thing.

The Hon. COURTNEY HOUSSOS: How many people roughly?

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

The Hon. COURTNEY HOUSSOS: How are they selected?

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

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

SUSAN PEARCE: Yes, no problem.

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

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

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

SUSAN PEARCE: Yes.

The Hon. COURTNEY HOUSSOS: What prompted the meeting?

SUSAN PEARCE: We listen really carefully, obviously, to our clinicians. We know that people came to the inquiry and expressed views, and I addressed those when I attended—

The Hon. COURTNEY HOUSSOS: So the inquiry prompted the roundtable?

SUSAN PEARCE: No. This is not the first time we've had discussions with our staff about how our hospitals work. That's what we do. It's our job.

Mr BRAD HAZZARD: It's a regular event.

The Hon. COURTNEY HOUSSOS: What was the specific topic at the roundtable?

SUSAN PEARCE: It's about improving our emergency department flow. But really, emergency department flow is not sitting there in a bubble on its own. It's contingent on what happens at the back of the hospital. It's contingent on primary health care. It's contingent on a whole stack of things. And you'd be aware we've had a clinical council operating during the course of the pandemic in particular. A number of the representatives from that were present. This is an opportunity for us. I would think that when parliamentary inquiries, for example—and that is not the only reason we would talk to our staff, of course. But you'd expect us to listen to their concerns and then try to do something about it.

The Hon. COURTNEY HOUSSOS: Yes, I'm just interested in what prompted it. Was it the inquiry? Was it just—

SUSAN PEARCE: No, I wouldn't say it was solely the inquiry. But if you've got people out talking about the health system and raising concerns—we have lots of opportunities for our clinicians to raise issues with us. Clearly, emergency departments—and we've talked quite a bit about pressure on health systems across the country during the pandemic, before the pandemic, after the pandemic. The issue is that it's our job to listen, to learn and to think about how we can do things better. That's why New South Wales performs better than anywhere else.

The Hon. COURTNEY HOUSSOS: Unfortunately, Minister, recently I had to—full disclosure—visit an emergency department with a family member. I noticed some signs that have appeared in there. They started with, "This emergency department is extremely busy." Then it tries to provide some directions to a pharmacy, Healthdirect, a GP or an emergency department. Are you aware of these posters, Minister?

Mr BRAD HAZZARD: No, I am not, but at the recent Health Ministers' Meeting with Minister Butler and all of the other State and Territory Ministers, they were all talking about ways to try to do what we have been doing. During the COVID pandemic particularly, we were regularly—in fact, I remember the commissioner stood up, talking about the fact that our EDs were often having people attend them who were not really emergencies. Emergency departments are for emergencies. What we were finding, and still are finding, is that because of the GP shortages—again, Australia-wide—all health Ministers were talking about this issue, and the majority are

Labor. The fact is that we are seeing more and more fives and sixes coming into the emergency departments because they can't get in to see their GPs. Minister Butler has acknowledged that is a huge issue. I accept that Minister Butler and the Federal Government are trying to do their best, but it is a huge challenge because trying to get GPs in some—

The Hon. COURTNEY HOUSSOS: Minister, we will come back to the question of GPs in a moment.

Mr BRAD HAZZARD: But that is what it impacts.

The Hon. COURTNEY HOUSSOS: I want to ask specifically about the posters. Are you aware of the posters?

Mr BRAD HAZZARD: I haven't even seen the posters you are talking about. Have you got pictures of the posters?

The Hon. COURTNEY HOUSSOS: I've got a photo on my phone, but I might ask the secretary if she is aware of the posters.

SUSAN PEARCE: No.

Mr BRAD HAZZARD: I don't know which hospital you are talking about. There are 400 health facilities in New South Wales, so there are at least 400 different hospital management systems. They run their own race, to a degree, inside the network. I can't answer that question. If it's a big deal for you—

The Hon. COURTNEY HOUSSOS: They are badged with the New South Wales Government logo.

Mr BRAD HAZZARD: —like every other Labor member, you could have come and talked to me about it and I could have inquired before this hearing.

The Hon. COURTNEY HOUSSOS: Minister, it's got the New South Wales Government logo on it. I thought, I've got the opportunity here to ask you. I am interested to know whether this is something that your role—

Mr BRAD HAZZARD: You've got my number, Courtney. You could have rung me up at any stage, but anyhow. I would have rung, if you had rung me. And I will, once you tell me—though I am not presuming you are going to tell me privately what the hospital is—and I will personally ring the manager to find out what they are doing.

The Hon. COURTNEY HOUSSOS: No, I am interested to know whether there is a program that is being rolled out across the State with posters encouraging—

Mr BRAD HAZZARD: No, I don't think there is. No-one has told me. But sometimes the Minister is the last one to find out.

SUSAN PEARCE: In regard to these posters, not that I am specifically aware of. But I guess what I would say is we have been doing a lot of work to try to help people who may not need to come to an emergency department to find another avenue if their illness is less serious, because we have said many times in media and also in these hearings that people with less serious illnesses will wait longer. Our emergency departments are geared towards treating those with the most urgent of illnesses. For example, we use Healthdirect to assist people. The ambulance service has got a virtual centre that—

Mr BRAD HAZZARD: Can you explain what Healthdirect is, please?

SUSAN PEARCE: Healthdirect is—

The Hon. COURTNEY HOUSSOS: It is fine. I have used Healthdirect many times. I am sure others have as well. It is completely fine. I am across it.

SUSAN PEARCE: I guess the message is—

The Hon. COURTNEY HOUSSOS: I understand. My time is about to expire. I wanted to come back to the Minister. You specifically said the issues of GPs. Dr Liz Swinburn, who I am sure you are familiar with—a senior emergency physician at Royal North Shore—specifically said during the inquiry one thing that keeps coming up is that access to GPs is a big issue, and I don't think that is the case. Minister, again, this directly contravenes what you are saying.

Mr BRAD HAZZARD: Seriously, Courtney, you will find doctors all have their views. They are very strong-willed people. They are very intelligent people. Does that make them right? No, it doesn't. What we do know is that every Minister in the country knows that it is GPs. The Federal Minister, your Federal Labor colleague Mark Butler, who is a good person, has acknowledged that that is a huge contributing factor.

The Hon. COURTNEY HOUSSOS: But, Minister, that is contravening the sworn evidence that was provided to the inquiry.

Mr BRAD HAZZARD: I have answered the question. I have said at the outset, Courtney, and I will say again—

SUSAN PEARCE: I was just going to say that the experience of an individual—we have to take on board what they are saying. However, we have also got sworn evidence in that inquiry and we certainly have had very loud feedback from our system about the challenges that people have in getting in to see a general practitioner. That is in no small part due to the workforce changes that they have experienced. New South Wales health emergency departments see one million triage 4 category patients a year. In any triage category, they are the largest number. I am not suggesting that all of those patients are GP-type patients, but there will be a significant proportion of them who are. There's a lot of work happening across the health system to help people. Rather than self-selection about where the best place for them to go is, we're really trying hard to help our community get the care that they need in the most timely fashion possible.

The Hon. COURTNEY HOUSSOS: Ms Pearce, I appreciate that. I just want to come back to the Minister because my time is about to run out. Mr John Bruning, the chief executive officer of the Australasian College of Paramedicine, said to the inquiry:

Our health system is no longer fit for purpose ... Ultimately, ramping and access block highlights a health system in distress ...

Do you think Mr Bruning is incorrect?

Mr BRAD HAZZARD: Is he talking about the Australian system? How do you know what he's talking about there? If it was across the Australian system—

The Hon. COURTNEY HOUSSOS: This was evidence that was provided to the New South Wales inquiry into ramping.

Mr BRAD HAZZARD: Was that specific question asked about whether it was New South Wales?

The Hon. COURTNEY HOUSSOS: I'm putting the quote to you, Minister. What's your response?

Mr BRAD HAZZARD: I'm putting to you: What was the specific question, Courtney, that went to him? Answers are in context.

The Hon. COURTNEY HOUSSOS: Minister, this is the quote that was provided to the inquiry:

Our health system is no longer fit for purpose ... Ultimately, ramping and access block highlights a health system in distress ...

Mr BRAD HAZZARD: Well, look, it's wrong. The health system in New South Wales, as in the entire western world, is under stress. It's under stress for a range of reasons, not just COVID, but also a lack of access to a number of various clinical areas—nurses, doctors—but also GPs outside. The whole system is one aggregate, one network, so to try and pick up on one little piece—I'm sorry, it just doesn't cut it and it's just all a bit silly. The number of meetings that I have been to—

The CHAIR: Order! Order!

Mr BRAD HAZZARD: The number of meetings I have—

The CHAIR: Order! Minister, it's not up to you to reflect on the member by referring to the question as "silly". You know that.

Mr BRAD HAZZARD: I didn't refer to the member. I actually like this member. I was saying the issue is a bit silly. What I was saying was it's silly to actually have this system, our particular system, as being any different, except it's a lot better, than any other system in the nation.

The Hon. COURTNEY HOUSSOS: Well, that's what you might say, Minister—

Mr BRAD HAZZARD: I was recently in Canada. Canada has the same problems. United Kingdom has the—

The Hon. COURTNEY HOUSSOS: —but that's directly contravened by the evidence provided to the inquiry.

Mr BRAD HAZZARD: Well, that wouldn't be the first time, having seen some of it and the way the inquiry was conducted, so, you know—

SUSAN PEARCE: If I may—

The CHAIR: You see, Minister, that's classic Minister, isn't it—classic Minister Hazzard.

Mr BRAD HAZZARD: Yeah, that is.

The CHAIR: Just reflecting on the work done by this Committee. It happens every time we have a hearing. It's all just dismissed like that.

Mr BRAD HAZZARD: The answer is to stop calling me back.

The CHAIR: It's all just dismissed like that—typical arrogance of the Minister.

SUSAN PEARCE: Chair, if I may just add one comment though to that?

The CHAIR: No. We're moving to Ms Cate Faehrmann.

SUSAN PEARCE: We provided a submission that clearly, with publicly available information, talks about the performance of the New South Wales health system compared to other States. That was submitted to the inquiry.

The CHAIR: Yes. We're well aware of that and this is Portfolio Committee No. 2 looking at the New South Wales health system. Ms Cate Faehrmann.

Ms CATE FAEHRMANN: Thank you, Chair. Good afternoon, Minister, and all. Minister, I did just want to go back to your comment that you made in the March budget estimates. Was it March? Was it that long ago? It was March, I think, when you said that ambulance ramping was actually very rare now in New South Wales. Just to be clear, I think you said to Ms Houssos that you stand by that comment from that time.

Mr BRAD HAZZARD: And in the context of what the secretary has also put, yes.

Ms CATE FAEHRMANN: Is ambulance ramping very rare at this current point in time in New South Wales?

Mr BRAD HAZZARD: Nothing much has changed on that front. It does happen from time to time. Blacktown hospital a couple of days ago was, I think, receiving a number of people coming in at one time when the ED was already busy and the hospital was full. They had people coming in from multiple car accidents so, of course, it can happen, but it's not something which is anywhere—it is not a problem for New South Wales in the way that it is for every other State and Territory.

Ms CATE FAEHRMANN: Can I check then? We heard during the ambulance ramping inquiry, from medical emergency specialist staff on the front line, who were telling us that the hospitals were full, basically.

Mr BRAD HAZZARD: I'm sorry, Cate. Say again?

Ms CATE FAEHRMANN: The hospitals were full.

Mr BRAD HAZZARD: They are.

Ms CATE FAEHRMANN: The ideal is an 85 per cent capacity to deal with the unexpected—car accidents and other things. Most of the hospitals, a lot of the hospitals, were operating at 100 per cent capacity consistently. Some of the evidence from a couple of the specialists, particularly those working in western Sydney hospitals, was that every single day they arrive at 8.00 a.m. and there are 20 people waiting. One of the doctors said it's a common everyday occurrence for 30 to 40 people to be in the emergency department when he arrives with 10 to 15 waiting for beds because there are simply no beds—again operating at 100 per cent capacity. That was four or five weeks ago, I think, with that hearing. Has that improved?

Mr BRAD HAZZARD: I can't give you a moment in time with what is happening out there right now, but it is raining today so I would imagine that quite a few—

Ms CATE FAEHRMANN: Ms Pearce, then, has the system improved since five weeks ago?

Mr BRAD HAZZARD: Can I finish, please? You asked the question and I am answering, Cate. My turn.

Ms CATE FAEHRMANN: Sure. Maybe Ms Pearce knows a little bit more.

Mr BRAD HAZZARD: From time to time you will have the additional pressure, but the hospitals are under pressure. Again, after meeting with all the health Ministers only two weeks ago around the country, every one of us have chockas hospitals, largely because of the problems of Federal Government issues around the number of people with disabilities or waiting to be categorised for NDIS categorisation and/or aged care. As at yesterday or the day before, I asked the question from Health and I think I was told that we have the equivalent of two level 6 hospitals—

SUSAN PEARCE: One.

Mr BRAD HAZZARD: Sorry, one level 6 hospital occupied by people who shouldn't be there and—who is the Federal Minister who looks after NDIS?

SUSAN PEARCE: Minister Shorten.

Mr BRAD HAZZARD: Minister Shorten has been meeting with us as well—all the State and Territory Ministers—and, to his credit, he actually has acknowledged the problem and he is doing everything he can. It's a hard challenge. As a result, the State system is picking up a lot of the work for the Federal Government. There are people who, really—it's not fair to them. They shouldn't be in there. If it was my mum or my dad, I wouldn't want them sitting in a clinical environment; they should be in a home environment. But it also impacts on the hospitals around the nation, not New South Wales. We are not out there by ourselves. The only thing out there by ourselves is that we are far better than any other State or Territory—far better.

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

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

Ms CATE FAEHRMANN: We will talk it on notice.

Mr BRAD HAZZARD: I'll ask. Are there any senior staff here who know the answer to that right now? No.

SUSAN PEARCE: I can offer one comment in regard to that, which goes to the point you are making, Minister, that it ebbs and flows. It's not static. It is not correct to say that hospitals are at 100 per cent capacity constantly because the way hospital flow works is that there is a natural ebb and flow which occurs each and every week. By this time of the week, what we see is that, generally speaking, hospital occupancy starts to come down leading into the weekend, and it goes back up and it comes back down. That happens week in, week out.

The Minister has mentioned the challenges that were experienced at Blacktown, I think, on Monday. As of today, they are still very busy but they have been able to offload their ambulance arrivals above the KPI. So every day is not the same, I suppose, is the answer to it. The issue with hospital beds is something that the team did discuss with the participants in the meeting yesterday and there is quite a lot of evidence around that that we need to explore.

I may have mentioned this before, but the reality of it is that beds don't solve the problem. The reason they don't solve the problem is that if everything around the hospital stays the same, like the issues with the NDIS, the issues with residential aged care and the issues with discharges and so on don't change—and South Australia has experienced this and they have told us this. They added 100 beds to their system in an effort to reduce their ambulance problems and it has actually not helped at all because you have to look at the whole system, not one part of it. That is, really, what we have been doing for many years, particularly as part of our discussion with the team yesterday.

Ms CATE FAEHRMANN: Yes, there is no doubt—and I think all Committee members would agree—that we do have to look at the whole system if we want to ease the pressure on our emergency departments and what is happening there. I did just want to get your response, Minister, to what appears to be, over a couple of decades, a reduction in the number of hospital beds available in hospitals and throughout New South Wales, which I think has been a government—a policy decision, in other words. I visited Westmead Hospital recently. We spoke about that. Thank you for getting me access to meet with some of the staff at Westmead on that day. That was very much appreciated because I literally did it with two hours to spare. Thank you for doing that.

Mr BRAD HAZZARD: Pleasure.

Ms CATE FAEHRMANN: One of them told me that in 1997 Westmead Hospital had 900 beds and it has got 553 now. Just as an example in terms of population increase, in 1997 the population of New South Wales was just over six million; now it's over eight million. Yes, it's not just about additional beds and it has to look at the whole system, but that's a kind of alarming decrease in the number of beds at one of our major hospitals in western Sydney, isn't it, when the population in western Sydney is growing because new suburbs—

Mr BRAD HAZZARD: Again, it's not that simple.

Ms CATE FAEHRMANN: Why is the Government making these decisions to reduce beds?

Mr BRAD HAZZARD: I remind you that you just quoted 1997. Between 1997 and 2011, it was you, I think, in coalition with the Labor Party that were making those decisions—that is, The Greens and Labor.

Ms CATE FAEHRMANN: What? I don't think The Greens had anything to do with anything about hospital beds back in 1997, Minister.

Mr BRAD HAZZARD: You helped Labor stay in government. Look, I think the reality is that there were a lot of beds closed under Labor because, simply, they couldn't manage funds. They couldn't build hospitals. They couldn't build new hospitals. Hospitals, though, are not stand-alone. They are networked. We have a massive network of incredible world-class health facilities that have been built with many extra facilities right across in every area, not just beds. I will ask the secretary to answer any additional answers, but that's my answer at this stage. Ms Pearce?

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

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

Ms CATE FAEHRMANN: I might—

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

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

Mr BRAD HAZZARD: Yes. But I just say I have never ever ever in my—whatever it is—six years as health Minister ever been asked by the secretary, the former secretary or any of the officials, "Do you think we should have less beds?" They work that out because they are the experts. So if you want an expert answer, ask the secretary.

Ms CATE FAEHRMANN: Ms Pearce?

SUSAN PEARCE: I might just add one comment. We touched on this at the ED inquiry, so I won't repeat myself in regard to that—modalities of healthcare change. The reality of it is that across the health system, the way that we provide care now is quite different to what it was in the 1990s and even the 2000s. I am going back a while now, as you can possibly tell, but when I was practising as a nurse and working in coronary care, if you had a cardiac event you would be in bed on your back for a week, and we didn't let people up out of bed. When you think about that in hindsight now, it was really quite ridiculous.

The reality of it is that the changes of modalities of care are so significant that the bed numbers—look, I am not suggesting that we don't need more beds in certain areas and that's what the investment around our capital has been, but it's not solely the issue at play here because of the way we now deliver health care. A lot of surgery, for example, is day only now, whereas once it would have been many days in hospital. You used to have to come in the night before; now you come in on the day of surgery. There are many examples I could give you as to how we have been able to improve the efficiency of our hospitals over the years but still care for our patients in a safe and careful way.

Ms CATE FAEHRMANN: Thank you, Ms Pearce.

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

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

Mr BRAD HAZZARD: No, I don't.

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

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

The Hon. SHAYNE MALLARD: We've opened new hospitals.

Mr BRAD HAZZARD: Everywhere, right across the State.

Ms CATE FAEHRMANN: Minister, during the ambulance inquiry, we heard from witness after witness after witness after witness who was telling us that additional beds were needed. Will you commit today to saying to your department, "Find more beds for the health system"?

Mr BRAD HAZZARD: What? Because you had some witnesses saying that and they're the experts, are they? No, I won't, of course not. I run a health system. I'm actually in charge of 160,000 people and a \$33 billion budget, and I won't do that. Any issues that need to be considered will be considered and are considered on a daily basis. Just sitting here and asking me to do that, that's a silly thing to do, and I won't, no.

The CHAIR: Once again, Minister, can I just invite you to be respectful instead of—

Mr BRAD HAZZARD: If the questions are sensible—

The CHAIR: In your opinion, Minister. It's always your opinion.

Mr BRAD HAZZARD: I'm entitled to that. That's what I'm here for. It's my opinion.

The CHAIR: I understand, Minister.

Mr BRAD HAZZARD: I was asked for my—

The CHAIR: Yes, but we don't normally refer to questions as being "silly".

Mr BRAD HAZZARD: Even if they are.

The CHAIR: We try to be respectful.

Ms CATE FAEHRMANN: Minister, when I asked your secretary about this issue during the ambulance ramping inquiry, there does come a point, actually, where the public service says to us they're not the Government.

Mr BRAD HAZZARD: I'm sorry. Say that again.

Ms CATE FAEHRMANN: This is what Ms Pearce said to me. During these estimates or inquiries when we're asking public servants about particular things, there does come a point when we get pushback saying, "We're not the Government. That's a policy question." That's why I'm asking you right now about additional beds. Because when I was asking Ms Pearce about the state of the system, about the fact that the situation is dire and asking "Could we get additional beds? Is that a response?", of course we can't get that from the public service. You're here now as the Minister. You have the ability to say whether or not New South Wales will get additional beds to deal with the crisis in our public hospital system. It's your call.

Mr BRAD HAZZARD: Cate, I'm saying to you—I'm not allowed to say it's silly, so I'll choose some other word—that question is a very narrow question. What I will say is that the State Government is spending more than the coalition of The Greens and Labor did in their period for 16 years and already there's another \$11.9 billion worth of new hospitals being built just in the next four years. The advice that we will take is from the health experts as to what should be done. The only argument about that would be if we weren't giving an extraordinary budget to the health officials. But the way it works is that each hospital that is being built and redeveloped, the clinicians put in their two bobs worth to the clinical services plan. That isn't perfect, like anything else, because obviously the clinicians in that hospital would like bigger and better for their hospital in various wards. There may be doctors from other areas that should be having their input. That doesn't always happen.

But a clinical services plan comes up. It then goes to Health Infrastructure. They determine master planning, they determine how many beds can be done, how many X-ray bays, but there's a budget. We've currently got a situation where we've got new X-ray units, as I saw in Dr Clare Skinner's ED only three days ago, where now the new model is—if you can do it and find sonographers, which is almost impossible, or radiographers—to have an X-ray department, a smaller one, in the ED. These things are changing. To ask that question is simply—I can't give you a definitive answer on that because it's actually not the question that is asked by the health people. It is not the way it works.

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

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

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

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

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

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

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

Ms CATE FAEHRMANN: I understand—

Mr BRAD HAZZARD: I can tell you that the biggest budget in the State is \$2.7 billion for one local health district, which is bigger than the budget for Tasmania, bigger than the budget for the ACT.

Ms CATE FAEHRMANN: That's fine, thank you, Minister. That's not my question. I'm just going to go back to my question now because you're starting to diverge onto a lot of other issues that I wasn't asking you about.

Mr BRAD HAZZARD: Well now—

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

Mr BRAD HAZZARD: If you were running the State's budgets, The Greens would just simply hand over the entire State budget. Is that what you're saying?

Ms CATE FAEHRMANN: Minister, answer the question. I'm actually asking serious questions.

Mr BRAD HAZZARD: And I'm answering it seriously.

Ms CATE FAEHRMANN: Your department has recognised that you are opening these hospitals all over the shop. They do not have enough operating costs.

Mr BRAD HAZZARD: Thank you for acknowledging that.

Ms CATE FAEHRMANN: They do not have enough operating costs. Your department has said several things in relation to that.

Mr BRAD HAZZARD: Can you quote that to me please?

Ms CATE FAEHRMANN: I will find it in a second. Here we go. The \$2.6 billion over 10 years—

Mr BRAD HAZZARD: I'm sorry, who said this?

Ms CATE FAEHRMANN: This is a Cabinet-in-confidence document that *The Saturday Paper* mentioned, Rick Moreton in an article on—

Mr BRAD HAZZARD: It's a Cabinet-in-confidence document that you're reading from a newspaper, and you're telling me that's a fact.

Ms CATE FAEHRMANN: No, I happen to have the Cabinet-in-confidence document in front of me.

Mr BRAD HAZZARD: I'm sorry, I think the standing orders are that you've got to produce the original document for me to comment. I won't comment other than to say this: The budget has gone up by—

The CHAIR: I don't think that's right, Minister.

Mr BRAD HAZZARD: I've got the standing orders here if you want me to look at them.

The CHAIR: Go for your life.

Mr BRAD HAZZARD: There was 10 per cent increase in our budget last year, Ms Faehrmann. Again, if any one of the State Ministers and Territory Ministers had our choice, we would have 100 per cent of the State budget. But as we all acknowledge, that's not the way it is in the real world.

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

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

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

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

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

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

The Hon. COURTNEY HOUSSOS: Minister, you would be aware that private patients can—

Mr BRAD HAZZARD: Courtney, I will have to take it on notice. All the senior executive here—you've got the entire health team here at the moment and no-one knows, so, sorry, I'll have to check it.

The Hon. COURTNEY HOUSSOS: You would be aware that private patients in public hospitals can use their private health insurance. I'm interested to know whether that information has been provided to Medibank.

Mr BRAD HAZZARD: Well, again, you've got every senior executive here from NSW Health and no-one can give me the answer to that question. Can they?

ALFA D'AMATO: If I may—

Mr BRAD HAZZARD: Alfa wants to tell you something.

ALFA D'AMATO: Good afternoon. We've just been alerted this morning that obviously as part of the billing process, as you mentioned—but we are not aware of any of the details that we have provided being subject to this particular attack.

The Hon. COURTNEY HOUSSOS: Sorry, can you say that for me again?

ALFA D'AMATO: As you mentioned, obviously we provide information to Medibank as part of the billing for private health insured patients, and therefore we are looking into that as we speak. But we don't believe there has been any at this stage. We are looking into the data.

Mr BRAD HAZZARD: I think what I'm hearing from Alfa is he's just heard something this morning—

ALFA D'AMATO: That's right.

Mr BRAD HAZZARD: —but they don't have any information yet that there has been any data given out. If there is, Courtney, obviously that would be something that Health will make public as soon—

SUSAN PEARCE: Ms Houssos, Zoran Bolevich, our head of eHealth NSW, just sent me a message to say that it's not known as yet. I think they're still examining all of those details. Obviously, if it does become known, we will do what we normally do, and that is advise people in conjunction with whatever Medibank Private is doing. Those details are not yet known.

The Hon. COURTNEY HOUSSOS: Mr D'Amato, you were just saying that you were alerted this morning. What was the form of the alert?

ALFA D'AMATO: That's exactly that.

SUSAN PEARCE: Of that.

Mr BRAD HAZZARD: It sounds like it has come from Zoran Bolevich—

ALFA D'AMATO: That's right.

Mr BRAD HAZZARD: —who heads up eHealth. He would be looking at all of those issues. The way it works is someone has raised it publicly or someone has indicated privately, maybe, from Medibank. They're now tracking it all to see whether there are any implications, but it's impossible to say. When they get that information, if they're certain, they will then make it public because that's a necessity.

The Hon. COURTNEY HOUSSOS: You would be aware it has been publicly reported that significant amounts of health claim data has been accessed through the data breach.

Mr BRAD HAZZARD: Absolutely. It's quite concerning. It's very concerning.

The Hon. COURTNEY HOUSSOS: And people's personal health information is incredibly confidential.

Mr BRAD HAZZARD: It's extremely concerning and very personal, yes. That's true.

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

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

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

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

The Hon. COURTNEY HOUSSOS: I am also not an expert in this—

Mr BRAD HAZZARD: I will just say again that anything that can be done, I would expect NSW Health to do. That's their job. We've got millions of people's information, so obviously it has to be as secure as possible.

The Hon. COURTNEY HOUSSOS: So eHealth was alerted this morning that there may be some kind of breach. Can you just outline what the process is, Ms Pearce, perhaps?

SUSAN PEARCE: Generally, what happens with these is, given the complexity of it—I think we're dealing with four million members—

Mr BRAD HAZZARD: In Medibank, not NSW Health.

SUSAN PEARCE: In Medibank, yes. That's why I said "members". They go through the issues in terms of what they can see has been released. You can imagine the trees that come off that in terms of lines of inquiry and investigation. We will be notified, as I'm advised by our head of eHealth, that if any of our records or there's any involvement with NSW Health in that, we'll be notified. Then we will take the appropriate course of action. Cyber Security NSW obviously takes a leadership role in these types of issues, so we notify them. If necessary, we notify the New South Wales police as part of that process. Then we would work through it. It's impossible to answer that in a simple way in here because, until we understand what the actual issue is, and if, indeed, there is an issue, we have to just take it when the information comes to us.

Mr BRAD HAZZARD: Federal health and the Federal Minister are obviously very concerned about this as well for Medibank. They're working flat out to try to work out exactly what has gone on. They then share that information with States and Territories if they find something. There are different avenues of information that are going to come to us. At this stage, that information has not been made available.

The Hon. COURTNEY HOUSSOS: This is obviously one instance of the breach that has occurred with—

Mr BRAD HAZZARD: Sorry, Courtney? Say it again.

The Hon. COURTNEY HOUSSOS: This is obviously one instance of a breach that has occurred with Medibank specifically, but I'm interested to know if the NSW Health system is looking at doing things differently as a result of this kind of breach. We know that we're going to have more of—

Mr BRAD HAZZARD: They don't know yet what—

The Hon. COURTNEY HOUSSOS: Sorry, Minister, if you'll just let me finish. There has been a particular data breach. I appreciate that we're still waiting to find out exactly what has been accessed. I'm interested to know if the NSW Health system is looking at different ways of providing the data. We know these breaches are going to continue to happen. I saw someone talking about it being the armed robbery of our time. That is ongoing; it will continue to be a challenge. I'm interested to know if you are looking at different ways of managing—

Mr BRAD HAZZARD: Three weeks ago I opened the digital health conference for Australia, here in New South Wales.

The Hon. COURTNEY HOUSSOS: Minister, I haven't finished my question. I'm interested to know if you're looking at different ways of managing the data, and particularly providing it to private insurance companies when people access them through the NSW Health system.

Mr BRAD HAZZARD: Courtney, three weeks ago I opened the digital health conference here in New South Wales. There were literally hundreds upon hundreds of digital experts—cyber, IT—there at that conference. This was one of the topics they're all talking about around Australia, as you'd expect. It's at such a high level that, of course—in fact, that was co-hosted by eHealth NSW, which is why it was here at New South Wales, down at the International Convention Centre. It's the most complicated of areas; there are attacks on major companies and governments all across the world.

Every major company and every health authority, every government agency with your data in—there are numerous other government agencies that have all the data. All that is under constant review—literally daily, sometimes minutely—trying to look and counter the criminals that are out there working against this, so eHealth is working on this all the time. Answering your specific question about Medibank, when we get the information, they've got it. They will be looking at it and they'll be doing everything they can to make sure that our systems, and there are a range of systems, are all—I won't say "immune", but as immune as is humanly possible.

SUSAN PEARCE: Ms Houssos, I just might add to what the Minister said there, if I may. Every single time there is any form of cyber attack, everything is examined as to how the security can be improved. Like all organisations across the world, you'd expect us to, because they find new ways of doing things. Consequently, we need to also upgrade our systems if necessary. It is really important that we do that, because we understand the sensitivity of patient-related information. We will continue to do that.

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

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

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

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

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

Mr BRAD HAZZARD: There's no question that, because of the enormous expenditure that the Liberal and Nationals Government has made in its now nearly 12 years on new hospitals across the State, which was not done under the previous 16 years—

The Hon. COURTNEY HOUSSOS: That's just not true.

The CHAIR: Let the Minister finish.

Mr BRAD HAZZARD: I missed out on who said, "That's not true." Who said that?

The Hon. COURTNEY HOUSSOS: Me.

Mr BRAD HAZZARD: It is true. It is absolutely true. I'll put a 50 buck bet on the fact. If you want to put it side by side, you did absolutely almost nothing. And I was here. Anyway, back to the topic in hand, what I've seen is, understandably, an expectation from the community that in various areas they would like brand new hospitals absolutely on their street corner if they could do it. Fairfield is an amazing community, a very multicultural community. A lot of the services are directed to those broad community members and are very targeted. But I know there has been, as I've said to you, money spent on the hospital in terms of extension. Can I tell you, it's a bit like—I mean, Sophie Cotsis would like and I would like Canterbury Hospital upgraded as well. We've talked about that in one of the many inquiries, Mr Chair, that you've had the pleasure of chairing. I've spoken to Sophie about it too, but it comes down to the Government.

Not once in the entire time that I've been Minister, have I ever, ever made a political decision about when a hospital will be upgraded. There's a budget and what happens then is that the local health district makes a decision and prioritises it. In the case, for example, of Sydney Local Health District, there was Concord, RPA—and, of course, Canterbury sits in there as well and it's the next one off the starting block. Over at south-western and western Sydney, there are a number of smaller hospitals, including Fairfield, where the local community—and particularly Dai as a new Federal MP—would like it prioritised. But just in the greater area of western Sydney, I know that we've spent recently nearly \$6 billion of taxpayers' money.

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

The CHAIR: In all fairness and with the greatest respect to the good folks who live in the Fairfield area, none of them, as far as I know, are asking for a brand new hospital on every street corner, which is the phraseology you used.

Mr BRAD HAZZARD: What are they actually—what do you understand then? I wasn't saying they were asking. I'm saying that's the issue that often arises.

The CHAIR: Minister, that's what you said. That's not the position—

Mr BRAD HAZZARD: I said that that would be what most people would like, but it's not necessarily what people—

The CHAIR: That's not what the good citizens of the Fairfield area are saying.

Mr BRAD HAZZARD: But I ask you: What issues do you think should be upgraded? What issues are you talking about?

The CHAIR: Minister, there has been an inquiry into this matter or at least included within the remit of an inquiry that was conducted back in 2020, so you would be familiar with what the recommendations were specifically with respect to Fairfield Hospital. No doubt you are well aware of those.

Mr BRAD HAZZARD: You might be surprised.

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

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

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

Mr BRAD HAZZARD: What period are you talking about?

The CHAIR: This is in the immediate past.

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

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

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

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

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

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

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

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

The CHAIR: Well, that's—

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

The CHAIR: As you know, Minister, because you are an individual who was in opposition for a period of time, people contact you as the shadow Minister or the Minister, as the case may be. Our shadow Minister and, indeed, MLCs, who have got duty electorates, and sitting MLAs have matters raised with them. You know that very well. We're being told that the pressure in this hospital is particularly difficult and particularly challenging, partly related to the fact that the hospital hasn't been upgraded for 34 years. We are told that, as a result of that, there is this directing of some patients to in fact seek medical attention elsewhere. But I will now pass back to the crossbench. Who would like to kick off?

Ms CATE FAEHRMANN: I'll do it. Thank you, Chair. I wanted to direct my first questions to you, Dr Morgan, representing NSW Ambulance today. What is the special operations team?

DOMINIC MORGAN: Special operations is a unit within NSW Ambulance that basically accesses patients in complex circumstances. Generally speaking, if, for example, a patient has fallen down a cliff then the Special Operations Team would be able to abseil down. Of course, that's duplicated across emergency services. You'd be familiar that there are a number of agencies that provide rescue services that can access patients in the scenario that I describe. We particularly like to be able to have our own staff able to use those skills to access patients, but if they are not trained SCAT officers, we can actually have the rescue agencies lower them down.

Ms CATE FAEHRMANN: I've got something I'd like to table for Dr Morgan, if I can provide it to him? It's a Facebook post announcing the Special Operations Team from NSW Ambulance on 23 September. In the photo is a group of people. Why are they all male, Dr Morgan?

DOMINIC MORGAN: Funnily enough, this was an issue that I raised, as soon as that post and the photograph came out, with the executive director of people and culture. And I've spoken to the director—

Ms CATE FAEHRMANN: Can you repeat that? What did you do when you saw it?

DOMINIC MORGAN: I immediately spoke to the executive director of people and culture, and I followed up with a secondary conversation with the director of aeromedical and special operations and asked them to look at whether there were any issues around gender diversity within these special units.

Ms CATE FAEHRMANN: Does it reflect something broader? I mean, are you saying it's an issue of gender diversity within the Special Operations Team or within HR? I understand that female paramedics did apply—that they have done so over the years. Many female paramedics do apply to be on the Special Operations Team. This person who contacted my office—you can see the correspondence there. That made this the most recent class. In 2022 every single member of the Special Operations Team is male; it makes the female paramedics feel devalued; it has been a demoralising force; it will stick with them for a lifetime. I understand that it is approximately 50/50 females to males within your organisation, so it does indicate possibly more than just asking

HR or whoever it is—your executive team—to look at gender diversity, doesn't it? What more are they going to do? Do you know?

DOMINIC MORGAN: I think that's absolutely the first place we need to start: to decide whether we've got an issue or not in that particular work area, which is the work that I've commissioned. You'd appreciate that there has been significant improvements in gender diversity across NSW Ambulance. Over the last 30 years we have literally gone from a handful of female officers to now being nearly 50/50 across the organisation. There is significant representation of females within the executive. In fact, more of the executive directors are female than male in NSW Ambulance, and there is about a 60/40 split in operational chief superintendent or director level. Across the board in on-road paramedics, it's around 47 per cent are female.

In relation to absolutely becoming aware of a photograph that may represent non gender diversity, the organisation has taken immediate action with the two most senior people involved. Importantly, look back at the history of special operations—is also rescue. Historically there have been high physical fitness standards, including weights and other sort of things—30 kilos of rescue equipment, for example—that were all part of the assessments. They have been, in the past, asked to look at the access exams to see whether they were unreasonably favouring males, and there is a whole new regime in place, I understand. We are still yet to have some further advice in relation to whether there was a specific issue here or not, but action has been taken.

Ms CATE FAEHRMANN: Okay. Will that report be made public in any way?

DOMINIC MORGAN: It won't be a report, no. I haven't commissioned a report. I have asked the executive director of people and culture and the director of aeromedical and special operations to provide me with advice.

Ms CATE FAEHRMANN: Given the historical nature of what I take is the Special Operations Team being predominantly male, if not entirely, from this point forward, regardless of what they report back, I would expect that there are going to be more women offered roles within the Special Operations Team, Dr Morgan?

DOMINIC MORGAN: It is fair to say that I have been very clear in my expectations. Let's bear in mind the evidence would suggest there has been significant success in our organisation in ensuring gender diversity. This is an area I think we have further work, and that work has been commenced.

Ms CATE FAEHRMANN: Thank you. Minister, you are going to leave after—how many years is it? Is it 32?

Mr BRAD HAZZARD: Don't remind me.

Ms CATE FAEHRMANN: I'm just wondering, will you be one of those politicians who, only when they retire, suddenly see reason and start calling for a health approach to drug use, rather than our current punitive law and order approach? I think Bob Carr does it, and Helen Clark and Mick Fuller.

Mr BRAD HAZZARD: I'm not allowed to say the question is silly. Therefore, I'd ask you to clarify what you mean by your question. What are you saying? Do you want me to hypothesise what I'm doing in five months? I'll be on a beach, hopefully.

The Hon. MARK LATHAM: She wants you to come back here and answer as a citizen.

Mr BRAD HAZZARD: I don't particularly want to do that either, and I won't. What's the question? What are you actually asking me? Ask the question now, if you want.

Ms CATE FAEHRMANN: I'm asking—

Mr BRAD HAZZARD: You're asking me whether I'm going to disagree with your view on pill testing.

Ms CATE FAEHRMANN: This is your last budget estimates, Minister, and I've asked you a number of questions over the years around—

Mr BRAD HAZZARD: And they were all good questions, Cate—excellent.

Ms CATE FAEHRMANN: Thank you very much, Brad. But this is a question about whether—well, let's start with the ice inquiry. Do you think that the Government should have responded to the ice inquiry sooner?

Mr BRAD HAZZARD: It would have been helpful, if it was possible, yes. Sure.

Ms CATE FAEHRMANN: You were, kind of, arguing for that?

Mr BRAD HAZZARD: I can't—I won't discuss what I said in Cabinet. But, look, I think the issues of drugs and drug usage is hugely problematic. I think where we've landed, Dr Chant and I actually released some funds before the report came out—didn't we?—about 23 or 24 million for various issues to do with that. I think

there are as many views as you could ever expect in what is a complex area. I was here—I don't think you were, no, you wouldn't have been here—when Bob Carr did the alcohol and drug inquiry back in—

Ms CATE FAEHRMANN: The drug summit, yes.

Mr BRAD HAZZARD: The drug summit, back in about 1990-something, 1995 or 1997—1997, maybe. I backed the injecting room at Kings Cross, when a lot of my colleagues didn't. And I think, looking back on it, it was one of the best things we did, because there have been many people's lives saved. I know, as a former lawyer, in court I often dealt with young people—often boys, but some girls—who were on drugs. It was a constant source of concern to me that the legal system doesn't always have—in fact, quite often doesn't have—the solution for kids who have got themselves onto drugs. I remember losing one particular client and I had to sit with his dad. It was just terrible. He had been in and out of prison; it hadn't helped. So I have no doubt that there has got to be some sort of better way of doing things. I think there's a balance to be struck. I think the Government's position is—I'm part of Cabinet, so I'll back that. I certainly won't be coming back and giving different positions, if that's what you're asking me.

But I think on things like, say, the pill testing, I have genuine concerns about that. I've talked to Rachel, who is the ACT Minister, and she is very keen on it, and they are doing work on that. From my point of view, it worries me at a number of levels, not least of which is if you've got some young person who comes in for a pill test, first of all, it's very difficult to get a full-range pill testing response from an automatic device; it's really got to go into a full laboratory situation. But, secondly, if I got one pill tested and the kid had bought half a dozen, what's going to make it safe? What will guarantee what was in the other five pills? What will do it? I think these issues are not as simple as some would say. I know you indicated to me, one day many years ago, that you thought MDMA or ecstasy was something that kids could take. I don't agree with that. I would be worried if my kids were taking it. I would be worried if any kids were taking it. It's a balancing act. But I certainly won't be coming back here and giving the benefit of my infinite wisdom after I'm gone. The last thing I'll do is come back to this New South Wales Parliament.

Ms CATE FAEHRMANN: It doesn't need to be back here, Minister, just anywhere.

The CHAIR: The Hon. Mark Latham?

The Hon. MARK LATHAM: Thanks, Chair. Thanks, Minister and your officials. Can I draw your attention to a forum similar to this one in the European Parliament, about a fortnight ago, when one of the MEPs there was questioning—

Mr BRAD HAZZARD: Sorry, what's an MEP?

The Hon. MARK LATHAM: A member of the European Parliament. The member was questioning the president of international markets at Pfizer, Janine Small, and she said under questioning that Pfizer didn't know about stopping the COVID transmission before their product, their vaccinations, entered the market. What advice did we have in New South Wales before or during the rollout of the Pfizer vaccination program about the effectiveness of the vaccine in stopping transmission?

Mr BRAD HAZZARD: I'll just say this: obviously, the challenge around the COVID pandemic was we had no vaccines originally, nothing at all. There were companies wanting to produce them—trying desperately to produce them; countries desperately tried to get them—every country in the world was trying to get vaccines; and we've had, compliments of the Federal Government, a range of vaccines that were made available. As information proceeded, there's obviously going to be a development of the knowledge sets. I think, though, that I have seen some commentary amongst anti-vaxxers, in the many nasty notes that I get on my Twitter, as to this sort of questioning. What I would say is that the purpose of the vaccines from our point of view was to keep people alive and also to make sure that hospitals were not overrun. The fact that it may not have stopped transmission was not the only issue to be considered. But on that note, I shall pass to the far more expert Dr Chant.

KERRY CHANT: Thanks very much for the question. I think this is a really important piece that we need to communicate very clearly. The messages, to be frank, have changed through the pandemic. As you are aware, Pfizer, the first real-world studies and the data to support the outcomes associated with the Pfizer product at scale were generated in Israel, and that was because of the good, connected data systems that Israel had in terms of connection between their primary health and their hospital system. That delivered real-world experience about the effectiveness of the vaccines in terms of severe disease. What then became evidence is various publications were published which also showed that you can effect a reduction in transmission in two ways—first, if the vaccine does have an effect about stopping you getting the disease, initially, and then you can also, even if you get the disease, perhaps have a lower infectivity, if you've got the disease. They're the two ways in which it can work. The answer is not simple, and I'd be happy to provide more evidence, because it has changed depending on the

variants. I suppose if I give an example that the Pfizer vaccine was particularly more effective in terms of the earlier vaccines, in terms of that transmission effect, but then we became—

Mr BRAD HAZZARD: In terms of the earlier variants.

KERRY CHANT: In terms of the earlier variants. But, over time, we also learnt that that immunity can wane against the transmission benefits. Just to be clear, the vaccines have held up incredibly effectively in preventing against severe disease, hospitalisation and death. But we know that both natural infection—infection with the virus—and the vaccine does have some waning. We're still learning a lot about the combination of that immunity between what we call hybrid immunity, where most people in Australia have had both vaccine-induced, and perhaps an episode of—particularly with the Omicron variant. That's hybrid immunity. And we've still got to learn about how long that hybrid immunity lasts and does it protect us. At the same time, the virus is evolving. For instance, at the moment, we are seeing the emergence of variants, and all the time the virus tries to evolve in a way to—I know there have been criticisms of the use of the term "evasion", but it's trying to get around the immunity that has been generated. That isn't absolute. For instance, what our messaging was around when Delta was predominant was that we were saying two doses of vaccine were sufficient. We had to change that to three.

The Hon. MARK LATHAM: But on my question, please. This is all interesting but I'm asking a question about what advice you received from Pfizer at the beginning of this rollout on the effectiveness of their vaccine in stopping transmission. Because Janine Small seems to be saying you didn't receive any advice that indicated that the vaccine would stop transmission, because they couldn't give it.

KERRY CHANT: In terms of the advice around the way the vaccines worked, the structure we have in Australia is that we have the TGA is the regulator, and we also have the Australian Technical Advisory Group on Immunisation, which provides advice. As I said, the difficulty with your question is that the information has changed over the course, depending on the time point, and it also has changed. So at certain points, the vaccine, as we saw in the management of the Delta outbreak, effectively worked by actually providing protection and reducing the rate of transmission.

The Hon. MARK LATHAM: I'm not asking about protection and people being better off in hospital. I'm asking about stopping transmission.

KERRY CHANT: In transmission as well.

The Hon. MARK LATHAM: At what point did you receive advice from Pfizer that their vaccine could stop transmission?

KERRY CHANT: The evidence, as I said, Mr Latham, is more nuanced. We had very clear evidence that if you've got a high antibody level, then you, one—particularly if that antibody is well matched to the variant that is circulating—you are protected. I can provide some evidence to you about the nature of the antibody response. Often the evidence was actually generated by researchers who were looking at the role of vaccines in reducing transmission. But at various points—

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

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

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

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

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

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

The Hon. MARK LATHAM: If you could, on notice, that would be great. To follow up from Pfizer, what about AstraZeneca? At the beginning of the rollout, did it provide you with advice saying that its vaccine would prevent transmission, that it was doing better than Pfizer?

KERRY CHANT: NSW Health does not receive advice from the drug companies, Pfizer or AstraZeneca. What happens is that advice is provided to the regulators and also provided—

Mr BRAD HAZZARD: Federal.

KERRY CHANT: Sorry, the Federal regulators, the Therapeutic Goods Administration.

The Hon. MARK LATHAM: So you didn't have direct contact with any of the vaccine manufacturers. And the regulators, what advice did they give you about the effectiveness of stopping transmission?

KERRY CHANT: All of the advice that the regulators have done is published. ATAGI has a website on which it has provided its advice when it has considered the evidence. The Commonwealth Government website has significant degrees of evidence. There is also additional documentation about the various—what's known at particular times in relation to the variants.

The Hon. MARK LATHAM: But when you fronted all those press conferences and people were locked in their homes and there were curfews and we were all told, "Unless you get vaccinated, we will never get on top of this," was it your knowledge and expectation that Pfizer, AstraZeneca and Moderna were going to stop transmission?

KERRY CHANT: And they did at that time. The reason the virus—

The Hon. MARK LATHAM: Why did you know something that Janine Small didn't know?

KERRY CHANT: I think you are talking about the dates and the times and the duration. The question is more complex in that, as I said, the way the vaccines work is in two ways in terms of transmission. So, first, they have a benefit if you don't actually get infected. At the time of the Delta, if you look at our epidemic curve, Mr Latham, you will see that we got down to a very low level, and that was a great tribute to the community's uptake of vaccination. Vaccination has served us incredibly well. It was very clear that, with the Omicron variant, because it actually had developed some ability to invade the immunity, we needed an extra high level of antibodies, and that was the advice about needing the three doses for Omicron. ATAGI is continuing to look at the evidence about waning and this combination of hybrid immunity and providing advice to the Australian public about when we need to have further boosters. My key message to the community would be: Continue to follow the advice of the Australian Technical Advisory Group on Immunisation and maintain your up-to-date status for the best protection of you.

The Hon. COURTNEY HOUSSOS: Minister, are you aware of how much each LHD spends on contractors and labour hire?

Mr BRAD HAZZARD: It's not something that I would be involved in, but the budgets for each of the 15 local health districts, for example, \$100 million to \$2.7 billion, so we have a lot of contractors. In western Sydney, roughly 2.3 or 4 billion; South Western Sydney is about \$2.4 billion. They would have a lot of work going on for a whole lot of issues. Are you talking about cleaners? Are you talking about painters? Are you talking about doctors? Are you talking about nurses? What are you actually addressing?

The Hon. COURTNEY HOUSSOS: I am specifically interested in labour hire, whether you track that.

Mr BRAD HAZZARD: But for what?

The Hon. COURTNEY HOUSSOS: Labour hire across the board. This is something that's been identified by the Federal Government. The Federal Government has said that it is going to rule out labour hire for people who are doing similar jobs but are receiving significantly different payments.

Mr BRAD HAZZARD: Right.

The Hon. COURTNEY HOUSSOS: This often happens through labour hire, so I'm wondering whether you or whether the department identifies what labour hire practices are in place.

Mr BRAD HAZZARD: I'm not sure they would have that. Can I say this: Mark Butler, to his credit, is recognising that there's a shortage of staff, and how money is spent in trying to replace those staff is a challenge in health systems right around the country, right around the world. I also just cite—I don't know whether you got

a chance to talk to them, but it could be worthwhile—is Adam still here?—having a talk to the representatives of the Health Services Union and particularly Gerard Hayes. Gerard has expressed concerns to the Federal Government—privately, I think, and publicly—that he would like to see a major inquiry, I think even possibly a royal commission, about some of the funds that are paid to contractors. It's not easy because, in a health system—I mean for donkey's years, for many, many years, long before we came to government—even when there were more people around in the health system, more staff, it was still necessary from time to time to have staff come in from agencies and so on. They tend to charge far more—doctors, nurses—than being able to have full-time staff.

There is an inherent unfairness, anomaly, in that in the sense that you have full-time staff that are earning a third of what some of these other people are doing. When there is no alternative, that is, when local management says they don't have a—I visited a hospital in the regions recently where they had a midwife and they all thought she was a lovely person, a very good clinical practitioner and midwife, and the midwife had some from Western Australia and was making a lot more than other midwives in other hospitals. The staff said to me, "Minister, we're really happy she's here", but the management said, "But, Minister, we wish we could get more locals because we're paying an absolute fortune." It's one of the dilemmas that's been going on for probably three decades. Madam Secretary, do you want to add anything to that?

SUSAN PEARCE: No. I guess it would just be useful for specific parts of the workforce that you're referring to. Clearly, we do have to bring in locum and agency staff from a clinical perspective. That has been part of the health system for many years. But, generally speaking, we'd obviously prefer permanently employed staff. It just depends on workforce and our distribution issues. Mr Minns may wish to comment on that, but it depends on what you're talking about. Ultimately, we would prefer to have our own staff rather than bringing in labour hire, but it's a very large and complex system. It just depends on what particular area you're interested in. Phil, did you have anything you want to add?

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

The Hon. COURTNEY HOUSSOS: Of course.

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

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

Mr BRAD HAZZARD: It's not just the regions, actually, Courtney. It's everywhere.

The Hon. COURTNEY HOUSSOS: There are challenges getting staff everywhere in our health system.

Mr BRAD HAZZARD: There are right across Australia.

The Hon. COURTNEY HOUSSOS: Thank you for acknowledging that.

Mr BRAD HAZZARD: Canada—I was in Canada a few weeks ago. Alberta had exactly the same problems. I was talking to some doctors from the UK only a few days ago. They were saying it's the same problem in the UK. It's everywhere.

The Hon. COURTNEY HOUSSOS: Minister, I'm specifically interested in cleaners who are being treated as contractors. There has been a surge workforce during COVID to increase the cleaning capacity. Some of those would be contractors or through labour hire. Are you offering those specific cleaners permanent employment to continue working? Are you looking at active ways that you can be engaging with these people who are working through labour hire arrangements and making them permanent employed workforce?

Mr BRAD HAZZARD: Sorry, Courtney, no-one has actually raised that issue with me. I talk to the HSU, which represents the majority of cleaners, and it's never been raised with me. Maybe Mr Minns would have some knowledge on that issue.

PHIL MINNS: I can't recall it being raised recently. Sometimes the HSU has made representations to us in the past about security and contractors. The Minister requested that we look at minimising the need for

contractors to operate in the security function, and that's been communicated to all the districts and is being tracked. But cleaners have not been raised with me recently.

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

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

The Hon. COURTNEY HOUSSOS: Yes, that's exactly right.

Mr BRAD HAZZARD: It is? Okay. The HSU is a big organisation, too, and growing very effectively.

The Hon. COURTNEY HOUSSOS: It is growing rapidly.

Mr BRAD HAZZARD: Growing very rapidly, yes.

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

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

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

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

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

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

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

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

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

Mr BRAD HAZZARD: I thought you might, yes.

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

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

The Hon. COURTNEY HOUSSOS: So the consultant has concluded his work?

REBECCA WARK: There was an earlier report done, as I understand it, yes.

Mr BRAD HAZZARD: There has been a lot of work done on it. They are trying to work out, effectively—you would know better than me. It's about 25 minutes, is it, across to Manning, give or take the way you drive?

The Hon. COURTNEY HOUSSOS: I'm not sure that you would be driving legally if you get there in 25 minutes.

Mr BRAD HAZZARD: In that case, it would be a little bit longer. All right.

The Hon. COURTNEY HOUSSOS: Perhaps an ambulance could get there in 25 minutes.

Mr BRAD HAZZARD: I tend to switch off when I'm driving, but still. I think that they are busy working on the clinical services plan on what's there, what's here, which doctors do we have that can provide the services, what's the likelihood—they are working through all those issues. It's developing much faster past that at the moment, so one would be hopeful that there will be some possibility of real clarity sooner rather than later.

The Hon. COURTNEY HOUSSOS: Minister, I would only just say this—I'm happy to refresh your memory on it; I know that there are lots of projects around this State that you're across. This specific project, it was promised before the last election.

Mr BRAD HAZZARD: Yes, I know that.

The Hon. COURTNEY HOUSSOS: There is still not a site that has been purchased.

Mr BRAD HAZZARD: There has been a lot of work done.

The Hon. COURTNEY HOUSSOS: The clinical services plan has been concluded, that is true, and we finally got a copy of that, but that indicated that it would be an urgent care centre, staffed by registered nurses.

Mr BRAD HAZZARD: All I can say to you is what I have already said, but I promise you that it's well and truly under the—it's very much a hot issue at the present time. That's what I'll say.

The Hon. COURTNEY HOUSSOS: I appreciate that. Can you say whether there will be land purchased in the next 12 months, using this budget?

Mr BRAD HAZZARD: As I said, I can't say much more at the present time, but the Government is absolutely committed to getting the new Forster hospital underway, and that involves not just the clinical services plan. There are consultants' reports that have been done, working with the local health district as to what services, then looking at the sites that are available. That has obviously been undertaken. It's just a matter of finalising some of those aspects.

The Hon. COURTNEY HOUSSOS: Minister, can you confirm that parking at the new Tweed hospital will definitely be free?

Mr BRAD HAZZARD: I was asked that numerous times when I visited the hospital. I can tell you that the new Tweed hospital is fantastic. It's unbelievable, nearly \$700 million worth. But there are still under review the strategies around parking that applies across the broader hospital system. Certainly, I know it's an issue for the local community, and I'm working through those issues.

The Hon. COURTNEY HOUSSOS: Are you looking at a private contractor running the parking or is it going to be run by the hospital?

Mr BRAD HAZZARD: Usually, these days it's run through a private contractor, but all those issues are being considered at the present time.

The Hon. COURTNEY HOUSSOS: So there is an active consideration about how the parking is going to be run?

Mr BRAD HAZZARD: There is a lot of consideration going on about that, yes. Sure.

The Hon. COURTNEY HOUSSOS: So you can't rule out that people will have to pay if they are parking at The Tweed Hospital, then? If a private company is—

Mr BRAD HAZZARD: All I'm saying is it's under active consideration as to how we provide not only the parking but the ongoing maintenance of the parking, without actually detracting from the money that goes into the local health district. That's always the balancing act, Courtney. If I spend \$2 million or \$3 million or \$4 million a year of taxpayers' money running a car park, that's \$2 million or \$3 million or \$4 million out of our budget that might be providing something else. It's a big issue in every single hospital, and it has to be looked in the context of the local area. I can't give you any more specificity than that at the present time.

The Hon. COURTNEY HOUSSOS: That's fine. Minister, I want to move on to something else because we have limited time this afternoon. How many hospitals in New South Wales are run by community health units within local health districts?

Mr BRAD HAZZARD: I'm sorry. Ask that question again?

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

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

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

Mr BRAD HAZZARD: In Kate's electorate?

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

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

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

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

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

Mr BRAD HAZZARD: Sorry, what's critical?

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

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

The Hon. COURTNEY HOUSSOS: Yes, she's raised this issue with us. She wants us to raise it with you. Obviously it's been raised with her in her local community and she's an advocate for her community. She specifically—

Mr BRAD HAZZARD: She's a very fine advocate for her local community. She's spoken to me many times about many issues, and she's raised Tomaree with me. So let me talk to her. That's never been raised about—I don't think it's been raised. I have the highest regard and respect for her, so I will certainly try to find out as soon as I can.

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

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

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

Mr BRAD HAZZARD: If there are implications, as Kate suggested, I'd like to know about it too. So I'd certainly be asking questions of him.

Ms CATE FAEHRMANN: For the purposes of *Hansard*, that is Kate with a "K"—Kate Washington. It is not me.

The Hon. SHAYNE MALLARD: I thought it was your electorate we were talking about, Cate.

The Hon. COURTNEY HOUSSOS: Yes, to be clear, we're talking about Kate Washington, the member for Port Stephens. Minister, I know that work has been done around cosmetic surgeons at a Federal level and that's being done in consultation with the States. I'm interested to know if there's any work that we're doing in New South Wales around the regulation of other beauty procedures or the licensing. I understand the licensing would be Fair Trading, but there are also health implications for beauticians or for those offering those kinds of services, which can be quite invasive procedures.

Mr BRAD HAZZARD: I can tell you that as late as three weeks ago—again at the Federal, with Mark Butler's oversight—the State Ministers were all talking about the cosmetic issue. I raised this first going back nearly five years ago, and it's taken a little while. The new Federal Government is taking it very seriously and is working very hard. It is not a simple situation to just say, "Don't use the word 'surgeon'." It's being looked at in terms of what services people should or shouldn't be able to provide. The Federal Government, with the States, will agree on that because it should be across borders. As to the other issues, that has been peripherally raised and again it needs to be done on an across-Australia basis. You can't have people on one side of the border in Tweed or one side of the border down at Albury-Wodonga being able to do certain things and the others not. So it's still got to be done through the Federal sphere.

The Hon. COURTNEY HOUSSOS: Dr Chant, do you have anything to add on that? You were nodding.

KERRY CHANT: No, I was just going to reflect that there are obviously some regulations that apply in those sorts of areas. Not specific to your question but, for instance, there's the Poisons Act. Obviously the State has a regulatory function in relation to the Poisons Act. There's also the skin penetration Act. When it touches on any health professionals, then obviously they've got due responsibilities under their registration and credentialling standards for appropriate note-taking and taking due conscience. That goes through the AHPRA regulatory system, so just as a complementary component.

The Hon. COURTNEY HOUSSOS: Yes, but beauticians, as a whole, aren't required to be licensed in New South Wales under Fair Trading, so they wouldn't have those same kinds of requirements. Obviously they're using increasingly volatile chemicals, they're doing increasingly invasive kinds of procedures. Minister, I'm wondering whether you're looking at doing any kind of work in that kind of space to say this is an area where we could be having a bit more regulation or that we could be taking a careful look at.

Mr BRAD HAZZARD: I think I've answered that question. The good Dr Chant likes to nod at various stages, but this has to be done at a Federal level. We have certain powers under certain State legislation, but it still needs to be harmonious across the jurisdictions.

The CHAIR: We will have break and return at 3.05 p.m.

(Short adjournment)

The CHAIR: Thank you very much for returning to our hearing this afternoon. We now move to the crossbench. The Hon. Mark Latham.

The Hon. MARK LATHAM: Thank you, Chair. Can I just raise, Minister and also Dr Chant, the Queensland trial that is utilising the services of pharmacists for things like urinary tract infections, drug dispensing without a prescription necessarily for people who have been on the same set of drugs for a long time to try to take the pressure off emergency departments. The other health Minister the Hon. Bronnie Taylor spoke very positively about this trial in Queensland at the Pharmacy Guild function here last week. Is this something we're going to try in New South Wales with the critical issue of easing pressure on the EDs?

Mr BRAD HAZZARD: I've got to say, the Pharmacy Guild and the Pharmaceutical Society were amazing during COVID when we simply needed all hands on deck to be able to provide vaccinations—the COVID vaccines that you were inquiring about before—and they were absolutely necessary. We were actually asking NSW Health whether we could have a look at where the GPs were located across the State, and when we looked at the mapping obviously there are substantial areas where there are either no GPs or very few GPs. Then I asked for mapping to be done about where the pharmacies were, and pharmacies had a broader reach.

Off the back of that, that was what eventually led to the pharmacists doing so much. They have been amazing. Both the society and the guild I think quite properly raised that they've got the runs on the board—they've shown what they can do—and as a result there are further vaccinations that are being permitted to the pharmacists across the State. The one area that I think there is a bit of contention about, which still concerns I think the AMA and perhaps others, is an area which is very problematic, and that is, for example, treatment medications for UTIs, or urinary tract infections. I have asked Dr Chant what her views are. At the present time, I think we've almost settled on a large-scale pilot across New South Wales to be able to enable her and the senior health team to be satisfied as to that. I'll ask Dr Chant to update me because we haven't discussed it in the last few days. Maybe Dr Chant could meander through what discussions we've had and where we're at.

KERRY CHANT: Just to update you, there has been ongoing work with the GPs and the pharmacists on exploring the scope of practice. There have been a number of pilot initiations and a few different programs, as the Minister indicated. We are looking at increasing the range of vaccines that pharmacists can do, and that's in the final process. That will mean that there are vaccines such as hepatitis A, typhoid and hepatitis B to add to the previously approved extensions in HPV and dPta that pharmacists were able to do. We're also looking at making available a broader group of NPA vaccines under the National Immunisation Program for influenza as well in the coming year. In terms of the other points that you raised in relation to UTIs, we currently have been doing significant investigation, including liaison with Queensland and reviewing the international evidence. We are proposing to, as the Minister had said, doing a trial pilot and making sure that we capture robust outcome data to inform that future scope and role of pharmacists.

The Hon. MARK LATHAM: Where will that pilot be located?

KERRY CHANT: I think the Minister had said "broad scale".

Mr BRAD HAZZARD: I had said that I wanted it the broadest possible scale, so right across the State. I think Dr Chant is considering those issues. I have expressed my views, and Dr Chant, as a professional, has to work through that.

The Hon. MARK LATHAM: So it'll go beyond vaccines to UTIs and—

Mr BRAD HAZZARD: Sorry, I missed that. What was that?

The Hon. MARK LATHAM: It'll go beyond expanding the vaccines to things like asking questions to see if someone has got a UTI?

Mr BRAD HAZZARD: That's what I was saying. I just said that at the outset—

The Hon. MARK LATHAM: That's all part of it, yes.

Mr BRAD HAZZARD: —before Dr Chant took over. UTIs are one of the biggest issues because people who get UTIs often have it repeatedly. The GP's view, of course—and I understand it. I'm respectful and understanding of their position that they would like to be able to look at the broader clinical context of the individual and understand what might be going on beyond that one issue. But also, the reality is that in many areas, people know what they've got. They've had it many times, and it can be done in a more efficient way for the individual. It can be extremely painful for someone who has a UTI. They know when they've got a UTI. They know it. Dr Chant and I have been having deep and meaningful discussions about these matters, and she has decided, with the expertise she has, to do a pilot. I have asked for it to be very broad scale.

The Hon. MARK LATHAM: Across the State. That's great. The response to the ED blockages or pressure points has historically been to establish co-located GP clinics. I think you've announced, or the Premier announced, 25 of them.

Mr BRAD HAZZARD: No, they're not necessarily co-located. They're urgent care centres.

The Hon. MARK LATHAM: But that has historically been the response, whereas it seems that at the other end of the scale the pharmacies can do more to transfer people or take the pressure off with people who haven't got a clinical need to sit in the EDs for hours on end.

Mr BRAD HAZZARD: The challenge is to know where that—

The Hon. MARK LATHAM: Some do it as a matter of habit, but the pharmacies have got the trust and the connections already to be dealing with those people in the areas that we've mentioned. Dr Chant, are you persuaded by the Ernst & Young research—admittedly, conducted for the Pharmacy Guild—

Mr BRAD HAZZARD: The Queensland one?

The Hon. MARK LATHAM: —that this is an initiative that would save 17,000 hours of emergency services' time?

KERRY CHANT: I think in terms of the fact that we've been reviewing the evidence internationally—and it's very important to draw on that international experience as well as the experience in Queensland—we've provided that advice. But it covers the fact that some of the evidence can't be directly relatable to the Australian context, because there are different organisations of pharmacists within the primary care structures in different countries, and each of the different countries has set up those roles and responsibilities differently. For instance, in some initiatives overseas, they maintain the separation of prescribing from dispensing by having two pharmacists involved in the care pathway. We are working through a number of those complexities, and I think you'd expect us to do so to manage and put in appropriate patient safety.

We are looking at engaging academic partners to research, to undertake this pilot and to actually make sure the evaluation is well conducted. In relation to the immunisation issues, just to let you know, that will just be an immediate on-scale access. I think that we all would appreciate the great role that pharmacists played in rolling out the COVID vaccines and the great role they played in doing the influenza vaccines, and also that the extension and expansion of vaccines under appropriate referral pathways back to general practice will further support the sustainability of the vaccination program for pharmacists.

The Hon. MARK LATHAM: Dr Chant, can I just take you to a separate issue? You weren't here at the last estimates hearing, but I raised the matter of the Adam Marshall COVID infection in this building on 22 June.

KERRY CHANT: Yes.

The Hon. MARK LATHAM: I was told repeatedly at the estimates hearing—and it's on the parliamentary record from Minister Taylor—that Minister Hazzard received this individual assessment. It was said to be taking into account:

... the physical distance between the two people, the amount of time of the contact, activities being undertaken at the time, whether the infectious person was coughing or had other obvious symptoms of COVID-19, the environment in which the contact occurred ...

I was led to believe that this was some sort of sophisticated process. Incredibly, after what had supposedly been an exhaustive SO52 process, they produced the Jennie Musto case assessment of Minister Hazzard. It won't take me long to read it out, because it's scribbled on this one page dated 24 June:

Min Hazzard

- reception in office but not face-to-face
- 6.30pm, Nat Strangers dining room
- head of pharmacy
- 3m past Heff and David
- 20 second speech then left
- left 6.50 pm

Casual

Where is the sophisticated individual assessment, according to the things that I was told at estimates and what Minister Taylor has put on the parliamentary record?

KERRY CHANT: I would just say that practitioners take a lot of verbal history and then write down a summarised note that's commensurate with it. The staff involved in this assessment, particularly Ms Musto, is an experienced communicable disease nurse who I hold in high regard. I would assume that she and assure you that I have no doubt that she followed correct processes in doing the interview. You have been provided with the records, but I would just like to put on record that the staff involved in the assessment would have followed all usual processes in taking relevant facts into account. That does summarise, as per their understanding of how COVID is transmitted, what informed their risk assessment and the casual classification. Behind that sits CDNA guidelines, et cetera, that exist in terms of classifications of close and casual contacts.

The Hon. MARK LATHAM: But it doesn't even mention Adam Marshall.

The Hon. SHAYNE MALLARD: I think it's obvious.

KERRY CHANT: As I said, that's her handwritten notes. I don't know the context of that.

The Hon. MARK LATHAM: It doesn't mention the infected person.

Ms CATE FAEHRMANN: Chair?

The Hon. SHAYNE MALLARD: Time is up.

The CHAIR: Cate.

KERRY CHANT: I can't make any comments. I'm happy to take any comments on notice, and I understand there is a parliamentary committee which will further consider the facts. But I just wanted to absolutely stand by the staff involved in the assessment process.

The CHAIR: Cate for 10 minutes.

Ms CATE FAEHRMANN: Minister, are hospitals penalised for not meeting key performance indicators, for example, surgery wait times?

Mr BRAD HAZZARD: By whom, sorry? In what sense?

Ms CATE FAEHRMANN: So a hospital is penalised by the LHD, by NSW Health for not meeting certain key performance indicators.

Mr BRAD HAZZARD: Not to my knowledge, but I'll pass to the secretary.

SUSAN PEARCE: No, they categorically are not.

Ms CATE FAEHRMANN: Could there be a scenario that a local health district is doing that?

SUSAN PEARCE: I think it's hard for me to comment on that and speculate about that. It would be highly unusual. I have never been advised of any such thing during my years in Health and I think, if we were advised of such a thing, we would address it because that is not the way we go about our business with respect to KPIs.

Ms CATE FAEHRMANN: I just wanted to turn to the situation at John Hunter Hospital in Newcastle then. So, there have been reports—as of today; that's 27 October—that there has been a poll of 250 of the hospital's surgeons and doctors. They were invited to respond to this poll. As I understand, 169 of them voted, which is a pretty good turnout. So this poll found that 82 per cent of them had been directed to alter the clinical urgency of patients on waiting lists. They've said that this is this kind of routine—they call it routine recategorisation of patients to avoid breaching surgery wait times. Are you aware of this?

SUSAN PEARCE: I've read the article, yes.

Ms CATE FAEHRMANN: What's your response?

SUSAN PEARCE: Look, we have a policy with regard to the categorisation of surgery patients, as you'd expect. I've spoken to the chief executive in regard to that report and the issue that is being raised. We, at the request of the chief executive, will be assisting with a compliance check in regard to our policy and how that's enacted at the John Hunter. He's asked the Ministry to do that so that it can be at arm's length and we will in turn hire an independent team to do that. There is the ability, of course, under the policy for patients to be recategorised for a variety of reasons. It might be, for example, that surgeons aren't available, a patient is not ready. They might become more urgent. Our system operates to be able to allow some flexibility.

The policy clearly requires that the clinician is required to be involved in any reclassification of a patient. That's important because, clearly, the clinician needs to make those decisions in the best interests of patients. In respect of the commentary in the article, which I have read, that there is this notion that the hospital somehow is financially penalised as a consequence of KPIs is categorically incorrect from the NSW Health perspective. We are looking at it with the chief executive. He has advised me that, up until the point that—and he's obviously spoken to his management team in the hospital in regard to it, including the DMS and the general manager—

Mr BRAD HAZZARD: Director of medical services.

SUSAN PEARCE: The director of medical services, sorry—so that he can reassure himself from their perspective. He has been told by his team there that they are certainly not aware of this issue in the way that it is being described. We will work with them to have a look at it.

Ms CATE FAEHRMANN: That was good to get that response. It's also good to hear that there is some independence in terms of the inquiry into that. Were you also aware—the same poll asked whether the respondent, so the surgeons, anaesthetists, obstetricians, gynaecologists, had confidence in the current leadership of the health service. Ninety-three per cent of those 169 respondents said "No". Is that also going to be a part of the inquiry or investigation that is undertaken into why there is such a lack of confidence in the leadership of John Hunter Hospital?

SUSAN PEARCE: Just to reset the language, I think compliance checking against the policy is what I've described in regard to the surgery classification. There is a meeting scheduled, and I have spoken to the board chair of the Hunter New England Local Health District who will meet with the representatives of the group to really understand what their concerns are so that we can address them. The chair of the Medical Staff Council, I think, was also quoted last week or maybe earlier this week with regard to the Medical Staff Council's attitude towards the management team there and they didn't necessarily share the same view. We have and will also assist the chief executive and the board chair by asking Professor Mick Reid, who is very experienced in the health system, to attend that meeting with the board chair with the doctors.

Ms CATE FAEHRMANN: That was going to be my next question.

SUSAN PEARCE: Once again there is an opportunity to fully understand what the concerns may be. Can I say, our chief executives have very challenging roles. I have no reason to believe that Mr DiRienzo is not executing his role in any other way than to support his hospital and do the best with the funding that he receives. We will continue to work with him to address these issues.

Ms CATE FAEHRMANN: Thank you. In the article and in the poll, I think there is a blur as to whether people are talking about the LHD or the hospital with regard to the LHD issue.

Mr BRAD HAZZARD: That is the problem with that inquiry. Can I just say—

Ms CATE FAEHRMANN: I do have three minutes Minister and it is my last time for questions.

Mr BRAD HAZZARD: Very quickly, I don't think—

Ms CATE FAEHRMANN: I really want to get to another issue. I am sorry about that. It is my last three minutes with you, Minister Hazzard.

The Hon. MARK LATHAM: No, we have got another block at the end.

Ms CATE FAEHRMANN: I am not sure we do.

Mr BRAD HAZZARD: Is it that special, Cate?

Ms CATE FAEHRMANN: I want to turn to a completely different issue which is vaping, particularly amongst people under 18, but vaping generally. There was a report today in *The Guardian* that the Victorian Quitline undertook a survey, a history of who was contacting them for help—teenagers as young as 13. You can say that the same will be happening in New South Wales I am suggesting. It is unprecedented in the 30-year history of Quitline in Victoria how many young people are phoning needing help. A 13-year-old called to say vaping was endemic at her school. One mother contacted the service saying she was concerned that, after she confiscated vapes from a child, they began experiencing withdrawals and chest pains and arm pains, and it goes on. Firstly, what is NSW Health doing about this? Have there been any approaches around what a regulatory environment for vaping in New South Wales would look like?

Mr BRAD HAZZARD: One, there is—

Ms CATE FAEHRMANN: With nicotine obviously.

Mr BRAD HAZZARD: Vaping is very hard to stop, obviously, but there is an education program going on. Can I say that under the prior Federal Liberal-Nationals Government I raised this issue. I was the one that specifically raised it. I raised it again with the new Labor Government in the very first health Ministers meeting and, to its credit, it is very aware of the issues. There is actually a review going on at the moment as to how we can best handle it nationally because it is not just a case of a State or Territory being able to do it by themselves. They cannot because these vaping things are often coming in from overseas. I remember, going back maybe six years ago, Cate, announcing publicly—and it was in the media at the time—that people should be really cautious about vaping because, as one of the researchers from the Woolcock centre said to me, basically what you are doing is you're vaping anti-freeze with 500 different flavours. I have been on this now for five years. The former Federal Government found it a bit challenging, but the new Government is saying that it is with us, and all of the State and Territory Labor Ministers and the one remaining Liberal Minister in Tassie, were all concerned about it. What we have seen is a—

Ms CATE FAEHRMANN: Is this to move to a regulatory environment, so that it is in some ways regulated?

Mr BRAD HAZZARD: Kerry Chant wants to say something.

KERRY CHANT: Just to be clear, the current regulatory situation is that vapes that contain nicotine are illegal.

Ms CATE FAEHRMANN: That's right.

KERRY CHANT: The only way you can obtain any vaping products containing nicotine is through an approved prescription prescribed by a doctor as part of a therapeutic risk minimisation program for smoking cessation. In terms of the regulatory activity, NSW Health has been doing a lot of regulatory activity in seizing vapes. I have personally written to companies highlighting that it is my view that I would be expecting that a responsible person selling vapes, given that 50 per cent of the vapes we have been seizing when we go out and do random samples, such a high proportion of those vaping products actually contain nicotine. I am asking people who are stocking these products to actually do their own independent verification and not rely on what they have been provided with when it went through the importation process.

We've also been highlighting this issue with the Commonwealth, and we appreciate the issues and the support from the Commonwealth in terms of the border. We have also launched—and the Minister launched in March this year—a New South Wales education campaign, "Do you know what you're vaping?", which highlights the products it contains. A number of other jurisdictions have had interest in that and some of them have taken that up. We're proposing to do further work.

This is a significant public health issue. The Minister has had extensive discussions with options and regulatory aspects. But I would just like to say, I would be calling upon all the people that are stocking these products to also be aware that when we go out and do random samples or checks, we are finding still a lot of nicotine in these products and so they are being seized. I would like to put retailers on notice.

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

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

The Service—

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

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

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

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

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

Taking you to the second reference you give, which is the *Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents*, with respect to those so-called Australian standards, they aren't Australian standards. What they are is a set of guidelines that have been produced by the Royal Children's Hospital Melbourne's gender clinic, cleverly, from their point of view—and I think it was a bit smart by half—putting the word "Australian" in front of it to give it the sense that these are national guidelines that have some formally endorsed approval. I just draw those two particular points to your attention.

In the bundle of documents—because there seems to be some unawareness of this in your response—is the Cass review document, which is the comprehensive review undertaken by Professor Cass in the United Kingdom of the treatment of children and young people who may be or are gender dysphoric, leading to the closure—I repeat, the closure—of the Tavistock Institute in the United Kingdom.

Thirdly, can I take you to—and this is a further development in the United Kingdom only announced in the last three to four days—what is a new set of interim service specifications produced by the National Health Service, England, in regard to the matter of children and adolescents who may be or are gender dysphoric. What you will note, Minister, and the officers that I've provided a copy to, is that they are further moving away, quite strongly, from the affirmation orthodoxy that has been applied hitherto—which is being used, I submit, in New

South Wales. I have specifically cited the Maple Leaf House in Hamilton East and the John Hunter Children's Hospital. This is a further example of international jurisdictions at the very highest level belling the cat about how the orthodoxy of the affirmation approach with respect to children and young people is potentially very serious and with negative consequences for the long-term health and wellbeing of children and young people as they grow into adulthood.

The last document I want to draw to your attention is a document that actually is produced by the Australian National Association of Practising Psychiatrists. What it is titled is *Managing Gender Dysphoria/Incongruence in Young People*. It is the National Association of Practising Psychiatrists' guide. What you will find, Minister, is that this document, which is fully referenced and at the back containing what are the co-signatures of the key people involved in its development, is very clearly making the case that the affirmation approach is having profoundly negative consequences on a number of children and young people. I cite the examples, which are well known, of young women at the John Hunter Hospital, still in their teenage years—and I'm meaning 18 and 19 and up to 20—having double mastectomies, and surgeons conducting that surgery of double mastectomies of perfectly healthy tissue from young women at that hospital. I draw that all to your attention.

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

Mr BRAD HAZZARD: I will take that on notice as being your concerns. I will certainly read it. But as I understand it, and I will just place on record that I don't believe—but I might be wrong. Are you expressing views on behalf of the Labor Party, or are you expressing your own views?

The CHAIR: No, myself as a member of the Committee.

Mr BRAD HAZZARD: So expressing your own individual views?

The CHAIR: No, not my individual views—

Mr BRAD HAZZARD: Expressing views on behalf of the Labor Party?

The CHAIR: No. I'm asking a series of questions now, for the second time, directed to you, as a member of this Committee.

Mr BRAD HAZZARD: But I'm asking you, are you expressing—you're expressing a view. I accept that people are entitled to their view. I am just asking is it a view that is a Labor Party position or is it Mr Chair's personal view?

The Hon. COURTNEY HOUSSOS: Point of order: The Minister is entitled to answer questions today. He is not entitled to ask questions himself. I think you've made it clear that you're asking—

Mr BRAD HAZZARD: So you think it's a Labor Party policy, too.

The CHAIR: No, Minister. Listen. We know—

Mr BRAD HAZZARD: Is it, or isn't it?

The CHAIR: No. Can I just say this. We went through the very same question from you to me at the last hearing, and I gave an answer. I direct you to that answer. It is exactly the same question and I direct you to that answer.

Mr BRAD HAZZARD: I am directing you to the answers that I have already given. It is exactly the same question. There you go.

The CHAIR: If that's all you've got to say—

Mr BRAD HAZZARD: Look, I'll tell you what—

The CHAIR: If that's all you've got to say on a very serious matter, Minister—

Mr BRAD HAZZARD: I will say this. I think—

The CHAIR: If that's all you've got to say on a very serious matter, I find that very, very disturbing.

Mr BRAD HAZZARD: No. What I would say to you, Mr Chair, is—

The CHAIR: Very, very disturbing, Minister.

Mr BRAD HAZZARD: —I don't believe it is Labor Party policy. I think the issues around children's sexuality is very, very complex. I'm very aware of the Cass report. I'm very aware that after the Cass report came out in, I think, March, there was a series of other reports that also came out challenging the findings of the Cass report. I'm very aware of that. But I'm also aware that I, for one, am not going to engage in public dissertation, particularly in this environment, where I might cause any concerns to families or individuals—youngsters or otherwise—who are going through the most complex of circumstances. But I will read the material. As a courtesy to you, I will read it, as long as we're clear that I have a high level of sensitivity to these issues. I want to place on record that my general view is that the Maple Leaf House staff do an extraordinary job in the most complex of circumstances—a very multidisciplinary world-class team—and there is a similar service in the western suburbs of Sydney.

I think we are all concerned—we must all be concerned—that children have these complexities. Perhaps it always has been there. Perhaps we don't know the full details of it. We know that there are a lot more kids that need assistance—and families. But I will read the reports. And I am taking it then, even though the shadow Minister sitting in the corner has taken a point of order, that, even so—at this point in my career, on the last estimates, I will say I am going to assume it's not Labor policy, because I don't think it is. But that's okay. I understand you have an entitlement as an individual member to raise these issues.

The CHAIR: Minister, I simply make the point this is not a matter of policy. This is a matter of something that is very serious happening on your watch, and it has been for some years—the issue of these most aggressive surgeries involving, for women, the removal of both breasts, ovaries and uteruses; and, with respect to males, the removal of penises and other reconstructive surgery. This has been around for a long time and I have heard nothing from this Government about it, and nothing from you as the health Minister.

Mr BRAD HAZZARD: I'll make clear that I absolutely endorse the work of the Maple Leaf House in trying to arrive at the complexities.

The CHAIR: You have said that, yes.

Mr BRAD HAZZARD: And I will do everything within my power, in the next 140-odd days, to make sure that those services are able to do what they need to do, with no pejorative views on anything to do with transgender, people who are LGBTQI. I find it absolutely appalling that there would be people in this place, in the Parliament of New South Wales, who would still want to actually dig into this in this sort of environment rather than in a sensitive, clinical, medical and human environment.

Ms CATE FAEHRMANN: Hear, hear, Minister. Hear, hear! Well done.

The CHAIR: Well, Minister, I'm not going finish this with that because—

The Hon. MARK LATHAM: They diagnose themselves.

The CHAIR: —no-one can say that Dr Cass, who is a highly esteemed individual in the United Kingdom, who wrote that report at the request of the National Health Service, did anything other than produce an extremely high-quality report, which led to the closure of the Tavistock Institute. So for you to dismiss Dr Cass just like that, out of hand, I find it an extraordinary thing.

Mr BRAD HAZZARD: I didn't. What I said was—

The CHAIR: Yes, you did.

Mr BRAD HAZZARD: —there have been assessments, professional assessments, that have raised concerns about it and I don't intend to pursue this in this environment. This is not the appropriate environment. I'm sorry, Mr Chair, you can't have this as your personal little tirade or campaign.

The CHAIR: No, no, you're ignoring—

Mr BRAD HAZZARD: It's not what this Committee should be about, and I will not answer any more questions on this issue.

The CHAIR: You are ignoring tragedy going on in New South Wales.

Mr BRAD HAZZARD: You can do what you—I'm over it, okay? I will not engage with you on this issue.

The CHAIR: Yes, that's the whole problem; you're over it. You've just turned a blind eye to it.

Mr BRAD HAZZARD: Seriously—

The CHAIR: The Hon. Courtney Houssos?

The Hon. COURTNEY HOUSSOS: Thanks, very much, Mr Chair.

Mr BRAD HAZZARD: —your union is wondering why you are still here, and I must say, I share that view when I hear these sorts—

The Hon. COURTNEY HOUSSOS: Minister, I don't think that is a fair representation.

Mr BRAD HAZZARD: Thank you, Courtney, for that.

The Hon. COURTNEY HOUSSOS: I would like to move on to another issue, which is Rouse Hill Hospital. In response to questions on notice from the last hearing you said that the clinical services plan had been finalised by Western Sydney LHD and submitted to the Ministry of Health—

Mr BRAD HAZZARD: Sorry, Courtney, I was still somewhat fired up listening to what has just been said. Say that again.

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

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

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

Mr BRAD HAZZARD: What, sorry?

The Hon. COURTNEY HOUSSOS: The clinical services plan?

Mr BRAD HAZZARD: Does anybody know? Deborah?

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

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

DEB WILLCOX: Yes, sorry—

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

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

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

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

Mr BRAD HAZZARD: But also that information is information which is currently subject to the Government's consideration in the Cabinet, and there will be announcements made on that in due course.

The Hon. COURTNEY HOUSSOS: Okay. I accept that, Minister. But there's a document that has been produced to the Ministry of Health. Obviously it's working off a particular assumption.

Mr BRAD HAZZARD: It is not finalised, so it's not of any great moment. And, as I said, there will be announcements made in due course.

The Hon. COURTNEY HOUSSOS: Can you commit to releasing the clinical services plan before the election?

Mr BRAD HAZZARD: The clinical services plan is very rarely released, actually, for a variety of reasons, because people have to be able to speak in cabal with confidence about—the various clinicians give their contribution to that. But what will be released is the master planning, the hospital. And that will certainly be done in terms of—I don't know whether you've forgotten but I'll just say this: You remember that there was on one side

of that big intersection there right near Rouse Hill shopping centre, and then there was a problem with that which had something to do with roads and transport, I think, wasn't it?

DEB WILLCOX: Yes.

Mr BRAD HAZZARD: Then they had to go about trying to find another spot. They have now got it diagonally across the road. They've got the site and they're trying to make sure as to what services work. And, of course, it's part of the network again that goes on between—

The Hon. COURTNEY HOUSSOS: I understand, and we've talked about networks before. I have limited time, so I wanted to ask you if they will have maternity services, obstetrics, paediatrics, oncology services. What's going to be provided?

Mr BRAD HAZZARD: Those announcements will be made in due course.

The Hon. COURTNEY HOUSSOS: But you can't tell us today how many operating theatres are going to be available.

Mr BRAD HAZZARD: Seriously, building hospitals is worse than actually building an aircraft carrier. It's complex.

The Hon. SHAYNE MALLARD: That's my line.

Mr BRAD HAZZARD: And as Ms Willcox has just said, they are working through those issues with the local health district. That means they would be talking to them about not only what the services should be and what the extent of them should be on this particular hospital, but how that will relate to the other hospitals that are in the area. Are there enough specialists in the area that might or might not be there? There are a whole lot of issues. But I assure you that the intent is to have that announced as soon as possible.

The Hon. COURTNEY HOUSSOS: Minister, Wollongong emergency department is under enormous pressure even compared to similar hospitals across New South Wales. Can you explain why there was a 49.4 per cent increase in patients leaving without completing treatment, from the latest BHI data?

Mr BRAD HAZZARD: Wollongong Hospital, particularly—that last BHI was off the COVID Omicron period and it was pretty terrible. But, as has been publicly discussed in the media and with the Federal Government, there have been more than 20 aged-care facilities closed in that area. That hospital has 550 beds. It has 375 that are accessible through the ED. Of that, until fairly recently—and I'm not sure what the figure is today, but my recent recollection was there were 100 of the 375 beds blocked by people of aged care who had gone beyond their clinical treatment and people with disabilities. So, as you can see, almost a third of the entire hospital was actually filled with people that should've been in other locations for their own good and should've been cared for by the Federal Government. I'm not picking on the Federal Government because I think it's a breath of fresh air at the moment that we're actually talking to people in the Federal Government. Federal Minister Butler and the Federal disability Minister are trying very hard, but that's part and parcel. You heard earlier. You can't look at one—

The Hon. COURTNEY HOUSSOS: Are you relying on the Federal Government expanding aged care? Are you looking to expand the capacity? What's the interim and what's the long-term—

Mr BRAD HAZZARD: There are 100 beds there which should be enough.

The Hon. COURTNEY HOUSSOS: I appreciate that.

Mr BRAD HAZZARD: But until the Federal Government can sort that out—and one of the other problems that Mark Butler has got now is he is trying to get new aged-care facilities in that area and fund them. It's a huge challenge.

The Hon. COURTNEY HOUSSOS: That has led to an increase for waiting times. The median wait time for patients to be admitted to the ED now has increased by over two hours to an incredible 10 hours. Surely there has to be an intermediate solution other than just—

Mr BRAD HAZZARD: Health are working on all of those issues and trying to address them, but they are doing it in the construct of, "When is the Federal Government going to move these people out?" But, yes, it's a huge problem. It goes back to what we were talking about before. It's also a lack of GP availability. Your colleague Jenny Aitchison informed me the other day that in her area at Maitland it is eight weeks before you can get in to see a GP. So that influences the number of people going into EDs at Maitland and John Hunter. There is the same issue down there: lack of GPs.

The Hon. COURTNEY HOUSSOS: Minister, we talked about that earlier. I wanted to finally put to you, the Minister for Western Sydney has said that western Sydney has "never had it so good". Do you agree with him, given the latest BHI data that showed that three out of four patients in the highest category in emergency did not have their treatment start on time?

The Hon. SHAYNE MALLARD: Liverpool, Westmead, Nepean.

Mr BRAD HAZZARD: I was going to say, a billion and a bit for Westmead, close to three-quarters of a billion or close to it for Liverpool—

The Hon. COURTNEY HOUSSOS: I am not asking you for that. I am asking if you agree with your colleague the Minister for Western Sydney.

Mr BRAD HAZZARD: I am answering the question the way I want to answer it. Some \$1.3 billion for Nepean and three-quarters of a billion for Liverpool. All I can say is Labor didn't do it; the Liberals are doing it. I tell you what, if you guys get in I reckon you'll cut them out and say, "That's it, we are not doing it," because you will prioritise other things that you've got because you don't know how to manage money, you never have and that's the truth.

The Hon. COURTNEY HOUSSOS: Minister, I am asking if you agree with your colleague.

Mr BRAD HAZZARD: I have answered the question.

The Hon. COURTNEY HOUSSOS: Do you agree with your colleague that western Sydney has never had it so good?

Mr BRAD HAZZARD: I have answered the question.

The Hon. COURTNEY HOUSSOS: Over 30 emergency nurses have left Blacktown Hospital since December 2021.

The Hon. SHAYNE MALLARD: We spent money on Blacktown too.

The Hon. COURTNEY HOUSSOS: In recent months—on Monday night the staffing was at minus eight inside the ED and for two hours on the same night nurse staffing was minus 12. There were 55 patients in the waiting room and there was one registered nurse on triage.

Mr BRAD HAZZARD: This is like pluck a duck. You're just picking out nights and days. I mean, seriously. Hospitals are getting more staff. They have had more staff. We've got more hospitals by a long shot than was ever there under Labor. You've got 160,000 staff, you've got more than over 25,000 nurses—or approximately that—under our watch. We are doing everything we can. You guys did zilch—diddly squat.

The Hon. COURTNEY HOUSSOS: That is not true, Minister. That is not true.

The Hon. SHAYNE MALLARD: It is true. You were at school. You keep telling us.

Mr BRAD HAZZARD: Diddly squat. We have been doing what we need to do.

The Hon. COURTNEY HOUSSOS: That is absolutely not true.

Mr BRAD HAZZARD: Diddly squat is the contribution of State Labor to NSW Health.

The Hon. SHAYNE MALLARD: Hear, hear! Way to end it on a high.

The CHAIR: People have never had it so good—I think that's the answer.

The Hon. MARK LATHAM: Dr Chant, just to draw your attention to these documents. Dr Michael Douglas, who I'm sure you respect, retrospectively furnished this report for the SO 52 about the contact with Minister Marshall. It reported that Minister Marshall "had very close contact to Minister Hazzard and had a conversation before he spoke." This is the National Party here on 22 June last year. Then in the material headed "Ops Trelo Cards", which seems to be drawn from contact tracers, it said, "Early on the morning of 24 June, no contact with the Premier or Treasurer. Marshall seems to have had contact with the health Minister at the charity event." How can it be that the Musto case notes don't even mention Adam Marshall and these instances of very close contact—and, in one instance, physical contact—with the Minister?

KERRY CHANT: I can't comment on those documents. All I can say is that the process of the interview would have been conducted with Minister Hazzard in accordance with the usual processes. It would have been undertaken by the contact tracers. I understand those matters are being dealt with in a parliamentary inquiry, but I have no reason to believe that—the staff would have approached things consistent with the assessment processes that were outlined.

The Hon. MARK LATHAM: Did the Minister himself at any stage inform you as to why he himself isolated for 24 hours after he came into the function, shook hands with Adam Marshall and had a conversation with him, David Heffernan and Richard Walsh?

Mr BRAD HAZZARD: Everybody did. You might have forgotten, Mark. Everybody did. Everybody who was in the Parliament, basically—Labor and Liberal. I don't know where you were. Let me tell you, this obsession of yours is getting a little bit too far. If you want me to read out Adam Marshall's text to me after you sent out a defamatory tweet, which you will hear about in due course. Adam Marshall told me very clearly on the text that he had advised the journalists who followed up on your stupid tweet that he did not shake hands with me. You know what? Wait for your inquiry and wait for the letter from the defamation lawyer. On that note, there will be no more answers on that.

The Hon. MARK LATHAM: We will certainly wait for Adam Marshall to tell me at the inquiry the things that he has also told me in private.

Mr BRAD HAZZARD: Mate, I've got it here and—

The Hon. MARK LATHAM: I've got it. You want the full cast of information from Adam Marshall?

Mr BRAD HAZZARD: Seriously, I'll tell you what there should be an inquiry into—there should be an inquiry into you.

The Hon. MARK LATHAM: You want the full cast from Adam Marshall?

Mr BRAD HAZZARD: Do you know what the definition of a "man" is? Someone who doesn't pick on the vulnerable and carry on with obsessions. Go back to—anyway.

The CHAIR: Order!

The Hon. MARK LATHAM: This is about your behaviour and avoiding the rules that you set.

Mr BRAD HAZZARD: Seriously, you are absolutely the most inappropriate human being to be in New South Wales Parliament.

The CHAIR: Order!

The Hon. MARK LATHAM: You can bluster as much as you like, it doesn't avoid what happened. We've heard all this before.

Mr BRAD HAZZARD: You couldn't get yourself a position in the Federal Parliament so you got yourself down on this—

The CHAIR: Order! Minister!

Mr BRAD HAZZARD: Three different political parties—a man of principle! Good lord.

The CHAIR: Minister, a bit of self control, please.

Mr BRAD HAZZARD: Sorry.

The Hon. MARK LATHAM: It just exposes your guilt for rorting your own rules. Dr Chant, to take you to the sequence, early on the morning of 24 June—

Mr BRAD HAZZARD: Wait for your inquiry. Go away.

The Hon. MARK LATHAM: —we've got the contact tracers reporting that Marshall has had direct contact with the health Minister at the charity event. By the end of the day they are saying, "Kerry"—I assume that's you—"wants all Parliament-related lists done and finalised a.m. or as close as possible." That's at 11.10 p.m. on the twenty-fourth. So something happened on the twenty-fourth whereby Musto was allocated to do this individual assessment with Minister Hazzard.

Mr BRAD HAZZARD: "Dr Musto" to you.

The CHAIR: Order!

Mr BRAD HAZZARD: Dr Musto.

The Hon. MARK LATHAM: Did you appoint Jennie Musto or ask her to do the assessment?

Mr BRAD HAZZARD: Dr Musto.

KERRY CHANT: All I can talk about is the usual process whereby I would delegate when matters have happened in relation to a variety of needs to do assessments. That would be allocated to staff either within

the Ministry or within our public health unit network, and that is appropriate; so if there were issues where the staff would have just been following normal processes for contact tracing.

The Hon. MARK LATHAM: Well, the normal process seemed to be Jenni Heads doing the assessment of Speakman, Coure, Catley, Barr, and the list goes on of MPs. Who appointed Jennie Musto to do the assessment of the Minister?

KERRY CHANT: I can't recall the exact processes of it—

The Hon. MARK LATHAM: No?

KERRY CHANT: —or don't have that information, but there is a variety of teams. I don't even know who was on duty at the time, but there were a number of key staff and it is appropriate that a variety of different staff would have been involved in various aspects of it. Michael Douglas was overseeing the whole process in relation to the contact tracing and, as I said, I have no information that's been presented to me that otherwise a very straightforward process and an appropriate process was followed. Mr Latham, I can assure you of the integrity of the two staff members involved.

The Hon. MARK LATHAM: How many other individual assessments of MPs did Jennie Musto undertake?

KERRY CHANT: I don't have that information.

The Hon. MARK LATHAM: Ms Pearce, do you know who appointed or asked Jennie Musto to do the individual assessment that came up in this belated document?

SUSAN PEARCE: No.

The Hon. MARK LATHAM: No?

SUSAN PEARCE: No, I don't.

The Hon. MARK LATHAM: Nobody recalls. Minister, you must have some idea of—

Mr BRAD HAZZARD: What I have an idea about is that you're obsessed and you're quite mad.

The CHAIR: Order!

Mr BRAD HAZZARD: I have a text here that says, "I do not recall Minister Hazzard and I shaking hands", and that is from Adam. Can I point out to you that you are really quite silly. On 2 March I was the Minister who actually first told people not to shake hands. Have a look in the media. I wasn't shaking hands with anybody. I tell you what: I won't be shaking hands with you at any stage.

The CHAIR: Order!

The Hon. MARK LATHAM: Well, nobody is asking you to, but you can answer some questions.

Mr BRAD HAZZARD: Well, I won't be.

The Hon. MARK LATHAM: Why did you isolate for 24 hours if you had nothing—

Mr BRAD HAZZARD: Because everybody, you twit—everybody was told—

The CHAIR: Order! Minister, we don't refer to—

Mr BRAD HAZZARD: Well, he is a twit.

The CHAIR: Minister, you know better than that.

Mr BRAD HAZZARD: Everybody was told to isolate in the first 24 hours whoever had any likely possible vague—I don't know why but we were given those directions and that was a health issue. It was run by the doctors and then eventually, as they got the time to go through, it was a very large group of people in the Parliament that had been put on close contact initially. As they went through them, they then became casual contacts and, apparently, that's what happened with me. But you know what? You are just obsessed. You are crazy. You shouldn't be in this Parliament.

The Hon. MARK LATHAM: Well, Adam Marshall has said you've rorted your own rules.

Mr BRAD HAZZARD: Oh, rubbish.

The Hon. MARK LATHAM: And that's been confirmed by witnesses.

Mr BRAD HAZZARD: Rubbish.

The Hon. MARK LATHAM: David Heffernan was there. Richard Walsh was there. A number of your now Cabinet colleagues were at the function. All saw what happened and say, "This guy, Brad Hazzard, rorted his own rules."

Mr BRAD HAZZARD: You are a twit. Do you know what?

The Hon. MARK LATHAM: Why can't you just own up to that honestly?

Mr BRAD HAZZARD: Somebody should have an inquiry into you because there's lots of things going on that need to be inquired into you.

The CHAIR: Minister, we don't use the word "twit".

The Hon. MARK LATHAM: Go for your life, but this is a question to you: Why haven't you been honest in giving an account of what happened?

Mr BRAD HAZZARD: You are a liar.

The Hon. MARK LATHAM: You walked in at the northern end of the function—

Mr BRAD HAZZARD: You are a liar.

The CHAIR: Order!

Mr BRAD HAZZARD: You are a liar and an obsessive.

The Hon. MARK LATHAM: You shook hands with Marshall, greeted him and you had a conversation with him and David Heffernan and Richard Walsh.

The CHAIR: Order!

Mr BRAD HAZZARD: Nobody in this world, except your crazy anti-vaxxer friends, thinks that you should even be here.

The CHAIR: Order!

Mr BRAD HAZZARD: Now I've got news for you: The quicker you go, the quicker—

The CHAIR: Minister!

Mr BRAD HAZZARD: Yes?

The CHAIR: We're returning to—

The Hon. MARK LATHAM: Well you're the one who's going. You're running from the building because you know you're a rorter.

The Hon. SHAYNE MALLARD: Point of order—

The Hon. MARK LATHAM: You know what happened that night.

Mr BRAD HAZZARD: You're a complete flip.

The CHAIR: Order! I think we're getting—

The Hon. MARK LATHAM: You're the one going. I'm not going anywhere.

The CHAIR: Order! Hang on, hang on—

Mr BRAD HAZZARD: God help the New South Wales community if he's staying.

The Hon. MARK LATHAM: How do you explain Dr Douglas reporting—

The Hon. SHAYNE MALLARD: Point of order—

The CHAIR: A point of order has been taken.

The Hon. MARK LATHAM: —that Marshall was very close to—

The Hon. SHAYNE MALLARD: My point of order is just disrespecting the Chair. All I'm saying is: Can we take some heat out of this exchange?

The CHAIR: I would dearly like to do so.

The Hon. SHAYNE MALLARD: It is totally inappropriate for an estimates inquiry. We have got an inquiry in the upper House into this whole issue you want to explore. I'm not sure that it's productive to be

rehearsing the questions here. You're not getting the answers you want; nonetheless can we take the heat out of it, Chair? That's all I'm asking.

The CHAIR: I dearly would like to do that, but the reference to people as twits and other names like that is not helpful.

The Hon. SHAYNE MALLARD: In both directions.

Mr BRAD HAZZARD: Well, rule his questions out of order because it's not within the purview of the estimates.

The CHAIR: Minister, you don't chair this meeting.

Mr BRAD HAZZARD: Okay. So you're actually endorsing it. Actually, you have a good arrangement, don't you.

The CHAIR: What I'm saying is you don't chair this Committee.

The Hon. MARK LATHAM: A lot of money was spent locking people in their homes and saying, "Get vaccinated, otherwise you'll lose your job." Close contact rules were enforced—

Mr BRAD HAZZARD: Rank and rancorous—

The Hon. MARK LATHAM: —and the police and helicopters over western Sydney—

Mr BRAD HAZZARD: Rank and rancorous was your Labor assessment of you.

The CHAIR: Shoosh.

Mr BRAD HAZZARD: Rank and rancorous.

The Hon. MARK LATHAM: They're all expenditures for rules that you wouldn't follow yourself.

The CHAIR: Order!

Mr BRAD HAZZARD: I'd add a lot more than that, and you have heard them. You are rank and rancorous. I couldn't be bothered talking to you. Mr Chairman, unless we are going to go on to something that is substantive, this Committee should be terminated at this point.

The Hon. MARK LATHAM: How does the Minister explain the record of Michael Douglas—

Mr BRAD HAZZARD: Go away.

The Hon. MARK LATHAM: —saying that Minister Marshall reports very close to Minister Hazzard and had a conversation before he spoke? How do you explain how you ever became a casual contact?

The Hon. SHAYNE MALLARD: Obsession.

The Hon. MARK LATHAM: How do you explain the Ops Treloo Cards that Marshall didn't have contact with the Premier or Treasurer but seems to have had direct contact with the health Minister at the charity event? Surely, Minister, you knew you were a close contact. If you had the decency of following your own rules, you would have isolated for the fortnight period instead of having so many of your colleagues complain to me that you rorted your own rules.

The CHAIR: Order!

Mr BRAD HAZZARD: If you had any understanding whatsoever—

The Hon. MARK LATHAM: I am into this because of your people.

Mr BRAD HAZZARD: —of the way the health system works, there is no way in the wide world that I would have given any directions on anything. There were assessments made by the doctors, and that's the appropriate course. You can carry on from here to eternity, but that is the truth. So just drop off.

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

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

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

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

Ms CATE FAEHRMANN: Getting back to the questions that I asked at the beginning of this hearing about the requests by NSW Health for—

Mr BRAD HAZZARD: Sorry, Cate. I'm lost.

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

SUSAN PEARCE: Net cost of service.

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

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

Ms CATE FAEHRMANN: It says here—and I understand it's a part of something that did go to the Minister for funding by NSW Health.

Mr BRAD HAZZARD: Sorry, Cate. What do you think this document is?

Ms CATE FAEHRMANN: That it is part of a document that went to you and Cabinet for funding from NSW Health.

Mr BRAD HAZZARD: From who?

Ms CATE FAEHRMANN: I'm not telling you who.

Mr BRAD HAZZARD: What part of NSW Health?

Ms CATE FAEHRMANN: The question is—

Mr BRAD HAZZARD: I don't recognise this document. I am just trying to work out what it is.

Ms CATE FAEHRMANN: I am asking Ms Pearce because I think she probably has more of an idea of whether there was \$2.6 billion requested over 10 years last year, for example, as it says. It talks about the health capital program. This is to support capital expenditure, if you like. I notice in Health's annual report that—actually, I will question Ms Pearce. Do you know whether within NSW Health there was any work undertaken with NSW Treasury or do you work with NSW Treasury to be able to determine what operating costs are associated with the capital expenditure budget?

SUSAN PEARCE: There are multiple processes associated with capital expenditure. Obviously, the size of the facility and the layout of the facility. There are a lot of things that contribute to those calculations. There are financial impact statements that are conducted prior to hospitals being built, which go some way to that. But, of course, once a hospital is built and it's operational, we need to assess those things. Of course we provide advice in regard to our budget through Cabinet processes in the lead-up to budget announcements. You would expect us to advocate strongly for our health system in doing that. That's what we do.

I think as I noted at the previous inquiry, we did have a 10 per cent increase in our budget this year, which was in no small part due to the advocacy of the health officials around the table for the health system and also with the Government's endorsement of the requirements of the health system, particularly on the back of the pandemic where all health systems across the country are dealing with increased cost of running health services. It's quite significance. Inflation is contributing to that, of course. We are, like everywhere else across the country, thinking about how we use our health dollar the best. In respect of this particular document that you've provided and the line items, as I said, there are Cabinet processes that go to our budget, but I can't confirm the figures that are in here today.

Ms CATE FAEHRMANN: Is NSW Health able to meet its operational demands? If you look at what projects are coming up, say, within the next funding envelope, is NSW Health able to meet the operational demands as a result of capital expenditure that's happening? Are you able to meet your operational demands within the current funding envelope?

SUSAN PEARCE: I can really only speak for this financial year because, obviously, on a yearly basis we go back and work with government in regard to the health budget increase. For this year, we did have a sizable increase in our budget, which did reflect the significant impact of the pandemic on the cost of running health services, in addition to—I think we've had something of the order of \$1 billion to address, for example, the backlog

in surgery. Mr D'Amato will have the exact number, but we have received billions of dollars in additional funding during the course of the pandemic to address those issues.

Ms CATE FAEHRMANN: Yes.

SUSAN PEARCE: In respect of this financial year, we have received a 10 per cent increase, and we believe that that is adequate—

Ms CATE FAEHRMANN: Is that a 10 per cent increase for the operational costs within NSW Health as a result of capital expenditure and dealing with surgery wait times and all of that?

SUSAN PEARCE: It goes—

Ms CATE FAEHRMANN: Is it fair to say that COVID has potentially impacted on the operational costs budget? As I said, I think the 2019-20 funding request was approved, and then the two after that have been rejected—the \$510 million and the \$2.3 billion have both been rejected. Is it fair to say that COVID has impacted on that and the operational costs within NSW Health aren't being funded like they should be?

Mr BRAD HAZZARD: We don't even know what you are saying here, Cate.

Ms CATE FAEHRMANN: I think Ms Pearce does know, with respect.

Mr BRAD HAZZARD: No, she doesn't. It was a disaster.

Ms CATE FAEHRMANN: She has been answering pretty competently.

Mr BRAD HAZZARD: But you've just propositions that there has been money rejected, and what she is saying is the budget is being managed; there has been an extra \$1 billion. The budget is extremely complex. For example, all State and Territory governments are trying to get an increase in the contribution on the activity-based issues from the Federal Government, but at the moment the Federal Government is refusing to do that. Now, we're all hoping that there will be an increase. We're also looking at issues like—they work out how much they give us each year based on figures that are now three years out of date, and there has been a big increase in costs. So all of those issues have to be taken into account. Just picking on one thing and saying, "This is a document from Health"—well, I don't recognise it. I don't know where it has come from, and nor does the secretary. To try to put propositions of a document that can't be identified is outside the scope of normal practice.

Ms CATE FAEHRMANN: Minister, thank you. I'll put questions on notice in relation to that because I've only got a couple of minutes left now. I want to turn to another issue. The Australian Bureau of Statistics' latest death data, published on Wednesday last week, shows that in 2021—it's basically about alcohol-induced deaths, which are at the highest rate that they have been in 10 years. That is extremely concerning. I want to ask about this, but, from a policy perspective, Minister, the level of advertising of the alcohol industry during COVID was actually sickening. I remember doing all the walks in lockdown. Walking around, it seemed like every single poster and billboard was advertising alcohol.

Is there anything that your Government is doing, firstly, to reduce alcohol advertising further in New South Wales? Is there anything that you have taken—is it a concern to you? Because that is a big factor, I think, in what is happening here. The amount of alcohol, it is just—there was a blitz during COVID and people are clearly suffering, and there is that 10-year high. So, firstly, to you and then Dr Chant, what is NSW Health doing about this?

Mr BRAD HAZZARD: Obviously, governments around the country are very aware of this. Again, it's been for discussions, and we're all looking at what measures actually work in regard to the reduction of alcohol consumption, particularly amongst young people. But I'm going to pass that to Dr Chant.

KERRY CHANT: Thank you, Ms Faehrmann. I read that report with interest and we are, obviously, looking at those reports. I think what's important to clarify in that report is that those deaths were related to predominantly chronic alcoholism.

Ms CATE FAEHRMANN: Yes, they were.

KERRY CHANT: It does reflect the burden of disease that alcohol attributes to our society. From a population health programs area and drug and alcohol in my portfolio area, we continue to provide education and support for people to decrease alcohol intake at a population level and also we are working with those who have alcohol as a perceived problem, often in conjunction with other drug and alcohol issues. So I do accept that alcohol is a major public health issue and does require a coordinated response. But we are working as part of important risk factors that require to be addressed.

The CHAIR: That brings us to the conclusion. We've made it by six minutes, Minister, which is good, to enable you to get away to your commitment at 4.30 p.m. Thanks very much, everyone, for coming along today. I believe there have been some questions taken on notice. I expect there will be some supplementary questions. The Committee secretariat will liaise in the usual way with regard to those.

(The witnesses withdrew.)

The Committee proceeded to deliberate.