

PORTFOLIO COMMITTEE NO. 2 - HEALTH

Thursday 21 August 2025

Examination of proposed expenditure for the portfolio areas

HEALTH, REGIONAL HEALTH, THE ILLAWARRA AND THE SOUTH COAST

CORRECTED

The Committee met at 9:15.

MEMBERS

Dr Amanda Cohn (Chair)
Ms Abigail Boyd
The Hon. Susan Carter (Deputy Chair)
The Hon. Greg Donnelly
Ms Cate Faehrmann
The Hon. Wes Fang
The Hon. Stephen Lawrence
The Hon. Tania Mihailuk
The Hon. Peter Primrose
The Hon. Rod Roberts
The Hon. John Ruddick

MEMBERS VIA VIDEOCONFERENCE

The Hon. Emma Hurst

PRESENT

The Hon. Ryan Park, *Minister for Health, Minister for Regional Health, and Minister for the Illawarra and the South Coast*

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

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

**Budget Estimates secretariat
Room 812
Parliament House
Macquarie Street
SYDNEY NSW 2000**

CORRECTED

The CHAIR: Good morning, everyone. Welcome, Minister and witnesses, to the first hearing of Portfolio Committee No. 2 - Health for the inquiry into budget estimates 2025-26. I acknowledge the Gadigal people of the Eora nation, the traditional custodians of the lands on which we are meeting today. I pay my respects 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 Islander people joining us today. My name is Dr Amanda Cohn and I am the Chair of the Committee. I welcome Minister Park and accompanying officials to this hearing.

Today the Committee will examine the proposed expenditure for the portfolios of Health, Regional Health, and the Illawarra and the South Coast. I ask everyone in the room to please turn their mobile phones to silent. Parliamentary privilege applies to witnesses in relation to the evidence they give today. However, it does not apply to what witnesses say outside the hearing. I urge witnesses to be careful about making comments to the media or to others after completing their evidence. In addition, the Legislative Council has adopted rules to provide procedural fairness for inquiry participants. I encourage Committee members and witnesses to be mindful of those procedures.

All witnesses will be sworn prior to giving evidence. I note that there are witnesses in the overflow seating area today. I remind you that when you come forward, please bring your nameplate with you and place it on the table to assist Hansard in ensuring that the correct witness is identified in the hearing transcript. Minister, I remind you that you don't need to be sworn, as you have already sworn an oath to your office as a member of Parliament.

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Ms SUSAN PEARCE, AM, Secretary, NSW Health, sworn and examined

Ms ELIZABETH WOOD, Deputy Secretary, Health System Strategy and Patient Experience, NSW Health, sworn and examined

Mr MATTHEW DALY, Deputy Secretary, System Sustainability and Performance, NSW Health, sworn and examined

Mr ALFA D'AMATO, Deputy Secretary, Financial and Corporate Service, and Chief Financial Officer, NSW Health, sworn and examined

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

Mr LUKE SLOANE, Deputy Secretary, Rural and Regional Health, NSW Health, affirmed and examined

Mr RICHARD GRIFFITHS, Acting Deputy Secretary, People, Culture and Governance, NSW Health, sworn and examined

Mr TROY HARVEY, Acting Deputy Secretary, Infrastructure and Asset Management Division, and Acting Chief Executive, Health Infrastructure, NSW Health, affirmed and examined

Ms MELISSA COLLINS, Executive Director, Workplace Relations Branch, NSW Health, affirmed and examined

Mr VINCE McTAGGART, Executive Director, Strategic Capital Planning and Asset Management, NSW Health, affirmed and examined

Dr DOMINIC MORGAN, ASM, Chief Executive, NSW Ambulance, before the Committee via videoconference, affirmed and examined

Ms KATE MEAGHER, Deputy Secretary, Delivery and Engagement Group, Premier's Department, affirmed and examined

The CHAIR: Today's hearing will be conducted from 9.15 a.m. to 5.30 p.m. We're joined by the Minister for the morning session until 1.00 p.m., with a 15-minute break at 11.00 a.m. In the afternoon we'll hear from departmental witnesses from 2.00 p.m. to 5.30 p.m., with a 15-minute break at 3.30 p.m. During these sessions there will be questions from the Opposition and crossbench members only, and then 15 minutes allocated for Government questions at 10.45 p.m., 12.45 p.m. and 5.15 p.m. We will now begin with questions from the Opposition.

The Hon. SUSAN CARTER: Good morning, Minister. Thank you, everybody, for being here.

Mr RYAN PARK: Good morning, Ms Carter.

The Hon. SUSAN CARTER: I'd like to acknowledge the excellent work done by our frontline workers in delivering health outcomes to the people of New South Wales. Minister, if I could start with you, you'd recall that in September 2024 patients were photographed sleeping on the floor of Blacktown Hospital. At the time, the Premier was reported as saying that fixing this was a "top priority". Given that the Premier identified fixing it as a priority almost 12 months ago, can you outline what steps were taken last year to prevent this from happening again?

Mr RYAN PARK: I can—I really can. That's a really important question, and I'm glad you referenced the work that our healthcare professionals do from the beginning, because they are amazing. I'll talk specifically about Blacktown and the challenges and the improvements that we made, in relation to your question. When we came into office back in March 2023, one in six patients were being treated on time—roughly about 16.5 per cent, Ms Carter. Under us, the most recent data says one in two are being treated on time, roughly, or around 44 per cent, so almost one in two. We've also seen ramping has dramatically improved, and we are seeing the rollout of ratios at that hospital that will see additional staff into that facility. As you're aware, we're increasing, over time, the number of beds at both Blacktown and Mount Druitt because of our investment of \$120 million. From the very beginning, we need to do a lot—

The Hon. SUSAN CARTER: Minister, can I just stop you there? That rollout, over time—a year ago we had patients sleeping on the floor of Blacktown Hospital. Are we still seeing patients sleeping on the floor of Blacktown Hospital today?

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Mr RYAN PARK: Ms Carter, tragically—I'm not sure if the shadow Minister perhaps provided you with this documentation—people sleeping on the floor and waiting at Blacktown Hospital has been an issue that has drawn attention at times across—

The Hon. SUSAN CARTER: And what is your Government doing about that issue? A year ago the Premier said that fixing it is a priority.

Mr RYAN PARK: Chair.

The Hon. STEPHEN LAWRENCE: Point of order—

The Hon. SUSAN CARTER: What are you doing to fix it?

Mr RYAN PARK: Chair, I'm clearly answering the question.

The CHAIR: I've had a point of order. I need to hear the point of order.

The Hon. STEPHEN LAWRENCE: Chair, it's just the interruption, not being courteous, and therefore not being compliant with the standing order.

The CHAIR: I think I've made a similar ruling in every hearing we've had. The Minister's answer should be directly relevant, but you should also give the Minister a chance to start answering the question before interrupting him.

Mr RYAN PARK: We're talking about people waiting in Blacktown at a hospital that is under immense pressure. The workforce out there is doing remarkable work. Back on 1 July 2022 a Sydney woman spent two nights in the Blacktown Hospital emergency waiting room; on 4 September 2017 an acute patient spent 24 hours in the Blacktown Hospital emergency waiting room; and back in 2016 GPs were told to stop referring patients, as Blacktown Hospital was too busy. Ms Carter, what I'm saying to you here is I understand that Blacktown Hospital is under incredible pressure because of the growth of that community. But I want the Committee to reflect on the improvement of the performance that staff out there have achieved.

What we have seen is we've gone from essentially doubling the number of patients—almost tripling, actually—that we see on time compared to when it was under your Government. I know there's more work to do; I acknowledge there's more work to do. I completely acknowledge the staff are under pressure at that hospital. But I think you or any reasonable person would say that that is a pretty significant improvement in a short period of time.

The Hon. SUSAN CARTER: Minister, if you have acknowledged and your Premier has acknowledged that fixing the lack of beds for sick people to be able to lie down in at Blacktown hospital is a priority, why in this year's budget have you delayed the delivery of 30 beds at Blacktown by a year, to 2029? How is delaying the rollout of 30 beds prioritising that issue?

Mr RYAN PARK: A couple of things: It's actually 60 beds because the two hospitals, at Druiitt and Blacktown, work in partnership. So that \$120 million investment is going to be critical. You can tell me if I'm wrong with this, Ms Carter, but I don't think that that was an election commitment that you also supported. So I don't think that has bipartisan support. I know ratios—

The Hon. SUSAN CARTER: Minister, why are we playing politics about people sleeping on the floor of Blacktown hospital? Where are the beds you promised?

Mr RYAN PARK: I know ratios didn't have support—

The Hon. STEPHEN LAWRENCE: Point of order: It's just the elevated volume of the voice. I think at some point it does become discourteous.

The Hon. SUSAN CARTER: To the point of order: At some point, but not at this point.

Mr RYAN PARK: Ms Carter—

The CHAIR: I didn't rule on the point of order. I think we do have rules around procedural fairness that include treating the witnesses with respect. I think that actually did cross a line.

Mr RYAN PARK: Ms Carter, delivery of those beds will be in 2027, not 2029 as claimed, I think, by the shadow Minister. That's the financial completion date. That is how all budgets work. There is often payments made post the delivery.

The Hon. SUSAN CARTER: To clarify, you are committing that there will be 30 beds at Mount Druiitt and 30 beds at Blacktown by the end of the financial year in 2027?

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Mr RYAN PARK: We are working towards that, Ms Carter.

The Hon. SUSAN CARTER: You're working towards that? Or you are committing to that? They're very different, aren't they.

Mr RYAN PARK: I'm committing to doing it as quickly as I possibly can. At the moment, it's forecast for 2027, so it will be in that 2027-28 financial budget.

The Hon. SUSAN CARTER: To be clear, it's a forecast, not a commitment, and you cannot commit to the actual delivery time of those beds. Is that what I'm hearing, Minister?

Mr RYAN PARK: I commit to the delivery time as stated already, which is what I have said, which is the 2027-28 financial year. There is a completion date of 2029. That is an accounting way in which governments of all political persuasions, certainly since I've been around this place, have outlined their budgets: around completion dates, both in terms of the completion of works but then there is a financial completion that is always post that. Ms Carter, I'm just—

The Hon. SUSAN CARTER: Thank you for the tutorial on budgets, and thank you for the evidence of the research you've done on how budgets work. I guess I'm more interested in what we should be saying to a 70-year-old grandfather, Raymond Ryan, forced to sleep on the floor of the hospital ED after waiting more than 24 hours for a bed. That was July this year. That was last month. What do we say to Raymond Ryan about when he gets a bed when he turns up in pain at Blacktown ED?

Mr RYAN PARK: My advice about one of the patients at Blacktown hospital is twofold. Firstly, he was treated and discharged. Secondly, his photo was taken and used without permission. This Committee and all of us as legislators and members of this place have to be very, very careful when we utilise images of other people, particularly people who are undergoing and experiencing medical interventions. My advice is that that person was treated and discharged. My second piece of advice I have received is that that photo was taken without permission, and my third piece of commentary to this Committee is that what won't fix Blacktown is a wages cap. What won't fix Blacktown is the fact that we had to recruit and save the employment of 1,100 workers, 160, I think, of which were going out to Western Sydney, because you were sacking them in 2024.

The Hon. SUSAN CARTER: Minister, I'm so pleased you raised that issue, which, you told us, was addressed in your first budget—the same budget in which you committed to the funds for the additional beds at Blacktown and Mount Druitt hospitals. Yet here we are at the third budget, and you're still talking about that, and we still have Mr Ryan—I agree he was treated—waiting 24 hours on the floor. And, Minister, Patrick emailed your office on Monday this week. He was forced to wait for 38 hours and 17 minutes in the Blacktown emergency department. He wasn't fed. He saw patients sleeping on the floor of the emergency department. He is now too scared to turn up at Blacktown hospital, because he fears that he will die there. What do you have to say to Patrick about the health system in the west?

Mr RYAN PARK: Ms Carter, do you know how many people use our health system a year, in emergency departments? Have you got any scope of what that is?

The Hon. SUSAN CARTER: Thank you for asking me questions. Minister, the question is to you. What are you doing to make sure that no patients will have to sleep on the floor at Blacktown?

Mr RYAN PARK: I'll outline—

The Hon. SUSAN CARTER: This is a real issue for real people. We can hide in statistics or we can talk about the experiences that are being brought to us, about what is happening in Blacktown hospital, in the Western Sydney Local Health District.

Mr RYAN PARK: Ms Carter, if you give me an opportunity, I will outline what we're doing, and I will be very clear about what we both are doing and not doing. Firstly, whenever someone doesn't experience a positive outcome or a positive interaction with NSW Health, that is always something that is troubling for the secretary and I—point one. Point two: We are investing in Blacktown, both in terms of additional staff and in terms of additional beds going forward. Point three: What we will not be doing is doing something that your Government presided over, which was a wages cap and not investing in our frontline staff. That's not what we will be doing. It was your Government that paid 0 per cent during the middle of COVID to frontline healthcare workers. Over the last—

The Hon. SUSAN CARTER: Minister, why do we have this history lesson?

Mr RYAN PARK: Over the last three years—

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The Hon. SUSAN CARTER: Minister, if I could ask you to answer my questions rather than just give us history lessons.

Mr RYAN PARK: Over the last three years, we have invested more in the health workforce than any other government has.

The Hon. SUSAN CARTER: You told us this was an issue you fixed in your first budget. Why in your third budget are you still using this as an excuse? And why are you hiding behind statistics rather than dealing with Raymond, dealing with Patrick, dealing with these real people and their experiences in the Blacktown ED? And why, Minister, are you refusing to support an inquiry into the Western Sydney Local Health District so that these people can tell their stories to a parliamentary inquiry and together we can seek for real solutions to help the delivery of health care in this area?

Mr RYAN PARK: Chair, I'm glad the member asked me about the inquiry. That is important and a good opportunity, I suppose, for me. Ms Carter, I brought some reading material along today. I'm sure it is something that the Committee would have read. This is the Special Commission of Inquiry into Healthcare Funding, the only agency in this Government—and for many, many years, I think, the only agency—who has initiated a royal-commission-like investigation into its own agency, with the sole aim, not as a result of an incident or a crisis, to look at what we are doing and see how we can improve it. No-one has done that. Commissioner Beasley handed down his findings, incredibly important findings, and we will use those findings. But, Ms Carter, I will tell you what the problem with an inquiry would be. We would probably have to call Committee members for evidence. We would have to call Mr Tudehope to explain why he thought that having a wages cap would fix the staffing at Blacktown hospital—

The Hon. SUSAN CARTER: Minister, you may think that it's a problem.

Mr RYAN PARK: We would have to call Mr Rath and explain to him and question him why he thought the privatisation of health and hospital facilities would improve the service at Blacktown. Ms Carter, we would have to have a number of inquiries around why your budget was vastly different to what ours is and why your budget in relation to the delivery of healthcare professionals was far lower and why your Government did not commit to ratios and why your Government did not commit to \$120 million for Mount Druitt and Blacktown, with the expansion of 60 beds. This would have to be a very detailed inquiry, Ms Carter. But what we have done is had a look at our entire agency through the powers of a royal commission, a multi-volume report, led by one of the most pre-eminent justices in this country. The Hon. Richard Beasley has gone through with the secretary, with complete cooperation from NSW Health, and has found that we have a very good health system that does not waste money but there are areas for improvement, and one of those is staffing, and that's why we have committed to ratios. One of those is funding, and that is why we have increased funding and are advocating to the Commonwealth for an increase in funding.

The Hon. SUSAN CARTER: Thank, you, Minister.

Mr RYAN PARK: Ms Carter, we are happy to talk about inquiries, but we will do so in the complete fullness of the situation. Given those circumstances, I would have to be calling the former finance Minister and be calling that very senior member of the Coalition, the Hon. Chris Rath—

The Hon. WES FANG: Minister, you've been asked a question. You are not answering the question.

Mr RYAN PARK: —about their views on privatisation and wage caps.

The Hon. STEPHEN LAWRENCE: Point of order—

The Hon. WES FANG: Your side of government supported an inquiry into rural health in the last term of Parliament.

The CHAIR: There's been another point of order.

The Hon. WES FANG: Why won't you support an inquiry—

The CHAIR: Mr Fang, order!

The Hon. WES FANG: —into Bankstown Hospital now?

The CHAIR: Order! There's been a point of order.

The Hon. STEPHEN LAWRENCE: Screaming, pointing, ranting, raving—he didn't even ask the original question, I note. It's all discourteous.

The CHAIR: I call the Hon. Wes Fang to order for the first time, in particular for continuing the tone, but for talking over me as I was trying to hear the point of order.

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The Hon. SUSAN CARTER: Minister, you supported an inquiry into regional and rural health. Why won't you support an inquiry into Western Sydney?

Mr RYAN PARK: A couple of things. I've had, as the Minister over the last two years, I think—I will stand corrected—around five inquiries—multiple on the Select Committee on Remote, Rural and Regional Health. We've supported an inquiry into birth trauma; many people in this Committee would know what an important issue that is. I've had a royal commission into my own agency that I committed to and I initiated—

The Hon. SUSAN CARTER: Minister, with respect—

Mr RYAN PARK: —and that Susan Pearce as the secretary, with healthcare staff, supported and engaged with over a period of more than 12 months. I don't know any other Minister over the last 20 years who has initiated a royal commission, not had one imposed on them because of a situation. But if we were going to have an inquiry into Blacktown Hospital—

The Hon. SUSAN CARTER: Minister, may I ask you a question? This isn't for you to provide speeches to us. Thank you for doing that inquiry, but it doesn't answer the question of why Raymond and Patrick are today still sleeping on the floor of Blacktown Hospital. Where are the answers for the people of Western Sydney? If that report has given you the answers to Western Sydney, why aren't they being actioned? The purpose of this inquiry is that we work together to deliver good outcomes for Western Sydney. Will you support it?

Mr RYAN PARK: Ms Carter, the answers are this: One, we are rolling out ratios at that hospital, resulting in a significantly increased number of staff; two, we are expanding beds at both Mount Druitt and Blacktown to the tune of \$120 million investment—60 increases in beds between both hospitals; three, we will continue to focus on the patient experience at that and other Western Sydney hospitals. As a result of that investment, we have more to do and a lot more improvement to go. We have seen significant improvements in the performance at Blacktown Hospital, but there is more work to do. The answer is also what we will not do. We will not have a wages cap.

The Hon. SUSAN CARTER: Minister, can we talk about the beds?

Mr RYAN PARK: We will not bring back a wages cap.

The Hon. SUSAN CARTER: Minister, instead of history, can we talk about the beds?

Mr RYAN PARK: We will not bring back a wages cap.

The Hon. SUSAN CARTER: Minister, you said that you're committed to rolling out the beds. One hundred and twenty million dollars was committed in your first budget. We're now up to your third budget, and the only thing the people of Blacktown are seeing are these fancy pictures of what the beds might look like. Is this real money for beds for Patrick and Raymond, or is this just fantasy money?

Mr RYAN PARK: It's interesting you talk about that, because one of the facilities that will work in partnership with Blacktown—and I know you know this, because you're familiar with the north-western Sydney area—is Rouse Hill, and Bankstown.

The Hon. SUSAN CARTER: Minister, can you give us a timeline on when Rouse Hill will be open?

The Hon. STEPHEN LAWRENCE: Point of order—

Mr RYAN PARK: Just let me—

The CHAIR: I've had another point of order, thanks, Minister.

The Hon. STEPHEN LAWRENCE: The Minister had clearly not finished his answer, and I don't think a reasonable amount of time had lapsed such that an interruption or redirection was appropriate.

The Hon. SUSAN CARTER: To the point of order: I was asking for elucidation from the Minister about something we're really interested in. When will Rouse Hill open, Minister?

Mr RYAN PARK: Mrs Carter, I don't want to say this is an own goal for you, but you announced Rouse Hill at three elections.

The Hon. SUSAN CARTER: Minister, it's your budget. It's your health—

Mr RYAN PARK: You announced Rouse Hill at three elections.

The Hon. SUSAN CARTER: When will—

Mr RYAN PARK: You announced Rouse Hill without an emergency department.

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The Hon. WES FANG: Point of order: The Minister is being discourteous now to the Deputy Chair, suggesting that it's an own goal when the member is trying to get an answer out of the Minister by asking serious questions. The Minister is now showing discourtesy to the Hon. Susan Carter. I'd ask the Minister to reflect on his answers to this member.

The Hon. STEPHEN LAWRENCE: To the point of order: I think this goes back to the original point of order I took, which was there had been an interruption, and then Ms Carter continued with that. That's the origin of it.

The Hon. SUSAN CARTER: To the point of order: This is meant to be a dialogue, not an opportunity for trotting out speeches that have been practised ahead of time.

The Hon. STEPHEN LAWRENCE: That's a bit ironic.

The Hon. SUSAN CARTER: It would be nice, Chair, to get an answer to two questions.

The CHAIR: I will repeat my first ruling from this morning. The Minister does need to answer the question that's been asked. I do provide a fair bit of latitude to members—

The Hon. WES FANG: Well, unless it's me.

The CHAIR: —to interrupt or ask follow-up questions or redirect the witness, but they need to actually have the chance to get a sentence out before you do that.

The Hon. SUSAN CARTER: Conscious of the time, Minister, may I get a yes or no to two questions, please? Do you support an inquiry into the health system in Western Sydney—yes or no?

Mr RYAN PARK: No, because we've had a royal commission.

The Hon. SUSAN CARTER: Thank you, Minister. Will Rouse Hill Hospital open before the end of this term of government—yes or no?

Mr RYAN PARK: I think Rouse Hill has got a completion date of around 2029. But can I just say this—

The Hon. SUSAN CARTER: And is that like the completion date of the beds in 2027—maybe?

Mr RYAN PARK: Chair, am I allowed to finish my question? Because I answered it, and it was completely relevant. The completion date is around 2029. What we won't be doing, Chair, is going to three elections, committing to it each time, doing nothing, and not having that hospital open without an emergency department in one of the busiest growth areas of New South Wales.

The CHAIR: Minister, I wanted to ask about the rollout of safe staffing levels for nursing staff. This was one of your key initiatives upon your appointment as health Minister, and you've had The Greens' enthusiastic support in implementing this.

Mr RYAN PARK: Correct.

The CHAIR: My understanding is now that you're at just over 20 sites implementing safe staffing levels, just in emergency departments. You're at the two-year mark now as health Minister.

Mr RYAN PARK: Yes.

The CHAIR: What are the barriers to progressing this rollout faster so that nurses across the State can actually benefit from this initiative?

Mr RYAN PARK: I acknowledge the support of The Greens to this initiative and acknowledge that support had been in place for a long time. This was an initiative and commitment that the Nurses and Midwives' Association have probably been calling for for well over a decade, probably before that. We've invested, Chair, around \$420 million, if I'm correct, over four years in terms of the investment into that. This investment was on top of the 1,102 nurses that we saved their employment from 1 July 2024. To date, we've had around 580, I think it is—580 or thereabouts full-time equivalents commenced in the safe staffing model, with a further 80 planned to commence shortly. Forty-four sites across New South Wales have commenced, and we are working with the Nurses and Midwives' Association. This is a partnership in terms of the rollout, so we are doing this together where we are literally, with our team from NSW Health and the Nurses and Midwives' Association, walking the various sites, getting an agreement around how many staff we will need, and then getting the acceleration to roll that out.

I would love to roll this out even faster. Patience is not a virtue of mine and not a characteristic I will be known for, but we are doing this in a way that the Nurses and Midwives' Association have got assurance that we

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are doing it properly and methodically. The NSW Health team, in partnership, are making sure it is done very thoroughly, right across the board. Some of the questions today that have been around places like Blacktown—we have provided an additional 24 FTE in Blacktown, 37 FTE at Bankstown and an additional 23 FTE at Westmead. We are doing this as quickly as we can. It will not be finished completely in this term of Parliament. There will obviously be more work to do in the next term of Parliament. Depending on who is elected at the next term, it may or may not change, because the Coalition doesn't support ratios.

The CHAIR: Notwithstanding the benefit that I'm sure the nurses are feeling in those 44 sites where this is being implemented, do you accept that for the nursing staff who are under the pump in every other hospital department other than emergency, and in the extraordinary number, particularly, of rural and regional hospitals that haven't been included, that they actually can't feel any tangible benefit of safe staffing?

Mr RYAN PARK: Yes, I acknowledge that nurses probably wanted this to happen overnight and across every ward. I acknowledge that, but I've also been clear that we couldn't have done that. This is the largest reform to the way in which our public hospitals are staffed, arguably, in a generation. It does take time. I don't think any other jurisdiction that's rolled out ratios has done it as fast as we have. For that, I want to acknowledge the work from NSW Health, the Ministry of Health, but also the Nurses and Midwives' Association, who are partnered with us. Where we can accelerate it, we will. Chair, this is by no means "job done"; this is a work in progress. I know this reform is important to you and your members in The Greens. It's very important to Labor members. We feel very strongly and deeply about this.

We think this is an opportunity to reform staffing and both retain and attract more nurses to the system, and, most importantly, deliver improved health services. But I also acknowledge that many nurses would like to see this rolled out across every ward as quickly as possible. I've got to do it in a way that is methodical. I've got to do it in a way that we can actually recruit to the number. Recruitment in nursing and midwifery is a challenge across the globe. It's a challenge in my jurisdiction and it's a challenge in other jurisdictions across this country. But I can give the Committee an assurance that Secretary Pearce and I, along with the team from the ministry, New South Wales local health districts and the Nurses and Midwives' Association, are doing this as fast as we possibly can.

The CHAIR: You mentioned the issues with recruiting. From the hundreds of nurses and midwives I've spoken to, a key challenge for New South Wales in recruiting is the pay gap between what nurses and midwives receive at NSW Health compared to other States. I wanted to ask you about the interim offer that's been made, and I understand that the association hasn't had a vote yet—

Mr RYAN PARK: No.

The CHAIR: —on whether or not to accept that offer. I understand you're offering an increase in night duty penalty from 15 to 20 per cent, but do you expect that to address the recruitment issues when, for example, in Western Australia nurses have a night duty penalty of 35 per cent, in Tasmania 27½ per cent, the Northern Territory 25 per cent, and the Australian Capital Territory 25 per cent?

Mr RYAN PARK: It's a really good question. There are a couple of things I want to acknowledge. I don't want to assume that the membership have supported our interim offer yet. That is, as you said, Chair, still up for members to decide. Nor do I want the Committee or the community to think that the Premier, the Treasurer or I are doing a lap of honour about this interim offer. We're not. This interim offer attempts to try and achieve a few things. Firstly, it attempts to try and get an increase in pay in nurse's wages as quickly as possible whilst we still have the Industrial Relations Commission process and the special case being undertaken. Secondly, it increases, as you outlined, Chair, the night shift penalty from 15 to 20 per cent. I think from memory, Chair, the Nurses and Midwives' Association were looking at somewhere north of 25 or 30 per cent. I don't want to give misleading figures, but I think that was what it is. We've landed on 20 per cent to try and get that increase in pay.

One of the other things in the offer that nurses and midwives, I know, have spoken to you about, but certainly spoke to me about, both as the shadow Minister and the Minister, was around the need to have two consecutive days off and not having a night shift before annual leave. Night shifts for nurses are pretty brutal because of the demands on the work. We've agreed to both of those things, as well as not making changes to the roster without consultation. The challenge for us, Chair, is that after a decade of wage suppression brought about by the Coalition Government because of the wages cap, there are discrepancies that I've acknowledged, the Treasurer has acknowledged and the Premier has acknowledged, between pay for healthcare workers in New South Wales and other jurisdictions.

The challenge with compounding after a 10-year wages suppression by the Coalition through the wages cap is that the gap has increased every single year for over a decade. We are trying to pull that back. We can't pull that back in a single year. What we've tried to do with this interim offer is acknowledge the work that the Industrial

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Relations Commission, which Labor was asked to set up by working men and women through the trade union movement, is doing. We acknowledge that that will continue. We have already committed to pay any increase that the commission outlines, compared to what we've already offered. This was an attempt to get a very fast increase in pay as well as deal with some of those, what I would call, work-life balance issues that were important to me, as Minister, and the secretary.

The CHAIR: Can I just jump in there, Minister? If this interim offer is being made in good faith to lock in some of those things that are agreed—and two days off in a row will make an extraordinary difference to nurses, but for people working in any other industry and any other sector that's a no-brainer that should have existed a long time ago. If this is being made in good faith to lock in some of those things that are already agreed, my understanding is that if this offer is accepted, it will then preclude the association from pursuing a night duty penalty of any higher than 20 per cent in the IRC. Why is that?

Mr RYAN PARK: Because what we wanted to try and do was narrow down some of the issues. These are always, Chair, negotiations, and bargaining is done through a negotiated framework. That's what we've done here. We think we've landed on a movement the right way on the shift penalty rate. I acknowledge it's not exactly what the Nurses and Midwives' Association asked for, but this is a negotiated system. We haven't had that increase in pay before, so that is substantial; as is, to be fair, the issues around the work-life balance that I know nurses have talked to you about, and they talk to me about, which is not money in their pay—I acknowledge that—but a big improvement, from my perspective, in their working conditions.

The Hon. EMMA HURST: Good morning, Minister.

Mr RYAN PARK: Good morning, Emma.

The Hon. EMMA HURST: In the latest budget you announced \$44.8 million to increase access to midwifery continuity of care models. Will any of that funding be going towards maternity, antenatal and postnatal services known as MAPS?

Mr RYAN PARK: Look, I think it would be, but let me get some clarification over that. I'll just ask my deputy secretary, Elizabeth, who is just next to me, just to get some clarity around it.

ELIZABETH WOOD: Thank you, Minister. Yes, so 53 FT midwives, particularly in regional and rural areas across New South Wales. We're working at the moment with our expert advisory group that was established with a consumer co-lead to really determine where we actually will be putting the 53 midwives. One of those models that is under consideration is the MAPS model. It really is a process of designing the services that are right for the women and families within each of those rural and regional settings. So it's certainly something we're considering.

The Hon. EMMA HURST: Minister, as you'd be aware, MAPS is not considered a genuine midwifery-led continuity of care model because the continuity obviously is broken during labour and birth.

Mr RYAN PARK: Is broken, yes.

The Hon. EMMA HURST: When trauma is most likely to occur.

Mr RYAN PARK: You've spoken to me about that one, yes.

The Hon. EMMA HURST: Yes, I know; we've spoken about it quite a bit. I just wonder how we can have any funding earmarked for continuity of care models that are then spent on MAPS. There's obviously going to be that concern going forward. I just wonder, then, how much is going to be going towards MAPS and how much is really going to be focused on genuine continuity of care?

Mr RYAN PARK: We're going to have a look at that particular issue as a part of the \$83 million maternity package and the \$44 million, as you said, to recruit more midwives and roll out more of those continuity of care models. We are happy to have a look at that broadly. That's not an issue; we were planning on having a look at the allocation of the specific funding around it. We are, as you know, Ms Hurst, developing a future-focused statewide maternity services plan to address some of those complex service delivery challenges that we have. That will help position us, I think, to deliver better maternity care than over the last five or 10 years.

But I do want to acknowledge in front of the Committee—I know I've acknowledged it privately to you—that it was your advocacy around the birth trauma inquiry that has led to many of these improvements and investments. I think it is important to acknowledge when other parliamentarians are particularly passionate about an issue. I thank you for your passion, commitment and advocacy because this has made a big difference. We've also, as you know, Ms Hurst—I think Better Births Illawarra certainly endorsed our recent announcement around the establishment of a Chief Midwife. That was very important to the secretary and I, something that you've been advocating for. One of the recommendations coming out of the birth trauma inquiry was the establishment of that

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position, all designed to elevate maternity and birthing services within our own department and therefore, hopefully, going forward, improve the delivery of those services to the communities that we represent.

The Hon. EMMA HURST: Yes, definitely there has been some really positive changes. I know that the sector is very thankful for that. But can you give any insight into whether any of this funding will be used to actually set up or incentivise or support genuine midwifery continuity of care models? The main concern with the sector now is we've got this great amount of funding, but making sure that it's spent in the best way possible to avoid birth trauma and really focusing on those genuine continuity of care models rather than having a large chunk of that going into those more MAPS models.

Mr RYAN PARK: Emma, you've got an assurance from me that, in our examination of where those models are and the funding for those models, we will include what you have suggested in relation to this. We were already, through the deputy secretary, working through that and raising those concerns, because that did come as a concern through the birth trauma inquiry. For committee members who have read the evidence, that was one of the clear things that came up. I know it came up from my own community, through Better Births Illawarra, and I know it came up in other areas. So, yes, we will. I just need to balance that with making sure that I've got the workforce to deliver those specific models. I think, for what it's worth, we will start to see improvements in the number of people taking up midwifery positions by offering more MGP and other midwifery-led processes, because I think, from a midwife's perspective, there is a great opportunity for professional development.

The Hon. ROD ROBERTS: I want to talk to you about paramedics, in particular regional and rural paramedics. You know I've spoken to you about this previously.

Mr RYAN PARK: You have.

The Hon. ROD ROBERTS: I want to congratulate the Government on their pre-election commitment to the regional 500, in which you introduced an extra 500 paramedics, which was well needed. Your election commitment was to help improve ambulance response times for life-threatening call-outs and medical emergencies and therefore improve patient outcomes and experiences. That's what the regional 500 was ultimately aimed to do.

Mr RYAN PARK: Yes.

The Hon. ROD ROBERTS: That would have come at a big cost to the budget, no doubt. But, as I say, I congratulate you on that initiative. Have the response times improved within regional and rural New South Wales as a result of the regional 500?

Mr RYAN PARK: Overall response times, Mr Roberts, from April/June 2024, which is P1—which, as you know, is those very critically unwell people—we're getting 45.4 per cent seen within 15 minutes. That is an improvement of 10 per cent compared to when we came into office. Regional and rural—I might just ask Commissioner Morgan if he has got any breakdown of specific data—only to say this: that I acknowledge that paramedics has been a significant advocacy of yours for a sustained period of time. The 500 dedicated to rural and regional—specifically not to be allocated to Wollongong, Newcastle and Sydney—is designed to do that and assist that. We have seen the rollout of—I'll get the number exactly for you, Rod, but we're up to about 250 of that 500 is out there. We think the substantial increase in remuneration that paramedics received in our first term will help to both attract and retain more. But I might just throw to Commissioner Morgan if—

The Hon. ROD ROBERTS: Before we do, Minister—I don't want to rudely interrupt. Just to save time, because we're all on the bell here, rather than go to Commissioner Morgan, I'll just get to the guts of it.

Mr RYAN PARK: Happy to.

The Hon. ROD ROBERTS: The BHI report for the quarter ending March 2024—in particular we're looking at the capital region, which is the one that I wrote to you about last year, tipping you off that there was going to be a problem.

Mr RYAN PARK: Which includes Goulburn.

The Hon. ROD ROBERTS: Which includes Goulburn. The response time has gone from 10.9 minutes, which is above the benchmark—it has blown out by 4.1 minutes, an over 30 per cent increase, out to 15 minutes in the last quarter. Can you explain to me then how the regional 500 and the allocation of resources is working for the people in the capital region, which includes Goulburn, Queanbeyan, Snowy Mountains, South Coast and Young and Yass regions?

Mr RYAN PARK: I don't pretend for one moment that we don't have work to do in terms of response times. I think we do. What I am saying is that the first phase of those additional paramedics, Mr Roberts, some of which went directly to Goulburn, because we—not me, the commissioner. I don't want to take credit for this. The

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commissioner and NSW Ambulance recognised that there were staffing issues at Goulburn. I'm not saying that they have been completely resolved there. I'm not saying that at all. What I am saying, though, is we have increased the number of paramedics and we expect that to improve going forward. I might just very quickly throw to Commissioner Morgan just to be very quick on that particular issue. I'm not trying to hold time, but I just want to double-check that that is the case. Commissioner Morgan?

DOMINIC MORGAN: Mr Roberts, thanks for the question. I would echo the comments of the Minister. The rural 500 has been a significant initiative for NSW Ambulance and the community. As you're aware, there are an additional five staff that were put into Goulburn. I guess the point that I would echo is what the Minister said originally, which is there is more work to do. We have two more tranches of this program and really the approach we're taking is to mitigate as much fatigue and on-call around regional New South Wales as we possibly can. Unfortunately, that is in the face of increasing demand that the service experienced at the time. But I wouldn't assume that, just because we're halfway through the program, we have entirely finished in all of these regional locations.

The Hon. ROD ROBERTS: Further to that point then, Minister, in your letter to me in 2024, which is undated—but I make no adverse comment about that because clearly you don't type your own letters—you said to me:

I am advised that NSW Ambulance conducts regular analysis of all locations across NSW ... This includes—
and I'm shortening it up here—

best practice modelling ... It effectively considers demand, workload, coverage and capability requirements when planning its workforce to efficiently deliver ambulance services in regional NSW.

Taking that into account, how do you explain a 30 per cent blowout in the times of responses in the capital region if there has been all this so-called modelling undertaken?

Mr RYAN PARK: In that particular area, there is obviously more work that we will continue to do. What I'm saying, Mr Roberts, is that we have increased staff—as a result of advocacy from community members and paramedics and members of Parliament like yourself—to that particular area, as well as a range of other remote, regional and rural areas. We will continue to do that. I'm not saying for one moment that the job is done. I know that we also worked closely with the team at NSW Ambulance and Goulburn paramedics around some of the concerns they had about changes to the rostering system. I know my office worked very closely with Ambulance and the Health Services Union about that particular issue.

That doesn't mean that, given the distances that those paramedics travel, particularly in and around the capital area and the Goulburn area, we don't have challenges still. We do. We are continuing to look at what we might do in relation to improvement there. But I wanted to give you some assurance that we have provided additional paramedics. Five additional paramedics came to Goulburn back in June, I think, of 2024. If we can do more, we will. But we have a big State and we have big demands on our paramedic services across New South Wales. But I acknowledge your advocacy and I acknowledge that there's work to do.

The Hon. SUSAN CARTER: Minister, why have you cut \$1 billion from the Health Infrastructure budget over the forward estimates?

Mr RYAN PARK: What do you mean? Do you mean in terms of capital?

The Hon. SUSAN CARTER: If you look at—

Mr RYAN PARK: I'd like you to be specific, because I read the budget papers.

The Hon. SUSAN CARTER: Absolutely. If you look at the 2025-26 *Budget Paper No. 03*, if you go to page 14, table 1. 3, you see a figure that is a billion dollars less compared to what it was last year. Where has the billion dollars on infrastructure gone?

Mr RYAN PARK: I'll have my CFO explain some of this because, sometimes, if I've missed something technically, I don't like Committee members to be misled. When projects are finished and complete, then that expenditure is obviously complete. For example, with some of our health facilities and some of our ambulance facilities, when they are complete and finished, that expenditure no longer appears in the budget.

The Hon. SUSAN CARTER: Can you just tell us what the \$1 billion has been spent on then?

The Hon. STEPHEN LAWRENCE: Point of order—

Mr RYAN PARK: Just to be clear—

The CHAIR: I need to hear the point of order.

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Mr RYAN PARK: —I'll try to explain it as simply as I can—

The CHAIR: My apologies, Minister. There's a point of order.

The Hon. STEPHEN LAWRENCE: The first question clearly raises a really complex budgetary question. The Minister was answering it and was also about to refer it to the CFO. The second question that was asked was essentially the same question, except it was also mischaracterising the issue fundamentally. This is not about a missing \$1 billion; it's about the ups and downs of the budget, as was being explained.

The Hon. WES FANG: Are you trying to be a Minister, mate?

The Hon. STEPHEN LAWRENCE: I think the Minister should be able to finish his answer.

The Hon. WES FANG: Stop wasting time, Stephen.

The Hon. STEPHEN LAWRENCE: Stop interrupting.

The Hon. SUSAN CARTER: To the point of order: We have limited time and I'm trying to get answers about really important questions. The Minister clearly said—and it was a very helpful answer—that if it's no longer a forward estimate because it has been spent, it disappears from that. I'm simply asking: What is the \$1 billion that is no longer in the forward estimates for infrastructure being spent on? It'd be great to know.

Mr RYAN PARK: Just before I throw to—

The CHAIR: Sorry, I need to rule on the point of order. There were interjections on both sides just then that were disorderly, which I need to comment on. To the actual point of order, I think the Minister was in the middle of answering the question. I'll go back to him.

Mr RYAN PARK: In relation to infrastructure spending, before I throw to our CFO, we have obviously increased expenditure. It's now at the greatest it has ever been.

The Hon. SUSAN CARTER: With respect, we have such limited time. I would just really like to know about the \$1 billion. If it's out of the forward estimates because it has been spent, where do we see it in health infrastructure on the ground today?

Mr RYAN PARK: We're increasing it by over 5 per cent. I will now throw to my colleague Alfa D'Amato, our CFO. But health expenditure and services are not simply about funding new buildings and new facilities; they're about investing in the men and women who deliver those services every day. We are doing that more than any other government has ever invested into the workforce.

The Hon. SUSAN CARTER: Can I just clarify that answer, Minister? Are you saying that infrastructure also is wages money? Is that what you're saying, investment in men and women?

Mr RYAN PARK: I never said that; you just said it.

The Hon. SUSAN CARTER: That's what I'm asking. What does "investment in men and women" mean in terms of the infrastructure budget?

Mr RYAN PARK: I think you would agree—I hope this is the case—that health services across New South Wales are not just delivered through hospitals—

The Hon. SUSAN CARTER: I'm just querying the infrastructure budget.

Mr RYAN PARK: —capital funding. They're delivered through the workforce.

The Hon. SUSAN CARTER: I'm just looking at the infrastructure. Is workforce an infrastructure cost?

Mr RYAN PARK: Is workforce an infrastructure cost?

The Hon. SUSAN CARTER: I'm as confused as you are. You are saying to me—

Mr RYAN PARK: It's a separate component of the budget.

The Hon. SUSAN CARTER: Thank you. That's the answer. Workforce is not an infrastructure cost. Mr D'Amato, I'll happily come back to you in the afternoon. In last year's budget you said you'd be spending \$3.913 billion on capital expenditure in 2025-26, but this year we've only had budgeted \$3.14 billion for 2025-26. Why the cut?

Mr RYAN PARK: Alfa, did you want to explain this? I think I've outlined it. We're asking the same question.

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The Hon. SUSAN CARTER: So you're saying it's the same issue and the money has actually been spent?

Mr RYAN PARK: If we're outlining the same issue, I'll ask—

The Hon. SUSAN CARTER: Can you tell us what it has been spent on? If the money is less because it has been spent, the question is pretty simple: What infrastructure has been paid for this year, Minister?

Mr RYAN PARK: I don't want to—

The Hon. SUSAN CARTER: Do you not know, Minister?

Mr RYAN PARK: This is a very—

The Hon. SUSAN CARTER: It's your budget. It's big dollars. Don't you know where it has gone?

The Hon. STEPHEN LAWRENCE: Point of order—

Mr RYAN PARK: This is very base level that you don't understand how a budget works.

The CHAIR: Thank you. There's a point of order.

Mr RYAN PARK: I'm being extremely respectful—

The Hon. WES FANG: You're actually not. You're not answering the question.

The CHAIR: Order!

Mr RYAN PARK: —by the fact that I have a Committee person asking me—

The CHAIR: Order! I have three different people trying to talk over me. There was a point of order. To that point of order, Mrs Carter did interrupt the Minister about one word into his answer again. I ask that you allow the Minister to start answering the question.

Mr RYAN PARK: If you're asking me what we're spending it on, we're spending it on facilities, like an additional \$700 million for Bankstown. We're doing an additional 550 for Fairfield. We're doing 350 for Canterbury. So far, none of these were supported by your Government.

The Hon. SUSAN CARTER: Clarification, Minister—

Mr RYAN PARK: There's 120 for Blacktown.

The Hon. SUSAN CARTER: —is this money to be spent or does this explain the missing \$1 billion in infrastructure in the budget? Is this "to be spent" or "has been spent"?

Mr RYAN PARK: This is money that we are spending over the course—

The Hon. SUSAN CARTER: If I understand you correctly, you're saying the gap in funding is because of money that has been spent. What has been spent on infrastructure this last year? What do we have now that we didn't have a year ago?

Mr RYAN PARK: We are spending a record amount in terms of our health facilities across New South Wales. I am now going through a number of those facilities that we have allocated money to. I hope it is a reasonable assumption that you understand that a hospital takes more than 12 months to build. It is forecast. It doesn't take 15-odd years like you have had with Rouse Hill, but it takes some time. I will now throw to Alfa D'Amato just to—

The Hon. SUSAN CARTER: I will come back to Mr D'Amato in the afternoon. Our time with you is so precious. Can we talk about David Berry Hospital?

Mr RYAN PARK: I'm happy to talk about David Berry Hospital.

The Hon. SUSAN CARTER: Can you confirm that the palliative care and rehabilitation services will continue to be provided until the completion of the redeveloped Shoalhaven hospital, which we hope will be in 2026?

Mr RYAN PARK: It's a very good question. David Berry is a really important part of the electorate of Kiama, an electorate that I'm sure people are getting more familiar with. I hope they are.

The Hon. SUSAN CARTER: Thanks for the ad. Could we have an answer, please?

Mr RYAN PARK: We will be making sure that palliative services continue to be delivered from David Berry until they move across to the new facility at Shoalhaven. What we are also doing in relation to David Berry

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is having extensive community consultation. We have got significant responses back to that consultation. To date, that consultation is indicating that around about—I'll stand corrected—87 per cent, from the last data point I read of the consultation report, were saying that they wanted that facility to remain a part of the broader health service.

We committed to making sure that facility remained in public hands because of its affinity with Berry—obviously the town is named after Mr Berry. Yes, those facilities will transfer across. No, we haven't decided exactly yet what health facilities will take place at David Berry. We are looking at a range of options, one of which is possibly using that facility to take a load off the Illawarra Shoalhaven Local Health District, which has one of the highest numbers of geriatric and aged-care patients stuck in our hospital beds, because the Commonwealth is not adequately funding aged-care facilities, beds and services in our local community.

The Hon. SUSAN CARTER: Minister, when will you make that decision?

Mr RYAN PARK: We're, at the moment, in the process of having some of that face-to-face consultation with the community.

The Hon. SUSAN CARTER: When will you make the decision?

Mr RYAN PARK: That report on what the community wants is due to me shortly. I'm going to say that we will shortly be able to outline to the community—I don't want to give a day, date and time. To be fair on me, I haven't received that final briefing from the consultation. But I can assure the community a couple of things: one, I will make it public; two, I have listened very clearly and committed to making sure it stays in public hands; and, three, if we can integrate it as part of a health service improvement for the Illawarra Shoalhaven Local Health District, particularly what we might do around geriatric aged care, then we definitely will.

The Hon. SUSAN CARTER: On Shellharbour Hospital, the community has been very clear in their desire for a helipad at that hospital. Why are you ignoring them?

Mr RYAN PARK: It's a very good question, except for the last part. Apart from that, it was a very good question. The community down there has been advocating to me. I assume they were advocating to Minister Hazzard as well, because this was a hospital that, to give fair credit to the former Government—

The Hon. SUSAN CARTER: Minister, it's a very simple question: Are you committing to that helipad? Yes or no?

Mr RYAN PARK: I am working through a range of options in relation to the helipad. I haven't landed on that yet. I am working with Health Infrastructure and the team from Illawarra Shoalhaven Local Health District. I've had a number of discussions with the chief executive officer, Margot Mains, about this particular issue. She has made it clear to me that the helipad is important, going forward. At the moment, I haven't made a decision about that yet, so I can't announce that to budget estimates, other than to say that I am listening to the advocacy of the local member, the member for Shellharbour. It was an issue that was advocated for at the last election. I know it was by our local candidate, Katelin McInerney—and, I'm assuming, by others. I'm working through whether that is an option going forward. I acknowledge the advocacy and I am working on the issue.

The Hon. SUSAN CARTER: Minister, by way of clarification, does part of that working through involve taking a proposal for a helipad to Cabinet?

Mr RYAN PARK: It depends on whether—and I don't want to say we've landed on doing a helipad yet, because we haven't made that decision—

The Hon. SUSAN CARTER: When will you make that decision, Minister?

The Hon. STEPHEN LAWRENCE: Point of order: There was a question asked about whether it involves taking it to Cabinet. The Minister had said about one sentence—and I'd actually like to know the answer—before he was interrupted. It's about the process of government.

The Hon. WES FANG: You don't care.

Mr RYAN PARK: In relation to Cabinet discussions, it's illegal for me to comment on that. Two, I am looking at our entire infrastructure expenditure for that particular service and see the capacity within that. We haven't made the decision yet. The advice to me is that we will continue to have a look at it—and we will continue to have a look at it. I've committed to the health district that we will continue to have a look at it but, more than the health district, I've continued to say to the community we have. When I've made an announcement about that, then obviously I will say that publicly. But I acknowledge that this is an issue for the communities in the southern part of the Illawarra, including those in the Kiama electorate and the Shellharbour electorate.

The Hon. SUSAN CARTER: Minister, in life-threatening emergencies, minutes matter. Why won't you commit to a helipad at the new Shellharbour hospital?

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Mr RYAN PARK: Minutes do matter; you're right, Ms Carter. Every night I go to bed wanting to make sure that I do a better job for the people of New South Wales the next day—in particular, in the portfolio that I've been charged with. If improving the services at that hospital involves a helipad, then I am continuing—what I am saying to the Committee is I've heard that advocacy. I am continuing to engage with the health district and Health Infrastructure about that. I'm not in a position today to make a commitment to that, but I do also note that this was a hospital—as I have given due credit—started under the former Coalition Government. They did not commit to a helipad in that original funding envelope. To be fair, I am working through something but don't have an announcement to make today.

The Hon. SUSAN CARTER: Minister, will we have to wait till a trauma patient has to be urgently transported to or from Shellharbour before you make a decision?

Mr RYAN PARK: What I can assure the Committee and what I can assure the community is that I, as the health Minister, will make the very best possible decision based on the advice and funding that is available to me. That is, I hope, something that every Minister across any government and across this country is charged with doing. We are a network system, and a network system means that our hospitals work well together. We have detailed trauma plans across New South Wales and across local health districts.

The Hon. SUSAN CARTER: Minister, with respect, we don't need a tutorial on the health system. We just have specific questions we need answered. Why is there no birthing unit being built at the new Shellharbour hospital?

Mr RYAN PARK: In relation to the birthing unit, that is a challenge and a piece of work that I understand that the community have asked me to engage with them on. I'm not in a position yet to say that we're in a position to make that commitment. We have provisions for expanded maternity care there. Antenatal and postnatal care will be done there. I acknowledge that the community's wish is for maternity services and birthing services, in totality, to be delivered there. But I am not in a position to say today that that is possible, and I'm not going to pretend to the community that I represent broadly, as a regional Minister, that I'm in a position to say that, other than to say I'm working with the local health district. One of the big challenges, Chair and Ms Carter, is around staffing of midwifery and birthing services. I want to make sure that it's not just about building it but that I can get that staffing model right when it comes online.

The Hon. SUSAN CARTER: We agree. If we could move on to more specific questions—

Mr RYAN PARK: I will continue to work on both helipad and birthing services for that facility, but I'm not in a position today to make a commitment around it.

The Hon. SUSAN CARTER: Minister, do you think it's fair that expectant mothers, perhaps in active labour, from places like Kiama will have to drive past the new Shellharbour hospital and keep going to Wollongong to give birth?

Mr RYAN PARK: I'm glad you asked me about regional midwifery.

The Hon. SUSAN CARTER: The question was about mothers in active labour having to drive past Shellharbour hospital because they can't birth there, and they have to keep going to Wollongong. I know, as a father, you would have experienced what that journey can be like and how important it is for women to have access to good-quality, close maternity services.

Mr RYAN PARK: I think access to good-quality and close maternity services is critical. That's why, when I came to take this office, I was shocked to be advised that your Government had shut down 14 regional birthing services, either closed or suspended.

The Hon. SUSAN CARTER: Minister, what's your comment on the fact that Anna Watson promised that the new Shellharbour hospital would have a maternity ward to support young families and a growing region. Why have you broken this promise?

Mr RYAN PARK: Anna Watson is a terrific advocate for her local community, and she's a very good Parliamentary Secretary. She has been a strong advocate for the people of Shellharbour and the people of what I would call the broader southern Illawarra region. But I'm making this clear: that whilst I understand the community's desire and wish, we have a responsibility of a health service to make sure that we are delivering birthing and maternity services as effectively and as efficiently as possible. That's what I'm determined to do, notwithstanding that I understand that maternity services are important. They will have maternity services at that hospital—they will have antenatal and postnatal care. At the moment, there is not a plan locked in for birthing services. That is not something that I can commit to today, but it is something, Ms Carter, that I understand that people have been advocating for some time, including to my predecessor, the Hon. Brad Hazzard, when he was the health Minister. I understand that.

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The Hon. SUSAN CARTER: Thank you, Minister. If we could move on. Warilla resident and grandmother Coral Markulic has more than 5,000 signatures on her petition to get a children's ward at the hospital. Are you ignoring these local voices?

Mr RYAN PARK: I don't ignore local voices from any part of New South Wales, and I certainly don't ignore it from the broader region that I represent. But other than to say that we will be delivering maternity services at Shellharbour, I have to make sure, above and beyond—and I know this is something that I think all of us, as parliamentarians, have a unity position on—that health services, particularly complex health services like birthing, are delivered in a safe and sustainable way.

I have to get the balance right between making sure there's adequate staff—and that often includes specialist staff when it comes to birthing—and I have to make sure I get the balance right in relation to the ability to recruit and retain those staff as well as making sure that women can birth as close as possible to where they live. That's about a 20- to 25-minute journey. I know that people would want to do that at their hospital next door; I accept that. I just can't make that commitment to the people of the southern Illawarra as I am sitting here today, but I can make a commitment that I'll continue to work with that community and work with the local health district and work with Health Infrastructure on what we might be able to do going forward.

The Hon. SUSAN CARTER: Just one quick question. Going back to the Beasley report, you would acknowledge that there was no consultation as part of that report at Blacktown hospital. There was one day of hearing in the Western Sydney Local Health District, and that was at Westmead Hospital. Is that report a substitute for a proper inquiry into what is happening at Blacktown hospital?

Mr RYAN PARK: That's unbelievable, that question.

The Hon. WES FANG: It is. Answer it.

Mr RYAN PARK: Well, I was doing it. We have had a royal commission inquiry into the funding of health care in New South Wales.

The Hon. SUSAN CARTER: Minister, with respect, the terms of reference was funding, not the experience at Blacktown hospital.

The Hon. STEPHEN LAWRENCE: Point of order—

Mr RYAN PARK: No other Minister—

The CHAIR: There has been a point of order.

The Hon. STEPHEN LAWRENCE: The Minister was asked a question. He then got interrupted by Mr Fang, in a very rude way. He then got about a sentence out, and then Ms Carter started interrupting. It was actually a reasonable question, and I think the Minister wants to answer it.

The CHAIR: The buzzer has actually gone, which means we're in crossbench time. The Minister can finish the answer to the question, but you can't ask another one.

Mr RYAN PARK: We've had 226 submissions and almost 70 hearing dates. That's a reasonable level of consultation.

The Hon. WES FANG: Why are you avoiding an inquiry, Minister?

The CHAIR: Order! I call the Hon. Wes Fang to order for the second time.

The Hon. WES FANG: Of course you have.

The CHAIR: We're in crossbench time. You have plenty of Opposition time.

Ms CATE FAEHRMANN: Good morning, Minister. At budget estimates in August last year we talked about blood lead levels in children in Broken Hill largely as a result of lead mining. You said you were very concerned about the reports. I also raised at the time another lead mine which is being planned for the Mudgee region—

Mr RYAN PARK: There was another one, I think.

Ms CATE FAEHRMANN: —at Lue by Bowdens, and you said you'd look at what NSW Health submitted in relation to that mine. That mine is planned just two kilometres from a local primary school. Did you speak with your department in terms of what they submitted around the health impacts for that proposed lead mine?

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Mr RYAN PARK: I certainly have spoken to Dr Chant a number of times around lead, as well as the issue of PFAS—

Ms CATE FAEHRMANN: We'll get to PFAS.

Mr RYAN PARK: —and other, what I would call, chemicals and other substances in relation to that. I've had discussions, Cate. I don't want to say that I can remember the exact discussion I had with Dr Chant about it, other than to say that lead levels in that community is something that I know is concerning.

Ms CATE FAEHRMANN: Is this Broken Hill?

Mr RYAN PARK: Yes. We have very high rates of screening. I will stand corrected, but I think around 92 per cent of children were screened that were under the age of five, I think, by 2024. We have seen a decrease in blood lead levels there, but I acknowledge that blood lead levels, particularly for Aboriginal people, is still a cause of concern.

Ms CATE FAEHRMANN: Were you told what the sources of lead are in that community in Broken Hill?

Mr RYAN PARK: Other than the broad mining operations—can I just throw to Dr Chant for 20 seconds?

Ms CATE FAEHRMANN: Yes.

KERRY CHANT: As you're aware, Ms Faehrmann—and thank you for the follow-up question; this is obviously a very serious issue—the township of Broken Hill is in very close proximity to mining. You can see a slag heap just adjacent to it. I did visit that; it's very present. As you know, there is more mining activity in relation to Broken Hill. There is environmental contamination. It does get into the houses, particularly those houses that are older and closer to exposure sources. In relation to the blood lead monitoring program, I can confirm the ongoing commitment of NSW Health to the funding for that program, and we're looking at how we can do that better. I think you raised last time with me and the Minister the fact that ongoing work is being done across government agencies. I met, when I was out there recently, with Maari Ma and they raised a number of issues, which I have subsequently taken with cross-agency leads on that issue.

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

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

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

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

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

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

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

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

Ms CATE FAEHRMANN: One of the significant things it found was that the blood lead levels in Broken Hill children are a result significantly of current contemporary mine operations as opposed to legacy mine operations. Does that ring a bell?

KERRY CHANT: I'm just getting a briefing that the report was presented to the cross-government committee that was being led by Premier, so I know it has been discussed at the cross-government working party.

Ms CATE FAEHRMANN: Do you have that date there?

KERRY CHANT: At this moment, my evidence today is that I haven't been aware of the contents of that report or briefed on it, but I would have to go back over the correspondence to see if I would—

Ms CATE FAEHRMANN: Significantly, that report was not published until after—Minister I think you should also, if that's okay, be aware of this.

Mr RYAN PARK: I am.

Ms CATE FAEHRMANN: This report was published after the Independent Planning Commission handed down its findings into—or approved, I should say—the Bowdens lead mine, and all the while this report was sitting with the Government. In fact, a briefing note, which I have here, which is a briefing note on the Bowdens Silver Project, which I will hand out, states that—it's from NSW Health. Dr Chant, you're one of the people who I think saw this. Your name is at the bottom of this briefing note. In terms of what the Independent Planning Commission considered, it doesn't include that critical report by Mark Taylor. It was sitting with the interagency. We'll come back to it, Minister, and maybe get briefed on when the Government first got hold of that report.

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

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

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

The CHAIR: I'm happy to progress this this afternoon so you can get across the relevant brief. I'm interested in understanding how many applications or bids there have been for those facilities, how many have subsequently been rejected and what the reasons are for rejection. But we will come back to it this afternoon. Minister, with the Isolated Patients Travel and Accommodation Assistance Scheme, IPTAAS, it's my understanding that patients can't access reimbursement for travel if the specialist they're travelling to see is a GP. In the context of implementing the birth trauma recommendations for people in rural and regional areas, a GP obstetrician is an excellent continuity of care model.

Mr RYAN PARK: Yes, it is.

The CHAIR: You're now also looking at expanding ADHD prescribing to GPs with additional training, which is an excellent initiative. Will you expand the IPTAAS model to cover travel for people accessing those GP specialists?

Mr RYAN PARK: I'm always happy to have a look at what we might do in relation to IPTAAS. We have streamlined some of the processes and what I would call, for want of a better term, the red tape and the challenges that people were having, which I think first got raised in this Committee, maybe in my first budget

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through the piece of work that Luke Sloane and the team from the regional division have done in relation to that. I am more than happy to have a look at how we might be able to expand that. Obviously I can't give it a commitment here today to that, but I'm always happy to have a look at what we might do in relation to that funding source. It is a real issue for people in the community in regional and rural areas. They talk to me about it a lot. I feel there's been some significant improvement in the ability for people to access that service. Luke, did you want to add anything from the regional perspective?

LUKE SLOANE: We continue to review the policy all the time to make sure that we are opening it up to a wider use to make sure that we are increasing access to all people from rural and regional areas to specialist services. We know very much that GP specialists in their own right are sometimes the specialists that people access. We've made many exemptions to IPTAAS applications in order to do so. As part of the ongoing review of the policy, we'll consider that as well, knowing that we're reliant on GP obstetrics and anaesthetics proceduralists or otherwise for people to be able to get their specialist close to home.

Mr RYAN PARK: Chair, I think there have been about 8,000, from memory. Again, I will stand corrected, but, broadbrush, there's been an increase of about 8,000 more patients who have accessed this service in 2024-25 compared to 2023-24. It's a service under significant demand, as you would know from your own community.

The CHAIR: Absolutely. To follow up, Mr Sloane, you indicated that there have been some exemptions made, which is really heartening. I suppose exemptions, or considering these things on a case-by-case basis, is not really an equitable way of managing this policy. Both yourself and the Minister have indicated an understanding in principle that, in many cases, GP specialists are specialists who people ought to be able to travel to and see. Surely it makes more sense to provide that as policy in an equitable way rather than provide exceptions.

LUKE SLOANE: We'll continue to review the policy and make those inclusions into the future as we expand the service.

The CHAIR: I want to turn to access to termination of pregnancy services, particularly in public hospitals. The secretary is nodding because she knew I was going to ask these questions. The Premier is on the record in question time last year saying, "The public hospital network has a role to play here. That will be fully funded, and the services will be available." I think last time I asked the secretary about this was December last year, talking about doing a mapping exercise, a networking exercise and a stocktake exercise. What are the results of that? Will the services be available in public hospitals?

Mr RYAN PARK: I acknowledge the incredible advocacy both from members of Parliament, like yourself, as well as the broader community in relation to this. I'll stand corrected again, but we've allocated around \$6.3 million for abortion services across New South Wales. We are doing a number of things—mapping the pathways and making sure that disadvantaged women have access to funding to carry these out. I think we've got around 40-odd sites across New South Wales where this can now take place. As you would know probably better than anyone on this Committee, Chair, medical and surgical abortions can be provided in community in non-hospital settings and through private providers et cetera. We are also continuing with the Pregnancy Choices hotline. Elizabeth, did I miss anything in relation to that?

ELIZABETH WOOD: I can provide some further detail, if you'd like. We've addressed this from a number of elements. Firstly, we've really put a focus on increasing access to contraception services, particularly through the long acting reversible contraception approach. But if we refer specifically to New South Wales public facilities, there are 40 facilities providing a mix of medical and surgical termination facilities. If a service does not provide that particular service then referral pathways must be in place to ensure women have timely access to care.

We're updating all of our policy documents in line with the legislative amendments to the Act, which is obviously now seeing an increase in nurse practitioners and endorsed midwives able to perform this procedure. But we also recognise that women need access to information to make informed choices about where they undergo their services. What we have done is we've really increased the investment in Search+, and SEARCH, to support women to find access to the information that they need about services in a really timely fashion. We recognise that as soon as they can have that information, they can make informed decisions, and we really want to support them to be able to do that.

Mr RYAN PARK: Chair, you'd be aware, I think, that a review of our policy documents in relation to terminations of pregnancy is underway. That's important. We will have that completed by the end of this year. I just wanted to make sure the Committee had that extra bit of information, if they didn't have it already. What is that designed to do? It's designed to provide what I would describe as clear guidance on the roles and responsibilities for NSW Health staff in relation to referral care, follow-up care et cetera. That's us having a look

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at what we have in place, given some of the reforms that people like yourself and others have advocated for to make sure that our delivery of that is reflective of those changes in legislation. That has to be done.

The CHAIR: I have a couple of follow-up questions. The first one is relating to the change in legislation—and I appreciate that you supported that change, Minister—for nurse practitioners or any endorsed midwives or employees of NSW Health. If they're practising within a New South Wales facility where abortion is within the scope of services provided, are they now able to prescribe as per the changes to the Abortion Law Reform Act, or are there further changes that need to be made?

Mr RYAN PARK: Yes, I'll go through a few things in relation to this. We're reviewing our training and education models that will support the nurse practitioners and endorsed midwives to provide those terminations of pregnancy across New South Wales. We're also progressing work to enable—this is an important change—endorsed midwives to utilise their endorsement in New South Wales public health facilities. Endorsed midwives are not currently—as you would know, sorry, Chair, but others may not—employed in NSW Health. There are around 221 endorsed midwives working across New South Wales, but that's outside our system. But since updating the *Notification of termination of pregnancy* form on 1 July 2025, NSW Health has been notified of nurse practitioners and endorsed midwives who have provided early medical abortion services in the community. The notifications received today have come from both private providers and non-government organisations, not NSW Health.

The CHAIR: I have some follow-up questions, but I'm out of time. It's 10.45 a.m. so I'll go to questions from the Government, if there are any.

The Hon. STEPHEN LAWRENCE: Thanks, Minister, for your evidence so far. In relation to the issue of the sale of illegal tobacco and vapes and the like, could you give us an update on the Government's new tobacco enforcement unit?

Mr RYAN PARK: Thank you for the question, Mr Lawrence. I think this is something that pretty well all of us have a unity position on, and that is the enforcement of illegal tobacco and vapes across New South Wales. This is an issue that, from my opinion, has probably got ahead of governments, legislators and government agencies over the last five years. Through Dr Chant and her team, we have made the decision to establish a Centre for Regulation and Enforcement in NSW Health. That will have a statewide team of around 48 FTE staff enforcing what we hope will be the new legislation that's passed—that's currently before the Parliament—in New South Wales. Particularly around that, there are changes in relation to the sale of tobacco and illegal tobacco and vapes. We've significantly increased fines in relation to closure powers that we are introducing.

They go hand in hand with the licensing scheme that we introduced. Unfortunately we have been the last jurisdiction to have a licensing scheme in New South Wales. That's not something that we are happy with, but we have proceeded to get on with that now and have established that. I do want to say, Mr Lawrence, that our healthcare staff in this area are working very closely with New South Wales police, Australian Border Force, staff from the TGA, as well as other government agencies, around this enforcement. I don't want the Committee or the community to think for one moment that we don't engage New South Wales police, particularly where we suspect more significant criminal activity, which is obviously part and parcel, at times, of some of these providers or some of these business outlets.

From 1 January this year to 30 June this year we completed around 700 retail inspections and seized around 90,000 nicotine vapes, e-liquids and pouches, with an estimated street value of around \$2.9 million, as well as seizing \$6 million in cigarettes and over 1,000 kilograms of illicit tobacco. We have a hell of a long way to go before we can say that this job is finished. It is not. I reflect the concerns that no doubt communities that you represent, particularly in parts of central New South Wales—they are concerned about this. I know my own community is very concerned. I think all of us who represent particular electorates or duty electorates know that this is a big issue. The Government is determined to make sure that we work with those other agencies, we increase our enforcement and compliance, and we make sure we're doing significant raids in this space.

Above and beyond, we're making sure that we are trying to look at ways to discourage these businesses from appearing and popping up. We have a challenge in New South Wales. We've done very, very well in reducing cigarette use over a long period of time. What I don't want to see now is an uptake in illegal tobacco use or vaping use as a result of the ability for some of these businesses to pop up. The Premier and I have made it clear to the Commonwealth that we think excise on cigarettes is an issue. I'm going to continue to raise that issue through my discussions with health Ministers across State jurisdictions as well as Territory jurisdictions. But I don't have a choice in waiting for that, given there's no clear indication that the Commonwealth supports a change. We've made a commitment to go alone in relation to this.

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Mr Lawrence, I don't think this will be the last of the legislation in this place. I've written to the Minister for Local Government as well as the planning Minister to see if there is any consideration or if there are any potential changes that they may wish to bring forward, and invited them to be part of this taskforce that the Government has established to see if there are any changes that they would like to bring forward or have considered by the Government. I acknowledge that this is an issue that is important to the shadow Minister for Health. I acknowledge that she has a piece of legislation before the Parliament and I acknowledge that she has advocated for change in this space.

The Hon. STEPHEN LAWRENCE: The other question I wanted to ask you relates to surgeries in our hospitals. Could you give us an update on the Government's investment in an effort to reduce overdue surgeries?

Mr RYAN PARK: Yes, I can. When we came to office, there were just over 14,000 elective surgeries that had gone for longer than clinically recommended. As the Committee would know, there's always a waitlist. That happens straightaway. The waitlist that the secretary, myself, my executive team and all healthcare staff are concerned about is those people who have been waiting longer than clinically recommended. That number was just over 14,000. We've got that number down to 2½ thousand. That is an improvement, and I want to thank the healthcare professionals who have delivered that improvement, in partnership with significant investment by the New South Wales Government—an additional investment in the last budget of over \$20 million, and an additional investment of what I think was close to \$180 million at the back end of 2024.

We needed that investment to almost catch up and clear that backlog. We're doing that clearing of backlog through a number of different ways. Firstly, we're doing it through our contracts with private hospitals. We're doing it through advancing and increasing same-day surgery. We're doing it through making sure that there are additional staff and therefore additional lists in place to work through that. We are in the middle of a challenging winter period, particularly across New South Wales health and hospital systems. We are likely to see that number move up and down, and I and the Premier have been very transparent about that. I am not pretending for one moment that it is job done. There's a lot more work to do.

I am pleased that there have been, through the incredible work of New South Wales healthcare staff across the system, significant improvements in that number, coming down from 14,000 to 2,500. There's a lot more work to do in relation to this space. We have a surgery taskforce, led by a very experienced clinician, Neil Merritt, who I spoke to the other day. I've got a real personal interest in what we are doing in same-day surgery. This is something that the secretary and I have shared and are trying to drive through the system, with Deputy Secretary Matthew Daly as well as our surgical taskforce.

We believe there are opportunities to do a lot more same-day surgery, both from a clinical perspective—it's often recommended, if you have a look at research coming across from the Northern Hemisphere, and in our own jurisdiction, that same-day surgery for some operations is now considered almost best practice, where perhaps 10, 15 or 20 years ago that was not the case. This is a part of the way in which we will hopefully continue to drive down the number of overdue surgeries across the system. I'm pleased that we have had that drop down, but there's more work to do.

The CHAIR: If there are no further Government questions, we will now break for morning tea. We will be back at 11.15 a.m.

(Short adjournment)

The CHAIR: Welcome back, everyone. We will resume with questions from the Opposition.

The Hon. WES FANG: Minister, in the lead-up to the 2023 State election, you committed to three helicopter ambulance bases in regional New South Wales. That costing assumed a pre-depreciation cost of just over \$200 million. Your media release on 26 June states that you are spending an additional \$158.8 million in addition to the \$126.6 million previously provided by the New South Wales Government towards the new bases. Why have your costs blown out by more than 40 per cent?

Mr RYAN PARK: You are right. We are committed to three bases—and I know this is an area that interests you—at Wagga Wagga, Port Macquarie and Moruya. I will stand corrected, but I think what was factored into the up-to-date costing was the recurrent costings around staffing and medical professionals that we would need to have operating them. I think, from memory, it is in addition to the 126 previously provided by the Government—and I think it would be around the fact, not having it directly here, Wes, that we would need to substantially increase the number of staff. It's not just the hard infrastructure. I know you know this better than any other Committee member. But it's not just the hard infrastructure. It's also the staffing of those bases. There has, obviously, been escalation costs and things like that that happen, and I think that would be the broad view. Commissioner Morgan, have I missed anything in that that I would like Mr Fang to be aware about?

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DOMINIC MORGAN: Thanks, Minister. The specifics of financial, I would probably defer to my colleague, but I also understand that there's issues of depreciation that have been calculated in. But you are entirely correct: It is a whole-of-service cost that we are building up. Alfa, anything further you would add to that?

ALFA D'AMATO: No. The Minister is correct. This is about all the servicing. It includes the staffing required to operate the bases, as well as the technical items such as right of use and the like and depreciation of the equipment.

The Hon. WES FANG: From that answer, can I then presume that, when you made the election commitment, you failed to factor in any of the staffing costs associated with the three bases that you had promised?

Mr RYAN PARK: Wes, you've probably experienced that some of the challenges around opposition is that you don't have access—

The Hon. WES FANG: Minister, don't reflect on me and being in opposition. I am very well aware of my role.

Mr RYAN PARK: I'm not finished.

The Hon. WES FANG: I'm asking you, when you made the commitment pre-election, did you fail to factor in the costs associated with staffing? Is that why there is a 40 per cent blowout in the budget?

Mr RYAN PARK: There's not—

The Hon. STEPHEN LAWRENCE: Point of order: The Minister had only said about three or four words before he was interrupted. He was clearly in the course of answering, and he shouldn't be cut off like that.

The Hon. WES FANG: To the point of order: He was reflecting on the fact that I am in opposition. I am very well aware I'm in opposition. I have been here for 2½ years. I know this Government has been not answering questions for 2½ years. I'd like him to go straight to the answer. I don't need to be told I'm in opposition.

The Hon. STEPHEN LAWRENCE: Further to the point of order: It's not for Mr Fang to determine how the Minister answers. With the greatest of respect, it's a pretty standard sort of thing to preface an answer with.

The CHAIR: At the point that the point of order was made, I think, the Minister was just starting to answer the follow-up question that had already been asked. So I'll allow the Minister to answer that.

Mr RYAN PARK: We made what we thought then was the best investment and attempt to make sure that that was captured. What we do know—and I know you know this, because I've had a previous chat with Minister Hazzard about this. Escalation costs have probably gone up by 50 per cent over the last four or five years. That is a fact. What we did when we came into government, in relation to this commitment, is—we wanted to make sure that we had factored in a range of what we would call the on-costs. They weren't embedded, per se, in the ambulance budget. So we needed to make sure that the crew, the paramedic crew, the clinical crew, the critical care doctor and all of those other components was a part of that area, as well as take into consideration the escalation costs.

The Hon. WES FANG: Understanding that, Minister, can you—your pre-election costings identified the source of those funds as the Snowy Hydro Legacy Fund. Can you confirm where the source of the new funds, to fund the overrun—the 40 per cent extra—are coming from?

Mr RYAN PARK: I imagine it's coming from the Consolidated Fund, but I will speak—

The Hon. WES FANG: From where?

Mr RYAN PARK: Consolidated revenue. I want to just clarify that that is the case.

ALFA D'AMATO: Minister, you are correct, but that is probably a question for Treasury because there were some original issues with the Snowy funding that the Treasury is dealing with.

The Hon. WES FANG: Does that mean that the current funding for the bases isn't coming out of the Snowy Hydro Legacy Fund?

ALFA D'AMATO: It's a question for Treasury.

Mr RYAN PARK: To be fair, we put up in our bid that we needed to take into consideration a range of different on-costs. The consideration of that bid needed to be increased because of construction and other costs. We put that forward. We then worked with Treasury around securing that, the specific funds. Wes, I'm not trying to be—

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The Hon. WES FANG: I appreciate that.

Mr RYAN PARK: This would be best dealt with with the Treasurer, because I don't want to provide this Committee, that I have an enormous amount of respect for, misinformation.

The Hon. WES FANG: I appreciate the respect, Minister. That is probably not part of the question that I asked. What question I am asking, however, is what consultation did you have with the Mid North Coast Local Health District when deciding on where the hospital bases would be co-located.

Mr RYAN PARK: I understand I have recently received some correspondence from the Coffs Harbour—I think it is Medical Staff Council in relation to them wanting to have a discussion with me. I want to make this clear to the Committee around this. What we committed to was three additional helicopter bases. Why? Because we wanted to have pre-hospital care dealt with in a way that we thought could be enhanced across New South Wales. We then asked NSW Ambulance, who then worked through where those locations would be. The selection of those locations had nothing to do with me. The selection of those locations comes from Commissioner Morgan and his team—I just want to emphasise it's not just Commissioner Morgan; it's Commissioner Morgan's team—around where we think they need to be strategically located to provide the best care to those people, not from. For instance, a helicopter base at Wollongong, where it is at the moment, doesn't service, necessarily, just the people of Wollongong. It's used strategically to go up and down the coastline. And this was the same.

The Hon. WES FANG: I am well aware of that. But that really isn't the question that I asked. The question that I asked was "Did you consult"—let me make it even wider, then. Did the department consult with the Mid North Coast Local Health District before deciding on where to locate the bases?

Mr RYAN PARK: I will throw to Commissioner Morgan, other than to say that, from my perspective, we wanted to make sure there was three additional bases—

The Hon. WES FANG: Minister, I'm not interested in your perspective; I'm interested in asking whether you consulted with them, and you still haven't identified that. Mr Morgan, did you consult with the Mid North Coast Local Health District?

DOMINIC MORGAN: Thanks, Mr Fang, for the question. The critical point here is this is about pre-hospital care. It is far more germane about where the helicopter flies from than where it flies to. To answer your question directly, the modelling informed that. Once there was a budget announced in June, confirming the funding for this, I wrote to the local health district, both in the Mid North Coast, the southern region and on the South Coast, to invite engagement. We have got those in train. Specifically on Mid North Coast, I personally met with the chief executive and the medical council in relation to this matter on 10 July. There was a subsequent follow-up meeting with the executive director of medical service and the medical council, and we've committed to ongoing dialogue.

The Hon. WES FANG: Minister, there was a 2017 study which reaffirmed Coffs Harbour and Wagga for the optimal locations for regional New South Wales helicopter bases. Why, then, given that report, did Port Macquarie and Moruya get chosen over Coffs Harbour in relation to the Port Macquarie base, which has been selected now?

Mr RYAN PARK: The 2017 report obviously predates me, Wes, and I know you acknowledge that. It's obviously change of population, the ability to access patients—they're strategically selected based on advice from NSW Ambulance. I wouldn't know where the best places to put three helicopter bases are. That's why I rely on the expertise from NSW Ambulance to provide that advice to me. In relation to that, I don't know if Commissioner Morgan wants to add any more around the 2017 report, but I'll throw to Commissioner Morgan just so you can get a full—

The Hon. WES FANG: I've got a list of questions to ask him this afternoon, so I might do that later. I want to check—has any work been done to further identify where other gaps can be filled? For example, Albury is one. The far south coast is potentially another.

Mr RYAN PARK: You mean in places like Bega or Eden or something, Wes?

The Hon. WES FANG: Yes. What work have you done in relation to future helicopter bases there, where communities are also crying out for it?

Mr RYAN PARK: I think we made a commitment for these three. I don't think that any government will not be looking at this, going forward. I can speak on behalf of my Government and my agency: We will be having a look at where possible other locations are. They have to be set as a part of our budget priority. I don't want people to feel like there's a bottomless pit, because that's never an approach that I have to public administration. We would need to factor that into priorities. But I am aware—

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The Hon. WES FANG: So, you are aware there are gaps?

Mr RYAN PARK: I am aware that there are communities and community advocates who would like one of these closer to where they are. The only issue in relation to Albury is you've got an airport very close by. I am advised that, from memory—I'll stand corrected on this, Commissioner Morgan—there is a piece of advice in a brief that has come up from me at a point in time around a fixed-wing service that is more viable for travelling distances over several hundred kilometres. But you would know this.

The Hon. WES FANG: I am well aware.

Mr RYAN PARK: I think it's 300 kilometres. The airport there is an important component.

The Hon. WES FANG: Minister, that's an interesting point. The examples of Albury and Shellharbour were brought up earlier in this session. Your Parliamentary Secretary, Michael Holland, told the ABC in relation to the Shellharbour helipad issue that it didn't need a helipad because it's not a trauma hospital. Do you agree with that statement from your Parliamentary Secretary? Or do you now concede that a helipad in a hospital such as Albury and at Shellharbour is perhaps in relation to flying patients out, not to bring patients in?

Mr RYAN PARK: Respectfully, my Parliamentary Secretary—I don't want to comment on something that I haven't had an opportunity to see and discuss with him.

The Hon. WES FANG: Well, it's published in the ABC, so—

Mr RYAN PARK: I'm just trying to be transparent about something that I won't do with a colleague not here, other than I'll say this: In relation to the Shellharbour helipad issue, I understand that it was not something that the former Government committed to. The community would understand—

The Hon. WES FANG: You're in government now, Minister.

Mr RYAN PARK: If you'll let me finish, Wes. The community down there would know, although they wouldn't agree with me yet, that I haven't committed to that yet. What I say to the community and what I say to the local health district is that we are looking at this. I am working through this issue. I understand it's a—

The Hon. WES FANG: Minister, you answered that to my colleague. I asked you about the comments around a helipad being to fly people out, not necessarily to fly people in. Do you agree with that statement or not? I don't need the rationale.

Mr RYAN PARK: It's a two-way. As you know, aeromedical services work in a two-way—there's transportation between hospitals—

The Hon. WES FANG: No, I understand that. I understand that, but the people want it so they can fly people out that need urgent care.

Mr RYAN PARK: There's transportation between hospitals, and there's transportation from where the incident or accident took place into facilities. What I'm saying is that in relation to—I won't comment on the particular remarks of a colleague who I'm not here to have a discussion with about it. But I will say that I am aware that the helipad issue at Shellharbour is one that the community have concerns on. There is an existing helipad—

The Hon. WES FANG: It was a pretty silly thing for your Parliamentary Secretary to say, given that—of course it's not a trauma hospital. That's not the reason the community wants it. I'm going to move on.

The Hon. STEPHEN LAWRENCE: Point of order—

Mr RYAN PARK: We do have a trauma network across our hospitals. That's how they've always—

The Hon. WES FANG: Minister, I want to move to Wee Waa hospital if I can.

The Hon. STEPHEN LAWRENCE: It's a forum for questions, not for sledges on people that aren't here, and the members of the other place, with the greatest of respect.

The Hon. WES FANG: Stop wasting my time.

The Hon. STEPHEN LAWRENCE: Stop wasting your own time.

The CHAIR: I've heard the point of order, but I think we're at the point of a fresh question being asked anyway, so I'll allow that question.

The Hon. WES FANG: Minister, shortly after Labor came to power, you closed the Wee Waa hospital's emergency department outside of business hours. In question time, you said that it was being replaced with a 24-hour urgent care clinic. Could an urgent care clinic treat a patient suffering a heart attack.

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Mr RYAN PARK: Generally not—they would not be treated at an urgent care clinic. However, they may do a lot of pre-operative care and treatment at a facility like that. I'm not commenting on Wee Waa, generally. Just so you know, we haven't made a decision around an urgent care clinic or otherwise at Wee Waa. What we have done is complete an independent inquiry off the back of advocacy from the member for Barwon, and other local residents who I've met with many times in relation to Wee Waa. We did an independent inquiry so that we could have an outside set of eyes take a fresh look at health services in that part of New South Wales.

What we are working through and what I've already updated the local member on is what that inquiry is going to try and focus on in terms of the recommendations. One of those recommendations is in relation to that type of care. We're working through what that physically looks like, on the ground. I'm very aware, Wes, that we need to make sure that local, smaller hospitals provide as much care as they possibly can. I've also got a responsibility as the health Minister to make sure that they are safe, they're properly resourced and I can properly get enough staff into those facilities.

The Hon. WES FANG: I appreciate that, Minister.

Mr RYAN PARK: That's what I am focused on in relation to Wee Waa.

The Hon. WES FANG: I appreciate that, and I appreciate that you said you've briefed the local member in relation to this matter. Why has the Wee Waa hospital working party been disbanded? What notice did you give them in relation to that decision, and what discussion has happened around that disbandment? You had a committee of locals that you've effectively given no voice to.

Mr RYAN PARK: We've been engaging with the community through the independent process. One of the recommendations—and I'll stand corrected, Mr Sloane—was the establishment of a more formal what I call working party to work through the recommendations and implementation of this.

The Hon. WES FANG: Sorry Minister, I'm confused now—you had a working party, you've now decided to have a new working party, so you've disbanded the old working party. Why didn't you just move that working party into being the formal working party? And what was their status? Were they an informal working party?

Mr RYAN PARK: As I said, if you'd just let me finish, one of the priorities for the district in relation to Wee Waa—and it's the Hunter New England district—we'll convene, coming out of this, a new local health committee to play a key role in shaping the types of services that we deliver there. Recruitment to that committee is underway. There will be, obviously, representatives from past committees going into that, but what we've tried to do is draw a line in the sand and say, "We need to do better at Wee Waa." We've had an independent set of eyes. It's made a number of recommendations. I'm now keen to move from discussion and consultation into implementation of those recommendations.

The Hon. WES FANG: Would it surprise you to learn, then, that the Hunter New England health district identified the reason that they disbanded the working party was "The group appeared to be disengaged, despite the fact that this is the same group that organised to save Wee Waa hospital at a town hall meeting last month." Is that a bit disrespectful to those people that were working hard in your group to try and provide feedback to you around saving the services in Wee Waa?

Mr RYAN PARK: Community engagement is very important to me. Community consultation is very important to me. I came to this place—

The Hon. WES FANG: Then why have you given these people no voice?

Mr RYAN PARK: I came to this place on the back of what I would call someone who's passionate about community engagement and consultation. In addition to that, what I'm saying to you is that coming out of this independent inquiry—the first of its kind, I might add—is a recommendation for the establishment of this new committee. I will personally make sure that there are representatives across the board on that committee, because I want that to be robust, I want that to be driving the implementation, and I want that to be working with Hunter New England Local Health District and our regional team

The Hon. WES FANG: From that answer, then, Minister—

Mr RYAN PARK: —to make sure that we deliver the very best services.

The Hon. WES FANG: Sorry, I've only got about 40 seconds left. I just want to confirm—there was a recommendation 13 in the review of the Wee Waa hospital services final report that was "Proactively engage with the Save Our Wee Waa Hospital community group on the implementation of the actions from this review." Will you now commit, given that you are so interested in that community feedback, to re-engaging with and providing

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a voice to the Save Our Wee Waa Hospital community, so that they can actively have a say in the delivery of health services in Wee Waa?

Mr RYAN PARK: I think I'd expect, as the Minister, for people who have been engaged with this process—

The Hon. WES FANG: They've had their voice taken away, Minister, by the Hunter New England health district.

Mr RYAN PARK: I'm just trying to finish. Through people who have been engaged in this process, I'd want them on the newly established committee. That's what I would want.

The Hon. WES FANG: So that's a yes?

Mr RYAN PARK: Of course it's a yes.

The Hon. TANIA MIHAILUK: Good morning, Minister.

Mr RYAN PARK: Good morning, Tania.

The Hon. TANIA MIHAILUK: How are you going? Good?

Mr RYAN PARK: Good, thank you.

The Hon. TANIA MIHAILUK: Good to see you. Very quickly—I've only got a little bit of time—I want to ask you about the big announcement regarding the National Disability Insurance Scheme and the Federal health Minister's announcements yesterday. Have you had a bit of a chance to get across it?

Mr RYAN PARK: Yes, I've had a briefing on it.

The Hon. TANIA MIHAILUK: Have you had a direct briefing from the Federal Minister?

Mr RYAN PARK: There was a meeting last night—or four o'clock yesterday afternoon—but I had already a meeting, so my office went. He made a commitment, I think—

The Hon. TANIA MIHAILUK: Sorry, did you go, or it was your office?

Mr RYAN PARK: No, my office went.

The Hon. TANIA MIHAILUK: And was the Minister there at that meeting, or was that just some staff?

Mr RYAN PARK: I understand he was there, Tania.

The Hon. TANIA MIHAILUK: Did he, Minister, prior to making this announcement, reach out to you or your office at all?

Mr RYAN PARK: He had talked about the broad issue of disability reform at one of the last health Ministers' meetings.

The Hon. TANIA MIHAILUK: But he wasn't specific about the actual reform itself?

Mr RYAN PARK: I wouldn't say he was specific. To be fair, I'm not the disability Minister.

The Hon. TANIA MIHAILUK: I appreciate that, Minister.

Mr RYAN PARK: I just don't want to note—if he briefed another—

The Hon. TANIA MIHAILUK: I accept that he might have briefed one of your colleagues. I accept that's possible.

Mr RYAN PARK: That's all.

The Hon. TANIA MIHAILUK: Why I'm asking you specifically the questions, Minister, as our chief health Minister for New South Wales, is that the comments that he's made yesterday—that is the Federal health Minister Mark Butler's comments at the Press Club—are specifically saying that he will defer mild and moderate cases of autism—

Mr RYAN PARK: Cases, yes.

The Hon. TANIA MIHAILUK: —in young children. We know that the statistics are quite—

Mr RYAN PARK: Correct.

CORRECTED

The Hon. TANIA MIHAILUK: —startling, really, when you think about 16 per cent of six-year-old boys are on a national disability scheme in Australia. It's just hard to fathom.

Mr RYAN PARK: And on the way up.

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

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

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

Mr RYAN PARK: Yes.

The Hon. TANIA MIHAILUK: I appreciate it's not going to start until '27, but it would be good to have an idea if you've already factored in what the costs could be. I'm sure there has already been some discussion around this issue, given that it's been on the cards for a while that the national disability scheme—

Mr RYAN PARK: Yes, it has. I know you weren't saying this, Tania, but I don't want you to think that we haven't thought that this is coming, and I don't want you to think that Minister Butler has never talked about this. He has. I'm not saying that. What I've got to remember, though, is that they committed, in terms of health, a glide path to get to 45 per cent over a maximum of 10 years. We're not anywhere near that at the moment in relation to healthcare funding. So I've got to be very aware that the possibility that this could move or decrease funding for our system as a result of these reforms—they're things that I've got to be cognisant of. I've had an initial discussion this morning with the Minister for Disability Inclusion, Kate Washington. What I've said is that we will as a department have a look at this, but my priorities are around we need to get the Commonwealth to what they committed to as quickly as possible in terms of healthcare funding.

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

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

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

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than to say that we paused it; we engaged with that discussion. There seemed to be a mismatch in advice from the ground versus—

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

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

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

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

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

The Hon. EMMA HURST: Sorry, I might interrupt you there. I can come back to that level of detail in the—

ELIZABETH WOOD: Sorry, my apologies. Could you then repeat the question for me?

The Hon. EMMA HURST: I might go back to the Minister because I don't need that level of detail in regard to the training. Minister, I want to know how that tendering and funding process will work to actually deliver that training. Will there be a public tender process? Will it be co-designed with consumers and those who have actually experienced birth trauma?

Mr RYAN PARK: That is probably yet to be determined—that level. But it'll be done, obviously, in relation to all public funding, through a proper procurement process. I would expect it to be co-designed, Emma, just given the nature of what we're doing. I think that that would be the sensible reform going forward. It'll have to meet compliance around our procurement services.

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

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

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

CORRECTED

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

Ms CATE FAEHRMANN: Minister, the drug summit recommendations—when can we expect the Government to report on those?

Mr RYAN PARK: Yes, we're taking our time to work through it.

Ms CATE FAEHRMANN: Yes, that is true.

Mr RYAN PARK: It is important to thank advocates that are in this room, including yourself, and the convenors, Carmel Tebbutt and John Brogden. We did an interim response very quickly in relation to drug testing at musical festivals because the initial report was handed down in the middle of summer, and I was a bit concerned around some of these festivals, so we did that. I don't have a date to say when it will be. It will be considered in due course. We are working on it as an agency. We are working on it across government at the moment. It will then go through a Cabinet process. Then we will release that. We have, obviously, already committed, I think, close to a quarter of a billion dollars in terms of new and enhanced drug support services, programs across the State. I don't want people to think we're static on it. We are engaging with it. Dr Chant, from a health perspective, is leading it from my team. But there are other agencies involved. Then that process will go to Cabinet.

Ms CATE FAEHRMANN: Just to be clear, then, it's still being worked out with various agencies in terms of the response? We're mid-August now and it hasn't gone to Cabinet yet. I'm hearing various things from people in the sector that potentially we're close; potentially there is something in September. It sounds like it might not be September.

Mr RYAN PARK: Certainly, I won't put a timeline on when things go to Cabinet, because I don't control that other than to say that we're in the process of working through with other Ministers and agencies around responding to what is a pretty significant summit, the first in 25 years or so. It has to be a considered one. Deliberately I am taking my time, because I want to get it right. It does involve more than just Health; it involves a range of different agencies. Then the process, as you know, Cate, is to take it through Cabinet. I don't have a timeline on that Cabinet process yet.

Ms CATE FAEHRMANN: You'd know the history of the previous Government in terms of the ice inquiry and its recommendations, the agreement between the police commissioner and the chief health officer, but between government in terms of looking at establishing that health program—putting that half a billion, as you said, into health programs.

Mr RYAN PARK: Quarter. I think I said quarter.

Ms CATE FAEHRMANN: Five hundred million was the ice inquiry.

Mr RYAN PARK: Other stuff, yes.

Ms CATE FAEHRMANN: Part of that was also the Early Drug Diversion Initiative, which started in February last year.

Mr RYAN PARK: EDDI.

Ms CATE FAEHRMANN: EDDI, that's right. Are you concerned by the low numbers? Just very quickly, the number of people who have completed a discussion with a health professional as a result of that program is—Dr Chant, do you have that figure? It was very low when I asked for information from police.

KERRY CHANT: Apologies, I'm just—

Ms CATE FAEHRMANN: We'll come back to it.

Mr RYAN PARK: It's not a huge number, that's for sure.

KERRY CHANT: No.

Ms CATE FAEHRMANN: Are you concerned, Minister, that not enough people are being diverted into health programs as a result of that initiative? What is going to happen to change it?

Mr RYAN PARK: This was discussed at every hearing I went to, which were the four sites. EDDI was raised and making sure that our frontline police are aware of it and can utilise it, and making sure that awareness is across the board, not just in certain areas. There were recommendations around making that scheme more

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available, but I want to make sure, before I say anything in relation to this, that I've had a discussion with the police Minister. To be fair, this is driven by New South Wales police. Those changes put forward are being considered in terms of the recommendations to the New South Wales Government. I want to see these types of measures utilised where appropriate by New South Wales police, but I'm also not in the business of pretending to be a police officer. The interactions they have with a particular individual are beyond my jurisdiction.

Ms CATE FAEHRMANN: What I'm hearing, then, in relation to that scheme, is that it's actually driven by police. You don't have an equal say as health Minister. Again, you would've heard at the Drug Summit—I know you feel strongly about this—that drug use really should be treated more as a health issue than a criminal one in terms of that's how we get results. That's what I thought EDDI was supposed to be, but you just said that the police Minister is in control of this and you don't have much of a say.

Mr RYAN PARK: It's a partnership. What I'm trying to say is—

Ms CATE FAEHRMANN: What are you recommending?

Mr RYAN PARK: I'm not responsible for police officers. They have interactions with a member of the public and make a determination. Some of the feedback that I got, that the police Minister would've received and that we all got as a government from the summit was about awareness, making sure that process was well known to police and that there were opportunities to have a look at whether that scheme could be improved. We haven't, as a government, finalised our approach to that recommendation, other than to say we are having a look at it. I'm not the person, to be fair, in terms of police. They issue it.

Ms CATE FAEHRMANN: I've got a minute left. My office obtained more recent data from the New South Wales police since the Drug Summit about this scheme. During that time, I understand police were better informed about the scheme, but the same appalling rate of diversion was occurring, which was roughly just 7 per cent diverted from the courts—so people who were caught with levels of drugs on them. Something like 3.4 per cent of people caught with ice avoided the courts and were able to be given the chance of having a conversation with a health professional. Does that sound like a scheme that is working and doing what the ice inquiry intended?

Mr RYAN PARK: I think all these types of schemes we can look at for improvement. That certainly was the feedback given to me as the health Minister at the summit. We had around 1,000 people access the scheme. My priority around the scheme is the health intervention component. It's obviously up to the person if they want to engage with that. That's a decision for them and police. The advice to me during the summit was that this is an area that government should and can look at. We're doing that as part of our response. I don't want to foreshadow what our response to that recommendation will be here today. That's a part of a process that I have to take through Cabinet, along with my colleagues who are involved in it.

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

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

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

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

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

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

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

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

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

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

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

CORRECTED

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Hon. SUSAN CARTER: Thank you. To that, are you able to answer questions about the People Matter Employee Survey showing that 16 per cent of Concord hospital staff reported being bullied? Are you satisfied with how the local health district executive has managed bullying and harassment at Concord?

Mr RYAN PARK: Whenever there is bullying and harassment across the health system, it concerns the secretary and I immensely. This is a piece of work that we are driving in terms of improving culture. We do believe that there are areas of improvement in relation to our culture. It's something that the secretary has taken great personal issue and responsibility for. Of the correspondence that I receive each week, which is many

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hundreds, I think probably 85 to 90 per cent of the correspondence where people have raised issues can be traced back to culture and communication. I believe—

The Hon. SUSAN CARTER: Thank you, Minister. The question was, are you satisfied with how it's being handled?

Mr RYAN PARK: I think the chief executive of that local health district is an incredible leader. We've got a new chief executive in Deb Willcox in place to make sure that we drive that improvement. The feedback that I'm getting from that chief executive is that people are certainly seeing a change under her leadership. The secretary was recently out in that hospital, meeting with clinical staff, and these issues were raised and discussed. These are issues that are important to the secretary and to me as the Minister.

The Hon. SUSAN CARTER: One last quick question, which is a follow-up from questions from the Hon. Rod Roberts earlier this morning, talking about allocation of paramedics at Goulburn. You and Commissioner Morgan indicated that there was more work to be done. Can you commit to that work being done?

Mr RYAN PARK: We're always looking at ways in which we can improve paramedic services across New South Wales. This has been a particular interest for Commissioner Morgan, in terms of regional and rural care, for some time. We are always happy to engage with the team at Goulburn. We are happy to engage with their union, the Health Services Union. If we can deliver better paramedic services there, we will. I just say, as you would know better than anyone, Ms Carter, I've got to operate in a budget that can sustain good health care across New South Wales, but we will continue to do that.

The Hon. WES FANG: Minister, is it correct to say that the Goulburn urgent care clinic was opened in August 2024?

Mr RYAN PARK: Yes, I'm aware of the Goulburn urgent care clinic and the—

The Hon. WES FANG: So it opened in 2024. Is it correct to say it also then closed in June 2025?

Mr RYAN PARK: Yes. Would you like me to say some things about it or—

The Hon. WES FANG: We'll get there. Is it correct to say, then, the service was open for just 10 months before it was closed?

Mr RYAN PARK: Yes.

The Hon. WES FANG: What immediate measures have you put in place to ensure that the loss of the urgent care services in Goulburn doesn't impact the community?

Mr RYAN PARK: Well, it will continue to operate—I'll try to be quick, because I know you'll have a lot of questions. It will continue to operate as a GP clinic but not so much as an urgent care service. Funding from New South Wales remains available for urgent care services in Goulburn, for another operator. We are committed to working to provide access to those types of urgent care services across the State, including Goulburn. But, Wes, we do this in partnership, to be fair, with the Commonwealth. We are doing an enormous amount of heavy lifting in an area that is not traditionally ours—that is, primary care. It is not an unlimited bucket of money, but there remains funding to be used in place for urgent care services, should another provider do so. We would obviously work with the PHN—the primary health network—that's funded through the Commonwealth to make sure that we deliver those types of services. I don't want to mislead. We don't have that in place at the moment. It is a GP service there at the moment.

The Hon. WES FANG: Minister, I'm sure you can understand, then, that the people of Wee Waa are incredibly concerned that the fate of their urgent care clinic that you proposed may suffer a similar fate to that in Goulburn. If you can't make it work in Goulburn, how do you expect to make it work in Wee Waa?

Mr RYAN PARK: Because it's completely different. They're different geographical locations. There would be a different model. We haven't said one way or another where we're locked into around urgent care at Wee Waa, other than to say that, as a part of the independent review, that was clearly something that the community said we need to have in place.

The Hon. WES FANG: No, they want an emergency department. You've offered them an urgent care clinic. In Goulburn it shut after 10 months.

Mr RYAN PARK: We haven't made a decision around an urgent care department. What we have said is we're engaging with the community about that 24-hour service and what that looks like at Wee Waa. They have my assurance that I will work very, very hard to make sure that we deliver the very best possible service for Wee Waa. It's a community that I've visited on many occasions. They've got a local member there who has been a very strong advocate, along with other community members, in that space. I note your colleague in the other place has

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also discussed it on a number of times. But I've got to make sure that whatever we deliver in small regional and rural hospitals can be resourced, can be staffed, is sustainable and, most importantly, is safe. All of those elements have to be in place. That's what we are working through in relation to Wee Waa. But I don't think it's fair to compare the two.

The Hon. WES FANG: We'll agree to disagree, Minister. I want to move now to the issue of key health worker accommodation. Will the scheme that you are proposing build new homes or buy existing homes?

Mr RYAN PARK: On key health worker accommodation we've made a commitment of I'm going to say about \$220 million, but I'm recalling this; if I've got that wrong, someone will tell me. It's around about \$200 million, and it's a combination. There are areas, for instance, in the Shoalhaven where we are doing a mixture of purchasing properties and absorbing properties, new and old, and then there are areas that we have rolled out in other parts of New South Wales where we have done brand-new facilities.

The Hon. WES FANG: So it's fair to say it's a mix?

Mr RYAN PARK: Moree and Tamworth, for example, just in terms of the physical look of those appearances, are new facilities onsite rather than what we might be doing in Shoalhaven, where there may be space already within the market and we've purchased that.

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

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

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

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

The Hon. WES FANG: You're not sure?

Mr RYAN PARK: Luke, do you want to—

LUKE SLOANE: Yes, I'm more than happy to answer that. In some circumstances, absolutely, they'll have to share, though we'll have a mix of—

The Hon. WES FANG: Will you force families to share as well with other single people?

LUKE SLOANE: No. There's a wide range of accommodation that will be available, both now and then into the future, that can accommodate singles, families or others—dogs, even. We just want them to get out there and establish their roots and then be able to move into more permanent accommodation.

The Hon. WES FANG: I appreciate that. But you won't force families to share accommodation with other single people that they may not know?

LUKE SLOANE: No.

The Hon. WES FANG: Wonderful. Minister, where is the public reporting and project timelines, costs and contractors related to this project?

Mr RYAN PARK: Where?

The Hon. WES FANG: Yes, where can we find it?

Mr RYAN PARK: Probably on the NSW Health website. I'm happy to try to source a particular document for you. I don't want to—

The Hon. WES FANG: So there is current public reporting in relation to this program?

Mr RYAN PARK: Luke can answer, or Alfa can.

LUKE SLOANE: No. I mean, we've got internal plans around how the prioritisation of properties is actually being developed, in conjunction with their districts and communities.

The Hon. WES FANG: Minister, when you indicated that I'd be able to find it, the issue is we can't. There is no public reporting on this. Are you going to commit that there will be public reporting?

Mr RYAN PARK: I commit to the reporting will be compliant with the procurement guidelines and policies and the budget guidelines and policies that we, as a government—

CORRECTED

The Hon. WES FANG: I'm asking if you're committing to public reporting, but you're not. Okay.

Mr RYAN PARK: Well, no, that's not correct, Chair. I didn't say that. I said that, like every project we do in a budget the size of ours, there is an expectation and a requirement by law that we have to comply with our public policies in relation to the expenditure of money. That's what I'm going to make sure I do.

The Hon. WES FANG: Minister, I wasn't asking you about whether you'd do the minimum. I was asking you whether you were going to report publicly about the matter, that was all. Now, in relation to the urgent care clinic that we've got in Goulburn, that was primarily for primary care. Is that correct?

Mr RYAN PARK: Yes, urgent care clinics are designed to fill in the gap of—

The Hon. WES FANG: You've proposed in Wee Waa that it's to replace emergency care. What do these urgent care clinics do? Is it for emergency care or is it for primary care?

Mr RYAN PARK: Let's talk about urgent care clinics. They are generally for category 4 or 5 types of triage. They are for patients that need care quickly, but it is not life-threatening care. For instance, minor breaks, abrasions, abdominal pain where we think there's a known source, temperatures for young children—

The Hon. WES FANG: Minister, off the back of that answer, when I asked you previously whether somebody having a heart attack in Wee Waa could be treated in an urgent care clinic and you said you weren't sure—

Mr RYAN PARK: No, I didn't say that.

The Hon. WES FANG: —is that a category 4 or a 5?

Mr RYAN PARK: For the record, and I want to be clear on this, I didn't say that. I said that a heart-attack-type intervention would obviously be an emergency. That doesn't mean that a smaller hospital can't provide preoperative care and pre-major-treatment care to help stabilise a patient in the same way our paramedics do every day of the week.

The Hon. WES FANG: But that isn't what you proposed for Wee Waa. You're proposing an urgent care clinic.

SUSAN PEARCE: May I comment, Minister?

Mr RYAN PARK: Yes.

SUSAN PEARCE: Mr Fang, I can probably assist you here I think. The Goulburn urgent care service that you're talking about is a completely different model to what is part of the recommendations for Wee Waa. NSW Health hospitals, all 226 of them, fit within a role delineation framework to determine the types of services that are available. I point out that the excellent staff at Wee Waa have access to medical officers, both obviously in the community but also specialists that are available via virtual, but our health services are networked. I think that you are comparing two very, very different models. The urgent care centre or service in Goulburn was a creation of—as you know, the Commonwealth announced a number of those staffed by GPs to treat people with urgent conditions. But they're a very, very different model to the Wee Waa model, so I really don't think a comparison is possible.

The Hon. WES FANG: Whilst I agree with you, the concern in the community, particularly in Wee Waa, is how is the same centre that has the same name in Goulburn going to treat those people in Wee Waa.

Mr RYAN PARK: Well, because—

SUSAN PEARCE: The service—

The Hon. WES FANG: These are the concerns of the Wee Waa community. This is what you would know, Minister, if you hadn't disbanded the Wee Waa working group.

Mr RYAN PARK: Let me take you through this very carefully and very slowly because obviously you're having difficulty understanding what I've explained.

The Hon. WES FANG: No, Minister, don't patronise me. I'm not having a difficult time understanding it. The community is wanting these answers. The community wants to know why you disbanded their group and why you are now proposing a lower level of care for the Wee Waa community. These are the things they want answered. They don't want to be patronised either, Minister.

The Hon. STEPHEN LAWRENCE: Point of order—

Mr RYAN PARK: Chair, one, I haven't made a decision—

CORRECTED

The CHAIR: There has been a point of order. I suspect I know what it is.

The Hon. STEPHEN LAWRENCE: The Minister was trying to answer and then he was spoken over at length.

The CHAIR: That's right. The Minister was interrupted, and I don't think there was actually a question there. I'm happy to allow the Minister to answer the previous one.

Mr RYAN PARK: In relation to the emergency or urgent care, that is something that I said earlier that we are working through and we will engage with the community and the local member on—that's firstly. Secondly, in relation to an urgent care service at Goulburn or an urgent care or emergency at Wee Waa, they are different locations with different challenges. What I can assure the community on is a couple of things: One, I will be engaging with them; two, there will be representatives of any former committee or any former group on the committee that we're establishing that was recommended by the independent review to try and make sure that there was a formal structure—

The Hon. WES FANG: Thank you, Minister. That was all I was looking for. I'll pass to my colleague.

Mr RYAN PARK: —and, three, we do want to provide that 24-hour care to the people of Wee Waa, but I have to do it in a way that's safe and sustainable.

The Hon. SUSAN CARTER: The essential health services package is in excess of \$800 million. What will that be spent on in 2025-26?

Mr RYAN PARK: A lot of this will be around emergency department diversion. There'll be components of that which will be additional staff. We have committed close to half a billion dollars for what I would call ED diversion. This can't happen soon enough.

The Hon. SUSAN CARTER: Sorry, Minister, can you explain what ED diversion is?

Mr RYAN PARK: What we're trying to do there is cope with the additional demand. That essential services package is around additional demand into the system and what we're doing to try and address that additional demand through a range of different things—additional staffing, ED diversion programs, additional resources across the system.

The Hon. SUSAN CARTER: Sorry, diversion to where?

The CHAIR: Sorry, Mrs Carter, the Opposition's time has finished.

The Hon. JOHN RUDDICK: Minister, all around the world the transgender chemicals and surgeries are being wound back for children because of data indicating there is concern around whether it's causing harm. Sweden, Finland, the UK, Norway, Denmark, Argentina, France, Belgium and the United States are just some countries which have reversed these measures, sir. Africa and Asia never even went down this road in the first place. Do you think it would be fair to say that while the rest of the world is exercising caution and reversing some of these measures, New South Wales is exercising no caution and has its foot on the accelerator?

Mr RYAN PARK: I appreciate your question. I disagree with the view that you have. I think I speak on behalf of everyone in the room; I want to be very sensitive in the way in which we talk about this issue. This is an issue that is very, very sensitive to many, many people across the community. Having had an opportunity to speak to parents and people impacted by this area of health care, I just want to be respectful in relation to that. In relation to what we do in NSW Health, we provide gender-affirming care that is tailored, best practice, evidence-based and multidisciplinary. We worked through a process that I know you would be aware of through the Sax Institute to have a look at what we were delivering. I'm confident that we continue to be best leading and best practice, but we will continue to monitor evidence in this space to ensure that it is consistent with national and international best practice.

The Sax Institute, Mr Ruddick, that I talked about—that evidence review in 2024 found that the puberty suppression, the gender-affirming hormones and the psychological therapies can be beneficial for young people who are trans and gender diverse. The evidence check, from my perspective, reaffirms our current approach that we're doing here in New South Wales. That does not mean in any way, shape or form that we don't welcome the development of the national guidelines as proposed by the Australian Government. That's obviously something that we are engaging with, but I don't want to give the Committee any impression that NSW Health is doing things outside of an evidence base and clinical best practice because I'm confident we are. But I'm also aware that there are different and disparate views on this particular area of health care. The only thing I ask is that as we work through it, we do it in a respectful way on all sides.

CORRECTED

The Hon. JOHN RUDDICK: Minister, I'm pleased to hear that you say that you are monitoring new developments. On 28 January this year, the Queensland Government paused hormone treatment for new trans patients for kids under the age of 18. Queensland is now undergoing a review of its policies and practices regarding gender-affirming hormone therapies for those under the age of 18. The review will be started in January of this year. It's being led by Professor Ruth Vine, and it's expected to be completed in November this year. Will you in New South Wales be taking a genuine and curious interest into what the results of that Queensland review will be?

Mr RYAN PARK: I don't want to speak for other jurisdictions, but we always have an interest in health care and what people are doing interstate and globally. I get journal articles that are sent to me regularly in relation to reforms in health care. We will be contributing to, and no doubt a part of, the national review. We have a clinical advisory group set up that is of expert clinicians and multidisciplinary clinicians. They meet regularly—just so the Committee is aware—to review and provide advice and review evidence in relation to best practice. It is, Mr Ruddick, an evolving area of health care, and we need to make sure that we do that. We will be contributing to that discussion and process as part of the national review. We have no problems with the national review, but we're also confident in what we're doing in NSW Health at the moment. We're confident it's evidence based and best practice. We are ongoing what is happening in this area of health care because I acknowledge as a health Minister, and the clinicians across NSW Health acknowledge, that it's an evolving area of public health treatment and service delivery.

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

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

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

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

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

The CHAIR: Minister, back to my eternal topic of Albury hospital, there were field investigation works undertaken by Civiltest Pty Ltd of the Albury hospital redevelopment site as part of the review of environmental factors for the north-east building, which is the very small first stage of the redevelopment that NSW Health Infrastructure is undertaking. Are you aware that that investigation found the soil quality at the Albury hospital site to be P for "problem"?

Mr RYAN PARK: Jeez, you've got me on that one. Troy?

TROY HARVEY: It's not unusual for our hospital sites to have some challenging geotechnical and contamination conditions. Plainly, as a part of our planning approval process down the part 5 route we do a review of environmental factors for our development consent. A big part of that is understanding contamination and challenging geotech components, but also that we've got enough allowances to make sure that we're adapting to that in our designs. As you say, for the component of the north-west building, it is a staging solution for these works, and there's more to do.

The CHAIR: I assume you mean the north-east building.

TROY HARVEY: North-east, sorry.

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

CORRECTED

Mr RYAN PARK: No-one can take away your advocacy for this facility and service. I know it, the Parliament would know of your advocacy and the community does too. It is a significant 558 investment that we're doing with Victoria. The challenge—and it's not to diminish the advocacy of anyone—is that we have a lot of modern facilities on the existing site. We would essentially be removing those and starting again. We've made a decision. I know it's not agreeable to everybody in the community and I know it's not what everybody wanted, but we're going down a pathway of this investment as it's currently outlined. I'm not proposing to make any changes to that. That doesn't mean that from time to time, in relation to the things that Troy spoke about—soil and other things—we're not going to have to change the way we do things. Everyone knows that when you do a big piece of infrastructure like that—

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

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

The CHAIR: Minister, you referred to the Brain and Mind Centre, which isn't actually at the Albury hospital site. It's at the Mercy Hospital site in central Albury.

Mr RYAN PARK: Sorry. I might not have got that.

The CHAIR: You brought a copy of the special commission of inquiry report with you, which I have read.

Mr RYAN PARK: It talked about Albury.

The CHAIR: That's right. Have you read chapter 17?

Mr RYAN PARK: Yes. Probably sometimes much to my officials' frustration, I have read those. I know the comments the commissioner made around Albury, where he said the consideration of the two sites would need to be factored in. He also talked about—and I'm going right down to a micro level—in that report in 17 about strong engagement with clinicians and strong engagement with workforce around that going forward. We'll continue to do that, but I'm not going to pretend that there's an endless bucket of money. I'm not a Minister, or person, who does that. We've made a contribution with the Victorian and Australian governments. We think that is the best approach going forward. As Troy said, if there are issues in relation to soil that we need to modify and change, then that doesn't mean that we don't take that into consideration. It does, but they happen in real time. We can't predict everything that happens underground whilst we make budget allocations for the delivery of new health facilities.

The CHAIR: I'm delighted that you've read chapter 17 of the special commission report. I think it's worthwhile for the whole Committee to note that this was the only specific local health service that got its own chapter in the inquiry report, which was really thorough.

Mr RYAN PARK: It was.

The CHAIR: You've referred to the comments around engagement with the community. To quote that report, Commissioner Beasley wrote:

... there is little to suggest that the proposed redevelopment of Albury Hospital has had meaningful regard to the views of the medical and other clinical workforce of Albury Wodonga Health, of management, or of the community.

He goes on to later say:

... there must be meaningful engagement with them, that appears to be either absent here, or at best insufficient.

Do you intend to change the approach of the engagement that NSW Health Infrastructure has had with the community?

CORRECTED

Mr RYAN PARK: I want to make sure that we are engaging with clinicians and community members when we do big pieces of infrastructure. That's my intent. That's the intent from Health Infrastructure. From time to time could that be better? No doubt. I'm not pretending that it can't be. I don't say everything is perfect with our engagement, but engagement doesn't mean that we simply say that we can do everything that a particular community wants at every particular site or everything a clinician wants at every particular site. That's not in my ability to do that. I don't like to give people false hope, that because someone says something through an engagement process I can necessarily do that straightaway within a budget that I have. I have to work within a budget. That's the reality of the expenditure of public money. That's what I do every day. I want to get the best bang for buck. But if we need to improve clinician engagement and community engagement, we're always open to it. To be fair on the team from Health Infrastructure, I think they do a really good job in relation to this, but it doesn't mean they're perfect and it doesn't mean we can't get better.

Ms CATE FAEHRMANN: Minister, are you aware of the upper House inquiry into PFAS?

Mr RYAN PARK: Yes.

Ms CATE FAEHRMANN: Have you seen the Chair's draft report, which was circulated to members a few weeks ago?

Mr RYAN PARK: I don't think I have.

Ms CATE FAEHRMANN: Have any of the officials around the table seen that draft report?

Mr RYAN PARK: Dr Chant? I want to triple-check. I certainly don't remember seeing it.

Ms CATE FAEHRMANN: To be clear, it's a confidential Chair's draft that is sent to members.

Mr RYAN PARK: I probably haven't then, just to make sure.

Ms CATE FAEHRMANN: Did the timing of this committee and its reporting dates influence the timing of the PFAS expert review panel's release of its final advice into PFAS, Dr Chant?

KERRY CHANT: No, Ms Faehrmann. What was largely driving the timeline was the need to have all the members of the panel thoroughly consider all of the issues and be comfortable to all sign off on a report as we worked through some complex issues. But that was also balanced with an acknowledgement that the community was concerned and there needed to be timely feedback to the community. That's the situation that drove the timeline.

Ms CATE FAEHRMANN: Minister, the committee was due to have its deliberative, which is its confidential meeting where it goes through that confidential report, on Tuesday 12 August, I think it was. That morning was the time that the PFAS expert advisory panel released its findings, summary and recommendations after meeting.

Mr RYAN PARK: Yes, I've had a look at that.

Ms CATE FAEHRMANN: NSW Health did know that the committee was meeting at the time and considering this draft report. Do you think that's appropriate, for the department to be releasing information on a timeline to influence an upper House inquiry report like that?

Mr RYAN PARK: I'm not being disrespectful to the upper House committee structure, but I am unaware of their deliberative schedule. I certainly don't know that.

KERRY CHANT: Ms Faehrmann, can I just really refute that fact? The reason that there was reaching out to the upper House committee was that we were aware the committee had been going through its processes, and the approach to acknowledging how we could send the report, when it was finalised, to the committee was actually to give due deference and concern to the Parliament, who had been investigating this matter, and not blindsiding it. That was the pure intent of it.

Ms CATE FAEHRMANN: I hear that. The issue is, as well, that the release of that information by the expert review panel—that information was not really any different. It didn't seem that different to what NSW Health was doing all along. Just in terms of incorporating anything or changing the direction of the report, it was, for all intents and purposes, very similar to what NSW Health was saying six months ago or two years ago.

KERRY CHANT: Ms Faehrmann, I think that, to be fair, there were a number of issues that the community had raised which the report deals with. The community had raised concerns around the clinical utility of the test. They had raised concerns around the NASEM guidelines and how that sat and how that should be considered. They also had raised the concerns around whether an epidemiological study would be useful.

CORRECTED

I established an expert panel, and the expert panel's terms of reference were to provide evidence of the health effects—

Ms CATE FAEHRMANN: Sorry, I've only got three more minutes with the Minister.

KERRY CHANT: I think the report covers off some issues that community members raised. Our staff were at the community meetings in the Blue Mountains, but also we've had advocacy from a range of proponents.

Ms CATE FAEHRMANN: Dr Chant, I did want to give you enough time to respond to that allegation but, regretfully, I have to turn to another issue—will come back to that—because of time. Minister, the drug-checking trial that NSW Health has been undertaking, just very quickly, which music festivals so far have had a trial at them?

Mr RYAN PARK: Yes, I can get you that very, very quickly. We definitely went to Wollongong at the Yours and Owls Festival, and there were a number of others that we had coming as well.

Ms CATE FAEHRMANN: I've got here that the Music Festival Roundtable got an update from NSW Health on 19 June this year that said there were drug-checking trials at the Gearbox, Midnight Mafia and Hyperdome festivals.

Mr RYAN PARK: Sorry, I don't like saying the word because I don't know if I've said it the right way.

Ms CATE FAEHRMANN: Were drug detection dogs at those festivals?

Mr RYAN PARK: I imagine they were at those festivals, but that's probably something best asked of New South Wales police because I obviously don't determine whether they're going to be there or not.

Ms CATE FAEHRMANN: With respect, Minister, just in terms of the Drug Summit, one of the recommendations from the Drug Summit was that those drug detection dogs and strip searching not be used at those music festivals where drug checking was taking place. Drug checking is being run by NSW Health. How strongly did you, as Minister, advocate to the police Minister not to have those drug detection dogs at those particular music festivals, or did you not ask the police Minister that?

Mr RYAN PARK: The police Minister and I had a really good relationship in relation to this. She and her officers determined whether drug dogs were there. What I made clear was that we, as Health, were running the tent and that people—

Ms CATE FAEHRMANN: So you didn't ask, despite the recommendation from the Drug Summit. You didn't even put a request in to the police Minister to see what it would be like without drug detection dogs there? You do know the coronial inquest into music festival-related deaths—you do know that one of those young women who died, Alex Ross-King, did so in response to the drug dogs. She took all of her drugs at once. As a result, the Deputy Coroner recommended that drug dogs not be outside music festivals. There's drug checking inside, run by NSW Health, and you didn't request to the police Minister just to see if we could do those music festivals without drug detection dogs there?

Mr RYAN PARK: I had discussions with her around the way in which we would operate the tent and the way in which that would function as part of the precinct. The decision in relation to drug dogs is one that she and the New South Wales police commissioner are going to make. I wouldn't like another Minister telling NSW Health and our secretary how to run our component of that. Respectfully, I'm just going to leave that recommendation to be worked through by the Government in relation to drug dogs. It will be led by the New South Wales police commissioner and the police Minister. Out of respect for those two individuals, I just want to let them work through that process, as a part of an overall consideration the Government is making around the Drug Summit.

The Hon. SUSAN CARTER: Minister, if we could go back to the Essential Health Services package. What is an ED diversion?

Mr RYAN PARK: Good question. I thought you might know. Emergency department diversions that we are putting in place are significant. They are things that we want people to access rather than going to our EDs. For instance, Healthdirect on 1800 022 222 is a line where people can access a range of support—clinical advice, clinical care, access to medical staff and registered nurses—if their condition is appropriate, without going through an emergency department. But to do that—

The Hon. SUSAN CARTER: Minister, does that include Safe Havens?

Mr RYAN PARK: Safe Havens are more in the mental health space.

The Hon. SUSAN CARTER: So this isn't mental health diversions from ED.

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Mr RYAN PARK: No. Just to be clear, if someone was to ring one of our diversion—I'll just say Healthdirect—with a mental health issue, we would have a clinician assess how that person is. If we thought that person—and I'm not saying this is the case—may undergo harm to themselves or others, then we, obviously, would engage that person to work through the normal 000 emergency department process. These are diversions predominantly around health care, where we feel that we can deliver that best in a different setting that is not an emergency department, that we want to keep for critically injured or unwell patients. All of us grew up knowing what an emergency department is. They are not for things that we go to GPs for, as a general rule of thumb. The challenge in primary care in this country has meant people are now using our emergency departments to access primary care. We as a State have had to now invest significant amounts of money to try and provide that diversion to emergency departments. But, if a person did get on there with a mental health issue, they would be triaged in the same way, but they would likely be referred to another service.

The Hon. WES FANG: Chair, I don't want to take up your time and will preserve that one minute and 30 seconds, but I just wanted to raise a point of order. The Minister's response to my colleague the Hon. Susan Carter, "I thought you'd know the answer to that", is somewhat disingenuous and disrespectful. I'm going to give the Minister an opportunity to apologise to my colleague because, regardless of—and my colleague is very smart and very wise in these matters. She doesn't need that sort of condescending attitude from the Minister. I think that the Minister should have an opportunity to apologise to her.

The Hon. STEPHEN LAWRENCE: I think she really appreciates your interjection. I can see it on her face.

The Hon. SUSAN CARTER: I appreciate the support, yes.

The CHAIR: If we are speaking to the point of order, can members please speak one at a time.

The Hon. STEPHEN LAWRENCE: To the point of order: That is not a point of order. It's a spurious debating point, and we should move on.

The Hon. SUSAN CARTER: To the point of order: I appreciate that my colleague respects me. It would be nice if everybody could offer that respect in the workplace.

Mr RYAN PARK: I certainly respect you, Ms Carter. I respect everyone in this Committee. More importantly, I respect the committee process and the accountability that people like me, in elected office, have to go through. This is an important Committee. This Committee has a right to ask questions. In relation to ED diversion, the very name of that obviously indicates that we're trying to divert people away from emergency departments. I don't think anyone on this Committee could say, in any way, shape or form this morning, I have disrespected people.

The Hon. WES FANG: I do believe you were disrespectful.

The CHAIR: The Minister has chosen to interject and respond. I think there's no need to triple-fold around that point of order, and I will take my 90 seconds of crossbench time, please, to come back to Albury Hospital, Minister, because this is a significant expenditure of public funds. I will read from the special commission report again. Commissioner Beasley wrote:

Without needing to make an express finding about this project, it is not optimal practice for any health infrastructure (let alone an investment of over half a billion dollars) to be conceived and designed around a particular sum of money that happens to be available. That, instead, is an optimal way of risking the wastage of precious public funds.

There's been lots of discussion in the local community about the business case for this redevelopment, whether it exists or not. I've sought to obtain it through two separate orders for documents now through the upper House. Is there a business case? If there is one, why hasn't that been made public? If you're truly convinced this is the most effective way to expend those precious public funds to improve our health services, why not actually release that document to give the community that confidence?

Mr RYAN PARK: In relation to the hospital—and again I say to you that this is an important issue. It's not just an important issue to you; it is an important issue to me as well. It's half a billion dollars we are investing in this particular service. In terms of the business case, all of our strategic business cases, as I'm sure it was with the last Government, are considered Cabinet in confidence. That is a part of the Cabinet process that we undergo. Once finalised, a summary is then published on the Infrastructure NSW website, and we expect that to happen next year. But we have to abide by a Cabinet-in-confidence process and Cabinet rules that govern that Cabinet discussion. That is what we have done in this case. I do not want anyone to think that, by any way, shape or form, that doesn't mean that I have not heard loud and clear the advocacy from members such as yourselves and others, community members, but I'm about making a decision. At the moment, my decision is that we will continue to go down this process with the Victorian Government. It's part of the usual process to prepare a strategic business case

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concurrently to enable the progress of early works. Completion of that business case is, obviously, a requirement before we can enable, I suppose, a main works tender, and that is a part of the framework which we do for significant projects like this.

The CHAIR: I'm out of time. Are there any questions from the Government?

The Hon. STEPHEN LAWRENCE: No questions from the Government. Thank you.

The CHAIR: Thank you. There being no questions from the Government, that brings us to lunch. I thank the Minister very much for his time this morning to answer the Committee's questions, and we will be back this afternoon from two o'clock with the departmental representatives.

Mr RYAN PARK: Thanks for having me, and thanks for the Committee's time.

(The Minister withdrew.)

(Luncheon adjournment)

The CHAIR: Welcome back, everyone. We'll start this afternoon's session with questions from the Opposition.

The Hon. SUSAN CARTER: Ms Pearce, I might start with you, if I may. Earlier this year, you made a range of very welcome public assurances following the video of the two nurses at Bankstown Hospital who were captured on a video that you described as "utterly disgusting" and you declared that there is absolutely no place in NSW Health for those views or behaviours. Thank you for that principled stand. Have you conducted any workplace reviews or improved policies that deal with antisemitism in New South Wales hospitals since that incident?

SUSAN PEARCE: Thank you, Mrs Carter, and thank you for acknowledging that it was obviously a very difficult situation for us to work through. We have worked very closely with a range of cultural leaders since that time, noting that would I would say in respect of that particular incident is that the behaviour is not to be tolerated no matter who we are talking about. I think that was the principle that I took that day, because from my perspective the NSW Health system has to be and should always be a safe place for people to come. We have worked very closely with Rabbi Mendel Kastel and also, as I said, other cultural leaders. In fact, Rabbi Kastel and a senior Muslim chaplain went straight to Bankstown Hospital the following day to record a joint message about their partnership that they've shared as New South Wales chaplains now for more than 20 years, to reassure communities on all sides about the safety of our hospitals.

What we've continued to work through since that time are a range of things. You may also be aware that in April we had a round table around the REACH program, and we included in that Rabbi Mendel Kastel and other cultural leaders, and also one of our excellent Muslim doctors from Albury, in fact, who came to that. We had some of our Aboriginal staff there, as well—the point being that when people feel that they need help in our hospitals, or if they feel unsafe, culturally or otherwise, we need those programs to work. We also did a video, which was widely circulated throughout our organisation and beyond, called *We Are Here For You*, which included staff from different backgrounds and different walks of life to send that very clear message across the NSW Health system in regard to how we feel about that.

We have an existing code of conduct that clearly would tell anyone that that type of behaviour in a hospital or a health service setting is not something that is acceptable in any way, shape or form. It is, in my view, not necessary for us to have a definition around one particular group of people. I think that it was abundantly clear to the community—and I had dozens of messages that day. It was abundantly clear to anyone watching me that day how distressing I found that whole situation. But I would find it equally as distressing if anyone from any walk of life or cultural background was being spoken about in that way. We've got to make sure that all are protected in our health system, and I feel that we have done a lot of work to bring people on board to do so.

The Hon. SUSAN CARTER: So, just to be clear, the video and the round table was about tolerance and respect generally, and nothing specifically about antisemitism.

SUSAN PEARCE: I think I made my point. I did a video on the day of that incident, Mrs Carter, that was unscripted, following the press conference, where I made my feelings—and apologised to the Jewish community on behalf of NSW Health for what had happened on that occasion. I do not resile, clearly, from those comments that I made that day. As I said, I've mentioned a couple of things—this is something we continue to work through. I will say that Rabbi Mendel Kastel has been incredibly generous with his time with us. Matthew may wish to comment further, because he and his team have engaged with the rabbi around these issues, and we continue to work together on it. I wouldn't say we think, "Job done". What I would say to you is that whilst we

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appreciate that people will come—we have 180,000 head count staff across NSW Health. There are a range of views amongst those many tens of thousands of staff, but when they are in our workplace those views are to be left at the door. I cannot express in stronger terms how I feel about the safety of our system, both from a clinical perspective and a cultural perspective.

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

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

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

SUSAN PEARCE: Certainly.

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

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

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

SUSAN PEARCE: I will see what's possible.

The Hon. SUSAN CARTER: That would be great. And do you know whether her employer was aware of her social media account before her appointment?

SUSAN PEARCE: I couldn't comment on behalf of her employer.

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

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

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

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

The Hon. SUSAN CARTER: That would be helpful. I suppose, also, if you were able to comment about whether or not the Chief Midwife will be working with obstetricians to ensure their involvement in births in New South Wales public hospitals, especially with any high-risk features associated with those births?

SUSAN PEARCE: Well, that I certainly can comment on. NSW Health has a chief obstetrician. Our obstetricians are an incredibly important part of the NSW Health system. No-one suggests that it's all one or the other in our system. Indeed, the head of the clinical excellence commission was a former chief obstetrician. The chief midwifery officer will have a reporting line through to my colleague here, Ms Wood, to whom the chief obstetrician reports. What I will say is that the maternity adviser in NSW Health has worked absolutely hand in glove with the chief obstetrician over many years. They have an incredibly strong partnership. At every turn where we are looking at practices within maternity services, our obstetricians and our chief obstetrician, along with their colleagues, are absolutely involved—as they should be—in those services. We certainly would not depart from those arrangements.

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The Hon. SUSAN CARTER: Mr D'Amato, if I could perhaps return to you. I just had some questions relating to the budget allocations for Blacktown Mount Druitt Hospital. I have a couple of documents, if they could be shared. It would be helpful if Mr D'Amato has a copy so he can understand it. Perhaps you know these figures anyway. The initial budget allocation for 2025-26 for Blacktown Mount Druitt Hospital is just over \$514 million. Is that correct?

ALFA D'AMATO: That's what this says on the document I just received. I just want to note that from the Minister we—

The Hon. SUSAN CARTER: Sorry, could you speak up a bit? I'm just finding it hard to hear you.

ALFA D'AMATO: Sure. I just want to mention at the outset that from the Minister we set the budgets at the district level. How the district allocates the budget to the internal facilities is a matter for the district. But this is the document—

The Hon. SUSAN CARTER: If I'm understanding you, you have oversight over the Western Sydney Local Health District total budget.

ALFA D'AMATO: Yes, correct.

The Hon. SUSAN CARTER: Then it's up to that budget—so this is a sub-budget. Is that correct to call it that?

ALFA D'AMATO: We don't refer to it as a sub-budget, because it's a budget, but it's a matter of between the district total budget allocation and how they distribute the budget to the individual facilities, or the way—

The Hon. SUSAN CARTER: This is a district budget?

ALFA D'AMATO: Correct.

The Hon. SUSAN CARTER: And represents how the district has chosen to allocate the departmental budget.

ALFA D'AMATO: That's correct.

The Hon. SUSAN CARTER: What we're looking at here is that the district has chosen to allocate a bit over half a billion dollars to Blacktown Mount Druitt. Is that correct?

ALFA D'AMATO: Yes, that's how I would interpret this. Correct.

The Hon. SUSAN CARTER: Then on the second page, the allocation for 2024-25 appears to be almost \$100 million higher. Can you explain what looks like an \$89 million decrease on the initial financial year allocation?

ALFA D'AMATO: Without having the details, because I've received the budget at this level, I won't be able to give you the precise answer. But I can only assume that it could be the result of changes in responsibilities allocated to the general managers. At times the organisations, the districts, have the flexibility to determine who is responsible for a set budget allocated for perhaps managing, not only the budget for the facility, but perhaps as well as budgets set for community health centres that are under the responsibility of a general manager. That is based on my experience having worked in districts before.

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

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

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

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

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

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ALFA D'AMATO: I'll endeavour to do my best.

SUSAN PEARCE: We can certainly provide you with some information. The Western Sydney budget this year has seen a material increase year on year. We're happy to provide you information on that.

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

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

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

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

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

The Hon. SUSAN CARTER: Sorry, Mr Daly, it's hard to hear you. The microphone is a bit far away.

MATTHEW DALY: I was just confirming what Susan said.

The Hon. SUSAN CARTER: How does the district or how does NSW Health understand where there might be a greater funding need, if all of those things are being managed locally?

SUSAN PEARCE: Across NSW Health, every year we have on average somewhere between 15 and 17 million occasions of service, just in outpatient clinics. So it is a very, very large service. We have a framework for the management of outpatient services to try to help guide the districts. With respect to referrals to outpatient clinics, noting that districts obviously will service different needs in the community, depending on what those needs are, but we do have a framework—it talks about the appropriateness of referrals, how to make sure that patients that are being seen in those clinics are appropriately triaged. As I was trying to say, it is a very large volume that we take on board to provide the public with access to free outpatient services that they would otherwise have to pay for out of pocket.

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

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

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

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

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

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

The Hon. SUSAN CARTER: What work is being done to improve wait times for endoscopies in New South Wales?

MATTHEW DALY: As Alfa alluded to, financially, it's a chief executive responsibility. Things like scopes are deemed to be medical—

The Hon. SUSAN CARTER: Could I just stop you there, Mr Daly? If it's a chief executive responsibility, who's holding the chief executives to account?

MATTHEW DALY: On behalf of the secretary, myself, in terms of the performance management framework.

The Hon. SUSAN CARTER: So you see waiting lists from each district?

MATTHEW DALY: For surgical activity, yes, we do.

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The Hon. SUSAN CARTER: And for endoscopies?

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

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

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

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

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

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

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

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

MATTHEW DALY: Yes, sure. Of course.

SUSAN PEARCE: If I could just reiterate, Mrs Carter, my earlier comment—just so we're clear, we have communicated with the local health districts the importance of keeping a very close eye on those procedures. I just need to be clear about that.

The Hon. SUSAN CARTER: I completely understand the communication—I respect the fact you have communicated with them. My question goes to accountability if that communication isn't actioned.

SUSAN PEARCE: They are accountable.

The Hon. SUSAN CARTER: Because you'd be aware that in June *The Sydney Morning Herald* reported that there were well over 3,000 patients on the endoscopy waiting list at Westmead alone and half of them were category 1. The average wait time for those eventually diagnosed with cancer was 178 days rather than the recommended 30 days. Shouldn't we have access to data showing the true extent of wait times for endoscopies in New South Wales?

SUSAN PEARCE: The issue you're pointing to—I completely understand the concern. We're also concerned, which is why I make my comment again. Local health district chief executives have clear responsibilities to enact processes within the policies that are set by NSW Health. In that case, we have worked very closely with local health districts to resolve those issues and the team are working through those as we speak.

The Hon. ROD ROBERTS: Commissioner Morgan, we'll go back to where we were this morning in relation to the concerning blowout of response times for category 1 incidents, particularly in the capital region, of which I have great interest in. Minister Park said, "I don't pretend for one moment that we don't have work to do in terms of response times. I think we do." I've had your answer transcribed as well. And in part you say, "As you're aware, there are an additional five staff that were put into Goulburn. I guess the point that I would echo is what the Minister said originally, which is there is more work to do." What work do you intend to undertake in relation to these concerning blowouts of times for cat 1 incidents in the capital region?

DOMINIC MORGAN: I'll directly answer that question shortly. But I think the report that you're referring to—there is a very important disclaimer in that report. This disclaimer relates to the change in the clinical response grid. It says:

Given the limitations on reporting due to the mid-quarter transition, BHI has produced this one-off supplement to ensure transparency ...

In short, what happened—on 5 February 2025 we moved from a clinical response grid of six different categories to four. In essence, the data you're looking at contains a subset of what we call cold responses, not lights and siren, that have actually been pushed up into the emergency category. That largely—statewide; it's not unique to the capital region—has shown in that report an extension in response time. It won't surprise you to know we're working with BHI to actually capture just the response times. Really getting to the heart of your question, we've got another 250 regional paramedics. We put 440 through the SWEP program, which started immediately before in regional New South Wales.

The key driver of this, if I'm candid—over the last 30 years Ambulance hasn't been particularly good at explaining our resourcing needs to government. There are 160 locations across regional New South Wales where

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we had on-call paramedics. If you've ever worked on-call and worked day duty, it takes its toll. We've worked really hard in those first 250 and preceding 440 to retire as much of the regional on-call as we possibly can. We've done that at 67 locations across regional over the last six years. Over the next two years, we'll be continuing to do that. The early estimate is that we've got about another 18 stations that we should be able to get a reduction in on-call and work towards this improvement in response performance. As you know, the demand grows every single day. In the last two years we've had 8 per cent growth, and that's a battle when we're only getting a handful of people in the door every year.

The Hon. ROD ROBERTS: Let's get to the crux of this. The regional 500 was an initiative of this Government and the purpose of it was to reduce response time to life-threatening call-outs and emergencies and therefore improve patient outcomes and experiences. In the answer you provided this morning and what you've just said then is—and I quote you from this morning: "We have two more tranches of this program and really the approach we're taking is to mitigate as much fatigue and on-call around regional New South Wales as we possibly can." I understand that, but that wasn't the purpose of the rural and regional 500, was it? The Government stated its purpose was to reduce response time. You're telling me you're using it as a tool to reduce on-call.

DOMINIC MORGAN: That is only part of my answer. Yes, of course, we're addressing regional response times wherever we possibly can. The issue here—I will put it into context. Two years ago we had more than 1,068,000 incidents across the State. Last year we had 1,156,000. So it's about an 8 per cent increase. Virtually all ambulance services across the country, roughly, look at a demand growth on average of 2.7 per cent. We're faced with 4 per cent. It is entirely true that increases in demand mitigate the impacts of new staff coming through the door.

The Hon. ROD ROBERTS: Seeing you brought up modelling and stuff, let's take you to the so-called modelling that your service has done in relation to the allocation of resources. Lithgow, for example, attends 64 per cent of the incidents that Goulburn does. They have half the population of Goulburn and a third of the geographical area. Lithgow is 93 per cent self-sufficient—and we know what that means; in other words, it can meet its demand—while Goulburn only achieved 77 per cent, having an older and faster-ageing population. Under your world-class modelling, Lithgow got 17 new paramedics under the allocation and Goulburn got five. How does your modelling work there when, as I said, 64 per cent of the work that Goulburn does—

DOMINIC MORGAN: I won't waste your time—

The Hon. ROD ROBERTS: Please don't.

DOMINIC MORGAN: —by reading what the Auditor-General's report already found. You know that. In addressing this specific question, Lithgow did receive an enhancement of 17 workforce, but it did have, historically, on-call both day and night. As you know, it's a very large mining area and it's isolated. The closest level four hospital is Penrith. The closest level three hospital is in Lithgow. As you're aware, Goulburn is also a level four hospital. The difference is it's immediately to hand. Lithgow covers a large geographical area, including the isolated communities along the Bells Line of Road that experience extended response times. We're actually doing a number of things trying to put in community emergency response teams up there. It is basically 54 minutes to Lithgow to the next closest station. It's a very long way away.

Conversely, the next closest town to Goulburn, as you'd probably be well aware, is 25 to 30 minutes away on lights and siren. All regional stations, as I'm sure you know, provide cover to each other. These are the primary drivers. The difference for Lithgow versus Goulburn in terms of their routine transfers is Lithgow is 48 minutes away from its major hospital down at Penrith, compared to 23 minutes. There are very different factors that drive those changes. But the modelling continues to be done on an ongoing basis, as the Auditor-General found. I'm confident that we will continue to see demands on these last 250 FTE over the next two years and we'll adjust the modelling accordingly.

The Hon. ROD ROBERTS: I'm glad you brought up the Auditor-General that you rely on so much. Wasn't the Auditor-General critical of your measurement tool, in that you only measured the performance response in the first fiftieth percentile when they said that the gold standard should be the ninetieth percentile? Wasn't the Auditor-General also critical of the fact that you measured in the macro form rather than the micro form?

DOMINIC MORGAN: That was actually an issue propagated by NSW Ambulance, Mr Roberts. We're supportive of the measurement of 90 minutes. I think what you're referring to is the service agreement with NSW Health and that, only up to that date, had a measurement of priority 1A. In the new draft, as a result of the recommendations—supported by NSW Ambulance—from the Auditor-General, NSW Health has agreed that we will measure not only what is now category 1, immediately life-threatening conditions, at the fiftieth and the ninetieth but category 2s, which are potentially life-threatening conditions, at the fiftieth and the ninetieth, broken down by metropolitan and regional.

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The Hon. ROD ROBERTS: That'll be good to see. While we're talking about—

DOMINIC MORGAN: Yes, it is a good thing.

The Hon. ROD ROBERTS: —modelling tools and information, as you're well aware, at my moving of a resolution, the upper House passed a motion for an SO 52 in relation to all your modelling tools for the regional 500—and I use the "gold standard" modelling loosely. In one of the documents that was provided to us, NSW Ambulance said—and I'll quote from this particular document—that the disadvantages of the day-day, night-night that you installed in Goulburn was that it:

Provides a relatively lower level of cover between 0900 and 1600 when incidents are greatest.

Provides a disproportionate amount of cover between 2400 and 0600 when incident volume is lowest.

Further to that, on the proposed day-day-afternoon-night roster, it said it provides a good match of supply to demand. Isn't that what this is all about? Isn't that Ambulance's responsibility to provide a timely service to people in need?

DOMINIC MORGAN: There are two elements to your question. As you know, Goulburn works as a hub along with Crookwell. The challenge you have is if we had gone and removed on call and kept only one night crew, if they'd gone out to Crookwell to back up, we wouldn't have had a crew left in Goulburn. By moving to the day-day-night-night pattern with two crews, if a crew goes out to back Crookwell up or vice versa, there's still a crew available in Goulburn. I'd bring your attention to—because I'm sure you've got it there in the papers—a really instructive chart that shows that, at its peak time, Goulburn does about 361 cases at its peak, at about 11 o'clock in the morning. That means that, on average, they're doing 0.9 jobs at their peak. By putting in two crews on day shift, there's what that will deliver and the fact that there will be two jobs at once, but we also preserve that reality that we've got a car in Goulburn to provide coverage if the other crew goes out of town.

The Hon. TANIA MIHAILUK: I have a couple of quick questions that I didn't have an opportunity to ask the Minister but that I do want to get an update on. Perhaps it's to yourself, Ms Pearce, and you can redirect should you wish. I wanted to get an update on Bankstown hospital. When is the new hospital expected to be operational?

SUSAN PEARCE: Mr Harvey, could you answer that one?

TROY HARVEY: There's a lot of work happening at Bankstown at the moment for the recent budget update. We're currently in the concept design phase. The construction completion is anticipated for 2031.

The Hon. TANIA MIHAILUK: At the end of 2031 would be—

TROY HARVEY: I haven't got a more specific date for you. Obviously, it's quite a big development. It's one of the biggest developments that we—

The Hon. TANIA MIHAILUK: So we don't know yet when it will be operational? Is that right?

TROY HARVEY: As I said, we've got construction completion in 2031 and operational commencement that same year.

The Hon. TANIA MIHAILUK: Where the current hospital is in Bankstown, I understand the Government made an announcement that they're going to retain that facility. Do you know for what purpose? Is that yourself or Ms Pearce who can answer that? I'm not sure.

TROY HARVEY: There is a need to retain that hospital. We're working through, with the local health district, what that looks like. It will be a network service with the new hospital. We will be building, and the primary aim of the—

The Hon. TANIA MIHAILUK: Sorry to interrupt you, but what do you mean by "network service"?

TROY HARVEY: There'll be some services that remain between the two. I was just about to unpack it. The new hospital is primarily around acute services, and there'll be some other services that are re-accommodated at the existing hospital—so non-acute services such as community health and day services.

The Hon. TANIA MIHAILUK: Will that remain under the auspices of the department of health?

SUSAN PEARCE: Yes.

The Hon. TANIA MIHAILUK: It's not going to be privatised? It'll remain as a public hospital?

TROY HARVEY: Yes.

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The Hon. TANIA MIHAILUK: Back to yourself, Ms Pearce—or perhaps it might be yourself, Mr Harvey—are the arrangements between TAFE and the department of health finalised, with the new hospital being on the TAFE site? Are all the contractual arrangements now complete in relation to that handover or transfer of land ownership?

TROY HARVEY: We've been working really well with TAFE. Obviously, they've got their program and they've made announcements around where their services will be located to allow us to get off and running on the project. We're meeting with them weekly. Their current program allows us access to the site to begin our enabling works, primarily demolition works, from the beginning of next year—the end of first term.

The Hon. TANIA MIHAILUK: But there are some legal arrangements that need to take place.

TROY HARVEY: It's an intergovernment transfer as well. It's not like we're acquiring it from a private developer. The Government has provisioned some money to accommodate the transfer of services. They've got that funding available. I understand they're within their procurement window at the moment in terms of those building works. Anything else in relation to TAFE would probably be a question for the TAFE Minister.

The Hon. TANIA MIHAILUK: The Minister mentioned this morning, when I asked a question, Ms Pearce, that there was a meeting with the Federal health Minister yesterday—a call. Were you present in that call?

SUSAN PEARCE: Yes, I was.

The Hon. TANIA MIHAILUK: Were any ministerial staff also present in that call?

SUSAN PEARCE: I think Minister Park noted that, yes.

The Hon. TANIA MIHAILUK: His own staff. Was that just for New South Wales?

SUSAN PEARCE: No.

The Hon. TANIA MIHAILUK: Were other States also present in that?

SUSAN PEARCE: That's correct.

The Hon. TANIA MIHAILUK: So the call was designed to speak with Ministers and/or department secretaries nationally.

SUSAN PEARCE: It was a Ministers' call. Health secretaries are generally invited to those calls. We don't have a part in the meeting, if you like. It was a briefing session for Minister Butler to brief his health Minister colleagues across the country or their representatives as to his announcements yesterday at the National Press Club about the NDIS.

The CHAIR: Ms Pearce, I have a few questions about the categorisation of surgery. I have previously asked about allegations that elective surgery categorisation was getting altered for non-clinical reasons. I've also heard problems about the same issue happening with emergency surgeries—for example, surgical registrars being asked to input the booking time as the time that a bed or a theatre spot becomes available, rather than the time that the need for surgery was actually determined. I understand this was an issue in 2017 at Wagga and then in 2024 at John Hunter Hospital, and a couple of others. There was an external review done in September last year.

When I wrote to the Minister about the recently reported allegations at Orange hospital, his response was that there would be an external provider engaged to review the surgery waitlist at Orange hospital against the NSW Health elective surgery access policy requirements. My question is why that localised approach, when over time this has appeared as an issue in a number of different areas? I'm not very confident that a review just at Orange is going to address this issue meaningfully across the whole State.

SUSAN PEARCE: I wouldn't say it's a localised approach, for a start. The NSW Health policy around the categorisation of patients for elective surgery is very clear. Relevant to the conversation and the previous questions from Mrs Carter, there is an expectation that the chief executives of local health districts and their teams uphold the principles of that policy document. You would also be aware that we perform hundreds and hundreds of thousands of elective surgeries and urgent surgeries every year. I have personally been to Orange since the last time I saw you.

Mr Daly has been working through some opportunities that we may have in respect of our surgery program with some of our surgeon colleagues. The auditing that you're talking about may appear ad hoc as it relates to media articles, but what I can tell you is that we periodically audit surgery programs to make sure they're compliant with policy. Quite often, if we're auditing one facility—you mentioned the Hunter—we do other facilities at the same time that weren't subject to media inquiries. We don't audit facilities purely on the basis that

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there's a media interest in them, obviously. That is something we do from time to time, but there is very clearly an expectation that the policy is upheld.

It is sometimes difficult to be black and white, as you would understand, from a clinical perspective. This is the work that Matthew Daly has been working on recently with some of our colleagues and surgeons. For example, a category 2 patient who may be able to have their procedure in 90 days may equally be okay to have it in 100 but not 200, for example. We're working through how we can continue to improve the way we measure this, but I think that—to sum it up, we have a policy that covers everyone. We audit periodically. We certainly audit where concerns have been raised. If you want Mr Daly to add to any of that, I'm sure he'd be able to.

The CHAIR: Thank you very much. If the approach being taken at the moment isn't only a local approach to Orange, does that mean that there are other health services that are currently being audited or that are planned to be audited in the future?

MATTHEW DALY: We do these audits annually across the system. Even the incident that Mrs Carter referred to, we identified that breach, in terms of overdue endoscopies, a month before there was any media attention to it. We identified with the local management and the chief executive that there were over 2,000 breached patients. I'm pleased to say that I can advise that all of those breached endoscopy patients will have been offered their scope by the end of this month. So it has recovered, but it was courtesy of the audit program. The Orange case—because of the public attention, the Minister directed us to undertake an audit. An independent auditor, KPMG, came in and their report is due at the end of the month. But we've picked these up as a routine audit. In terms of the system to hold it centrally, that opportunity comes with the single digital patient record. That is a massive project of having a standard medical record and system right across the State. When we have a standard system across the State, then we'll have line of sight to all this outpatient activity in the same way that we do for planned surgery at the moment¹.

The Hon. SUSAN CARTER: If I could just follow on from Dr Cohn's question, Ms Pearce or Mr Daly, if the audit or management discussions identified that a surgeon had been pressured by hospital management to reclassify a patient so that the guidelines for treatment weren't breached, what would be the consequences?

SUSAN PEARCE: Again, it's something that no-one takes lightly here, and those conversations are had at the time.

The Hon. SUSAN CARTER: And consequences?

SUSAN PEARCE: Yes, there are consequences.

The Hon. SUSAN CARTER: Such as?

SUSAN PEARCE: There are disciplinary procedures you would understand that anyone found to have been engaging in such conduct, Mrs Carter, would be subjected to.

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

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

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

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

The Hon. SUSAN CARTER: The infrastructure team.

TROY HARVEY: The Health Infrastructure team workforce?

The Hon. SUSAN CARTER: Yes.

TROY HARVEY: Have we had a net loss?

The Hon. SUSAN CARTER: Yes, FTE.

¹ In [correspondence](#) to the committee dated 4 September 2025, Mr Matthew Daly, Deputy Secretary, System Sustainability and Performance, NSW Health, clarified his evidence

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

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

SUSAN PEARCE: On that one, Mrs Carter, while Mr Harvey is looking at the information, I think it's also important to note, through any infrastructure program, you'll appreciate that there are ebbs and flows in respect of it.

The Hon. SUSAN CARTER: Certainly.

SUSAN PEARCE: It has been, as you'd be well aware, a huge program of work. We can respond to your earlier question as well, in terms of the projects that have come off. I think it was one of your earlier questions to Minister Park.

The Hon. SUSAN CARTER: Yes, what is the money being spent on?

SUSAN PEARCE: The children's hospitals, the Tweed Hospital—there are a number of them that are now completed. But you'll understand—

The Hon. SUSAN CARTER: Sorry, were you giving me that list now or you're going to give it to me on notice?

SUSAN PEARCE: We can give you the list now.

TROY HARVEY: I've got the numbers here as well, if you'd like them.

SUSAN PEARCE: But certainly it's—

The Hon. SUSAN CARTER: Perhaps if we could get the numbers on notice, just so I remember it, that would be very convenient.

SUSAN PEARCE: I do think that you need to have those numbers in a context, and the context is that programs that are very large in that program will ebb and flow, and, consequently, the FTE will change as a consequence.

The Hon. SUSAN CARTER: Totally, but the point of estimates is that it's a capture at a point in time. You put all those captures together, and you get the wave. Absolutely.

TROY HARVEY: Just to summarise the data I've got in front of me, it shows it's really constant for the last five years. You would understand, with a program of our size, these projects don't get delivered in a year.

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

TROY HARVEY: Absolutely. We can do that.

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

TROY HARVEY: Maintenance?

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

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

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

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

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

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

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

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

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

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

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

The Hon. SUSAN CARTER: I appreciate it. Thank you very much.

ALFA D'AMATO: I just want to add, sorry, that we haven't finalised the 2024-25 financial statements yet. What is available right now is what has been audited, which relates to 2023-24.

The Hon. SUSAN CARTER: How is the spend on maintenance monitored?

ALFA D'AMATO: On a monthly basis, we review the results across the districts. That is certainly an item that we monitor, in respect of trends. We monitor for what we describe in our accounts as being proactive versus reactive maintenance. The maintenance spend is also included in the replacement of equipment that cost less than \$10,000 and therefore are not capitalised. But it certainly is an item that we monitor regularly.

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

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

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

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

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

SUSAN PEARCE: We'll take it on notice.

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

The Hon. SUSAN CARTER: Thank you very much. Ms Pearce, is it you—or who would be the best placed to answer questions about PACER?

SUSAN PEARCE: Ms Wood can answer those questions.

ELIZABETH WOOD: Yes, I can answer those questions.

The Hon. SUSAN CARTER: Thank you. Is it available statewide?

ELIZABETH WOOD: If you just give me one moment, I'll find the locations for you. It's an important question. The PACER program operates in 19 police area commands, and \$6 million is provided annually to support the PACER program in seven local health districts and also St Vincent's Health Network. That covers 12 police area commands and two police districts across the Greater Sydney area and Central Coast.

The Hon. SUSAN CARTER: Sorry, I thought I heard you say that it was available in 19 police area commands, and then you said 12 police area commands.

ELIZABETH WOOD: Sorry, and there are an additional five where the PACER program operates at local health district level. Let me just go through that again, just for clarity. There are 19 police area commands. There are seven local health district services and the St Vincent's Health Network. Altogether, that's 12 police area commands, plus the seven local health districts, and I think they capture them. That then is 19.

The Hon. SUSAN CARTER: And so it operates in seven local health districts?

ELIZABETH WOOD: With the local health district. That's correct.

The Hon. SUSAN CARTER: How many local health districts are there throughout New South Wales?

SUSAN PEARCE: Fifteen.

The Hon. SUSAN CARTER: So are there eight, therefore, where it's not operating?

ELIZABETH WOOD: That's the advice I have. Yes, there are seven that it's operating in.

The Hon. SUSAN CARTER: Why isn't it available statewide?

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ELIZABETH WOOD: The PACER program really has been determined on the different models that are operating across the system generally. It has been operating in areas where we have seen the need and have been working quite closely between the local health districts and police. That's where it has been started. We often consider the way forward and where we may need to expand those, and that's certainly something we have been considering as we consider our co-responder approach generally. But at the moment, the advice I've given you is where they're operating.

The Hon. SUSAN CARTER: You'd be aware of recommendation 33 of this Committee's inquiry into equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales. That raised questions about PACER and talked about development of a new model. That recommendation, I believe, was accepted by the Government. What's the progress of work being undertaken in relation to a new, more tailored model?

ELIZABETH WOOD: Absolutely. The PACER program is one model. What we are looking at, and I think has been advised, is that there is a broader co-responder model that may include components of the PACER program, but it is really focused on ensuring whenever—

The Hon. SUSAN CARTER: Thank you, Ms Wood. I'm aware of the theory. I've asked you what work is being done—

ELIZABETH WOOD: Sorry, I was just going to get to that, Ms Carter.

The Hon. SUSAN CARTER: —in relation to developing either an improved PACER or a new model that relates to it.

ELIZABETH WOOD: Absolutely. We have only just started the actual co-design process. We've started consultation this week. We're just trying to work through. Obviously there is a lot of consultation that needs to occur. It's a very strongly co-designed model with people with lived experience, with families, with police, Ambulance and also mental health clinicians, so there's also a lot of union discussion that needs to occur. But it really has to be a very carefully thought out, individualised approach that is then made sure we have a model that can appropriately respond to people in the community safely.

The Hon. SUSAN CARTER: Who is leading that work?

ELIZABETH WOOD: It's a true co-responder, so it's between ourselves, the New South Wales police, NSW Ambulance, of course, and our mental health branch.

The Hon. SUSAN CARTER: That's a working group? What's the status of the body that's leading that?

ELIZABETH WOOD: It has only just been announced, Ms Carter, so we're just working through exactly what it will look like. In terms of the actual approach to the co-design, obviously we're working with families that have lived experience, so we have to manage that very sensitively. We're working very closely to work that through now with some of our peak mental health bodies, like BEING for example, to make sure that we are doing that in a really trauma-informed way.

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

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

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

SUSAN PEARCE: I can.

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

SUSAN PEARCE: Sure.

The Hon. SUSAN CARTER: There have been some concerns raised—and I wonder whether you share these concerns—that grievance or misconduct investigations can be weaponised against staff, for raising complaints or concerns about management. Would you share those concerns?

SUSAN PEARCE: I'm very concerned if anybody feels that that is the truth of the matter, Mrs Carter. People have a right—and let me be abundantly clear of this—to raise concerns, whether they be clinical concerns, complaints about other staff or complaints about managers, and they should feel that they are able to do so without fear of retribution or reprisal. I absolutely understand the need for people to be able to raise concerns. I worked for a union for 8½ years. I understand that people need to be able to raise concerns and, indeed, those who are

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complained of deserve the right to respond. If there are specific examples that you would wish to raise with me, I'm happy to address those if I can.

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

SUSAN PEARCE: Mr Griffiths, do you have any—

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

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

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

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

SUSAN PEARCE: That's quite all right.

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

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

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

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

The Hon. SUSAN CARTER: I realise there is some detail in some of these. I suppose this really is dependent on the other: Their current funding ceases on 30 June 2026 and if there's any idea whether the Government will be enhancing their 99,000 over three year funding. That's not very much, is it?

ALFA D'AMATO: In terms of the original funding provider, as you mentioned, that has been now annualised as part of the activity that we purchased from each individual district—and, again, I just want to say district. Then the way they allocate the budget is really up to the CEs, but that means that has been annualised at the same level of activity they provided in 2024-25.

The Hon. SUSAN CARTER: Right, so no increase?

ALFA D'AMATO: It has been annualised based on that.

The Hon. SUSAN CARTER: I'm just checking that I understood what annualised meant. Ms Pearce, do you know if NSW Health is willing to ensure that there is permanent funding for the Parkinson's nurse specialist CNC role in the Murrumbidgee LHD beyond 30 June 2026?

ELIZABETH WOOD: I can take that question. Further to Mr D'Amato's explanation, we have confirmed moving forward that the funding will be in the base allocation of each district across New South Wales. We were also aware that there had been concerns raised, so we have been in contact with the Murrumbidgee Local Health District and they have made sure that the staff member will be confirmed going forward and that that advice is provided to them as well so that there is certainty for them.

The Hon. SUSAN CARTER: Again, to understand properly, if it's included in the base allocation, does that mean it has to be spent on a Parkinson's nurse specialist or does that mean an amount for that position is included and it goes to the hospital and they can then allocate as they wish?

ELIZABETH WOOD: That is a correct statement to make.

The Hon. SUSAN CARTER: Sorry, which one of those?

ELIZABETH WOOD: Basically, we will allocate the activity that is generated from that nurse practitioner, or if it's a CNC in some cases. That now forms part of the district's base allocation. What we have been quite clear with districts about is that for them to continue obviously to generate that activity, they have to be providing the service. Where we have had particularly concerns raised, and Murrumbidgee is one of those, we have made sure that they will retain a staff member against a different vacant role within the district, so there's not any concern about losing that staff member going forward.

The Hon. SUSAN CARTER: Sorry, so they're retaining the staff member but another position won't be filled. Is that what you said?

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ELIZABETH WOOD: No. I think vacancies definitely flux from time to time. That's certainly not unusual.

The Hon. SUSAN CARTER: But if there isn't a vacant position, would they still retain the staff member?

ELIZABETH WOOD: We would have to retain them because we need to have the activity generated to show that the service is operating. So, yes, they would retain the staff member.

The Hon. SUSAN CARTER: It's not dependent on total head count; it's an additional position, for this nurse specialist?

ELIZABETH WOOD: It's part of the activity profile. In terms of how we fund our services, it is through activity. We are less reliant on FTE than we used to be. But in terms of that particular staff member, we are aware that there were a lot of concerns about that, so we did want to make sure on that.

The Hon. SUSAN CARTER: What is NSW Health's plan to support people living with Parkinson's in rural and remote areas? Is there an increase in funding for movement disorders in the 2025-2026 budget?

ELIZABETH WOOD: There's not an increased amount of funding for any of our specific movement disorders that you've mentioned, Ms Carter. In terms of the districts that I've personally had the team speak to, northern New South Wales is another one. There were certainly concerns from their perspective, but it has most definitely been confirmed that they will continue to provide that service. What we do with each of our districts and networks is we work through, in terms of service planning for services like movement disorders, what is the population need so that we can ensure services are provided to meet the need of the community.

The Hon. SUSAN CARTER: Dr Morgan, there's no ambulance station between Richmond and Lithgow along the Bells Line of Road. Are there any plans to remedy this situation to provide for the more than 25,000 residents and over one million annual tourists who visit the area?

DOMINIC MORGAN: What I can say is that we're doing some work in a number of locations up in the Blue Mountains in relation to community emergency response teams. I think we're well advanced. I think it's called The Rock up in the Blue Mountains. Additionally, there is a commitment to 30 new ambulance stations; 28 of those have been announced. Whether that is relevant to this, we would have to wait for government in relation to its announcements.

The Hon. SUSAN CARTER: Do you support a new ambulance station at the midpoint between Richmond and Lithgow, in Berambing?

DOMINIC MORGAN: I think Berambing is the one that is very close to The Rock. I do have some information in relation to that, which I will have a look at for you.

The Hon. SUSAN CARTER: I'm happy for you to take it on notice if it's going to be time-consuming to find, Dr Morgan.

DOMINIC MORGAN: I have it right here.

The Hon. SUSAN CARTER: Great.

DOMINIC MORGAN: At this stage, Berambing itself is not a priority for a new service location. However, it is surrounded by some neighbouring areas, such as Bilpin, which is eight minutes away. That has been identified as a high priority for a neighbouring community emergency response team.

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

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

In terms of NSW Health and Health Protection NSW, we were not aware of the other pieces of work that he had done in relation to the Broken Hill report that you commented on. We heard of it from the EPA in June 2023. I'd have to go back to the public health unit in relation to their knowledge of it. But I think it's important to

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say that information by Mark Taylor would have been incorporated in his advice. He had concerns around whether the suppression of the dust from the mine was adequately addressed.

Ms CATE FAEHRMANN: Thank you for that.

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

Ms CATE FAEHRMANN: Were you part of this panel, Dr Chant?

KERRY CHANT: I had the privilege of chairing the panel, Ms Faehrmann.

Ms CATE FAEHRMANN: I wanted to pick out one aspect of it to begin with. It recommends that interventions that reduce blood PFAS are of uncertain benefit and may cause harm. What kind of harm does giving blood cause?

KERRY CHANT: If the blood is given repeatedly, that can lead to anaemia. That in itself can cause harm, if someone had underlying health issues in particular. We would support the community to routinely give blood, but obviously there is monitoring to make sure that people are not giving blood too frequently. The other medication that is used—

Ms CATE FAEHRMANN: But, Dr Chant, the public aren't advised to not give blood because they may get anaemia.

KERRY CHANT: I think the question for us is it depends. What we're saying is giving blood is promoted. It's an important part of our community obligation. If we're looking at removal of blood to lower PFAS levels, the panel was saying that there is no evidence that that will change anyone's health outcomes. There was a discussion around the side effect profile of the medication cholestyramine or other measures, and also the comment that if you're doing venesection and removing blood more frequently than you should, that has a harm associated with it. But to be clear, Ms Faehrmann, we greatly support the community engaging in blood transfusion and particularly encourage people to look at plasma donation as well, as part of their contribution, because that can be done more frequently.

Ms CATE FAEHRMANN: Where did that recommendation come from? Was that a decision by the advisory panel without looking at any evidence? Did it come from enRiskS's analysis of the information they had before them?

KERRY CHANT: The expert panel is made up of a variety of experts. There is Professor Nick Buckley, who's a toxicologist; Professor Alison Jones, who's both a general physician and a toxicologist; and Tim Driscoll, who's an occupational physician. There are general practitioners on the committee. There is also Martyn Kirk, who's a national epidemiologist that has actually done work in this area. Those experts by themselves are very much across the literature, but there were extensive reviews of the advice provided by other organisations. I would draw your attention to the fact that the US CDC also has the same advice around the fact that there are no true effective therapies. I can provide that exact statement, if you would like.

Ms CATE FAEHRMANN: Are you aware that there's been a study undertaken that has been circulated and has been discussed at enHealth meetings. I've got the minutes in front of me. This is enHealth, 23 February 2022—I have some copies if the secretariat wants to circulate those—where Mark Taylor, once again, who at the time was head of the EPAs at enHealth—

KERRY CHANT: Sorry, the way I would normally talk about enHealth is the environmental health leads from each State and Territory.

Ms CATE FAEHRMANN: That's right. As well as Richard Broome, who's from NSW Health, Dr Chant.

KERRY CHANT: Yes, that's fine.

Ms CATE FAEHRMANN: He is a senior official from the department. There's a phlebotomy study. Phlebotomy is donating blood. Is that correct?

KERRY CHANT: That's correct.

Ms CATE FAEHRMANN: The results show that donating blood or plasma will lower the levels of PFAS in your blood and that it may be beneficial for enHealth to have a presentation on that study prior to the update of the guidance statement being finalised.

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KERRY CHANT: I can confirm, Ms Faehrmann, that the expert panel was very aware of that study. The issue that the expert panel would have debate about is the fact that clearly both the medication, cholestyramine, and phlebotomy can lower the levels of PFAS. The question is, is that material to changing health outcomes and, therefore, the clinical effectiveness? So it's a slightly different nuance, but clearly the expert panel did discuss that. I'd be happy to provide any more clarification around their reasoning for that and to put any questions you have back to the expert panel.

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

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

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

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

Ms CATE FAEHRMANN: Dr Chant, enRiskS does most of their work and their client list is almost all with government: defence, health, the environment department and regulators. They have provided these documents to you. I've had a look at the technical advice and their agenda papers. There's not a huge amount, actually. There are two papers that they have relied upon in something called "PFAS mechanism of action". One is by a Michael Dourson, who is basically a controversial toxicologist with links to the chemical industry. *The Guardian* article, which I can also table so you can have a look at it—because if you're not aware of this, I think it would be very pertinent for NSW Health to know—says that he launched all of this after industry groups mounted a legal challenge to PFAS restrictions to wield evidence against PFAS limits. The second article that's quoted is from the same group of people who work for the industry, and that's all that has been quoted. Do you think you're getting good, honest science or industry spin to discredit PFAS limits?

KERRY CHANT: Ms Faehrmann, just to reassure you, the collation of this information was put before the panel, but the panel itself is filled with people that are also very much across the literature. The issue around the relationship that you just described was raised by a community advocate with me, and I have subsequently put that proposition to enRiskS. I'm happy to forward and provide to this Committee the response to that. I was provided with a copy of the email of *The Guardian* article. These are research publications in peer-reviewed journals. As you are aware, in 2021 Professor Buckley reviewed, on behalf of the national Government, the PFAS issue and reviewed all the literature at that time. We also have Martyn Kirk, who ran the national study into PFAS.

Independently, those clinicians on the panel are very across the technical issues associated with it. I can assure you, having chaired the meetings, that there was robust discussion of the literature as we went through. I would also like to put on record that the position we have landed on is very consistent with the CDC in the US. As I said, our role in this is just to provide a summary of the evidence. Ms Faehrmann, if there are areas like you've just raised about making it clear that they can lower PFAS, then clearly we can augment that in our communication. We've got FAQs, and we can make that very, very clear. We certainly can highlight those issues in any engagement we have with GPs or the community.

The CHAIR: I want to follow up some of my questions from this morning about abortion services. Ms Pearce, you indicated that there had been no notifications yet from within NSW Health. I just want to follow up on the detail of the ability of employees, if they're now enabled by legislation to prescribe. Is there some kind of policy or other barrier preventing, for example, a nurse practitioner employed by NSW Health from prescribing the MS-2 Step medication? Does this require your policy review to take place—

SUSAN PEARCE: I think it was Ms Wood who responded.

The CHAIR: —or is it just a coincidence that no-one has prescribed yet?

ELIZABETH WOOD: Thank you for the question, Chair. Because we're at the start of delivering this report each year, the information that's in the report is from prior to the legislation changes. There is no blocking in terms of a reason for them not to have been reported. At the moment, we just don't have any endorsed midwives within NSW Health, but we are working very closely with our Office of Nursing and Midwifery as we review the policy directive changes to really articulate the role and function that we see and how they could be engaged meaningfully. But in terms of the early indications that are coming through, in line with the new reporting with

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the notification system, we are seeing notifications from nurse practitioners and endorsed midwives across New South Wales.

The CHAIR: I understand there are some things to work through in terms of the role of endorsed midwives, particularly in birthing and other areas, which is not what I'm asking about. Hypothetically, if there were an endorsed midwife engaged at a NSW Health service, there should be no barrier to them being able to prescribe, if that were within the scope of the service?

ELIZABETH WOOD: As long as they were able to demonstrate that they met the requirements of the endorsed midwife position, no.

The CHAIR: I also want to follow up, you mentioned 40 sites providing medical or surgical abortions around the State.

ELIZABETH WOOD: That's correct.

The CHAIR: Is that public or does that include partnership agreements?

ELIZABETH WOOD: No, those are 40 public services, and they operate a mix of medical and surgical terminations. In the report we have most recently put together, 89 per cent, in terms of the earliest stage of abortion, are very much provided outside of NSW Health. But of the 40 sites that we do have, it's very clear for those who do not fit into those 40 sites what the referral pathways are to access those sites.

The CHAIR: Is that list of 40 sites publicly available?

ELIZABETH WOOD: It's a mix of availability, but what we have done in terms of the SEARCH+ work that we've done is to really support women to connect in so that they can be connected to the service options available. What's important, I think, to remember is that it's giving them the whole gamut of information so that they can make the choice as to where they might want to access services. But we have been working very closely with all of our providers to make sure that we are clear in terms of those referral pathways, particularly in rural and regional areas where there's obviously less service provision compared to metropolitan areas, to make sure that our services are complementary and connecting together so that women have got a full choice of service availability options to them. But, again, I think what is pleasing to see is an increase in women accessing those services earlier on, which in terms of their experience and certainly the process around it is a good thing from our perspective.

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

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

The CHAIR: Thank you for your understanding. I have a question about one of the recommendations of the special commission of inquiry. I understand the Government's still working on its response and that a number of those recommendations are very broad and complex. But my question is about one that's a relatively simple one to implement, which is recommendation 31. That was about the relationship between boards, executive management and clinicians—boards of local health districts extending invitation to chairs of councils to attend board meetings. Is that something that has been implemented in any local health district, or is that under consideration?

SUSAN PEARCE: The Government, obviously, has indicated that it will provide a response to all of the recommendations from the inquiry toward the end of this calendar year. But what I can say to you, in the spirit of that recommendation, is that we are embarking on a piece of work across the State, which will be clinically led in regard to how our colleagues in medical staff councils are able to communicate with the head of the local health district or, indeed, the boards. What we're aware of is that there is quite a degree of variation across the system as to how this operates. Medical staff council chairs—I think it's the executive medical staff council—have had a standing invitation to board meetings and do attend board meetings already.

Noting some of the issues recently—and Minister Park and I, for example, have been out to visit colleagues at the medical staff council at Westmead on a couple of occasions recently. Last week I was at Sydney

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Local Health District, talking to chairs of medical staff councils there. I've been to Orange recently, talking to the medical staff council there. What has become very obvious to me during these conversations is that we have a degree of variability that is quite significant. I'm getting mixed up with the years. Around the end of 2022, leading into 2023, we created the Health System Advisory Council, which was basically a process for us at the ministry level and for the Minister to hear the voices of clinicians directly. We'd used that very effectively during the pandemic and we wanted to replicate that. So, assisted by the Health System Advisory Council, which is made up largely of medical professionals from across the State, we will be embarking on this.

We've asked the districts to provide back to us what their current modes of engagement are with the medical staff councils. Following receipt of that, we will be out in the system, hearing from them to learn about what's working well. I think it's always better for us to approach this not from a deficit perspective but really looking at areas where this already works very well. Minister Park and I have also offered—I've spoken to the head or the current president of the statewide Medical Staff Executive Council. We would like to engage quarterly with them as well. But, in between times, obviously we're very interested to know what's going on. Put simply, the recommendations are a matter for the Government at the end of the year to respond to.

In the meantime, we really want to improve communication channels across the system so that people can get their voices heard. Also health service managers, who, might I say, work very hard and do a very hard job on behalf of this State managing tens of thousands of FTE—I mentioned earlier we have 180,000 headcount staff across NSW Health—all of those people deserve the right to have their voices heard. All of them, whether you're a porter, a nurse, an allied health physio, occupational therapist, a doctor—everyone needs a mechanism to have their voice heard. So we're really interested in how we can improve this. It's certainly important to me. It's important to the culture of our system. I think, Mrs Carter, in response to your earlier question as well, the reporting of issues and incidents in the health system is what keeps it safe. We need to make sure that we have proper processes in place to enable that to occur. My personal commitment as the secretary of this very large, complex but magnificent organisation called NSW Health—I'm absolutely committed to making sure people can have avenues to get their voices heard. Sorry, speech over.

The CHAIR: I know a number of clinicians who'll be very pleased with that commitment, regardless of the special commission recommendation. Is there a timeframe on that work?

SUSAN PEARCE: Yes. As I said, we spoke about this with our chief executives last month. We have written to them to seek the information that I just mentioned. Certainly in the next couple of months we'll be out there. We would like to think that, by the end of this calendar year, we will have, but noting that that recommendation is sitting there as well, obviously. But it's something that we deeply care about because, ultimately, whilst I'm personally happy to talk to anyone in the NSW Health system, we really need, at the local level, for these mechanisms to be working well.

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

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

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

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

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

SUSAN PEARCE: Certainly. Obviously that will be dependent on the response that we get from that. Would you mind if I just briefly went back to your question earlier about the report from the UK that you mentioned?

The Hon. SUSAN CARTER: Certainly.

SUSAN PEARCE: I think we did say we'd circle back on that. We did have a look at that, as I mentioned, but I've got a little bit more detail. Obviously there are lots of reports and reviews and researches.

The Hon. SUSAN CARTER: This is in relation to PACER?

SUSAN PEARCE: No. This is the obstetrician-led birthing issue. I should have said the title of it.

The Hon. SUSAN CARTER: There's a couple of reports floating around.

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SUSAN PEARCE: It's a calendar—"maternal and neonatal outcomes" paper. The findings of that paper really attribute the differences in the model of care offered to all births in private hospitals as being obstetric-led model of care and all births in a public hospital as occurring within a multi-professional, non-continuity model of care. We see a problem with the approach in that study, because it doesn't adequately account for the full range of large and systematic differences between women who give birth in public and private hospitals, and that includes that, in public hospitals, women are disproportionately more likely than private hospital patients to be, for example, socio-economically disadvantaged and to experience a range of psychosocial and medical complexities associated with this. There are a range of issues from our perspective. I think where your question was going was, "With the advent of the Chief Midwife, were we going to depart from an obstetric-led model?" The response to that, simply, is, no. We have a partnership model between obstetricians and midwives that operate in our system each and every day, and they are equally important in the care of women and all are highly skilled and valued members of our team.

The CHAIR: As I understand it, at the moment patients on discharge from public hospital can only access a few days of medication under the PBS, whereas, in other States, there's a pharmaceutical reform agreement in place between the State and Federal governments. This was a recommendation of both the ramping inquiry and the rural health inquiry—

SUSAN PEARCE: Dr Chant is almost leaping out of her chair to respond to you, Dr Cohn.

The CHAIR: That's all right, if I can finish the extent of my question. Both of those were really excellent inquiries. I need to acknowledge they were conducted before I was the Chair of this Committee. They both raised this issue. What are the barriers to New South Wales negotiating a pharmaceutical reform agreement?

SUSAN PEARCE: First of all, thank you for raising the question. It is something that's very important to us as well. Dr Chant, over to you.

KERRY CHANT: New South Wales would be very keen to sign a pharmacy agreement. I share the views of the reports, that it does provide a barrier to good care. It's probably Elizabeth's to now say we're hoping, as part of the NHRA national health agreements, that we will be permitted to join it. But we concur with the views that we need to progress to this.

The CHAIR: Given your level of enthusiasm, is the barrier the Federal Government?

SUSAN PEARCE: We couldn't possibly comment. It is, essentially, a negotiation between the State and the Commonwealth. It has been raised a number of times. As Dr Chant has said, we would hope that, through the NHRA process, we may be able to resolve this. It was a decision that, you may be aware, was taken many years ago, and for reasons I can't explain. We have been very, very clear that this is something we would like to see happen. But we need to have that negotiation occur with the Commonwealth.

The CHAIR: It being 3.30 p.m., we will break for afternoon tea, and we'll be back at 3.45 p.m.

(Short adjournment)

The CHAIR: We will resume with questions from the Opposition.

The Hon. WES FANG: Mr D'Amato, I might start with you and return to one of the issues we discussed with the Minister earlier today. In relation to the new helicopter bases that are being proposed, we discussed the increase in the budget. I think you provided, as part of an answer when the Minister asked you for an elucidation, that Treasury indicated that there were issues in relation to using the Snowy Hydro fund for the infrastructure part of the helicopter bases. Could you provide some further clarity around that?

ALFA D'AMATO: Sure. First, I will mention in regards to the infrastructure. The issue is related to the recurrent side, in relation to employee-related costs and the like, to run the actual bases.

The Hon. WES FANG: Would you mind just bringing the microphone a little bit closer? Sorry, I'm struggling to hear you. Ironically, it's because I've spent too much time in helicopters, I suspect. Just in relation to that, the pre-election commitment that was provided to, I think, the Parliamentary Budget Office indicated that the bases would be funded by the funds kept in the Snowy Hydro Legacy Fund?

ALFA D'AMATO: That's correct, that's what has been published by the PBO, yes.

The Hon. WES FANG: Is it the case that that \$200 million that was identified is still coming out of the Snowy Hydro Legacy Fund for the infrastructure part of the build?

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ALFA D'AMATO: That is my understanding for the infrastructure, that's correct. For the remainder of the budget, that's my understanding. That's the reason I would rather you refer that question to Treasury or the Treasurer, because we have no visibility. I certainly can acknowledge the fact that in regards to the \$60 million capital expenditure, it is coming from the Snowy Hydro, and it is reflected into our budget.

The Hon. WES FANG: In relation to the infrastructure-only part of the build, noting that the Minister indicated that part of that expansion of the projected cost was for the staffing and the recurrent costs for the operation, what is the current capital budget for those bases?

ALFA D'AMATO: The capital budget is—let me just double-check. It is around \$60 million, which is what we have estimated through the PBO. The key change in regards to the original costing to what is being published in the budget is related to technical items such as depreciations. I think the Minister had made a comment in regards to indexation cost escalation, which is a fair comment, because the asset value since then, when this was costed, has changed significantly, and as a result is reflected in the new depreciation amount.

The Hon. WES FANG: In the question that I initially put to the Minister, I referenced the fact that it was pre-depreciation figures. The pre-depreciation figure that we had was a figure of \$200 million. Is that correct?

ALFA D'AMATO: According to the costing I have here, which is the costing for three bases from the PBO, you are correct. There's a note at the very end that the ballpark is \$200 million, being \$136.6 million as the value for three years of budget, being 2024-25, 2025-26 and 2026-27, for the operating expenses, excluding depreciation. Then there is a line for depreciation, and then there is capital expenditure. Capital expenditure, as I mentioned, remains the same in the budget. Most of the recurrent is not too dissimilar, and I'm probably talking about \$10 million or \$15 million different to what is costed. The majority of the change is in regards to what we looked into for depreciations.

The Hon. WES FANG: In relation to the Snowy Hydro Legacy Fund, that was obviously money that was reserved by the previous Government to provide for generational infrastructure to be delivered to rural and regional communities, given that the Snowy Hydro scheme was built in rural and regional communities, and we figured that it was best to have that money returned to those sorts of programs. Where you have an expenditure of, pre-depreciation, \$200 million, and you've then got a post-depreciation value of \$60 million, where do those funds that I guess are being deducted—is there a return back to the Snowy Hydro fund if there's any money that's being used to depreciate assets?

ALFA D'AMATO: Mr Fang, that's probably not a question for me. As you would appreciate, I don't have visibility on Treasury, but I can only assume that there has to be a swap somewhere inside the Consolidated Fund. That's all. Because, effectively, what it means is they have to find other sources to actually accommodate for that.

The Hon. WES FANG: I don't want to use the word "raiding", but it could be that the Snowy Hydro Legacy Fund is being expended on this infrastructure and then the depreciation is then being returned to consolidated revenue, where the Government is effectively taking \$140 million of the Snowy Hydro Legacy Fund and returning it to—

ALFA D'AMATO: Just one thing, to be very clear, depreciation is non-cash, so there's no return to anyone. Effectively, we still spend the same amount of money whether there was a different source of funds. As I said previously, we have no visibility apart from the fact that, in our revenue, that's how we have accounted for Snowy Hydro money. We still have exactly the same amount of money that was costed.

The Hon. WES FANG: Whilst I agree with you on the definition, shall I say, what we actually have in government—and this is across all forms of government, effectively—are siloed pots of money. So where you have one pot of money that you're able to take from, and it has a very limited reserve way of spending it, then you can return some of that to consolidated revenue. Those of us in rural and regional communities may have some concerns about that. I accept that what've you said is that it needs to be raised with Treasury, and I may do that, possibly tomorrow.

I now want to understand a little bit more from you, Mr Morgan, about the questions that I put to the Minister around the way that the new bases were selected. If we could return to the consultation that occurred, you indicated to me, I believe, in answers that you had written to the Mid North Coast Local Health District to engage with them around the provision of helicopter services on the Mid North Coast. Did they provide some feedback to you around what they thought was the best place to place the helicopter base in their local health district?

DOMINIC MORGAN: We'll go back a couple of steps; I think that's important. I reiterate this point: The service planning for ambulance stations really focuses on this important element about—it is important and

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essential to focus on where we respond from, not where we respond to. That's the really important factor. I also want to make this point: This is a really good announcement, including for the Mid North Coast. You would know this, probably better than me, but the travel time for an Agusta 139 between Coffs Harbour and Port Macquarie is 30 minutes. Whether we made a decision to go to Coffs or a decision to go to Port, that whole Mid North Coast is really the winner.

To go back to your question, it was a multi-criteria selection. You're well aware there was a 2004 RRH modelling report that simply looked at a mathematical model of the ideal places covering a population. There was a 2017 academic paper that was also done simply on looking at population coverage. It didn't actually take into account usage. I might also make the point that, whilst it referenced the 2004 report that referred to Coffs Harbour, it did not recommend a Coffs Harbour base. What it did was said they had modelled it and it would be beneficial if there was another helicopter put into Sydney.

In 2020, which is the basis of the service planning, Ernst and Young took account of the utilisation rates of the helicopters, north and south, to keep it—if we were to go to Coffs, we end up underutilising Lismore, and we already have an overutilised Belmont. By moving to Port, we maintain the full utilisation of Lismore, we take load off Belmont, we fully utilise Port and we fully utilise Tamworth. That modelling was then provided to clinicians with experience in pre-hospital and retrieval medicine, and significant experience in aeromedical. That was the final decision, based on that information and the modelling.

The Hon. WES FANG: I understand the rationale. I don't disagree with the rationale. Obviously, where you've got Sydney with a number of resources, you've then got, as you said, Belmont, you've got Lismore, and you're looking at where you're going to place another one, I understand the rationale that you've provided me. The question really was though around whether you'd spoken with the Mid North Coast Local Health District. The reason I ask that is because it's my understanding that the Medical Council in Coffs Harbour have raised concerns with you—and have written to you—around the decision to place the base in Port Macquarie. In that instance it would seem to me that there perhaps hasn't been engagement, or there is a disconnect in that engagement, because the medical staff council in Coffs Harbour feel as if they haven't been, I guess, brought along on the journey. That's where I'm trying to understand how the consultation occurred.

DOMINIC MORGAN: I go back to the point. Look, it's entirely true, in the development, that was based on service planning, modelling. And then it was built up on utilising—I can give you an example. The Westpac helicopter in northern, its current rate of effort exceeds 115 per cent. That would mean something to you. We've got to get those numbers down, which makes it critical. The correspondence we received from Coffs Harbour related to the two papers that are referred to. The important thing to note is one was more than 20 years ago now, and the second one was based on population data from 2011.

What I can tell you is I have personally spoken with the chief executive and the Medical Council and Dental Council from up there. There has been a follow-up consultation from our Executive Director of Medical Services, and there has been a commitment to further ongoing. This is actually a really good rural and regional recruitment announcement, because what I foreshadowed in my letter was the opportunity to actually have fractional appointments that will draw critical care consultants, not just to the Mid North Coast but also to Wagga Wagga and down to Moruya as well. I think it's a positive agenda, but I acknowledge your point that there needs to be further dialogue.

The Hon. WES FANG: I don't want any of my questions to be interpreted that this is criticism of what is, I think, a positive announcement in general for rural and regional communities. I think there are just a number of concerns about the way the decision was made and the lack of consultation. That is a common theme, I would say, amongst a number of complaints across a number of specialties and a number of sectors within Health in New South Wales. I'm giving the Minister and the department the opportunity to respond to some of those things.

Moving now to another topic we covered off on, the provision of helipads at hospitals, you would have, I guess, heard my questions to the Minister in relation to what I probably at the time suggested were unwise or unhelpful comments from the Parliamentary Secretary in relation to the Shellharbour helipad. The excuse that was provided by the Parliamentary Secretary around the non-provision of a helipad was that it's not a trauma hospital. Is it the case that New South Wales only puts helipads in hospitals that have trauma services?

DOMINIC MORGAN: I'll answer your question in two ways. Let me get to the second part before you come in on the first. It won't surprise you to know that the head of an ambulance service with a large aeromedical fleet would generally be in favour of the provision of a helipad at newly built hospitals. The second part is we are an integral part of the NSW Health system. The truth of the matter is sometimes decisions need to be taken into account—and I accept that—about priorities for development. That would be my answer.

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The Hon. WES FANG: A very political answer. The Minister is going to be happy with that. I will push the issue, though, because I think it is important for communities to understand that when the Parliamentary Secretary—who is himself a medical practitioner—says that because the hospital doesn't offer trauma services it doesn't need a helipad, that doesn't recognise the fact that some of those movements are to move patients from a hospital to somewhere that does have trauma services. So it doesn't necessarily correlate for a hospital that doesn't have trauma services to not need a helipad. Is that correct?

DOMINIC MORGAN: I think that the points you make are all valid in terms of there are critical care patients that do need to be moved. I would also make the point that—and, within that hospital, they need to have the services to actually care for that patient before they get moved.

The Hon. WES FANG: Let me then progress the concept a little bit further and say that where you have a hospital that doesn't have trauma services, such as Shellharbour, it's perhaps more important to have a helipad there, given that, if a patient arrives through any number of means to the hospital and isn't able to be treated because of the limited services that are provided there, an aeromedical evacuation by a helicopter is sometimes the best and most efficient way to move that patient to a more appropriate centre, so that helipad is required. That's a reasonable assumption to make, is it not?

DOMINIC MORGAN: What I can tell you about Shellharbour is that there are about 20 critical care patient movements from there per year—basically one every 2½ weeks.

The Hon. WES FANG: We're talking about the current old location, correct? The old hospital site?

DOMINIC MORGAN: The data I have is related to the cohort of patients from that location. There is always an argument, of course, that with newer facilities they do tend to grow in demand. But, that said, we are talking about occasional events. Of course I fully acknowledge that if it's your occasional event, it is a life-changing experience. But you also know that we can park in the grounds. We can land the helicopter within the grounds. It's less optimal, but we can.

The Hon. WES FANG: Which is great if it's day and the sun's shining. But if it's night and it's not, then that's a completely different scenario.

SUSAN PEARCE: But, Mr Fang, can I just interject here for one moment? I just want to make something clear on this point. We have helipads right across the State in hospitals that are not trauma centres, first of all. Secondly, even in trauma centres, from time to time there may be an issue with the helipad. We've had this previously, as I recall—and Mr Morgan may recall this too—that when the Nepean Hospital was under construction because of cranes, helicopters weren't able to land on that facility. What I'm getting at here is that there are well-worn processes in place to enable the safe secondary transfer of patients from a place where a helicopter is able to land to the facility or from the facility. This is quite commonplace. The other point that Mr Morgan was just making was that, as you would know better than anyone, pilots are ultimately in charge of where they land or don't land, and they can land anywhere. So I guess I'm struggling to understand the issue from a patient safety lens, because we have a very robust process in place to deal with this eventuality.

The Hon. WES FANG: I have 30 seconds more before I lose my time. I could explain my concerns around this, but let me just ask one last question, Mr Morgan, if that's okay. What would be the estimated cost to include a helipad at the new Shellharbour Hospital site? Has any modelling work been done and, if not, can you provide just a generic figure of what it costs to include a helipad at a greenfield site?

DOMINIC MORGAN: Probably unhelpfully, I'd have to refer you to my Health Infrastructure colleague for that. They do the construction of the helipads on the hospital sites rather than Ambulance.

The Hon. WES FANG: Health Infrastructure, is that able to be provided?

TROY HARVEY: I couldn't give you a specific number for that particular hospital. Obviously, we do make provisions and have made provisions for that particular hospital around futureproofing, so the structure and—we've got enough ducts going through the building that we can get rid of any fuel and those sort of things. In this scenario, obviously, that futureproofing happens as part of our normal process. That is part of the cost. It's already built in and, as the Minister said before, he has asked us to have a look at this and we're continuing to work that up for some advice to Government.

The Hon. WES FANG: I know the time is through—but there was no figure?

The CHAIR: Mr Fang, the timer has run out. I've allowed the witness to finish answering your question even though it was a different witness. But you can't ask another question after the timer has gone. We are back in crossbench time. I will go to Ms Abigail Boyd.

CORRECTED

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

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

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

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

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

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

RICHARD GRIFFITHS: Correct.

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

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

SUSAN PEARCE: I was just going to say that there is an existing code of conduct, Ms Boyd, which would clearly require people not to conduct themselves this way in the workplace. What is important to us is that conversations are had with people. The newness or otherwise of these arrangements is not the issue here. It is the fact that we have them already, and processes in which people are able to raise their concerns. Now, we also appreciate that, for some people, it can be difficult to do that.

I send out a fortnightly newsletter to the system. One of the things that I've been quite particular about over time is to point out to staff that, if they have an issue, they ought to raise it. We've given guidance to our staff as to how that might occur, including to myself. I do get emails from staff at times around their concerns in the workplace and I address every single one of them, either personally or one of the team members will make contact with that person. Obviously, that's not the ideal scenario. We want these issues dealt with at the local level. But there is a culture framework that we have worked on for NSW Health that is live in the system and there is work going on around that, so that is a newer piece of work. But, predominately, we obviously already have processes in place to try to prevent this from occurring.

Ms ABIGAIL BOYD: But that code of conduct—that's the 2015 one?

SUSAN PEARCE: Ms Collins, who's at the back here, might be able to assist.

Ms ABIGAIL BOYD: That would be really good. My understanding is that there was a code of conduct that was published in 2015 that was due to be updated in 2020. Is this the same code of conduct that we're talking about?

MELISSA COLLINS: Yes, the code of conduct is currently under review as we speak. I just briefly wanted to—

Ms ABIGAIL BOYD: Sorry, just to confirm, that's five years over date?

SUSAN PEARCE: We did have a pandemic.

Ms ABIGAIL BOYD: Yes, I appreciate that.

SUSAN PEARCE: That caused a few blockages with some things that might have been required to be reviewed.

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

MELISSA COLLINS: I can't talk specifically to South Western Sydney, but we can take that on notice. I did just want to update—in relation to your last question, which also goes to this question—that what we're doing in the ministry for district executive leadership teams is running respect at work training. That is training run by the ministry specifically for district and pillar organisation leadership teams focusing on the culture framework, which was released in September 2024. But it also focuses on psychosocial risk and managing teams. We are taking proactive steps to address that.

CORRECTED

Ms ABIGAIL BOYD: That was based on the new respect at work laws, so that's something that has been made to happen. If we look at the Hunter New England Local Health District, that saw an almost doubling in psychological injury claims in 2023 compared to 2022. But then, in 2024, the volume of psychological claims actually fell back to 2020 levels, so we had what looked like a problem in that district that has then got better. According to the icare commentary in a 4 December 2024 report, they say that they were informed, by information provided by Health, that that increase had a lot to do with a number of leadership changes in management in the Hunter New England Local Health District. They also say that there was no major program of initiatives within Hunter New England that could explain the drop in psych numbers. The obvious implication then is that that increase or that high number of psychological injury claims was being driven by management. Was that investigated?

SUSAN PEARCE: There has been a change in leadership at the local health district. I don't think that it would be accurate to apportion those comments in the way that has been put to us, Ms Boyd. But certainly the current leadership of the local health district has invested significantly in work around the culture, particularly with junior medical officers and others, to create networks and forums for people to have an opportunity to engage with management but also with their colleagues. I will say, though—and I know you're saying that this is post the pandemic—I know, certainly insofar as South Western Sydney was concerned, that we did see an increase in workers compensation claims for psychological injury during the pandemic. They had a higher rate of reporting than—

Ms ABIGAIL BOYD: Yes. I am looking at that 12 months to 24 September. It doubled.

SUSAN PEARCE: I know, but you must remember that we were still dealing with the pandemic really into 2023 and the aftermath of it. All I'm saying is that we did observe that trend. There is a significant piece of work in the south-west called "improving your experience". I know that the district has engaged in that significantly as well.

Ms ABIGAIL BOYD: Sorry, just on the South Western Sydney Local Health District then, the recently released Adult Admitted Patient Survey 2024 paints a similar sort of damning picture of that local health district, where it performs significantly below the State in almost every single measure of patient satisfaction. It's almost 10 per cent lower in overall satisfaction. It just looks like there's this correlation between a bad experience for workers, a bad experience for patients.

SUSAN PEARCE: Can I just share with you that that is something that the Clinical Excellence Commission is quite actively focused on—in terms of that correlation that you've made. To be fair, I would also add that in regard to that report that you've just mentioned, Liverpool, whilst it was lower than the overall State average, still had 90 per cent of their patients saying that the care they received was good or very good in that survey. That's the information that I have.

Ms ABIGAIL BOYD: There is a clear correlation between patient satisfaction, workers compensation claims and anecdotal evidence of poor management behaviour. Given that we have such high rates of psychological injury claims in Health, what are we doing to actively—

SUSAN PEARCE: I think Ms Collins was responding to that.

Ms ABIGAIL BOYD: —do something new?

SUSAN PEARCE: Ms Collins was responding to that, quite clearly.

MELISSA COLLINS: I would also say that whilst an organisation of our size will have a lot of claims, our performance, when you look comparatively to other agencies—we represent 20 per cent of all new psychological injury claims in the TMF, but we actually represent 37 per cent of the TMF coverage.

Ms ABIGAIL BOYD: You're still a significant portion, though, even when you look at it per worker. There's a definite problem happening. The psychological claims, according to icare, are harassment, bullying and work pressure claims making up the vast majority of psychological claims within Health. What is Health doing to workers that's resulting in this happening?

MELISSA COLLINS: What we should look at is what we're doing to manage work health and safety within NSW Health, what we're doing to manage employee wellbeing and what we're doing to support our managers and leaders. We have the NSW Health Mental Health and Wellbeing Framework, which sets out an evidence-based approach to creating psychologically safe workplaces. That's obviously led at a ministry level and then rolled out locally at local health districts. That's for all staff. As I said before, we're running training packages for local health district and health agency executive teams around psychosocial safety and wellbeing. There's a range of strategies that we're putting in place to manage psychosocial safety within our NSW Health facilities.

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RICHARD GRIFFITHS: Ms Boyd, if I could just add, as Ms Pearce mentioned, the Culture and Staff Experience Framework was released. We developed that and released it last year. As part of that, we have a statewide culture and staff experience hub, which provides leaders across the system with resources and tools—both leadership behaviour tools but also culture enhancement tools—for them to use to implement and use within their own organisations and teams. That's up and running. South Western has been very actively involved in terms of supporting the launch of the culture hub.

SUSAN PEARCE: To sum it up, there's a range of things happening, but the clear message I'd like to provide to you is that we would like to see those numbers come down.

Ms ABIGAIL BOYD: Is there a targeted approach at those districts that are clearly worse?

SUSAN PEARCE: Absolutely. It's important to us. It's important to our patients. Clearly, it's important to our staff.

RICHARD GRIFFITHS: With that South Western example, what you'll find if you look in the PMES is that the Transforming Your Experience program that they've been running for the last six years or so is contributing to a consistent lift in the engagement and their culture index. It started out at about 60 per cent, and it has lifted to 65. It's staying at about 65 per cent, which is up now—the average across Health.

The CHAIR: I've got more questions for Mr Harvey than I'll fit in 10 minutes. Firstly, I'm hoping you've got the answer to my question from this morning regarding applications that have been made for the re-use of the assets at Callan Park.

TROY HARVEY: Yes, I have, Chair. I'm advised there was an EOI process that closed in the last 24 months. There was one response to that EOI. That EOI has since been put on hold, primarily because the criteria weren't met. I'm happy to take on notice if the feedback hasn't been as good as we would like with the respondent there, but that's what I understand of the situation.

The CHAIR: My second question goes back to Albury hospital. There's work being undertaken to formalise the car parking on the nature strip, which is where people have been parking for a long time. The local council chooses to turn a blind eye to the illegal parking because of how bad the parking is at the hospital. I understand that the funding for the formalisation of that car parking has come out of the hospital redevelopment budget of \$558 million.

TROY HARVEY: Yes, that's right. We're dealing with it out of our project.

The CHAIR: As a result of that expenditure, what else has been cut out of the project, or what has been value-managed to find that funding for parking?

TROY HARVEY: I don't believe we've value-managed any specific element. Obviously, dealing with car parking provision is one of our requirements for our statutory planning approval. We were made aware of it and, particularly with all the rain, we had to get on and do some temporary works, which have been undertaken as we speak. There are some subsequent planning approvals that are about to come through. One will be released later this month that deals with the next stage of that car parking, as well as some other affiliated infrastructure as well. That's how I can respond to that question.

The CHAIR: So there was funding for the formalisation of this car parking as part of the north-east building? I'm just trying to understand how—

TROY HARVEY: A part of the total overall budget, yes. It's an element that we would—when we deliver on these major capital projects, we've got a component that deals with, obviously, the build and all the affiliated infrastructure with it. Car parking is part of that affiliated infrastructure that we work into the business case and the project from the get-go.

The CHAIR: I've got some questions about Grafton hospital. I understand that the original plans for the redevelopment, which are some years old and were revised, included the new maternity section. But there's now only a shell, a space being allocated in stage one, while maternity remains operational. Has any consideration been given to fitting that out as part of stage one so that patients don't need to be transported outdoors?

TROY HARVEY: Yes, I'm aware of that as an issue, Chair. We've been working through it really closely with the design team and the local health district. As you'd be no doubt aware, part of the challenge on this site is how we deal with the flooding risk, as it is a lot on the North Coast. We had to place the project on hold for a period of time while we worked through that. I'm pleased to report that we have worked through that now and the project is going ahead. With regard to the maternity unit, between Health Infrastructure, the district and the hospital, we've worked through a prioritisation exercise. There is always a point in these projects where the money goes so far. Maternity, at this stage, is being provided. There is a future shell component that that

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maternity could go into, but we do not have enough money to push it in as part of the first stage. We have looked at those circulation routes, however, because that's one of the really big things on that site, particularly around the location of the new expansion. We're about to talk to the community around some modified access arrangements that will be able to help that along.

The CHAIR: Under the current plans, is my understanding correct that patients would need to be transported outdoors, including in inclement weather?

TROY HARVEY: We're working to eliminate that as a problem.

The CHAIR: Working to eliminate that by alternate access, not by bringing the maternity across.

TROY HARVEY: At the moment we do not have, within the project's scope, that going into the new build. We've got the provision for it to go in in the future, but we don't have the budget to do that as part of the first stage.

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

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

The CHAIR: While you're getting notes from the team, I'll give you a second question on notice. My understanding was that originally the Shellharbour Hospital redevelopment was slated to take place on the original site, and then that plan changed to move to a new site.

TROY HARVEY: Yes.

The CHAIR: What was the rationale for that change?

TROY HARVEY: I can answer that one for you now. That was a decision taken by the previous Government around that change. The proposal around a greenfield site was something that was contemplated in that initial planning, and there was some work done to identify the proposed new site.

The CHAIR: When you said a decision of government, as in it was a request of the Minister or was it a recommendation from Health Infrastructure?

TROY HARVEY: I wouldn't be able to go into the details of it, but it was something that was contemplated by the previous Government and we were asked to look at alternate locations.

The CHAIR: While you're trying to get your notes on the plans for reuse, I've got a very similar question for Maitland. There's significant local community interest in what will be the future of the Maitland Hospital site. What process are you undertaking in terms of engagement with the local community?

TROY HARVEY: Yes, I know there is keen—we need to get on with that community consultation. There's a lot of community interest in it and we want to get on with that as soon as we can. We are working through government properties processes in regard to the future use of the old Maitland Hospital. We have a component of that hospital that will be maintained and we need for health purposes. There are two major components of the remainder of the site. One is severely flood affected, which is the area that is currently the park down the back, which is probably not suitable for anything too much other than open space. Then there's the top section of the site, which we're working with the department of planning as part of the property audit to look at future use potentially for housing or other purposes. That's the process that the Government has initiated as part of that land and property audit for sites with excess to requirements, potentially.

The CHAIR: As part of that land and property audit, does that leave the site potentially open to be sold?

TROY HARVEY: That'd be a question for those representatives. My understanding is there's a process to work through around, if it is found to be suitable for housing, that the government agencies are the first respondents to that.

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

TROY HARVEY: Yes, I can just get those notes for you. There are a couple of issues on that site, from a maintenance point of view, at the moment. We're working through, as you mentioned, the water tanks as well. There was a concern that was raised with us around water quality for those tanks. We've been advised that those tanks have been disconnected, and the water itself coming into the hospital is just coming from the standard mains

CORRECTED

from the street. Obviously, given the concerns about water quality going into the hospital, we're maintaining those tanks will be offline for the foreseeable future until we can get a fix worked out with the operator.

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

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

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

TROY HARVEY: Sure.

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

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

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

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

The Hon. SUSAN CARTER: Going back to the Health infrastructure pipeline, frankly, we're hearing that that infrastructure pipeline for Health is drying up and that, beyond what we had in the pipeline, there's very little planned. Is the pipeline of new projects slowing?

TROY HARVEY: On the basis of what has been released in the current budget, I don't see that slowing.

The Hon. SUSAN CARTER: You see no slowing of the infrastructure pipeline?

TROY HARVEY: No. I mean, we've also built a lot as well. There has been a lot of investment in this space.

The Hon. SUSAN CARTER: We're aware of that, yes.

The Hon. WES FANG: We know. We delivered it.

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

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

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

TROY HARVEY: We do.

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

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

CORRECTED

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

TROY HARVEY: I did.

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

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

ALFA D'AMATO: Ms Carter, sorry to interrupt. May I just add some further information in regard to your query around the \$120 million for Blacktown and Mount Druitt?

The Hon. SUSAN CARTER: Yes, the mysterious beds.

ALFA D'AMATO: In terms of the cash flow, I can say that 80 per cent of the cash flow is within now until the 2026-27 budget. There have been some changes towards the end of the program.

The Hon. SUSAN CARTER: Just to be clear, the changes are bringing the cash flow forward or pushing it back?

ALFA D'AMATO: It peaks around the 2025-26 and the 2026-27—

The Hon. SUSAN CARTER: But what's the change, Mr D'Amato? Is it bringing it forward or pushing it back?

ALFA D'AMATO: It's pushing back by just a small amount, with 80 per cent still—

The Hon. SUSAN CARTER: So it has been pushed back, and that explains why it is pushed back a year in the current infrastructure statement?

ALFA D'AMATO: That's right, but there's a small amount given that 80 per cent is still within now and 2026-27.

The Hon. SUSAN CARTER: So 80 per cent of the spend is 2026-27, but it won't be completely discharged until 2029, according to the infrastructure statement. Is that right?

ALFA D'AMATO: Financially completed. It also depends on other issues that we might be able to resolve. As a result of changes that could occur with the planning and the execution, we might be able to bring forward cash flow as well.

TROY HARVEY: And we're looking at that really closely right now.

The Hon. SUSAN CARTER: The people of Blacktown will be glad.

TROY HARVEY: There is some provision and an alternate option that we're looking at. The biggest challenge around Blacktown is a staging and a sequencing challenge with our current planning. We're trying to foreshorten some of that and working really closely with the local health district to do so.

The Hon. SUSAN CARTER: I think there was a question taken on notice earlier about the allocations for the Blacktown budget—or was that you, Mr D'Amato? I apologise.

ALFA D'AMATO: I think that was a question in terms of the notices?

The Hon. SUSAN CARTER: Yes, the decline.

ALFA D'AMATO: We're still working on it, and I'll provide the further advice.

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

ALFA D'AMATO: That is with Ms Wood.

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

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

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

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

CORRECTED

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

ELIZABETH WOOD: In 2025-26.

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

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

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

SUSAN PEARCE: We can say there has been—and you'd probably be aware, Mrs Carter—the brand-new service up at Newcastle. I've been there and had a look at it. It's really quite remarkable. There's almost an additional \$9 million attributed—

The Hon. SUSAN CARTER: With respect, Ms Pearce, that is one facility in the State rather than what the service plan was, which is integrating it into all the local health districts so everybody has access to those services.

SUSAN PEARCE: I'm just raising that as one other example because I think it is important.

The Hon. SUSAN CARTER: It is a different type of service—much needed.

SUSAN PEARCE: Maybe, but it is important that people can have access to inpatient beds as necessary.

ELIZABETH WOOD: And we do have the statewide committee. I co-chair it, and we work not just across NSW Health but with other providers as well because we do recognise that there is a really important partnership in this space to support community.

The Hon. SUSAN CARTER: These questions are perhaps to Mr D'Amato. Who handles future risk management in NSW Health?

SUSAN PEARCE: In respect of?

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

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

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

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

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

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

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

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

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

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

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

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

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

ELIZABETH WOOD: I'm now just questioning myself. I'm going to take it on notice because I think it's a really important point. What I did want to just say is that in terms of the consent approach that we have got in place, ours is amongst the strongest in the country and it has been something that we've worked very closely with our services on. We do obviously welcome the work that will be done by the NHMRC that will really make this consistent across the country. But we do believe in terms of our guidelines that, for consent particularly, we've worked very, very closely with the system and our legal branch on these.

CORRECTED

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

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

The Hon. SUSAN CARTER: My question really doesn't go to the clinical team but goes to the legal advice and support that the clinical team are receiving—

ELIZABETH WOOD: That's correct.

The Hon. SUSAN CARTER: —and how exposed they may be personally to legal action and also NSW Health.

ELIZABETH WOOD: Sorry, Mrs Carter, with reference to what I was explaining, why we have spent a lot of time working through the consent manual as well as our guideline is to make that explicitly clear. Our clinicians sit on our statewide advisory group, and they have obviously raised that as part of this and have been intimately involved in how we've brought this forward. The other piece of work we are doing is just making sure that they do have supports in place in the event there is a requirement for them to provide evidence—that we are supporting them with the best legal advice as well. But it is something we've worked very, very closely with our clinicians who are providing this service.

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

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

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

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

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

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

The Hon. SUSAN CARTER: Because in *Re Lisa*, apparently, it was done over two telehealth sessions. Does that expose NSW Health to risk of significant liability and negligence?

SUSAN PEARCE: I think, Mrs Carter, you're asking us to speculate about a decision that a court might make. We can't do that.

The Hon. SUSAN CARTER: What I'm asking, is there care being taken to protect NSW Health and the clinicians from legal liability, because this is a very significant emerging issue?

SUSAN PEARCE: We understand that. I think Minister Park touched on this earlier as well. We have gone to great lengths to ensure that the care we're providing, including consent arrangements, is robust, that we've taken into account our evidence and research along the way, and we are watching very actively with the reviews that are currently underway. But clearly, we want to protect our staff and our patients.

The Hon. SUSAN CARTER: You would be aware that in *Re Devin* and *Re Lisa*, this year's decisions are a significant development of the law and they need to be watched.

SUSAN PEARCE: We understand, but we can't make commentary about what a court may or may not determine, given that each case will turn on its own set of facts and circumstances.

The Hon. SUSAN CARTER: Yes and no. Legal principles for all cases develop from particular consideration of the facts in a particular case. Ms Pearce, since January 2025, how much money has NSW Health spent accommodating public mental health patients in private hospitals?

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

CORRECTED

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

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

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

SUSAN PEARCE: We would have to take that question on notice. What I would say is that we really want our psychiatrists in our workforce. The matter is before the Industrial Commission, and there have been a range of other pieces of work that we've worked on with psychiatrists and other members of the mental health community, including consumers—

The Hon. SUSAN CARTER: Thank you. It's really the figures that I'm interested in.

SUSAN PEARCE: —this year that have been actually very beneficial to our patients and our staff.

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

SUSAN PEARCE: The Wattle Building?

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

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

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

TROY HARVEY: Has planning commenced?

The Hon. WES FANG: Yes.

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

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

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

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

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

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

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

The Hon. WES FANG: When you gave me the answer that you're expecting to appoint a construction—

TROY HARVEY: That was for Manning. My apologies.

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

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

The Hon. WES FANG: There's obviously the need in Forster-Tuncurry for the facility, given that it's at a planning stage. What's being done in relation to bolstering the existing services to meet with the increased demand?

CORRECTED

TROY HARVEY: I'm not sure about increased demand in terms of enhancements to the existing services, but I have just been advised that there is some further clinical service planning underway by the district to make sure that we can provide an appropriate future health presence in Forster Tuncurry. That's the level of advice I've got, Mr. Fang.

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

TROY HARVEY: Luke, do you have that one?

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

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

LUKE SLOANE: We can take that on notice.

The Hon. WES FANG: Turning to maternity and paediatrics briefly, what is the current list of regional and rural hospitals that have closed birthing or obstetric units since March 2023?

ELIZABETH WOOD: Mr Fang, I can take that question. Did you say 2023?

The Hon. WES FANG: Since March 2023. Since the State election.

ELIZABETH WOOD: There haven't been any since March 2023.

The Hon. WES FANG: What is the Government's timeline and budget allocation for re-establishing birthing services at local hospitals where there have been previous birthing services?

ELIZABETH WOOD: In terms of the budget announcement, Mr. Fang, 53 midwives will be established, particularly in rural and regional LHDs. So that's \$44 million. At the moment we're working with each local health district to determine how we will be allocating out that FTE. At the moment we are also starting a piece of work around a statewide maternity services plan that will involve the services we have now and the service models we have into the future. We acknowledge that there are different models, and some we've talked about already today, but the fundamental purpose of this investment is really to improve continuity of care for women. That will take the form of different services based on the co-design with each of those districts and the women there.

Ms CATE FAEHRMANN: Dr Chant, back to the PFAS expert review panel and the use of enRiskS consultancy. There was agenda papers that enRiskS produced which had technical papers that were provided at each of the meetings. In the summary of recommendations, it states, "For further details on the summary of available information regarding the role of epidemiological studies for health outcomes, refer to this paper." That is about the summary of available information. There is a page and a half of studies that enRiskS refers to, including the reasonably outdated ANU study, plus the study that has the guy, Michael Dourson, that's been largely discredited as an industry stooge. I am just wondering why NSW Health didn't expand and provide more literature.

I've got an email here as well, which I will table, that is from Stephen Conaty—who was a senior health official and, I think, was part of that review panel—which forwards a very comprehensive 2021 study that has 329 references. It's a literature review on PFAS circulated to somebody in NSW Health on 18 September 2024. It's called, *Per- and Polyfluoroalkyl Substance Toxicity and Human Health Review: Current State of Knowledge and Strategies for Informing Future Research*. Through here, this study is a hell of a lot more clear about associations between exposure to specific PFAS and a variety of health effects, including cancer. It certainly seems when you just have a quick glance—in fact, do a bit of digging behind what NSW Health has produced—that once again, you're kind of finding the evidence to support downplaying what is going on.

KERRY CHANT: I think that we probably just need to start by going through the process. Each of the experts, as part of their role in the expert panel, would have been very familiar with the literature. Each of the experts brought particular understandings of, for instance, the IARC processes, basic toxicology and others. The enRiskS documents form a subset of the discussions. I would have to confirm, but this document may well have been circulated to all expert panel members. There were a number of other documents outside the panel that were discussed in the meetings. I think to characterise the fact that the decisions of the panel were only informed by the enRiskS was not correct.

Stephen Conaty is actually the person who is the head of the environmental health section in Health Protection. You can see that there was active engagement in sourcing of documents to support the committee's deliberations. The committee itself had incredible knowledge of IARC. We had Tracey O'Brien from the Cancer Institute. There were deep and rich discussions around it not drawing only on the enRiskS summary. It is also important to note that some of the papers were actually compiled by medical officers reporting to Dr Conaty, and

CORRECTED

they were in relation to some of the supporting discussion documents. I think it's important to be very clear that you cannot state that the panel itself only considered the documents which were on the reference.

Ms CATE FAEHRMANN: Dr Chant, the summary of recommendations is one sentence under "Health effects of PFAS". This is based on an assessment of available evidence. I don't think much evidence was made available to the expert panel. They drew the following conclusions and made the following recommendations. Under "Health effects of PFAS", the only thing that is underneath this in terms of recommendations or what they found was:

The body of research for health effects related to PFAS is large and still growing. Based on the substantial research already undertaken, the health effects of PFAS appear to be small.

That's not what these 329—

KERRY CHANT: Ms Faehrmann, with respect, I will review this. Stephen Conaty was not part of the expert panel, but he was part of the support of the expert panel. The panel was across the literature themselves, as I said, in their personal capacities and professional capacities. They are across the literature.

Ms CATE FAEHRMANN: Did they not get their way or something, the experts on the panel?

KERRY CHANT: Ms Faehrmann, I just want to say that if you're imputing that we tried to be anything other than respectful of the process, I would suggest that we would be prepared to offer a panel discussion with the experts of the panel, without any Health representatives on the panel, if that would give you confidence that there were no issues here. I'd also like to say that you've read a subset of the "Health effects of PFAS" from the report. It says:

- Various study designs have been used in human health and toxicological studies of PFAS chemicals globally, and all have limitations that may result in risk being underestimated or overestimated.

It goes through and notes that:

- Studies have reported an association between PFAS exposure and high cholesterol, reduced kidney function, changes to the immune system—

It adds others. It talks about what the studies have found. It also talks about the fact that there are inconsistencies across the findings. As an example, if we go to the CDC ATSDR, or the Centers for Disease Control US environmental arm, it has a table in its guide to clinicians that shows NASEM's view of the evidence and their view of the evidence. It is critical to know that, depending on the review of the articles, the strength of association and the consistency of findings, researchers and expert panels will conclude different weight of evidence. This was a highly expert panel, and I would be very open to seeing if they would be prepared to provide a briefing to you. I just want to be clear that NSW Health's interest here is to support the residents of the Blue Mountains. We're not interested in any way in being anything other than truthful to the evidence.

Ms CATE FAEHRMANN: One of the recommendations or actions out of the expert panel's reporting back was "Future priorities for research". All of the research that I've read as well always says that future research is needed. But a lot of it does say that a precautionary approach also needs to be taken. In terms of future priorities for research, I also have an email here. By leave, I table that email.

Document tabled.

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

We are interested in the potential mechanism of atherosclerosis and coronary artery disease developing in response to PFAS exposure and have a very large cohort with CT coronary angiography imaging and bloods, and outcome data. We thought this might be of interest to the EPA.

We believe that we could examine the association of PFAS with coronary plaque in 2000 NSW patients over the next 12 months.

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

KERRY CHANT: That is not correct, Ms Faehrmann.

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

KERRY CHANT: I would just need to get from—

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

KERRY CHANT: In terms of direct funding of it, as you might be aware, there is National Health and Medical Research funding available. I will just have to check what was in the public domain and what was

CORRECTED

permitted to be saved. I can give you an update on Professor Figtree's work in this area and the support that was provided. Professor Figtree's work in this area was discussed at the expert panel in terms of the general research that would be supported. I'd be happy to see if I can get some details from Professor Figtree that she's able to share.

I'm happy to take that question on notice and provide an update, but it probably is inappropriate to infer that we were not interested in progressing research. I think the most important factor is that we wanted to make sure that any future research added and contributed to the scientific knowledge, and it was done in a way that would add value, because a lot of the criticisms of the previous epidemiological studies is that they were not constructed in a way that had scientific robustness. That is probably unethical for us to be involved in. That was our engagement with Professor Figtree.

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

KERRY CHANT: Just in relation to the other research, we agreed in principle to provide some cash provision.²

Ms CATE FAEHRMANN: When was that?

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

Ms CATE FAEHRMANN: That's good.

KERRY CHANT: In terms of the question, I'm really very loath to give individual clinical advice around a patient. I think, just having the privilege of being on the expert panel, we're very conscious that we're dealing with patients that are coming in with either concerns around PFAS, concerns around their health issues, and I just want to—

Ms CATE FAEHRMANN: If you got a blood test and you had 48 nanograms per litre, 48 parts per trillion PFAS in your blood, Dr Chant, would you want to reduce that?

KERRY CHANT: I would want to make sure that my source of exposure was reduced and, as you're aware, Ms Faehrmann, the source that is causing the concern for the community, above what other people might be exposed to, was the water supply in the Blue Mountains.

Ms CATE FAEHRMANN: But if you knew you could reduce it?

KERRY CHANT: Can I just say, personally, after having been part of the expert panel, I wouldn't; but I also understand that, as per the expert panel report, there will be circumstances where general practitioners do provide a test to a patient and we provide some guidance about what should be involved in that. Personally, having gone through the exposure to the expert panel, I don't want to put myself out as an expert on PFAS, but I've had the privilege of listening to the discussion of highly trained experts, who are very familiar with this space. I personally, in that circumstance, would not. I would make sure that I would reduce my meat consumption and do those general things.

Ms CATE FAEHRMANN: With the International Agency for Research on Cancer monograph into the classification of PFOA as carcinogenic and PFOS as possibly carcinogenic, I think it's interesting that, when Australia is mentioned, it's often mentioned in terms of having very high levels of this and that. It could be a high tolerance level for occupational exposure—one of the highest that was given. But also it says that the highest serum concentrations of PFOS were reported among 149 firefighters working at AFFF-training facilities in Australia and their mean PFOS concentration was 74 nanograms per millilitre. They'd probably want to reduce their PFOS, which is what they did.

KERRY CHANT: I think the reality is there will be—I think the report acknowledges that there'll be certain circumstances where people have particular occupational exposures and other health concerns. This is really a matter for clinicians. What we really need to provide—the evidence—to the clinicians is what they can reliably say to their patients about what is known and what is not known. And there will be those decisions done within the context of a clinical discussion. That's probably what I need to say. We really do want to give the

² In [correspondence](#) to the committee dated 12 September 2025, Dr Kerry Chant AO PSM, Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Health, clarified her evidence

CORRECTED

current thinking. I think it's very clear that we do support ongoing research. And we also gave a commitment that we will monitor any new information that comes to light.

The CHAIR: I've got a question, I think, that is probably for Mr Griffiths. It relates to the policy directive Leave Matters for the NSW Health Service, which I think was last updated in December 2024. I've seen a number of letters sent from department and hospital managers to employees about the pattern of sick leave that they've taken, and I understand there is a process for that set out under the policy. My two questions following on from that, though—if those kinds of letters of concerning patterns of sick leave are widespread within one department, what kind of mechanisms are in place to actually flag this as a potential issue, either with the workload or the resourcing or the staffing or the rostering in that department or with management, rather than being an issue of individual employees?

RICHARD GRIFFITHS: The leave matters manual has some guidelines around managing patterns of attendance for sick leave. To your point about the—can you just say the question again?

The CHAIR: If those sick leave pattern letters are being issued on a fairly widespread basis within a particular department, what mechanism is there to actually flag that as an issue, either with the workload or the rostering or with the culture or the management of that department, rather than being the fault of these individual employees?

RICHARD GRIFFITHS: Department managers, when they look at their staff attendance patterns, will look at that holistically, in the context of the overall roster. It's not just blanketly applied just to sick leave. The guidelines that we provide the system actually are quite clear in terms of the way that it should be addressed in terms of a pattern of sick leave. It's not designed to target the legitimate use of an entitlement for sick leave. It's designed to look at patterns that are regular and out of the ordinary.

In terms of the roster, if there's an evident link in terms of a high use of sick leave within a department as compared to another department, then the organisation will have a look to see if there's an issue in terms of compliance with award provisions, to ensure that there's no connection back to either fatigue or unfair rostering practices. But the guidelines are fairly clear in terms of the way that managers are to apply those. Similarly, if there's any sort of unusual application of managers utilising sick leave as a performance tool, then those directors of people and culture at the local facilities or the local health district can provide guidance to managers around how they should manage appropriate attendance. I don't know if my colleague Ms Collins wanted to add anything. Her area has responsibility for the leave matters manual. But there's, certainly, fairly clear guidance in terms of its application and use across the system.

The CHAIR: Can I ask a follow-up question. Would it be your expectation for a manager, if they first identified what they see as a problematic or an inappropriate pattern of sick leave—surely the first port of call would be to check in with that employee to say, "How are you travelling? Are you okay?" before the issuing of a punitive letter.

RICHARD GRIFFITHS: Correct. That's right, absolutely. One of the things that managers should be looking at is obviously their length of service, their overall pattern of usage during their career, their stage of life, and that process requires a discussion with that individual. You don't go down a punitive application without a conversation with the employee in the first instance. Managers will seek to determine whether there's any sort of mitigating circumstances as to why there might be an unusual use in terms of patterns of sick leave, and indeed whether it's been appropriately recorded. As you know, sick leave is also utilised for personal carer's leave, and we make sure that we exclude that from the management process.

The CHAIR: If I can leave this with you for your attention: I'm aware of at least one employee who's been issued one of these letters who was utilising sick leave as carer's leave for caring for an unwell relative. It was quite well known in the department that that was the reason for the leave utilisation.

SUSAN PEARCE: If you could provide us with those details, Dr Cohn, we'd be very happy to follow that up.

The CHAIR: I'm hesitant to table copies of the letters, to protect the identity of those people.

SUSAN PEARCE: You can do that privately. If you could do that through Minister Park's office, we'd be very happy to follow that up.

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

CORRECTED

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

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

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

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

TROY HARVEY: I will take that on notice.

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

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

Ms ABIGAIL BOYD: Back on workers compensation and the psych claims, of all clusters, Health has the highest count of anxiety stress disorder claims, registered nurses have the highest number of psychological and non-psychological injury claims in Health, followed by ambulance officers and paramedics. We all know that the health professionals in our State are doing it incredibly tough in very high-pressure and gruelling jobs. They are subject to intense work pressure, occupational violence and exposure to traumatic incidents constantly. We also know that the sooner that you deal with the psychological claim—the statistics bear this out from SIRA and icare—and the sooner you accept a claim and bring that person into care, the quicker the return-to-work rate for that person will be.

The health department has a very high rate of factual investigations. For 60 per cent of all psychological injury claims, Health commissions factual investigations on those workers. It often includes hiring a private investigation firm to go through a claimant's life and attempt to prove that the claim is fraudulent. This compares to, for example, 13 per cent in the Department of Education for their psychological claims. Why does Health have such low tolerance for psychological claims? What is it doing to bring down that very high rate of suspicion that it has over psychological claims in Health in order to improve return-to-work rates?

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

Ms ABIGAIL BOYD: Each department sets its own policies for its insurers to follow when dealing with these claims, and Health has quite weird numbers when it comes to psychological claims. If you could look into that and let us know, that would be good.

MELISSA COLLINS: Yes, will do.

The CHAIR: Are there any questions from the Government?

The Hon. STEPHEN LAWRENCE: No questions from the Government. Thank you.

The CHAIR: There being no questions from the Government, that brings us to the end of today's hearing. Thank you all so much for the time you've given to answer our questions today, and for all the hard work that you're doing at NSW Health.

(The witnesses withdrew.)

The Committee proceeded to deliberate.